



# Meeting Book - NHS Hertfordshire and West Essex ICB Board held in Public



**Meeting Book - NHS Hertfordshire and West Essex ICB Board held in public - for information only**

**HWE ICB Board Meeting Held in Public - March 28th 2025**

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**For information only - Exception Reports**

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**13. Public Board Quality Escalations Report**

13. HWE ICB Front Sheet - March 28th 2025 - Public Board Quality Escalations Report.docx

13. March 2025\_HWE ICB Public Board\_Quality Escalation Report V2 final.pptx

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**14. ICS Performance Report**

14. ICS Performance Report MAR 25 - FINAL.pptx

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**15. ICS and ICB Finance Report**

15. HWE ICB Front Sheet and Report - ICS and ICB Finance Report - Month 11 2024-25 - FINAL (002).docx

15. HWE System 11 2024-25 Report - Board meeting.pptx



|   |  |                                     |  |                                     |
|---|--|-------------------------------------|--|-------------------------------------|
| <b>Meeting:</b>   | <i>Meeting in public</i>   | <input checked="" type="checkbox"/> | <i>Meeting in private (confidential)</i> | <input type="checkbox"/>            |
|   | <b>NHS HWE ICB Board Meeting in Public</b>   |                                     | <b>Meeting Date:</b>                     | <b>28<sup>th</sup> March 2025.</b>  |
| <b>Report Title:</b>  | <b>ICB QUALITY ESCALATION REPORT</b>   |                                     | <b>Agenda Item:</b>                      | <b>13</b>                           |
| <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>   | <b>Approval / Decision</b>   | <input type="checkbox"/>            | <b>Assurance</b>                         | <input type="checkbox"/>            |
|   |  |                                     | <b>Discussion</b>                        | <input checked="" type="checkbox"/> |
|   |  |                                     |  | <b>Information</b>                  |
|   |  |                                     |  | <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 12<sup>th</sup> March 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>• East and North Herts Trust - Professor of Artificial Intelligence and Robotics has received an award in New York. The Baby Lifeline award was received by an Obstetric Consultant.</li> <li>• Hertfordshire Partnership University NHS Foundation Trust (HPFT) - Clinic room has transformed into a new nature room at Saffron Ground supporting Children and Young People.</li> <li>• Experience of Care Survey in Herts and West Essex (HWE) - 1000+ people aged 65 and over have shared their experiences of local health services, in a survey designed to help the National Health Service (NHS) improve the quality of support offered to older residents.</li> <li>• Hertfordshire Local Area Partnership – Special Educational Needs and Disabilities (SEND) Learning Framework developed in collaboration within system approved at the February SEND Quality Assurance Board.</li> </ul> <p>Key challenges include;</p> <ul style="list-style-type: none"> <li>• Two Never Events have occurred at Princess Alexandra Hospital Trust (PAHT) – As an overview one is related to a retained swab and one wrong site nerve block.</li> <li>• East of England Ambulance Service Trust (EEAST) - The Care Quality Commission (CQC) served a notice under Section 29A of the Health and Social Care Act 2008 to EEAST on 10th February 2025. A Section 64 notice has also been served.</li> <li>• Paediatric Audiology – There is continued oversight at a system level and within East and North Hertfordshire Trust (ENHT). Harm review panel process has commenced with NHSE input.</li> <li>• AJM Wheelchair Services – Third system quality meeting undertaken in February with progress noted. Oversight of Improvement plan continues with escalated discussions planned.</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>   |                          |                                   | x <input type="checkbox"/> |
|   | n/a  |                          |                                   |                            |
| <b>Implications / Impact:</b>           |  |                          |                                   |                            |





|  |  |     |
|--|--|-----|
| <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><br><i>(Completed and attached)</i><br><i>Please detail key impacts the Board/Committee should note:</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 West Essex Integrated Care Board (HWE ICB) Quality Escalation Report

March 2025





|   |             |
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# Executive Summary

## **Never Event (NE). Under current escalation to the Regional Quality Group (RQG). Slide 16 and 17.**

Position since Previous Report: **NEW.**

- Princess Alexandra Hospital Trust (PAHT) declared 2 NEs. One retained swab following emergency Caesarean section and one wrong site nerve block in the Emergency Department.
- East and North Hertfordshire Trust (ENHT) surgical NE related to incorrect size prosthetic.
- For all NEs; duty of candour has been completed and immediate learning shared.

## **East of England Ambulance Service Trust (EEAST). Under current escalation to the Regional Quality Group (RQG). Slide 17**

Position since Previous Report: **NEW.**

- The Care Quality Commission (CQC) served a notice under Section 29A of the Health and Social Care Act 2008 to EEAST on 10 February 2025 for failing to meet requirements relating to staff training, staffing levels, investigation and mitigation of controlled drug incidents, call wait times, the culture of the service and acting on information from staff to develop and improve the service.
- A Section 64 notice was also served in relation to Regulation 17A and B, and Regulation 12 of the Health and Social Care Act 2008, as Trust systems and processes had failed to ensure compliance in meeting national standards in relation to Category 2 response time.

## **Paediatric Audiology. Under current escalation to the HWE ICB System Quality Group (SQG) and RQG. Slide 17**

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

- **System approach to audiology.** Continued focus on requirements outlined in NHS England (NHSE) letter to ICBs regarding the Paediatric Hearing Services Improvement Programme. Harm review panel supported by NHSE has commenced. Hertfordshire Community Trust (HCT) and PAHT site visits took place in November 2024 with outcome reports shared. Collaborative working to support improvements is being driven through regular system meetings.
- **ENHT.** Estates, workforce capability and competencies, securing mutual aid to support waiting list position remain main areas of focus. There has been progress within recruitment, commencement of planned estate work and demand and capacity modelling, although overall position remains challenged.

## **Elysium Healthcare – Care Home. Under current escalation to HWE ICB SQG and RQG. Slide 21**

Position since Previous Report: **Continued oversight with de-escalation from System Wide Risk Intervention**

Work continues to progress key actions in relation to the improvement plan with clear improvements noted in a range of areas. Areas for further focus include nutrition and dietetics and also support regarding pharmacy services due to a transition of provision.

- Partial lifting of embargo agreed across commissioning organizations and move from System Wide Intervention Meeting to Quality Assurance Meeting, due to overall improvement and progress to date.

## **AJM Wheelchair Services. Under current escalation to HWE ICB SQG and RQG. Slide 19**

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

- AJM are not meeting wheelchair provision improvement trajectories. Further escalation discussions are underway.
- System Quality Meetings continue to be well supported by the system, identifying improvement actions and engagement.



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



# Reasons to be Proud

## **East and North Hertfordshire Trust (ENHT) - Staff Awards.**

ENHT Professor of Artificial Intelligence and Robotics has received an award in New York. The Baby Lifeline award was received by an Obstetric Consultant.

## **Hertfordshire Partnership University NHS Foundation Trust (HPFT) - Supporting Neurodiverse Needs.**

A clinic room has been transformed into a new nature room at Saffron Ground, one of HPFT's community specialist clinics for children and young people (CYP). Many of the young people have neurodiverse needs and sensory preferences, and therefore HPFT wanted to create a space that cultivated a sense of calm and comfort, engaging all the senses, and adding an element of fun to visits. Young people's voices played a significant role in shaping how the room looked, sounded and smelled. Thanks to their ideas, the room incorporates floral scents, the sound of water, and has fun and comfortable furniture.

## **Experience of Care Survey in Herts and West Essex (HWE).**

More than 1,100 people aged 65 and over have shared their experiences of local health services, in a survey designed to help the National Health Service (NHS) improve the quality of support offered to older residents. The survey, led by the Integrated Care Board (ICB) Nursing and Quality Team, asked participants questions such as their biggest health worries, their experiences of seeing health professionals and what makes them feel confident and safe. Responses highlighted challenges and opportunities in delivering care.

One of the main findings from the survey is that 90% of over 65s would prefer to receive their care and treatment in their local neighbourhoods – at a GP practice, in a local health centre, or at home. Only 10% of those surveyed said they preferred to be treated in hospital, with some commenting that they tried to avoid going to hospital unless it was really necessary.

All NHS organisations in HWE are working together to improve care and treatment, with a particular focus on developing more 'neighbourhood' health care. This includes placing a stronger emphasis on helping people stay healthy and well as they age, encouraging individuals to plan ahead and consider their future care needs in advance, and making it easier to access early intervention.

## **Hertfordshire Local Area Partnership – Special Educational Needs and Disabilities (SEND) Learning Framework.**

The Hertfordshire SEND Local Area Partnership continue to focus on improving outcomes for Children and Young People and their families and making a positive difference to their lives. The shared vision is to provide services that will make a difference to families because they are joined up, inclusive, easy to access, close to home and adapted to meet individual needs. Hertfordshire is a county where we are proud to say that SEND is everybody's business.

To achieve these aims and to ensure all services continue to learn, improve, and adapt in partnership, work has progressed to develop and implement a multi-agency SEND Learning Framework. The framework encompasses complaints, compliments, appeals to the SEND Tribunal, MP and Local Councillor enquiries, pre-judicial reviews, judicial reviews, SEND mediations, and other general feedback relating to SEND services, across the Hertfordshire Local Area Partnership. |



# Key Priority Areas



# Patient Experience and Safety - ICB

| ICB Area                     | Compliments | Complaints | PALS | Member of Parliament | General Practitioner (GP) queries | Whistle-blowing | PSII recorded on STEIS | Never Events (included in PSII numbers also) |
|------------------------------|-------------|------------|------|----------------------|-----------------------------------|-----------------|------------------------|--|
| East and North Hertfordshire | 0           | 22         | 58   | 16                   | 72                                | 0               | 5                      | 2  |
| South and West Hertfordshire | 2           | 28         | 73   | 16                   | 51                                | 1               | 5                      | 1  |
| West Essex                   | 0           | 31         | 35   | 6                    | 90                                | 0               | 7                      | 2  |
| All ICB localities           | 0           | 11         | 41   | 0                    | *N/A                              | 1               | *N/A                   | *N/A   |
| Other                        | 0           | 9          | 36   | 0                    | 1                                 | 1               | 0                      | 0  |
| Total                        | 2           | 101        | 246  | 38                   | 214                               | 3               | 17                     | 5  |

\* Not applicable as Patient Safety and GP queries are recorded as location specific. All data relates to December 2024-January 2025

| ICB area | Key themes and Risks   | Improvement Actions and Mitigations  |
|----------|--|--|
| All      | Acute requests to primary care – for this period there has been an emerging trend in cases involving tertiary, out of area, and private providers.   | Each individual case has been raised with the provider for responses, however this can be challenging for providers where no contractual relationship exists. Clarity sought from contracts team around expectations for services and GPs advised accordingly. |
| All      | Requests for information is the second largest theme relating to pathway queries directed to the ICB. For example, weight loss management providers. | The patient safety team is undertaking an exercise to develop a comprehensive directory of contacts internally for pathway and commissioning queries, alongside directing GPs to the clinical pathways website.  |

## Ombudsman complaint

A recent complaint against both the ICB and Hertfordshire County Council (HCC), reviewed by the Parliamentary and Health Service Ombudsman and the Local Government and Social Care Ombudsman, has been upheld. The concerns relate to communication, delays and care provision. A joint action plan is currently being developed.



# 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 with Human Resources within the ICB, for example staff survey results, and working with providers regarding psychologically safe and just culture across system. Supported by Patient Safety Incident Response Framework (PSIRF).</li> </ul>   | In progress.      |
| <b>Medical Examiner (ME) System for Community Deaths.</b> | <ul style="list-style-type: none"> <li>Monthly meetings with Lead Medical Examiners for the 3 place areas continue, and the ICB have agreed a process for sharing and reporting back on intelligence and queries from the Medical Examiner Offices.</li> <li>The ICB are considering how this information might be triangulated with mortality data and themes from mortality reviews going forward.</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 continuing to visit the ME offices within the system.</li> </ul> | On Track.         |
| <b>Patient Safety Incident Response Framework.</b>        | <ul style="list-style-type: none"> <li>The ICB is continuing to focus on the transition to PSIRF for our smaller providers.</li> <li>The ICB continues work with our Patient Safety Network to review system priorities and develop a process for reviewing updated PSIRF plans.</li> <li>A system-wide process for managing incidents that cross multiple organisations has been approved and adopted by our system Partners.</li> </ul>  | On Track.         |
| <b>System-wide Learning from Deaths Forum.</b>            | <ul style="list-style-type: none"> <li>The forum held its latest meeting in early February, where the focus was on catheter care. Our community providers showcased reviews of this theme and their actions and learning from this. They agreed to work together on their QI priorities going forward.</li> <li>The forum agreed the focus of End-of-Life care for the next meeting based on themes from all provider's mortality reviews.</li> </ul>  | On Track.         |
| <b>National Patient Safety Alerts.</b>                    | <ul style="list-style-type: none"> <li>Robust processes are in place within our providers. The ICB is currently reviewing our internal process for managing these alerts to avoid duplication, with a plan for the current process to be strengthened.</li> </ul>  | In Progress.      |



# 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 presented an overview of the Strategy and our plans for implementation to the Primary Care Transformation Committee in January 2025.</li> <li>A small internal working group has been established to plan for implementation. Primary Care and Local Medical Committee colleagues will be invited to join this group.</li> <li>The ICB continues to support the GP PSIRF pilot, and we have one HWE practice who have agreed to pilot the approach – initial meetings have been held with the practice.</li> <li>A patient safety resource and shared learning page has been set up on the ICB's GP Training Hub.</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. This training has 100% compliance.</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 programs 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). Plans are underway for a System-wide PSP forum hosted by the ICB to take place in early April.</li> </ul>   | On Track.         |
| <b>Patient Safety Specialists Priorities</b>                      | <ul style="list-style-type: none"> <li>A new version of the priorities for Patient Safety Specialists was published in January 2025. This is being scrutinised to ensure all areas are covered, further updates to be provided.</li> </ul>  | In Progress.      |



# Quality Improvement

| 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 has now been completed.</li> <li>The bid supported the implementation of the HWE System Quality Improvement (QI) Network, including two face-to-face improvement events, regular network meetings with patient engagement, development of a dedicated internet page, tracking and monitoring outputs and improvements. The evaluation has now been completed following the successful face-to-face event that took place earlier in the year.</li> </ul>   | Completed.   |
| <b>Developing QI communications plan:</b><br>- To build the 'will' to create a movement for QI.<br>- Promoting Herts and West Essex QI 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 our staff, patients and partners to build the will for QI and to ensure sustainability of the Network. This includes promoting the Network through a new QI communications plan with staff briefings as well as formal and informal engagement workshops. The Network membership is steadily increasing and currently at 112 members.</li> <li>Our network 'Learn and Celebrate' event was successfully launched in November 2024 and January 2025 with key speakers from ENHT and West Hertfordshire Teaching Hospitals Trust (WHTHT) sharing learning from their QI projects. We received positive feedback on an external Health Foundations collaborative skills workshop that was well received by network members.</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>The NHS Impact self-assessment for our readiness to change as an ICB is now completed with a report. A series of engagement focus group workshops and virtual interviews have been completed for staff and patients across the ICB and externally to all system partners during October to December 2024. The feedback will inform our NHS Impact delivery plan including our HWE ICB QI approach and delivery plan, awaiting sign off from Senior Leadership Team.</li> </ul>   | On track     |
| <b>ICB QI delivery plan.</b>   | <ul style="list-style-type: none"> <li>HWE ICB QI delivery plan, developed following the ICB's NHS Impact self-assessment has been approved. The delivery plan is aligned to our Quality Strategy, PSIRF, the NHS Impact 5 key priorities as well as our ICB operating model and Medium Term Plan.</li> </ul>   | On track     |
| <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 approach': Introduction to QI training offer commenced in December 2024. We have delivered the 2 test waves of training to the Nursing and Quality directorate and a training planner is in place with a view to launch fully from March 2025.</li> </ul>   | In progress. |



# Safeguarding All Age

| Theme  | Issue and Impact  | Mitigating Action   |
|--|---|---|
| <b>Recruitment and retention within the ICB safeguarding team.</b>   | <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>• Safeguarding Business Continuity actions in place and areas for focus prioritised.</li> <li>• Successful recruitment to safeguarding children-all-age post, safeguarding administrative post and safeguarding Deputy Director of Nursing.</li> <li>• Recruitment is under way for Safeguarding Adult all-age post.</li> </ul>                                |
| <b>Primary Care Adoption Record process.</b><br>Lack of agreed process for merged records and use of new NHS number. | <ul style="list-style-type: none"> <li>• Data protection breaches where the adopted child's old identity are not shielded by the new adoption number.</li> <li>• Data governance mechanisms not in place to prevent accident disclosure.</li> </ul> | <ul style="list-style-type: none"> <li>• Primary Care colleagues are working with NHSE and East of England (EoE) regional team to agree a solution.</li> <li>• Hertfordshire task and finish group has been established to agree a process.</li> </ul>  |
| <b>Hertfordshire Joint Targeted Area Inspection Report.</b>  | Inspection report identified gaps in the identification and response to physical abuse and neglect to children who are living in domestic abuse households.   | <ul style="list-style-type: none"> <li>• Inspection action plan ongoing with planned learning events.</li> <li>• Primary care safeguarding team included in multiagency audits to improve practice for children who are victims of domestic abuse.</li> <li>• Primary Care team launched domestic abuse conversation tool to support GPs to safely identify and respond to domestic abuse.</li> </ul> |



# Infection Prevention and Control (IPC)

| Area                             | Issue  | Mitigating Action   | Timescale |
|----------------------------------|--|---|-----------|
| <b>C.difficile.</b>              | <p>Nationally C. diff cases above pre-pandemic levels and rising.</p> <p>In 2024, the United Kingdom reported the highest number of cases for 13 years. This has now been declared as a national incident.</p> <p>At the end of December 2024, HWE ICB, WHTHT and PAHT reported cases above their NHSE ceilings for this point in the year, with ENHT reporting to be just under their ceiling.</p> <p>However, when represented as infection rate, both ENHT and ENH place were both above that of the region.</p>  | <ul style="list-style-type: none"> <li>• Three place-based healthcare associated infections (HCAI) oversight groups have taken place in December 2024 and January 2025.</li> <li>• System wide C. diff action plan reviewed.</li> <li>• Plan for ENHT case reviews to include primary care.</li> <li>• Case reviews for community C. diff infections collated and analysed. However, ICB IPC team has limited access to community patient data.</li> <li>• Undertaking number of case studies to support Antimicrobial Stewardship (AMS) agenda.</li> <li>• Preparation of paper in conjunction with ICB AMS lead for System Transformation and Quality Improvement Committee.</li> </ul>   | Ongoing.  |
| <b>IPC and Winter Pressures.</b> | <p>Although cases of flu are now decreasing, case numbers are still high for this point in the year. One trust outbreak in acute care at time of report (PAHT).</p> <p>The number of norovirus cases is also high compared to the same point last year. In mid-January 2025 norovirus levels in hospitals in England were 80% higher than the same period last year. One local acute trust is reporting an outbreak at time of report (ENHT).</p> <p>These issues have had a significant impact on bed closures for IPC reasons, predominantly due to contacts of cases rather than outbreaks.</p> <p>Limited uptake of flu vaccinations from staff in the 3 acute Trusts.</p> | <ul style="list-style-type: none"> <li>• Increased IPC collaboration with HWE System Co-ordination Centre.</li> <li>• IPC weekly outbreak spreadsheet generated and sent to SCC and system partners to act as an early warning system.</li> <li>• IPC invites to daily system call if Integrated Care System (ICS) reporting Operational Pressures Escalation Level 4 for IPC bed closures - support to trusts to minimise IPC impact.</li> <li>• SHREWD (cloud-based application) access provided to IPC team so there can be liaison with trust IPC teams regarding IPC bed closures daily.</li> <li>• Assurance provided by trusts regarding IPC compliance.</li> <li>• IPC support to care homes with outbreaks and to support and facilitate hospital discharges.</li> <li>• IPC input to flu planning group.</li> </ul> | Ongoing.  |



# Mental Health - Childrens

| Area  | Issues and Mitigating Actions   |
|---|---|
| <b>Essex Care Education Treatment Reviews (CETR).</b><br>Increased number of CETR's in 2024.                                    | <ul style="list-style-type: none"><li>• Annual data suggests 165 CETR's completed in 2024 (to be confirmed), compared to 120 in previous year.</li><li>• New mental health act implies CETR's will be required under legislation.</li><li>• Two posts within the team are fixed term. Discussions are ongoing with the health inequalities team regarding the extension of these current posts to maintain capacity and continue support for families, CYP and in turn prevent admission to a mental health hospital.</li><li>• Dynamic Support Register will continue to be used to identify CYP with increasing and/or complex health and care needs and ensure they are prioritised for care and treatment delivered in the least restrictive way.</li></ul> |
| <b>North-East London Foundation Trust (NELFT).</b><br>Challenges related to CYP accessing community support and inpatient beds. | <ul style="list-style-type: none"><li>• Support for CYP from the Home Treatment Team is positively reducing the number of CYP requiring Tier 4 inpatient beds.</li><li>• The Eating Disorder Enhanced Pathway Day Service commenced seeing patients on 3rd February, this, together with increased Eating Disorder bed availability locally for CYP means that patients supported can receive care closer to home.</li></ul>  |



# Maternity and Children

| Area   | Issues and Overview   | Mitigating Action  |
|--|---|--|
| <b>West Essex - Health Care Resource Group.</b>      | <ul style="list-style-type: none"> <li>The service has been experiencing challenges recruiting into vacant dietician post.</li> <li>There is a locum dietician currently supporting the service and is contracted to end of March 2025.</li> </ul>  | <ul style="list-style-type: none"> <li>Dietician post is back out to advert.</li> <li>Discussions are ongoing around extending the locum.</li> <li>Consideration is being given to a shift in resource to increase the whole time equivalent of the dietician, with the aim of improving recruitment potential.</li> </ul>                   |
| <b>WHTHT - Regional NHS England Maternity Visit.</b> | <ul style="list-style-type: none"> <li><b>Areas of improvement noted included:</b> testing of nitrous oxide levels now embedded, robust incident management processes with use of After Action Reviews, improved governance processes, good executive oversight, improved CQC service user feedback.</li> <li><b>Improvement recommendations included:</b> Consultants to attend ward rounds, all maternity areas to attend safety huddles, improve interpreter services out of hours, additional administrative staff and more cardiotocography machines.</li> </ul> | <ul style="list-style-type: none"> <li>Findings from the visit have been presented at the Trust's January 2025 Quality and Safety Committee. Recommendations will be taken forward.</li> <li>Due to continued improvements in the maternity service the frequency of visits has now extended to annual review (from six monthly).</li> </ul> |



# Local Maternity Neonatal System – LMNS

| Area  | Issues and Overview  | Mitigating Action   | Timescale     |
|---|--|---|---------------|
| <b>Maternity Care - Antenatal, Intrapartum and Postnatal.</b> | <ul style="list-style-type: none"> <li>No ability to share patient records due to lack of interoperability between electronic patient record systems.</li> <li>No access to patient information from out-of-area providers.</li> <li>This has been identified as a theme from Patient Safety Incident Investigations.</li> </ul> | <ul style="list-style-type: none"> <li>LMNS facilitating a working group across all providers, including service users, to address immediate safety actions and improvements.</li> <li>Safety actions have been set and are being tracked and progressed through the LMNS Quality and Safety Forum.</li> <li>Mechanisms underway to assess out-of-area women as high-risk.</li> <li>LMNS have escalated issues to ICB Director of Digital Transformation.</li> <li>Risk has been added to LMNS risk register.</li> <li>Partnership work is underway to mitigate digital risks.</li> </ul> | Ongoing.<br>Y |
| <b>Maternal Death.</b>  | <ul style="list-style-type: none"> <li>There have been three indirect maternal deaths reported from 2 providers (WHTHT and PAH) between October 2024 and January 2025.</li> </ul>  | <ul style="list-style-type: none"> <li>Reported to Maternity and Neonatal Safety Investigations, and the Mothers and Babies Reducing Risk through Audits Confidential Enquiry.</li> <li>NHSE regional team currently undertaking a deep dive into maternal death across the region.</li> <li>Review of escalation pathways and processes underway to assess areas for improvement.</li> </ul>   | June 2025.    |
| <b>Digital.</b>   | <ul style="list-style-type: none"> <li>New electronic patient record system implementation at PAHT has caused challenges in reporting clinical quality data.</li> <li>ENHT have experienced similar challenges with improvements being made.</li> </ul>  | <ul style="list-style-type: none"> <li>LMNS and regional digital leads supporting PAHT to resolve issues.</li> <li>Added to PAHT risk register and will escalate any current areas of concern directly to LMNS Quality and Safety Lead.</li> <li>Resolution at ENHT cannot be shared to support PAHT as different digital electronic patient record systems are in place.</li> <li>Providers have shared verbal updates on quality metrics and key performance indicators.</li> </ul>   | April 2025.   |



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

| Area                              | Risk   | Mitigating Action  | Timescale   |
|-----------------------------------|--|--|---|
| <b>ENHT Paediatric Audiology.</b> | <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 under 3s pathway is Autumn 2025 due to required estates work.</li> </ul> | <ul style="list-style-type: none"> <li>Further scoping and coordination of recovery plan across Hertfordshire and west Essex being developed.</li> <li>ENHT continue to progress workstreams in a range of areas, supported by both NHSE Region and HWE ICB. Whilst work continues at pace, progress remains challenging as referrals and waiting lists continue to rise with limited specialist workforce.</li> <li>Additional clinics being planned with mutual aid.</li> <li>Planned estates work have commenced with project plans aligned to proposed pathway openings.</li> <li>Regular review of pathways development status is needed to support opening.</li> </ul> | Ongoing.  |
| <b>ENHT Bedford Renal Unit.</b>   | <ul style="list-style-type: none"> <li>Suspension of dialysis at Bedford Renal Unit in February 2024.</li> <li>Previous updates provided to STQI Committee.</li> </ul>   | <ul style="list-style-type: none"> <li>Learning outcomes and renal patient story presented at ENHT Board meeting January 2025.</li> <li>Many actions identified are in place and ongoing improvements are being made to a number of key areas, including the monitoring of water quality, ensuring long-term dialysis capacity and service resilience, and improving risk management.</li> <li>Communications included on ENHT website.</li> </ul>   | Ongoing.<br>Trust continues to prioritise longer-term improvements. |
| <b>ENHT Never Event (NE).</b>     | Surgical NE.   | <ul style="list-style-type: none"> <li>Patient had elective surgery. Incorrect size prosthetic used. Corrective surgery successfully completed.</li> <li>Duty of Candour completed.</li> <li>Initial learning has been identified.</li> <li>In February 2025 ENHT held a National Safety Standards for Invasive Procedures and Local Safety Standards for Invasive Procedures event.</li> </ul>  | Ongoing.  |



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

| Area  | Risk  | Mitigating Action  | Timescale |
|---|---|--|-----------|
| <b>PAHT Implementation of Alex Health.</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>• Maintained strong oversight and focus on safety and patient outcomes.</li> <li>• Incidents continue to be monitored by Lead Clinical Safety Officer to maintain patient safety as well as areas where lessons learned can be shared.</li> <li>• Modules relating to Infection Prevention and Control are not yet in place and Trust IPC Team has implemented additional processes to mitigate. PAHT will be the first Trust to utilise the IPC Modules when they are activated later in the year.</li> </ul>  | Ongoing.  |
| <b>PAHT Never Event.</b>  | <p>Retained Swab following an emergency caesarean section.</p> <p>Wrong Site Nerve Block in the Emergency Department.</p>           | <ul style="list-style-type: none"> <li>• On identification the patient returned to theatre and the swab was successfully removed.</li> <li>• Divisional round table taken place and After Action Review to be held.</li> <li>• Processes being taken forward in line with PSIRF.</li> <li>• Patient had a fracture neck of femur. Correct procedure was performed. The regional block was administered to the wrong site.</li> <li>• Duty of candour has been completed with the family.</li> <li>• Processes being taken forward in line with PSIRF.</li> </ul>   | Ongoing.  |
| <b>EEAST Section 29a notice, and regulation breaches (17 and 12) issued by CQC.</b> | If EEAST do not meet CQC standards then there is a risk of poor patient outcomes and experience, with impacts on staff.             | <ul style="list-style-type: none"> <li>• The Care Quality Commission (CQC) served a notice under Section 29A of the Health and Social Care Act 2008 to EEAST on 10 February 2025 for failing to meet requirements relating to staff training, staffing levels, investigation and mitigation of controlled drug incidents, call wait times, the culture of the service and acting on information from staff to develop and improve the service.</li> <li>• A Section 64 notice was also served as Trust systems and processes had failed to ensure compliance in meeting national standards in relation to Category 2 response time.</li> <li>• HWE ICB to join Rapid Quality Review Meetings initiated by SNEE ICB with EEAST Director of Quality and key partners, including CQC and NHSE.</li> <li>• EEAST have developed an action plan with improvement trajectories monitored through appropriate governance mechanisms.</li> </ul> | Ongoing   |



# Assurance and Oversight – Adult Mental Health

| Area  | Issue and Impact   | Mitigating Action  | Timescale |
|---|--|--|-----------|
| <b>Inappropriate out-of-area (OOA) placements for adult mental health services.</b>                 | <p>National shortage of mental health beds and increased pressures on service will result in the continued use of OOA beds.</p> <p><b>Essex Partnership University NHS (EPUT).</b> 8 service users in OOA beds. Total bed days for these patients is 311.</p> <p><b>Hertfordshire Partnership University NHS (HPFT).</b> 14 service users in OOA beds at the end of December 2024.</p> | <p><b>EPUT</b></p> <ul style="list-style-type: none"> <li>Weekly complex delay discharge meetings remain in place.</li> <li>Capital fund grant was released in January 2025 for reduction in OOA beds. Local teams are discussing options for best clinical outcomes.</li> <li>The three Essex ICBs have agreed to fund consultants to review OOA bed usage and risk share.</li> </ul> <p><b>HPFT</b></p> <ul style="list-style-type: none"> <li>Focus on improving patient flow and community support.</li> <li>Enhanced Discharge team fully recruited. New ways of working being developed, including input to service users in OOA beds.</li> <li>Gap analysis is being completed by clinical teams to identify further resources that may be required.</li> <li>Focus on Swift ward operating to the Acute Assessment Unit model average length of stay 10 days.</li> </ul> | Ongoing.  |
| <b>Compliance with Serious Mental Illness (SMI) Physical Health Checks (Inpatients) completion.</b> | <p>Impact on effective care delivery.</p> <p><b>EPUT.</b> 91% physical health check compliance in December 2024, a slight decrease from 94% in November 2024. (95% target)</p> <p><b>HPFT.</b> 97.56% physical health check compliance in December 2024. Consistently meeting target of 92% since September 2024.</p>  | <p><b>EPUT</b></p> <ul style="list-style-type: none"> <li>Consultants are focusing time in completing gaps in the partially completed (breached) physical health checks.</li> </ul>  | Ongoing.  |
| <b>EPUT – CQC Inspection.</b>   | CQC visited inpatient services 18th November 2024.   | <ul style="list-style-type: none"> <li>Formal report following recent CQC inspection is awaited by the Trust.</li> <li>CQC provided verbal feedback to the Trust with no escalations.</li> </ul>   | Ongoing   |



# Assurance and Oversight - Community

| Area                            | Issue and Impact   | Mitigating Action  | Timescale |
|---------------------------------|--|--|-----------|
| <b>AJM Wheelchair Services.</b> | <ul style="list-style-type: none"> <li>• Equipment provision improvement trajectory is not being met.</li> <li>• Adult and children's health, education and wellbeing outcomes and end-of-life experiences are negatively impacted.</li> </ul> | <ul style="list-style-type: none"> <li>• Further escalation discussions are underway.</li> <li>• System Quality Meeting (SQM) held in January 2025. Overall system view is that improvements are being seen, but recognition of the challenges and improvements that continue to be taken forward.</li> <li>• Additional support from the ICB and AJM has been put in place for system partners where concerns remain.</li> <li>• Partnership Quality Visit took place in February 2025 to improve assurance and oversight in how AJM provide a safe and responsive service to patients, carers and system partners, and to review SQM improvement actions.</li> <li>• Further System Quality Meeting will be held in March 2025, including a shared understanding of how patients are supported after wheelchair handover.</li> </ul> | Ongoing.  |



# Assurance and Oversight - Primary Medical Care

| Primary Medical Care | ICB Place                  | Inadequate              | Requires Improvement      | Good | Outstanding | Not yet inspected | Awaiting publication | Total |
|----------------------|----------------------------|-------------------------|---------------------------|------|-------------|-------------------|----------------------|-------|
|                      | East North Herts (ENH)     | 0                       | 4                         | 42   | 0           | 1                 | 0                    | 47    |
|                      | South and West Herts (SWH) | 0                       | 1                         | 46   | 1           | 0                 | 1                    | 49    |
|                      | West Essex (WE)            | 1 (awaiting new rating) | 2 (1 awaiting new rating) | 25   | 1           | 0                 | (2)                  | 29    |

| GP Practice   | Issue   | Mitigating Action  | Timescale  |
|---|---|--|--|
| <b>Practice in West Essex.</b>                        | CQC assessment in July 2024 published December 2024. Rated 'Requires Improvement' overall.              | <ul style="list-style-type: none"> <li>Support offered from ICB.</li> <li>Meeting with Practice in March 2025 to determine support required to address issues raised by CQC.</li> </ul>  | Ongoing.   |
| <b>Practice in West Essex.</b>                        | Currently rated Inadequate (March 2024). Re-assessed November 2024. Full outcome awaited.               | <ul style="list-style-type: none"> <li>Support provided from ICB teams with addressing CQC issues raised.</li> <li>Next steps to be agreed when outcome known.</li> </ul>  | Ongoing.   |
| <b>Practice in West Essex.</b>                        | Re-assessed June 2024. Warning notice issued for Regulation 17 - Good Governance. Full outcome awaited. | <ul style="list-style-type: none"> <li>Support provided from ICB teams with addressing CQC issues raised.</li> <li>Next steps to be agreed when CQC outcome known.</li> </ul>  | Ongoing.   |
| <b>Practice in South and West Herts.</b>              | Warning notice (January 2025) received following CQC assessment in December 2024. Full outcome awaited. | <ul style="list-style-type: none"> <li>Primary care contract and quality teams have met the Practice to discuss their action plan and were assured of progress</li> </ul>  | Ongoing.   |
| <b>All Practices in Hertfordshire and West Essex.</b> | There is a 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 updated Contract/Quality review and visit rolling programme which will enable visits to be based on risk and individual needs.</li> <li>Development of ICB CQC preparation support offer</li> <li>Establish information sharing systems with CQC.</li> </ul> | <ul style="list-style-type: none"> <li>Ongoing.</li> <li>Recommence pilot April 2025.</li> <li>Pilot from April 2025.</li> <li>Ongoing.</li> </ul> |



# Assurance and Oversight - Care Homes

| System Care Home Overview     |   |  |          |                |                  |
|-------------------------------|---|--|----------|----------------|------------------|
| CQC                           | 3 Inadequate  | 49 Requires Improvement  | 215 Good | 10 Outstanding | 25 Not Yet Rated |
| PAMMS                         | 13 Poor   | 55 Requires Improvement  | 171 Good | 16 Excellent   | 47 Not Yet Rated |
| Area                          | Issue   | Mitigating Action  |          |                | Timescale        |
| East and North Hertfordshire. | <p>1 care home is in a Safety Improvement Process, via System Wide Intervention Meetings (SWIM). Quality concerns relate to:</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>Regular visits in place from ICB Nursing, Pharmacy and County Council colleagues to review action plans and provide ongoing support and advice.</li> <li>Hertfordshire Care Providers Association (HCPA) are supporting with care planning training.</li> <li>Improvements are being seen against care planning and pharmacy actions and support remains in place.</li> </ul>   |          |                | Ongoing.         |
| East and North Hertfordshire. | <p>Elysium Healthcare. SWIM with NHSE oversight. Escalated to Regional Quality Group and System Quality Group due to;</p> <ul style="list-style-type: none"> <li>Safeguarding concerns</li> <li>Pharmacy</li> <li>Feeding and nutrition</li> <li>Leadership, consistency in management oversight, audits and governance.</li> </ul> <p><b>Impact</b> - service provision, resident experience and safety. Possible reputational and financial damage.</p> | <ul style="list-style-type: none"> <li>Regular visits in place from across the ICB multidisciplinary teams to support improvement actions and oversight, including Pharmacy transition.</li> <li>Improvements are being made against action plan in a number of key areas, with confirmation of minimal quality standards.</li> <li>Agreement to move from SWIM to Quality Assurance Meeting (QAM) and partial lifting of embargo due to improvements evidenced with continued focus on concerns related to nutrition, pharmacy and safeguarding.</li> </ul> |          |                | Ongoing.         |
| South and West Hertfordshire. | <p>3 supported living providers are in a SWIM.</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>ICB Care Home team supporting County Council led SWIM for oversight and assurance.</li> <li>Providers working with HCPA for training support.</li> <li>1 ICB CHC-funded patient receiving care through one of the providers. Reviews have been undertaken.</li> </ul>   |          |                | Ongoing.         |



# Acronyms (1/2)

|       |   |
|-------|---|
| AMS   | Antimicrobial Stewardship                                 |
| CETR  | Care Education and Treatment Review                       |
| CHC   | Continuing Healthcare                                     |
| CQC   | Care Quality Commission                                   |
| CYP   | Children and Young People                                 |
| EEAST | East of England Ambulance Service NHS Trust               |
| ED    | Emergency Department                                      |
| ECF   | Enhanced Commissioning Framework                          |
| ENH   | East and North Hertfordshire                              |
| ENHT  | East and North Hertfordshire NHS Trust                    |
| EoE   | East of England   |
| EPUT  | Essex Partnership University NHS Foundation Trust         |
| GP    | General Practitioner                                      |
| 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                          |
| LFPSE | Learning from Patient Safety Events                       |
| LMNS  | Local Maternity and Neonatal System                       |
| MCA   | Mental Capacity Act                                       |
| NE    | Never Event   |
| NHS   | National Health Service                                   |
| NHSE  | NHS England   |
| NELFT | North East London NHS Foundation Trust                    |
| OOA   | Out of Area   |
| PAHT  | Princess Alexandra Hospital NHS Trust                     |
| PALS  | Patient Advice and Liaison Service                        |
| PSII  | Patient Safety Incident Investigation                     |



# Acronyms (2/2)

|              |  |
|--------------|--|
| <b>PSIRF</b> | <b>Patient Safety Incident Response Framework</b>      |
| <b>PSP</b>   | <b>Patient Safety Partners</b>                         |
| <b>QAM</b>   | <b>Quality Assurance Meeting</b>                       |
| <b>QI</b>    | <b>Quality Improvement</b>                             |
| <b>SNEE</b>  | <b>Suffolk and North East Essex</b>                    |
| <b>STEIS</b> | <b>Strategic Executive Information System</b>          |
| <b>STQI</b>  | <b>System Transformation and Quality Improvement</b>   |
| <b>SWH</b>   | <b>South and West Hertfordshire</b>                    |
| <b>SWIM</b>  | <b>System Wide Intervention Meeting</b>                |
| <b>WE</b>    | <b>West Essex</b>                                      |
| <b>WHTHT</b> | <b>West Hertfordshire Teaching Hospitals NHS Trust</b> |





Hertfordshire and  
West Essex Integrated  
Care System

## HWE ICS Performance Report

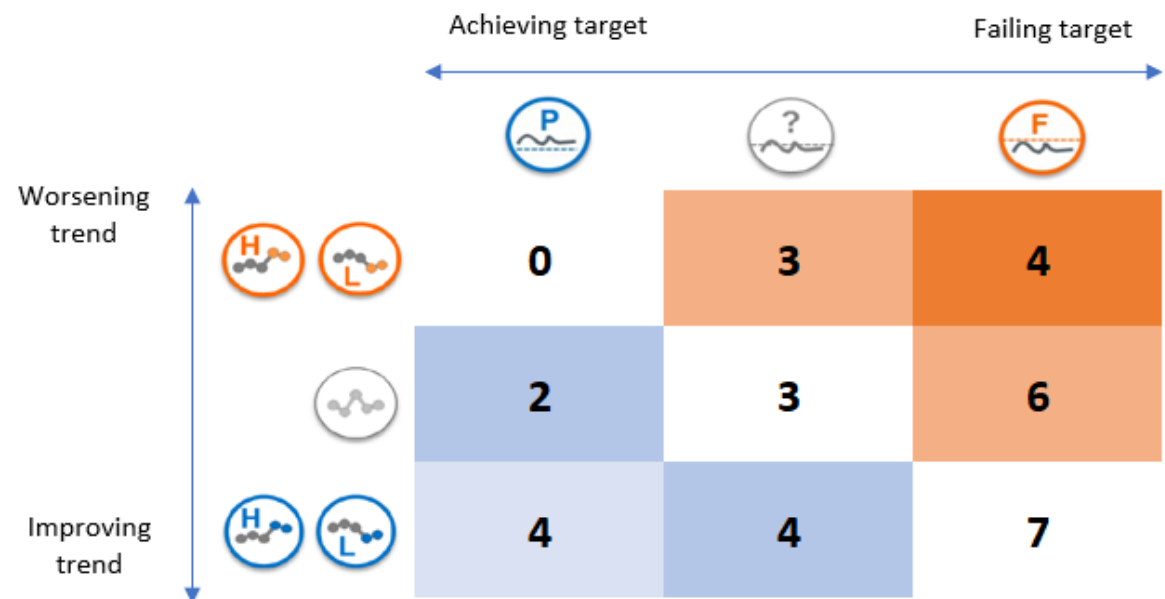
March 2025

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# Executive Summary: KPI Risk Summary



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

| Highest Risk                   | Programme   |
|--------------------------------|-------------|
| Ambulance Handovers            | UEC         |
| Community Waits (Children)     | Community   |
| 6 Week Waits                   | Diagnostics |
| Autism Spectrum Disorder (ASD) | Community   |

| Lowest Risk                            | Programme    |
|--|--------------|
| Learning Disability (LD) Health Checks | Primary Care |
| 28 Day Faster Diagnosis                | Cancer       |
| CHC Assessments in Acute               | Community    |
| 62 Day Standard                        | Cancer       |

| 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       |

| Variable Risk                             | Programme     |
|---|---------------|
| Day Case Rates                            | Elective      |
| % of <14-Day GP Appointments              | Primary Care  |
| Dementia Diagnosis                        | Primary Care  |
| 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      |
| CHC Assessments < 28 Days                 | Community     |

| High Risk                                       | Programme     |
|---|---------------|
| ED 4 Hour Standard                              | UEC           |
| 18 Week RTT                                     | Elective      |
| 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      |
| Attention Deficit Hyperactivity Disorder (ADHD) | Community     |



# Executive summary

|   |                                 |   |  |
|---|---------------------------------|---|--|
| URGENT CARE   | 4 Hour Performance              | Region: HWE better than average               | National: HWE worse than average                           |
| <ul style="list-style-type: none"><li>NHS 111 abandoned call performance continues on an improved trend with performance returning to meet the 3% national standard in January;</li><li>Following continued increases, Cat 2 ambulance response times improved in January at 47 mins; HWE response times remain adrift of the national 30-minute standard and longer than the regional average however;</li><li>Hours lost to handover &gt;15mins remain high at 3,527 in January with performance continuing significantly above our fair shares handover target and moving into our highest risk category;</li><li>Although moving from an improved to variable trend, 4-hour ED performance improved in Jan to 72% which was also better than the Jan 24 position of 67.8%; performance remains adrift from the recovery trajectory however and has moved into our high-risk category.</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 65 wk waits have continued to reduce. HWE did not meet the end of Dec 65 wk wait clearance target with 95 breaches across PAH and ENHT; clearance is currently forecast for end of March 25. 52 wk waits have continued to reduce on a trend of improvement.</li><li>The 18 wk position has plateaued at around 55% with common cause variation; this remains significantly below national standard and an area 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>Excluding paediatric audiology, diagnostic performance continues on an improved trajectory at 72% in Dec. There remains significant challenges to paediatric audiology performance however with variation by Trust; a return to reporting of the challenged service at ENHT in June 24 saw a step change decline in performance. Impacting overall diagnostic performance, this is an area which has moved into highest risk.</li></ul>   |                                 |   |  |
| CANCER  | 28 Day FDS / 31 Day / 62 Day    | Region: HWE better than average               | National: HWE better than average with exception of 28 day |
| <ul style="list-style-type: none"><li>28-day Faster Diagnosis Standard (FDS) performance continues to meet this year’s ambition of 77%. 31-day performance also continues to meet the national standard of 96%. 62-day performance continues to meet the 70% planning target but there remains notable variation by Trust with PAH the most challenged. It is a significant achievement that both 28 and 62-day performance KPIs are now areas of lowest 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>Overall decrease in number of HWE Out of Areas Placements in Dec from last report at 30 against plan of 6. Winter pressures resulted in an increase in out of area bed placements in Herts;</li><li>Community Adult MH median waits for a 2<sup>nd</sup> contact increased slightly in the quarter to December at 65 days, however 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 continuing as an area of highest risk. Waits over 52 weeks increased in Dec to 3,992, predominantly at ENHT;</li><li>18 week % for children’s community waits improved marginally in Dec at 35.5% however remains below the national average of 50.2%. The main pressures continue to be Community Paeds, Therapies and Audiology;</li><li>Autism Spectrum Disorder (ASD) waiting lists and times continue to grow as funding/investment remains unresolved; this area is now of highest risk with ADHD services also high risk due to rising demand and waits;</li><li>The 28-day CAMHS access standard in Hertfordshire has not been achieved since 2021. Performance has continued to decline since May 24, currently sitting around 40%. Vacancy rates continue to impact;</li><li>Children’s waits for a Community MH 1<sup>st</sup> appointment increased slightly to 156 days in December with variation across the system, however continue to better the national average of 253 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 85.4%;</li></ul>   |                                 |   |  |
| PRIMARY CARE & CHC  | CHC Assessments Within 28 Days: | HWE better 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, remaining of 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 &lt;28 days have continued to see significant improvements achieving just under 80% in Dec; moving from high to variable risk, performance is now also better than the regional and national average.</li></ul>  |                                 |   |  |



# Executive Summary: Performance Benchmarking by Provider / Place

| December 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                          | January 25     | 72.68%                                      | ✔ 4.10%                  |                           |                         | 67               | 80.27%                             | ✔ 4.819%                 |                           |                         | 16               | 60.66%                                | ✔ 3.725%                 |                           |                         | 114              |  |
|               | 12 Hour Breaches                               | January 25     | 17.21%                                      | ✘ 1.24%                  |                           |                         | 96               | 10.28%                             | ✘ 29.00%                 |                           |                         | 45               | 16.62%                                | ✔ -28.75%                |                           |                         | 88               |  |
| Cancer        | 28 days Faster Diagnosis                       | December 24    | 76.61%                                      | ✘ -0.681%                |                           |                         | 101              | 82.26%                             | ✘ -0.50%                 |                           |                         | 48               | 72.16%                                | ✔ 1.63%                  |                           |                         | 128              |  |
|               | 31 days  | December 24    | 96.95%                                      | ✘ 0.83%                  |                           |                         | 54               | 98.56%                             | ✘ -0.42%                 |                           |                         | 29               | 95.37%                                | ✔ 8.14%                  |                           |                         | 76               |  |
|               | 62 days  | December 24    | 86.99%                                      | ✔ 1.58%                  |                           |                         | 16               | 87.20%                             | ✔ 10.11%                 |                           |                         | 15               | 60.87%                                | ✔ 1.43%                  |                           |                         | 127              |  |
| RTT           | Incomplete Pathways <18 weeks                  | December 24    | 59.92%                                      | ✔ 1.27%                  |                           |                         | 69               | 61.59%                             | ✔ 1.74%                  |                           |                         | 60               | 41.83%                                | ✔ 0.17%                  |                           |                         | 152              |  |
|               | 52+ weeks as % of total PTL                    | December 24    | 1.92%                                       | ✔ -15.82%                |                           |                         | 85               | 1.56%                              | ✘ 2.68%                  |                           |                         | 74               | 4.86%                                 | ✔ -18.79%                |                           |                         | 120              |  |
|               | 65+ weeks as % of total PTL                    | December 24    | 0.06%                                       | ✘ 28.98%                 |                           |                         | 86               | 0.00%                              | ▬ 0.00%                  |                           |                         | 30               | 0.15%                                 | ✔ -291.64%               |                           |                         | 102              |  |
|               | 78+ weeks as % of total PTL                    | December 24    | 0.00%                                       | ▬ 0.00%                  |                           |                         | 65               | 0.00%                              | ▬ 0.00%                  |                           |                         | 30               | 0.00%                                 | ▬ 0.00%                  |                           |                         | 73               |  |
| Diagnostics   | 6 week wait                                    | December 24    | 55.34%                                      | ✘ 3.28%                  |                           |                         | 150              | 9.69%                              | ✘ 45.32%                 |                           |                         | 45               | 42.18%                                | ✘ 17.17%                 |                           |                         | 138              |  |
|               | 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                        | December 24    | 62.8%                                       | ✘ -0.64%                 |                           |                         | 77               | 63.0%                              | ✘ -0.16%                 |                           |                         | 76               | 74.3%                                 | ✔ 0.27%                  |                           |                         | 13               |  |
|               | OOA placements                                 | December 24    | 14  | ✘ 57.14%                 | n/a                       | n/a                     | n/a              | 16                                 | ✔ -6.25%                 | n/a                       | n/a                     | n/a              | 14                                    | ✘ 57.14%                 | n/a                       | n/a                     | n/a              |  |
| CHC*          | % of eligibility decisions made within 28 days | December 24    | 71.2%                                       | ✘ -15.35%                | 72.47%                    | 72.47%                  | 76               | 91.4%                              | ✔ 11.32%                 | 84.48%                    | 84.48%                  | 51               | 75.0%                                 | ✔ 11.11%                 | 69.51%                    | 69.51%                  | 80               |  |
|               | % of assessments carried out in acute          | December 24    | 0.0%  | ▬ 0.00%                  | 0.00%                     | 0.00%                   | 61               | 0.0%                               | ▬ 0.00%                  | 0.70%                     | 0.70%                   | 94               | 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



# Performance by work programme

Click to link to relevant slides:

[Slide 6: NHS 111](#)

[Slide 7: Urgent 2 Hour Community Response](#)

[Slide 8: Ambulance Response & Handover](#)

[Slide 9: Emergency Department](#)

[Slide 10: UEC Discharge & Flow](#)

[Slide 11: Planned Care](#)

[Slide 13: Diagnostics](#)

[Slide 15: Day Case Rates](#)

[Slide 16: Cancer](#)

[Slide 18: Mental Health](#)

[Slide 27: Autism Spectrum Disorder \(ASD\)](#)

[Slide 30: Attention Deficit Hyperactivity Disorder \(ADHD\)](#)

[Slide 32: Community Wait Times](#)

[Slide 36: Community Beds](#)

[Slide 38: Integrated Care Teams](#)

[Slide 40: Continuing Health Care](#)

[Slide 41: Primary Care](#)

[Slide 43: Performance against Operational Plan](#)

[Slide 45: Appendix A, Performance Benchmarking \(ICB\)](#)

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

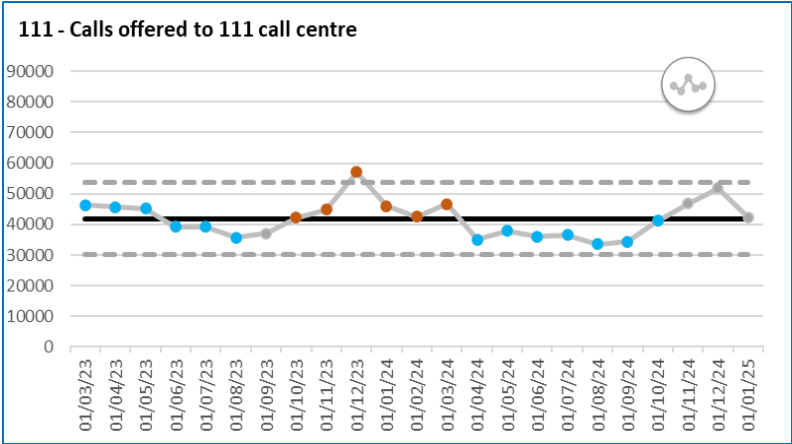
[Slide 47: Appendix C, Glossary of Acronyms](#)



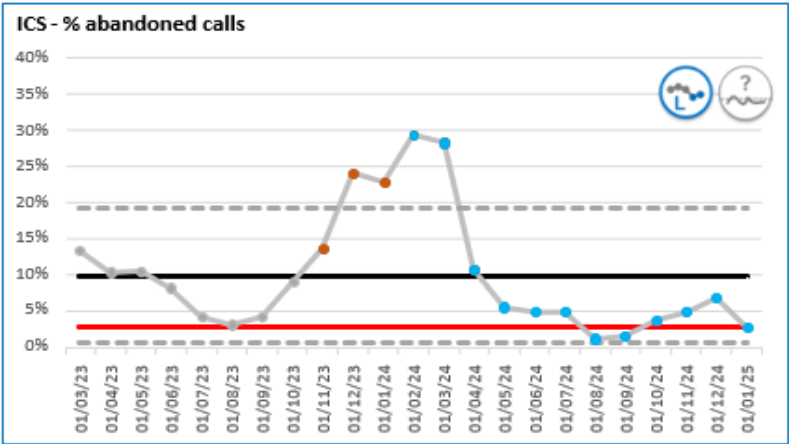
Hertfordshire and  
West Essex Integrated  
Care System







|               | 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 | Nov-24 | Dec-24 | Jan-25 |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Hertfordshire | 38,664 | 36,171 | 37,120 | 37,559 | 31,770 | 28,488 | 34,210 | 35,506 | 55,508 | 33,429 | 32,688 | 37,244 | 36,476 | 36,129 | 31,480 | 31,479 | 28,904 | 29,880 | 33,785 | 35,612 | 45,507 | 36,827 | 34,131 | 37,204 | 28,074 | 30,234 | 28,840 | 29,230 | 27,032 | 27,624 | 32,962 | 35,222 | 41,099 | 33,636 |
| West Essex    | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 461    | 9152   | 9,161  | 8,991  | 7,783  | 7,647  | 6,885  | 7,210  | 8,453  | 9,158  | 11,641 | 9,210  | 8,361  | 9,394  | 6,986  | 7,574  | 7,136  | 7,334  | 6,600  | 6,752  | 8,233  | 8,822  | 10,770 | 8,673  |
| ICS           | 38,664 | 36,171 | 37,120 | 37,559 | 31,770 | 28,488 | 34,210 | 35,506 | 55,508 | 33,429 | 33,149 | 46,396 | 45,637 | 45,120 | 39,263 | 39,126 | 35,789 | 37,090 | 42,238 | 44,770 | 57,148 | 46,037 | 42,492 | 46,598 | 35,060 | 37,808 | 35,976 | 36,564 | 33,632 | 34,376 | 41,195 | 46,767 | 51,869 | 42,309 |



|               | 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 | Nov-24 | Dec-24 | Jan-25 |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Hertfordshire | 7.8%   | 7.4%   | 10.3%  | 15.0%  | 35.4%  | 5.6%   | 10.5%  | 8.1%   | 42.7%  | 13.8%  | 12.7%  | 13.0%  | 10.2%  | 10.3%  | 8.2%   | 4.3%   | 3.2%   | 4.2%   | 9.3%   | 13.7%  | 24.4%  | 23.3%  | 29.8%  | 28.1%  | 10.8%  | 5.6%   | 5.0%   | 4.9%   | 1.3%   | 1.6%   | 3.8%   | 5.2%   | 6.9%   | 2.8%   |
| West Essex    | 8.5%   | 9.4%   | 11.8%  | 18.5%  | 38.5%  | 6.2%   | 11.8%  | 9.6%   | 46.2%  | 16.2%  | 13.9%  | 14.7%  | 10.9%  | 12.1%  | 8.7%   | 4.7%   | 3.3%   | 4.8%   | 8.6%   | 13.6%  | 23.5%  | 21.2%  | 28.2%  | 29.2%  | 11.5%  | 5.3%   | 4.7%   | 5.0%   | 1.3%   | 1.6%   | 3.9%   | 4.7%   | 7.2%   | 2.5%   |
| ICS           | 7.8%   | 7.4%   | 10.3%  | 15.0%  | 35.4%  | 5.6%   | 10.5%  | 8.1%   | 42.7%  | 13.8%  | 12.7%  | 13.4%  | 10.3%  | 10.6%  | 8.3%   | 4.3%   | 3.2%   | 4.3%   | 9.2%   | 13.7%  | 24.2%  | 22.9%  | 29.5%  | 28.3%  | 10.9%  | 5.6%   | 5.0%   | 4.9%   | 1.3%   | 1.6%   | 3.8%   | 5.1%   | 6.9%   | 2.8%   |

| ICB Area | What the charts tell us  | Issues  | Actions  |
|----------|--|---|--|
| HUC      | <ul style="list-style-type: none"><li>Call volumes fell for the first time in four months, returning to the historic average</li><li>Abandoned call rates improved for the first time in four months, achieving the 3% standard for the first time since September</li></ul> | <ul style="list-style-type: none"><li>Absence across January remained high with an average of 14% of sickness hours across the month of January</li><li>Weekend headcount insufficient to meet forecasted call volumes</li><li>HUC-wide headcount has been impacted by internal promotions into the new Operational Delivery Manager (ODM) role</li></ul> | <ul style="list-style-type: none"><li>4 assessments centres in January with a focus on weekend working – 5 x FTE appointed</li><li>Continuing to hold assessment centres bi-weekly</li><li>New Operational Delivery Manager (ODM) role live 13th January. Proactively managing all elements of the 111 service, challenging AHT and productivity in real time</li><li>Investigation into sickness - no identified trends apart from short notice / seasonality illnesses. Absence continues to be managed within the attendance policy with support from the ODMs</li><li>HUC-wide rota patterns under review due to address continued issues with weekend rota fill. Project plan in place with senior management and workforce planning teams to agree next steps</li><li>Non-Clinical Floor Walkers (NCFWs) continue to be directly accessible for all pathways queries before clinical input</li></ul> |

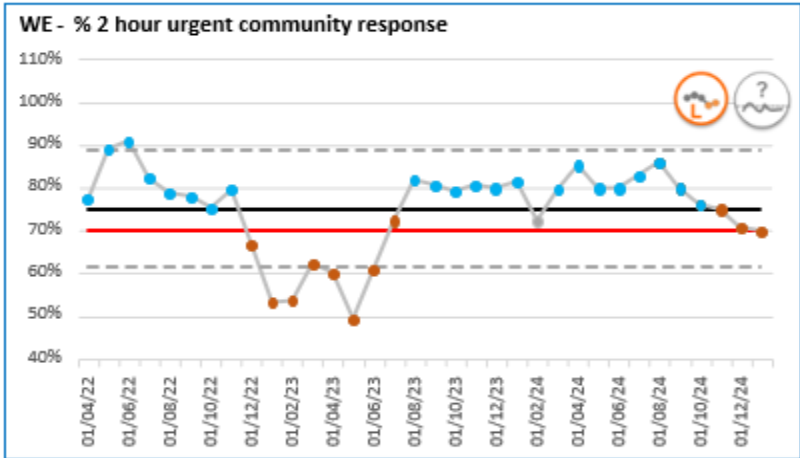
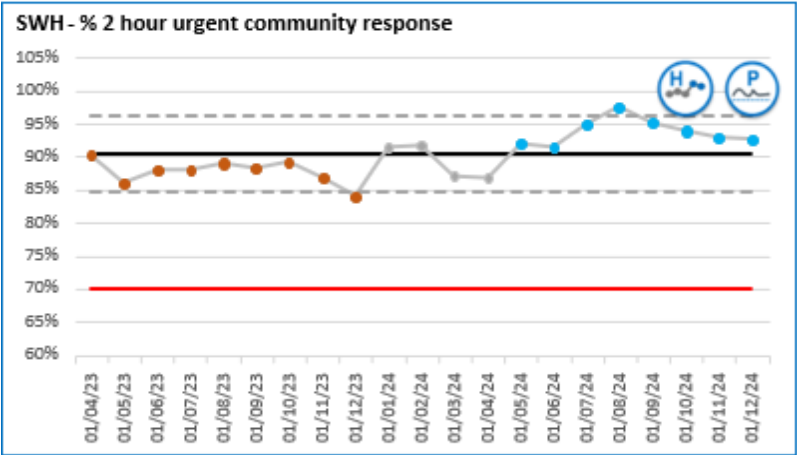
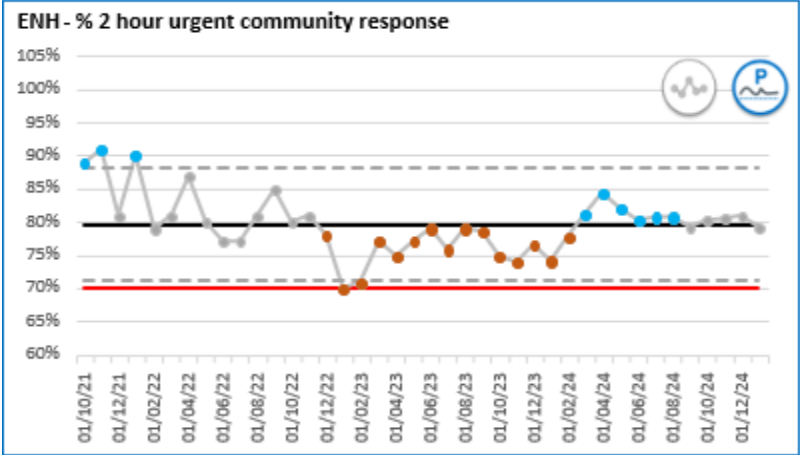


Hertfordshire and West Essex Integrated Care System





# Urgent 2 Hour Community Response (UCR)



| Referrals          | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| West Essex         | 313    | 317    | 412    | 397    | 416    | 391    | 461    | 386    | 454    | 511    | 483    | 558    | 724    |
| East & North Herts | 709    | 568    | 707    | 736    | 691    | 621    | 659    | 676    | 657    | 678    | 717    | 688    | 763    |
| South & West Herts | 414    | 407    | 400    | 417    | 423    | 442    | 363    | 352    | 319    | 370    | 414    | 340    | 376    |

## ICB Issues, escalation and next steps

- The ICS and two Hertfordshire Places continue to achieve the 70% standard
- West Essex performance dipped to 69.9% in January, narrowly missing the 70% standard for the first time since June 23
- Dip in West Essex performance driven by significant increase in activity to 763 in January
- HAARC vehicle numbers now included in SWH data have notably improved total 2 Hr UCR volumes, although they remain comparatively low
- WHTH led UCR service review to begin in March 25. To include activity, productivity and efficiency





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

## What the charts tell us

- The mean Category 2 ambulance response time was 47 minutes in January. This is adrift of the national 30-minute standard. However, this is the best performance since Aug-24 and better than the long-term average. Unvalidated performance for Feb is showing further improvement at 40 mins.
- Mean C2 response times in HWE remain longer than the regional average (Jan-25 = 41 mins) and national average (Jan-25 = 35 mins)
- Hours lost to handover >15 mins have remained high since October. In January, 3527 hours were lost across the system. This is significantly above the fair-share target and worse than the Jan-24 performance (2,988 hours)

## ICB Issues and actions

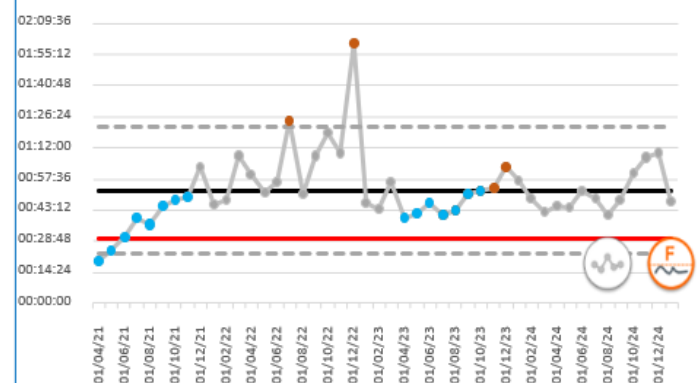
- The number of ambulance incidents in HWE remain high. The number of incidents in Jan-25 was 7% higher than in Jan-24
- However, the number of conveyances / hospital arrivals was similar in Jan-25 compared to Jan-24
- EEAST has put in place a number of initiatives to increase staffing in HWE, including: new joiner incentives, pausing all transfers out of the sector and exploring secondment opportunities from other Trusts / sectors. However, the number of vacancies remains higher in HWE compared to other sectors
- As a result, there was a 7.7% increase in the number of deployed EEAST staffing hours in Jan-25 compared to Jan-24
- The unscheduled care and coordination hub in place since November. There has been a reduction in the face-to-face response rate for day-time C3-C5 patients from 70.7% to 66.5%. There has been a reduction in the C3-C5 conveyance rate (as a % of incidents) from 41.3% to 35.4%
- Increases to handover are primarily being driven by PAH and ENHT and due to high acuity of patients, staffing challenges and flow and capacity issues
- Handover-45 was introduced at the end of November with the goal of limiting the number of handovers >45 minutes and all action plans continue
- Unvalidated data is showing handovers have significantly improved at PAH in Feb at half of the hours lost in Dec, with some improvements also seen at ENHT.

## Recovery Trajectories

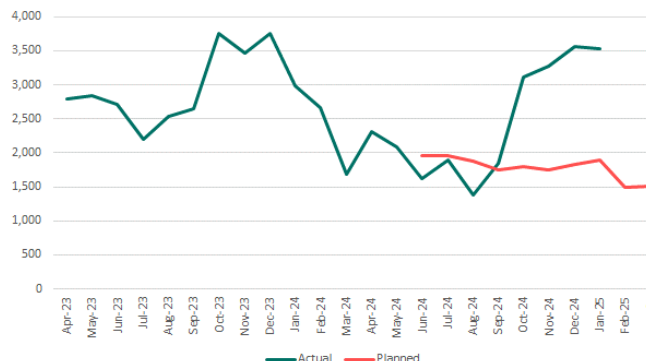
CAT 2 mean response times



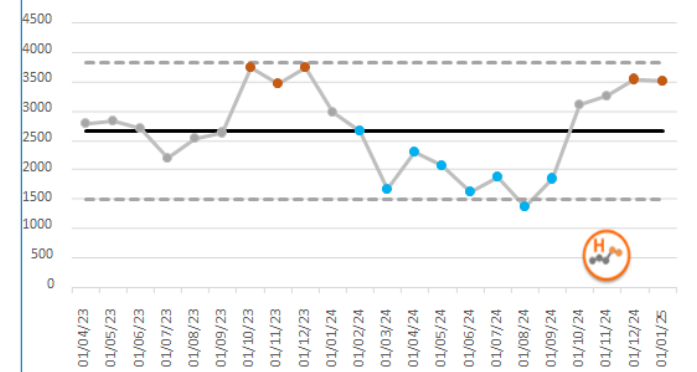
ICS - CAT 2 mean response times



ICS - Total hours lost to handover (>15 mins)

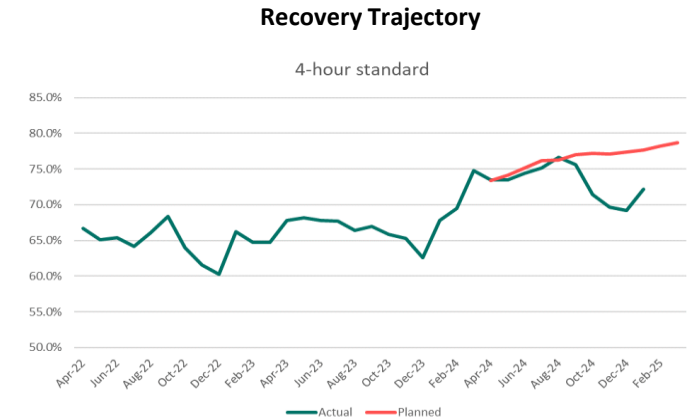
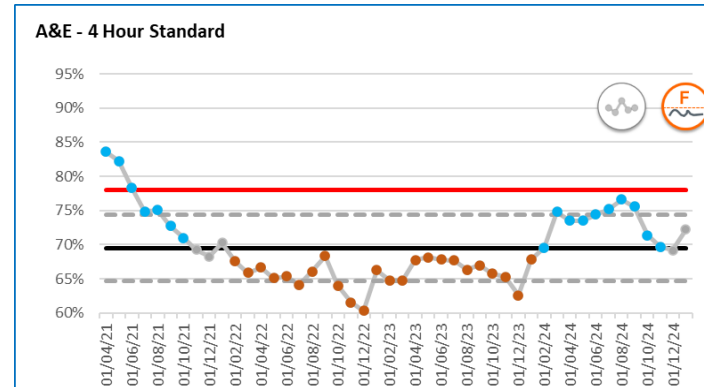
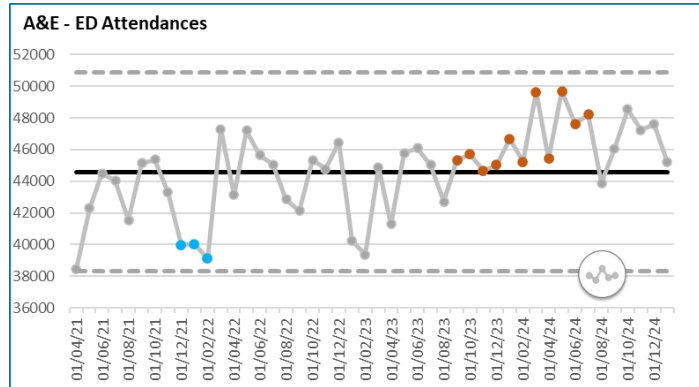


ICS - Total hours lost to handover >15 mins





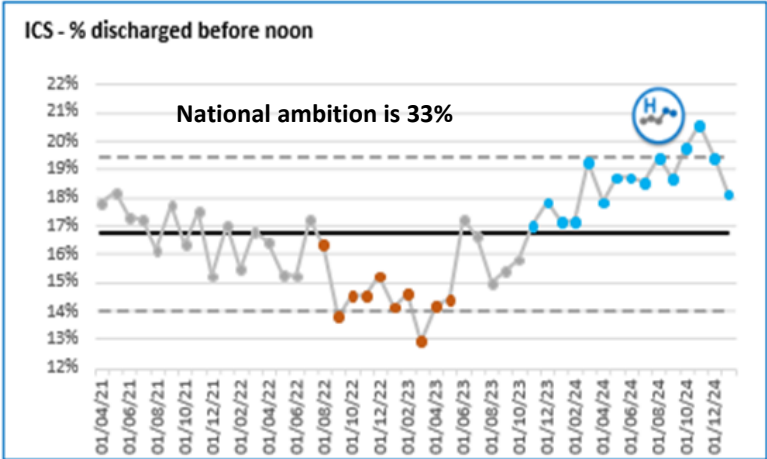
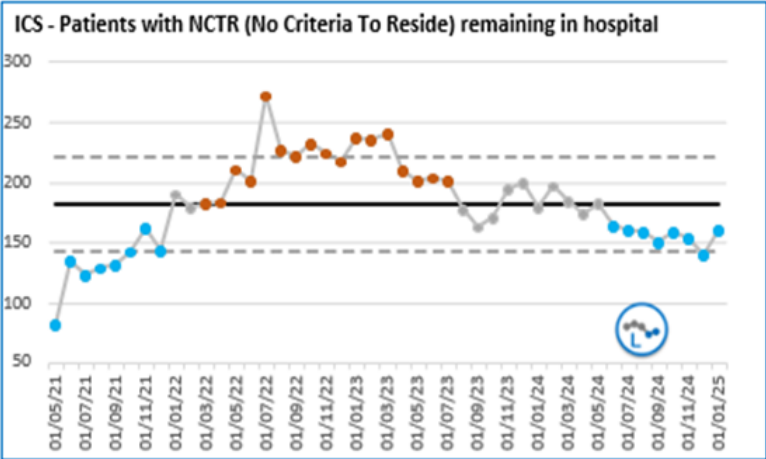
# UEC – Emergency Department

[illegible]

| What the charts tell us   | Issues   | Actions   |
|---|--|---|
| <ul style="list-style-type: none"> <li>In January, the total number of ED attendances returned close to the mean for the first time in five months</li> <li>ED performance also improved in January to 72.2% across the system.</li> <li>This is below target but is an improvement compared to Jan-24 (67.8%)</li> <li>There was an improvement for all three places in January</li> </ul> | <ul style="list-style-type: none"> <li>There remains significant variation at place level with PAH the most challenged. In January               <ul style="list-style-type: none"> <li>SWH = 80.3%</li> <li>ENH = 72.7%</li> <li>WE = 60.7%</li> </ul> </li> <li>Continued high demand. ED attendances have been 4.7% higher during FY2425 compared to FY2324. However, in Jan-25, attendances were 3.2% lower compared to Jan-24</li> <li>There is some evidence that there has been a general increase in acuity in ED presentations over the past two years</li> <li>Utilisation of the IUATC at PAH reduced to 69% in Jan-25</li> <li>Mental Health (MH) presentations at ED remain high</li> <li>Hospital flow remains challenging with high occupancy rates, especially at PAH where average bed occupancy in Jan-25 was 98.2%</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) has been effective at reducing the % of C3-C5 patients being conveyed to ED during the day-time</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>Additional paediatric registrar between 2pm and 10pm has helped to improve type 1 paediatric performance to 83% in Jan-25</li> <li>CDU changed to non-admitted area on 3<sup>rd</sup> Feb 2025 which is expected to improve non-admitted performance</li> <li>Work to embed EPIC and nursing roles and responsibilities has accelerated</li> </ul> <p><b>West Essex</b></p> <ul style="list-style-type: none"> <li>PAH UEC Improvement Plan agreed at Board, and refreshed 4 hour trajectory to achieve 67% in March 25</li> <li>NHSE clinical support package now agreed. Focus on behaviours / culture and non-admitted ED</li> <li>Relaunch trust wide Internal professional standards to support speciality assessment outside of the ED</li> <li>12 Hours in ED performance significantly improved from highs seen in December and January</li> </ul> <p><b>South and West Herts</b></p> <ul style="list-style-type: none"> <li>Trial of having an ED Consultant in the care coordination centre been taking place through January and February</li> <li>HAARC developed SOP to support signposting to CLCH services</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 generally been reducing over the last two years</li><li>However, there was an increase from 140 in Dec-24 to 160 in Jan-25</li><li>The % of patients discharged before noon remains above the historical mean, but has deteriorated over the last two months</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. In Jan-25:<ul style="list-style-type: none"><li>ENHT – 16.1%</li><li>WHTH – 23.7%</li><li>PAH – 12.9%</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>Change to site management meetings to increase ward ownership and focus on earlier, safer and more effective discharges (to commence 24<sup>th</sup> February)</li><li>Improved CHC process implemented</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. Follow up session 20/2</li><li>Discharge Lounge (DXL) project commenced in December - full review and improved processes</li><li>Daily push and pull for golden patients to be in DXL within 2 hours of opening</li><li>Discharge Improvement Programme re-launched in January with improvements already seen in pre-Noon discharges</li></ul> <p><b>South and West Herts</b></p> <ul style="list-style-type: none"><li>Discharge improvement programme: 4th ToCH Face to face workshop taken place and first draft SOP produced. Internal professional standards and KPIs being developed</li><li>Deep dive to go to BCF board/DTA steering group for decision on funding form BCF</li></ul> |

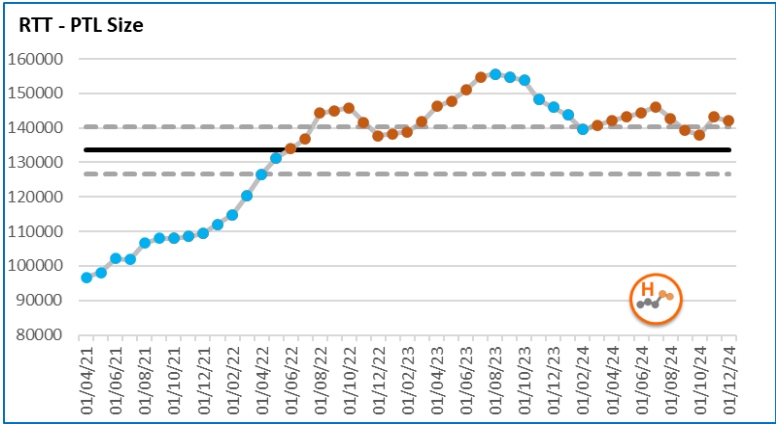


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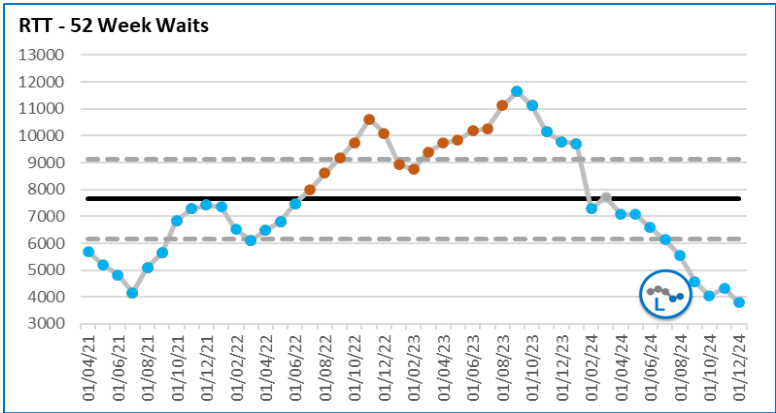




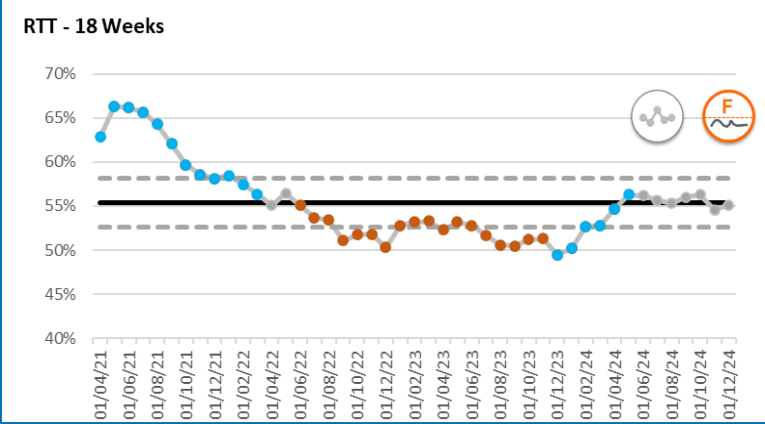
# Planned Care – PTL Size and Long Waits



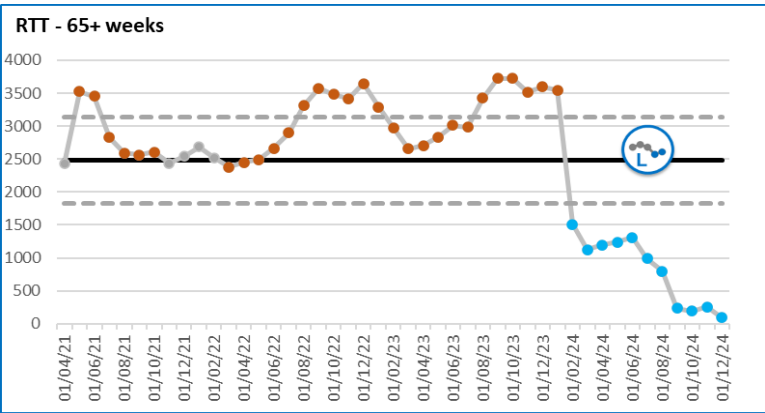
|   | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| EAST AND NORTH HERTFORDSHIRE NHS TRUST    | 51259  | 52141  | 53993  | 55737  | 59979  | 58006  | 59917  | 60713  | 60999  | 60480  | 61406  | 61702  | 62296  | 62295  | 63245  | 63592  | 63958  | 63472  | 63250  | 61309  | 61200  | 59807  | 55116  | 56022  | 57103  | 58089  | 59500  | 57700  | 56594  | 56322  | 57704  | 56276  | 54355  |
| WEST HERTFORDSHIRE HOSPITALS NHS TRUST    | 49522  | 53146  | 54626  | 55530  | 57611  | 60326  | 59727  | 53831  | 49537  | 50343  | 50169  | 52995  | 56574  | 57393  | 60626  | 63689  | 64384  | 62366  | 63054  | 60236  | 58731  | 58220  | 58693  | 58399  | 57474  | 55671  | 53409  | 51478  | 49884  | 47797  | 46168  | 45752  | 45616  |
| THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST | 25780  | 25862  | 25287  | 25773  | 26759  | 26623  | 26237  | 27093  | 27172  | 27408  | 27247  | 27012  | 27372  | 27523  | 27137  | 28442  | 28312  | 28341  | 27426  | 26586  | 25991  | 25767  | 25715  | 26067  | 27687  | 29389  | 31928  | 36850  | 36248  | 35131  | 34188  | 41199  | 42062  |
| ICS                                       | 126561 | 131248 | 133906 | 136840 | 144349 | 144955 | 145881 | 141637 | 137708 | 138238 | 138822 | 141789 | 146242 | 147751 | 151008 | 154723 | 155654 | 154779 | 153730 | 148201 | 145930 | 143794 | 139524 | 140680 | 142264 | 143150 | 144387 | 146108 | 142736 | 139250 | 138080 | 143227 | 142033 |



|   | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  |
|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST | 1818 | 1674 | 1785 | 1911 | 1909 | 1890 | 1804 | 1721 | 1773 | 1850 | 1814 | 1870 | 1973 | 2098 | 2280 | 2376 | 2516 | 2557 | 2171 | 1965 | 1919 | 1941 | 1959 | 1987 | 2033 | 2290 | 2148 | 2364 | 2098 | 1726 | 1659 | 2377 | 2043 |
| WEST HERTFORDSHIRE HOSPITALS NHS TRUST    | 1193 | 1431 | 1660 | 1783 | 2078 | 2587 | 3413 | 4272 | 3544 | 2681 | 2315 | 2729 | 2694 | 2438 | 2504 | 2440 | 2769 | 2982 | 3039 | 2488 | 2246 | 2407 | 2420 | 2657 | 2334 | 2283 | 2156 | 1724 | 1473 | 1086 | 822  | 693  | 710  |
| EAST AND NORTH HERTFORDSHIRE NHS TRUST    | 3473 | 3699 | 4027 | 4294 | 4628 | 4688 | 4627 | 4518 | 4778 | 4404 | 4618 | 4797 | 5064 | 5308 | 5400 | 5450 | 5831 | 6097 | 5912 | 5684 | 5612 | 5350 | 2909 | 3078 | 2696 | 2502 | 2283 | 2048 | 1978 | 1759 | 1554 | 1254 | 1045 |



|   | 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 | Nov-24 | Dec-24 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| EAST AND NORTH HERTFORDSHIRE NHS TRUST    | 55.2%  | 56.9%  | 55.4%  | 55.8%  | 56.6%  | 53.8%  | 54.4%  | 53.9%  | 50.5%  | 50.9%  | 49.8%  | 48.5%  | 49.9%  | 49.8%  | 49.5%  | 48.8%  | 48.8%  | 49.8%  | 51.6%  | 52.2%  | 50.3%  | 49.9%  | 54.2%  | 55.0%  | 58.2%  | 61.0%  | 60.2%  | 58.7%  | 57.3%  | 58.3%  | 58.9%  | 59.2%  | 59.9%  |
| WEST HERTFORDSHIRE HOSPITALS NHS TRUST    | 57.5%  | 57.9%  | 56.4%  | 52.8%  | 51.0%  | 48.6%  | 49.4%  | 50.1%  | 51.2%  | 56.4%  | 57.4%  | 58.2%  | 56.6%  | 57.0%  | 55.5%  | 52.6%  | 50.8%  | 49.9%  | 50.2%  | 49.9%  | 48.4%  | 50.0%  | 51.4%  | 51.4%  | 52.8%  | 54.6%  | 55.1%  | 56.0%  | 57.4%  | 58.3%  | 59.7%  | 60.5%  | 61.6%  |
| THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST | 50.4%  | 52.5%  | 51.4%  | 51.1%  | 51.5%  | 50.9%  | 50.9%  | 50.5%  | 48.4%  | 50.3%  | 50.7%  | 51.4%  | 51.9%  | 52.8%  | 53.5%  | 54.5%  | 54.2%  | 53.2%  | 52.6%  | 52.6%  | 50.2%  | 51.1%  | 52.7%  | 51.2%  | 51.2%  | 50.1%  | 50.6%  | 50.8%  | 49.4%  | 49.2%  | 47.2%  | 41.8%  | 41.8%  |
| ICS                                       | 55.1%  | 56.5%  | 55.1%  | 53.7%  | 53.4%  | 51.1%  | 51.7%  | 51.8%  | 50.3%  | 52.8%  | 53.2%  | 53.3%  | 52.3%  | 53.2%  | 52.8%  | 51.7%  | 50.6%  | 50.5%  | 51.2%  | 51.3%  | 49.5%  | 50.2%  | 52.7%  | 52.8%  | 54.7%  | 56.3%  | 56.2%  | 55.7%  | 55.3%  | 56.0%  | 56.3%  | 54.6%  | 55.1%  |



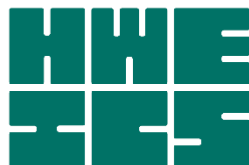
|   | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| ICS                                       | 2453   | 2493   | 2666   | 2901   | 3314   | 3575   | 3479   | 3420   | 3645   | 3293   | 2977   | 2659   | 2709   | 2832   | 3013   | 2983   | 3425   | 3722   | 3727   | 3515   | 3596   | 3545   | 1508   | 1127   | 1198   | 1239   | 1307   | 991    | 801    | 235    | 194    | 259    | 95     |
| THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST | 701    | 679    | 739    | 768    | 765    | 745    | 635    | 572    | 636    | 658    | 592    | 549    | 604    | 707    | 816    | 878    | 955    | 1018   | 840    | 756    | 830    | 718    | 665    | 519    | 583    | 571    | 596    | 455    | 399    | 162    | 137    | 234    | 61     |
| WEST HERTFORDSHIRE HOSPITALS NHS TRUST    | 459    | 480    | 499    | 480    | 566    | 680    | 719    | 767    | 831    | 819    | 607    | 548    | 495    | 504    | 524    | 455    | 569    | 636    | 621    | 466    | 434    | 402    | 353    | 245    | 242    | 289    | 343    | 296    | 180    | 3      | 12     | 0      | 0      |
| EAST AND NORTH HERTFORDSHIRE NHS TRUST    | 1293   | 1334   | 1428   | 1653   | 1983   | 2180   | 2124   | 2081   | 2178   | 1816   | 1778   | 1562   | 1610   | 1621   | 1673   | 1650   | 1901   | 2068   | 2266   | 2293   | 2332   | 2425   | 500    | 363    | 373    | 379    | 368    | 240    | 222    | 70     | 45     | 25     | 34     |

**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 overall number of patients waiting &gt;65 weeks has decreased significantly, although the December zero target was not achieved. There remains variation at place level but the ICB overall number of breaches at the end of December was 95</li> <li>The number of patients waiting &gt;52 weeks has been consistently improving since summer 2023 with further improvement in December</li> <li>The overall PTL size remains high with an increase in November and slight decrease in December</li> <li>Due to the change in national guidance, Community Paediatric 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 national target to reach zero 65w breaches by the end of December was not achieved overall in the ICB although WHTH did achieve zero. ENHT achieved 34 and PAH 61</li> <li>The end of February 65ww forecast (as of 26<sup>th</sup> February) at HWE is 92: <ul style="list-style-type: none"> <li>ENHT: 29</li> <li>WHTH: 4</li> <li>PAH: 55</li> <li>ISP: 4</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> |

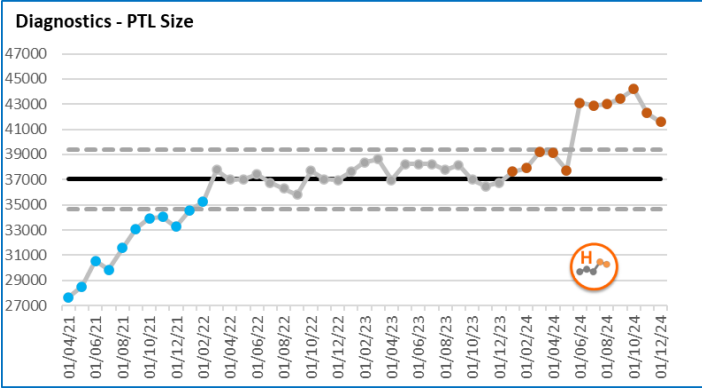
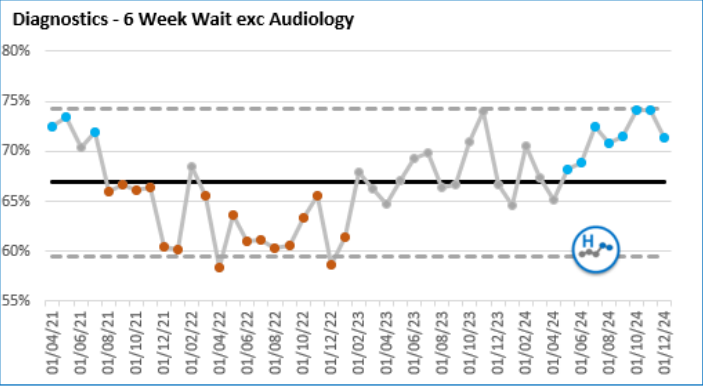
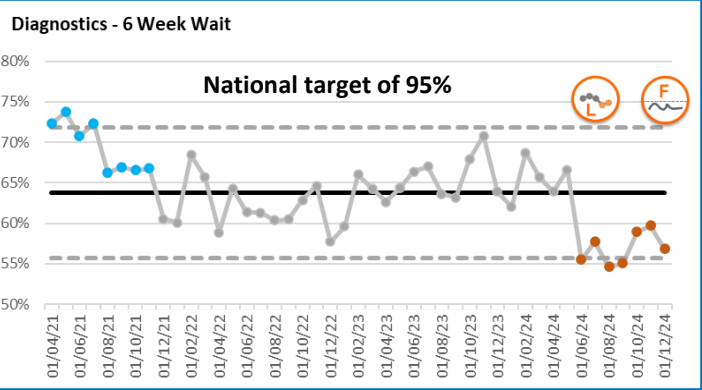


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# Planned Care – Diagnostics



## What the charts tell us

- December performance declined at all three acute trusts but slightly improved at the community trust. There is significant variation in Trust performance: ENHT – 44.7%, WHTH – 90.3% and PAH – 57.8%
- 6-week wait performance across the ICS declined to 56.8%
- Decline since May driven by the inclusion of ENHT Audiology data – see next slide
- Excluding audiology, performance continues on an improved trajectory although did decline in Dec to c.72%
- The overall PTL has decreased over the last two months after five months of increase. The size of the PTL is still far higher than the historic mean

## Issues

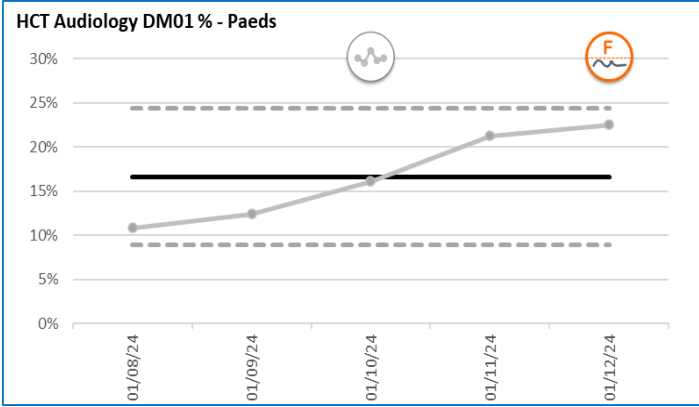
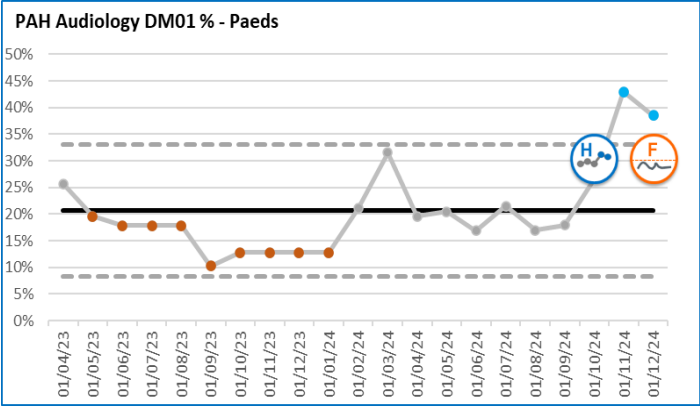
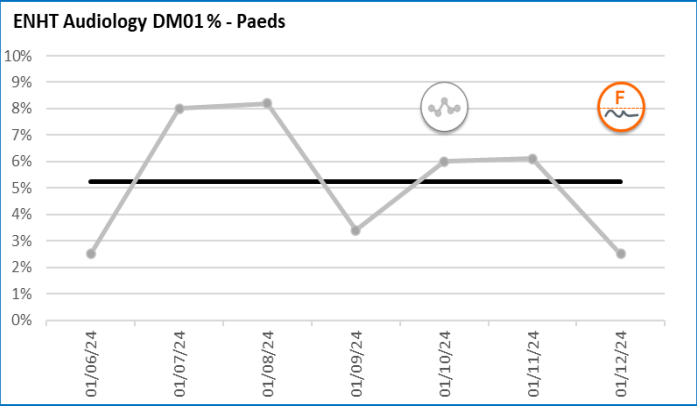
- ENHT**
- The most significant long waiters remain in Audiology. The paed hearing aid, ABR, 0-3 years and complex paediatric pathways remain paused
  - There also remain significant challenges in the MRI service with demand currently greater than capacity
- PAH**
- 7.3% drop in performance likely not a true position - currently unable to accurately report DM01 backlog for multiple modalities, primarily Endoscopy, following Alex Health launch
  - Non-Obstetric Ultrasound (NOUS), Echocardiography, Cystoscopy and Audiology remain the key challenges at PAH
- WHTH**
- In December, the lowest performing modalities were Colonoscopy, Cystoscopy, Gastro, Audiology, MRI and Echo

## Actions

- ENHT**
- Excluding audiology the number of >6 week waiters has reduced from 9893 in Apr-24 to 5497 in Dec-24
  - Paediatric audiology: new clinical lead in post; weekend jumbo ENT clinics continue for >5 year patients; some mutual aid in place for the ABR pathway and hearing aids; Lister estates work commenced; Hertford estates work progressing
  - Adult audiology: Lister estates work commenced; ongoing discussions regarding funding and outsourcing as currently there is insufficient capacity to meet current demand + clear backlog
  - MRI outsourcing and mobile van on Lister site are continuing
- PAH**
- Reporting issues being progressed as part of Alex Health data quality improvement programme
  - NOUS: Additional staffing and capacity in place – notable backlog improvement in latest February data
  - Echos: Additional NHSP staffing and capacity in place – notable backlog improvement in latest February data
  - Cystoscopy: Additional weekend GA slots in place. Paused insourcing to recommence from February
  - Audiology: Paediatric backlog nearing clearance in latest February data. Focus to switch to adults from March
- WHTH**
- In December there was a loss of capacity associated with the Surgical Centre works which has impacted cystoscopy in particular and the recent pause in activity at SACH has further impacted delivery.
  - Recovery actions are in place with insourcing of endoscopy activity, an increase in additional sessions, business case approved for Cardiac MRI expansion, process reviews and re-establishment of lost capacity where possible.



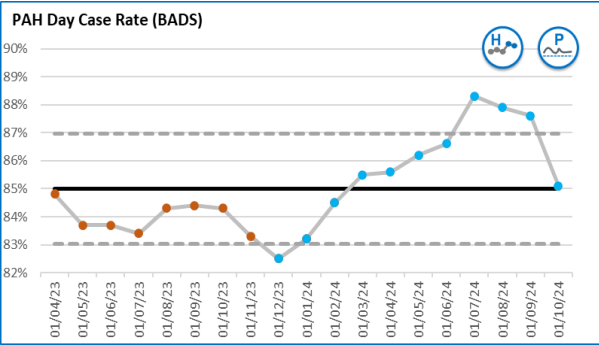
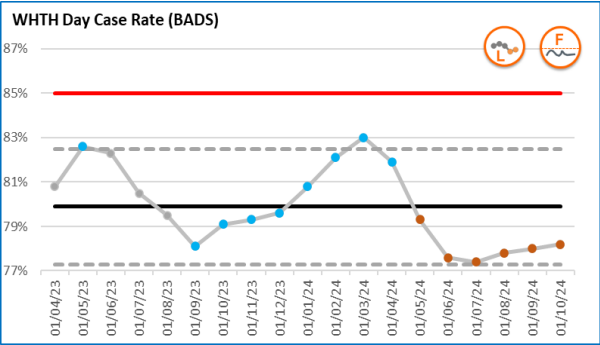
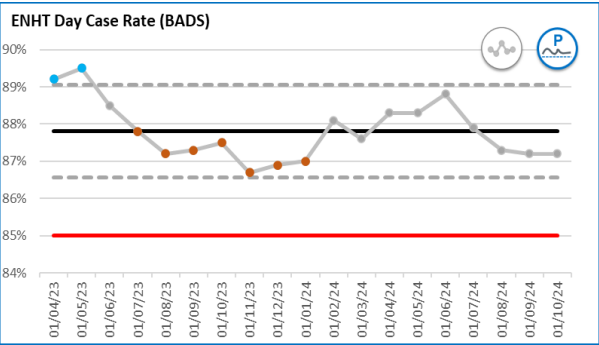
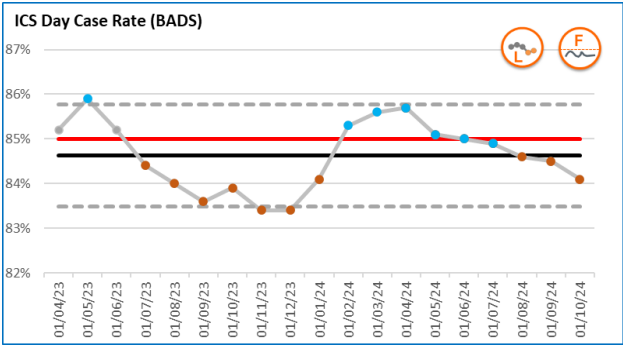
# Planned Care - Paediatric Audiology Diagnostics



| What the charts tell us  | Issues  | Action  |
|--|---|---|
| <ul style="list-style-type: none"><li>All providers are below the performance target of 95% with variance by provider:</li><li>ENHT continue on a variable trend at significantly lower performance levels of around 5%</li><li>HCT are also on a variable trend, however performance has improved each of the last 4 months to reach 24% in December</li><li>PAH are on an improved trend achieving 34% in December</li></ul> | <p><b>ENHT</b></p> <ul style="list-style-type: none"><li>Estate not compliant to support safe and high quality paediatric audiological testing</li><li>Workforce leadership, structure and competencies to deliver required standard of testing below expected levels</li><li>The paed hearing aid, ABR, 0-3 years and complex paediatric pathways remain paused. With continued referrals, waiting list size and times are growing</li><li>Recall of 164 identified patients and undertaking clinical harm reviews</li><li>Ongoing risk regarding available mutual aid to support ENHT recovery (particularly 0-3s)</li><li>Request made to obtain SME support from the national register</li></ul> <p><b>PAH</b></p> <ul style="list-style-type: none"><li>Reporting issues being progressed as part of Alex Health data quality improvement programme</li><li>Improvement work required in estates</li></ul> <p><b>HCT</b></p> <p>Additional staffing required to meet increased demand and several vacancies including service lead maternity cover</p> | <ul style="list-style-type: none"><li>System wide paediatric audiology oversight group in place and ICB escalation team</li><li>Data task and finish group progressing consistent local reporting of PTL and DM01 data, demand and capacity modelling and mapping of clinics to support mutual aid.</li><li>Mapping has been completed for estates, with timelines clear for estates work across providers; largest area of risk remains estates for 0-3 year olds and VRA</li><li>Workforce mapping completed to seek assurance regarding competencies and understand workforce to support mutual aid.</li></ul> <p><b>ENHT</b></p> <ul style="list-style-type: none"><li>:New head of Audiology and Paediatric Audiology lead in place</li><li>Hearing aid pathway competencies being observed Feb 25. ABR pathway competencies being observed in March 25.</li><li>3-5 and over 5 pathway competency review complete with all staff passed.</li><li>Weekend jumbo ENT clinics continue for &gt;5 year patients</li><li>Some mutual aid in place for the ABR pathway and hearing aids, on-going work to identify further mutual aid</li><li>Lister estates work commenced with Hertford County estates work progressing - weekly workstream meeting in place to support works across all sites – 3 x phases</li></ul> <p><b>PAH</b></p> <ul style="list-style-type: none"><li>Site visits complete; clinically safe but with improvement work required in estates</li><li>ABR reviews in progress</li><li>Paediatric Audiology backlog nearing clearance in latest February data. 16 children waiting &gt;6 weeks as of 16/2/25</li></ul> <p><b>HCT</b></p> <ul style="list-style-type: none"><li>Site visits complete with ABR reviews in progress</li><li>All service SOPs under review, to address comments raised in IQIPS accreditation visit.</li><li>HCT have agreed for ENHT to use a VRA room, 1 day per week from April 25.</li></ul> |



# Day Case Rates



| ICB Area | What the charts tell us  | Issues   | Actions  |
|----------|--|--|--|
| HWEICB   | <ul style="list-style-type: none"><li>October data is the latest available data in Model Hospital</li><li>Day case rates at the ICB were 84.1% in the three months to October having declined since July; performance 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 87.2%</li><li>PAH 85.1%</li><li>WHTH 78.2%</li></ul></li></ul> | <ul style="list-style-type: none"><li>Specialities where BAD5 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, the project was launched in November 2024 and data should be available in Q4</li></ul> |

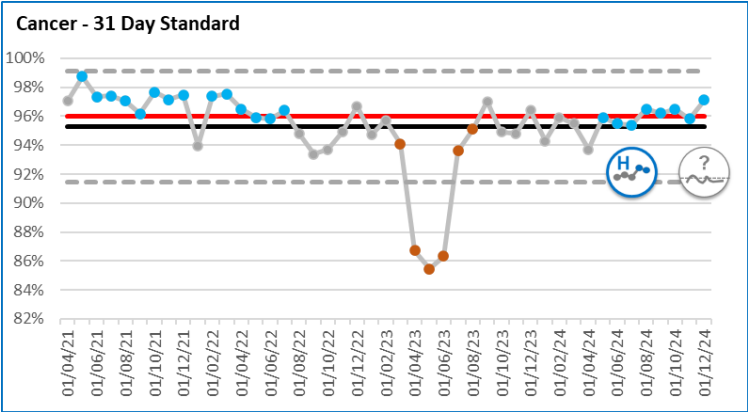
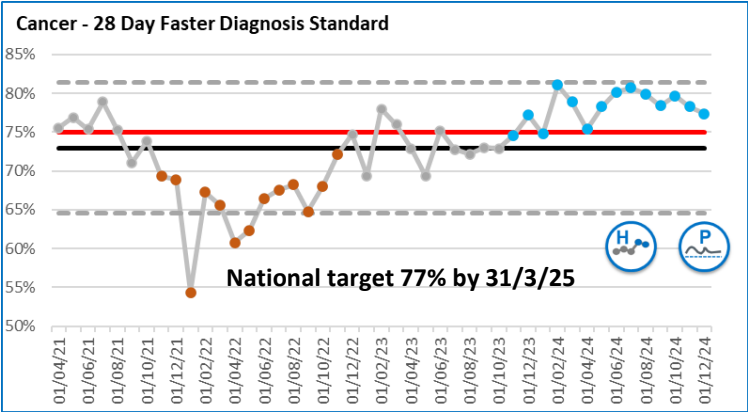


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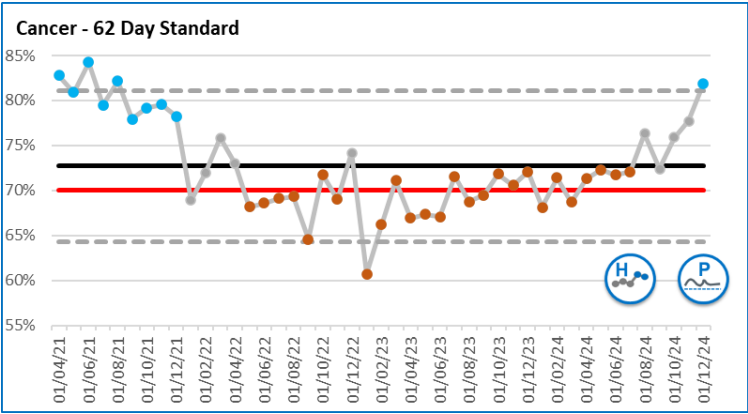
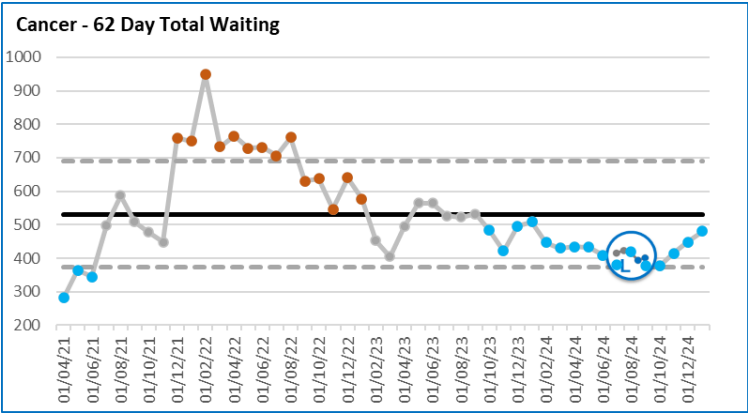


Cancer



|   | 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 | Nov-24 | Dec-24 |       |       |       |       |       |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|-------|
| EAST AND NORTH HERTFORDSHIRE NHS TRUST    | 72.1%  | 75.6%  | 76.2%  | 76.7%  | 76.2%  | 71.8%  | 76.5%  | 74.8%  | 74.1%  | 64.2%  | 71.8%  | 74.6%  | 68.1%  | 64.2%  | 70.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8%  | 71.8% | 71.8% | 71.8% | 71.8% | 71.8% |
| WEST HERTFORDSHIRE HOSPITALS NHS TRUST    | 81.3%  | 79.8%  | 81.4%  | 81.2%  | 77.7%  | 77.2%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1%  | 77.1% | 77.1% | 77.1% | 77.1% | 77.1% |
| THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST | 71.3%  | 74.8%  | 68.6%  | 68.7%  | 15.7%  | 8%     | 62.9%  | 65.1%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6%  | 60.6% | 60.6% | 60.6% | 60.6% | 60.6% |
| ICS                                       | 75.6%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5%  | 76.5% | 76.5% | 76.5% | 76.5% | 76.5% |

|   | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 |       |       |       |       |       |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|-------|
| EAST AND NORTH HERTFORDSHIRE NHS TRUST    | 96.6%  | 96.8%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9% | 96.9% | 96.9% | 96.9% | 96.9% |
| WEST HERTFORDSHIRE HOSPITALS NHS TRUST    | 94.6%  | 94.7%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8%  | 94.8% | 94.8% | 94.8% | 94.8% | 94.8% |
| THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST | 92.1%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0%  | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% |
| ICS                                       | 97.1%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9%  | 96.9% | 96.9% | 96.9% | 96.9% | 96.9% |



|   | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 |     |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|
| WEST HERTFORDSHIRE HOSPITALS NHS TRUST    | 83     | 109    | 88     | 132    | 179    | 130    | 128    | 129    | 331    | 347    | 374    | 307    | 281    | 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     | 72     | 88     |     |
| THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST | 107    | 141    | 161    | 212    | 224    | 201    | 190    | 127    | 175    | 176    | 303    | 194    | 182    | 156    | 128    | 125    | 162    | 152    | 163    | 149    | 193    | 182    | 153    | 120    | 148    | 213    | 203    | 166    | 148    | 167    | 149    | 110    | 141    | 165    | 135    | 118    | 141    | 157    | 167    | 162    | 134    | 108    | 110    | 149    | 178    | 185 |
| EAST AND NORTH HERTFORDSHIRE NHS TRUST    | 92     | 114    | 96     | 155    | 184    | 178    | 160    | 193    | 233    | 226    | 272    | 332    | 322    | 275    | 306    | 304    | 329    | 221    | 242    | 203    | 256    | 211    | 170    | 160    | 199    | 224    | 203    | 212    | 239    | 226    | 234    | 184    | 234    | 195    | 170    | 184    | 196    | 192    | 171    | 155    | 220    | 197    | 209    | 184    | 199    | 208 |

|   | 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 | Nov-24 | Dec-24 |       |       |       |       |       |       |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|-------|-------|
| EAST AND NORTH HERTFORDSHIRE NHS TRUST    | 83     | 80.87  | 20.04  | 76.02  | 94.86  | 80.86  | 20.08  | 20.08  | 14.98  | 0.90   | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64  | 40.64 | 40.64 | 40.64 | 40.64 | 40.64 |       |
| WEST HERTFORDSHIRE HOSPITALS NHS TRUST    | 83     | 68.74  | 20.05  | 0.76   | 94.81  | 39.71  | 50.73  | 94.75  | 44.76  | 0.90   | 70.72  | 1.61   | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64  | 61.64 | 61.64 | 61.64 | 61.64 | 61.64 |       |
| THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST | 71     | 58.76  | 60.61  | 1.61   | 44.73  | 39.67  | 0.71   | 0.68   | 70.63  | 80.57  | 40.57  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64  | 39.64 | 39.64 | 39.64 | 39.64 | 39.64 |       |
| ICS                                       | 82     | 20.80  | 39.04  | 20.79  | 50.62  | 20.77  | 50.79  | 20.79  | 60.78  | 30.68  | 39.71  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73  | 50.73 | 50.73 | 50.73 | 50.73 | 50.73 | 50.73 |



Hertfordshire and West Essex Integrated Care System





# Cancer

| What the charts tell us   | Issues  | Actions   |
|---|---|---|
| <ul style="list-style-type: none"><li>28-day Faster Diagnosis Standard (FDS) performance has declined slightly over the last two months although the ICB is above target in December, reaching 77.4%, PAH is under target.</li><li>The 31-day target was reached both collectively and by each trust in December</li><li>Performance against the 62-day standard improved over the last three months 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 87%</li><li>WHTH 87.2%</li><li>PAH 60.9%</li></ul></li><li>The 62-day backlog is variable but has been increasing over the last three months</li></ul> | <p><b>ENHT</b></p> <ul style="list-style-type: none"><li>All three standards were met by ENHT in December 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 16<sup>th</sup> February, there were 186 patients waiting longer than 62-days following an urgent cancer referral. This is above the Trust’s recovery trajectory of 135 but an improvement on recent months</li></ul> <p><b>WHTH</b></p> <ul style="list-style-type: none"><li>28-day FDS challenges remain in Haematology, Gynae, Head and Neck, NSS and Urology.</li><li>31-day performance standard has been met across all specialities, except lower GI</li><li>62-day Gynae, Lower GI, Upper GI and Urology pathways continue to have challenges. Staff sickness and lack of both clinic and surgical capacity are cited as the key reasons for the dip in performance in these pathways</li></ul> <p><b>PAH</b></p> <ul style="list-style-type: none"><li>Urology remains the biggest FDS challenge, but is improving, with 42.7% achieved in December</li><li>Overall, 62-day performance improved to 60.9% in December – 3.1% adrift of the PAH’s 64% December plan</li><li>Urology, Skin and Head &amp; Neck are the key challenges in terms of the greater than 62-day waits, collectively accounting for 75% 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. MRI capacity remains an issue but cancer alliance funding has been approved for an MRI van for an additional 66 days until end of March</li><li>H&amp;N has appointed 3 new consultants: 2 for Oral Surgeons started in January and 1 ENT Consultant to start in April</li><li>Continuing to use cancer alliance funding to support waiting list initiatives to minimise breast radiology delays</li><li>New lower GI CNS to start in February</li></ul> <p><b>WHTH</b></p> <ul style="list-style-type: none"><li>Cancer Improvement Programme Board continues to oversee service level plans and service developments. Weekly long wait meetings continue and 2/3 times weekly breach validation reviews in place, service will be increasing capacity to validate more frequently.</li><li>Clinical Fellow recruited to the Gynae service and started in December. A deep dive was undertaken in January into the FDS breaches and data showed that 48% of breaches were due to results letter delays. Job plans to be agreed to incorporate daily benign results clinics (to start in March 2025)</li><li>One-stop diagnostic pathway for Urology, started in February 2025, following the successful appointment of a CNS and New Registrar to support the pathway using Cancer Alliance funding.</li><li>Significant changes to the Lung pathway have increased both FDS and 62-day target to compliance</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. Focussed bi-weekly escalation meetings and NHSE clinical support are in place</li><li>The &gt;62-day backlog spiked following Alex Health launch (clinic build issues and OP capacity). Now steady week on week improvement - currently 181 (at 9/2/25) v. the Trust’s fair shares target of 112</li><li>Continued support through the GIRFT programme, focussing on Urology. Further exploration of mutual aid and expansion of biopsy / breaking bad news capacity</li></ul> |



### ICS - Mental Health - Recorded >65s Dementia Diagnosis

| Date     | Percentage (%) |
|----------|----------------|
| 01/04/21 | 61.1           |
| 01/06/21 | 61.4           |
| 01/08/21 | 61.6           |
| 01/10/21 | 61.8           |
| 01/12/21 | 61.3           |
| 01/02/22 | 61.2           |
| 01/04/22 | 61.3           |
| 01/06/22 | 61.3           |
| 01/08/22 | 62.5           |
| 01/10/22 | 61.5           |
| 01/12/22 | 62.3           |
| 01/02/23 | 62.1           |
| 01/04/23 | 63.0           |
| 01/06/23 | 63.2           |
| 01/08/23 | 64.2           |
| 01/10/23 | 64.6           |
| 01/12/23 | 64.4           |
| 01/02/24 | 64.6           |
| 01/04/24 | 64.4           |
| 01/06/24 | 64.7           |
| 01/08/24 | 64.5           |
| 01/10/24 | 64.9           |
| 01/12/24 | 65.4           |

[illegible]

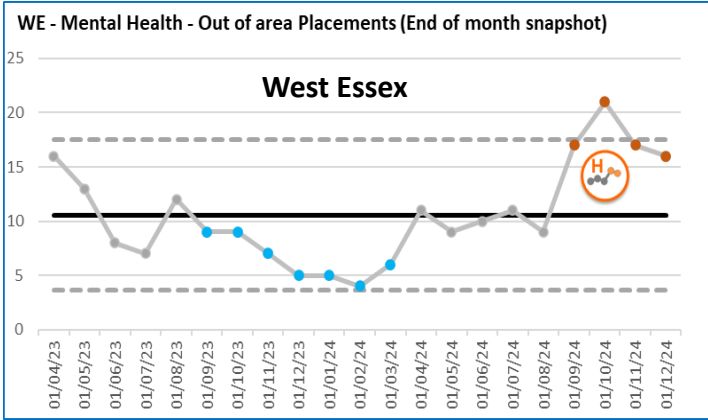
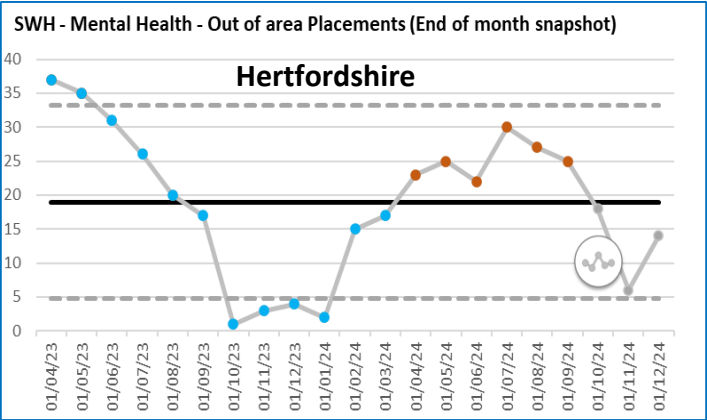
| ICB Area                           | What the charts tell us  | Issues  | Actions   |
|------------------------------------|--|---|---|
| Dementia Diagnosis in Primary Care | <ul style="list-style-type: none"> <li>National data for Dec 24 shows the ICS dementia diagnosis rate decreasing against the national target (66.7%) at 65.3% for the ICB with variance at Place:</li> <li>South and West Herts: 63.0%.</li> <li>East and North Herts: 62.8%.</li> <li>West Essex: 74.3%</li> <li>NHS England data shows a national decline in dementia diagnosis rates. 65.6% of patients aged 65 or over who are estimated to have dementia, had a recorded diagnosis of dementia on 31 December 2024, a decrease from 65.8% on 30 November 2024.</li> </ul> | <ul style="list-style-type: none"> <li>Hertfordshire – Actions required in primary care including a coding exercise but currently not prioritised due to GP capacity and not mandated as part of ECF</li> <li>West Essex have seen an increase in referrals to memory clinics which has placed pressure on the service model and resources leading to a potential delay in diagnosis</li> <li>Planning guidance for 25/26 indicates diagnosis rates will no longer be a measure; therefore, this could see a decrease in people accessing the right care and the right time.</li> </ul> | <p><b>Herts</b></p> <ul style="list-style-type: none"> <li>Monthly performance report continues to monitor HPFT EMDASS progress in Hertfordshire.</li> <li>Hertfordshire memory service is currently reducing waiting lists through increased capacity and is 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>Upcoming focused meeting of the Dementia Strategy (Workstream 2) to focus on Primary Care actions – awaiting primary care input.</li> <li>A new and improved EMDASS referral form has been coproduced with partners and is now live on GP systems.</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> <li>Recommendation to continue to monitor dementia diagnosis rates in next financial year to ensure timely access to services and patient needs are met.</li> <li>A Dementia &amp; Older Adult Mental Health EOG has now been established for West Essex, the group will be able to continue to monitor the development of services in line with training and national ambitions with our system partners.</li> </ul> |



# Mental Health – Out of Area Placements (OAPs)

- 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

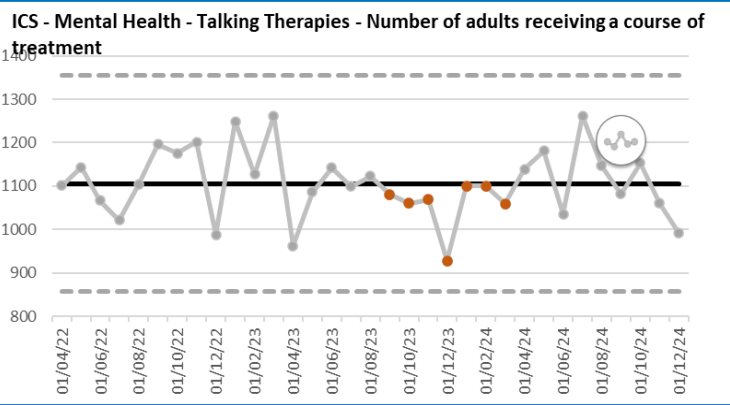
**HWE December total out of area placements:**  
**30 vs. 6 plan**



| ICB Area   | What the charts tell us   | Issues   | Actions  |
|------------|---|--|--|
| West Essex | <ul style="list-style-type: none"><li>• By the end of December there were 16 people reported to be out of area for west Essex with a total number of 352 bed days</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. Planning and guidance released in February 2025 identifies capital funding to be ringfenced to reduced out of area placements. This will support this programme.</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. This had a successful outcome which is reflected in the data.</li></ul>   |
| Herts      | <ul style="list-style-type: none"><li>• Winter pressures resulted in an increase in out of area bed placements to 14 (as measured on the last day of the month).</li></ul>  | <ul style="list-style-type: none"><li>• Reduced capacity earlier in the year due to closure of Aston Ward until 7/10/24 and the position improved in Nov with expected spike in Dec 2024.</li><li>• Hertfordshire has a low number of beds per population and there is ongoing support by provision of additional block beds</li><li>• National shortage of MH beds, high occupancy rates and use of OOA beds has continued, 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>• Further alternatives to admission – Crisis beds and crisis house in operation.</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 implementing plan to include OAPs.</li><li>• Enhanced Discharge team fully recruited (with the addition of Senior Social Worker, Occupational Therapist and another Discharge Co-Ordinator) - ways of working developed including input to service users in OOA beds.</li><li>• Senior, clinically led team attending the contracted providers ward rounds in person to unblock and support discharge</li><li>• Twice weekly clinical review meetings, led by Medical Lead, involving crisis teams and community services, focusing on barriers to discharge, facilitating early discharges with crisis support.</li><li>• System-wide group continue to review and oversee some of the more complex discharge issues</li></ul> |

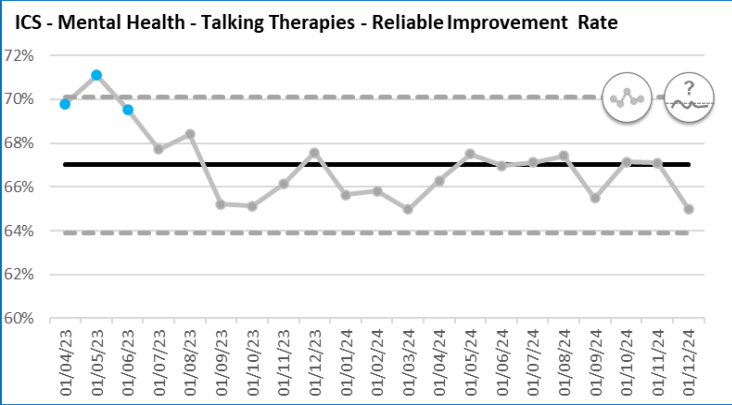


Talking Therapies

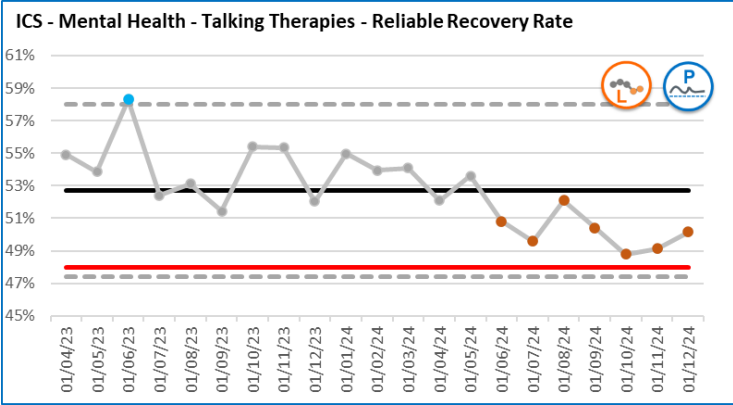


| Adults receiving treatment | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Hertfordshire              | 778    | 925    | 930    | 875    | 925    | 956    | 838    | 1040   | 947    | 909    | 970    | 873    | 799    |
| WECCG                      | 150    | 175    | 170    | 184    | 214    | 225    | 198    | 222    | 200    | 173    | 183    | 188    | 193    |
| ICS                        | 928    | 1100   | 1100   | 1059   | 1,139  | 1181   | 1036   | 1262   | 1147   | 1082   | 1153   | 1061   | 992    |

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



| Reliable improvement rate | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Hertfordshire - Actual    | 68.30% | 65.70% | 65.30% | 63.70% | 64.80% | 66.80% | 65.47% | 66.16% | 66.25% | 64.53% | 65.88% | 67.01% | 64.08% |
| West Essex - Actual       | 64.00% | 65.14% | 68.82% | 71.20% | 72.90% | 70.50% | 73.23% | 71.62% | 73.00% | 70.52% | 73.77% | 67.55% | 68.91% |
| ICS - Actual              | 67.56% | 65.64% | 65.82% | 64.97% | 66.29% | 67.50% | 66.96% | 67.11% | 67.42% | 65.49% | 67.13% | 67.11% | 65.02% |



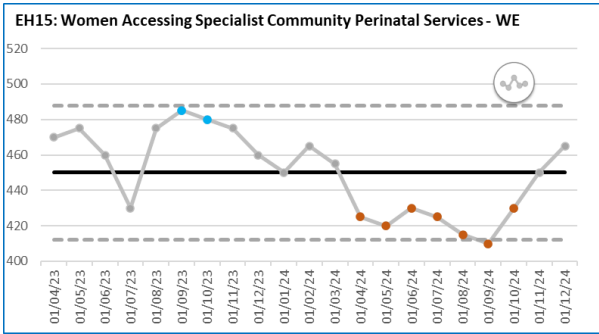
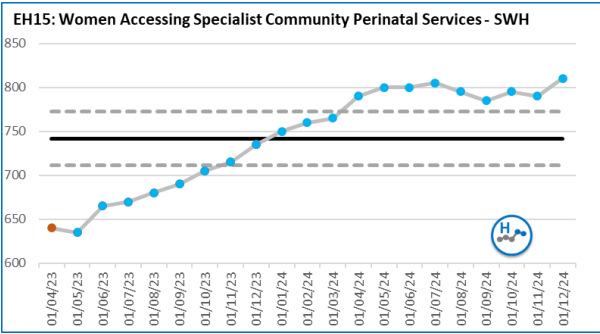
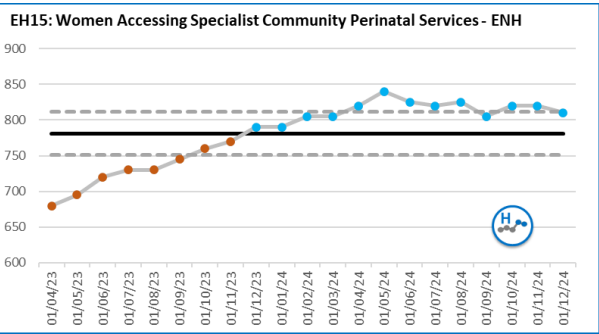
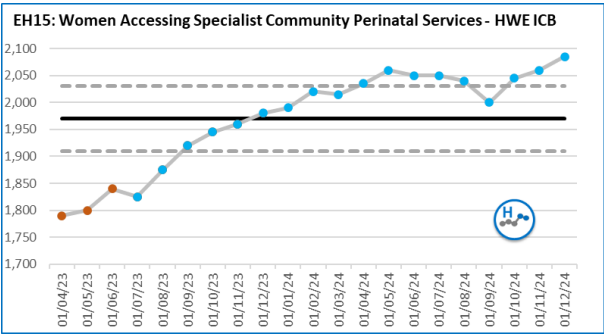
| Reliable recovery rate | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Hertfordshire - Actual | 52.80% | 55.20% | 53.90% | 54.00% | 50.80% | 52.60% | 50.48% | 48.72% | 51.23% | 49.13% | 47.90% | 48.72% | 51.30% |
| West Essex - Actual    | 33.30% | 48.00% | 56.00% | 57.10% | 57.00% | 57.50% | 52.06% | 53.24% | 55.61% | 56.55% | 53.11% | 50.81% | 46.07% |
| ICS Actual             | 52.00% | 55.00% | 54.00% | 54.10% | 52.10% | 53.60% | 50.81% | 49.60% | 52.08% | 50.41% | 48.79% | 49.12% | 50.17% |

| ICB Area                   | What the charts tell us   | Issues  | Actions   |
|----------------------------|---|---|---|
| Hertfordshire & West Essex | <p><b>West Essex</b></p> <ul style="list-style-type: none"><li>192 completed treatments in January 2025.</li><li>During January, the cumulative number of people who entered Talking Therapies was 4,910</li><li>At the end of January, 74% of patients (142) achieved reliable improvement having completed treatment</li><li>192 people received two plus treatment appointments in January, of which 102 moved to recovery.</li></ul> <p><b>Hertfordshire</b></p> <ul style="list-style-type: none"><li>799 completed treatments in December 2024 – a seasonal decrease.</li><li>64.08% reliable improvement rate in December.</li><li>51.3% reliable recovery rate.</li></ul> | <ul style="list-style-type: none"><li>Consistency of data collection and quality across the system continues to be monitored due to changes in the MHSDS.</li><li>Continuing focus on addressing attrition and drop-out rates are a key challenge following the change in counting for 24/25</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 if procurement process is not successful for building capacity to support ‘counselling for depression’.</li><li>The waits remain at Step 3, where there is a pressure for our Step 3 staff to offer more assessments, and a greater need for step 3 treatment.</li></ul> | <ul style="list-style-type: none"><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 went live in January 2025</li><li>NHS England representation embedded within West Essex contract meetings</li></ul> <p><b>HPFT Actions:</b></p> <ul style="list-style-type: none"><li>Choose &amp; Book has been rolled out to all Herts team to increase the flow of patients from referral to initial appointment. This is to be reviewed for efficiency and improvements now that it is established in all teams.</li><li>The Time to Change group-based initiative is being rolled out across Herts to improve the engagement in treatment at Step 3.</li><li>All teams are required to offer clients further resources and support whilst waiting, such as the webinars and online self-help information.</li><li>Workforce, productivity and adjusted caseloads are under regular review.</li></ul> |



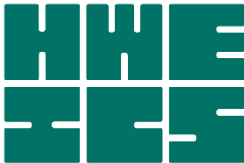
# Community Perinatal Mental Health

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 | <p><b>West Essex</b></p> <ul style="list-style-type: none"><li>Local data is reported quarterly by the service provider under the current contract.</li><li>To achieve the cumulative 10% national target West Essex services are required to see 444 births in the last 12 months. Local data is currently showing that at the end of December, 440 (11.49%) women had accessed the service in the last 12 months.</li></ul> <p><b>Hertfordshire</b></p> <ul style="list-style-type: none"><li>Consistently exceeding national target.</li></ul> | <p><b>West Essex</b></p> <ul style="list-style-type: none"><li>There are 2 reporting methods being used; local data relates to specific time in the contract year whereas national data monitors on a 12-month rolling access report.</li></ul> <p><b>Hertfordshire</b></p> <ul style="list-style-type: none"><li>Contractual reporting has been changed to reflect national 12 month rolling measure.</li></ul> | <p>Top of regional performance for Recording outcome measures</p> <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> <p><b>Hertfordshire</b></p> <ul style="list-style-type: none"><li>Continued monitoring to ensure that we remain on track</li></ul> |



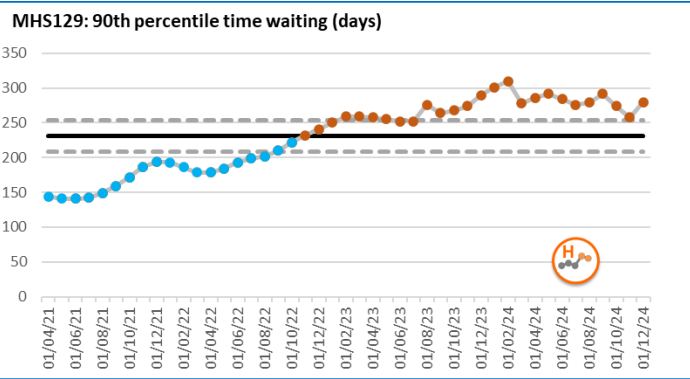
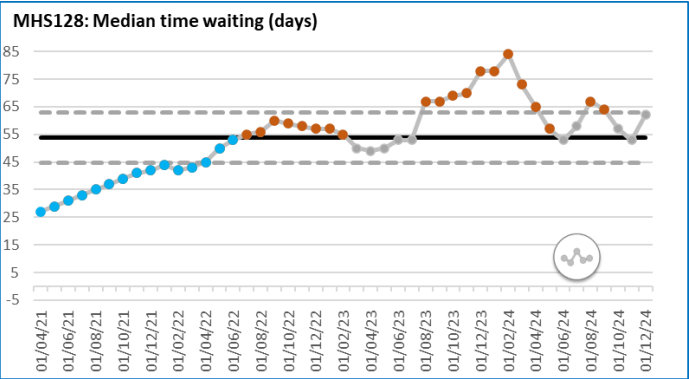
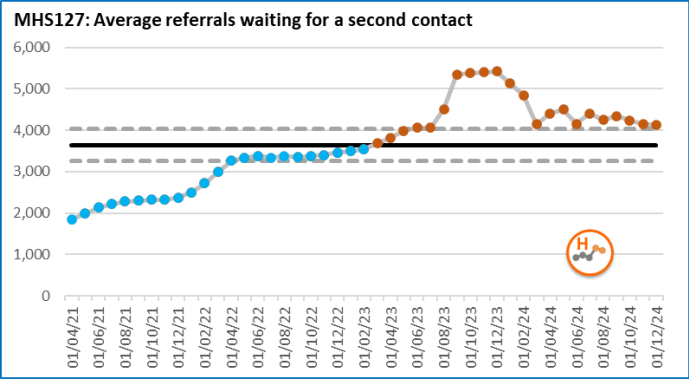
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# Mental Health – Community Waits

Adults and Older Adults – time still waiting for second contact

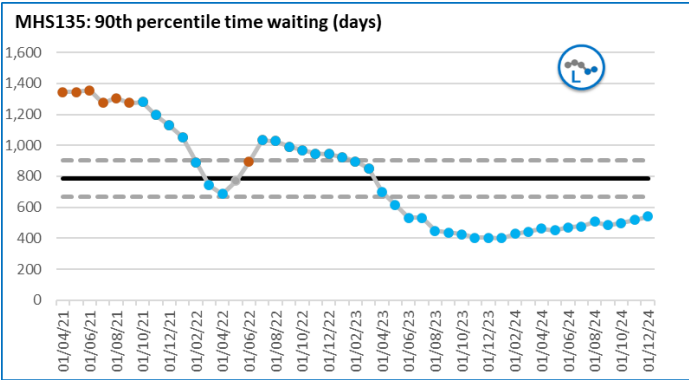
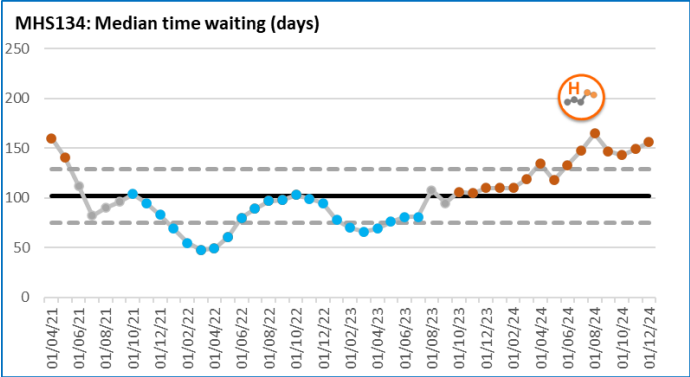
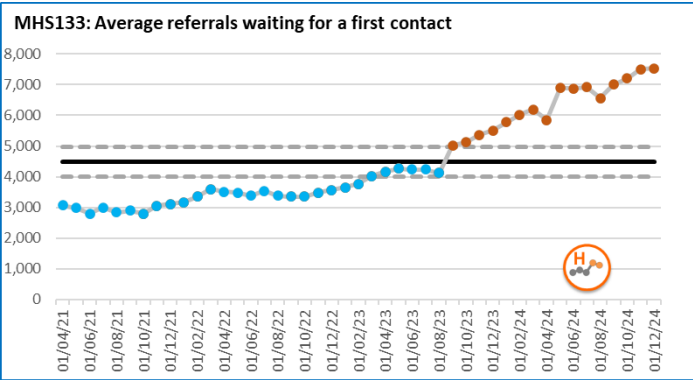


| ICB Area                   | What the charts tell us  | Issues  | Actions  |
|----------------------------|--|---|--|
| Hertfordshire & West Essex | <p><b>West Essex</b></p> <p>As of December 2024, data shows the rolling number of people with at least 2 contacts in the last 12 months at 1,965:</p> <ul style="list-style-type: none"><li>Of 1,660 open referrals, 100% had at least one attended contact by MH services.</li><li>100% of these referrals remain on service provider caseload</li><li>In December 2024 there was 125 new referrals &amp; 105 closed referrals</li><li>72% of referrals with 2 plus contacts recorded in 4 weeks*</li></ul> <p><b>Hertfordshire</b></p> <ul style="list-style-type: none"><li>As of December, there were 50.5% of referrals with 2 plus contacts in 4 weeks compared to the national average of 37.3%.</li><li>Referrals with 2 plus contacts and a baseline outcome measure were at 88.9% compared to the national position of 49.1% (latest published figures June 24).</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 (West Essex VSCE data flow is via a shared system with MH trust)</li></ul> <p>* NHS community MH dashboard waiting times front page states experimental waiting times and this section is being reported to support data quality improvement and therefore the data should not be used at this point to assess local activity and performance.</p> | <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 are incorporating 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 at the end of February 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>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

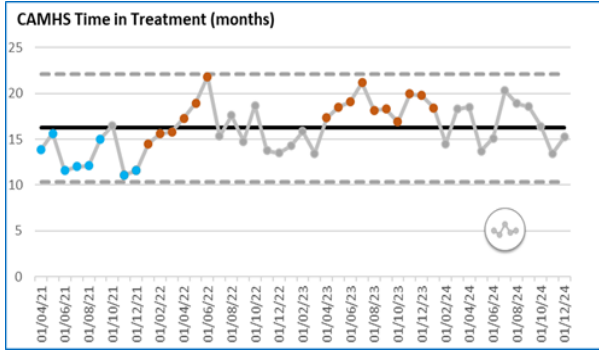
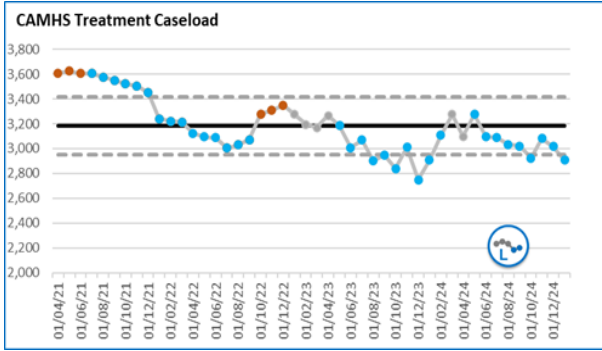
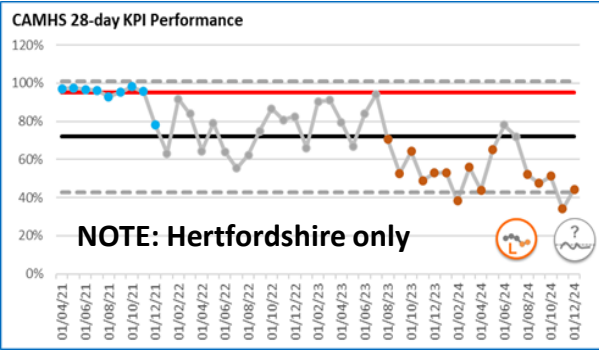
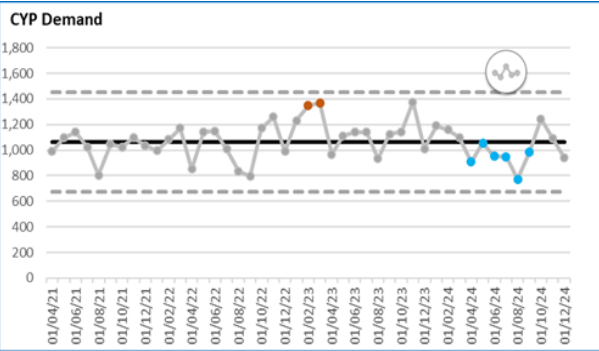
Children – time still waiting for a first contact



| ICB Area                   | What the charts tell us   | Issues   | Actions   |
|----------------------------|---|--|---|
| Hertfordshire & West Essex | <ul style="list-style-type: none"><li>Median waiting times continue to trend above the historic mean at 156 days</li><li>156 days benchmarks well against the national average of 253 days</li><li>Within the system there is variation :<br/>East &amp; North Herts - 77 days<br/>South &amp; West Herts - 182 days (this is due to ASD/ADHD diagnostic pathways data flowing into MHSDS)<br/>West Essex - 72 days</li></ul> <ul style="list-style-type: none"><li>90<sup>th</sup> percentile waiting times for the quarter to December were 541 days, and continue on a long-term trend of improvement</li><li>541 days benchmarks well against the national average of 821 days</li><li>Within the system there is variation:<br/>East &amp; North Herts - 330 days<br/>South &amp; West Herts - 564 days (same as above; this is due to ASD/ADHD pathway data flowing via MHSDS. For E&amp;N Herts it flows via CSDS which is not used for these metrics)<br/>West Essex - 309 days</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>A at the end of Q3 there were 3 x 18+ week waiters in the service, equating to 1.3% of all waiters which is an improvement when compared to end of Q2.</li><li>There are no 52+ week waiters.</li></ul> | <ul style="list-style-type: none"><li>CYP services in Herts 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 February 2025</li><li>An HPFT 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 are in place for 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>Across NELFT Team Managers review their waiting list monthly, and &gt;18-week waiters on a weekly basis. All waiters &gt;18 weeks have a clinical harm review in place and the team will be working towards seeing all longest waiters as soon as possible.</li></ul> |



# Mental Health – CAMHS Services



| What the charts tell us  |  | Issues  | Actions  |
|--|--|---|--|
| <b>West Essex</b> <ul style="list-style-type: none"><li>West Essex does not have a formal KPI for 28 days; the cohort of YP seen &lt;4 weeks is monitored at monthly provider meetings</li><li>There has been a rise in demand over Q3</li><li>Numbers on caseload remain consistent</li><li>Time in treatment is variable dependant on acuity and complexity of caseload</li></ul> <b>Herts – HPFT only</b> <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> |  | <b>West Essex</b> <ul style="list-style-type: none"><li>Team manager CAMHS hub team on long term sickness</li><li>Specialist community eating disorder team manager and clinical lead roles now filled</li></ul> <b>Herts – HPFT only</b> <ul style="list-style-type: none"><li>Clinicians have reported increased acuity / complexity of referrals</li><li>Active issue regarding recruitment to vacancies impacting on capacity and performance, cover provided by agency staff to mitigate</li><li>Acquiring highly skilled CYP clinicians remains difficult. Non-health support roles being used to bolster teams</li><li>Two out of the three quadrants requiring recovery trajectories are now in place. Issues remain due to capacity within some of the CYP 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 from CYP are impacting on flow</li></ul> | <b>West Essex</b> <ul style="list-style-type: none"><li>Strong team in West Essex with additional support provided by the clinical lead and Head of Service across Essex</li></ul> <b>Herts – HPFT only</b> <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 trajectories are being updated to reflect vacancies and recruitment to show impact on waiting lists.</li><li>Number of assessments undertaken has increased over the last quarter and backlog is now decreasing.</li><li>Recruitment gaps are being addressed through active recruitment and bank and agency cover.</li><li>Clear patient safety focused plan in situ and held at weekly Quadrant Safety Group</li><li>Care of Waiters (CoW) reviews completed. CoW mechanisms including 3-6-9-month waiter pre-treatment – parent / CYP workshops to put in place</li><li>Caseload management tool developed and in active use across the quadrants. Improvements in recording are underway to facilitate reporting of treatment waits.</li></ul> |



# Mental Health – Learning Disability (LD) Health Checks

| LD Health Checks<br>December 2024    | Total LD<br>Register<br>(age 14+) | Completed<br>health<br>checks | Health<br>Checks<br>Declined | Patients<br>NOT had a<br>health<br>check | % Completed<br>health checks * | Comparison to<br>December<br>2023 |
|--------------------------------------|-----------------------------------|-------------------------------|------------------------------|--|--------------------------------|-----------------------------------|
| NHS Hertfordshire and West Essex ICB | 7,767                             | 4,004                         | 80                           | 3,683                                    | 51.6%                          | 41.2%                             |
| East & North Hertfordshire           | 3,209                             | 1,625                         | 30                           | 1,554                                    | 50.6%                          | 40.8%                             |
| South & West Hertfordshire           | 3,400                             | 1,802                         | 24                           | 1,574                                    | 53.0%                          | 43.2%                             |
| West Essex                           | 1,158                             | 577                           | 26                           | 555                                      | 49.8%                          | 32.8%                             |

\* 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>December 24 data shows the ICB and each place notably 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> |



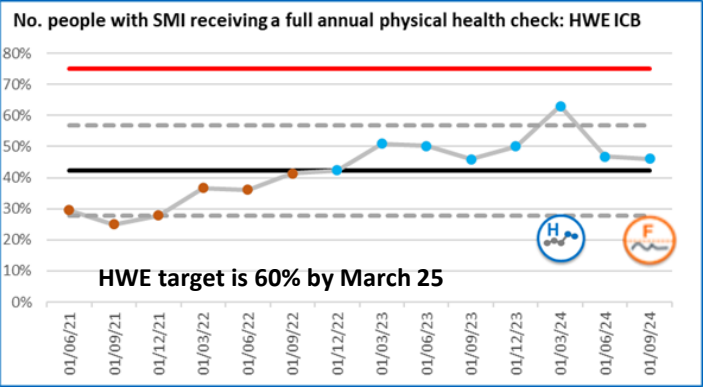
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# Severe Mental Illness (SMI) Health Checks

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



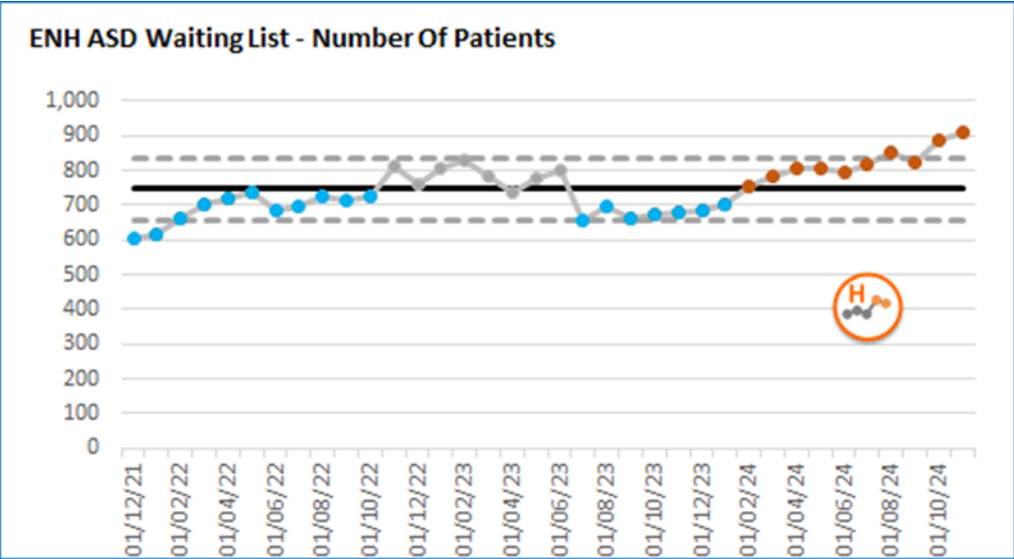
|                            | 2021/22 |       |       |       | 2022/23 |       |       |       | 2023/24 |       |       |       | 2024/25 |       |
|----------------------------|---------|-------|-------|-------|---------|-------|-------|-------|---------|-------|-------|-------|---------|-------|
|                            | 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>• Current data is not capturing all health checks undertaken in secondary care MH services</li><li>• Despite the data quality position, South &amp; West Hertfordshire is notably performing lower at 36.8% than East &amp; North at 52.7%</li><li>• Hertfordshire data pulled from Ardens however shows the following performance for quarter 2 which is approx. 5% under operating plan and an improvement on the previous year’s quarter 2 position:<ul style="list-style-type: none"><li>- East and north Herts at 54%</li><li>- Southwest Herts at 56%</li><li>- West Essex at 54%</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Data quality issues as per NHSE disclaimer. The data presented here are considered experimental owing to the fact that they are known 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. The experimental label 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>• Data by practice in place showing those practices current performance against target 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):

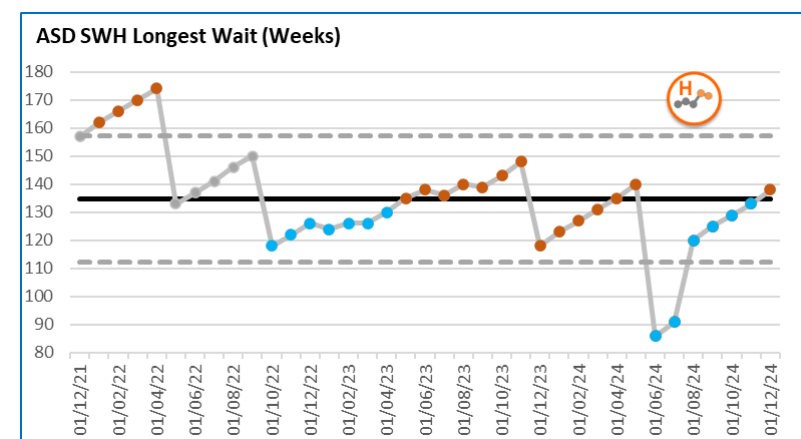
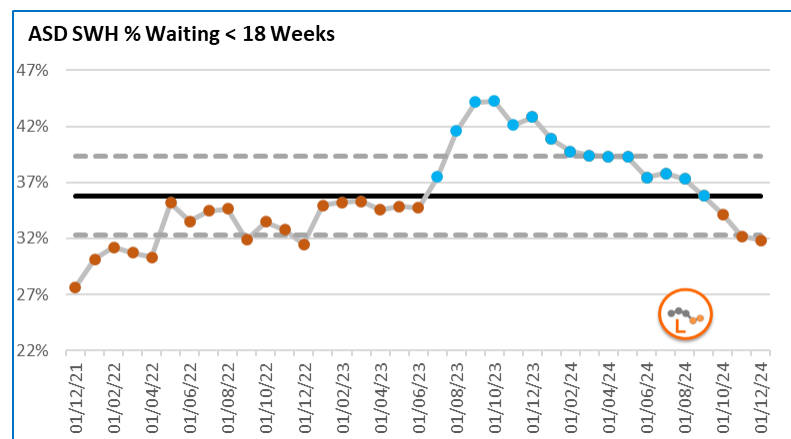
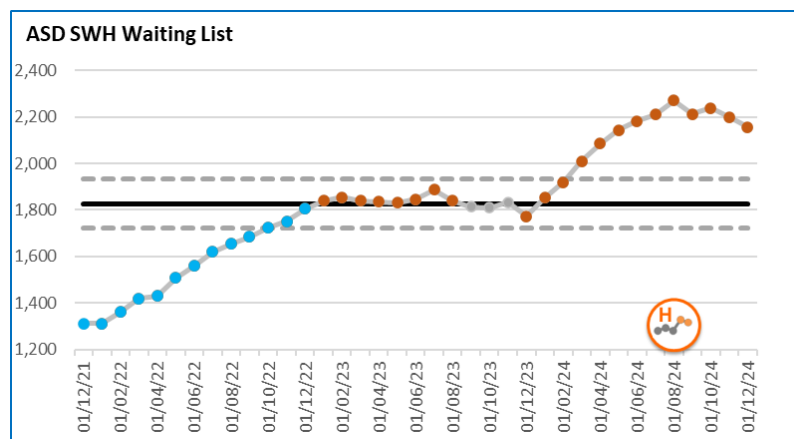
| Waiting list bucket | Number of patients (Oct-24) | Number of patients (Nov-24) |
|---------------------|-----------------------------|-----------------------------|
| <18 weeks           | 105                         | 106                         |
| 18 – 65 weeks       | 502                         | 503                         |
| 66 – 78 weeks       | 101                         | 108                         |
| >78 weeks           | 179                         | 196                         |

| 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 913 patients in Nov-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 196 in Nov-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 submitted to extend the Understanding My Autism offer for children and young people beyond March 2025 – further info required to inform any funding decision</li><li>• The future best practice Neurodiversity Model for Hertfordshire has been signed off through clinical governance. The MHLDA HCP and providers continue to plan implementation including appointment of case coordinators, triage process, and agreeing the cohort with which to begin</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 24 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 | 2199             | 2155          | ↓            | 32.20%               | 31.83%        | ↓            | 133                  | 138           | ↑            | December    |

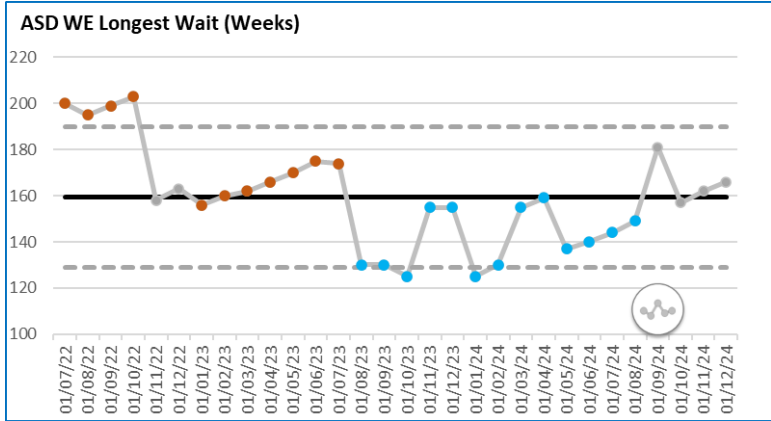
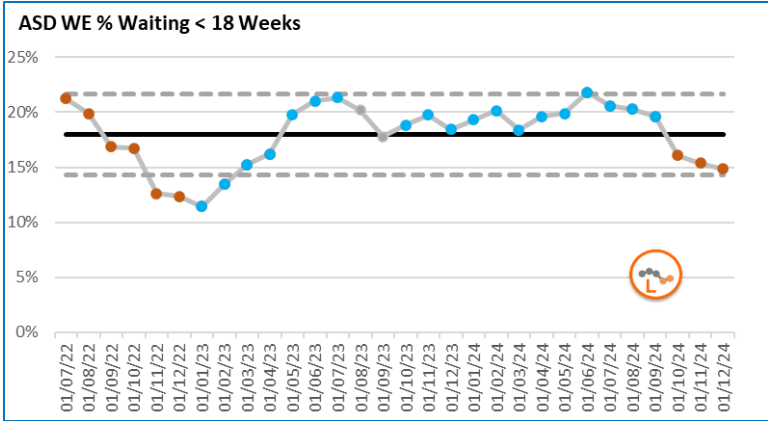
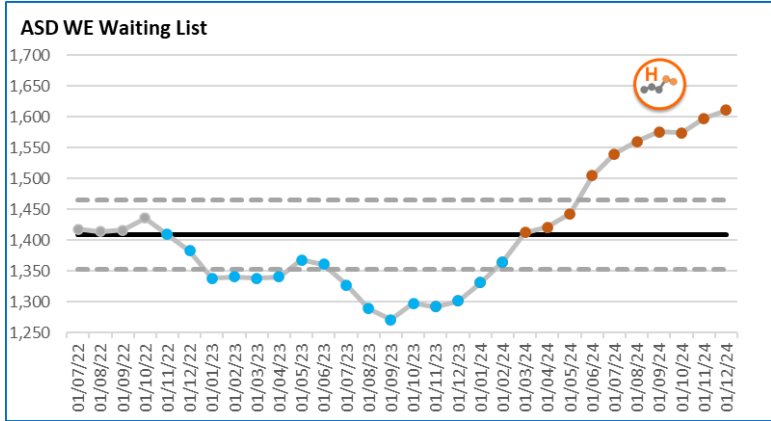


| ICB Area           | What the charts tell us  | Issues  | Actions   |
|--------------------|--|---|---|
| South & West Herts | <ul style="list-style-type: none"> <li>The overall waiting list remains consistently above the historic mean, but has been steadily reducing since August</li> <li>The % of ASD waiters &lt; 18 weeks continues to decline and is c.13% lower than October 23</li> <li>The longest waits have increased in each of the last four months</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 submitted to extend the Understanding My Autism offer for children and young people beyond March 2025 – further information required to inform any funding decision</li> <li>The future best practice Neurodiversity Model for Hertfordshire has been signed off through clinical governance. The MHLDA HCP and providers continue to plan implementation including appointment of case coordinators, triage process, and agreeing the cohort with which to begin</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 24 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 | 1598             | 1611          | ↑            | 15.39%               | 14.84%        | ↓            | 162                  | 166           | ↑            | December    |



| 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 and continues to increase</li><li>The % of waiters &lt;18 weeks remains low and has fallen in each of the last six months</li><li>The longest wait is steadily increasing but remains within common cause variation limits</li><li>304 of the 1,611 total waiting list are &gt;104 weeks</li></ul> | <p>All issues are ongoing in the absence of additional resource:</p> <ul style="list-style-type: none"><li>Average monthly referral rate continues to be &gt;70% greater than commissioned capacity, for Q3 this was an average of 69 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 – remains outstanding</li><li>‘Waiting well’ workstream continues with local partners at Place, led by HCRG, also linking in with Essex wide joint commissioning initiatives</li><li>Exploring use of the ND Profiling Tool</li><li>All other actions and mitigations have been exhausted</li></ul> |



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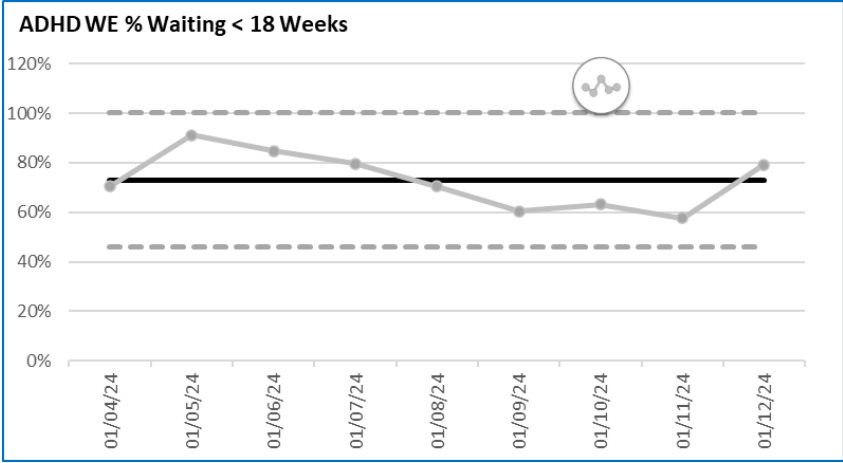
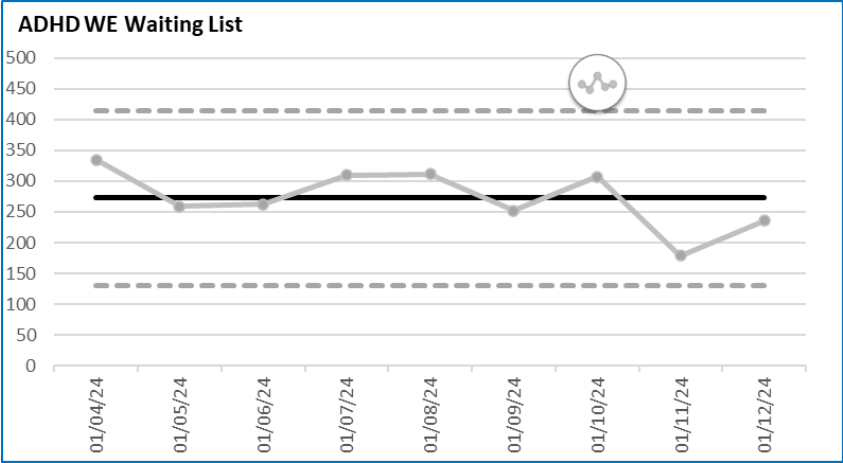




# Attention Deficit Hyperactivity Disorder (ADHD)

## 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       | -            | December    |
| WE    | HCRG                     | Children | 179              | 236           | ↑            | 57.54%               | 79.24%        | ↑            | 48                   | 46            | ↓            | December    |

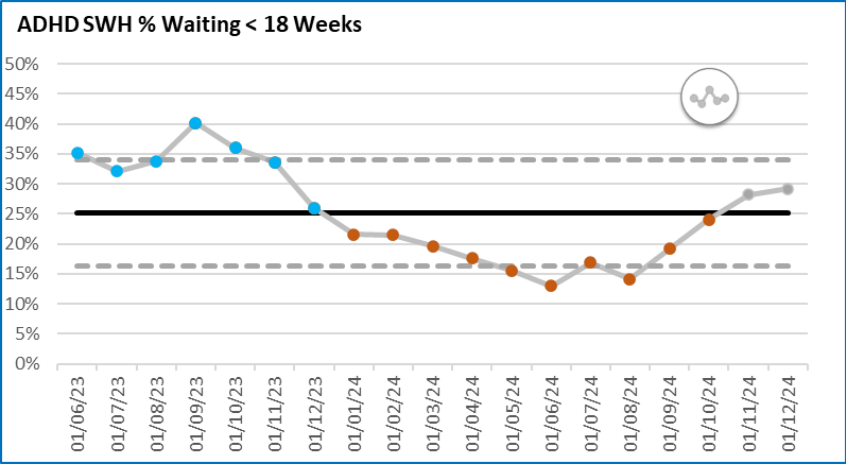
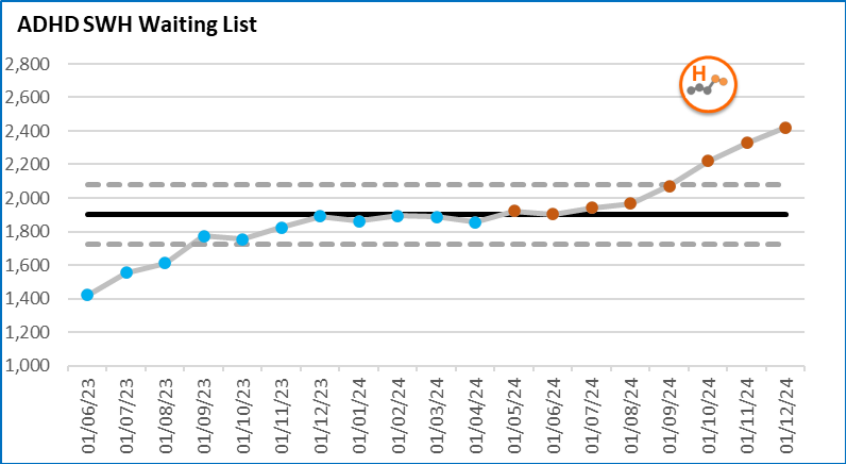


| ICB Area   | What the charts tell us  | Issues  | Actions   |
|------------|--|---|---|
| West Essex | <ul style="list-style-type: none"><li>West Essex waiting lists continue to fluctuate at historic average levels</li><li>The % of children waiting &lt;18 weeks are also within common cause variation limits</li><li>The longest wait in West Essex has reduced by 10 weeks over the last two months</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 during this quarter – full reporting for WE from Q4</li><li>Referral rates for WE have increased by 250% by the end of Q3 (112 referrals for Dec 24 against an average of 32)</li><li>WE Adult services are limiting the number of young people transitioning to adult care, resulting in Paediatrics holding an increasing caseload of &gt;18yrs, currently at 174 YP, placing additional pressures</li><li>Referral rates continues to rise, resulting in risk to maintaining waiting list performance</li></ul> | <ul style="list-style-type: none"><li>WE pathway redesign continues to incorporate ASD and ADHD into a single Neuro Diagnostic Service</li><li>WE Adult transition issues have been raised, however the number of referrals accepted is limited under contract activity plans. There is no resource in the system to increase capacity for adult transition</li></ul> |



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

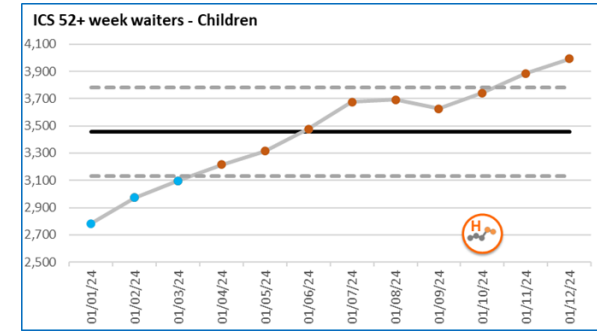
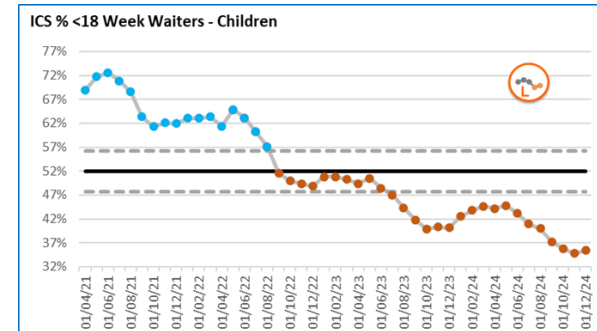
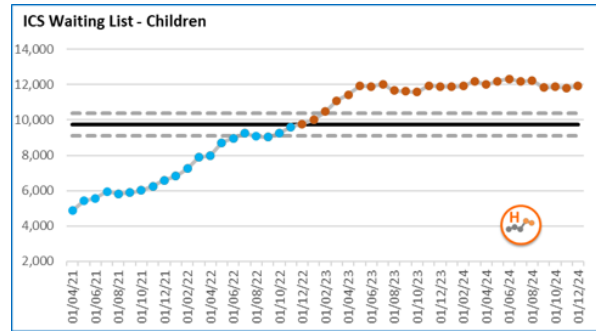
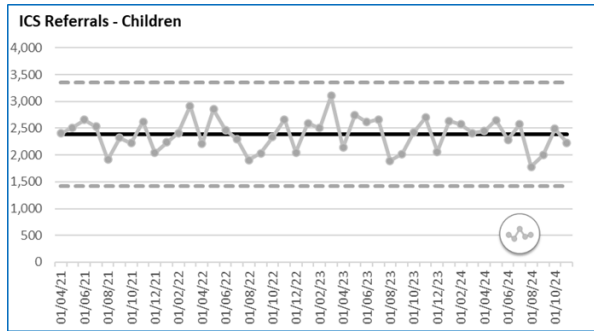
| Place | Provider | Age      | Patients Waiting |               |              | % waiting < 18 weeks |               |              | Longest wait (weeks) |               |              | Latest data |
|-------|----------|----------|------------------|---------------|--------------|----------------------|---------------|--------------|----------------------|---------------|--------------|-------------|
|       |          |          | Previous Month   | Current Month | Month Change | Previous Month       | Current Month | Month Change | Previous Month       | Current Month | Month Change |             |
| SWH   | HPFT     | Children | 2330             | 2422          | ↑            | 28.24%               | 29.19%        | ↑            | 178                  | 183           | ↑            | December    |



| 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 six months</li><li>The % of ADHD patients waiting &lt;18 weeks has notably improved in the last four months (up c.15%)</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 submitted to extend the Understanding My Autism offer for children and young people beyond March 2025 – further information required to inform any funding decision</li><li>The future best practice Neurodiversity Model for Hertfordshire has been signed off through clinical governance. The MHLDA HCP and providers continue to plan implementation including appointment of case coordinators, triage process, and agreeing the cohort with which to begin</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 24 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 | 2342           | 1936          | ↓            | 11817            | 11907         | ↑            | 34.78%              | 35.45%        | ↑            | 3886                       | 3992          | ↑            | December    |

| 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                   | 397            | 263           | ↓            | 599            | 497           | ↓            | 85.31%         | 85.51%        | ↑            | 1              | 0             | ↓            | December    |
| ENH   | AJM (W/Chairs)        | 24             | 19            | ↓            | 140            | 135           | ↓            | 59.29%         | 59.26%        | ↓            | 0              | 0             | →            | December    |
| ENH   | ENHT Community Paeds. | 292            | 257           | ↓            | 6355           | 6470          | ↑            | 12.32%         | 12.74%        | ↑            | 3822           | 3915          | ↑            | December    |
| ENH   | All                   | 713            | 539           | ↓            | 7094           | 7102          | ↑            | 19.41%         | 18.71%        | ↓            | 3823           | 3915          | ↑            | December    |

| 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              | 1125           | 1016          | ↓            | 3481           | 3544          | ↑            | 50.70%         | 52.68%        | ↑            | 60             | 74            | ↑            | December    |
| SWH   | AJM (W/Chairs)   | 31             | 15            | ↓            | 130            | 128           | ↓            | 56.15%         | 57.03%        | ↑            | 1              | 3             | ↑            | December    |
| SWH   | Communitas (ENT) | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | December    |
| SWH   | All              | 1156           | 1031          | ↓            | 3611           | 3672          | ↑            | 50.90%         | 52.83%        | ↑            | 61             | 77            | ↑            | December    |

| 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) | 18             | 17            | ↓            | 31             | 32            | ↑            | 100.00%        | 100.00%       | →            | 0              | 0             | →            | December    |
| WE    | HCRG            | 455            | 349           | ↓            | 1081           | 1101          | ↑            | 79.93%         | 83.56%        | ↑            | 2              | 0             | ↓            | December    |
| WE    | All             | 473            | 366           | ↓            | 1112           | 1133          | ↑            | 80.49%         | 84.02%        | ↑            | 2              | 0             | ↓            | December    |

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



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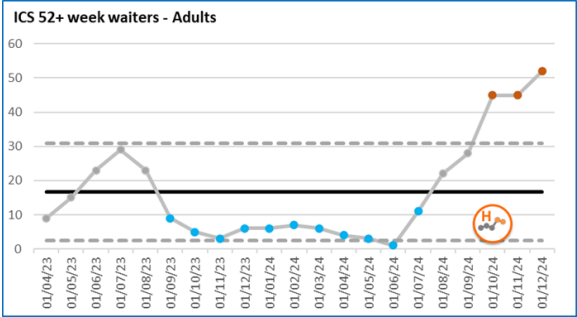
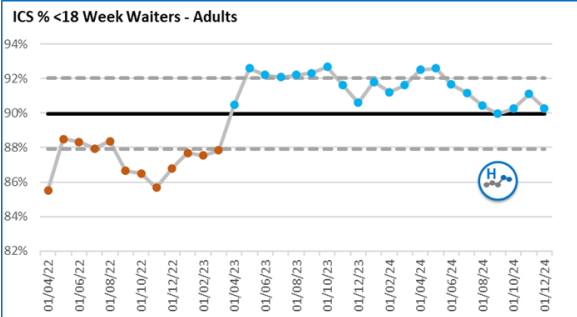
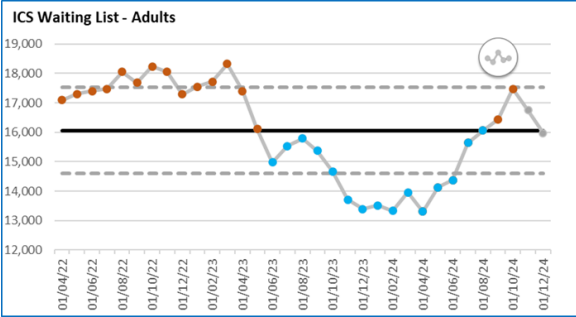
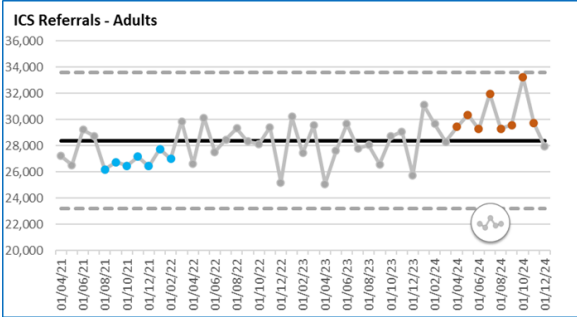
# Community Waiting Times (Children)

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>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 weeks marginally improved following six consecutive months of decline. November performance was 35.5%, compared to the national average of 50.2%</li> <li>The longest waits are within the ENHT Community Paediatrics Service where there are 3,915 x 52 week waits. There are additionally 74 x 52 week waits within HCT services in South &amp; West Hertfordshire, which is an increase from 60 in October</li> <li>Consultant led 18-week RTT performance:</li> </ul> <p>SWH Community Paediatrics – 38.5%<br/> SWH Children's Audiology – 40.4%<br/> ENH Community Paediatrics – 12.7%<br/> WE Community Paediatrics – 86.4%</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 59% decrease in total waiters since a high point in June 2023. The service is also currently supporting ENHT newborn hearing pathways</li> <li>Improvement in waiting times across Hertfordshire for children's therapies (OT, Speech &amp; Language and Physiotherapy) although they remain under pressure, 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 December with 48% achieved. Challenges to achieve waiting times are also being seen in allergy (74%), OT (77%) and Comm Paeds (86%)</li> <li>Most services will reach their current contracted plan of referrals accepted by January</li> <li>Overdue for follow-up lists remain high but stable</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 96 in December, but there has been some increases in recent months</li> <li>Focus on reducing DNA / NBI rates for children living in relatively more deprived neighbourhoods</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 and caseload 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 Paediatrics caseload cleanse to be restarted</li> <li>Dietician vacancy filled temporarily – HCRG looking to redirect workforce funds from elsewhere to increase WTE offer to be more attractive to dieticians looking for substantive roles</li> <li>Still awaiting release of identified CYP funding to close the gap between demand and capacity</li> <li>Preparation for recommissioning of HCRG contract ongoing</li> </ul> |



# Community Waiting Times (Adults)



|       |        | Referrals      |               |              | Patients Waiting |               |              | % Waiting <18 weeks |               |              | Patients Waiting >52 Weeks |               |              | Latest data |
|-------|--------|----------------|---------------|--------------|------------------|---------------|--------------|---------------------|---------------|--------------|----------------------------|---------------|--------------|-------------|
| Place | Age    | Previous Month | Current Month | Month Change | Previous Month   | Current Month | Month Change | Previous Month      | Current Month | Month Change | Previous Month             | Current Month | Month Change |             |
| ICS   | Adults | 29731          | 27932         | ↓            | 16748            | 15971         | ↓            | 91.10%              | 90.27%        | ↓            | 45                         | 52            | ↑            | December    |

| 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            | 8793           | 7848          | ↓            | 9735           | 9636          | ↓            | 91.21%         | 89.92%        | ↓            | 29             | 39            | ↑            | December    |
| ENH   | AJM (W/Chairs) | 98             | 89            | ↓            | 580            | 536           | ↓            | 52.59%         | 49.07%        | ↓            | 9              | 7             | ↓            | December    |
| ENH   | All            | 8891           | 7937          | ↓            | 10315          | 10172         | ↓            | 89.04%         | 87.77%        | ↓            | 38             | 46            | ↑            | December    |

| 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                   | 7097           | 7119          | ↑            | 1501           | 1464          | ↓            | 98.60%         | 99.11%        | ↑            | 0              | 0             | →            | December    |
| SWH   | CHEC (Ophthalmology)   | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | December    |
| SWH   | Circle Health (MSK)    | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | December    |
| SWH   | Communitas (ENT)       | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | December    |
| SWH   | The Gynaecology P/Ship | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | NO DATA        | NO DATA       | -            | December    |
| SWH   | HCT                    | 950            | 772           | ↓            | 933            | 948           | ↑            | 95.39%         | 96.41%        | ↑            | 0              | 0             | →            | December    |
| SWH   | AJM (W/Chairs)         | 126            | 110           | ↓            | 657            | 603           | ↓            | 55.25%         | 58.54%        | ↑            | 7              | 6             | ↓            | December    |
| SWH   | All                    | 8173           | 8001          | ↓            | 3091           | 3015          | ↓            | 88.42%         | 90.15%        | ↑            | 7              | 6             | ↓            | December    |

| 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            | 12570          | 11928         | ↓            | 3215           | 2689          | ↓            | 100.00%        | 99.59%        | ↓            | 0              | 0             | →            | December    |
| WE    | EPUT (W/Chairs) | 97             | 66            | ↓            | 127            | 95            | ↓            | 99.21%         | 97.89%        | ↓            | 0              | 0             | →            | December    |
| WE    | Mayflower       | NO DATA        | NO DATA       | -            | NO DATA        | 527           | -            | NO DATA        | 83.7%         | -            | NO DATA        | 5             | -            | December    |
| WE    | All             | 12667          | 11994         | ↓            | 3342           | 2784          | ↓            | 99.97%         | 99.53%        | ↓            | 0              | 0             | →            | December    |

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



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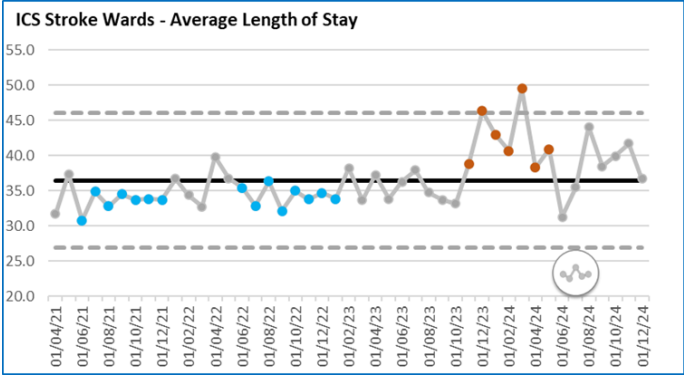
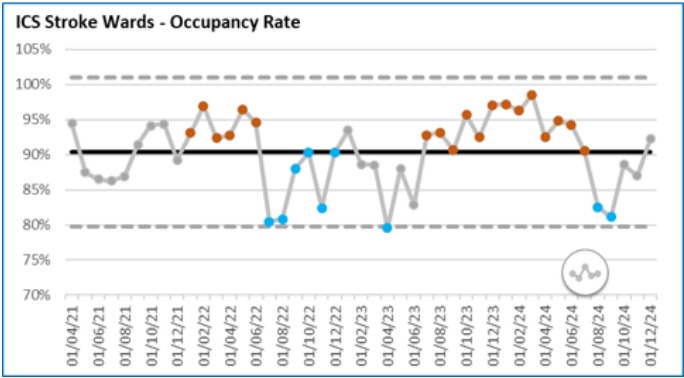
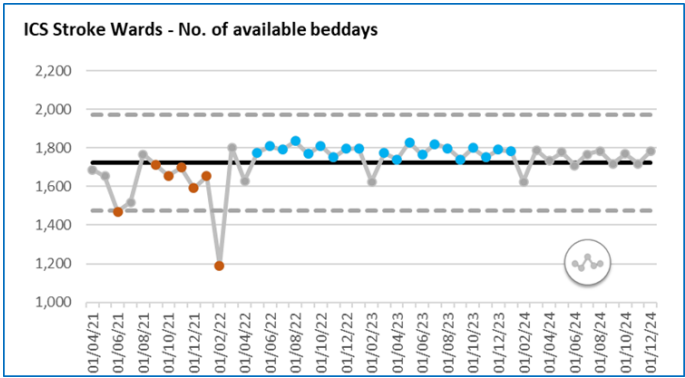
# Community Waiting Times (Adults)

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.

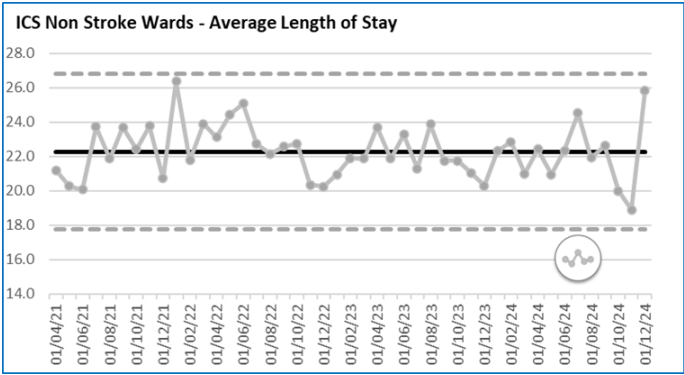
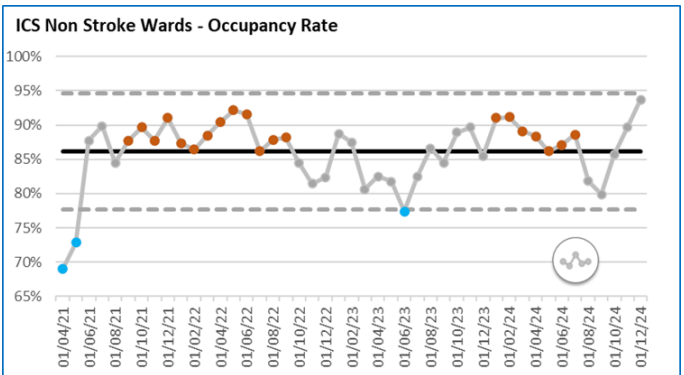
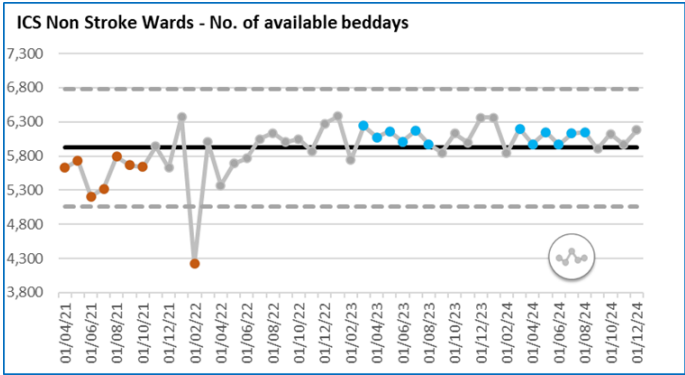
| ICB Area | What the charts tell us   | Issues   | Actions  |
|----------|---|--|--|
| ICB      | <ul style="list-style-type: none"> <li><b>Data for five community providers is currently excluded from the overall HWE system position as noted on the previous slide. Work is underway to resolve reporting and quality issues with providers and include data in future reports</b></li> <li>The % of patients waiting less than 18 weeks remains comparatively strong at 90.3%, compared to the national average of 85.4%</li> <li>Overall waiting lists have also returned to the historic mean over the last two months, following six successive months of increases</li> <li>52 week waits increased from 45 to 52 in month – split between HCT and AJM wheelchairs</li> <li>Consultant led 18-week RTT performance:</li> </ul> <p>ENH Skin Health – 86.0%<br/>SWH Respiratory – 96.7%<br/>WE Podiatric Surgery – 100%</p> | <p><b>East &amp; North Hertfordshire (ENH)</b></p> <ul style="list-style-type: none"> <li>Increase in referrals compared to 2023/24</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 data quality issues before incorporation into this report</li> <li>CLCH – Slight increase in number of referrals in month. However, good progress made in reducing the total number of patients waiting</li> <li>Increase in number of patients seen within 18 weeks and there are no patients waiting more than 52 weeks</li> </ul> <p><b>AJM (Wheelchairs)</b></p> <ul style="list-style-type: none"> <li>16 x 52 week waits reported in the December position, which is an improvement from 21 in the October position. Commissioners are working with AJM to closely oversee improvement plans and 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 / long-term sickness. Maximum wait of 10 weeks v. 8-week target</li> <li>MSK breaches and increased PTL following transfer of iMSK patients from Stellar Healthcare on contract termination. Also impacted by long-term sickness</li> <li>Freeze on bank / agency usage</li> </ul> | <p><b>East &amp; North Hertfordshire (ENH)</b></p> <ul style="list-style-type: none"> <li>All waits, especially longer 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>Although good progress continues to be made, weekly Divisional review meetings with services remain in place to ensure progress continues</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 with recovery expected from March</li> <li>Podiatry / Bio-Mechanics – 2 x new starters commenced in November &amp; December respectively</li> <li>iMSK recovery plan agreed with full recovery of CRS / ESP services originally expected by February 25. Revised trajectory in development to reflect recent impact of long-term sickness</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           | ↑            | 80.69%         | 88.44%        | ↑            | 38.1                          | 26.7          | ↓            | December    |
| SWH          | CLCH     | 579                         | 604           | ↑            | 100.00%        | 100.00%       | →            | 41.1                          | 43.6          | ↑            | December    |
| WE           | EPUT     | 420                         | 434           | ↑            | 79.76%         | 88.02%        | ↑            | 49.0                          | 43.0          | ↓            | December    |
| ICS          | All      | 1719                        | 1782          | ↑            | 86.97%         | 92.26%        | ↑            | 41.7                          | 36.7          | ↓            | December    |



| 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                        | 1655          | ↑            | 76.98%         | 86.71%        | ↑            | 23.7                          | 24.6          | ↑            | December    |
| SWH              | CLCH     | 2189                        | 2262          | ↑            | 98.13%         | 97.70%        | ↓            | 24.5                          | 28.8          | ↑            | December    |
| WE               | EPUT     | 2190                        | 2263          | ↑            | 90.68%         | 94.83%        | ↑            | 9.9                           | 23.6          | ↑            | December    |
| ICS              | All      | 5969                        | 6180          | ↑            | 89.76%         | 93.71%        | ↑            | 18.9                          | 25.8          | ↑            | December    |



# Community Beds (Stroke & Non-Stroke)

| ICB Area | What the charts tell us   | Issues  | Actions   |
|----------|---|---|---|
| ICB      | <p><b>Stroke Beds Days</b></p> <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 100%</li> <li>Overall length of stay is within common cause variation limits, but has been largely above the historic average during 2024</li> <li>HCT length of stay was notably lower in December than at CLCH &amp; EPUT</li> </ul> <p><b>Non-Stroke Beds Days</b></p> <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 increased for the last three months, with December being the highest on record at 94.8%</li> <li>Overall length of stay was high in December at 25.8 days, but remains within common cause variation limits</li> </ul> | <p><b>East &amp; North Hertfordshire (ENH)</b></p> <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> <p><b>South &amp; West Hertfordshire (SWH)</b></p> <ul style="list-style-type: none"> <li>Occupancy rates across both pathways remain high</li> <li>Increase in occupancy rates due to complexity of patients and delays in social care packages</li> </ul> <p><b>West Essex (WE)</b></p> <ul style="list-style-type: none"> <li>Length of stay on stroke ward reducing as long stay patients are discharged</li> <li>Non-stroke bed occupancy and length of stay are both high and increasing, reflective of the ongoing support to the system, D2A ward opening, and increased acuity of patients</li> </ul> | <p><b>East &amp; North Hertfordshire (ENH)</b></p> <ul style="list-style-type: none"> <li>New process regarding criteria to reside in place to support discharge</li> </ul> <p><b>South &amp; West Hertfordshire (SWH)</b></p> <ul style="list-style-type: none"> <li>Daily assurance calls remain in place with HCC, with clear escalation process</li> <li>Patient expected discharge dates continue to be reviewed and where appropriate discharge dates brought forward</li> <li>In-reach team at Watford General working with discharge team to review patients and ensure appropriate patients are discharged to CLCH rehab wards</li> <li>Community services induction completed with Discharge team at Watford General</li> </ul> <p><b>West Essex (WE)</b></p> <ul style="list-style-type: none"> <li>Daily escalation calls in place to support all delayed discharges</li> <li>Discharge to Assess (D2A) – 22 dedicated beds now in place to support system</li> </ul> |

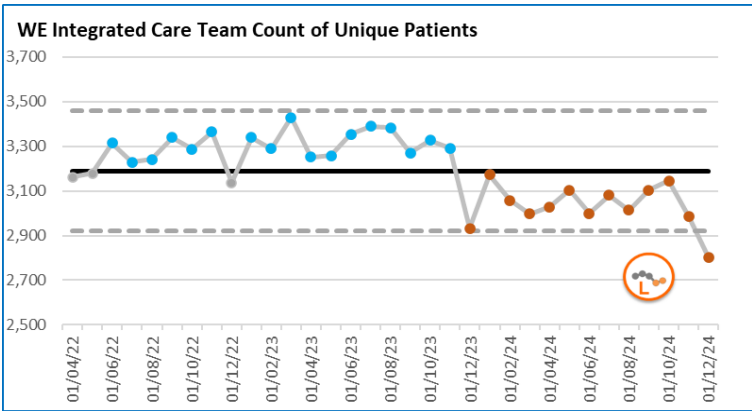
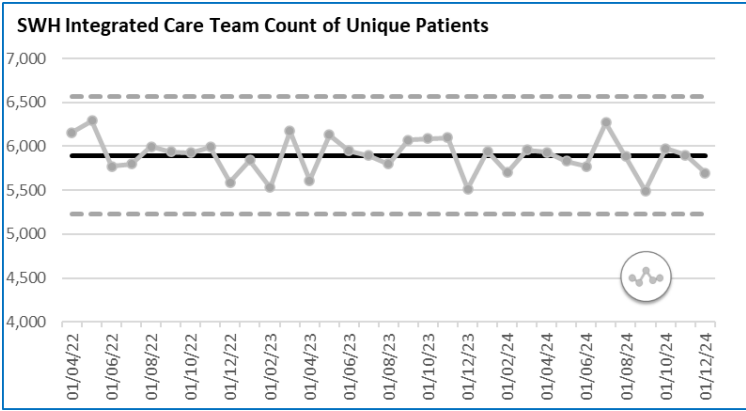
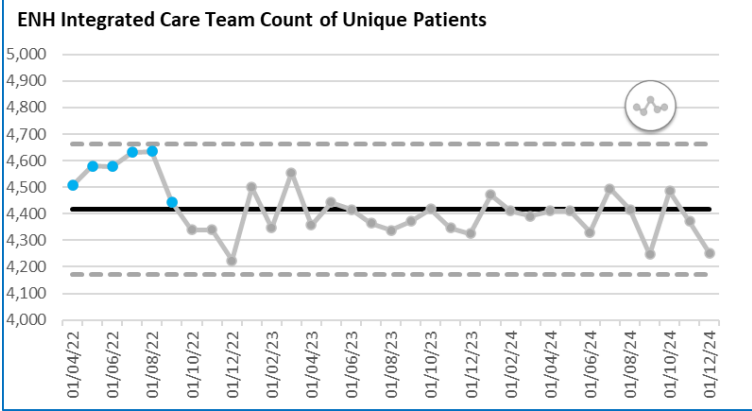
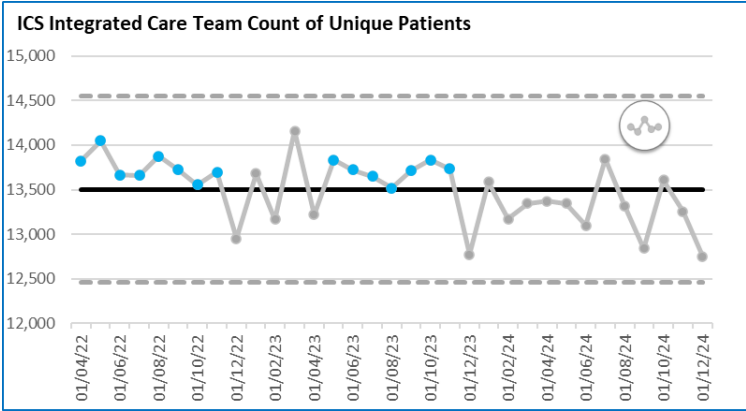


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# Integrated Care Teams (ICT)



|       |          |     | 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 | 4371                       | 4252          | ↓            | 6.9  | 6.7           | ↓            | December    |
| SWH   | CLCH     | All | 5900                       | 5697          | ↓            | 8.6  | 8.3           | ↓            | December    |
| WE    | EPUT     | All | 2987                       | 2803          | ↓            | 8.9  | 8.4           | ↓            | December    |
| ICS   | All      | All | 13258                      | 12752         | ↓            | 8.0  | 7.7           | ↓            | December    |



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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 remain within expected common cause variation limits</li> <li>Unique contacts in West Essex have trended below the historic mean for the last 13 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>Slight decrease 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>A comprehensive transformation programme in place focused on workforce, wound care and diabetes management with the ICT</li> <li>Model being developed to improve capacity, agility and consistency across ICTs</li> <li>Comprehensive 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 services appear to be effectively supporting reduced 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</li> <li>Proactive care model for segments 4 &amp; 5 to support a 25% reduction in NELs</li> <li>Proposal to accelerate support in Harlow with an additional matron submitted to BCF</li> </ul> |

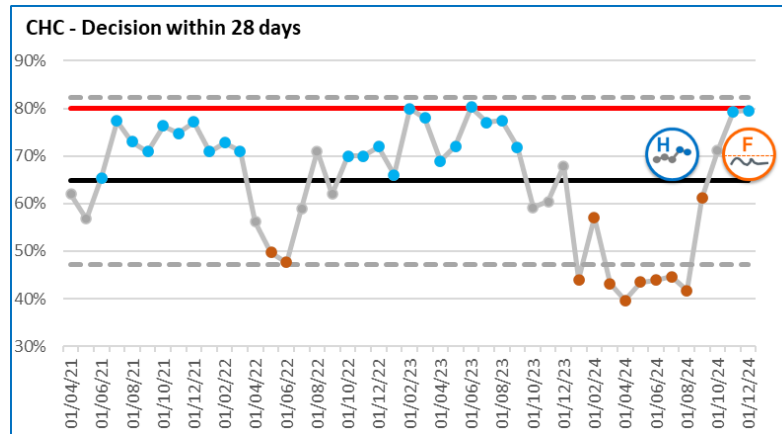
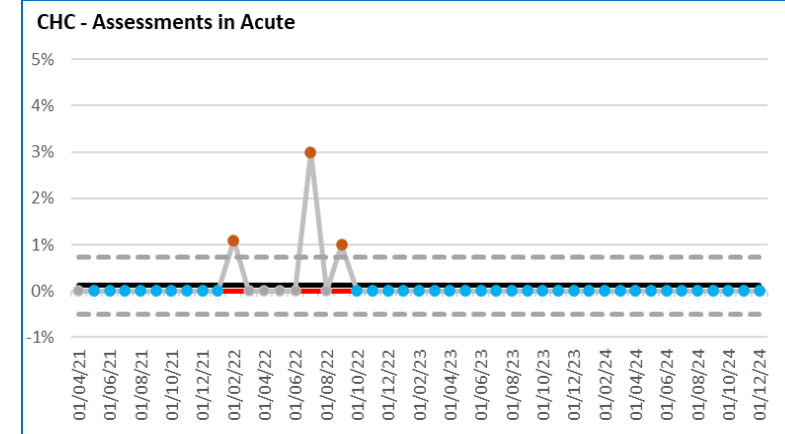


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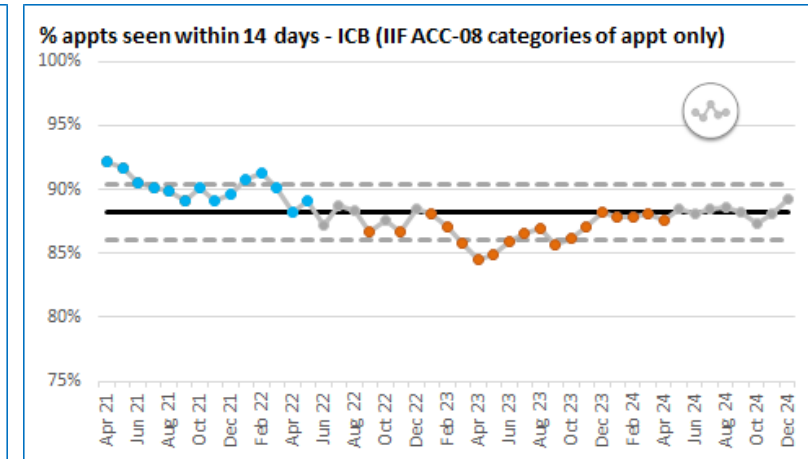
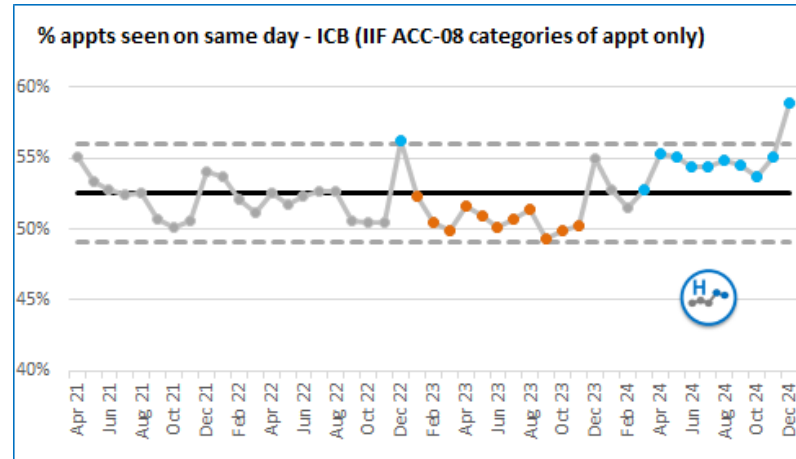
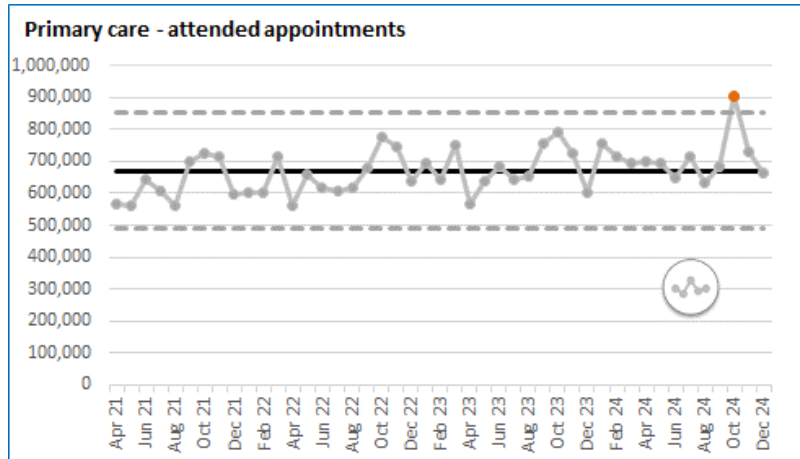
## Continuing Health Care (CHC)

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|        | 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>November and December overall performance significantly improved and reached levels last seen in June 2023:               <ul style="list-style-type: none"> <li>Overall ICB – 79.5%</li> <li>West Essex – 75%</li> <li>ENH – 71.2%</li> <li>SWH – 91.4%</li> </ul> </li> <li>The recovery of the 28-day standard is forecast be achieved by Q4 24/25 and is on track</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, this is an ongoing concern.</li> <li>Concerns around Social Worker availability between Dec-Feb across all areas is predicted to have a negative impact on the 28-day KPI.</li> <li>Both ENH and WE remain short of the target due to a lack of nursing capacity within the team, this continues to be addressed where possible.</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 number of attended appointments in Nov-24 and Dec-24 were closer to expected levels.
- The % of appointments seen on the same day of booking has been above the long-term mean for the last ten months, suggesting that there has been a sustained improvement in this metric. In Dec-24, 59% of attendances were same day attendances which is the highest percentage since at least Apr-21. 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 eight 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 undertaken of the latest position for all practices for 24/25 year-end update.</li> <li>Local CAIP - 29 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 – 29 PCNs; Simpler Online Requests – 24 PCNs; Faster Care Navigation, Assessment and Response – 29 PCNs. PCNs can submit their self-declaration up to 31 March 25</li> <li>Transition Cover – All 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, with 21 of 35 PCNs claimed by end of Jan-25. Workforce Leads engaging with PCNs to support further recruitment</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>Funding was mobilised for Additional Capacity via PCNs over Winter agreed locally as no National funding this year – PCN plans against 2 agreed priorities - Prevention (frailty, LTC, EOL) or Same day access</li> <li>Active engagement with LMCs to refine Enhanced Commissioning Framework (ECF) for 25/26, including specific activity based payment for Wound Care activity.</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 9

| Area         | Description   | Year To Date |           |                  |                    | Performance | Latest Data |
|--------------|---|--------------|-----------|------------------|--------------------|-------------|-------------|
|              |   | Plan         | Actual    | Variance to Plan | Variance to Plan % |             |             |
| Planned Care | Elective day case spells  | 115,953      | 120,704   | 4,751            | 4.1%               | ↑           | Dec-24      |
|              | Elective ordinary spells  | 10,429       | 10,943    | 514              | 4.9%               | ↑           | Dec-24      |
|              | Outpatient procedures   | 205,856      | 225,439   | 19,583           | 9.5%               | ↑           | Dec-24      |
|              | Percentage outpatients follow-up without a procedure                | 49.7%        | 48.1%     | -1.6%            |                    | ↓           | Dec-24      |
|              | Total outpatient attendances  | 1,206,602    | 1,247,968 | 41,366           | 3.4%               | ↑           | Dec-24      |
|              | Incomplete (RTT) pathways 65 weeks+                                 | 0            | 95        | 95               |                    | ↑           | Dec-24      |
|              | The number of incomplete Referral to Treatment (RTT) pathways       | 142,035      | 142,033   | -2               | 0.0%               | ↓           | Dec-24      |
|              | Diagnostic test waiting list over 6 weeks - All Planning Modalities | 3,964        | 16,308    | 12,344           | 311.4%             | ↑           | Dec-24      |
| Cancer       | Percentage patients seen within 62 days                             | 78.3%        | 74.5%     | -3.8%            |                    | ↓           | Dec-24      |
|              | Percentage cancer 28 day waits (faster diagnosis standard)          | 74.4%        | 78.8%     | 4.4%             |                    | ↑           | Dec-24      |
| UEC          | Type 1, 2, 3 A&E attendances  | 386,228      | 394,787   | 8,559            | 2.2%               | ↑           | Dec-24      |
|              | Percentage Type 1, 2, 3 A&E attendances < 4 hours                   | 76.0%        | 71.4%     | -4.6%            |                    | ↓           | Dec-24      |
|              | Non-elective spells - 0 days length of stay                         | 22,439       | 35,197    | 12,758           | 56.9%              | ↑           | Dec-24      |
|              | Non-elective spells - 1+ days length of stay                        | 63,584       | 64,811    | 1,227            | 1.9%               | ↑           | Dec-24      |
|              | Same day emergency care   | 36,365       | -         | -                | -                  | ↑           | -           |
| Primary Care | Percentage of appointments seen within two weeks                    | 89.1%        | 88.2%     | -0.9%            |                    | ↓           | Dec-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 3

| 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  | 78           | 312     | 234              | 300.0%             | ↑           | Dec-24      |
| Talking Therapies | Percentage of patients that achieved reliable recovery   | 48.5%        | 50.7%   | 2.3%             |                    | ↑           | Dec-24      |
|                   | Percentage of patients that achieved reliable improvement  | 67.1%        | 66.9%   | -0.1%            |                    | ↓           | Dec-24      |
| Dementia          | Estimated prevalence of dementia based on GP registered populations                              | 65.1%        | 64.9%   | -0.2%            |                    | ↓           | Dec-24      |
| CYP               | Number of CYP supported through NHS funded mental health services receiving at least one contact | 172,540      | 102,870 | -69,670          | -40.4%             | ↓           | Dec-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%        | 21.2%  | 2.4%             |                    | ↑           | Q3          |
|                     | Learning Disability Inpatient Rate per Million ONS Resident Population - adults               | 29.01        | -      |                  |                    | ↑           | -           |
|                     | Learning Disability Inpatient Rate per Million ONS Resident Population - children             | 15.09        | -      |                  |                    | ↑           | -           |
| SMI                 | Percentage of people with severe mental illness receiving a full annual physical health check | 52.4%        | -      |                  |                    | ↑           | 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)

December 2024

Hertfordshire and West Essex ICB

| Area          | Activity                                       | Latest published data | Data published | Trend against last month | NATIONAL position<br>National vs (ICB) | REGIONAL position<br>EoE Region vs (ICB) | ICB Ranking |
|---------------|--|-----------------------|----------------|--------------------------|--|--|-------------|
| 111           | Proportion of calls answered < 60 secs         | 79.6%                 | January 25     | ✔ 24.90%                 | 87.50% (Worse)                         | 82.44% (Worse)                           | 22          |
|               | Proportion of calls abandoned                  | 2.8%                  | January 25     | ✔ -149.94%               | 2.02% (Worse)                          | 2.62% (Worse)                            | 17          |
| A&E           | % Seen within 4 hours                          | 72.2%                 | January 25     | ✔ 4.218%                 | 73.01% (Worse)                         | 71.30% (Better)                          | 27          |
|               | 12 Hour Breaches                               | 14.8%                 | January 25     | ✔ -3.10%                 | 12.67% (Worse)                         | 12.59% (Worse)                           | 30          |
| Cancer        | 28 days Faster Diagnosis                       | 77.2%                 | December 24    | ✔ 0.35%                  | 78.08% (Worse)                         | 74.86% (Better)                          | 23          |
|               | 31 days  | 93.5%                 | December 24    | ✔ 2.82%                  | 91.53% (Better)                        | 88.12% (Better)                          | 16          |
|               | 62 days  | 76.4%                 | December 24    | ✔ 3.17%                  | 71.33% (Better)                        | 69.15% (Better)                          | 6           |
| RTT           | Incomplete Pathways <18 weeks                  | 56.6%                 | December 24    | ✔ 0.25%                  | 58.9% (Worse)                          | 54.8% (Better)                           | 28          |
|               | 52+ weeks as % of total PTL                    | 2.59%                 | December 24    | ✔ -12.18%                | 2.68% (Better)                         | 3.64% (Better)                           | 29          |
|               | 65+ weeks as % of total PTL                    | 0.11%                 | December 24    | ✔ -94.77%                | 0.21% (Better)                         | 0.24% (Better)                           | 21          |
|               | 78+ weeks as % of total PTL                    | 0.01%                 | December 24    | ✔ -79.08%                | 0.03% (Better)                         | 0.02% (Better)                           | 24          |
| Diagnostics   | 6 week wait                                    | 36.7%                 | December 24    | ✘ 8.19%                  | 22.78% (Worse)                         | 32.65% (Worse)                           | 39          |
| Mental Health | Dementia Diagnosis rate                        | 65.3%                 | December 24    | ✘ -0.31%                 | 65.60% (Worse)                         | 64.30% (Better)                          | 21          |
|               | OOA placements                                 | 30                    | December 24    | ✘ 23.33%                 | n/a                                    | n/a                                      | n/a         |
| CHC *         | % of eligibility decisions made within 28 days | 79.5%                 | December 24    | ✔ 0.29%                  | 75.53% (Better, at 76.73%)             | 76.17% (Better, at 76.73%)               | 26          |
|               | % of assessments carried out in acute          | 0.0%                  | December 24    | ▬ 0.00%                  | 0.40% (Better, at 0.31%)               | 0.13% (Worse, at 0.31%)                  | 27          |

LEGEND

Performance against National/Regional

Better

Worse

Performance against previous month

✔

Improvement

✘

Deterioration

▬

No change

Provider Ranking

First quartile

Middle quartile

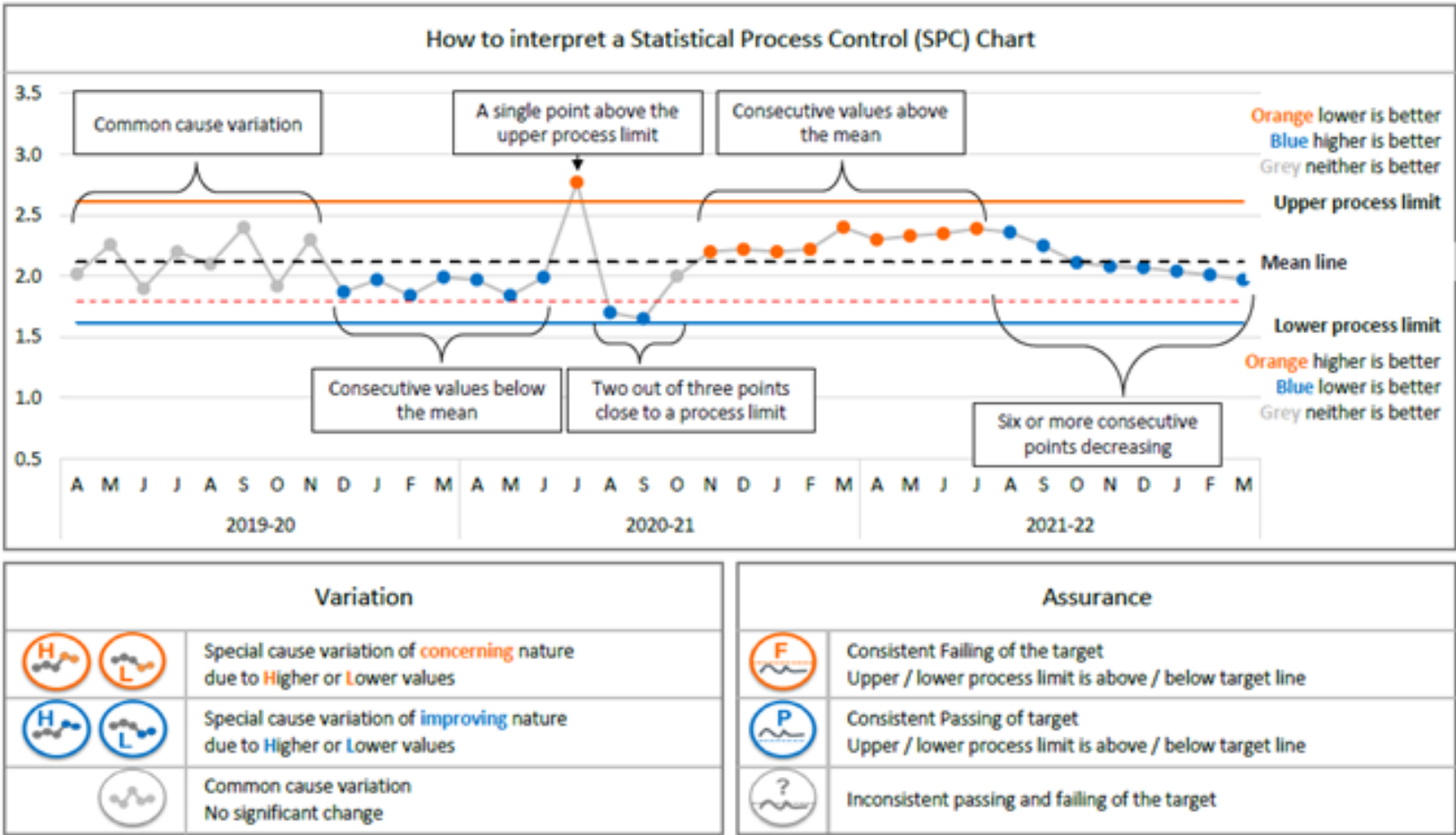
Lowest quartile

\* CHC benchmarking and ranking is based on quarterly data only.

The latest data is Q3 for 2024/25 (covering Oct - Dec 2024).



# Appendix B: Statistical Process Control (SPC) Interpretation





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

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

|        |   |
|--------|---|
| ECHO   | Echocardiogram                                    |
| ED     | Emergency Department                              |
| EEAST  | East of England Ambulance Service NHS Trust       |
| EIP    | Early Intervention in Psychosis                   |
| EMDASS | Early Memory Diagnosis and Support Service        |
| EMIS   | Supplier of GP Practice systems and software      |
| ENHT   | East & North Herts NHS Trust                      |
| EPR    | Electronic Patient Record                         |
| EPUT   | Essex Partnership University NHS Foundation Trust |
| F2F    | Face-to-Face                                      |
| FDS    | Cancer 28 day Faster Diagnosis Standard           |
| FHAU   | Forest House 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                                 |
| LDAHc      | Learning Disability Annual Health Checks            |
| LMNS       | Local Maternity Neonatal System                     |
| LMS        | Local Maternity System                              |
| LoS        | Length of Stay                                      |
| MADE       | Multi Agency Discharge Event                        |
| MDT        | Multi Disciplinary Teams                            |
| MH         | Mental Health                                       |
| MHSOP      | Mental Health Service for Older People              |
| MOU        | Memorandum Of Understanding                         |
| MRI        | Magnetic Resonance Imaging                          |
| MSK        | Musculoskeletal                                     |
| NHSE       | NHS England   |
| NICE       | The National Institute for Health & Care Excellence |
| NMCTR      | Not Meetings Criteria To Reside                     |
| NOK        | Next Of Kin   |
| NOUS       | Non-Obstrtric Ultrasound                            |
| OOAP       | Out of Area Placements                              |
| OPEL       | Operational Pressures Escalation Levels             |
| OT         | Occupational Therapy                                |
| PAH / PAHT | The Princess Alexandra Hospital NHS Trust           |
| PCN        | Primary Care Network                                |
| PEoLC      | Palliative & End of Life Care                       |
| PIFU       | Patient Initiated Follow-Up                         |
| PMO        | Project Management Office                           |

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



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|  |  |                          |                                   |                                     |
|--|--|--------------------------|-----------------------------------|-------------------------------------|
| Meeting:   | Meeting in public  | <input type="checkbox"/> | Meeting in private (confidential) | <input type="checkbox"/>            |
|  | NHS HWE ICB Board meeting  |                          | Meeting Date:                     | 28/03/2025                          |
| Report Title:  | ICB/ICS In-Year Financial Report   |                          | Agenda Item:                      | 15                                  |
| Report Author(s):  | Menaka Edirisinghe, Senior of Finance - ICS  |                          |                                   |                                     |
| Report Presented by:   | Alan Pond, Chief Financial Officer   |                          |                                   |                                     |
| Report Signed off by:  | Alan Pond, Chief Financial Officer   |                          |                                   |                                     |
| Purpose:   | Approval / Decision  | <input type="checkbox"/> | Assurance                         | <input checked="" type="checkbox"/> |
|  |  |                          | Discussion                        | <input type="checkbox"/>            |
|  |  |                          | Information                       | <input type="checkbox"/>            |
| Which Strategic Objectives are relevant to this report [Please list] | <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>   |                          |                                   |                                     |
| Key questions for the ICB Board / Committee:                         | For discussion and noting  |                          |                                   |                                     |
| Report History:  | N/A  |                          |                                   |                                     |
| Executive Summary:   | <p><b>HWE ICS In-year Financial Position</b></p> <p>In Month 11 (February), Hertfordshire and West Essex (HWE) Integrated Care System (ICS) reported a Year-To-Date (YTD) <b>deficit position of £5.903m</b>, which is <b>£2.488m behind plan</b>.</p> <p>This indicates an improvement of £7.714m in year-to-date spending compared to Month 10. Part of the improvement is due to the receipt £4m in funding to support the Electronic Patient Record (EPR) implementation at East and North Hertfordshire NHS Trust. The request for funding to cover costs incurred was longstanding, and its receipt now eliminates the previously reported overspend.</p> <p>Other improvements shown against the ICB relate to updated spending on acute services (including specialist commissioning), dental and primary care. Additionally, an unexpected allocation was received reflecting</p> |                          |                                   |                                     |





national overspending on the pharmacy contract. Receipt of this allocation eliminates the overspend the ICB was previously incurring.

The additional underspend in the ICB will be paid over to the Trusts as System support based on the Trust's remaining deficits and their control totals.

The variance to plan in month 11 shows a deterioration solely because of the timing differences to earlier System support, which were paid during the year, but in the original plan had been assumed to be paid in month 11.

### Forecast Outturn

The ICS is forecasting achievement of the control total, helped by an additional allocation from NHSE offsetting the previously identified risk associated with the capping of ERF allocations. The additional allocation was £11m.

### Agency Cap Compliance

The Providers' spending on agency staff continues to be within 3.1% Agency Cap at 2.6%. Spending is within plan by £3.1m.

### Delivery of Efficiencies

ICS organisations have collectively delivered 96% of the year-to-date efficiency target of £166m. However, of the total £159m delivered, only £103m (65%) was delivered recurrently.

### Summary position for Trusts

- ENHT reported a small surplus in month 11 and expects to achieve better than its control total at year-end, helped with EPR funding. **Conclusion:** ENHT has a low risk position at Month 11.
- HCT reported a small deficit in month 11, but expects to achieve better than its control total at year-end; helped with Advice and Guidance funding. **Conclusion:** HCT has a low risk position at Month 11.
- HPFT reported a reduced deficit in month 11, but expects to miss its control total at year end by £1.6m. The forecast movement between month 11 and 12 looks credible. **Conclusion:** HPFT has a low risk position at Month 11.
- PAH reported a reduced deficit in month 11 and expects to achieve better than its control total at year end by £3.9m; helped by System support. The forecast movement between month 11 and 12 looks credible. **Conclusion:** PAH has a low risk position at Month 11.





|   |  |                          |                                   |                                     |
|---|--|--------------------------|-----------------------------------|-------------------------------------|
|   | <ul style="list-style-type: none"><li>WHTH reported a worsening deficit in month 11, although the in-month deficit was significantly reduced from earlier months. The forecast is for an underspend in month 12 which is based on various factors including asset valuations. <b>Conclusion:</b> WHTH has a medium risk position at Month 11.</li></ul> <p><b>Summary position for ICB</b></p> <ul style="list-style-type: none"><li>HWE ICB reported an underspend of £10.9m in month 11, an improvement of £5.7m compared to month 10 and £4.9m better than plan.</li><li>The forecast movement between month 11 and 12 looks credible and the ICB expects to make a further £5.35m available to Trusts as System Support. The ICB would then report an underspend of £6.8m as per its agreed plan.</li><li><b>Conclusion:</b> ICB has a low risk position at Month 11.</li></ul> <p><b>HWE ICS Capital position:</b></p> <p>HWE ICS received total system capital allocations of £93.3m including GPIT and voluntary sector grants. This is expected to be fully utilised by the end of the financial year.</p> |                          |                                   |                                     |
| <b>Recommendations:</b>                   | The Board is asked to: <ul style="list-style-type: none"><li>note the financial position of the HWE ICS System at Month 11 2024/25</li><li>note the financial position of the HWE ICB at Month 11 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><br><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 |







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## HWE ICB Board - Meeting in PRIVATE

### Finance Report – Month 11 2024/25

28<sup>th</sup> March 2025

**Working together  
for a healthier future**





# HWE ICS Finance Executive Summary for Month 11 2024/25

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

The Hertfordshire and West Essex System (HWE ICS) reported a YTD financial position of £5.903m overspent, which is an improvement of £7.714m against the YTD position at Month 10 but remains behind the planned overspent position of £3.415m, reporting an overspend against plan of £2.488m.

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

HWE ICS is forecasting achievement of its breakeven plan, albeit with surpluses and deficits in individual organisations and variances to original plans. Risks have reduced as funding for EPR implementation has been received and the cap on ERF funding was increased by £11m.

## HWE System Capital Financial Position

HWE ICS is forecasting that it will remain within the System Capital Departmental Expenditure Limit (CDEL) for 2024/25, utilising all of its capital 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 90% and the non-recurrent efficiencies exceeded the planned levels at 107%.



## **HWE ICS – System Revenue Position at Month 11 2024/25**



# HWE ICS Revenue Financial Position – Month 11 Year to Date (YTD) 2024/25

The table below shows the Month 11 Year to Date (YTD) position for HWE ICS.

The ICS is reporting a year-to-date deficit of £5.9m an improvement of £7.7m on month 10.

Whilst the variance to plan appears to have deteriorated this is because the original plan assumed System Support would be provided in month 11, this support was actually provided across the full year from month 4 onwards.

ICS YTD Financial Position - M11

| Orgn | YTD Plan | YTD Actual | YTD Variance |
|------|----------|------------|--------------|
|      | £000's   | £000's     | £000's       |
| ENHT | 172      | 166        | (6)          |
| HCT  | (316)    | (316)      | 0            |
| HPFT | (1,554)  | (2,890)    | (1,336)      |
| PAH  | (4,074)  | (1,407)    | 2,667        |
| WHTH | (3,674)  | (12,387)   | (8,713)      |
| ICB  | 6,031    | 10,931     | 4,900        |
| ICS  | (3,415)  | (5,903)    | (2,488)      |

Financial Position - M10

| YTD Plan | YTD Actual | YTD Variance |
|----------|------------|--------------|
| £000's   | £000's     | £000's       |
| 1,052    | (870)      | (1,922)      |
| (304)    | (304)      | 0            |
| (2,185)  | (3,551)    | (1,366)      |
| (8,409)  | (2,283)    | 6,126        |
| (10,099) | (11,806)   | (1,707)      |
| 5,227    | 5,197      | (30)         |
| (14,719) | (13,618)   | 1,101        |

Movement from M10to M11

| YTD Plan | YTD Actual | YTD Variance |
|----------|------------|--------------|
| £000's   | £000's     | £000's       |
| (880)    | 1,036      | 1,916        |
| (12)     | (12)       | 0            |
| 631      | 661        | 30           |
| 4,335    | 876        | (3,459)      |
| 6,425    | (581)      | (7,006)      |
| 804      | 5,734      | 4,930        |
| 11,303   | 7,714      | (3,589)      |



# HWE ICS Revenue Financial Position – Month 11 Forecast Outturn (FOT) 2024/25

The tables below shows the Forecast Outturn position for HWE ICS, as at month 11, compared to original organisation plans. The ICB has provided System Support as part of these plans and is forecasting a further £5.35m of support will be available. This will be paid to Trusts pro-rata to deficits and taking into account their control totals.

At the point of writing this report, the methodology of distributing the additional resource of £5.35m across the trust had not been agreed, hence reported as ICS resource.

| HWE ICS | Control Total | Forecast Outturn | System Support | Final Forecast Outturn |
|---------|---------------|------------------|----------------|------------------------|
|         | £000's        | £000's           | £000's         | £000's                 |
| ENHT    | 1,000         | 1,836            |                | 1,836                  |
| HCT     | (328)         | (228)            |                | (228)                  |
| HPFT    | (1,013)       | (2,600)          |                | (2,600)                |
| PAH     | (4,977)       | (1,097)          |                | (1,097)                |
| WHTH    | (1,517)       | (10,096)         |                | (10,096)               |
| ICB     | 6,835         | 12,185           | (5,350)        | 6,835                  |
| ICS     | 0             |                  | 5,350          | 5,350                  |
| TOTAL   | 0             | 0                | 0              | 0                      |





# HWE ICS - Providers Agency Cap Compliance

The table below on the left compares the Month 11 and Month 10 compliance to the Agency Cap by each ICS Provider, which shows system achieving 0.1% improvement month on month.

The table below on the right shows the total provider agency spend is less than plan and is only 76.4% of annual ceiling at Month 11 compared to planned target of 82.9%.

| Reporting Month |      | 11   |      |      |      |               |
|-----------------|------|------|------|------|------|---------------|
| Orgn            | ENHT | HCT  | HPFT | PAH  | WHTH | ICS Providers |
|                 | %    | %    | %    | %    | %    | %             |
| YTD Plan        | 2.5% | 3.2% | 2.8% | 3.3% | 3.1% |               |
| YTD Actual      | 2.6% | 2.4% | 2.5% | 3.3% | 2.2% | 2.6%          |

|                                    |         |         |         |         |         |           |
|------------------------------------|---------|---------|---------|---------|---------|-----------|
| YTD Total Gross Staff Costs £000's | 399,503 | 111,611 | 236,518 | 258,264 | 345,573 | 1,351,469 |
| YTD Total Agency Spend £000's      | 10,260  | 2,669   | 5,966   | 8,633   | 7,690   | 35,218    |

| Reporting Month |      | 10   |      |      |      |               |
|-----------------|------|------|------|------|------|---------------|
| Orgn            | ENHT | HCT  | HPFT | PAH  | WHTH | ICS Providers |
|                 | %    | %    | %    | %    | %    | %             |
| YTD Plan        | 2.5% | 3.2% | 2.8% | 3.3% | 3.1% |               |
| YTD Actual      | 2.6% | 2.5% | 2.6% | 3.4% | 2.3% | 2.7%          |

|                                    |         |         |         |         |         |           |
|------------------------------------|---------|---------|---------|---------|---------|-----------|
| YTD Total Gross Staff Costs £000's | 362,208 | 101,377 | 214,934 | 233,939 | 313,019 | 1,225,477 |
| YTD Total Agency Spend £000's      | 9,516   | 2,500   | 5,614   | 7,994   | 7,273   | 32,897    |

| Reporting Month                                    |              | 11                  |  |
|--|--------------|---------------------|--|
| Description  | Value £000's | % of Agency Ceiling |  |
| HWEICS System level Provider Agency Annual Ceiling | 46,124       | 100.0%              |  |
| YTD Provider Agency Spend Plan                     | 38,254       | 82.9%               |  |
| YTD Provider Agency Actual Spend                   | 35,218       | 76.4%               |  |



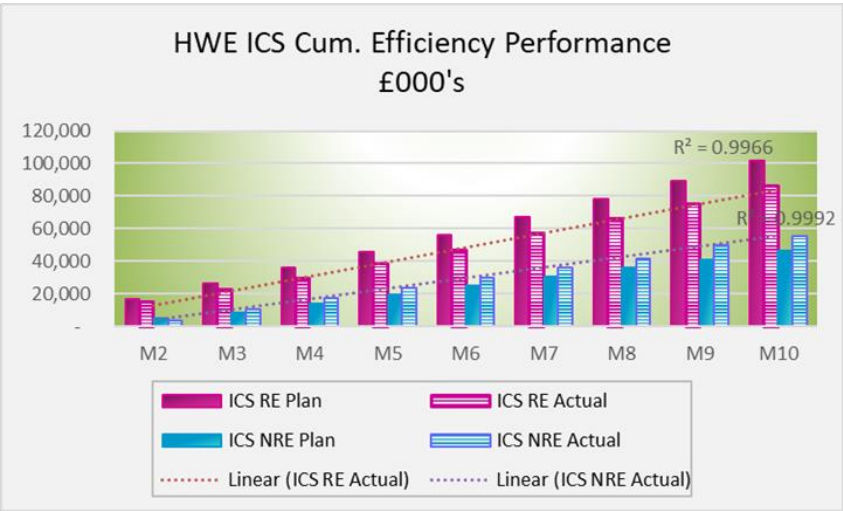
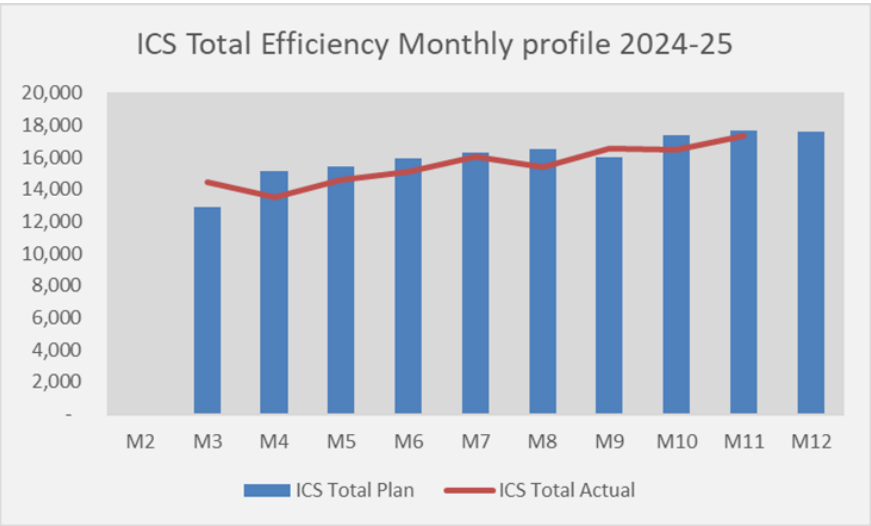


# HWE ICS - Efficiency Performance at Month 9 2024/25

ICS organisations have collectively delivered 96% of YTD efficiency target of £166m; of the total £159m delivered, £103m (65%) 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 11 2024/25



## HWE ICB Year To Date Position Detail – Month 11 2024/25

In Month 11 (February), the ICB reported a Year to Date (YTD) position of £10.931m underspend against the planned underspend of £6.031m. ICB YTD financial position improved by £5.734 from the reported position on the previous month.

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 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 provides a source of funding to mitigate the unidentified ICS Efficiency Target of £4.9m built into the original plan. The full £25m of System Support has therefore been delivered.

| Summary HWE ICB Expenditure Position<br>as at Month 11 (February) 2024/25 |                  |                   |                                    |
|---|------------------|-------------------|------------------------------------|
| Year to Date  |                  |                   |                                    |
| Budget<br>£'000   | Actual<br>£'000  | Variance<br>£'000 | Expenditure Category               |
| 1,706,116   | 1,702,875        | 3,241             | Acute Services                     |
| 295,201   | 290,036          | 5,165             | Specialised Commissioning          |
| 151,895   | 156,872          | (4,977)           | Continuing Healthcare (CHC)        |
| 297,232   | 295,835          | 1,397             | Community Health Services          |
| 305,373   | 305,420          | (47)              | Mental health Services             |
| 445,724   | 440,934          | 4,790             | Primary Care Service               |
| 217,004   | 222,347          | (5,342)           | Prescribing                        |
| 5,732   | 5,733            | (1)               | Other Commissioned Services        |
| 27,190  | 26,711           | 479               | Corporate Services (Running Costs) |
| 1,337   | 3,229            | (1,891)           | Other Programme Costs              |
| 52,672  | 50,583           | 2,088             | Service Development Funding (SDF)  |
| 7,033   | 1,002            | 6,032             | Reserves                           |
| <b>3,512,509</b>  | <b>3,501,578</b> | <b>10,931</b>     | <b>Total Expenditure</b>           |
|   |                  | 6,031             | Planned Underspend                 |
| <b>3,512,509</b>  | <b>3,501,578</b> | <b>4,900</b>      | <b>Month 11 Reporting Position</b> |



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# HWE ICB Forecast Outturn Position – Month 11 2024/25

At Month 11, the ICB reported a Forecast Outturn (FOT) position of £6.835m underspend, which is in line with the ICB’s agreed Control Total and after providing £5.35m of further System support to the Trusts.

| Summary HWE ICB Expenditure Position<br>as at Month 11 (February) 2024/25 |                           |                   |                                    |
|---|---------------------------|-------------------|------------------------------------|
| Annual Budget<br>£'000  | Forecast Outturn<br>£'000 | Variance<br>£'000 | Expenditure Category               |
| 1,867,811   | 1,864,618                 | 3,192             | Acute Services                     |
| 321,735   | 316,101                   | 5,634             | Specialised Commissioning          |
| 166,004   | 170,528                   | (4,524)           | Continuing Healthcare (CHC)        |
| 324,408   | 322,173                   | 2,235             | Community Health Services          |
| 334,377   | 334,119                   | 257               | Mental health Services             |
| 493,528   | 487,442                   | 6,086             | Primary Care Service               |
| 236,783   | 242,487                   | (5,704)           | Prescribing                        |
| 6,246   | 6,246                     | 0                 | Other Commissioned Services        |
| 29,449  | 29,449                    | 0                 | Corporate Services (Running Costs) |
| 21,157  | 31,016                    | (9,859)           | Other Programme Costs              |
| 60,432  | 57,751                    | 2,681             | Service Development Funding (SDF)  |
| 10,201  | 3,366                     | 6,835             | Reserves                           |
| 3,872,131   | 3,865,296                 | 6,835             | Total Forecast Outturn             |
|   |                           | 6,835             | Target Underspend                  |
| 3,872,131   | 3,865,296                 | 0                 | Variance to Control Total          |



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# HWE ICB – Prescribing Report Month 9 2024/25

Actual prescribing spend has increased according to IPP/PADM Report(month 9) for the comparable period of last year in contrast cost per item prescribed reduced for the same period. This cost per item prescribed reduction was achieved at the same time as items prescribed increased compared to the similar period previous year. HWE Prescribing cost growth in one of the lowest growth rates in England.

|                                    | April to Dec 2023 | April to Dec 2024 | Direction |
|------------------------------------|-------------------|-------------------|-----------|
| Gross Cost of Drugs before Rebates | £ 179,555,902     | £ 179,902,252     | ↑         |
| No of items Prescribed             | 21,425,958        | 22,110,635        | ↑         |
| Average cost of item prescribed    | £ 8.38            | £ 8.14            | ↓         |

Part of the increase in items will be associated with patient growth and NICE recommended drugs; however, it should be noted that there was growth in areas where the ICB was specifically targeting the improvement of health and prevention.

|  |
|--|
| <b>Top medicines driving prescribing growth (April to December 2023 compared with April to December 2024)</b>  |
| Seen 59% increase in items and cost of dapagliflozin and 13% increase in items and cost of empagliflozin. NICE recommends use of these in diabetes, CKD and heart failure.   |
| NICE recommends use of semeglutide and tirzepatide in diabetes and semeglutide is also recommended for managing obesity.   |
| Seen 150% increase in items and cost as using more triple inhalers where indicated   |
| Seen a 24% increase in items and 32% increase in costs associated with Glucose Sensor testing. NICE recommends use in diabetes   |
| Seen a 38% increase in items and 45% increase in costs of using sacubitril/valsartan. NICE recommends use for chronic heart failure  |
| Lipid regulating medicines - ICS priority area. Seen an increase of Ezetimibe items of 34% and due to price increase this has resulted in 106% increase in costs. Seen an 478% increase use of bempedoic acid/ezetimibe in line with best practice guidelines and 439% increase in costs |
| Estradiol is another high cost area where we have seen an increase of items of 14% and an increase in costs of 36%   |



## **HWE ICS - Capital Position at Month 11 2024/25**



# HWE ICS – System Capital Forecast at Month 11

## 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 also managed to secure £5.8m and £2.5m of capital by bidding against national capital programme slippage and national IFRS 16 contingency slippage, respectively. 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             |        |        |        |        |        |        |        |
| IFRS 16 Additional Allocation              | 2,500              |        |        |        |        |        |        |        |
| 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                 | 87,514             | 21,834 | 8,183  | 12,580 | 19,107 | 21,853 | 3,957  | 87,514 |
| Additional Approval from National Slippage |                    |        |        |        |        |        |        | -      |
| Allocations received as PDC to Trusts      | 5,800              | 2,200  |        |        |        | 3,600  |        | 5,800  |
| Total Allocations / Forecast Outturn       | 93,314             | 24,034 | 8,183  | 12,580 | 19,107 | 25,453 | 3,957  | 93,314 |