NHS HWE ICB Board meeting held in Public

Friday 27 September 2024

Latton Hall

Latton Bush Conference Centre

Harlow, CM18 7BL

12:30 - 15:30

Meeting Book - HWE ICB Board meeting held in Public

Agenda

	Part One - ICB Business		
12:30	**1. Welcome and apologies**		Chair
	2. Declarations of Interest- inc. Board register		Chair
12:33	**3. Minutes of last meeting held on Friday 26 July 2024**	Approval	Chair
	4. Action Tracker	Approval	Chair
12:35	**5. Chair's Report**	Assurance / Information	Chair
12:45	**6. Chief Executive Officer's Report**	Assurance / Information	Chair
12:55	**7. Governance Report**	Discuss/Approval	Chief of Staff
13:05	**8. Committee summary reports**	Information / Assurance	Committee Chair's
13:10	**9. Integrated reports for finance, performance, quality and workforce**	Assurance	ICB Executive Team
	Exception Reports		
13:40	**10. Quality Escalation Report**	Assurance	Director of Nursing
	11. Performance Report	Assurance	Director of Performance
	12. ICB/ICS In-Year Financial Report	Assurance	Chief Finance Officer
	Part Two - System, Leadership and Strategy		
13:45	**13. Mental Health Intensive and Assertive Outreach Review**	Information	Head of Integrated Health and Care Commissioning
13:55	**14. Deep Dive and Lived Experience: Objective 2: Increase healthy life expectancy, and reduce inequality**	Discussion	Rachel Joyce
14:55	**15. Question from the Patient Engagement Forum and members of the public**	Assurance	ICB Executive Team
	Closing Items		
15:05	**16. What would service users, patients, carers and staff take away**		All

from our discussions today?

15:15

Close of meeting

Date of next meeting: Friday 29 November 2024

Herts & West Essex Strategic Framework- 2022-2027

Our mission

Better, healthier and longer lives for all

We will achieve this by

- **Improving physical and mental health across our population**
- **Tackling unequal access, experience and outcomes**
- **Enhancing productivity and value for money**
- **Ensuring the NHS supports broader social and economic development.**

In the first 3-5 years we will

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

The ICB will deliver this by:

- Setting direction for the NHS in Hertfordshire and West Essex
- Allocating NHS resources fairly and effectively
- Supporting, equipping, and empowering our people
- Working with and pooling resources with our partners
- Enabling improvement and driving change, with a focus on quality
- Using data and evidence to generate insight and assess impact

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**27/09/2024**		
Report Title:	**Register of Interests**				**Agenda Item:**	**02**		
Report Author(s):	Gay Alford, IG and Governance Officer Jas Dosanjh, Governance Manager – Conflicts and Policies							
Report Presented by:	Chair and Governance Lead							
Report Signed off by:	Michael Watson, Chief of Staff							
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☒	**Information**	☒
Which Strategic Objectives are relevant to this report:	▪ Relevance to all five ICB Strategic Objectives							
Key questions for the ICB Board / Committee:	▪ Please see the 'Recommendations' section							
Report History:	▪ The full ICB Declarations of Interest Register is routinely reported to the Audit & Risk Committee in line with the Committee Workplan and Terms of Reference							
Executive Summary:	▪ The Board Register of Interests is maintained in line with the HWE Standards of Business Conduct Policy (incorporating Conflicts of Interest). ▪ All members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Where a conflict is identified, at the Chair's discretion, the person may be asked to leave the meeting while a particular topic is being discussed. ▪ At the point of drafting this report, Board member/regular attendee declarations that remain pending for 2024/25 are highlighted in yellow in the attached Committee Register.							

<table>
<tr><td>Recommendations:</td><td colspan="4">The Board is asked to:
Note the returned declarations and whether these reflect the current membership/regular attendees for this Committee,
Review any potential conflicts of interest that need to be managed at the meeting in accordance with the agenda,
Ask that any outstanding returns from Board members/regular attendees (highlighted in yellow) are submitted to hweicbwe.coi@nhs.net to comply with the 2024/25 annual refresh.
Remind members and regular attendees that - whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g., where an individual takes on a new role outside the ICB or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days. The revised declaration should be countersigned by their Line Manager or lead, and then forwarded to hweicbwe.declarations@nhs.net for logging.</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">N/A</td></tr>
<tr><td>Risk:</td><td colspan="4">N/A</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">N/A</td></tr>
<tr><td rowspan="3">Impact Assessments:</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
</table>

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

Hertfordshire and West Essex Integrated Care System

Herts and West Essex ICB Board Register of Interests

Name:		Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of Interest					Date of Interest		Action taken to mitigate risk
Surname	Foreame			Financial interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct interest	Indirect interest	From	To	
Bailey	Ruth	Non-Executive Member, NHS HWE ICB Deputy Chair. NHS HWE ICB Chair - ICB People Committee Chair ICB Remuneration Committee	Expert advisor to Boston Consulting Group in the Middle East on a public sector project that is not healthcare related.	√					2021	Ended 2022	Verbal declaration to be made at the beginning of any meeting when relevant and appropriate
			Associate HR Consultant for 3XO. Not engaged on any healthcare related projects.	√					2022	Ended 2022	
			Spouse is a Director in UK Health Protection Agency.					√	2016	Current	
			Executive Director of People and Organisational Effectiveness for the Nursing and Midclose relativery Council (job share)	√					2022	Current	
			Non-Executive member of South West London ICB.		√				2022	Current	
Burstow	Rt. Hon. Paul	Non-Executive Member, NHS HWE ICB Chair NHS HWE ICB	As Managing Director of Indy Associates Limited. The company is jointly owned by myself and my spouse and undertakes consultancy, advisory and public policy work. I have undertaken paid non-proprietary consultancy for AstraZeneca on two occasions in 2023 and at the point of making this entry two occasions in 2024. I also act as a paid senior adviser to the health practice of MHP Group. The role includes advising on health policy, government decision making, and the health system landscape. I chair, facilitate, and present at events organised by MHP Group with and for their clients in the pharmaceutical sector, patient advocacy groups, NGOs, and professional organisations.	-		-	-		May-15	Present	The company does not tender for work from NHS organisations. Should a discussion or paper relate to AstraZeneca, I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified. I play no part in any tendering, marketing, or lobbying work on behalf of clients of MHP Group. Should a discussion or paper relate to a client of MHP Group where I have been involved, I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified. If any NHS organisation within the ICS were to engage the MHP Communications, I would declare the interest and would take no part in the delivery of the work.
			I am chair of the trading charity, St Andrew's Healthcare. The charity provides a range of secure mental health services, primarily in the Midlands, and several community-based specialist services	-		-	-		Oct-20	Present	I play no part in the charity's tendering processes nor do I play a role in selecting contractors within the ICS. Should a discussion or paper relate to this provider, I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified.
			I am the chair of the CIC, Technology Enabled Care Services Association. The CIC mission is the product agnostic and non-proprietorial promotion of TEC and the setting and auditing of industry standards. The CIC also offers consultancy services to local government, housing associations, NHS etc	-		-	-		May-20	Ended Jul-24	I play no part in the CIC's tendering processes nor do I play a role in selecting contractors within the ICS. Should a discussion or paper relate to this provider, I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified.
Coats	Matthew	Senior Responsible Officer South West Herts HCP	2024/25 declaration of Interest to be completed								
Coles	Toni	Place Director - West Essex	Nil	-	-	-	-	-	-	-	-

Crudgington	Scott	ICB & ICB Strategy Committee Member by position (Interim Chief Executive of Hertfordshire County Council) Partner member, Local Authority, HCC	As Interim Chief Executive of Hertfordshire County Council, a number of my services including Public Health, Children and Adult Services will commission or be commissioned by the ICS to deliver services or programmes.	√					Apr-24	Mar-25	Where a decision on funding is required that involves HCC I will declare an interest and either leave the room or not vote.
Disney	Elizabeth	Director of Operations, HWE ICB	Close relative is employed by the ICB. Role sits in a different directorate, no line management overlap.	-	-	-	-	√	Jan-23	Ongoing	No involvement in recruitment process or decision to employ
Dugmore	Catherine	Non -Executive Member, NHS HWE ICB	Cambridgeshire Community Services NHS Trust, Non Executive Director	√					Apr-22	Present	Declare as required.
			Natural England, Board Member	√					Mar-18	Present	Declare as required.
			Housing 21, Board Member	√					Sep-21	Ended May-24	Declare as required.
			Aldwickbury School Trust, Governor			√			Nov-18	Present	Declare as required.
Elton	Sharn	ENH Place Based Director	Parish Councillor, Sutton Parish Council, Central Bedfordshire	-	-	√	-	-	May-23	Mar-27	-
Fernandes	Trevor (Dr)	GP Locality Lead - Dacorum Partner Member, Primary Medical Services	Salaried GP at Parkwood Surgery, Hemel Hempstead GP Trainer, GP Appraiser, Joint Injections	-	-	-	√	-	2020	To date	
			Registered with GP in Hertfordshire			√			1990	To date	
			My spouse works at: Michael Sobell Hospice, Northwood,Middlesex Fonthill Nursing Home, St Albans, Herts St Elizabeth's Centre, Perry Green, Herts	-	-		-	√	Various	To date	
			NHS Complaints Reviewer Birmingham and Solihill ICB Mid and South Essex ICB	√					Dec-22	To date	
			Outpatient at Royal Marsden Hospital London			√			Jan-23	To date	
			Community Medical Examiner employed by WHTHT.	√					Feb-22	To date	
Flowers	Beverley	Director of Strategy , HWE ICB Deputy CEO	Non remunerated Director role with Herts at Home Ltd a company established and fully owned by Hertfordshire County Council to provide care and support within the County. Herts at Home Ltd. Company number 11360947. Registered office address County Hall, Pegs Lane, Hertford, United Kingdom, SG13 8DE.)	-	√	-	-	√	01/01/2019	Ongoing	Declare at meetings where relevant. Exclude self from decision making process in meetings if necessary.
Halpin	Jane	Chief Executive Officer, NHS HWE ICB	Nil								-
Hammond	Natalie	Director of Nursing & Quality, HWE ICB	Spouse - company - Aqua Kare, leak detection.	√						Ongoing	Does not commission/tender for work.
Howard -Jones	Elliott	Role of CEO at Hertfordshire Community NHS Trust Partner Member - Community Provider Representative SRO - East & North Herts HCP	Nil			-	-	-	-		
Joyce	Rachel (Dr)	Medical Director	Married to an NHS consultant who works for East and North Herts Trust.	-	-	-	-	√	Jun-01	Current	To be logged on ICB DoI registers and declared if relevant in meetings/ work
			From 2018 I was a Director for Ranine Ltd - a company that provides private medical services by one consultant (spouse as above) to local independent hospitals. From 1st April 2022, I resigned my role as Director and now act as secretary who also holds shares in the company. The company does not however provide, or intend to provide, services to the NHS, social care, or NHS patients.	√	-	-	-	-	2018	Current	To be logged on ICB DoI registers and declared if relevant in meetings/ work
			Director of Castellan Homes Ltd, a family company for which I am a director.	√					2024	Current	It does not have and has never had a contract with the health or social sector - operating completely out of that environment.
Khan	Iram	Corporate Governance Manager - Board & Committees	Nil	-	-	-	-	-	-	-	-
Lavington	Adam	Director of Digital Transformation	Nil	-	-	-	-	-	-	-	-

Marcus	Tania	Chief People Office	Nil								
Marovitch	Joanna	Chair VCSFE Alliance VCFSE Allinace board member Regular Attendee ICB Primary Care Transformation Committee	CEO of Hertfordshire Mind Network	√					2021	Current	
Martin	Chris	Commissioning Director – Children, Mental Health, Learning Disabilities and Autism Essex County Council Partner member, Local Authority, ECC	Nil								
McCarthy	Lance	Partner Member, NHS and Foundation Trusts - Acute SRO - West Essex HCP	CEO of PAHT - provider in the system	√					May-17	Current	Verbal declaration to be made at the beginning of any meeting as appropriate
			Member of NHS Employers Policy Board		√				Jan-23	Current	Verbal declaration to be made at the beginning of any meeting as appropriate
Moberly	Nick	Non-Executive Member HWE ICB Chair - ICB Strategic Finance & Commissioning Committee	CEO MS Society UK	√					Jan-19	Present	
			Non-Executive Director, NHS Property Services	√					May-21	Present	
			Board Adviser/Acting Chair, Dr Mortons Ltd (with small shareholding)	√					Jan-21	Present	Mitigating steps to be taken surrounding Board or committee papers/agenda items.
			Trustee - Christian Aid			√			Dec-18	Present	
			Board member, MS International Federation			√			Jun-19	Present	
			Trustee, Medical Aid for Palestinians			√			Mar-24	Present	
Moodley	Pragasen	Partner Member for the ICB - Primary Medical services	Partner at Stanmore Medical Group 5 Stanmore Road, Stevenage, SG1 3QA	√	-	-	√	-	2004	Continuing	Verbal declarations to be made at the beginning of any meeting
			Director of AVM Medical. Suite 3 Middlesex House, Rutherford Close, Stevenage, Hertfordshire, United Kingdom, SG1 2EF. Company number 10507387 I use this company to carry out private medicals and nursing home ward rounds	√	-	-	√	-	2016	Continuing	
			Director North Stevenage PCN	√	-	-	√	-	2022	Continuing	
			Partner at Larksfield Medical Practice	√	-	-	√	-	2018	Continuing	
			Partner is a GP at King George Medical Practice	-	-	√	-	√	2016	Continuing	
Perry	Dr Ian	Partner Member, Primary Medical Services	GP Partner in Maynard Court Surgery	√	-	-		-	2013	To date	Verbal declaration to be made at the beginning of any meeting
			Epping Forest North PCN GP Partner	√					2019	To date	
			Stellar Healthcare Shareholder		-	-		-	2014	To date	
Pond	Alan	Chief Finance Officer, HWE ICB	I am the public sector appointed Director of Assemble Community Partnership Ltd (Company Number 06471276) and associated companies Assemble Fundco 2 Ltd (Company Number 08309498) Assemble Holdco 2 Ltd (Company Number 08309495) Wolverton Holdings (Company Number 08307564) Wolverton Fundco 1 Ltd (Company Number 08306830 Assemble Fundco 1 Ltd (Company Number 06471659) Assemble Holdco 1 Ltd (Company Number 06471233) Assemble (MKHQ) HoldCo Ltd (Company Number 06710941) Assemble (MKHQ) Ltd (Company Number 06711023) All of 128 Buckingham Palace Road, London, SW1W 9SA.			√			Jul-08	Current	My role on the Board of the LIFT Company Group is to represent the interests of the local public sector, provide insight, but also to oversee the financial and governance arrangements of the companies. The Group of Companies was created to provide benefits to the NHS locally and a conflict is highly unlikely to occur. Should any conflict of interest arise, I would excuse myself from both parties for the relevant matter and should an ongoing conflict arise I would resign my director position with the Group of Companies.
			My Partner is a GP Partner of a Practice associated with HWE ICB (at Haverfield Surgery, Kings Langley) and is engaged as a clinical lead by the HWE ICB.	-	-	-	-	√	Aug-10	Current	On matters relating to primary care generally, I would always declare my relationship to my partner so anyone could question me on my motives. For matters relating specifically to Haverfield Surgery only, I will excuse myself from any discussion and take no part in any decision making. I will keep confidential any information I receive that could be of benefit to Haverfield Surgery and/or my partner.

Randhawa	Professor Gurch	Non Executive member, NHS HWE ICB Chair - ICB Strategy Committee Vice Chair - ICB Strategic Finance & Commissioning Committee	Professor of Diversity in Public Health & Director. Institute for Health Research University of Bedfordshire. Honorary Academic Contract, UK Health Security Honorary Academic Contract, Office for Health Improvement & Disparities Expert Advisor, NICE Centre for Guidelines, UK Facilitator, faculty of Public Health accredited Practioner Program, UK Faculty of Public Health Non-Executive Director, Forestry England. Adjunct Professor, Ton Due Thang University, Vietnam, Trustee, Race Equality Foundation, UK National Member, National Black and Minority Ethnic Transplant Alliance, UK Member, British Medical Association Ethics Committee, UK Deputy Lieutenant, Bedfordshire Patron of the Bedfordshire Rural Communities Charity Ambassador, Keech Hospice Care Volunteer, Luton Sikh Soup Kitchen Junior Cricket Coach, Harpenden Cricket club							Current	All interests declared with all parties.
			Patient, Davenport House surgery, Harpenden							Current	To be declared as appropriate.
			Extended family member employed by Harpenden Health PCN							Current	To be declared as appropriate.
Sewell-Jones	Adam	Chief Executive East & North Herts NHS Trust Joint Senior Responsible Officer East & North Herts HCP	Nil								
Shah	Avni	Director of Primary Care HWE ICS	Spouse works for a Pharmaceutical Industry – Scope, who distribute a number of eye products across the UK.					√	Nov-20	Current	As Director of Primary Care I am not directly involved in the local decision making process of new drugs hence managing conflict
			Spouse provides supervision and support via CPPE to foundation year community pharmacist who required support. This is commissioned through HEE and covered London and South East Area					√	Apr-23	Current	This is commissioned directly from HEE to CPPE hence NO involvement in commissioning and contracting of this
Shattock	Frances	Director of Performance	Nil	-	-	-	-	-	-	-	-
Stober	Thelma	Non-Executive Member, NHS HWE ICB Chair - ICB System Transformation and Quality Improvement Committee	Patient , Surgery Berkhamsted	-	-	√	-	-	2018	Current	HWE Conflict of interest Policy . NHS England » Managing conflicts of interest in the NHS and Best practice in corporate governance
			Patient, RNOH Stanmore			√			2005		
			Patient, Stoke Mandeville Hospital			√			2010		
			Employee of Local Government Association	√	-	-	-	-	2013	Current	
			Trustee of London Emergencies Trust			√			2017	Current	
			Trustee of the National Emergencies Trust			√			2020	Current	
			Non-Executive Director, Peabody Trust Non-Executive Director Peabody Trust Board Thamesmead Committee Communities Committee			√			2021	Current	
			Deputy Lieutenant Greater London			√			2022	Current	
Surgenor	Simone	Deputy Chief of Staff - Governance & Policies, NHS Herts & West Essex ICB	Director of Select Project Management Ltd	√	-	-	-		2011	Ongoing	Family company. No contracts held in the health and care sector
			Dependant with Type 1 Diabetes	-	-	-	-	√	2019	Ongoing	Declaration made in meetings where papers or discussions relate to this condition.
			Community Governor – Colne Engaine C of E Primary School (school run by the Vine Schools Trust). Formal appointment pending checks. This role sits at Board level.			√			TBC		The school sits outside of the ICBs geographical area. Declarations will be made in meetings where papers relate to relevant educational matters.
Taylor	Karen	Chief Executive Officer - Hertfordshire Partnership University NHS Foundation Trust	Chief Executive and employee of HPFT	√					Dec-21	Current	Declare interest
			Board Trustee - NHS Providers		√				Jul-23	Current until Jul-26	Declare interest
			East of England Provider Collaborative Lead CEO 2024		√				Jul-24	Current	Declare interest
Turnock	Philip	Managing Director of HBL ICT Shared Services	Nil	-	-	-	-	-	-	-	-
Watson	Michael	Chief of Staff, NHS HWE ICB	Nil	-	-	-	-	-	-	-	-
Webb	Matthew	ICB Place Director - S&W Hets	Partner is employed as an Associate Director with ArdenGem Commissioning Support Unit	-	-		-	√	Apr-24	Continuing	To be declared when appropriate

			close relative is an employee of Central & North West London NHS Trust	-	-	√	-	√	Dec-20	Ended	
			Close relative is employed in the Talking therapies service at CNWL NHS Trust					√	Apr-24	Present	To be declared when appropriate
Wightman	Lucy	Partner Member, Local Authority	Member of international Advisory Panel for Academic Health Solutions	√					Apr-22	Present	Exclusion from related/conflicted agenda items/papers
			Board Member for Northamptonshire Sport		√				Apr-22	Present	Exclusion from related/conflicted agenda items/papers
			Member of Reform Health Council						Sep-22		Exclusion from related/conflicted agenda items/papers
			Board Member for Intelligent Health & Sport England Advisory Board		√				Aug-22	Present	Exclusion from related/conflicted agenda items/papers
			Student at Anglia Ruskin University		√				Jan-23	Present	Exclusion from related/conflicted agenda items/papers

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

DRAFT MINUTES

Meeting:	**NHS Herts and West Essex Integrated Care Board** **Board meeting held in Public**			
	Meeting in public	☒	*Meeting in private (confidential)*	☐
Date:	**Friday 26 July 2024**			
Time:	**11.30am - 2.30pm**			
Venue:	**The Forum, Hemel Hempstead and remotely via MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Paul Burstow (PB)	ICB Chair	Herts and West Essex ICB
Catherine Dugmore (CD)	Non-Executive Member	Herts and West Essex ICB
Trevor Fernandes (TF)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Natalie Hammond (NH)	Director of Nursing and Quality	Herts and West Essex ICB
Tom Hennessy (TH) Deputy for Scott Crudgington	Director Health and Integration	Hertfordshire County Council
Elliot Howard-Jones (EHJ)	Joint SRO ENH Health & Care Partnership	Herts and West Essex ICB
Lance McCarthy (LM)	SRO West Essex Health & Care Partnership	Herts and West Essex ICB
Chris Martin (CM)	Commissioning Director	Essex County Council
Nick Moberly (NM)	Non-Executive Member	Herts and West Essex ICB
Prag Moodley (PM)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Ian Perry (IP)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Alan Pond (AP)	Chief Finance Officer	Herts and West Essex ICB
Gurch Randhawa (GR)	Non-Executive Member	Herts and West Essex ICB
Adam Sewell Jones (ASJ)	Joint SRO ENH Health & Care Partnership	Herts and West Essex ICB
Thelma Stober (TS)	Non-Executive Member	Herts and West Essex ICB
Karen Taylor (KT)	SRO Mental Health & Learning Disability Health & Care Partnership	Herts and West Essex ICB
In attendance:		

Beverley Flowers (BF)	Director of Strategy	Herts and West Essex ICB
Mark Edwards (ME)	Associate Director for Workforce Transformation	Herts and West Essex ICB
Sarah Hannington (SH)	Interim Programme Director for Children and Young People	Herts and West Essex ICB
Iram Khan (IK)	Corporate Governance Manager	Herts and West Essex ICB
Sharon McNally (SM)	Deputy Chief Executive	Princess Alexander Hospital Trust
Simone Surgenor (SS)	Deputy Chief of Staff – Governance and Policies	Herts and West Essex ICB
Michael Watson (MW)	Chief of Staff	Herts and West Essex ICB
Tracey Norris (TN)	Meeting Clerk	HFL Education
Via Microsoft Teams:		
Rachel Joyce (RJ)	Medical Director	Herts and West Essex ICB
Joanna Marovitch (JM)	Board Member, VCSFE Representative	Herts and West Essex ICB
Michelle Campbell (MC)	Head of Primary Care Contracting	Herts and West Essex ICB

ICB/54/24	**Welcome, apologies and housekeeping**
54.1	The Chair welcomed all to the meeting. He confirmed that this was not a public meeting but a meeting being held in public (members of the public were welcome to attend to observe the meeting).
54.2	Apologies for absence had been received from: • Jane Halpin • Matthew Coats • Ruth Bailey • Scott Crudgington (represented by Tom Hennessy) • Tania Marcus (represented by Mark Edwards) • Frances Shattock • Elizabeth Disney • Toni Coles • Matt Webb • Avni Shah Joining via MS teams were: • Joanna Marovitch • Rachel Joyce
ICB/55/24	**Declarations of interest**
55.1	The Chair invited members to update any declarations relating to matters on the agenda and reminded them of their responsibility to update their declarations, for example when they had ceased an association with an organisation. All members declarations were accurate and up to date with the register available on the website: Declaration of interests – Hertfordshire and West Essex NHS ICB
ICB/56/24	**Minutes of the previous meeting**
56.1	**The minutes of the previous meeting held on Friday 24 May 2024 were approved as an accurate record.**
ICB/57/24	**Action Tracker**
57.1	There were no outstanding actions.
57.2	**The Board noted the updates to the action tracker.**
ICB/58/24	**Chair's update report**
58.1	The Chair referred to his report (see pages 20-25 of the document pack) drawing the board's attention to the following: • He welcomed Trevor Fernandes as the newly appointed Partner Member. • He congratulated all new and returning members of parliament within Hertfordshire and West Essex (HWE) and thanked those that were retiring for their services to their constituents and the locality during the previous parliament. • A new approach to Deep Dive's had been agreed, each meeting would focus on one of the medium-term priorities. Today's focus would be children (see agenda item 66/24), health inequalities would be reviewed in September. • Following the unexpected death of Ogechi Emeadi, the Chair expressed his sincere condolences to family, friends and colleagues, and a minute's silence was held.
58.2	There were no questions arising.
58.3	**The Board noted the Chair's update**
ICB/59/24	**Chief Executive Officer's report**

59.1	Beverley Flowers (BF) presented the CEO's report on behalf of Jane Halpin (see pages 26-43 of the document pack) drawing the board's attention to the following: • The format of the CEO's report had changed to better reflect the work ongoing across the system to achieve the Medium Term Plan (MTP) and core objectives; It was expected that the format would evolve over the coming months. • The report would not capture everything but hoped to provide a flavour of the pace and variety of initiatives across the system. • The draft report for three-year performance of in-patient services for mental health standards would be uploaded to the HWE website shortly.

59.2	Questions and comments were invited:
	• The shift in the ICP's approach to obesity and the impact of environmental factors was noted as this would have implications for local authorities and NHS providers.
	• The use of technology and AI had been a discussion item at the recent health and wellbeing board; a wider discussion on this would be arranged; HCC was already linking up with the ICB and HCT to identify technology to support healthcare monitoring, for example.
	• An Executive Sub-Group had been created to ensure alignment of our strategies and plans, and to track delivery of our priorities. This includes considering the key enablers, the gaps and the progress being made.
	• Board members found the new format helpful; it provided a rich overview. They suggested areas where the report could be further developed:
	  ○ Inclusion of the voluntary sector; and
	  ○ Tracking of outcomes against priorities/RAG rating.

59.3	**The Board noted the CEO's report**
ICB/60/24	**Governance Report**
60.1	Michael Watson (MW) presented the governance report (see pages 44-50 of the document pack) and sought approval for the following: • Strategy Committee terms of reference • ICB's standing financial instructions
60.2	Questions and comments were invited: • Risk 681 – the risk score was high (16) but no rationale had been provided? Avni Shah was the owner of this risk, she would respond to this question outside of the meeting. • Were the risks relating to potential closures of general practice adequately captured? This was the biggest element of risk to service provision within primary care and was being carefully tracked. Some practices were seeking to merge which could be part of an exit strategy. Members of the executive were aware of the financial pressures GPs were under.
60.3	***ACTION: Avni Shah to provide rational for Risk 681***
60.4	**The Board approved the updated terms of references and scheme of reservation and delegation and noted that the Chair had appointed Trevor Fernandez as the new partner member and the updated Board Assurance Framework.**
ICB/61/24	**Integrated report for finance, performance, quality and workforce**
61.1	**Finance overview:** Alan Pond (AP) summarised the financial position: • The ICS had projected a £20m deficit by year end (31 March 2025), this position has deteriorated. Context: the cumulative deficit of all ICS's nationally was £2.2bn. • Month 2 forecast deficit: £12.7m vs actual deficit of £16.4m. • Month 3 forecast deficit: £19m vs actual deficit of £27m. This was expected to fall by the end of the first quarter to £22m (funds set aside for industrial action = £2m, mismatch between timing issues and projects starting = £3m).

	• To achieve the agreed £20m deficit by year end, in addition to all planned efficiencies being met, it was essential for providers to continue to increase elective capacity; this would increase earnings. • CHC remained a large cost are and an improvement plan would be drawn up with local authority colleagues to address this.
61.2	**Performance overview:** MW provided the following update on behalf of Frances Shattock: • Emergency urgent care performance: improving data. • Elective waiting times grew in April and May; there had been 83 x 78 week wait breaches. Children and young people were more adversely impacted than adults. • Continuous Health Care: challenges in managing the balance between cost and health need. The 28-day standard had been hard to achieve. • Cancer: 28-day faster diagnostic standard performance has fallen by 5.7% in the last two months but was above the 75% target. 62-day performance; better than National and Regional and meeting 70% target. 31-day performance: just below national target of 96%. • The outcome of the GP's ballot re industrial action was not yet known.
61.3	**Workforce overview:** Mark Edwards (ME) provided the following update on behalf of Tania Marcus: • Vacancy control processes were in place. • Constant review of bank and agency rates. • Bank and agency staff were currently slightly over plan by 11% and 2% respectfully. • The pay bill was running 1% over plan. • HPTF had made good progress reducing agency use and spend. • Risks: medical, dental and SDT.
61.4	**Quality overview:** Natalie Hammond (NH) provided the following update: • Ophthalmology: was a focus for HWE as well as the national team. • Wheelchair service: this was a new escalation and support was being planned. • Measles: 173 cases had been recorded in England since 3 June 2024 of which 13% were in the East. The task and finish group remained in place. • *C-diff:* Cases remained above national levels. A system wide action plan was in place. • A quality improvement network event was recently held; this had been a successful event at which best practice was shared and the strategic ambitions reviewed.

61.5	Questions and comments were invited:
	• The CEO's report highlighted the areas where priorities were being met, but these were not yet having a positive financial impact; the financial lag of some investment decisions was noted.
	• Efficiency targets would be challenging to achieve for all providers. This had been discussed in detail at the Strategic Finance and Commissioning Committee; were the right resources available in each area to achieve reductions targets for example.
	• The changing demographic (aging population) presented challenges that would impact services and costs.
	• Strategic investment plans: all large capital projects were related to national programmes, which the ICS could bid for. The capital allowance in the delegated funds would continue to be fully spent each year on equipment replacement.
	• The ICS had been asked to provide a 10-year estates infrastructure plan to NHSE.
	• Some of the initiatives in place to reduce waiting times for elective care were shared:
	  ○ Temporary theatre at PAH for two years; this would increase capacity by 9%.
	  ○ Focus on ophthalmology in response to the clinical risks around the waiting time for eye surgery.
	  ○ Teams on all sites were maximising throughput.
	  ○ Collaboration between ENHHT and Acute to expand hubs and recruit additional consultants, weekend schedules had been mapped out.
	  ○ First meeting of the Acute Collaborative would take place w/c 29 July; this would focus on elective recovery, best use of data.

	• The Chair noted that nine ICS's currently had deficits of over £100m. HWE was one of eleven ICS's who had been "put on notice" by NHSE; work was in hand to respond to requests for further information on actual vs budget. • The drive for efficiencies were necessary but patient care could not be compromised and clear comms were needed for any changes to services. • Changes to primary care contract would have repercussions for finance and workforce. • Pressures on beds within mental health services was highlighted. Within HPFT, a temporary ward closure had reduced beds by 20%, which has led to a number of patients being placed out of county for their inpatient care and had increased costs materially over the period. It was noted that capital for MH remains a key issue. • The management of waiting lists was raised, the inequality between children's and adult services was highlighted and the need to provide reassurance for families on waiting lists that they had not been forgotten. It was noted that this was already being provided on a small scale in collaboration with the voluntary sector "Advantage" was a helpline run by parents who had experienced the system themselves. • BF noted that the oversight of vacancies within the system had highlighted the high turnover of staff, particularly in administrative positions.
61.6	**The Board noted the integrated reports for finance, workforce, quality and performance**
ICB/62/24	**Quality Escalation Report**
62.1	See pages 65-93 of the document pack
62.2	**The Board noted the Quality Report**
ICB/63/24	**Performance Report**
63.1	See pages 94-150 of the document pack.
63.3	**The Board noted the Performance Report**
ICB/64/24	**ICB Finance Report**
64.1	See pages 151-171 of the document pack.
64.2	**The Board noted the ICB Finance Report**
ICB/65/24	**Committee Summary Reports**
65.1	See pages 172-190 of the document pack.
65.2	**The Board noted the Committee Summary Reports**
PCB/66/24	**Deep Dive: Priority 1: Ensuring Every Child has the best start in life**
66.1	Elliott Howard Jones (EHJ), Beverley Flowers (BF), Sarah Hannington (SH), Michelle Campbell (MC) and Natalie Hammond (NH) presented this deep dive (see pages 191-211 of the document pack): • Challenge: children have as many issues/needs as adults; these could not be adequately covered under the umbrella term "children" or just one deep dive. • Factors outside of health were fundamental; socio-economic, education, family. • A more holistic approach to developmental services would be welcomed. • Children were continually developing; urgent intervention and care was needed, otherwise they would fall behind their peers and their life chances would be diminished. <u>Urgent and emergency pathways (BF):</u> • Improvements to websites for families and young people to self-manage conditions and signpost systems. • Review of pathways within UCT/PCN hubs. • What does early support look like to prevent crisis and how can technology assist this.

	• Analysis/review of demand and use of 111/management of minor illnesses. • Sharing and implementing best practice from neighbours, eg Suffolk. <u>Reducing waiting lists/SEND (SH):</u> • S&L catch up clinics have been successful. • Audiology: system wide initiatives – ABRs undertaken by HCT. • ASD/ADHD: Successful trial of neurodiversity support hubs. • "Understanding my autism" training has been rolled out. • JADES pathway in West Essex would be expanded to meet rising demand. • A flow chart of new services was shared – see page 198 of the document pack. • HCC SEND action plan in place following RI judgement in July 2023, this had seen the reduction in waiting lists and the time taken to produce/approve EHCPs (education health care plans). • The rise in referrals seen since covid had not fallen; this was the new normal. • SEND data dashboard created; QA framework developed and feedback loop for parents/carers established. • Essex SEND inspection was due in Q4 2024. <u>Saving babies: NH</u> • There were six elements to the care bundle to reduce neo-natal fatalities (see page 207 of the document pack). • Notable achievements had been made and pathways embedded, specifically in smoking cessation, interventions for diabetic mothers, compliance with first temperature readings. • Specialist midwives had been recruited. • Reductions in length of stay in hospital and admissions to specialist care baby units. • User's voice; what does the mother need. <u>Dentistry: MC</u> • Roll out of dental checks in residential/special schools. • Business case for child-focused dental practices pilot in targeted areas. • Alignment of work programmes across Herts and Essex. • Expansion of epidemiology survey. • The oral health alliance (no meeting held since 2023) would be refreshed and focus on all age ranges starting with young people and children. • Flexible commissioning programme for high street dental contracts. • Healthwatch Q3 children's oral health review.
66.2	Questions and comments were invited: • The focus on the whole child was welcomed. • The development of a virtual ward for young people should be explored. • Mental health teams/professional were deployed to c40% of schools – this needed to expand, and has been identified as a key priority by the incoming government. • Visibility of children (as a cohort) in all strands of care needed to be better developed. • Equity of access/use of technology for children vs adults was discussed. RJ noted that there were specific pulse oximeter readers for children which could be adjusted for skin colour, for example. • Structural/transport issues were raised; estates were in the process of being re-mapped against transport routes. • Co-commissioning of services provided in one location/hub was a successful model to be replicated, eg Tree House in Harlow. • Health outcomes of children in care were lower than their peers. • Long term view: improving provision in children's mental health services (early identification and support) would ultimately reduce pressure in adult mental health. • The MTP review will identify and track metrics to see how well objectives were being met. • Partner members described the daily presentations at practices of neurodiverse children seeking referrals; waiting lists were growing. • Other areas pertinent to children were raised; malnutrition, inequality and obesity. RJ noted that research into the link between maternal obesity and childhood obesity had

	been prioritised. The roll out of continuous glucose monitoring had also prioritised children.
	• Preventative agenda in the wider system:
	  ○ Could/should schools do more in the health space?
	  ○ Licencing laws – did these need to change?
	  ○ Better public spaces
	  ○ Messaging and behaviours
	• SD highlighted the massive programme of work delivering support in schools for neurodiverse pupils, including, trauma informed training, PDA training, Affinity Programme (restorative).
	• Tom Hennessey offered to share the action plan from the HCC Health and Wellbeing Board with board colleagues.

66.3	**The Board noted the deep dive on Objective 1: Ensuring every child has the best start in life**
ICB/67/24	**Questions from the public**
67.1	MW summarised the questions from the public which had been submitted in advance of the meeting and were set out together with the ICB's response at pages 212-215 of the document pack. He thanked the Patient Engagement Forum for tabling these questions.
ICB/68/24	**What would service users, patients, carers and staff take away from our discussion today?**
68.1	The following observations were made: • The enormity of the challenges facing the system could not be understated against a backdrop of financial constraint. This had been highlighted by the deep dive into children but applied to virtually all sectors/cohorts. • The focus on priorities within the MTP had generated meaningful discussion.
ICB/69/24	**Any other business**
69.1	The Chair thanked Lance McCarthy for his challenge, support and leadership during his time as a board member, his contribution would be much missed.
Date of next meeting: Friday 27 September 2024	
The meeting closed at 2.37pm	

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Herts and West Essex Integrated Care Board Board Meeting Action Tracker Last updated on 17 September 2024								
Private / Public	**Action Tracker Ref No**	**Date of Meeting**	**Subject**	**Action**	**Responsible Lead**	**Deadline Date**	**Comments and Updates**	**Status**
PUBLIC	60.3	26/07/2024	Governance report	**Avni Shah to provide rational for Risk 681**	Avni Shah	**27/09/2024**	**13/08/24 – Risk remains rated at 16 – Likely/Major. Collective Action largely commenced from 1st August onwards following BMA ballot outcome, although it remains far too early to assess the extent & impact of the potential action.** **There are 10 potential actions practices may choose to implement. Of greatest concern is that to Limit daily patient contacts per clinician to 25. Divert patients to local urgent care settings once daily maximum capacity has been reached.** **NHSE national projections suggest this could lead to an up to 30% reduction in GP appts, with resulting patient impact & alternative services such as 111 & UEC.**	**Closed**

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

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**27/09/2024**	
Report Title:	**Chair's update report**				**Agenda Item:**	**05**	
Report Author(s):	With contributions from the ICB Executive Team and Partner Members						
Report Presented by:	Paul Burstow, ICB Chair						
Report Signed off by:	Paul Burstow, ICB Chair						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Increase healthy life expectancy and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the number if citizens taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually						
Key questions for the ICB Board / Committee:	N/A						
Report History:	N/A						
Executive Summary:	This report provides the ICB Board with a high-level update of the range of key operational & transformational workstreams across the organisation and wider system.						
Recommendations:	The Board is asked to note the contents of the report.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						
Implications / Impact:							

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

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Chair's Report

As we approach the mid-year mark, today's meeting provides an opportunity to reflect on our progress as a system. We have seen significant milestones, such as the approval of our Medium-Term Plan (MTP), sustained improvement in Urgent and Emergency Care, and encouraging progress in elective care. However, we must also acknowledge the challenges ahead, especially in maintaining these improvements while delivering on our financial plan, as outlined in today's agenda.

The Darzi Review

Upon taking office, the Secretary of State commissioned a rapid review of the NHS led by Professor Ara Darzi. The findings, recently published, resonate with the experiences of our residents and NHS staff. While the NHS is described as being in critical condition, its "vital signs" remain strong reflecting our shared commitment to work together as a system to meet these challenges.

One key area Darzi addresses is the rising prevalence of multiple health conditions in an ageing population. This aligns with our Medium-Term Plan priorities. The report also critiques the failure to shift care closer to home, referred to as the "left shift," while warning of a "right drift" towards hospital-based care. The report's seven themes echo our system's MTP goals:

1. Re-engage staff and re-empower patients.
2. Lock in the shift of care closer to home by hardwiring financial flows.
3. Simplify and innovate care delivery for a neighbourhood NHS.
4. Drive productivity in hospitals.
5. Tilt towards technology.
6. Contribute to the nation's prosperity.
7. Reform to make the structure deliver.

These themes provide a useful framework for evaluating our own plans and actions. Notably, the review also emphasises the importance of system-wide collaboration and not conflating this with efforts to better integrate our services around the patient. Darzi also calls for reforms to the capital planning process, a sentiment we share.

I also welcome Darzi's call for clarity on the roles and accountabilities of Integrated Care Boards (ICBs), which would help balance management resources across the NHS structure as ICBs continue to evolve.

His conclusion—that many solutions already exist within the NHS—resonates with our belief that the starting point for tackling the challenges ahead lies in the wealth of best practices that we already have, a philosophy we embrace in Hertfordshire and west Essex.

Secretary of State's Visit to West Essex

In August, we were pleased to host the Secretary of State in one of his first visits since the General Election. During his visit, he:

- Toured St. Margaret's Hospital in Epping.
- Met with integrated NHS, social care, and voluntary teams showcasing innovative care models, including virtual "hospital at home" wards and the Falls Car initiative.
- Visited a GP surgery in Harlow.
- Held a "Town Hall" meeting with health leaders from across the region.

I was delighted he met such dedicated teams working innovatively to provide timely, appropriate care for patients. We're proud of our ground-breaking approach, which blends face-to-face care with digital health technologies, ensuring that older patients receive the right care at the right time and place and their families have peace of mind.

ICP Meeting - 24th September

This week, I joined colleagues for the latest Integrated Care Partnership (ICP) meeting. Our Medium-Term Plan commits us to continued collaboration within the partnership, especially on issues like healthy living, prevention, and health inequalities.

At the meeting, we discussed a strategy to tackle childhood obesity through a whole systems approach. The strategy emphasizes the complexity of obesity, highlighting the need for collaborative efforts across various sectors, including, local government, education, and that action spans far beyond solutions that the NHS alone can deliver. It also stresses the importance of addressing wider environmental and societal factors influencing obesity rates. This work will be a central focus for the ICP moving forward.

Visits Across the System

Two key elements of the Medium-Term Plan are driving integrated care and delivering more care closer to home. Recent visits to our Unscheduled Care Hub and Hospital at Home teams showed these shifts in action.

Health and Care Awards 2024

I am delighted to announce that Valerie Brown-Beckford, our Inclusive Career Development Programme Lead & Training Manager, has been shortlisted for two categories in the 5th Annual B.A.M.E. Health & Care Awards: Educator of the Year and Outstanding B.A.M.E. Achievement of the Year. Her recognition is a testament to the success of our Inclusive Career Development Programme, which supports the development of underrepresented groups in Bands 2-4 and 5-7.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Board meeting held in Public		**Meeting Date:**	**27/09/2024**
Report Title:	**Chief Executive Officer's report**		**Agenda Item:**	**06**
Report Author(s):	With contributions from the ICB Executive Team and Partner Members			
Report Presented by:	Jane Halpin, Chief Executive Officer			
Report Signed off by:	Jane Halpin, Chief Executive Officer			

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

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

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				

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

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Chief Executive Officer's Report

At the beginning of my report to the September Board, I would like to begin by taking this opportunity to recognise the distress and concern caused by the racially motivated unrest that occurred across the country earlier in the summer. Whilst we will all be pleased at the speed of the action taken to bring those responsible to justice, and that the unrest appears to have calmed, I know that it will have had a lasting impact on many of our colleagues.

Within the ICB we have held several meetings to give colleagues affected the opportunity to discuss those concerns, and I am aware that many of our system partners have done the same. I know that all who attended those meetings found the experiences of discrimination shared by colleagues, both historic and present, both abhorrent and humbling. The events of this summer are a reminder of the work we need to do in our country and within our health service to tackle discrimination.

General updates:

Financial performance

The board will today receive an update on the financial performance of the system in M5. We should recognise the significant amount of work that has taken place across our system to reverse the trajectory away from plan we saw at the beginning of the year. However in doing so, we will all be very conscious of the work that still needs to be done to ensure we achieve our plan for 24-25.

ICB Prescribing Update

One example of the work taking place to support delivery of the plan is the ICBs Pharmacy and Medicines Optimisation team- working with partners across the system.

As a result of their work, we have recently reported a reduction in overall prescribing spend. There has been a negative growth in cost for the year to date of -1.56%, when compared with the same period in 2023. For comparison purposes, the figure for April to June last year was £59,036,266 and this year's reduction has given rise to a final figure of £58,114,428 during the same quarter.

Despite this cost reduction, more patients have been treated, with 7,231,220 items being prescribed between April and June of this year, whilst 6,978,576 items were prescribed during the same months in 2023.

The Pharmacy and Medicines Optimisation team have worked incredibly hard and have continued to focus, as they always do, on ensuring that the local NHS gets the best value from the prescribing budget. I know that there are plans for further work to support efficiencies and I look forward to being able to provide further updates from the team throughout the rest of this financial year.

The Darzi review

As the Chair has recognised in his report to today's board, the findings of the Darzi Review will be both familiar to many of us, and a reminder that we have so much to do both within our system and the wider NHS.

I look forward to working with colleagues over the coming months to ensure that the voice of Hertfordshire and West Essex is loudly heard as the 10-year plan for the NHS is developed.

However, we should recognise that the changes the Government is seeking to make through that plan, in particular a greater focus on prevention, care at home or in the community and digital transformation, are entirely consistent with our own Medium-Term Plan.

Visit to the Lister Diamond Jubilee Maternity Unit

Last month I was pleased to have the chance to visit colleagues working at the Lister Hospital's Diamond Jubilee Maternity Unit. I met with senior leaders for the maternity service and some of the wider team, who kindly gave up some of their morning to talk with me and show me around.

I was impressed by the positive multidisciplinary approach to delivering care that is apparent across the unit. The facilities were in very good order and a sense of calm pervaded, providing pleasant surroundings for both staff and service users. Like most maternity units, it was a hive of activity, but this never became overwhelming, and the environment remained quiet and peaceful.

It is evident that a drive for innovation informs the unit's ethos, including an approach that has been developed to better meet the needs of neurodivergent women. We also spoke about the Trust's new Maternity Electronic Patient Record (EPR) which launched at the end of July. The My Pregnancy Notes online maternity hub creates an electronic record from the moment a woman presents for maternity care which is carried forward throughout pregnancy, birth, and the postnatal period. This record will facilitate end-to-end conversations and updates between clinicians and service users, enabling parents to access information in real-time.

An explainer video for service users, detailing what My Pregnancy Notes enables, is now available via the Trust's YouTube account.

My thanks go to those who facilitated the visit and I look forward to hearing further updates from the unit during the months ahead.

Hertfordshire and West Essex Surgical Hub

A new surgical hub is due to open in spring 2025 at St Albans City Hospital. The hub is being developed in a collaboration between Hertfordshire and West Essex Integrated Care Board and the three acute trusts within the system. The development of the hub aims to increase dedicated capacity for elective surgical care within the ICS, with provision of two new operating theatres.

This additional capacity will provide patients with faster access to surgery, reduce waiting times and improve clinical outcomes and experience across the system.

Last month NHS Providers featured the hub development in the second instalment of their Provider Collaboratives Building Capacity series, which highlights how provider collaboration is enabling delivery of major health system priorities.

Full details of the series, and article, can be found on the NHS Providers website.

More 'veteran friendly' practices across Hertfordshire and west Essex

Making sure members of our Armed Forces Community can access GP services easily is important to us, so we are pleased that more than half of our GP practices are now officially accredited as 'veteran friendly' practices. That is 67 accredited practices potentially able to provide support to 20,729 veterans – increasing to 29,642 when dependents and families are included.

These practices have undergone training to understand the unique challenges and health needs that

veterans, serving personnel, regulars and reserves, veterans, and their families may face, and are committed to offering the highest level of care and support. The scheme supports practices in delivering the best possible care and treatment for patients who have served in the armed forces.

This achievement meets the NHS England and Royal College of General Practitioners (RCGP) target of having at least one accredited veteran friendly GP practice in each of our primary care networks (PCNs). Each accredited practice has a clinical lead for veterans who will undertake dedicated training and stay up to date with the latest research and development. These individuals work alongside and advise other members of staff at the practice, sharing their expertise. They will direct veterans and their families to local services in their area.

In the coming year we look forward to working with the remaining 64 GP practices to support them in achieving veteran friendly status. There is more information on support for veterans on our website.

24-25 priorities:

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

Improving Hypertension Detection

- Communications campaign now live: High blood pressure - Herts and West Essex ICS
- Integrated diagnostic pathways have been developed across the ICS, incorporating general practice and community pharmacy pathways into a cohesive, integrated pathway.
- Target areas within ENH HCP identified to establish blood pressure monitoring within Faith groups, places of worship and community halls – project will go live Q3 2024/23.

Dental and Optometry Pilots

- In May, NHSE awarded ICB funding (£50,000 for dental and £60,000 for optometry) to implement two pilots to improve hypertension detection until 31/03/2025.
- Signed agreements now in place with nine participating dental and five optometry practices in Harlow, Stevenage, Dacorum, Watford and Hatfield.
- 3 PCN Nurses and 3 new to practice GPs have been recruited and “train the trainer” session completed 15/08/2024.
- Patient engagement hosted by Healthwatch Herts - online sessions held in August.
- Pathway go-live September, with monthly monitoring
- Evaluation hosted by ICB Research and innovation Hub.

- Targeted support has been given to practices with low detection and or management. One practice (Bennetts End) exceeded PCN and ICB targets in coronary vascular disease detection and will be used as best practice example to support other practices to improve.

HWE ICS Stroke Vocational Rehabilitation Service:

- Following a successful pilot, the Stroke Vocational Rehabilitation Service is expected to continue with Service Development Funding.
- The service supports people to return to work after a stroke, is hosted by EPUT and supports patients across the ICS.
- Along with patient impact, the service has successfully demonstrated the impact of cross provider collaboration and the opportunity to provide an aspect of the Integrated Community Stroke Service (ICSS) at scale, using a hybrid model of face to face and telerehabilitation.

Smoke Free Generation (SFG) plans.

Essex County Council continues to work with our provider to scale the service. A new service contract is in place with primary care to enhance the stop smoking offer with additional incentives for primary care to encourage patients to quit. In Q1 (April-June) 1,699 referrals have been received to the service with 930 individuals setting a quit date, with 588 people quitting at 4 weeks (54%).

Improve UEC through more anticipatory/SDEC care:

- "Single Point of access" Working group established and coordinated with ICB wide Unscheduled Care Hub plans.
- Implementation of an earlier identification (minus 9) model through Integrated Neighbourhood Teams continues in East and North Herts. Pilot sites to test approach have been identified with an initial focus on COPD.
- In West Essex work is continuing with the INTs to expand proactive care to the target population cohort (End of Life, Severe Frailty and Dementia) supported by west Essex place team to deliver proactive care, wrapping services around at-risk individuals.
- West Essex HCP has been auditing its Hospital at Home and Intermediate Bedded Care capacity (including Community Hospital). There has been a review of SDEC pathways incorporating Acute frailty at each Trust and a working group established focusing on delivery of SDEC minimum standards. The priority is to establish direct access pathways to SDEC for EEAST and Primary Care.
- A task and finish group has been established to support conveyances from care homes in South & West Herts ahead of Winter 24/25. The T&F group has 4 key areas to work on including maximising use of prevention of admission services provided by EEAST and CLCH, maximising use of the falls device project and supporting homes with proactive care.
- Herts County Council launched its Social Care Prevention of Admission Service in South and West Herts after a successful pilot programme in East and North Herts. This operates in tandem, and is collocated with the health Rapid Response service and integrated Early Intervention Vehicles.
- According to the updated NICE guidelines (April 2020), the Rockwood Frailty Scale was found to be an inappropriate tool for assessing frailty in individuals with physical disabilities or learning difficulties. Hertfordshire County Council has developed, improved, tested, and implemented a new frailty risk assessment tool for individuals with learning disabilities. Designed in collaboration with families, service users, and experts. Throughout 24 and 25, this toolkit will be implemented across Hertfordshire.

Better care for those in mental health crisis:

- Building work on the Mental Health Urgent Care Centre is continuing, with minimal impact on service users. Referral pathways for street triage, bounce back, nightlife, ambulance and police have been established and are now open.
- The four phases of Right Care Right Person continues to progress within Hertfordshire, with Herts police colleagues advising:
  - There has been a 55% reduction in Concern for Welfare in calls. Police still attending the majority of these due to taking a cautious approach. Further work is being done to understand where the demand is coming from to help further mitigate issues.
  - Progress is being made with Hospital Trust policies regarding AWOL and walk out of Health Care Facilities to ensure alignment and a consistent approach being taken across Herts.
  - A new form has been launched to audit how patients are transported to Hospital, and from

this to undertake work with those areas who generate the most demand.
    - Section 136 detentions remain under pressure, however. Despite this, we have seen a reduction in repeat admissions.
- In South and West Herts, the "Compassionate Communities." project is ongoing. It aims to support patients to improve their physical and mental wellbeing, with a particular emphasis in dealing with death, grief, and loss. This project is being undertaken jointly by Attenborough PCN and North Watford PCN, in partnership with Rennie Grove Peace Hospice.
- A multi-agency group, led by EPUT and Mind, is continuing to develop a 'distress pathway' for west Essex to improve wrap-around prevention and care, recognising mental health is just one contributing factor to self-harm and suicides.

Elective care recovery:

The ICB workforce team is working with system partners to continue to identify routes to improve productivity within existing resource. The workforce programme has sought to re-engage with the national productivity tool to undertake a more detailed understanding of the opportunities there might be to progress this area. Key areas of benefit will be the introduction of the digital staff passport, which is now beginning to develop project teams within each organisation to provide opportunities for short-term temporary staffing movement. The workforce team continue to support the development of the St Albans Day Unit and mitigating any potential risk of destabilising staff from other areas of the system.

Herts County Council continues to work with the voluntary, community, faith and social enterprise sector (VCFSE) to deliver a range of schemes to support people waiting more than 12 months for hospital care and during hospital discharge. The Waiting Well scheme will continue to be delivered by the Hospital and Community Navigation Service (HCNS) to March 2025, providing wellbeing calls to those on waiting lists at the two Hertfordshire general hospitals, with discussions about a more strategic commissioning approach going forwards.

Childrens care backlog recovery:

Currently focus on progressing the ASD/ADHD programme through the ICBs triple lock process but once this has been progressed the workforce team will seek to support through workforce modelling and analysis against key areas of children's strategy, as well as hosting a workforce planning meeting for learning disability going forwards.

Medium Term Plan objectives:

Ensuring every child has the best start in life:

- SEND Herts stocktake is due to take place in September. The stocktake will be reviewed at Ministerial level. The work is ongoing. There was a Westminster Hall debate led by Herts MPs on 4 September. Two joint briefing sessions were provided to interested MPs, these were well received.
- SEND Essex inspection preparation continues at pace. It is expected to have a key focus around ASD/ADHD assessment wait times and pathways, SALT balance system and EHCP waiting times for the health outcomes.
- An Asthma/ wheeze 2 year pilot launched in ENH Place.
- The third 'summit' of education and health partners in West Essex was held on 12 September. Led by WEHCP, along with the headteachers of Harlow schools, Harlow college and Essex CC, the partnership's current priorities include children's level of development,

healthy weight/oral health and mental health. A child's good level of development by the age of five – GLD as it is known – is a key contributor to their health and wellbeing in later life, and the partnership is initially focusing its activity on parenting skills and school readiness throughout the 'bump to five' period of life. This September also saw the first group of 'Covid babies' start school, and the partnership is to study and track the impact of the pandemic on their development.

- Herts CYPMHS has undertaken a mapping exercise with colleagues across health, social care, education and VCSE from the wider children's system to understand the wellbeing support offer for perinatal to 5 years and ensure that families and professionals are aware of the current service offers and access points and referral pathways, across the continuum of need from preventative whole population health messages, early help support and more specialist interventions. Early indications show a good range of support but the need to have better awareness across professionals and families to encourage access.

Increasing healthy life expectancy and reduce inequality:

- ENH HCP health inequalities group has been successful in an ICB bid for the provision of blood pressure machines for use in non-health community settings. This project aims to tackle health inequalities by supporting individuals from more diverse ethnic populations to take their blood pressure. Engagement has commenced with local faith leaders to identify faith centres for distribution in ENH.
- Case studies evidencing the positive impact of a Multi-Disciplinary Team approach to working in ENH Place specifically for medication reviews and deprescribing, specialist referrals, compassionate neighbours, home care and community team interventions have been developed to support the ongoing work with Integrated Neighbourhood Teams.
- WEHCP has relaunched its health inequalities and prevention programme group. The group's priorities are mirroring those of the WEHCP/ICB and local health and wellbeing boards around prevention, namely children and young people, cardiovascular disease and adult mental health and wellbeing. They include a major focus on healthy weight and oral health, adopting the revised Essex CC healthy weight strategy and linking up with similar activity across the wider ICB and Herts CC - such as a Sport England/Active Essex project to develop a 'place partnership' in Harlow, focusing on driving up physical activity.
- WEHCP is also launching a concerted effort to develop 'healthy places' across west Essex. Led by the district councils, a cross-sector programme group, including representatives from the ICB, public health, planning and growth teams and the Harlow Gilston Garden Town development team, is not just focusing on new developments/housing but existing ones too. The adoption of a 'one public estate' policy is another priority.
- 6PCNs funded by cancer SDF to host a Cancer Care Co-ordinator for 1 Year in South & West Herts. Posts expected to focus on cancer screening uptake, cancer care review activity, cancer awareness and referral optimisation in the PCN. Training and support in place for the Care Co-ordinators. Impact expected through the legacy of the intervention and possible continuation of the roles using ARRs funding.
- Macmillan Cancer Champions project in partnership with One Vision, a 3-year project, started in Watford & Three Rivers. It aims to improve cancer awareness and support and reduce health inequalities in Watford and Three Rivers. (ICB input via Cancer Champions Advisory Group)
- Communities First held a One stop shop for mildly frail patients in Borehamwood in May jointly with Theobald surgery a branch of Manor View practice, 12 mildly frail patients aged >65, with 4 or more medications and 4 or more medical problems, attended. The twelve patients received targeted intervention from a Nurse, Pharmacist, and a Social Prescriber review, and got a wider appreciation and understanding of the services they can access in the area. Further events are being planned to ensure a wider reach targeting approach in

different areas of deprivation. (September 2024)

Dementia

- Work is on-going with Public Health to initiate a new campaign around modifiable behaviours that lessen the risk of dementia in the general population. Recent new research has expanded the number of identifiable risk factors to 14 (now including loss of sight and high cholesterol), and work with Population Health Management to identify key areas where risk may be highest in our populations for targeted interventions is underway. This work will link with the Dementia Friendly Communities workstream and Community Support Services at locality level.
- Work continues to improve services for young onset Dementia and Rare Dementias, and a new subgroup has been set up to explore specific interventions that are age and condition appropriate for this cohort of people, who often must go out of county to receive health care and support services.
- Continued work across partners to improve the EMDASS diagnosis pathway has resulted in a revised and standardised referral form for GPs, to reduce the number of inappropriate or refused referrals, and positive discussions with CGL to simplify and improve the diagnosis pathway for persistent users of alcohol who may have dementia are encouraging and will result in fewer people being refused services due to their alcohol use.

Improve access to health and care services:

Community Pharmacy

- Hertfordshire and West Essex (HWE) had the highest percentage of ICB GP practices referring patients to Pharmacy First across East of England in May and June 2024 as per the national Pharmacy First Operational report.
- There were approximately 98% of community pharmacies across HWE ICB which have opted in to provide the national Pharmacy First service as of March 2024.
- There have been a total of 9288 consultations (including minor illness referrals, urgent medicines supply and clinical pathway consultations) undertaken for the Pharmacy First service across HWE ICB in April 2024 and 9490 in May 2024, according to the national pharmacy first operational report.

Dental

- There have been 4900 additional dental appointments made available under the Enhanced Access Pilot; out of all patients seen under this pilot, 12% were children.
- We are identifying NHS dental practices who can prioritise “Looked After Children” to receive a dental assessment to support their health plan.
- Implementation of a flexible commissioning approach to increase dental access to specific targeted patient cohorts such as migrants, homeless and children and young people; as well as wider urgent access sessions.

Care Closer to Home

- The Care Closer to Home Programme (CC2H) was presented to the ICB Strategy Committee in September. A consistent CC2H model is one of the key transformation priorities of ICB for our adult population. It is one of three programmes including UEC and Frailty that will deliver the reduction in demand on our acute hospitals and move from reactive acute care to community based preventative, proactive and personalised care.

- A series of workshops have taken place over the summer with partners to further advance work on the care model (concluding in September) and supported by activity, workforce and financial modelling which contributes to the current Financial Recovery Plan. This is a multi-year programme to be delivered through our Health and Care Partnerships. This programme is also aligned with the regions model of care priorities and the new hospital programmes.
- A final model will be approved through ICB governance during November. Delivery plans with HCPs will be agreed through the 25/26 planning process.
- All PCNs have a capacity and access plan which they continue to implement and which is monitored to ensure compliance.
- A number of our GP practices and PCNs have already benefitted from support from the General Practice Improvement Programme to embed 'modern general practice'. There is one final opportunity for practices to access this highly rated, practical help to improve how they work. Improvement specialists work with practices to improve access and care navigation processes, and more effectively match capacity to demand, through on-site visits and group learning sessions. Following a period of further engagement we have seen a marked increase in GP Practices who have expressed an interest for the final phase.
- Work continues to extend the current enhanced community respiratory service and develop an integrated SWH respiratory service from spring 2025 onwards.

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

- A project (WellnessStride) aligned to Alpha PCN in Dacorum aims to tackle challenges linked to Type 2 diabetes, motivating individuals to adopt healthier lifestyles. Project commenced 22/04/2024 and ends 31/03/2025.
- Harlow is 1 of 5 places in Essex being supported through the Sport England 'Place Based Expansion' Programme. This includes investment into the local community to ensure those in greatest need can be physically active. The national programme builds on the work of the Essex Local Delivery Pilot by working with communities to break down barriers to being physically active and increasing overall wellbeing.

Achieve financial sustainability:

ICS pathology services transfer to a new shared network in 2025.

- A contract for the provision of most of our ICS pathology services has been awarded to Health Services Laboratories (HSL) in March. This enables us to press forward with establishing a transformed shared pathology partnership across HWE ICS, including the ICB, WHTH, ENHT and PAH.
- HSL is a clinically-led provider of pathology and diagnostic services with first-class expertise in the pathology field, especially in delivering outsourced pathology services for NHS trusts. The contract secures significant investment in equipment, to modernise pathology services across all three Trusts and provide a sustainable service for our patients. HSL will be responsible for delivering over 20 million tests per year for our population.
- From June, we entered a 9-month mobilisation period where the three trusts prepare to transfer most pathology staff and services to the new provider early 2025.

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	HWE ICB Board meeting held in Public				**Meeting Date:**	**27/09/2024**		
Report Title:	**Governance report**				**Agenda Item:**	**07**		
Report Author(s):	▪ Simone Surgenor – Deputy Chief of Staff, Governance and Policies ▪ Tatiana Njendu – Risk Compliance Officer. ▪ Iram Khan – Governance Manager – Board and Committees							
Report Presented by:	Michael Watson, Chief of Staff							
Report Signed off by:	Michael Watson - Chief of Staff							
Purpose:	**Approval / Decision**	☒	**Assurance**	☐	**Discussion**	☐	**Information**	☐
Which Strategic Objectives are relevant to this report	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually							
Key questions for the ICB Board / Committee:	• For the Board to approve proposed updates to this ICBs Standing Financial Instructions – and delegation levels concerning Primary Care Commissioning Committee. • To note and approve amendments to this ICBs System Transformation and Quality Improvement Committee terms of Reference. • To gain adequate level of assurance, the following questions are suggested: • Is the committee content with the ICB's approach to handling risks?							
Report History:	N/A							
Executive Summary:	The purpose of the Governance report is to update the board on key areas relating to governance, key areas for decision and to present the Board Assurance Framework. Today's paper covers: • HWE ICB Standing Financial Instructions – delegation levels, revised Primary Care Commissioning Committee delegation limits.							

<table>
<tr><td></td><td colspan="4">System Transformation and Quality Improvement Committee Terms of Reference.
Board Assurance Framework.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">Members are kindly requested to:
Approve - updated ICB Standing Financial Instructions Delegation levels.
Approve – System Transformation and Quality Improvement Committee Terms of Reference.
Discussion and Noting – Board Assurance Framework – outlined in the updates to the BAF.</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">No direct or perceived conflicts identified from disclosures received.</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">[Consider the impact of the paper on patient safety, e.g. Does the paper support improvement in patient safety and mitigate risks to patient safety]</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">[Refer to latest Risk Register when completing]</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">The delegation levels referenced for Primary Care Commissioning Committee do not place any additional financial pressures on the ICB.</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">Changes relate to delegation levels of a committee. No other changes are being proposed to the committee via this paper and Impact assessments would be undertaken against relevant agenda items before that committee.</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">< N/A ></td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">< N/A ></td></tr>
</table>

1. Background – reviews to ICB governance

1.1 The Board is asked to:
1.2 Approve the amendments to NHS Hertfordshire and West Essex ICBs Standing Financial Instructions and delegation levels as detailed in paragraph 2.1 below; and
1.3 Approve the amendments and updates made to the ICB System Transformation and Quality Improvement Committee Terms of Reference in sections 4.5 and 5.1.
1.4 Note the Board Assurance Framework updates as summarised in paragraph 2.3 of this paper.

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

2.1 Revision to the ICBs Standing Financial Instructions

The Board will recall when it sat in July, approval was gained for the increase in delegation limits for its Strategic Finance and Commissioning Committee. The board is asked to approve a point of clarification in the ICBs Standing Financial Instructions, whereby it is confirmed this ICBs delegation levels for Primary Care Commissioning Committee remain at their original level of:

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

2.2 System Transformation and Quality Improvement Committee Terms of Reference

As a sub-committee of the ICB Board, members are asked to approve the following changes to this committees Terms of Reference under Section 4.5 System Transformation and 5.1 Committee Membership. Full Terms of Reference can be found in Board Effect library - https://hweicb.boardeffect.com/downloads/vfile/3927124

https://hweicb.boardeffect.com/downloads/vfile/3927124

2.3 Board Assurance Framework

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

Since the last report, the number of corporate risks has decreased from 28 to 27, with 5 risks scoring 16 or higher.

Work has been ongoing to strengthen the role of the Executive Team in the ICBs risk management processes, and this has led to changes in both the BAF and the wider corporate risk register, including:

- Amendments to the risk approval process to ensure that all risks are approved by Executive Directors.
- A full executive team review of all risks held on the corporate risk register.
- After discussion risk the score of risk 719 (relating to AJM Wheelchairs contract) has been reduced to 12. A remedial action plan is now in place and Quality

mitigations are in place and being monitored. Further action is required to consider the status of this risk moving forward. Full risk text: "*Lack of Compliance Against The Hertfordshire Wheelchair Service Contract: IF AJM are not meeting their national and local targets regarding contractual and quality requirements THEN this will lead to increased waiting times, an impact on the quality of services received by the population and the ICB will not be in receipt of a service that is value for money RESULTING in poor patient outcomes, patient safety concerns, poor patient experience and a poor ICB reputation due to potential media interest.*"

- Risk 681(GP contract 24/25): The risk has been closed. Full risk text: : *IF the 24/25 GP Contract deal (& any subsequent DDRB uplift) provide a widely perceived insufficient uplift THEN general practice cost pressures will grow & resilience will be affected RESULTING IN potential reduction in general practice capacity & potential industrial action*
- Risk 351 (pandemic flu/influenza): This risk is no longer on the Board Assurance Framework as the risk has been lowered to a score of 12. Full risk text: *If- there is a pandemic flu/influenza type disease (pandemic), infectious outbreak or disease including*
  - *Localised legionella or meningitis outbreak*
  - *Major outbreak of a new or emerging infectious disease*
  - *Then- this will cause additional pressure on healthcare services and organisational business continuity issues. Resulting in- the increased potential for compromised patient care and safety and organisational business continuity failures(EPRR)*
- Risk 526 (demand for children's services) has been combined with risk 645 (paediatric waiting lists).

The Risk Team will continue to follow up on these actions and provide ongoing support to directorates in updating their risks.

3. Recommendations:

Members are kindly requested to:

- Approve - updated ICB Standing Financial Instructions Delegation levels.
- Approve – System Transformation and Quality Improvement Committee Terms of Reference.
- Discussion and Noting – Board Assurance Framework – outlined in the updates to the BAF.

APPENDIX A: Assurance Framework Report (16+)

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

Assurance Statement

We assure the Board that we have conducted a comprehensive review of the corporate risks facing the ICB. The Datix Risk Register currently lists 128 risks, of which 27 are identified as corporate risks (rated 12+). Among these, five have been classified as the most critical (rated 16+) and are highlighted in this Board Assurance Framework (BAF). An executive team review of risk has been conducted- the outcome of which is detailed in the paper accompanying the BAF.
The ICB Board, gains further assurance on strategic and system risks that are scored 16 and above, including the rationale for risk scores and the effectiveness of the controls in place to mitigate the identified risks. Additionally, the committee is expected to gain assurance from the alignment of risk management processes with the three lines of defence framework, ensuring that risks are identified, assessed, and managed appropriately throughout the organisation.

RAG rating of overall perfomance: Amber

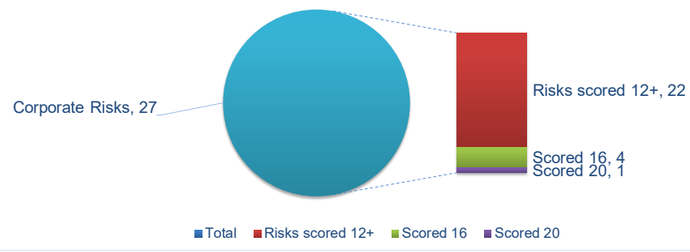
Progress: g

TRIGGER ZONES FOR MANGEMENT ACTION PLANS

Risk Matrix	Consequence (C)				
Likelihood (L)	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain			2		
4. Highly Likely			6	4	1
3. Possibly				14	
2. Unlikely					
1. Rare					

No#	HWE ICB Directorates	No of risks (12+)
1	Chief of Staff (Communication, Corporate Governance, Information Governance)	1
2	Finance and Premises	5
3	Medical (Digital Transformation & Medical)	0
4	Operations (3 Places, Contracts & HBLICT)	6
5	Performance (Business Intelligence & Performance)	2
6	Primary Care	3
7	Quality and Nursing	2
8	ICB Strategy (People, Workforce, Strategy)	8
		27

Further breakdown into principal risks scored 12+



RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Description (16+)	Rationale for current risk score	Risk Appetite	L = Likelihood C = Consequence L	C	Current risk score L x C = RS	Key Controls	Direction	Assurance levels 1st line	2nd line	3rd line
5															
679	16/05/2024	SO5	Alan Pond	Finance & Premises	**Financial Efficiency Risk**: If the Integrated Care System and its component organisations fail to deliver the agreed efficiencies contained within the 24/25 financial plan, and the additional measures required to deliver that plan, then the system will end the year with a financial deficit, resulting in reduced funding in future years and potential harm to future service delivery and organisational reputation.	The System has a control total deficit for 2024/25 of £20m, which is less than the ICB's fair share of resources being retained nationally by NHSE. If achieved there will be no financial consequences. However, to deliver this plan the System needs to deliver efficiency, produsctivity and/or cost savings of 5%. Not all savings are fully identified and there is risk to delivery currently assessed at c£20m. This equates to more than 0.5% of the ICB's budget and without developed plans with action owners is highly likely to materialise as a variance to plan. If such variance arose, the overspend would become repayable over 3 years from 2026/27.	Seek	4	5	20	Budgetary control framework in each organisation and assessment against HFMA governance control and grip framework Triple-lock framework which requires expenditure in scope to be second/third approved by ICB and NHSE Income and expenditure reporting and analysis and maintain oversight of financial position at least monthly Efficiency programme and organisational oversight and reporting through Programme Management Offices	↔	Reasonable	Reasonable	Reasonable
649	08/08/2023	SO3	Natalie Hammond	Nursing & Quality	**Paediatric Audiology Service Delays and Patient Safety Concerns**: If the timeliness and quality of care provided across the HWE paediatric audiology services (recognising current quality challenges identified at ENHT) does not meet the UKAS accredited standards, THEN there is a risk that access to time critical testing does not occur in a safe and timely way RESULTING in potential harm to our population both in terms of safety and patient experience.	System position remains the same in light of continued challenges as well as regional focus and national attention.	Seek	4	4	16	Further site visit taking place to clarify urgent estate needs Limited mutual aid in place from HCT, CUHFT, Chear System - Audiology reviews with all appropriate providers via QI/assurance mechanisms NHSE Desktop reviews completed for PAH and HCT ENHT - ICB led fortnightly oversight meetings ENHT to progress action plans, trajectories and known interdependencies Scrutiny from Guys & St Thomas' Specialist Regular updates to ICB STQI Committee, System Quality Group, Regional Quality Group, Board etc NHSE oversight and support via new regional PMO team Planning of additional clinics to reduce waiting lists	↔	Reasonable	Reasonable	Reasonable
610	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence	**Planned Care Improvement** If waiting lists are not reduced, there a risk to patient health and outcomes, then patients conditions may worsen resulting in deterioration of patient health. Additionally there is a reputational risk to the ICB which carries a risk of NHSE interventions.	This risk has been combined into Planned Care Improvement to incorporate both elective long waits and diagnostics	Open	4	4	16	Work is continuing at both system and providers to reduce waiting lists with a focus on 65ww. Performance is discussed at weekly place based senior team meetings and monitored at fortnightly place based performance meetings with providers. ICB wide issues are discussed at the planned care group which will escalate to the Planned Care Committee. Additionally, performance is monitored at the bi-monthly performance Committee and escalated to the ICB board. Work is continuing at both system and providers to reduce waiting lists with a focus on 78ww and 65ww. Work is ongoing regarding the High Volume Low Complexity (HVLC) programme with a focus on improving efficiency and increasing theatre utilisation Quality risks related to elective recovery are discussed at Quality Rview meetings with system partners for IB oversight and escalation as required. Harm oversight linked to elective recovery is maintained through Patient Safety Incident Response Framework (PSIRF) processes.	↔	Reasonable	Reasonable	*None*

608	**10/03/2023**	**SO4**	Frances Shattock	Performance, Business Intelligence	**Failure to meet UEC Targets:** If UEC targets are not met and patients are not assessed with a management plan and treated, admitted and/or discharged out of the Emergency Department within 4hrs, then there is an immediate risk to patient health and wellbeing, resulting in a significant risk to patient outcomes. Additionally, there is a reputational risk to the ICB which carries a risk of NHSE interventions. The delays in assessment and treatment could cause patients with serious illnesses/conditions to wait for long periods, increasing the risk of harm to their health. These delays could also negatively impact performance targets, leading to reputational risk.	The most pressured areas are West Essex and category 2 ambulance response times.	**Open**	4	4	**16**	See Operations Directorate UEC plans and Board Assurance Framework related to UEC Priority Metrics. Actions linked to Performance Improvement Trajectories. Cross reference to UEC mitigations for ENH / SWH / WE place required June 2024 Performance is discussed at weekly place based senior team meetings and monitored at fortnightly place based performance meetings with providers and NHSE. Performance and operational action taken to monthly System Resilience group / Local Delivery Board meetings and discussed in line with UEC action plans with escalations to monthly UEC Board. Additionally, performance is monitored at the bi-monthly Performance Committee with escalations to the ICB board. This risk complements the Operations Directorate UEC plans and Board Assurance Framework related to UEC Priority Metrics. Actions linked to Performance Improvement Trajectories. Cross reference to UEC mitigations for ENH / SWH / WE place required Risks relating to mental health patients in ED units are also being addressed in the appropriare forums and links to risk 609. Clincial harm processes for 12 hour breaches and corridor care are in place across the ICS with minimal harm identified. Quality risks related to UEC performance (including ambulalnce handover times) are discussed at Quality Review Meetings with system partners for ICB oversight and escalation as required. HWE System Incident Meeting is in place providing a system-wide review of patient harm due to delayed 999 responses and identify improvement actions. ICB oversight of patient safety incidents includes those linked to UEC performance. Learning related to UEC performance shared through Patient Safety Incident Response Framework (PSIRF) processes.	⇔	Reasonable	Substantial	*None*
526	**06/09/2022**	**SO2**	Beverly Flowers	Strategy (People, Workforce, Strategy)	**Increased Demand on Children's Community Services:** If the demand for children's community services continues to increase then statutory requirements will not be met resulting in delays to accessing care, poor patient experience and poorer patient outcomes (wellbeing and educational)The main services impacted include: Community Paediatrics incl. ASD/ADHD, Children's Therapies (OT/SLT), Community Allergy and Dietetics, Community Audiology, Special School Nursing.	There are continued discussions on going regarding a business model for CYP, have been to triple lock and it is to be discussed at exec regarding £ investment amount. Discussions regarding future approach to community peads ongoing.	**Seek**	4	4	**16**	1. Demand and capacity analysis for impacted services has been completed to inform business cases for additional investment. Investment to clear ASD backlog in Herts; some investment for backlog in WE. In September 2022 further money was agreed to clear the ADHD backlog in South and West Hertfordshire. 2. Across the ICB the CYP teams are proposing to develop a Community Paediatric Transformation Programme which will review all community paediatric services including ASD and ADHD to ensure there is consistency of outcomes and financial input, as well as being able to identify the most efficient, effective and high quality way of session issues.Sharing learning across the ICS and Essex systems. 3.Clinical prioritisation is being undertaken within impacted services. Transformation programmes in place for some areas e.g. therapies programmes, ASD/ADHD transformation programmes, community paediatrics transformation (S&W Herts only). 4.Regularly review and monitoring of data through contract management and performance meetings. Escalation of risk to the ICB and within impacted providers. 5.Quality intelligence is reviewed in order to build up a picture of the impact to patients/their families and Quality remains a standing item on the provider CQRMs 6. Focused discussion at WE Transformation Committee, highlighting pressures and contributing factors, escalating concerns with the Place Director, WE Health Care Partnership and advising of need to address the capacity gap. 7. Business case in development.	⇔	Reasonable	Reasonable	Reasonable

Document coding guide

Over all status (RAG)	Red	Effective controls may not be in place and / or appropriate assurances are not available to the ICB
	Amber	Effective controls thought to be in place but assurances are uncertain and / or possibly insufficient
	Green	Effective controls definitely in place and the Board is satisfied that appropriate assurances are available
Risk Directional Movement	⇆	New
	↑	Higher
	⇔	No Change
	↓	Lowered
Overall performance (RAG)	⇔	No Change
	→	Progress, if on amberGood progress, if on green
	←	Losing progress
Progress on actions	Complete	
	On schedule	
	Expected delay	
	Delayed	
	Major delay	
Issues	Progress and Assurance / Issues	Provide an overview of the progress and assurances for this, list any identified issues
	Key workstreams	List the key workstreams that will enable delivery of the objective
5 x 5 Risk Matrix	Indication of risk score	
Assurance level - measures the quantity	**H**	**High** - Oversight functions are provided on the controls. Two or more assurances equals high (H)
	M	**Medium** - Oversight functions are provided on the controls. One assurance equals high (M)
	L	**Low** - Oversight functions are provided on none of the controls equals (L)
ICB Risk Matrix, and colour codes for action		Review no action required.
		Continue to watch. Action is discretionary.
		Action should be taken and / or continued monitoring by the ICB.
		Immediate actions required / and continued monitoring by the ICB.
Assurance rating - measures the quality/strength	*None*	
	Limited	
	Reasonable	
	Substantial	
Risk Appetite Matrix	Averse	Avoidance of risk is a key objective. Activities undertaken will only be those considered to carry virtually no or minimal inherent risk.
	Cautious	Preference for very safe business delivery options that have a low degree of inherent risk with the potential and only a limited reward potential
	Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of reward.
	Seek	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)
	Significant	Confident in setting high levels of risk appetite because controls, forward scanning and respective systems are robust

ICB Risk Domains	Risk Appetite	Appetite statement
Financial How will we use our resources?	Seek	Consistently seek to use available funding to develop and sustain the greatest benefit to health and healthcare for our population and partners, accepting the possibility that not every programme will achieve its desired goals, on the basis that controls are in place.
Compliance and Regulatory: How will we be perceived by our regulator?	Open	Conform with regulatory expectations but challenge them where we feel that to do so would be to improve outcomes for our residents.
Innovations, Quality and outcomes	Seek	Pursue innovation and challenge existing working practices, seeking out and adopting new ways of working and new technologies to the benefit of the residents of Hertfordshire and West Essex Operate with a high level of devolved responsibility Accept that innovation can be disruptive and to use that as a catalyst to drive positive change
Reputation How will we be perceived by the public and our partners	Seek	We will be willing to take decisions that are likely to bring scrutiny to the organization but where potential benefits outweigh the risks.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

<table>
<tr><td>Meeting:</td><td colspan="2">Meeting in public</td><td>☒</td><td colspan="2">Meeting in private (confidential)</td><td>☐</td></tr>
<tr><td></td><td colspan="3">NHS HWE ICB Board meeting held in Public</td><td>Meeting Date:</td><td>27/09/2024</td></tr>
<tr><td>Report Title:</td><td colspan="3">ICB Committee Summary Reports</td><td>Agenda Item:</td><td>08</td></tr>
<tr><td>Report Author(s):</td><td colspan="6">Governance Leads, HWE ICB</td></tr>
<tr><td>Report Presented by:</td><td colspan="6">Committee Chairs / Executive Leads</td></tr>
<tr><td>Report Signed off by:</td><td colspan="6">Michael Watson, Chief of Staff</td></tr>
<tr><td>Purpose:</td><td colspan="6">Approval / Decision ☐ Assurance ☐ Discussion ☐ Information ☒</td></tr>
<tr><td>Which Strategic Objectives are relevant to this report
[Please list]</td><td colspan="6">▪ Increase healthy life expectancy, and reduce inequality
▪ Give every child the best start in life
▪ Improve access to health and care services
▪ Increase the numbers of citizens taking steps to improve their wellbeing
▪ Achieve a balanced financial position annually</td></tr>
<tr><td>Key questions for the ICB Board / Committee:</td><td colspan="6">N/A</td></tr>
<tr><td>Report History:</td><td colspan="6">N/A</td></tr>
<tr><td>Executive Summary:</td><td colspan="6">Each ICB Sub-Committee has produced a summary document providing an update from the last meeting.
<table>
<tr><th>Committee</th><th>Date of meeting</th><th>Chair</th></tr>
<tr><td>Strategic Transformation and Quality Improvement Committee</td><td>11 September</td><td>Thelma Stober</td></tr>
<tr><td>Strategy Committee</td><td>04 September</td><td>Gurch Randhawa</td></tr>
<tr><td>Strategic Finance and Commissioning Committee</td><td>12 September</td><td>Nick Moberly</td></tr>
<tr><td>Patient Engagement Forum</td><td>10 September</td><td>Alan Bellinger</td></tr>
</table></td></tr>
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Recommendations:	The Board is asked to **note** the contents of the report.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	*n/a*			
Risk: *Link to Risk Register*	*n/a*			
Financial Implications:	*n/a*			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

System Transformation and Quality Improvement Committee – Wednesday 11 September 2024	
Signed off by Chair and Executive Lead:	**T Stober / N Hammond / F Shattock**
Key items / Decisions taken:	▪ Quorate meeting held virtually. ▪ **Declarations of Interest** – no additional declarations raised for specific agenda items, reminder for declaration forms to be returned to hweicbwe.declarations@nhs.net ▪ **Minutes of previous meeting** – approved (04 July 2024). ▪ **Action tracker** – noted that there are no open items. ▪ **Committee Governance** – update following July workshop and outcomes from the task and finish group, workplan to be reviewed and updated in line with Committee remit. Committee Terms of Reference updated to include 'system transformation' role, agreed by the Committee and recommendation for approval to be made to the Board. ▪ **Medium-Term Plan (MTP): Overview and incorporating into future deep dives** – update on the Medium-Term Plan, discussion regarding the purpose of the Committee and how to collectively ensure relevant areas linked to the Terms of Reference, our system priorities and our statutory duties are covered; deep-dives will be scheduled following consultation with leads for each area to determine the most appropriate reporting timeframes. ▪ **Performance Report** – overview of the performance of services being delivered by the system against key standards and benchmarks. Issues are escalated by exception with a focus on actions and next steps being taken to address. - ***Urgent Care*** – improvements in most areas including hours lost to handover >15mins, 4 hour ED performance, NHS 111 abandoned call performance. However Category 2 ambulance response times remain challenged. - ***Planned Care*** –65-week waits are behind planned trajectory and no longer on target to meet the national zero ambition on 30 September 2024. - ***Diagnostics*** - new area of challenge with the 6-week wait performance across the ICS falling to 55.5%, primarily driven by a decline at ENHT following the inclusion of Audiology data. HWE now has the lowest system performance in England.

- ***Cancer*** - 28-day Faster Diagnosis Standard (FDS) performance improved and has moved to the lowest risk category, 62 day performance is meeting the 70% target, but with notable variation at Trust level.
- ***Mental Health –*** performance remains strong with the Learning Disability Annual Health Checks, Community Audit MH waits for second contact has improved further.
- ***Children*** – community waiting lists remains very high; Community Peadiatrics, therapies and Audiology services continue to be areas of pressure for the performance against 18 week % for children's community waits; Autism Spectrum Disorder waiting lists and times continue to grow and ADHD services are also high risk due to rising demands.
- ***Community (Adults)*** – percentage of adults waiting <18 weeks remains a low risk.
- ***Primary Care & CHC*** – GPPS 2024 Dental Access results shows HWE as the best performing in East of England; CHC assessments within 28 day remain a challenge, recovery plan in place and performance is in line with plan.

- **Quality Escalation Report and Integrated Quality and Performance Reports Executive Summary –** update regarding the quality position from across West Essex and Hertfordshire, including discussion regarding quality performance and system delivery standing items. The Committee noted and welcomed the new format Joint Quality and Performance Executive Summary.

- **Quality Dashboard** – update and discussion regarding the quality performance data across HWE, including a forward planner dashboard to ensure the Committee has oversight of key areas. It was noted that the newly developed NHSE Regional Perinatal Quality Oversight Group dashboard setting out the maternity performance across the system has been delayed due to data challenges and will be included in the next report to the Committee.

- **Continuing Healthcare Report –** discussion regarding the key issues for CHC not meeting the national measure for 28 day referrals, including the variations between the three place localities, and the workforce related factors. The Committee noted the recovery trajectories (as agreed with NHSE) are currently meeting the agreed requirements.

- **ICB Risk Register (Quality and Performance) –** overview of the quality and performance risks, the Committee noted that the risks reflect the current position and mitigating actions in relation to risk areas as discussed in the Performance and Quality summary and agreed the recommendations from the report.

- **GP Patient Survey Results –** update on the GP Patient Survey 2024, which was published on 11 July 2024 on the NHS England website, representing a response rate of 31%. The group also discussed input into future STQIC deep dives through seeking patient feedback for a small number of co-designed questions, and will continue to meet bi-monthly.

- **ICS Quality Strategy and updates against ICB key quality priorities** – Committee provided with the current position of likelihood of achievement against 52 measurables due in Year 2 of the ICS Quality Strategy. It was noted that in August 2024 there are a total of 53 deliverables due to be completed by the end of 2024/25, to date 30 (57%) are on track to be fully achieved, and that a full year-end update will be provided in May 2025.

- **Feedback from the Patient Quality sub-group –** update circuited to the Committee following the meeting, key points discussed at the last sub-group meeting on 03 September 2024 included two topic areas, Primary care workforce and Quality improvement project regarding 'Did Not Attends' in general practice.

- **2023/24 Annual Reports –** noted, in particular the issues which have impacted on the delivery of 2023-24 priorities, and that plans are in place to ensure outstanding actions can be completed in 2024-25 as well as the new priorities identified, and agreed by the Committee for recommendation to the Board for approval:

  - ***Patient Experience (Complaints and Other Feedback)*** – provides an overview of the activity within the patient feedback team during 2023-24, key themes and trends linked to the patient feedback received, progress against the year's priorities and outlines the priorities for 2024-25. Committee noted the delegation of primary care complaints from NHSE to ICBs in July 2023, and the significant increase in volume in both formal complaints and informal concerns that this has generated.

  - ***Safeguarding (Children's and Adults)*** – report demonstrates the continued commitment to the safety, protection and prevention of harm for all the population of HWE and how the ICB has safely discharged its statutory responsibilities as outlined within the NHSE Safeguarding Accountability and Assurance Framework 2022, and relevant safeguarding children and adults' legislation and guidance. Committee noted the challenges, achievements and planned priorities against the challenging economic landscape, residual impact of Covid 19 and increased safeguarding demands when keeping the population safe.

  - ***Child Death Overview Panel (Herts and Essex)*** – the report demonstrates the continued commitment to the safety, protection and prevention of harm for the 0-18 year old population of HWE and how the ICB has safely discharged its statutory responsibilities and adhered to the principles for the review of child deaths as outlined in the Children Act 1989/24 the Children and Social work Act 2017. It is a legal requirement in England to conduct a review for all child deaths up to the age of 18, including live-born babies of any gestation. The purpose for reviewing the death is to understand why children die and to take preventative actions to reduce and prevent future deaths from happening. Committee is asked to note the challenges, achievements and planned priorities against the challenging economic landscape, residual impact of Covid 19 and increased.

	▪ **Minutes from Sub-Groups –** following **n**oted by the Committee: - *System Quality Group* minutes from the meetings held in June 2024 and July 2024, - *Patient Safety Specialist* minutes from the meetings held in June 2024 and August 2024, - *Primary Care Transformation Committee* from the meeting held in May 2024.
Items for escalation / Board to note:	The Committee recommends the following items for **Board approval**: 1) Committee Terms of Reference. 2) 2023/24 Annual Reports: - Patient Experience (Complaints and other Feedback), - Safeguarding (Children's and Adults), - Child Death Overview Panel (Herts and Essex).
Date of next meeting:	Wednesday 14 November 2024

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

NHS HWE ICB Strategy Committee – 04 September 2024	
Signed off by Chair and Executive Lead:	**G. Randhawa (Chair)** **B. Flowers (Exec.)**
Key items discussed: ***(From agenda)***	• **System Overview update** • Joint Forward Plan has been approved by the ICB Board and published online. • Further work will continue to provide assurance against the Medium-Term Plan from a health and healthcare inequality perspective. • **Medium-Term Plan** • This plan is a component part of all the ICB work and is driving our direction of travel, how we allocate resource and how we structure meetings. • There is also an accountability framework is in development and will assess progress against the five priorities in the MTP. • To ensure this work is linked in with the ICP strategy. • This document sets out core actions and activities that will help to tackle inequalities in access, experience and outcome, and across different groups, both geographically and population groups. • **Mental Health Crisis** • Overview of the partnership activity taking place to provide better care for people experiencing mental health crisis. Update report summarises the strategic drivers for this activity, outlines the current level of demand and performance and provides a summary of the services and interventions in place. • The committee have requested to see alignment of ambition and Medium-Term Plan when making decisions on resource requests. • **Care Closer to Home Briefing** • The ICB Care Closer to Home Programme (CC2H) was launched in June. The Programme brings together the recommendations from the Community Services Review undertaken in 2023/24, and the UEC and Frailty priorities of the ICBs Medium Term Plan. • A final model will be approved through ICB governance during November. • Delivery plans with HCPs will be agreed through the 25/26 planning process. • **Neurodevelopment Model for Herts and West Essex** • The Children and Young People Neurodiversity Transformation programme has developed a needs-led Neurodiversity model to provide timely, tailored and appropriate services to neurodiverse children and their

	families and carers. This is a biopsychosocial model with the aim of improving the clinical and wellbeing outcomes for the young person and their families and carers. • The new model proposed will result in a more effective system and has been developed in partnership through the Hertfordshire Mental Health, Learning Disabilities and Autism Health and Care Partnership and has involved NHS and Local Government partners, VCFSE organisations, local GPs and people with lived experience through Herts Parent/Carer Involvement Network. • **Implementation of the Population Health Management (PHM) Strategy supporting delivery of the Medium-Term Plan (MTP)** • Update on the PHM strategy and the work taking place to support the Medium-Term Plan. • There is a request to ensure data, PHM methodology and tools are used to understand needs of our population and explore potential opportunities that align with system and ICB priorities with detail around research activities alongside MTP priorities and identifying where the gaps are. • Importance of ensuring correct representation and inclusive approach. • Research innovation hub has been established at the University of Hertfordshire with advice sessions being taken up by a wide variety of staff.
Key points made / Decisions taken:	• As detailed above.
Committees to note:	• As detailed above.
Forward plan:	• Further update on progress on Medium-Term Plan • Mount Vernon consultation process • Local university programme strategy update • Regional Care Closer to Home model.
Date of next meeting	Wednesday 6 November 2024

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document - Public

NHS Hertfordshire and West Essex Integrated Care Board

ICB Strategic Finance and Commissioning Committee – 12th September 2024	
Signed off by Chair and Executive Lead:	• **Nick Moberly** • **Matthew Webb/Alan Pond**

Key items discussed: ***(From agenda)***	• Declarations sought, and committee asked to check register provided for updates. Chair noted updates his declaration, otherwise no updates/changes raised.
	• Minutes from 11th July 2024 noted – slight amendment sought to the Committee chair's surname, otherwise minutes approved.
	• Action Log – noted and discussed with updates received.
	• ICB/ICS In-year Financial Report - Committee noted:
	• Prescribing Report – the Committee noted the work being undertaken on medicines optimisation across the system.
	  • Update received on a successful regional bid regarding workforce funding. Committee received and discussed the Effectiveness Survey for this Committee. The work forms part of an annual monitoring cycle and has been mirrored for all ICB Board sub-committees.
	• All Age Continuing Healthcare – report for noting.
	  • In summary - the total caseload across all three localities has shown a slight upward trend with an average of 3116 each month to July 2024. The increase in caseload trend is projected to continue for the remainder of the financial year and aligns with other ICBs within our region. The majority of referrals originate from the community, with less referrals coming from acute care settings.
	  • Committee request to be kept updated.
	• Hertfordshire and West Essex Stroke Vocational Rehabilitation Service – approved.
	• Update on 2024/2025 Contact Round Negotiations – paper received for purposes of assurance. Therefore, noted by the Committee.
	• Contracts from 1st April 2025 (exc. NHS and Independent Sector Acutes):
	  • SWH Integrated Gynecology Service – approved.
	  • SWH Integrated Respiratory Service – approved.
	  • SWH Community Ear, Nose & Throat (ENT) Service – approved.
	  • SWH Community Ophthalmology Contract – approved.
	  • SWH Integrated Diabetes Service – approved.
	  • Individual Placement and Support (IPS) – approval noted under Chief Finance Officer delegated approval limit.

	• Diabetes – Type 2 Structured Education – Spirit (East and North Hertfordshire only) - approval noted under Chief Finance Officer delegated approval limit. • HCQ (hydeoxychloroquine monitoring pathway) - approval noted under Chief Finance Officer delegated approval limit. • Chronis Migraine Service (SWH) - approval noted under Chief Finance Officer delegated approval limit. • Committee Updates – updates received from each of the HCPs and noted. • Area prescribing Committee (HWE APC) Report of meeting dated 27.06.24 – noted • Recommendations of HWE ACP mandatory NICE Technology appraisals and highlighted cost impact/pressures – approved. • Recommendations of HWE ACP for treatments not included in the NICE work programme and highlighted no costs pressure/savings – approved. • Safety Updates – noted. • Information and agreed actions for drug safety updates/alerts – noted. • Publication of NICE TAs that are the commissioning responsibility of NHS England – noted. • Guideline Updates, Pathways and other Information as specified – noted. • Evidence based Interventions, Clinical Policies & Individual Funding Requests (IFR) • Updated policy: Insulin pumps continuous subcutaneous insulin – approved. • infusion for the treatment of diabetes mellitus – approved. • Updated policy: CGM for adults – approved. • Updated policy: CGM for children – approved. • Updated policy: Surgery for peyronie's disease – approved. • Addition of new devices to HWE ICS formulary: Freestyle libre 2+ Decom One+ and Freestyle libre 3 – approved. • Proposal for adding new diabetes devices when criteria are met – approved. • New national guidance: Approve the National Evidence Based – approved. • Interventions programme List 4 (Jan 2024) for local ratification – approved. • Clinical Policies Group – August 2024 – minutes noted. • Primary Care Commissioning Committee Summary – noted. • No new risks and escalations raised – however, for further consideration the link between clinical priorities and the estate strategy.
Key points made / Decisions taken:	• As noted above.
Committees to note: **As example of information sought:** ***(Positive progress on numbers waiting for specialist CAMHS in-patient care (for MHLDA collab to note, for cross-ref by***	• As noted above.

performance committee)	
Board to note: ***(Highlight quality oversight and identify where further work is required)***	• As noted above.
Forward plan issues:	To include reporting from Financial Recovery Board.
Date of next meeting	14th November 2024

Hertfordshire and West Essex Integrated Care System

ICB Meeting Notes and Actions

NHS Hertfordshire and West Essex Integrated Care Board

Patient Engagement Forum (PEF) – 10 September 2024		
Signed off by Chair and Lead:	**Patient Chair: Alan Bellinger / Michael Watson, Chief of Staff**	
Members and Attendees:	**Patient representatives** Joy Das, Citizen representative, Primary Care Transformation Group Michael Carn (East and North Herts Community Assembly patient representative) Leighton Colegrave (ICB Primary Care Transformation Group Citizen representative, East and North Herts) Alan Bellinger- patient Chair (ICB Buddy Scheme patient representative) Fiona Corcoran (Deputy CEO Healthwatch Herts) Justin Jewitt (Patient Safety Partners and Quality Committee patient representative) Andrew Smith – Herts service user representative, Viewpoint Sam Glover – CEO Healthwatch Essex Helen Clothier, Patient representative South and West Herts Paul Campion, Quality patient group Marianne Hiley (Citizen representative on ICB Primary Care Transformation Group, South and West Herts) Nishall Garala – patient and community representative West Essex Miriam Blom-Smith (Herts Healthwatch) Mark Hill (patient volunteer) Indra Jones (patient rep, East of England Ambulance Service) Peter Wilson (patient volunteer)	**Herts and West Essex Integrated Care Board staff** Michael Watson (Chief of Staff) Lauren Oldershaw (Senior Communications and Engagement Officer) Louise Manders (Deputy Head of Communications and Engagement) **Apologies** Heather Aylward (Public Engagement Manager)
Key items discussed:	Main focus : Medium Term Plan and the priorities for the ICB and PEF; Feedback and next steps following PEF annual review	

(From agenda)	• The PEF members heard the Youth Council will now be looked after by the Communications and Engagement Team with work ongoing to put together a new way of working including how the PEF can link in with it. • Members discussed the results of the one year review of the PEF and next steps. Feedback was mostly positive and also highlighted areas of improvement to clearly define roles (to be contained within terms of reference), to look at ways of working more efficiently (including streamlining emails) and to focus the work programme of the PEF to make a more tangible difference. • Members heard about the immediate priorities outlined in the Medium-Term plan and agreed to support work to improve these areas in a number of ways – specifically testing the policies and helping get the approaches right; helping to communicate this widely with their connections and encourage behaviour change • An update was given on the GP access survey (booking appointments) – work will now continue to assess the findings so that they can be shared
Agreed Actions:	• Finalise and approve terms of reference to reflect the change of direction (Medium Term Plan),on the PEF's role in ICB governance and on various roles within the PEF (e.g. Citizens Representatives on the ICB Primary Care Transformation Board, and representatives on the Quality Committee) • To discuss the immediate priorities from the Medium-Term Plan at the next 'in person' meeting on October 7 and how it can support immediate priorities • PEF to consider how it can work with the Youth Council, which will now be looked after by the Communications and Engagement team • Work will take place to analyse the results of the access to GP appointments survey so that it can be shared with the group
Date and time of next meeting:	Next face to face session: 7 October 2024 12 November: 5.30pm via MS Teams

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**27/09/2024**	
Report Title:	**Integrated reports for finance, performance, quality and workforce**				**Agenda Item:**	**09**	
Report Author(s):	Executive Team						
Report Presented by:	Alan Pond, Frances Shattock, Tania Marcus, Natalie Hammond, Michael Watson						
Report Signed off by:	Alan Pond, Frances Shattock, Tania Marcus, Natalie Hammond, Michael Watson						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☐
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually						
Key questions for the ICB Board / Committee:	Areas for discussion are identified in the summary section of the paper						
Report History:	N/A						
Executive Summary:	This report provides a summary of the quality, performance and finance reporting shared elsewhere on the agenda, whilst also providing an update on workforce across the ICS. **Board members should also review the more detailed reports in the for information section of the todays board agenda.**						
Recommendations:	The Board is asked to consider the report and the areas highlighted for discussion.						

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

1. Summary

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

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

2. Key issues highlighted

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

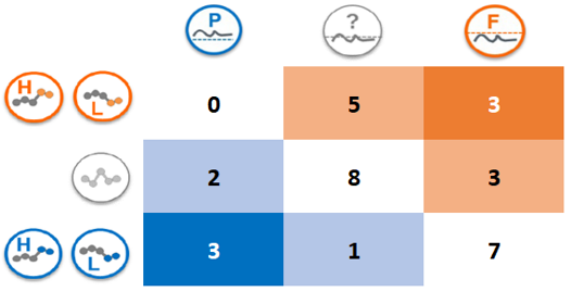
Area of concern/ improvement	Current situation
System financial position 24/25	The system agreed and submitted a financial plan to NHS England that predicted a £20m deficit at year end. At Month 4 the system had a £6m negative variance against our plan.
Agency Spend	Agency spend at M4, although having reduced against an overall percentage of pay bill remains significantly higher than projections by ten per cent (+£1.5m). The agency as % of pay bill has reduced to 3.48%, but still over the projection of 3.18%.
Urgent and Emergency Care Performance	Hours lost to handover >15mins continues a trend of improvement. 1,960 hours were lost in July, which is ahead of trajectory to reach the system's fair shares target by Mar-25. However, despite this improvement in handovers, the Category 2 response time has not improved significantly and HWE continues to have the longest response times in the region. C2 ambulance response times reduced slightly to 48 minutes in July. 4-hour ED performance improved to 75.2%, narrowly missing the July recovery trajectory of 76.2%. Largely driven by WHTH gains. Significant variation at Place level (ENH 72.9%; SWH 83.5%; WE 65.8%).
Elective waiting times	Following a 7-month trend of reduction, the overall elective PTL has grown slightly in each of the last 4 months.78-week waits continue to improve, with WHTH and PAH both reporting zero at end of July. ENHT are forecasting zero for September. 65-week waits are behind planned trajectory overall for the system, with PAH being the most pressured trust. The latest end of September forecast is 359 against the national zero ambition.
Waiting time inequality for Children and Young People	The total number of children on community waiting lists remains very high but has plateaued over the last 14 months. Longest waits have increased further to 127 weeks, compared to 51 weeks for adults.
Diagnostics waiting times	6-week wait performance across the ICS fell to 55.5%, primarily driven by a decline at ENHT caused by Audiology returning to reporting. There are notable capacity issues within the audiology service, particularly with respect to paeds. HWE diagnostics performance is the lowest in England.
Paediatric audiology	Today's report provides an update on the ongoing challenges in this areas.
Continuing Healthcare	The current performance against the 28-day standard reflects the ongoing work to reduce the backlog of reviews. There has been a small improvement in overall performance of the ICB. At Place level there has been a 7% improvement for our most challenged Place. The performance improvement is in line with the trajectory agreed with NHSE.

3. Overview by area

Performance

Executive Summary – KPI Risk Summary

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



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

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

Low Risk	Programme
2 Hour UCR	UEC
Patients discharged before Noon	UEC
Community Waits (Adults)	Community

Variable Risk	Programme
% of on the day GP Appointments	Primary Care
% of <14 day GP Appointments	Primary Care
Dementia Diagnosis	Primary Care
NHS 111 Calls Abandoned	UEC
Ambulance Handovers	UEC
ED 4 Hour Standard	UEC
No Criteria to Reside (NCTR)	UEC
Out of Area Placements	Mental Health
Talking Therapies	Mental Health
Severe Mental Illness (SMI) Health Checks	Mental Health
31 Day Standard	Cancer
62 Day Backlog	Cancer
62 Day Standard	Cancer
RTT 78 Week Waits	Elective
RTT 52 Week Waits	Elective

High Risk	Programme
Ambulance Response Times	UEC
CAMHS 28 Day Standard	Mental Health
Community MH - CYP Waits for 1st Appt	Mental Health
Community MH - Adult Waits for 2nd Appt	Mental Health
RTT 65 Week Waits	Elective
Theatre Utilisation	Elective
Autism Spectrum Disorder (ASD)	Community
Attention Deficit Hyperactivity Disorder (ADHD)	Community

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

Narrative

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

- Hours lost to handover >15mins continues a trend of improvement. 1,960 hours were lost in July, which is ahead of trajectory to reach the system's fair shares target by Mar-25
- 4-hour ED performance improved to 75.2%, narrowly missing the July recovery trajectory of 76.2%. Largely driven by WHTH gains. Significant variation at Place level (ENH 72.9%; SWH 83.5%; WE 65.8%)
- NHS 111 abandoned call performance continues to improve. Whist not achieving the 3% national standard, July's abandonment rate of 4.9% was the lowest since September 23
- Category 2 ambulance response times reduced slightly to 48 minutes in July. However, HWE continues to have the longest response times in the region, with the EOE average being 34 minutes

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

- Following a 7-month trend of reduction, the overall elective PTL has grown slightly in each of the last 4 months
- 78-week waits continue to improve, with WHTH and PAH both reporting zero at end of July. ENHT are forecasting zero for September
- 65-week waits are behind planned trajectory overall for the system, with PAH being the most pressured trust. The latest end of September forecast is 359 against the national zero ambition

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

- 6-week wait performance across the ICS fell to 55.5%, primarily driven by a decline at ENHT following the inclusion of Audiology data. HWE now has the lowest system performance in England

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

- 28-day Faster Diagnosis Standard (FDS) performance improved in May and June months and is meeting this year's 77% ambition at 80.2%
- 62-day performance is meeting the 70% target, but with notable variation at Trust level (ENHT 82.8%; WHTH 74.1%; PAH 52.3%). 31-day performance continues to fluctuate just short of the national 96% standard

MENTAL HEALTH / LD	**Community MH (1st appt)**	**National: HWE better than average (Adult)**	**LDAHC**	**Regional: HWE better than average**

- Learning Disability Annual Health Checks (LDAHC) – performance remains strong with all three Places exceeding their equivalent 23/24 positions at this point in the year
- The rise in Out of Area Placements (OAPs) seen in early 2024 has been stemmed, with current levels fluctuating around the historic average. Aston Ward at The Lister remains closed with ongoing estates work
- Community Adult MH waits for a 2nd contact improved further to 53 days for the quarter to June. This is now back to the historic mean, and significantly better than the national average of 129 days

CHILDREN	**Various**	**Community 18 Week %: HWE worse than national**	**Community MH 2nd Appts: HWE better than national**

- The total number of children on community waiting lists remains very high but has plateaued over the last 14 months. Longest waits have increased further to 127 weeks, compared to 51 weeks for adults
- 18 week % for children's community waits is 43.2%, compared to the national average of 55.8%. The main pressure areas continue to be Community Paediatrics, therapies and Audiology services
- Autism Spectrum Disorder (ASD) waiting lists and times continue to grow as 24/25 funding / investment remains unresolved. ADHD services are also high risk due to rising demand and waiting lists
- The 28-day CAMHS access standard in Hertfordshire has not been achieved since 2021. At c.70%, performance is notably better than Q4 23/24, but continuing vacancies are impacting full recovery
- Children's waits for a Community MH 1st appointment continue to better the national average. However median waits are 133 days, compared to 53 days for a 2nd contact in adult services

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

- The % of adults waiting <18 weeks remains strong at 92.6% compared to the national average of 84.9%

PRIMARY CARE & CHC	**Appointments <14 Days**	**National: HWE in line with national average**

- GPPS 2024 Dental Access results shows HWE as the best performing in East of England
- The % of appointments seen on the same day remains within common cause variation limits. The % seen within 14 days of booking is marginally below this year's plan of 89%
- CHC assessments within 28 days have improved slightly over the last two months but remain significantly challenged, most notably in South & West Hertfordshire with performance at 28% in June

Performance v. 24/25 Operational Plans – Month 3

			Year To Date - Total HWE Providers					
Area	POD	Description	Plan	Actual	Variance to Plan	Variance to Plan %	Performance	Latest Data
Planned Care	EM10a	Elective day case spells	38,497	39,525	1,028	2.7%	↑	Jun-24
	EM10b	Elective ordinary spells	3,411	3,540	129	3.8%	↑	Jun-24
	EM40	Outpatient procedures	67,980	76,626	8,646	12.7%	↑	Jun-24
	EM38	Percentage outpatients follow-up without a procedure	49.3%	47.5%	-1.8%		↓	Jun-24
	EM32	Total outpatient attendances	397,476	419,953	22,477	5.7%	↑	Jun-24
	EB20	Incomplete (RTT) pathways 65 weeks+	565	1,307	742	131.3%	↑	Jun-24
	EB3a	The number of incomplete Referral to Treatment (RTT) pathways	140,279	144,387	4,108	2.9%	↑	Jun-24
Cancer	EB35 %	Percentage patients seen within 62 days	74.8%	71.8%	-3.1%		↓	Jun-24
	EB27 denominator	Cancer 28 day waits (faster diagnosis standard)	16,360	16,165	-195	-1.2%	↓	Jun-24
	EB27 %	Percentage cancer 28 day waits (faster diagnosis standard)	73.4%	78.0%	4.5%		↑	Jun-24
UEC	EM13 denominator	Type 1, 2, 3 A&E attendances	127,784	132,779	4,995	3.9%	↑	Jun-24
	EM13 %	Percentage Type 1, 2, 3 A&E attendances < 4 hours	74.2%	72.1%	-2.1%		↓	Jun-24
	EM11a	Non-elective spells - 0 days length of stay	9,433	11,701	2,268	24.0%	↑	Jun-24
	EM11b	Non-elective spells - 1+ days length of stay	20,912	21,392	480	2.3%	↑	Jun-24
	EM15	Same day emergency care	4,430	-	-	-	↑	Jun-24
Primary Care	ED21 %	Percentage of appointments seen within two weeks	89.2%	88.1%	-1.1%		↓	Jun-24

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

Quality

Key areas

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Slide Number	Position Since Previous Report
UPDATE: AJM Wheelchair Services.	Ongoing concerns regarding waiting times and impact on patients, communication and numbers of patient concerns being raised. Quality escalation and improvement actions in place, aligned to the National Quality Board Guidance for risk and escalation. Continued underpinning multidisciplinary Team (MDT) focus within the ICB to ensure the required oversight and assurance is robust.	24	Significant oversight and further assurance required.
UPDATE: East and North Herts Trust (ENHT) Pediatric Audiology Services.	ENHT continue to progress workstreams in a range of areas, supported by both the regional NHS England Team (NHSE) and HWE ICB. Mutual aid support remains a significant challenge. Additional clinics, with utilisation of limited mutual aid, are being established to help manage the sizeable waiting lists.	20	Progress with further assurance required.
UPDATE: ENHT Ophthalmology Service.	Actions remain in place to oversee, progress and mitigate risks to patients including via the implementation of electronic patient records and the clinical stratification for follow-ups via the Patient Tracking List (PTL). Regular updates are provided via the ENHT Quality and Safety Committee and 6-monthly updates to the joint ENHT and ICB Quality Improvement, Performance and Oversight Meeting.	20	Significant assurances provided – moving to routine governance reporting.
UPDATE: Measles.	The number of confirmed cases of measles in England has continued to rise and this trend is mirrored locally. Actions continue to be progressed related to associated mitigations in local preparedness, as a result of local HWE ICS Measles 'round table' event and regional event that occurred in April and May 2024.	14	Progress with further assurances required.

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Slide Number	Position Since Previous Report
UPDATE: ENHT – Mount Vernon Cancer Centre (MVCC) Gynecology Outcomes.	Continued oversight of the improvement work through routine meetings with the HWE ICB and NHSE incorporating a range of areas including reviews for pathways and enhanced biochemistry.	21	Continued progress with regular oversight in place.
UPDATE: Publication of the Hertfordshire Special Educational Needs and Disabilities (SEND) Report.	Schedule of SEND focused partnership quality assurance visits continue to be undertaken by HWE ICB in partnership with key health service providers. Progress against overarching improvement plan continues to be shared with Hertfordshire SEND Quality Assurance Board meetings for assurance and oversight.	Not applicable	Continued progress with significant ongoing work required.
UPDATE: Lampard Inquiry.	HWE ICB, in partnership with Mid and South Essex ICB and Suffolk and North- East Essex ICB, have received and responded jointly to a first Rule 9 request from Lampard Inquiry – a response back from the inquiry team is awaited. The first public hearings are due to take place from week commencing 9th September 2024. Hearings with senior ICB representation will be required in person.	Not applicable	Ongoing process – with long term assurance required.

Paediatric Audiology

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

As part of the wider paediatric audiology improvement work all systems have been asked to establish a new system level audiology meeting to oversee actions identified for local providers as part of the NHS England review programme. These system meetings will report into regional audiology meetings that will feed into the national improvement programme. Hertfordshire and west Essex will be commencing the local system meetings in the coming weeks, and these will be utilised, in addition to existing governance arrangements, to support a collaborative approach to all improvement work with the aim to support the delivery of timely and safe care for our patients.

AJM Wheelchairs

Concerns have continued to be raised by system partners as well as patients and their families regarding the waiting times and communication from AJM, the wheelchair provider for adults and children in Hertfordshire. There is ongoing work within the ICB to ensure robust oversight of the recovery plans, with a co-ordinated approach across quality, performance and contracts teams to help drive the required improvements. Agreed actions with the provider link to reduction of the current waiting lists, system wide arrangements between wider organisations and AJM to support risk-based equitable care across the system, and improved patient feedback processes within AJM. From a quality and safety perspective discussions have taken place at relevant system and regional forums, with actions aligned to the National Quality Board risk and escalation guidance.

Reasons to be proud:

NHSE Career Progression Sponsorship Alumni 90-day Challenge.

NHSE set out a 90-day challenge to Integrated Care Systems (ICS) to strengthen the inclusive recruitment process and talent management, and support career development for nurses and midwives from the Global Majority (also referred to as Black and Minority Ethnic) workforce. The 90-day period ran over the 3 months June to August 2024. The 3 objectives for HWE ICS to deliver against the challenge were achieved:

- Create and deliver two system career development workshops for band 5 and 6 nursing and midwifery colleagues from the Global Majority, along with training senior nursing and midwifery leaders in career progression conversations with a senior nurse or midwife.
- Workshops delivered in July, to 48 Band 5/6 Nurses from ICS trusts. Career progression discussions are progressing well.
- To complete a systemwide evaluation of "No More Tick Boxes", through the method of an audit within 90 days.
- Complete an evaluation of International recruited and educated nurses and midwifes experience.

Next Steps:

- Discussions at September People Committee to review outcomes and findings from the challenge and to discuss findings of the 'No More Tick Boxes' audit and consider next steps to sustain progress and momentum within HWE. A national presentation of ICB achievement is occurring on 23rd September 2024 to review learning and opportunities for further work.

Note – please see the aligned International Workforce workshop update as below.

International Workforce and Pastoral Care Guidelines System Workshop.

- On July 15th 2024, key system partners, via representatives from acute and community services, including members of the ICS workforce from international backgrounds came together to work towards ensuring international staff including nurses, midwives and allied health professionals (AHPs), recruited into Hertfordshire and West Essex feel welcomed, supported and their cultural needs considered.
- The workshop provided a forum where partners, as peers, discussed and shared a range of areas including lived experience, best practice and opportunities to move forward in partnership to ensure continued development of positive, consistent and effective pastoral care guidelines. Commitments from across system partners were shared and the establishment of a Task and Finish Group to take forward key areas agreed as a key next step.

Care Home Inclusivity related to Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Needs – Positive Resident Experience Feedback.

- A care home received positive feedback related to the provision of LGBTQ person centered care demonstrating sensitivity, understanding and empathy in supporting individual needs. Staff created a safe space for a resident, supported with maintaining relationships with friends and family, while ensuring dignity of the individual in receipt of care services as they disclosed their sexuality to their family.

Hertfordshire Community Trust (HCT) Special Care Dental Service film with Purple All Stars.

- On Tuesday 2nd July 2024 HCT's Special Care Dental Care Service Team at Cheshunt took part in a filming shoot for some public information videos and were joined by actors from Purple All Stars, a drama group of actors with Learning Disabilities.
- To assist patients who suffer from severe anxiety when visiting the dentist the HCT Special Care Dental Service has introduced a nurse-led pathway scheme and via their promotion activities has been considering effective ways to do this. Therefore this video aims to reassure anxious patients by demonstrating what will happen at an appointment. The Purple All Stars team contributed by acting out the parts of patients, being greeted by one of the HCT dental team, being talked through what to expect, having an oral examination, learning to brush correctly, and having an x-ray.

Special Educational Needs and Disabilities (SEND) Provider Self-Assessments.

- Providers of both specialist and mainstream children's services have been reviewing their service provision to identify both good practice and areas for development aligned to the 10 principles of quality outlined in the SEND Quality Assurance Framework. The tool, which was originally developed by NHSE, and adapted for local use provided some valuable insights into current service provision and areas of innovation.
- Summaries of their findings are discussed at the Herts SEND Quality Assurance (QA) Board, providing an opportunity to share learning at both a provider and system level.

New Secretary of State for Health and Social Care visited St Margaret's Hospital in Epping.

- The new Secretary of State for Health and Social Care visited St Margaret's Hospital in Epping on 1st August 2024 to find out how health and care teams across West Essex are working together to care for patients in the community. The visit included meeting teams from a range of partner stakeholders across West Essex working in the Care Coordination Centre and the Hospital at Home hubs.
- The visit was part of a series of planned engagements across regions in England over the coming weeks, with this visit focused on the government's ambition to bring care back into the community.
- Further visits have also occurred within the system including at West Hertfordshire Teaching Hospital Trust (WHTH).

Finance

The tables below shows the Month 4 Year to Date (YTD) and Forecast Outturn (FOT) position.

There has been a reduction in the reported YTD deficit position of £1.6m. This is due to organisations reporting of the year to date benefit of the system support in Month 4. National guidance states that the ICS cannot offset the Industrial Action costs with expected income and is contributing to the deficit. There is also under delivery of efficiencies in some organisations in Month 4. Together, this means there is a small deterioration in the Month 4 position of c£1.3m.

The ICS continues to report expected achievement of the £20m deficit control total by the end of the financial year.

Month 3 2024/25			
Orgn	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000
ENHT	(2,390)	(2,940)	**(550)**
HCT	(426)	(602)	**(176)**
HPFT	(3,777)	(3,762)	**15**
PAH	(6,166)	(9,093)	**(2,927)**
WHTH	(6,326)	(7,083)	**(757)**
ICB	0	(3,868)	**(3,868)**
TOTAL ICS	**(19,085)**	**(27,348)**	**(8,263)**

Month 4 2024/25			
Orgn	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000
ENHT	(967)	(2,092)	**(1,125)**
HCT	(508)	(753)	**(245)**
HPFT	(4,092)	(4,414)	**(322)**
PAH	(6,901)	(8,514)	**(1,613)**
WHTH	(7,629)	(8,137)	**(508)**
ICB	403	(1,801)	**(2,204)**
TOTAL ICS	**(19,694)**	**(25,711)**	**(6,017)**

Month 4 2024/25			
Orgn	Annual Plan	FOT	Variance
	£'000	£'000	£'000
ENHT	1,000	1,000	**0**
HCT	(1,164)	(1,164)	**0**
HPFT	(3,600)	(3,600)	**0**
PAH	(17,683)	(17,683)	**0**
WHTH	(5,388)	(5,388)	**0**
ICB	6,835	6,835	**0**
TOTAL ICS	**(20,000)**	**(20,000)**	**0**

HWE System Trajectory at Month 4 2024/25

The trajectory below shows, month by month, how the HWE System is expecting to achieve the given £20.0m deficit control total.

- The first line of the table, System YTD Plan, reflects the profiling of the HWE ICS Financial Plan, which was submitted on 12 June 2024.
- The second line of the table, Actual / Forecast surplus / (deficit) YTD shows the revised profiling, taking into account where efficiency schemes are expected to deliver later in the year and amending of seasonality impacts. The control total remains the same.
- The third line, YTD Variance, is the difference between original and revise profile. This report shows the aggregate of these changes; the separate organisation reports shows the individual Trusts have changed.

Forecast System Trajectory

System	H&WE
Date	Month 4
Financial Plan 2024/25 £m	-20.0

Monthly Profile

Month-on-month ICS forecast 2024/25 (£m)	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
System YTD Plan	(19.1)	(19.7)	(22.8)	(25.8)	(25.3)	(27.8)	(31.6)	(31.4)	(21.7)	(20.0)
Actual / Forecast surplus / (defict) YTD	(27.4)	(25.7)	(30.4)	(32.6)	(30.2)	(30.0)	(30.9)	(27.4)	(24.9)	(20.0)
YTD Variance	(8.3)	(6.0)	(7.5)	(6.8)	(4.8)	(2.1)	0.7	4.0	(3.1)	(0.0)
I&E Improvement (deterioration) in period		1.7	(4.7)	(2.2)	2.4	0.2	(0.9)	3.5	2.5	4.8

HWE System Run Rate Bridge at Month 4 2024/25

The HWE System Run Rate Bridge, in the table below, represents how the Month 4 year to date position extrapolates to a forecast outturn position. The bridge shows the additional changes that will impact the extrapolated outturn position to reach the forecast outturn position.

This consolidated bridge highlights the impact of seasonality as well as the delivery of greater efficiencies in the latter half of the financial year.

System Run Rate Bridge £'000	Income	Expenditure	Surplus / (Deficit)
Month 4 YTD	**(1,918,737)**	**1,944,449**	**(25,713)**
Extrapolated FOT before adustments	(5,746,213)	5,833,348	(87,134)
Additional ERF Allocation - held back nationally	(11,869)	0	11,869
Additional ARRS Allocation - held back nationally	(12,800)	0	12,800
Non-Recurrent Items in Month 4 YTD	3,538	(13,806)	10,268
Adjusted Extrapolated FOT	**(5,767,344)**	**5,819,542**	**(52,196)**
Impact of Efficiency Schemes phased later in the year			48,231
Impact of Seasonality not included in M4 YTD			(12,635)
Impact of Service Changes not yet actioned			(12,594)
Impact of Investments not yet made			260
Unplanned increase in efficiencies			4,278
Other unplanned run rate changes			4,254
Risks			(50,373)
Mitigations			50,775
Forecast Outturn			**(20,000)**

HWE System Workforce

The following areas have been highlighted to the system's People Committee in relation to workforce transformation. As highlighted in the quality report above paediatric audiology continues to be one of the key areas of workforce challenge. The system will participate and support the actions and outcomes that come from a regional workshop in November.

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

The system continues to follow the current trend of being marginally over in terms of WTE and both pay bill spend. While there was overall growth in the workforce across the system, this was broadly in line with projections. Bank staff use is still significantly over projections at 10% over (+203.9 wte), substantive staff on track and a slight under-use of agency staff across the system. However, when reviewing this against pay bill spend bank staff spend is only marginally over by one per cent, whereas the agency spend, although having reduced against an overall percentage of pay bill remains significantly higher than projections by ten per cent (+£1.5m). The agency as % of pay bill has reduced to 3.48%, but still over the projection of 3.18%.

The most significant staff groups showing overspend in agency continues to be medical and dental and scientific, technical and therapeutic staff suggesting that the overspend continues to be focussed on a

			Apr-24	May-24	Jun-24	Jul-24
Operational Plan	Total Workforce	ACTUAL	23,674.43	23,856.74	23,706.89	23,820.97
		MxM Change		182.31	-149.85	114.08
		PROJ.	23,540.20	23,520.22	23,512.56	23,545.52
		DIFF. ACT v PROJ	134.23	336.52	194.33	275.45
		% DIFFERENCE	1%	1%	1%	1%
	Substantive	ACTUAL	21,265.89	21,281.62	21,258.82	21,313.86
		MxM Change		15.73	-22.80	55.04
		PROJ.	21,193.90	21,212.12	21,215.88	21,232.40
		DIFF. ACT v PROJ	71.99	69.50	42.94	81.46
		% DIFF.	0%	0%	0%	0%
	Bank	ACTUAL	1,984.87	2,142.01	2,062.29	2,119.11
		MxM Change		157.14	-79.72	56.82
		PROJ.	1,903.09	1,891.52	1,866.74	1,915.17
		DIFF. ACT v PROJ	81.78	250.49	195.55	203.94
		% DIFF.	4%	12%	9%	10%
	Agency	ACTUAL	423.67	433.12	385.77	387.99
		MxM Change		9.45	-47.35	2.22
		PROJ.	443.22	416.58	429.94	397.95
		DIFF. ACT v PROJ	-19.55	16.54	-44.17	-9.96
		% DIFF.	-5%	4%	-11%	-3%

Costs - £'000			Apr-24	May-24	Jun-24	Jul-24
Total Paybill	ACTUAL				£349,445	£466,044
	MxM Change			£0	£349,445	£116,599
	PROJ.				£345,581	£460,964
	£ DIFF.		£0	£0	£3,864	£5,080
	% £ DIFF.		#DIV/0!	#DIV/0!	1%	1%
Substantive	ACTUAL				£302,554	£403,605
	MxM Change			£0	£302,554	£101,051
	PROJ.				£300,483	£400,422
	£ DIFF.		£0	£0	£2,071	£3,183
	% £ DIFF.		#DIV/0!	#DIV/0!	1%	1%
Bank	ACTUAL				£34,308	£46,209
	MxM Change			£0	£34,308	£11,901
	PROJ.				£34,185	£45,895
	£ DIFF.		£0	£0	£123	£314
	% £ DIFF.		#DIV/0!	#DIV/0!	0%	1%
Agency	ACTUAL				£12,583	£16,230
	MxM Change			£0	£12,583	£3,647
	PROJ.				£10,913	£14,648
	£ DIFF.		£0	£0	£1,670	£1,582
	% £ DIFF.		#DIV/0!	#DIV/0!	13%	10%
Agency as % of Paybill	ACTUAL		#DIV/0!	#DIV/0!	3.60%	3.48%
	PROJ.		#DIV/0!	#DIV/0!	3.16%	3.18%

number of key specialist skills and hard to recruit to vacancies within the system.

- **App award nomination**

The system's student pastoral support app and the team that developed it have been nominated for the Chief Allied Health Professional Officers, AHP Digital Practice Award 2024. The award showcases innovation in information and communication technologies for AHPs. The awards will take place on Thursday 10 October 2024.

- **Band 2/3**

The system continues to seek to find solutions to the organisations that are managing the transition between bands 2 and 3. The system consistent offer has now been accepted at a further two organisations, Princess Alexandra Hospital and Hertfordshire Community Trust, and payments are now being processes to staff within those organisations. East and North Herts Trust are currently awaiting an proposed outcome from ACAS, and there has been delays to implementation at West Hertfordshire Hospital Trust,

- **Social Care Workforce Strategy**

For the first time ever, the adult social care sector has come together, led by Skills for Care, to develop a Workforce Strategy. The strategy seeks to ensure there are enough of the right people with the right skills to provide the best possible care and support for the people who draw on it. The recommendations and commitments fall into three areas that mirror the areas of focus in the NHS Long Term Workforce Plan: attract and retain; train; transform.

National and regional events have been hosted to showcase the strategy and work is underway within the system to review and align the strategy into working plans.

You can read the full strategy here: Home - A Workforce Strategy for Adult Social Care in England (skillsforcare.org.uk)

- **Clinical Education Readiness**

The system has established a new governance to support the development of the system's clinical education readiness plans. Submissions have been made to the region on our activity and plans and we are awaiting feedback from the region on these plans. Similarly, education commissioning plans for the forthcoming five years have been set out to the region, and we are again awaiting feedback on these plans to be returned. The system is keen, going forwards, to align these plans to the operational planning process.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board Meeting held in Public				**Meeting Date:**	**27/09/2024**	
Report Title:	**ICB Quality Escalation Report**				**Agenda Item:**	**10**	
Report Author(s):	Multiple authors including relevant quality leads, collated by Shazia Butt, Assistant Director for Quality Assurance and Improvement, HWE ICB.						
Report Presented by:	Natalie Hammond, Director of Nursing and Quality						
Report Signed off by:	Natalie Hammond, Director of Nursing and Quality						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing						
Key questions for the ICB Board / Committee:	▪ Does the report provide sufficient information for the Board to be assured regarding the work undertaken to manage risks and drive forward needed quality improvements? Alongside this question, the Board is asked to note that work is ongoing to develop and refine the Quality Escalation Report and the Quality Dashboard.						
Report History:	The full report was presented and discussed at the ICB System Transformation and Quality Improvement Committee on September 11th 2024. This version has been adapted to ensure it is appropriate for public discussion. At the Committee the Quality Escalation Report is presented alongside the quality dashboard that contains additional information relating to a number of key metrics and quality performance.						
Executive Summary:	This paper provides a summary position relating to quality and safety across Hertfordshire and West Essex. Areas included relate to sharing of best practice and learning from excellence as well as highlighting key areas of challenge and risk.						

<table>
<tr><td></td><td>Areas of best practice include;
Hertfordshire Community Trust (HCT) Special Care Dental Service film with Purple All Stars.
National Health Service England (NHSE) Career Progression Sponsorship Alumni 90-day Challenge and aligned system International Staff Pastoral Care Guidance Workshop.
Care Home Inclusivity related to Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Needs – Positive Resident Experience Feedback.
Key challenges include;
ENHT Paediatric child hearing impairment service, progression of ongoing work to support urgent improvements in several areas including estates, workforce, equipment and governance supporting oversight of the service.
Multi Agency SEND Improvement work in Hertfordshire continues including joint quality visits, following the SEND inspection report published in November 2023. West Essex SEND inspection due to take place imminently.
Measles increases locally and nationally.</td></tr>
<tr><td>Recommendations:</td><td>The Board is asked to note the contents of the report.</td></tr>
<tr><td>Potential Conflicts of Interest:</td><td><table>
<tr><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
</table></td></tr>
<tr><td colspan="2">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td>Patient Safety is a driving principle and at the core of the Quality Report. The paper flags areas of good practice, identifies risks to patient safety and provides information about mitigation and actions to manage risks to patent safety.</td></tr>
<tr><td>Risk: Link to Risk Register</td><td>The Nursing and Quality Team have been working to develop our risk register as well as consider our ICS system wide risks in common. As the risk register develops and the quality escalation report is refined the Board will be able to clearly identify the work being undertaken relating to the key risks throughout this report.</td></tr>
<tr><td>Financial Implications:</td><td>N/A</td></tr>
</table>

Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

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

PUBLIC BOARD
September 2024

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Executive Summary (1/2)

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Slide Number	Position Since Previous Report
UPDATE: AJM Wheelchair Services.	Ongoing concerns regarding waiting times and impact on patients, communication and numbers of patient concerns being raised. Quality escalation and improvement actions in place, aligned to the National Quality Board Guidance for risk and escalation. Continued underpinning multidisciplinary Team (MDT) focus within the ICB to ensure the required oversight and assurance is robust.	24	Significant oversight and further assurance required.
UPDATE: East and North Herts Trust (ENHT) Pediatric Audiology Services.	ENHT continue to progress workstreams in a range of areas, supported by both the regional NHS England Team (NHSE) and HWE ICB. Mutual aid support remains a significant challenge. Additional clinics, with utilisation of limited mutual aid, are being established to help manage the sizeable waiting lists.	20	Progress with further assurance required.
UPDATE: ENHT Ophthalmology Service.	Actions remain in place to oversee, progress and mitigate risks to patients including via the implementation of electronic patient records and the clinical stratification for follow-ups via the Patient Tracking List (PTL). Regular updates are provided via the ENHT Quality and Safety Committee and 6-monthly updates to the joint ENHT and ICB Quality Improvement, Performance and Oversight Meeting.	20	Significant assurances provided – moving to routine governance reporting.
UPDATE: Measles.	The number of confirmed cases of measles in England has continued to rise and this trend is mirrored locally. Actions continue to be progressed related to associated mitigations in local preparedness, as a result of local HWE ICS Measles 'round table' event and regional event that occurred in April and May 2024.	14	Progress with further assurances required.

Executive Summary (2/2)

UPDATE TO PREVIOUS POSITION OR NEW. Area of Focus	Headlines	Slide Number	Position Since Previous Report
UPDATE: ENHT – Mount Vernon Cancer Centre (MVCC) Gynecology Outcomes.	Continued oversight of the improvement work through routine meetings with the HWE ICB and NHSE incorporating a range of areas including reviews for pathways and enhanced biochemistry.	21	Continued progress with regular oversight in place.
UPDATE: Publication of the Hertfordshire Special Educational Needs and Disabilities (SEND) Report.	Schedule of SEND focused partnership quality assurance visits continue to be undertaken by HWE ICB in partnership with key health service providers. Progress against overarching improvement plan continues to be shared with Hertfordshire SEND Quality Assurance Board meetings for assurance and oversight.	Not applicable	Continued progress with significant ongoing work required.
UPDATE: Lampard Inquiry.	HWE ICB, in partnership with Mid and South Essex ICB and Suffolk and North- East Essex ICB, have received and responded jointly to a first Rule 9 request from Lampard Inquiry – a response back from the inquiry team is awaited. The first public hearings are due to take place from week commencing 9th September 2024. Hearings with senior ICB representation will be required in person.	Not applicable	Ongoing process – with long term assurance required.

Sharing Best Practice/ Learning from Excellence

Reasons to be Proud (1/2)

NHSE Career Progression Sponsorship Alumni 90-day Challenge.

NHSE set out a 90-day challenge to Integrated Care Systems (ICS) to strengthen the inclusive recruitment process and talent management, and support career development for nurses and midwives from the Global Majority (also referred to as Black and Minority Ethnic) workforce. The 90-day period ran over the 3 months June to August 2024. The 3 objectives for HWE ICS to deliver against the challenge were achieved:

- Create and deliver two system career development workshops for band 5 and 6 nursing and midwifery colleagues from the Global Majority, along with training senior nursing and midwifery leaders in career progression conversations with a senior nurse or midwife.
- Workshops delivered in July, to 48 Band 5/6 Nurses from ICS trusts. Career progression discussions are progressing well.
- To complete a systemwide evaluation of "No More Tick Boxes", through the method of an audit within 90 days.
- Complete an evaluation of International recruited and educated nurses and midwifes experience.

Next Steps:

- Discussions at September People Committee to review outcomes and findings from the challenge and to discuss findings of the 'No More Tick Boxes' audit and consider next steps to sustain progress and momentum within HWE. A national presentation of ICB achievement is occurring on 23rd September 2024 to review learning and opportunities for further work.

Note – please see the aligned International Workforce workshop update as below.

International Workforce and Pastoral Care Guidelines System Workshop.

- On July 15th 2024, key system partners, via representatives from acute and community services, including members of the ICS workforce from international backgrounds came together to work towards ensuring international staff including nurses, midwives and allied health professionals (AHPs), recruited into Hertfordshire and West Essex feel welcomed, supported and their cultural needs considered.
- The workshop provided a forum where partners, as peers, discussed and shared a range of areas including lived experience, best practice and opportunities to move forward in partnership to ensure continued development of positive, consistent and effective pastoral care guidelines. Commitments from across system partners were shared and the establishment of a Task and Finish Group to take forward key areas agreed as a key next step.

Care Home Inclusivity related to Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Needs – Positive Resident Experience Feedback.

- A care home received positive feedback related to the provision of LGBTQ person centered care demonstrating sensitivity, understanding and empathy in supporting individual needs. Staff created a safe space for a resident, supported with maintaining relationships with friends and family, while ensuring dignity of the individual in receipt of care services as they disclosed their sexuality to their family.

Reasons to be Proud (2/2)

Hertfordshire Community Trust (HCT) Special Care Dental Service film with Purple All Stars.

- On Tuesday 2nd July 2024 HCT's Special Care Dental Care Service Team at Cheshunt took part in a filming shoot for some public information videos and were joined by actors from Purple All Stars, a drama group of actors with Learning Disabilities.
- To assist patients who suffer from severe anxiety when visiting the dentist the HCT Special Care Dental Service has introduced a nurse-led pathway scheme and via their promotion activities has been considering effective ways to do this. Therefore this video aims to reassure anxious patients by demonstrating what will happen at an appointment. The Purple All Stars team contributed by acting out the parts of patients, being greeted by one of the HCT dental team, being talked through what to expect, having an oral examination, learning to brush correctly, and having an x-ray.

Special Educational Needs and Disabilities (SEND) Provider Self-Assessments.

- Providers of both specialist and mainstream children's services have been reviewing their service provision to identify both good practice and areas for development aligned to the 10 principles of quality outlined in the SEND Quality Assurance Framework. The tool, which was originally developed by NHSE, and adapted for local use provided some valuable insights into current service provision and areas of innovation.
- Summaries of their findings are discussed at the Herts SEND Quality Assurance (QA) Board, providing an opportunity to share learning at both a provider and system level.

New Secretary of State for Health and Social Care visited St Margaret's Hospital in Epping.

- The new Secretary of State for Health and Social Care visited St Margaret's Hospital in Epping on 1st August 2024 to find out how health and care teams across West Essex are working together to care for patients in the community. The visit included meeting teams from a range of partner stakeholders across West Essex working in the Care Coordination Centre and the Hospital at Home hubs.
- The visit was part of a series of planned engagements across regions in England over the coming weeks, with this visit focused on the government’s ambition to bring care back into the community.
- Further visits have also occurred within the system including at West Hertfordshire Teaching Hospital Trust (WHTH).

Key Priority Areas

Patient Experience and Safety - ICB

ICB Area June/July reporting	Compliments	Complaints	PALS	Member of Parliament	General Practitioner (GP) queries	Whistle-blowing	PSII recorded on STEIS	Never Events
East and North Hertfordshire	0	31	101	5	78	0	2	1
South and West Hertfordshire	1	30	108	10	34	0	4	0
West Essex	1	14	58	2	56	0	0	0
All ICB localities	0	8	60	0	*N/A	0	*N/A	*N/A
Other	0	5	56	0	0	0	1	0
Total	**2**	**88**	**383**	**17**	**168**	**0**	**7**	**1**

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

ICB area	Key themes and Risks	Improvement Actions and Mitigations
All Localities – Continuing Healthcare (CHC).	Themes are related to communication, timely action and follow up of CHC cases.	The CHC team are changing how they communicate with families ensuring for each case there is at a minimum a monthly update. Appeal cases are shared across localities to ensure more timely review and responses are provided.
All Localities - Service Access.	Access to services – generalised concerns relate to access to services across primary care, dentistry, community care and secondary care.	The HWE ICB Patient Experience Team will continue to monitor this type of query and carry out an analysis of the data set over a longer time period to identify any specific issues and across and specific locations.
All Localities - Inappropriate Requests.	General Practice (GP) practices reporting some inappropriate requests from secondary care. These relate to onward referrals, ordering and interpreting tests and investigations, initiating and prescribing medications.	Acute trusts are taking forward actions related to training and induction. This theme is also being highlighted with providers during place-based interface meetings.

National Patient Safety Strategy Implementation (1/2)

Priority Area	Current Position	Status for HWE ICB
Just Culture.	• Ongoing work with HR within the ICB (i.e. staff survey results) and working with providers regarding psychologically safe and just culture across system. Supported by Patient Safety Incident Response Framework (PSIRF) implementation.	In progress.
Medical Examiner System for community deaths.	• The statutory Medical Examiner requirements has come into effect from 9th September 2024. Prior to the implementation date, all 3 local Medical Examiner Offices have confirmed the practices in their patch are engaged with the process. • The ICB is planning a lunchtime learning session for GP practices in October 2024.	On track.
PSIRF.	• ICS system implementation ongoing; all main Trusts are operating under PSIRF. Several small providers have transitioned to PSIRF, and the ICB is supporting a pilot for some HWE GP practices to adopt PSIRF in the coming months. • ICB oversight for our providers continues to develop, and a draft ICB protocol for joint investigation into multi-organisational incidents shared with the ICB Patient Safety Specialist Network for comment.	On track.
System-wide Learning from Deaths forum.	• An initial scoping meeting was held in July with partner organisations to discuss the purpose of the group, ongoing membership and Terms of Reference. The first full meeting of the group is scheduled for September.	On track.
Patient Safety Commissioner Consultation on 'Principles for Better Patient Safety'.	• The Patient Safety Commissioner recently opened up a public consultation on 7 proposed 'principles for better patient safety'. The proposed principles are in line with the ICS's work on patient safety and the expectations outlined in the National Patient Safety Strategy. The ICB has submitted a response to the consultation.	Completed.
Involving Patients in Patient Safety.	• Two Patient Safety Partners are in place within the ICB who are well-engaged with system-level safety work. Work is ongoing for the ICB Patient Safety Partner Policy and evaluation of the new role.	On track.

National Patient Safety Strategy Implementation (2/2)

Priority Area	Current Position	Status for HWE ICB
National Patient Safety Alerts.	• Robust processes in place within the ICB and with main Trusts. The ICB is currently reviewing the process in place internally to avoid duplication of work with medication alerts.	On track.
Transition from National Reporting and Learning System to Learning from Patient Safety Events (LFPSE).	• All main providers have transitioned to LFPSE. Due to some issues with the functionality of the system for ICB oversight, providers have been asked to continue to log those incidents identified for individual investigation (PSIIs) on the STEIS system (data platform). The rollout for primary care has been delayed and will be incorporated into the PSIRF pilot for GPs in HWE.	On track.
Patient Safety, Education and Training.	• Level 1 training uptake within ICB currently sitting at 91%. Level 2 training uptake at 83% as at August 2024.	On track.
National Patient Safety Improvement Programmes.	• All programmes led by the local Patient Safety Collaboratives, local providers and the ICB where appropriate are engaged in the main programmes of work.	On track.

Quality Improvement

Priority Area	Current Position	Status
Health Foundation Funding for Quality Improvement Network.	• The work linked to the successful Health Foundation bid has now been completed. • The bid supported the implementation of the HWE System Quality Improvement Network, including two face-to-face improvement events, regular Network meetings including patient engagement, development of a dedicated internet page, tracking and monitoring outputs and improvements. • The evaluation has now been completed following the successful face to face event that took place on 6th June.	Completed.
Herts and West Essex Quality Improvement Network.	• Ongoing development of the System Quality Improvement Network, currently just under 150 members. • NHS Futures Platform dedicated page and WhatsApp group in place • Ongoing work includes further development of the Network and setting up a forward planner mapping out future events and webinars. • Work ongoing to ensure sustainability of the Network.	On track.
NHS Impact.	• Baseline assessments have been completed for Trusts and ICB. ICB has undertaken analysis looking at system position based on submissions, this will be shared with the Quality Improvement Network. • Current work includes completion of NHS Impact self-assessment by organisations across system. • A meeting has recently taken place with the National Director to look at current progress as well as how NHS Impact can support the local system (these meetings are taking place with all systems). Feedback indicated HWE is on track and plans in place are in line with NHS Impact expectations.	In progress - on track.
ICB Quality Improvement.	• Scoping work required to increase capability and capacity within the ICB and across system for smaller providers and primary care. • Ongoing work to implement the shift in approach from assurance to improvement across the ICB and build improvement into 'business as usual' work. • Work required to adopt and implement the NHS Impact 5 priorities (shared purpose and vision; building improved focused culture; leaders at every level understanding improvement; consistent use of improvement methods; embedding of improvement into management processes). • ICB Senior QI Manager commences in post September 2024.	In progress - significant work required.

Safeguarding - All Age

Theme	Issue and Impact	Mitigating Action
Updated Guidance. Publication of refreshed Intercollegiate Safeguarding Adults Document July 2024.	• Guidance outlines recommended workforce to population headcount ratio for the designated safeguarding role. HWE ICB are currently operating below the threshold. • Sustainability of meeting statutory requirements. • Level 3 safeguarding adults training applicable to commissioners of health care services and quality teams within ICBs.	• On-going training needs analysis to ensure ICB workforce compliance with national guidance. • Promote updated guidance with ICB commissioned services. • Key changes, impact and risks, and consideration of future mitigations, are currently being reviewed by ICB senior leaders.
Workforce. Recruitment, retention and unplanned leave within the ICB safeguarding team and across the system.	• Reduction in staff capacity to meet safeguarding deliverables. • Reduced capacity in the Hertfordshire Child Death Overview Team, community and acute settings. • Preparation for Joint Targeted Area Inspection.	• Recruitment ongoing across the system. • Prioritisation of key workstreams to meet ICB statutory requirements. • All-age approach enables greater fluidity across systems.
New suicide notifications.	• Identification of learning will be undertaken through review process. • Outside of term time it is difficult for young people affected to access psychological support.	• Review for learning and action is being progressed. • Suicide prevention team continues to lead the of awareness campaigns. • ICB is supporting with acute psychological intervention and services are supporting young people and families affected to access this.

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

Area	Issue	Mitigating Action	Timescale
Measles.	The number of confirmed cases of measles in England has continued to rise.	• Local HWE ICS Measles 'round table' event undertaken in April 2024 followed by a regional event in May 2024. Both events reviewed learning from recent cases, reviewed existing local arrangements and identified areas for further action. • Additional ICB Measles preparedness meetings continue to discuss risks associated to the ICB including development of pathways to administer immunoglobulin and increase use of appropriate respiratory protective equipment within primary care. • System partners have developed measles pathways and learning shared from individual cases reported. • Measles webinar implemented at Princess Alexandra Hospital Trust (PAHT) with ICB and Health Protection involvement.	Ongoing.
C. diff.	Nationally C. diff cases above pre-pandemic levels and rising. ENHT, PAHT and East and North Hertfordshire Place are above the East of England regional rate. WHTHT, South and West Herts Place and West Essex Place are below the regional rate.	• ICB and Trusts continued analysis of C.diff and monitoring impact alongside Trusts taking forward needed actions as appropriate. • ICS Antimicrobial Stewardship Technical Working Group reviews antimicrobial prescribing data. Antimicrobial Stewardship Strategy in development by ICB Pharmacy and Medical Optimisation Team. • System wide C. diff actions in place and monitored via Trust IPC Committees. • Community surveillance undertaken for primary care and care homes. • National C. diff trajectories for current year not yet been published.	Ongoing.

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

Area	Issue	Mitigating Action	Timescale
Legionella.	High counts of Legionella reported in water samples from Aston Ward in Hertfordshire Partnership University Foundation Trust (HPFT) and St. Margaret's Hospital in Essex Partnership University NHS Foundation Trust (EPUT).	• Aston Ward remains closed at the Lister Hospital site. Service users re-located to alternative wards. Water safety experts being consulted, including through a site visit. • To-date there have been no outbreaks reported and no service users or staff infected. • HWE ICB attendance and support at the incident management meetings across system with action plans in place in both ENHT and EPUT to remove and replace required water safety equipment including pipework and filters. • Patient risk assessments completed whilst works are being completed. • Partnership Quality Visits implemented at St. Margaret's Hospital. • Legionella round table events planning underway to discuss shared learning. Please note aligned details on slide 23.	Ongoing.
Mpox.	Clade I Mpox virus (MPXV) is a high consequence infectious disease which may be more severe and transmissible than Clade II Mpox, which has been present in United Kingdom since 2022. There is increasing transmission of Clade I Mpox in Democratic Republic of Congo, and cases reported from surrounding countries in Central and East Africa.	• Briefing notes and guidance from UK Health Security Agency (UKHSA) have been distributed to system partners. This guidance highlights what needs to be done if a case is suspected. • UKHSA and ICB leads continue to monitor the situation. • Existing care pathways and policies which were developed in 2022 under review. • Meetings are being scheduled to ensure a consistent and effective system-wide and regional preparedness response.	Ongoing.

Mental Health - Childrens

Area	Issues and Mitigating Actions
Southend, Essex and Thurrock Child and Adolescent Mental Health Service (SET CAMHS) Eating Disorder Team Workforce. SET CAMHS eating disorder team is experiencing challenges in appointing team manager and clinical lead posts.	• Recruitment drives are ongoing, and the service continues to receive support from its wider organisation to minimise the impact on children and young people receiving support from the service. • This will continue to be monitored through the monthly contract meeting.
North and East London Foundation Trust (NELFT) Safeguarding Team Partnership Quality Visit. A quality visit was undertaken to NELFT Safeguarding Team who deliver Children and Adolescent Mental Health Services (CAMHS) across west Essex. The team have been in business continuity due to staffing and as a result reduced safeguarding support to practitioners.	• Improvement plan is in place to improve service delivery with ICB oversight for assurance. • Revisit agreed for October 2024, with support in place from Designates across the system.

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

Area	Issues and Overview	Mitigating Action	Timescale
HWE - Autism only reviews.	• Variable notifications across HWE. Numbers remain low locally and nationally.	• Learning from Hertfordshire autism only reviews continue to be presented to the LeDeR Leadership Group and learning will be explored via a scoping exercise. • SET LeDeR Team, Essex ICBs and Essex County Council (ECC) to work with All Age Autism Board to raise awareness of LeDeR with relevant workforce members. • Awareness raising actions continue to support people with autistsm without a learning disability have their deaths notified to LeDeR.	October 2024.
HWE- Annual Health Checks.	• Learning Disability (LD) Annual Health Checks (AHC) are not always taken up by individuals. • Quality of AHC's is variable and heath action plans (HAP) not always evidenced. Uptake of AHCs variable across age groups. • In Herts variable take up around offers of support for practices.	• Pilot evaluation to be reviewed and shared at SET Adults Learning Disability and Autism Health Equalities Board. West LD AHC Forum looking into uptake of AHCs of 14–17-year-old, improving quality of AHCs and HAPs moving forwards. • New Hertfordshire working group focusing on uptake of AHCs for ages of 14–17 years. • Hertfordshire Health Equality Nurse for 'hard to reach' supporting practices engage patients not attending for AHCs.	October 2024. March 2025. 12-month project started April 2024.
HWE - Service Access.	• LeDeR reviews highlight lack of flexibility around service access.	• New Information Standard notice requiring action by all system partners to implement Reasonable Adjustment Digital Flag. • Task and Finish group established with Integrated Care System leads for assurance of Digital Flag checklist to achieve compliance.	March 2025.

Maternity and Children

Issues and Overview	Mitigating Action
PAHT Dolphin Ward and Paediatric Emergency Department (July 2024). A number of quality improvement initiatives identified regarding improving the experiences of adolescents and young people attending the hospital. Actions from previous visits continue to be embedded alongside needed scrutiny and oversight of paediatric services.	• Monitoring of progress against actions will continue to be provided through monthly Paediatric Quality Group meetings.
SEND Inspection. Ongoing focus on the forthcoming SEND inspection expected imminently. Areas of focus include Education Health Care Plan and Autism waiting times, educational psychologist workforce, reports of over diagnosis and over medication and feedback from families around lack of improvements.	• HWE ICB children's commissioning team and wider agencies collaborative working continues focus on areas for improvement. • For Hertfordshire SEND, a stocktake exercise with Department for Education is planned from 16th -27th September 2024. The stocktake will review the priority action plan progress and will be reported for ministerial oversight.
Appropriate Placement for Young Person. Placements across the system remain challenged and the ICB are sighted on where long waits continue to impact. Young People remain on children's wards whilst local authorities seek appropriate placements.	• Regular multi-disciplinary meetings in place and routine follow ups undertaken regarding placements by Local Authorities with additional staff provided as required. • Legal advice on Deprivation of Liberty Court of Protection is sought where appropriate.
Dental Services for Children & Young People (CYP). HCT has escalated the increased CYP waiting list to access dental services, which impacts levels of CYP attending Emergency Department due to pain with resultant extractions.	• ICB exploring options for flexible commissioning enabling eligible practices apply for funding for Children Looked After (CLA) as thresholds are met. • Planned re-audit to monitor gaps in local services. • Funding decision awaited by ICB.

Local Maternity Neonatal System – LMNS

Area of Focus	Mitigating Action
HWE Midwifery Staffing. Impacts on skill mix, wider resource requirements and interdependencies, as well as preceptorship due to large cohort of students qualifying in September 2024.	• All Trusts carry out daily acuity reviews and safety huddles to monitor ward activity and support staff, with enhanced frequency based on acuity. • Workforce and training updates are now a standing item at LMNS Partnership Board, with midwifery staffing included on LMNS risk register. • Staffing increases within training teams. • ICB Maternity workforce team supporting the situation and region now have a specific student workforce lead. • LMNS looking at how we engage with shop floor teams, offering leadership opportunities within our team through involvement in Quality Improvement and service improvement projects. • LMNS looking at legacy midwives as a potential mid-term mitigation to support the supernumerary period while the number of newly qualified midwives are high. • Maternity Support Workers - upskilling work underway to support pipeline of staff at band 2/3 into Midwifery apprenticeships. • Professional Midwifery Advocates increased, and newly qualified midwives now aligned with a 'buddy'.
HWE Digital. Digital delivery work is ongoing with varying levels of implementation.	• Trusts to share learning across system and in supporting compliance and System Digital Midwife role now recruited to LMNS, anticipated start date September 2024. • Potential impact on data submissions relating to the Maternity Incentive Scheme has been escalated to the regional team and exception reports supported by NHS Resolutions. • Next steps include alignment of system wide audit processes in preparation for Year 7 Maternity Incentive Scheme.
HWE Culture. Culture remains an area of focus throughout national reports.	• Leadership teams across the system and LMNS becoming more stable following recruitment of permanent senior leadership. • Continued cultural workshops, listening events and Human Resources support are well embedded.

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

Area	Risk	Mitigating Action	Timescale
ENHT - Paediatric Audiology Services.	Risks due to a range of factors including robust governance, workforce, estates, capacity with limitations around mutual aid.	• ENHT continues to work with the ICB and other stakeholders with regular joint meetings in place and weekly internal meetings. • Ear, Nose and Throat pathways have restarted. • A Specialist Clinical Audiologist has been recruited and active recruitment to Band 8a continues. Ongoing workforce recruitment actions underway. • Mutual aid in progress and remains an area of risk with support from HCT and limited mutual aid from Cambridge University Hospital Trust and Chears. • Discussions undertaken regarding planning for 'Super Saturdays'. • Waiting list continues to grow. Focus on risk stratification of waiting lists and communication with partners across system and with families continues. • Estate site visits have been undertaken and options are being explored.	Ongoing.
ENHT - Ophthalmology service follow up overdue appointments.	East and North Hertfordshire Trust (ENHT) - Ophthalmology Service follow up appointments overdue.	• ENHT recovery meeting aligned to ENHT risk register. Plans to mitigate and manage risk to patients including implementation and continuous review of: electronic patient records, the clinical stratification for follow-up higher risk and clinical priority patients, including those with a learning difficulties, additional virtual clinical capacity and diagnostic capacity. • Ongoing work to support pathways of care. Alternative pathways for 'Urgent Eye Clinic'- the ICB is scoping a potential provision for a Minor Eye Clinic. • Speciality doctor began in August 2024 and diagnostic hub staff recruitment is in progress.	Ongoing.

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

Area	Issue and Impact	Mitigating Action	Timescale
ENHT- Mount Vernon Cancer Centre, Ovarian 30-day Systemic Anti-Cancer Therapy (SACT).	Risk of increased patient mortality related to Ovarian 30-day Systemic Anti-Cancer Therapy (SACT).	• NHSE and ICB oversight is in place. • The strengthening of pathway design and biochemistry. • External gynecology oncology peer support identified via University Central London Hospital (UCLH). • Short-term changes implemented for treat and transfer gynecology patients. Patient feedback related to gynecology is being reviewed. • Actions in place related to SACT 30-day mortality cases. • Ongoing pathway discussions with WHTHT. • Processes in place to identify good practice, learning / or inadequate care.	Ongoing.
WHTHT- Hemel Hempstead Hospital.	Chemical leak from decontamination machine at Hemel Hospital.	• Evacuation of Verulam Wing with emergency services attending and actions taken to make affected areas safe. • All services resumed quickly following the incident, learning exercise being undertaken.	Ongoing.
WHTHT Mortuary Services.	Mortuary facilities at Watford General Hospital and Hemel Hospital openings delayed - potential impacts to wider HWE mortuary services.	• The Watford site opening is planned for early to mid - October 2024. • Hemel Hempstead site due to reopen end of September 2024. • Mutual aid agreed to continue with ENHT with staffing support from WHTHT team. • Trust to discuss potential delay to a planned Human Tissue Authority (HTA) visit planned for November 2024. The ICB will offer support in advance of the HTA inspection.	Ongoing.
Please note that PAHT Ophthalmology improvement work remains an area of focus. Further progress related to wider Ophthalmology improvement work will be reported to a future Committee as appropriate.			

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

Area	Issue and Impact	Mitigating Action	Timescale
HPFT - Clinical readiness for discharge.	Clinical readiness for discharge to be maintained at a minimal level.	• Social worker is in place at Swift Ward; additional two social workers to support delayed discharges and out of area placements. • Strengthened contractual management arrangements. • Enhanced Discharge Team almost fully recruited. • Wider system work, led at HPFT Executives, to support the placement of longer-term delayed transfers of care (DToC) alongside bespoke planning. • Re-focus of discharge projects within Acute Pathway Improvement programme. • Multi-Agency Discharge Event week took place on 24/6/24, raising awareness of the service user/s ready for discharge and created opportunities to bring in wider system partners. • New system group in place focusing on service users with very long length of stay.	Ongoing.
HPFT - Attention Deficit Hyperactivity Disorder (ADHD) Referrals.	Unprecedented demand for ADHD diagnosis and treatment both nationally and locally across all age groups.	• Work ongoing to keep primary care colleagues updated on position. Confirmed processes to be finalised by December 2024. • Single Point of Access (SPA) continues to triage referrals for ADHD and those not meeting complexity threshold are referred with self-help and signposting. • ADHD referrals for individuals with more complex mental health and psychosocial difficulties and co-morbidities continue to be offered via specialist mental health initial assessment through local Adult Community Mental Health Services. • Current work underway to verify providers to be put on Right to Choice list.	Ongoing.
HPFT - Staff Sickness Rate.	Sickness levels above 4% target for Quarter 1.	• New wellbeing Application Programme launched in June 2024 and 500+ staff signed up and enhanced wellbeing discussions aligned to appraisal process. • The employee assistance programme service under review to ensure it meets staff's needs and manager's toolkit for supporting staff mental health launched. • The NHS Expectations of Line Managers and training is being rolled out to support approach. • HPFT work on self-care has led to improvements in annual staff survey results and pulse survey results. • People and organisational Development Group monitor impact of wellbeing plans.	Ongoing.

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

Area	Issue and Impact	Mitigating Action	Timescale
HPFT - Aston Ward.	Aston Ward at Lister Hospital has been closed since February 2024 as a consequence of recurring legionella in samples from water outlets. Impact for HPFT has included a loss of 15 - 20 beds.	• Both ENHT and HPFT have continued to focus on a range of actions to mitigate the ongoing legionella counts in water outlets for this unit. • New Victoria Court has been utilised; 5 patients identified as appropriate to transfer there due to the safety level of the unit. The site will be closing in mid-September 2024 and staff redeployed while Aston is closed. • HPFT Executive Team agreed to the following actions which are in the process of being implemented: - Block purchasing 5 beds from ELFT. ELFT has female bed capacity at their unit in Newham. A maximum stay of 5 days for crisis management before supporting back to the community. - Additional 15 bed block capacity with Herts Independent Sector Providers. Please note aligned details are provided on slide 15.	Ongoing.

Assurance and Oversight - Community

Area	Issue and Impact	Mitigating Action	Timescale
AJM Wheelchair Services for Hertfordshire.	**Patient experience:** • Increasing number of complaints with themes that remain consistent throughout. **Patient safety:** • Patient outcomes are negatively impacted by significantly increased waiting times. • Ineffective communication leading to escalated risks.	• HWE ICB approach continues to be coordinated across multi-disciplinary team to obtain needed assurance and oversight of priority improvement progress in collaboration with AJM. • Quality escalation and improvement actions in place, aligned to the National Quality Board Guidance for risk and escalation.	Ongoing.

Assurance and Oversight - Primary Medical Care

Primary Medical Care	ICB Place	Inadequate	Requires Improvement	Good	Outstanding	Awaiting publication	Total
	East North Herts (ENH)	0	4	42	0	1	47
	South and West Herts (SWH)	0	1	47	1	0	49
	West Essex (WE)	1	0	25	1	2	29

GP Practice Place	Issue	Mitigating Action	Timescale
West Essex.	1 practice rated as Inadequate and placed in special measures following inspection November 2023 (published March 2024).	• Support from ICB teams provided to practice to address highest risk issues. • ICB Contract and Quality visit arranged.	• Ongoing. • September 2024.
West Essex.	1 practice re-inspected in June 2024, with Care Quality Commission (CQC) feedback recently provided.	• Support provided from ICB teams with addressing CQC issues raised and recommendations	• Ongoing.
Hertfordshire and West Essex.	Five practices within HWE are currently rated as 'Requires Improvement' by the CQC.	• Support offered/provided by ICB Primary Care and Quality Teams to address CQC issues raised • Support from ICB specialist teams as required for example, medicines, IPC and Safeguarding. • Action Plan monitoring and support offered.	• Until next CQC inspection/ assessment and review.
Hertfordshire and West Essex.	There is a risk that practices are yet to be identified as not meeting the required quality standards. CQC commenced to new assessment process managed by new CQC teams.	• Resilience Index Tool in Place Risk and Information sharing meetings to offer timely support if required to reduce risks. • Pilot ICB Contract and Quality review and visit rolling programme for practices commenced, alongside review of ICB/CQC core offer.	• Ongoing. • Pilot phase live until October/ November 2024.

Assurance and Oversight - Care Homes

ICB Place	Outstanding	Good	Requires Improvement	Inadequate	Inspected and waiting publication	Total
East North Herts (ENH)	2	80	19	1	12	114
South and West Herts (SWH)	8	89	26	2	9	134
West Essex (WE)	0	39	5	0	4	48
Herts and West Essex (HWE)Total	10	208	50	3	25	296

Area	Issue	Mitigating Action	Timescale
HWE.	• 3 homes rated 'Inadequate'. • 50 homes rated 'Requires Improvement'. • 10 homes rated 'Outstanding'. • 208 homes rated 'Good'.	CQC action plans in progress. Key support and signposting offered from care home team. Identify with system partners how good practices can be shared to benefit all providers.	Ongoing. Ongoing.
ENH.	One new older people residential home with 80 beds opened in Bishops Stortford.	Contact made with home and signposted to available support services. General Practitioner (GP) cover discussions in progress.	Ongoing.
SWH.	One home in a formal quality monitoring process Key concerns: • Care planning. • Governance. • Leadership.	Joint visits with ICB Nursing and county council colleagues. Six weekly system-wide partner formal strategic management meetings. Signposting to support and training.	Ongoing.

Acronyms (1/2)

ADHD	Attention Deficit Hyperactivity Disorder
AHC	Annual Health Check
CAMHS	Child Adolescent & Mental Health Services
CHC	Continuing Healthcare
CQC	Care Quality Commission
CYP	Children and Young People
DTA	Discharge to Assess
DTOC	Delayed Transfer of Care
ECC	Essex County Council
ED	Emergency Department
ELFT	East London Foundation Trust
ENH	East and North Hertfordshire
ENHT	East and North Hertfordshire NHS Trust
EPR	Electronic Patient Record
EPUT	Essex Partnership University NHS Foundation Trust
GP	General Practitioner
HAP	Health Action Plan
HCT	Hertfordshire Community NHS Trust
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HTA	Human Tissue Authority
HWE	Hertfordshire West Essex
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention and Control
LD	Learning Disability
LeDeR	Learning Disability Mortality Review
LGBTQ	Lesbian , Gay , Bisexual, Transgender and Queer
LFPSE	Learning from Patient Safety Events
LMNS	Local Maternity and Neonatal System
MDT	Multi Disciplinary Team
Mpox	Clade I Mpox Virus

Acronyms (2/2)

MVCC	Mount Vernon Cancer Centre
NHS	National Health Service
NHSE	NHS England
NELFT	North East London NHS Foundation Trust
PAHT	Princess Alexandra Hospital NHS Trust
PALS	Patient Advice and Liaison Service
PSIRF	Patient Safety Incident Response Framework
PTL	Patient Tracking List
QI	Quality Improvement
SACT	Systemic Anti-Cancer Therapy
SEND	Special Education Needs and Disabilities
SET	Southend , Essex and Thurrock
SPA	Single Point of Access
STEIS	Strategic Executive Information System
SWH	South and West Hertfordshire
UKHSA	United Kingdom Health Security Agency
UCLH	University College London Hospitals NHS Foundation Trust
WE	West Essex
WHTHT	West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**27/09/2024**	
Report Title:	**HWE ICS Performance Report**				**Agenda Item:**	**11**	
Report Author(s):	• Stephen Fry, Head of Performance West Essex, Hertfordshire & West Essex ICB • John Humphrey, Head of Performance East and North Herts, Hertfordshire and West Essex ICB • Alison Studer, Head of Performance, South and West Herts, Hertfordshire & West Essex ICB						
Report Presented by:	Frances Shattock, Director of Performance and Delivery, Hertfordshire & West Essex ICB						
Report Signed off by:	Frances Shattock, Director of Performance and Delivery, Hertfordshire & West Essex ICB						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☒	**Information** ☒
Which Strategic Objectives are relevant to this report	▪ Improve access to health and care services ▪ Increase healthy life expectancy, and reduce inequality						
Key questions for the ICB Board / Committee:	▪ Are there any further actions the Board would recommend for assurance beyond those already being taken by the HWE ICB System Transformation and Quality Improvement Committee						
Report History:	HWE ICB System Transformation and Quality Improvement Committee, 11th September 2024						

Executive Summary:	Since reporting to the July Board, there has been improvement, or continued positive performance, in many key areas:
	
	• NHS111 abandoned call rates improved further to 4.9%
	• 4-hour ED performance improved further to 75.2%
	• Hours lost to ambulance handover are ahead of trajectory
	• The 78-week elective backlog continues to reduce, with WHTH and PAH both reporting zero for July
	• Cancer performance continues to better regional and national averages
	  ○ The 28-day cancer faster diagnosis standard was again met
	  ○ The 62-day ambition of 70% for 24/25 was also achieved
	• Learning Disability Annual Health Checks (LDAHC) – all Places are outperforming their equivalent June 23 positions						

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

Community Adult MH waits for a 2nd contact improved further to 53 days, compared to the national average of 129 days
The % of adults waiting <18 weeks for community services remains strong at 92.6% compared to the national average of 84.9%
GPPS 2024 Dental Access results shows HWE as the best performing in East of England

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

CHC assessments within 28 days have improved slightly over the last two months but remain significantly challenged, most notably in South & West Hertfordshire with performance at 28% in June
6-week wait diagnostics performance fell to 55.5%, primarily driven by a decline at ENHT following the inclusion of Audiology data. HWE now has the lowest system performance in England
Cat 2 ambulance response times remain the highest in the region
65-week waits are behind planned trajectory overall for the system, with PAH being the most pressured trust. The national zero ambition for September is forecast to be missed
Children’s community waiting lists (including for ASD & ADHD) remain high, with waiting times notably longer than in adult services
The 28-day CAMHS access standard in Hertfordshire has not been achieved since 2021

</td></tr>
<tr><td>Recommendations</td><td colspan="4">▪ To note Executive Summary highlights as reported to the HWE ICB System Transformation and Quality Improvement Committee</td></tr>
<tr><td rowspan="3">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">Actions detailed by programme area to support timely patient flow through the system, reduce length of waits for treatment and mitigate risk to patient safety where performance is poor</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">Linked to Performance Directorate Risk Register. Datix Refs:

608 Urgent & Emergency Care
609 Mental Health
610 Elective Recovery

</td></tr>
</table>

	• 611 Diagnostics • 612 Cancer • 645 Community Waits (Children)	
Financial Implications:	N/A	
Impact Assessments:	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

Hertfordshire and
West Essex Integrated
Care System

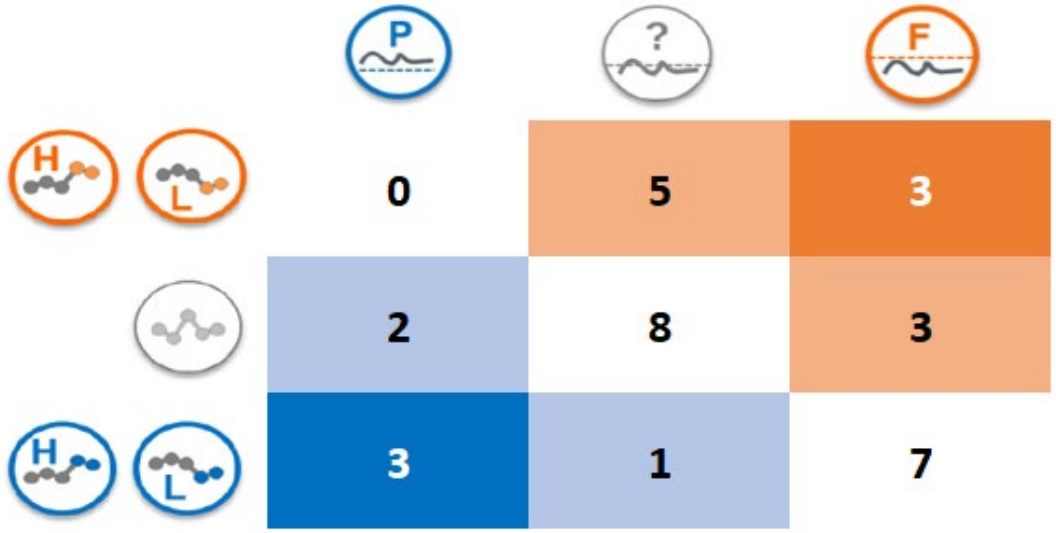
HWE ICS Performance Report

September 2024

Working together
for a healthier future

Executive Summary – KPI Risk Summary

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



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

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

Low Risk	Programme
2 Hour UCR	UEC
Patients discharged before Noon	UEC
Community Waits (Adults)	Community

Variable Risk	Programme
% of on the day GP Appointments	Primary Care
% of <14 day GP Appointments	Primary Care
Dementia Diagnosis	Primary Care
NHS 111 Calls Abandoned	UEC
Ambulance Handovers	UEC
ED 4 Hour Standard	UEC
No Criteria to Reside (NCTR)	UEC
Out of Area Placements	Mental Health
Talking Therapies	Mental Health
Severe Mental Illness (SMI) Health Checks	Mental Health
31 Day Standard	Cancer
62 Day Backlog	Cancer
62 Day Standard	Cancer
RTT 78 Week Waits	Elective
RTT 52 Week Waits	Elective

High Risk	Programme
Ambulance Response Times	UEC
CAMHS 28 Day Standard	Mental Health
Community MH - CYP Waits for 1st Appt	Mental Health
Community MH - Adult Waits for 2nd Appt	Mental Health
RTT 65 Week Waits	Elective
Theatre Utilisation	Elective
Autism Spectrum Disorder (ASD)	Community
Attention Deficit Hyperactivity Disorder (ADHD)	Community

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

Executive summary

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

- Hours lost to handover >15mins continues a trend of improvement. 1,960 hours were lost in July, which is ahead of trajectory to reach the system's fair shares target by Mar-25
- 4-hour ED performance improved to 75.2%, narrowly missing the July recovery trajectory of 76.2%. Largely driven by WHTH gains. Significant variation at Place level (ENH 72.9%; SWH 83.5%; WE 65.8%)
- NHS 111 abandoned call performance continues to improve. Whist not achieving the 3% national standard, July's abandonment rate of 4.9% was the lowest since September 23
- Category 2 ambulance response times reduced slightly to 48 minutes in July. However, HWE continues to have the longest response times in the region, with the EOE average being 34 minutes

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

- Following a 7-month trend of reduction, the overall elective PTL has grown slightly in each of the last 4 months
- 78-week waits continue to improve, with WHTH and PAH both reporting zero at end of July. ENHT are forecasting zero for September
- 65-week waits are behind planned trajectory overall for the system, with PAH being the most pressured trust. The latest end of September forecast is 359 against the national zero ambition

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

- 6-week wait performance across the ICS fell to 55.5%, primarily driven by a decline at ENHT following the inclusion of Audiology data. HWE now has the lowest system performance in England

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

- 28-day Faster Diagnosis Standard (FDS) performance improved in May and June months and is meeting this year's 77% ambition at 80.2%
- 62-day performance is meeting the 70% target, but with notable variation at Trust level (ENHT 82.8%; WHTH 74.1%; PAH 52.3%). 31-day performance continues to fluctuate just short of the national 96% standard

MENTAL HEALTH / LD	**Community MH (1st appt)**	**National: HWE better than average (Adult)**	**LDAHC**	**Regional: HWE better than average**

- Learning Disability Annual Health Checks (LDAHC) – performance remains strong with all three Places exceeding their equivalent 23/24 positions at this point in the year
- The rise in Out of Area Placements (OAPs) seen in early 2024 has been stemmed, with current levels fluctuating around the historic average. Aston Ward at The Lister remains closed with ongoing estates work
- Community Adult MH waits for a 2nd contact improved further to 53 days for the quarter to June. This is now back to the historic mean, and significantly better than the national average of 129 days

CHILDREN	**Various**	**Community 18 Week %: HWE worse than national**	**Community MH 2nd Appts: HWE better than national**

- The total number of children on community waiting lists remains very high but has plateaued over the last 14 months. Longest waits have increased further to 127 weeks, compared to 51 weeks for adults
- 18 week % for children's community waits is 43.2%, compared to the national average of 55.8%. The main pressure areas continue to be Community Paediatrics, therapies and Audiology services
- Autism Spectrum Disorder (ASD) waiting lists and times continue to grow as 24/25 funding / investment remains unresolved. ADHD services are also high risk due to rising demand and waiting lists
- The 28-day CAMHS access standard in Hertfordshire has not been achieved since 2021. At c.70%, performance is notably better than Q4 23/24, but continuing vacancies are impacting full recovery
- Children's waits for a Community MH 1st appointment continue to better the national average. However median waits are 133 days, compared to 53 days for a 2nd contact in adult services

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

- The % of adults waiting <18 weeks remains strong at 92.6% compared to the national average of 84.9%

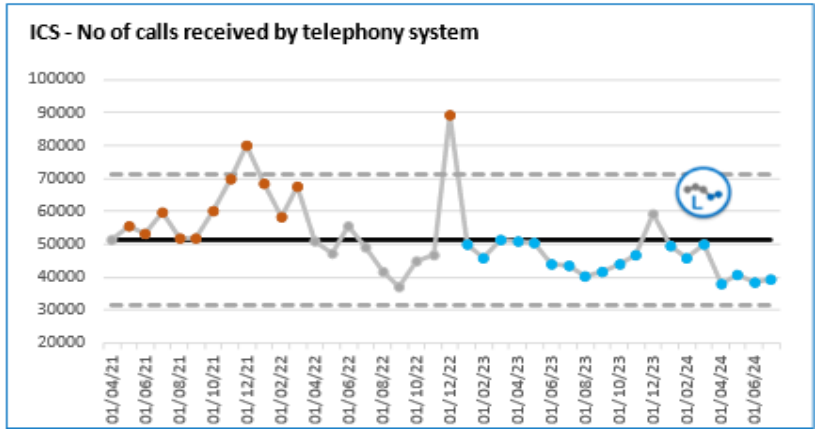
PRIMARY CARE & CHC	**Appointments <14 Days**	**National: HWE in line with national average**

- GPPS 2024 Dental Access results shows HWE as the best performing in East of England
- The % of appointments seen on the same day remains within common cause variation limits. The % seen within 14 days of booking is marginally below this year's plan of 89%
- CHC assessments within 28 days have improved slightly over the last two months but remain significantly challenged, most notably in South & West Hertfordshire with performance at 28% in June

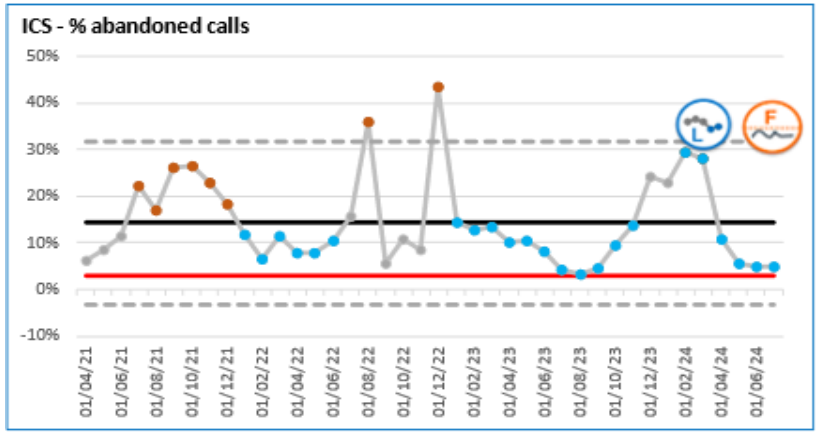
Performance by work programme

Slide 5: NHS 111
Slide 6: Urgent 2 Hour Community Response
Slide 7: Ambulance Response & Handover
Slide 8: Emergency Department
Slide 9: UEC Discharge & Flow
Slide 10: Planned Care
Slide 12: Diagnostics
Slide 13: Theatre Utilisation & Productivity
Slide 14: Cancer
Slide 16: Mental Health
Slide 24: Autism Spectrum Disorder (ASD)
Slide 27: Attention Deficit Hyperactivity Disorder (ADHD)
Slide 29: Community Wait Times
Slide 33: Community Beds
Slide 35: Integrated Care Teams
Slide 37: Continuing Health Care
Slide 38: Primary Care
Slide 40: Performance against Operational Plan
Slide 41: Appendix A, Performance Benchmarking
Slide 42: Appendix B, Statistical Process Control (SPC) Interpretation
Slide 43: Appendix C, Glossary of Acronyms

NHS 111



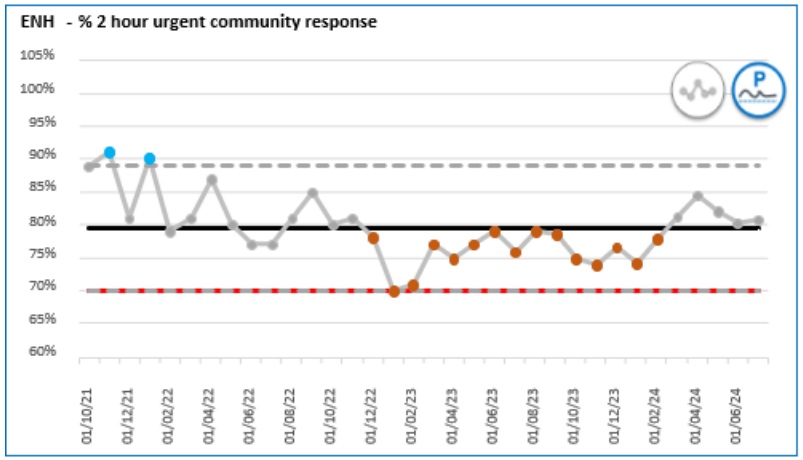
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Hertfordshire	40,96	44,29	42,71	47,28	41,15	41,25	48,10	59,03	67,42	58,72	50,28	58011	40,99	38,10	44,67	39,74	33,48	30,01	35,97	37,40	72,59	40,95	37,02	41370	40,90	40,64	35,30	35,33	32,70	34,06	35,31	37,48	48,14	39,46	36,87	39,93	30,55	32,59	31,14	31,47
West Essex	10,19	11,29	10,45	12,19	10,59	10,78	12,17	10,98	12,41	9,549	8,013	9377	9,904	9,165	10,64	9,452	8,020	7,255	8,861	9,121	16,41	9,145	8,739	9878	9,924	9,715	8,465	8,275	7,472	7,799	8,626	9,368	11,96	9,629	8,770	9,846	7,303	7,949	7,469	7,731
ICS	51,16	55,58	53,17	59,47	51,74	52,04	60,27	70,01	79,84	68,27	58,29	67,38	50,89	47,26	55,32	49,19	41,50	37,26	44,84	46,52	89,01	50,09	45,76	51,24	50,83	50,35	43,77	43,61	40,17	41,86	43,93	46,84	60,11	49,09	45,64	49,77	37,85	40,54	38,61	39,20

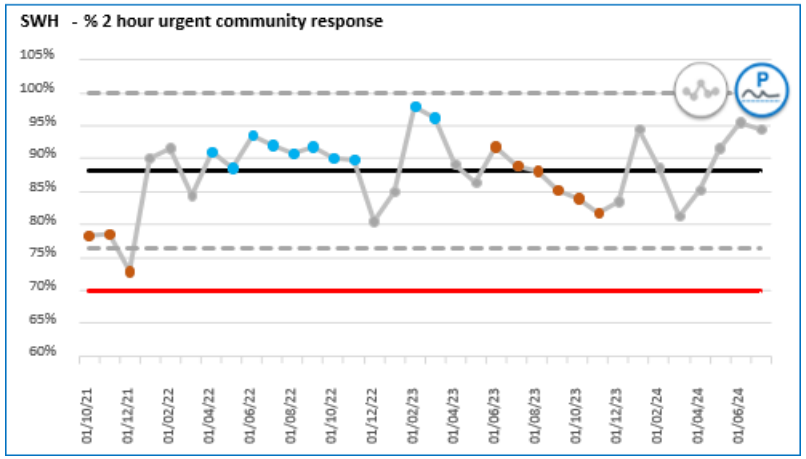


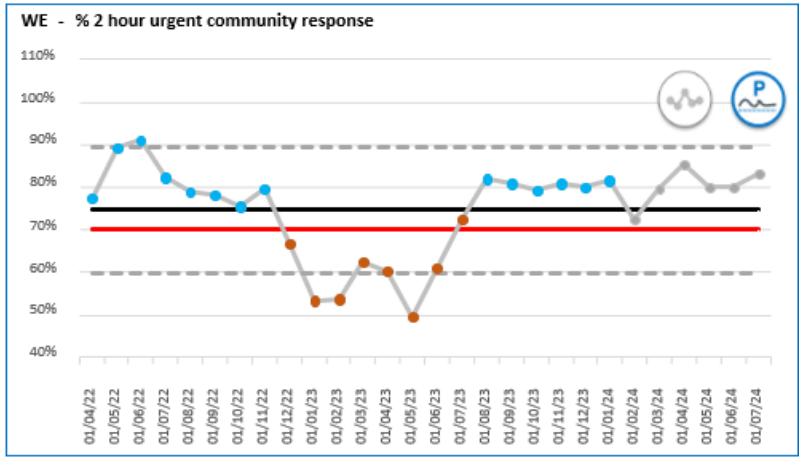
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Hertfordshire	6.1%	8.3%	11.2%	21.7%	16.4%	25.6%	25.7%	22.5%	18.0%	11.7%	6.5%	11.6%	7.8%	7.4%	10.3%	15.0%	35.5%	5.6%	10.5%	8.1%	42.7%	13.8%	12.7%	13.0%	10.2%	10.3%	8.2%	4.3%	3.3%	4.5%	9.6%	13.7%	24.3%	23.3%	29.8%	28.1%	10.8%	5.6%	5.0%	4.9%
West Essex	7.1%	9.4%	12.4%	25.1%	19.2%	29.1%	29.0%	25.1%	19.0%	11.8%	6.3%	11.9%	8.5%	9.4%	11.8%	18.5%	38.5%	6.2%	11.8%	9.6%	46.2%	16.2%	13.7%	14.7%	10.9%	12.1%	8.7%	4.7%	3.3%	4.8%	8.6%	13.6%	23.5%	21.2%	28.2%	29.2%	11.5%	5.3%	4.7%	5.0%
ICS	6.3%	8.5%	11.5%	22.4%	17.0%	26.3%	26.4%	23.0%	18.2%	11.7%	6.4%	11.6%	7.9%	7.8%	10.6%	15.7%	36.1%	5.7%	10.7%	8.4%	43.4%	14.3%	12.9%	13.4%	10.3%	10.6%	8.3%	4.3%	3.3%	4.6%	9.4%	13.7%	24.1%	22.9%	29.5%	28.3%	10.9%	5.6%	5.0%	4.9%

ICB Area	What the charts tell us	Issues	Actions
HUC	• Call volumes have been consistently trending below the historic mean for the last 17 months, other than a spike in December when more than 10,000 additional calls were received • Significant improvement in abandoned call rates from the yearly highs seen in February and March	• Recruitment continues to be challenging, particularly for evening / weekend shift patterns as these are not desirable • Volume of high calibre candidates for future training courses has been hindered. Candidates delay start of training due to summer holidays and childcare • National shortage of smartcards has increased the average handling time for new starters, of which c.30% are in their probation period	• Escalation of smartcard shortage issue to NHSE • Cross-site networking remains in place as HUC moves to a pan-HUC model to increase efficiencies and resilience. As a result, rota fill has continued to improve through July • Deep dive into average handling time to review mitigations and improve KPI performance • Deep dive into pan-HUC rotas to ensure resilience against demand spikes and seasonal variation • Actively promoting health and wellbeing to ensure staff are well supported • Continued assessment centres to support high attrition levels. Regular meetings are taking place with recruitment teams, and strategic plan in place for the next 3 months

Urgent 2 Hour Community Response (UCR)





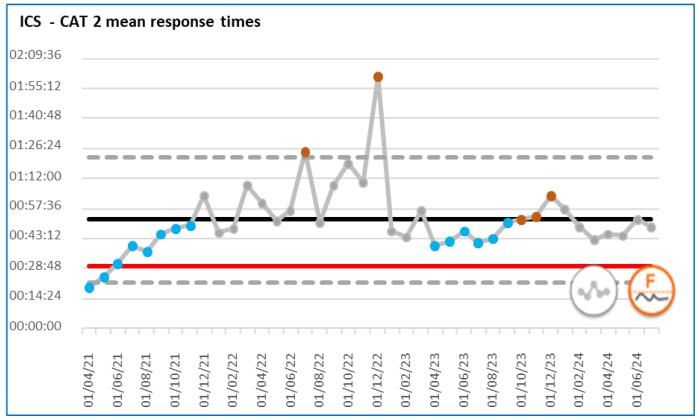


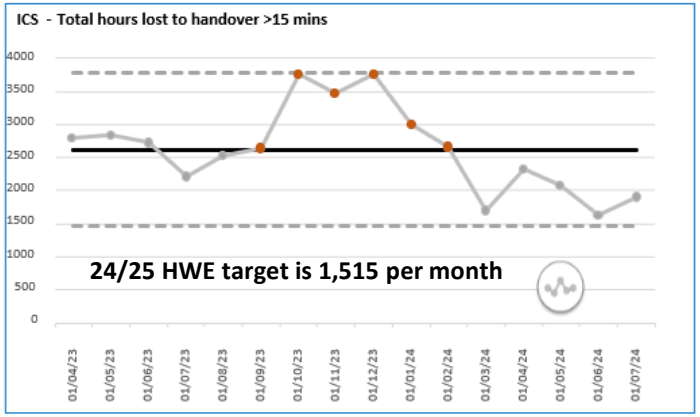
Activity	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
West Essex	330	394	399	453	344	301	313	317	412	397	416	391	461
East & North Herts	641	649	693	643	631	650	709	568	707	736	691	621	659
South & West Herts	232	159	175	180	158	157	213	212	209	237	217	246	204

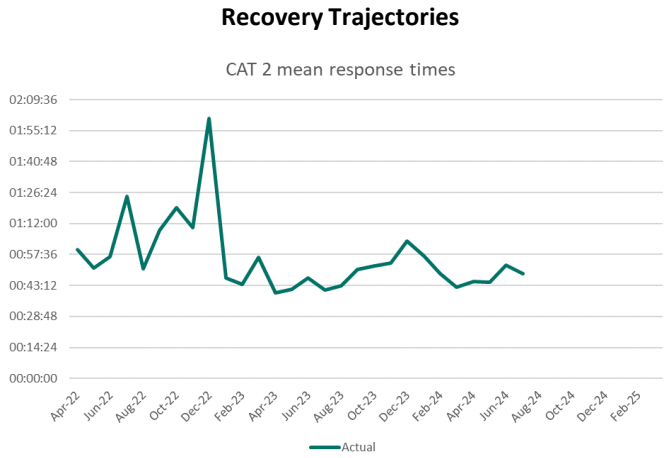
ICB Issues, escalation and next steps

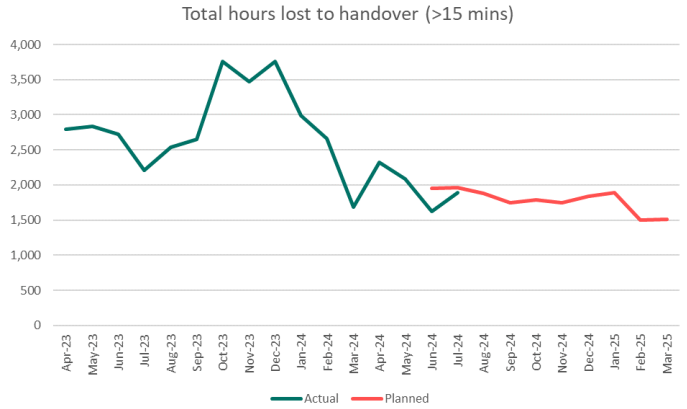
- The ICS and all 3 Places continue to achieve the 70% standard
- CLCH Trust wide task and finish group set up to ensure data is pulled correctly. Weekly validation between divisional business team and service remain in place

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









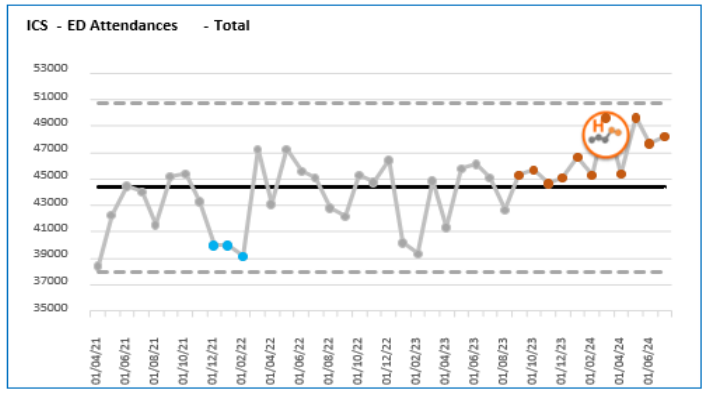
What the charts tell us

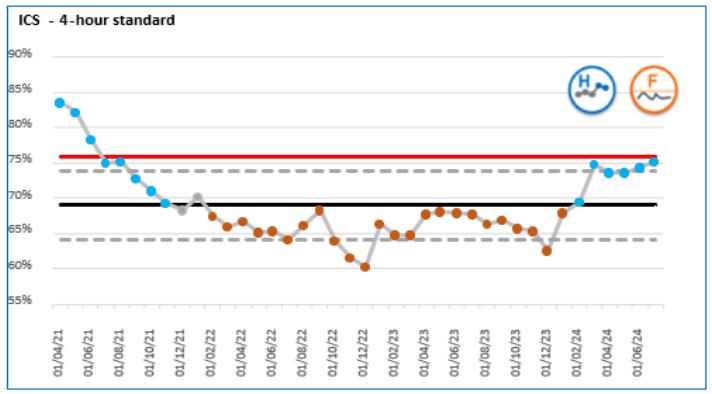
- The mean Category 2 ambulance response time was 48 minutes in July. This is higher than Jul-23 (41 minutes) and is significantly adrift of the national 30-minute standard
- Mean C2 response times in HWE are consistently longer than the regional average, which in Jul-24 was 34 minutes
- Hours lost to handover >15 mins have decreased significantly from a peak of 3757 in Dec-23 to 1960 in Jul-24. This is ahead of the trajectory to reach the system's fair shares target by Mar-25

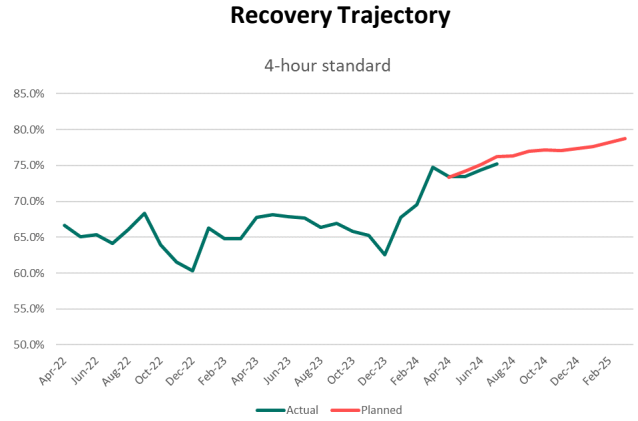
ICB Issues and actions

- Ambulance incidents across the system were 8% higher in Jul-24 compared to Jul-23
- c.90 WTE vacancies at EEAST in the HWE region
- This means that the patient facing staffing hours per ambulance incident was 5.2 in HWE in Jul-24 compared to 5.9 across the region as a whole
- From September, EEAST is going to be a Tier 1 organisation and subject to Tier 1 meetings with NHSE. This is primarily in response to EEAST's CAT 2 mean response time performance

UEC – Emergency Department







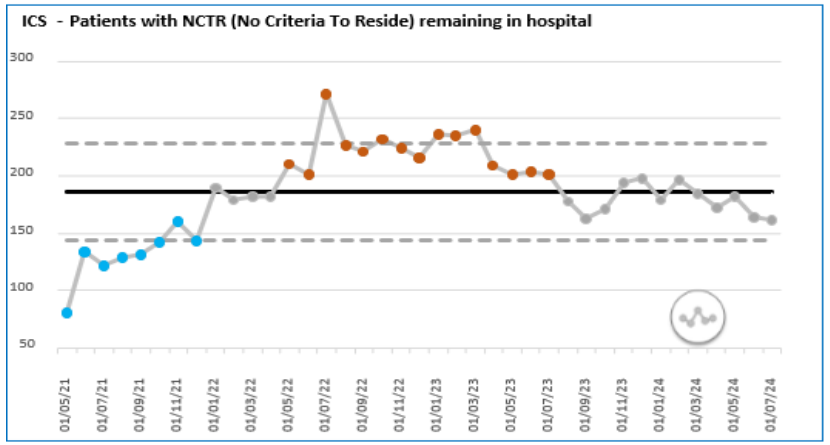
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
East And North Hertfordshire Place (ENHT and HUC)	15,23	16,65	17,78	17,60	16,81	18,38	18,41	17,50	16,21	15,98	15,93	19,13	17,01	19,00	18,00	18,23	17,11	16,83	17,83	17,42	17,78	15,77	15,35	17,58	15,95	18,22	18,13	17,59	16,63	17,70	17,93	17,65	17,76	17,93	17,92	19,73	18,14	16,71	18,70	19,09
West Hertfordshire Hospitals NHS Trust	13,20	14,41	15,17	15,22	13,94	14,97	15,20	14,52	13,42	13,53	13,02	15,53	14,73	15,63	15,63	15,14	14,83	14,13	15,54	15,55	16,66	14,11	13,70	15,73	14,75	16,02	16,07	15,89	14,86	15,96	15,77	15,93	16,15	16,59	15,64	17,28	16,31	17,39	17,14	16,95
West Essex Place (PAH and HCT)	10,05	11,22	11,53	11,21	10,79	11,78	11,75	11,28	10,33	10,50	10,16	12,61	11,39	12,57	12,00	11,68	10,89	11,37	11,96	11,80	12,01	10,33	10,31	11,58	10,58	11,52	11,88	11,54	11,20	11,68	12,00	11,08	11,12	12,16	11,67	12,60	10,96	12,58	11,78	12,16
ICS	38,47	42,29	44,48	44,03	41,54	45,14	45,37	43,30	39,97	40,03	39,12	47,28	43,13	47,21	45,64	45,06	42,84	42,14	45,33	44,78	46,46	40,22	39,37	44,90	41,29	45,77	46,09	45,03	42,70	45,34	45,70	44,66	45,04	46,69	45,24	49,63	45,42	49,69	47,63	48,20

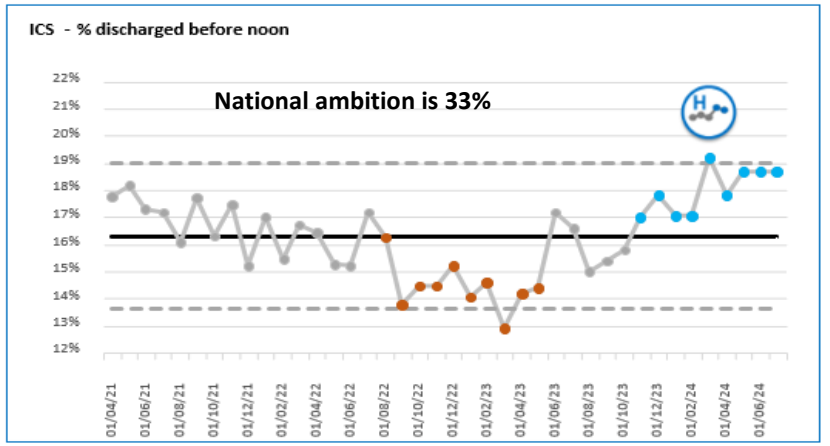
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
East And North Hertfordshire Place (ENHT and HUC)	84.8%	85.9%	80.8%	77.5%	76.3%	72.8%	73.1%	72.2%	76.2%	74.2%	73.2%	71.5%	70.9%	70.5%	70.9%	70.1%	67.5%	67.1%	69.7%	70.2%	71.9%	70.7%	68.4%	68.4%	69.6%	69.3%	67.2%	67.6%	70.5%	69.5%	69.6%	67.0%	69.8%	68.8%	66.7%	69.6%	69.7%	70.2%	67.2%	67.0%	67.5%	67.2%
West Hertfordshire Hospitals NHS Trust	86.0%	83.0%	79.1%	73.9%	76.1%	77.6%	73.6%	70.5%	74.6%	63.3%	65.7%	62.1%	65.8%	62.1%	65.8%	62.2%	60.5%	63.2%	65.5%	67.0%	70.2%	64.6%	60.2%	66.0%	68.4%	69.0%	68.1%	67.1%	69.4%	74.1%	73.1%	69.1%	68.7%	68.6%	71.8%	67.1%	69.5%	67.0%	67.8%	67.6%	68.3%	65.5%
West Essex Place (PAH and HCT)	78.7%	75.8%	67.3%	67.2%	67.1%	69.6%	66.4%	64.2%	66.3%	67.6%	68.2%	67.1%	69.6%	68.2%	69.6%	69.6%	68.4%	69.6%	69.6%	70.2%	68.6%	69.6%	62.7%	65.6%	69.5%	69.6%	70.5%	69.5%	69.5%	69.5%	69.8%	69.5%	67.6%	67.6%	69.5%	68.6%	69.5%	67.1%	69.5%	63.3%	67.2%	67.1%
ICS	83.6%	82.2%	78.3%	76.4%	75.9%	75.1%	72.7%	71.0%	69.2%	68.2%	67.0%	67.5%	66.5%	66.6%	66.5%	65.1%	64.5%	64.1%	66.5%	66.1%	68.4%	66.4%	64.0%	66.1%	51.6%	63.9%	66.2%	66.4%	64.8%	66.4%	67.8%	67.8%	68.2%	67.8%	67.7%	66.4%	67.0%	66.5%	63.9%	62.6%	67.8%	69.5%	67.4%	69.7%	67.5%	67.3%	67.4%	67.5%	67.2%

What the charts tell us	Issues	Actions

• 4-hour ED performance at a system level improved from 74.4% in June to 75.2% in July
• This is the fifth month in a row when the ED performance has been above / close to the upper process limit
• However, performance remains slightly below the recovery trajectory target of 76.2% for Jul-24
• The number of attendances remain high and have been above average for 11 months in a row
• There is significant variation at place level and the gaps between places have increased. In July:
  ○ SWH = 83.5%
  Improving trend
  ○ ENH = 72.9%
  Improving trend
  ○ WE = 65.8
  Common cause variation
	• Continued high demand and high acuity of patients. ED attendances across the system were 7% higher in Jul-24 than they were in Jul-23
	• Mental Health (MH) presentations at ED remain high, coupled with a shortage of beds / assessment space. Analysis suggests that MH patients are more likely to wait >12 hours
	• Hospital flow remains challenging with high occupancy rates, especially at PAH where average bed occupancy in July was 96.5%
		System
		• System-wide demand management workshop taking place in August
		East and North Herts
		• Lister UTC opening hours extending to 12pm (Aug-24)
		• New ED registrar rosters start (Aug-24)
		• CDU chairs expand to 10 (Aug-24)
		• Paediatric UTC (Aug-24)
		• New Combined Streaming & Triage (Striage) process
		• ED admitting rights for some defined pathways
		West Essex
		• Review of Medical and Surgical SDEC demand vs staffing capacity across 7 days (Aug-24)
		• Refocus on Clinically Ready to Proceed within Furthers (Aug-24)
		• Child Health and Women's Services Division (CHAWS) focus on 4 key work streams: Model of Care, Governance, Pathways, Data & BI (Aug-24)
		• DVT pathway established - SDEC to IUATC (Aug-24)
		South and West Herts
		• West Herts had the fifth best ED performance nationally in July (excluding specialist children's hospitals)
		• Forthcoming actions focused more on discharge / flow and are therefore covered in the following section

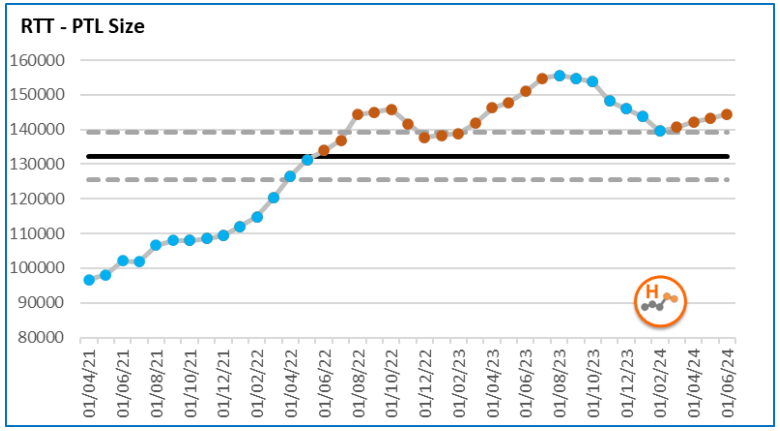
UEC – Discharge & Flow





What the charts tell us	Issues	Actions
• The system-level daily average number of patients with no criteria to reside remaining in hospital has been reducing over the last two years, but remains within common cause variation limits • The Jul-24 figure of 162 patients per day is the lowest since Dec-21 • The % of patients discharged before noon is improving, but this is primarily driven by improvements at WHHT	• There remains significant variation across the three HWE acute trusts for the % of patients discharged before Noon. In Jul-24: ○ ENHT – 17.9% ○ WHTH – 23.3% ○ PAH – 11.8% • The issues are typical discharge challenges, including: ○ Availability of out-of-hospital capacity ○ Complex discharges ○ Internal process delays	**East and North Herts** • Set parameters for discharge improvement work. MADE week 9th -13th September 2024 • New complex care pathway implemented • Review TOCH function **West Essex** • 2-week audits conducted - community bed utilisation review and VH referrals and utilisation of capacity • Design Voluntary Sector Role in D2A (Pathway 0 & 1) (Aug-24) • Refreshed focus on Pathway 0 discharges and discharges before 12pm (Aug-24) • CCC patient tracker to be shared with Place UEC leads (Aug-24) **South and West Herts** • Develop proposal for transfer of care hub and share with senior leaders (Sep-24) • Discharge-to-assess staff in place (Aug-24) • Develop detailed resource map for discharge pathway

Planned Care – PTL Size and Long Waits



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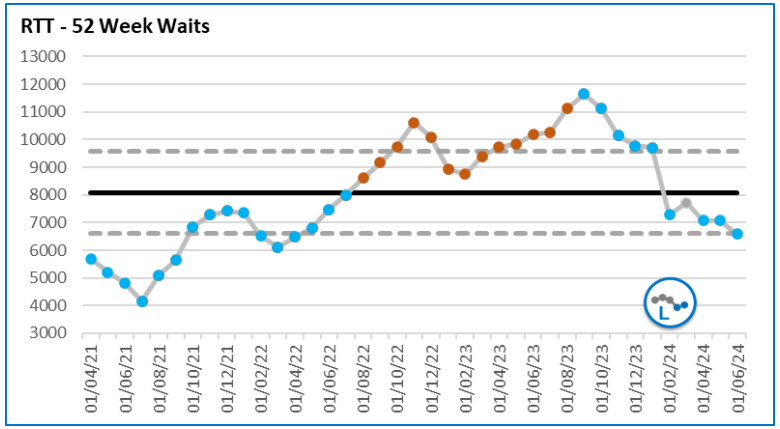
EAST AND NORTH HERTFORDSHIRE NHS TRUST	50312	50103	52368	51326	54504	54794	54200	53331	49521	48264	47103	49182	51259	52241	53993	55737	59979	58006	59917	60713	60999	60488	61406	61782	62296	62295	63245	63592	62958	63472	63258	61909	61208	59807	55116	56022	57103	58098	59050
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	25025	25842	27093	27823	28401	28438	28380	29017	32809	36110	40241	45085	49522	53146	54626	55530	57611	60326	59727	53831	49537	50343	50169	52995	56574	57933	60626	62689	64384	62966	63054	60236	58731	58220	58693	58599	57474	55671	53409
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	21297	22126	22654	22706	23706	24827	25359	26196	27081	27688	27444	26157	25780	25862	25287	25573	26759	26623	26237	27093	27172	27408	27247	27012	27372	27523	27137	28442	28312	28341	27426	26056	25991	25767	25715	26067	27687	29389	31928
ICS	96634	98071	102115	101851	106610	108059	107993	108544	109411	112063	114788	120424	126561	131249	133906	136840	144349	144955	145881	141631	137708	138239	138824	141789	146242	147755	151008	154721	155654	154779	153738	148201	145930	143794	139524	140688	142264	143158	144387



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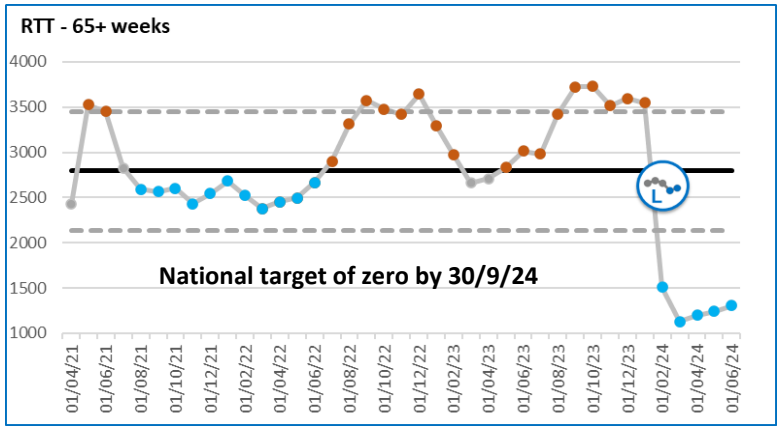
	202122												202223												202324												202425		
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	1302	1249	1143	1269	1394	1536	2141	2321	2486	2613	2221	1737	1818	1674	1785	1911	1909	1898	1804	1721	1773	1850	1814	1870	1973	2098	2280	2376	2516	2557	2171	1965	1919	1941	1959	1987	2033	2290	2148
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1462	1162	898	789	800	838	878	862	927	1006	1103	1059	1193	1431	1660	1783	2078	2587	3413	4272	3544	2681	2315	2729	2694	2439	2504	2440	2769	2982	3039	2488	2246	2407	2420	2657	2334	2283	2156
EAST AND NORTH HERTFORDSHIRE NHS TRUST	2936	2791	2785	2095	2910	3259	3818	4102	4016	3739	3184	3313	3473	3699	4027	4294	4628	4688	4527	4618	4778	4404	4618	4797	5064	5308	5400	5450	5831	6097	5912	5684	5612	5350	2909	3078	2696	2502	2283



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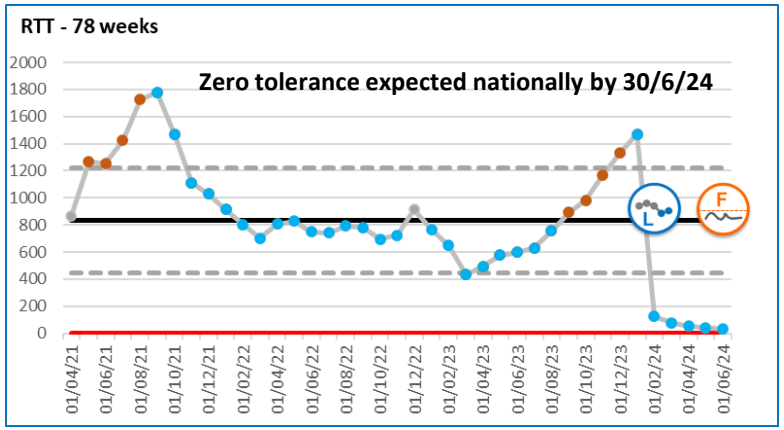
ICS	2431	3528	3454	2829	2594	2567	2603	2433	2543	2684	2520	2376	2453	2493	2666	2901	3314	3575	3479	3420	3645	3293	2977	2659	2709	2832	3013	2983	3425	3722	3727	3515	3596	3545	1508	1127	1198	1239	1307
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	722	673	650	665	719	776	744	715	772	780	685	701	679	739	768	765	745	636	572	636	658	592	549	604	707	816	878	955	1018	840	756	830	718	655	519	583	571	596
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1026	1007	783	578	477	431	399	351	390	437	461	413	459	480	499	480	566	680	719	767	831	819	607	548	495	504	524	455	569	636	621	466	434	402	353	245	242	289	343
EAST AND NORTH HERTFORDSHIRE NHS TRUST	1405	1799	1998	1601	1452	1417	1428	1338	1438	1475	1279	1278	1293	1334	1428	1653	1983	2150	2124	2081	2178	1816	1778	1562	1610	1621	1673	1650	1901	2068	2266	2293	2332	2425	500	363	373	379	368



	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
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	231	218	288	378	434	399	325	283	260	243	190	223	266	281	296	248	208	141	108	157	147	95	14	23	37	37	51	90	117	118	104	136	99	84	50	29	25	24
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	353	389	364	388	407	362	271	189	169	162	140	111	144	155	143	133	137	116	92	69	69	69	38	15	11	9	7	8	6	8	9	7	8	14	10	1	0	0	0
EAST AND NORTH HERTFORDSHIRE NHS TRUST	516	646	674	748	940	983	800	598	577	492	420	401	439	408	324	312	407	458	464	548	689	551	516	405	461	532	553	573	661	768	854	1058	1190	1357	30	29	25	18	7

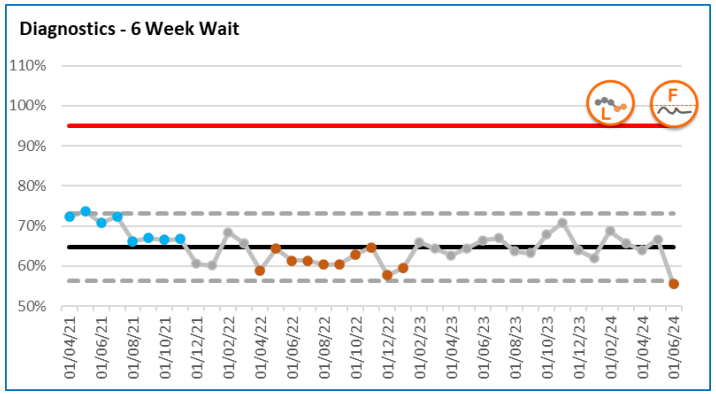
Community Paediatrics patients have been excluded from RTT reporting from February 2024 in line with national guidance
Waiting lists therefore show significant reductions

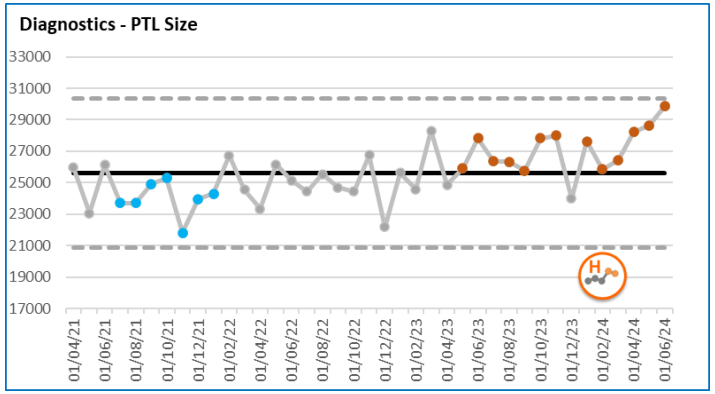
Planned Care – PTL Size and Long Waits

ICB Area	What the charts tell us	Issues	Actions

HWE	• June saw a decrease in 78ww long wait breaches, with PAH reaching zero breaches in July (WHTH zero since April) and ENHT forecasting reaching zero by September
	• The number of patients waiting >65 weeks has been steadily increasing over the last four months
	• Excluding Community Paediatrics, the number of patients waiting >52 weeks has shown a decreasing trend over the last seven months
	• The overall PTL size remains high. Uptick in the last four months, following a 7-month period of reduction
	• Due to the change in national guidance, Community Paediatrics patients have been excluded from RTT reporting from February 2024. Waiting lists therefore show significant reductions from February 2024. These waits are included within the Community section of this report
		• The latest 78ww August forecast (as of 28/8) for the system is 14
		  ○ 8 at ENHT
		  ○ 6 in the independent sector (transferred from PAH)
		• 65ww actuals are behind planned trajectory overall for the system, primarily driven by slippage at PAH. The target is to reach zero by end of September, although the current HWE system forecast is 359
		• The 65ww at risk cohort is on trajectory in Hertfordshire, but not meeting plan at PAH
		• Two theatres closed at PAH in mid-August due to failure of air-cooling systems. Capacity impacted / risk to 65-week recovery
		• Trauma and Orthopaedics (T&O) remains the main specialty under pressure, with ENT also a notable risk
		• Staffing remains a challenge, particularly in Anaesthetics
			• Princess Alexandra Hospital is in Tier 2 of the national oversight and support infrastructure for Elective (including Diagnostics) recovery. Fortnightly tiering meetings with the NHSE EOE regional team commenced on 9th May
			• Incident Management Team (IMT) established to manage reopening of two closed PAH theatres. Mutual Aid and ISP support across the system enacted
			
			Management of waiting lists
			• System focus on reducing number of patients waiting >78 weeks and >65 weeks, with regional and national oversight
			• Demand, capacity & recovery plans are in place to monitor 78 & 65 weeks
			• Weekly KLOEs in place with NHSE to track 104/78/65-week positions
			• Fortnightly performance meetings with each of the three acute Trusts are in place with NHSE support
			• Validation and robust PTL management in place
			
			Increasing capacity and improving productivity
			• Repair works have commenced on the two currently closed PAH theatres. Operating scheduled to recommence 9th September
			• Pro-active identification of pressured specialties with mutual aid sought via local, regional & national processes
			• Outpatients has a full programme of work to increase productivity including PIFU (patient initiated follow up), reducing follow ups including discharging where appropriate, and increasing take up of advice & guidance
			• Maximising use of ISP capacity and WLIs where possible
			• Theatre Utilisation Programmes in place including an ICB wide programme
			• Anaesthetist recruitment
			• PAH Vanguard Theatre live 19th August

Planned Care – Diagnostics





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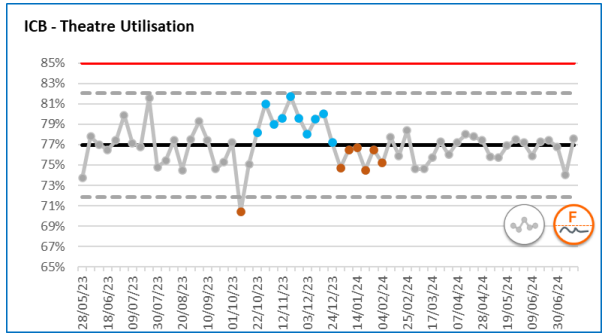
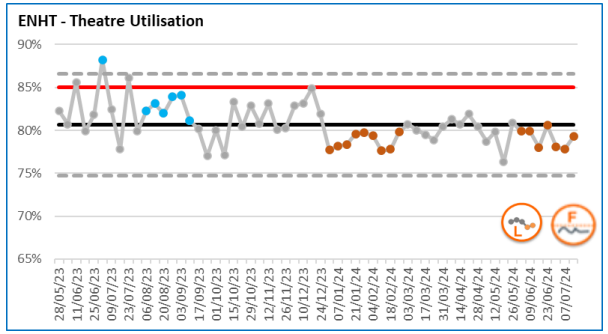
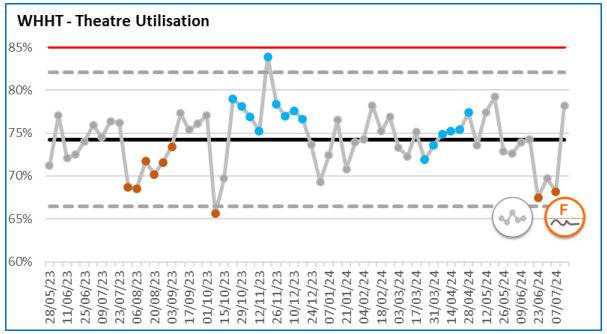
EAST AND NORTH HERTFORDSHIRE NHS TRUST	69.5%	69.6%	66.7%	70.5%	62.6%	63.0%	60.4%	61.0%	54.7%	50.9%	60.0%	54.9%	45.9%	53.0%	52.2%	50.3%	50.6%	50.0%	53.5%	56.9%	49.3%	54.5%	61.8%	58.1%	54.7%	58.2%	60.3%	60.4%	56.5%	57.2%	59.4%	62.5%	53.3%	49.2%	55.3%	51.7%	50.5%	53.6%	39.2%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.5%	83.5%	77.6%	77.6%	75.2%	73.8%	75.4%	71.6%	63.4%	67.5%	73.8%	72.5%	66.6%	67.6%	65.4%	67.8%	68.3%	70.7%	71.1%	69.9%	65.0%	62.0%	64.7%	63.1%	63.8%	65.8%	67.3%	69.5%	68.5%	70.8%	78.3%	83.3%	84.1%	85.2%	90.9%	88.3%	86.0%	89.3%	91.6%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	69.2%	71.9%	71.5%	70.6%	64.2%	67.3%	68.7%	72.9%	69.4%	71.8%	79.9%	82.0%	81.3%	86.9%	76.7%	78.8%	74.0%	71.4%	72.6%	74.2%	64.5%	65.7%	74.6%	76.4%	74.9%	73.5%	76.0%	75.9%	70.3%	65.8%	72.6%	73.1%	64.9%	65.3%	75.2%	71.8%	70.7%	71.0%	69.6%
ICS	72.3%	73.7%	70.7%	72.3%	66.2%	67.0%	66.5%	66.8%	60.5%	60.1%	68.4%	65.7%	58.9%	64.3%	61.4%	61.3%	60.3%	60.5%	62.9%	64.6%	57.7%	59.6%	66.0%	64.3%	62.6%	64.4%	66.4%	67.0%	66.3%	63.2%	67.9%	70.8%	63.8%	59.6%	62.0%	68.7%	65.7%	63.9%	66.6%	55.5%

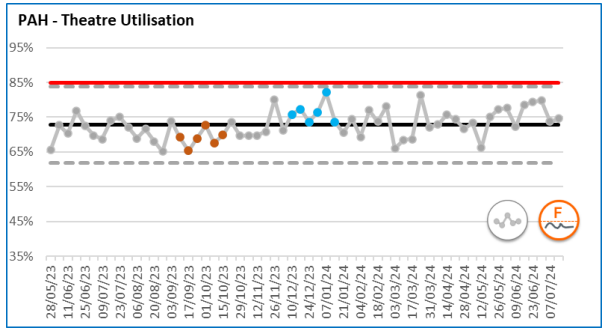
What the charts tell us	Issues	Actions
• 6-week wait performance across the ICS fell to 55.5%, primarily driven by a decline at ENHT following the inclusion of Audiology data • Performance improved at WHTH to 91.6% and dipped slightly at PAH to 69.9% • The overall PTL has shown a continuous increase over the last five months and is at the upper common cause variation limit	• Significant variation in Trust performance: ENHT – 39.2% / WHTH – 91.6% / PAH – 69.6% **ENHT** • The significant drop in % of patients waiting <6 weeks has been caused by Audiology returning to reporting. There are notable capacity issues within the service • Audiology DM01 performance in June was 2.3% • Ex. Audiology, the longest waits remain in DEXA and MRI **PAH** • Non-Obstetric Ultrasound (NOUS), Echocardiography, Cystoscopy and Audiology remain the key challenges at PAH • There has been notable improvement in Endoscopy performance compared to last year **WHTH** • Audiology remains the most significant risk to performance	**ENHT** • Adult Audiology: exploring outsourcing options; waiting list cleansing exercise under-way; 1WTE new starter in August • Paediatric Audiology: mutual aid is being provided by CUH, MSE and CHEAR; band 7 Audiologist starting in October; insourcing companies being explored but there are issues with the suitability of the rooms at ENHT • ENHT is progressing with several initiatives to increase imaging capacity, including: ○ Continued outsourcing MRI to Pinehill and utilising a mobile scanner on the Lister site ○ CT increasing capacity for evening / weekend sessions ○ DEXA increasing capacity through return to work of 0.4WTE and DEXA lead post out to advert. ○ New Ultrasound sonographer moved to 8 sessions per week at the end of July **PAH** • PAH CDC is live for MRI, X-Ray and US Extended Access through insourcing and existing facilities • Significant slippage with St Margarets CDC build. PAH, ICB, and NHSE regional / national teams working together to resolve • NOUS weekend insourcing in place and has cleared c.650 patients from the backlog • Echo funding secured for additional Cardiographer, but recruitment is challenging. Currently a 55-capacity gap per week • There has been improvement in the 6-week backlog in Cystoscopy with an improved June performance of 63.8% • Audiology insourcing was deployed in July with capacity for 74 assessments per week **WHTH** • Audiology is improving month on month and work is ongoing

Planned Care – Theatre Utilisation / Productivity



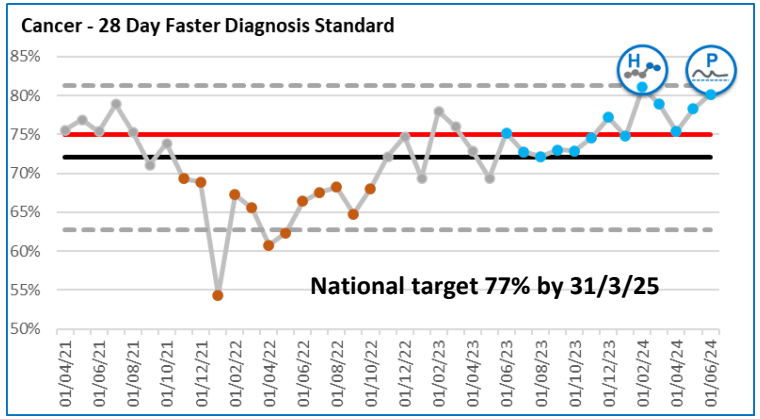




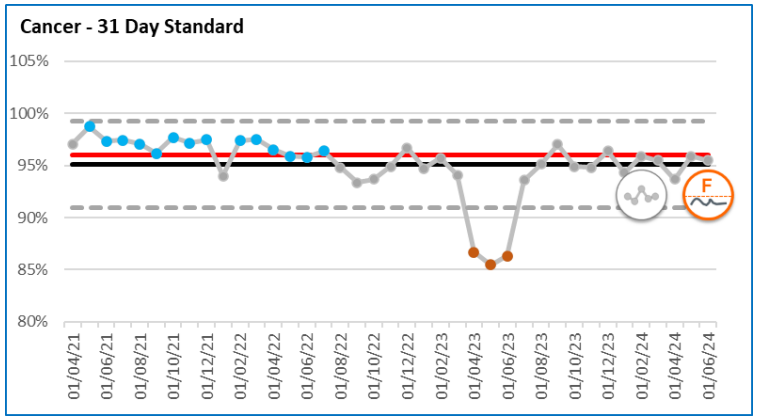


ICB Area	What the charts tell us	Issues	Actions
HWEICB	• ICB theatre utilisation is 77.2% against an 85% target • Comparable performance v. peers for all aspects, excluding average unplanned extensions **Other data** • Average cases per session for the ICB (2.3) is on a par with peers, although PAH is below average at 1.8 • For sessions finishing early, the average minutes lost was 82 for the ICB, which is worse than peers who have an average of 79 minutes, and much higher than the expected 15-30 minutes	• Overall productivity has improved in July, with a significant improvement at WHTH. ENHT and PAH have remained relatively static • ENHT – although generally good performance, capped utilisation has yet to achieve the national target of 85% and is currently 79% • PAH – consistently high conversion from day case to inpatient rate, alongside a low day case rate, with capped utilisation dropping in June with a small improvement in July reaching 75% • WHTH - capped utilisation rates dropped in June but made significant improvements in July	• Improvement programmes are discussed at the Theatre Utilisation Network Group • A series of reviews have taken place with Trusts through the GIRFT theatre programme team and improvements are underway as can be seen through the improved numbers • Active theatre improvement programmes at each of the acute providers • There is a GIRFT review planned for H3

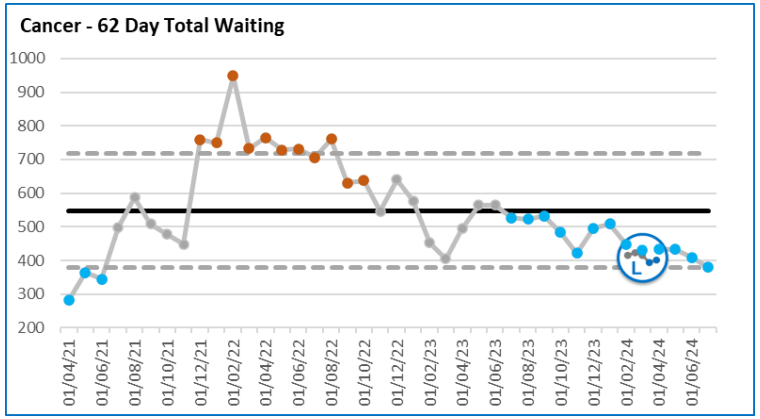
Cancer



	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
EAST AND NORTH HERTFORDSHIRE NHS TRUST	72.1%	75.6%	76.2%	76.7%	72.0%	71.8%	76.5%	74.8%	74.1%	64.2%	72.9%	74.6%	68.1%	64.2%	70.8%	71.8%	72.7%	69.7%	71.4%	71.7%	77.4%	65.8%	76.1%	72.9%	69.8%	69.3%	76.4%	75.9%	73.0%	74.1%	77.8%	78.2%	80.5%	76.1%	83.4%	81.0%	77.5%	80.1%	78.7%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.3%	79.8%	81.4%	82.1%	77.8%	77.2%	77.7%	71.9%	64.7%	47.0%	59.2%	54.6%	52.2%	58.3%	55.3%	60.6%	60.1%	57.8%	63.3%	71.6%	72.8%	70.1%	80.1%	78.7%	76.0%	68.0%	74.8%	68.6%	68.5%	69.8%	66.2%	68.7%	74.6%	74.1%	79.8%	78.1%	77.7%	80.5%	82.2%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	72.3%	74.6%	66.8%	77.1%	75.9%	62.9%	65.1%	60.6%	66.8%	50.9%	69.4%	69.3%	64.1%	65.9%	74.4%	72.2%	72.8%	68.4%	70.4%	73.6%	74.5%	72.1%	77.4%	76.6%	72.4%	71.2%	74.7%	74.5%	75.3%	75.7%	75.5%	77.9%	77.0%	74.5%	80.3%	77.9%	70.7%	74.4%	79.5%
ICS	75.6%	76.9%	75.4%	78.9%	75.3%	71.1%	73.8%	69.3%	68.9%	54.4%	67.3%	65.6%	60.9%	62.5%	66.3%	67.6%	68.2%	64.7%	68.0%	72.2%	74.8%	69.4%	78.1%	76.1%	72.9%	69.4%	75.2%	72.8%	72.2%	73.0%	72.9%	74.6%	77.2%	74.8%	81.1%	78.9%	75.4%	78.3%	80.2%



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



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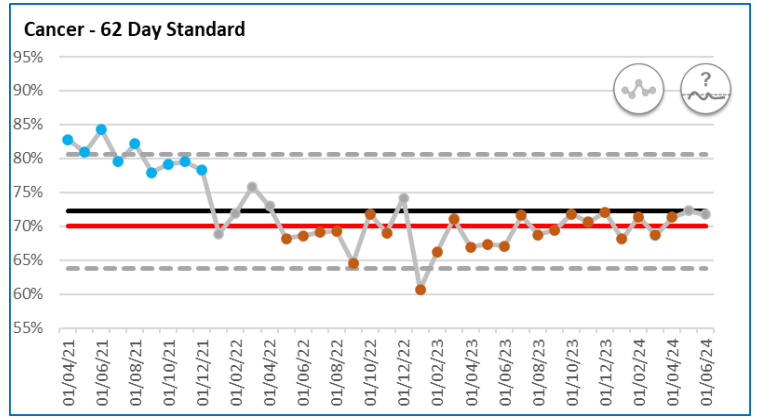
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	83	109	88	132	179	130	128	129	331	347	374	307	261	297	297	277	270	257	233	195	191	184	129	125	127	158	149	135	139	100	118	121	148	142	118	86	97	84	71	63
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	107	141	161	212	224	201	190	127	175	176	303	194	182	156	128	125	162	152	163	149	193	182	153	120	148	213	203	166	148	167	149	110	141	165	135	118	141	157	167	162
EAST AND NORTH HERTFORDSHIRE NHS TRUST	92	114	96	155	184	178	160	193	253	226	272	232	322	275	306	304	329	221	242	203	256	211	170	160	199	224	203	212	239	226	234	194	234	195	170	194	196	192	171	155



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EAST AND NORTH HERTFORDSHIRE NHS TRUST	89.8%	87.2%	84.7%	88.9%	86.8%	88.2%	88.3%	88.1%	86.0%	80.4%	84.4%	86.1%	86.3%	79.1%	79.9%	85.4%	82.7%	79.3%	78.0%	78.8%	87.2%	77.5%	78.7%	85.7%	84.3%	82.1%	81.5%	82.7%	82.1%	78.6%	86.6%	86.3%	82.2%	86.1%	83.6%	82.5%	85.9%	83.6%	82.8%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	83.6%	74.5%	85.0%	79.9%	81.3%	71.5%	73.9%	75.4%	76.0%	58.7%	64.7%	72.1%	61.0%	64.6%	60.2%	61.8%	61.6%	59.9%	67.3%	63.7%	68.3%	54.6%	59.2%	61.1%	66.5%	60.2%	64.4%	69.7%	68.8%	75.3%	75.6%	75.5%	70.9%	62.6%	72.7%	71.6%	70.4%	69.5%	74.1%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	71.5%	78.6%	81.1%	61.4%	73.9%	67.5%	71.0%	68.7%	63.8%	57.4%	57.9%	64.9%	64.9%	51.8%	61.6%	52.3%	59.4%	44.8%	66.1%	58.0%	63.5%	46.9%	56.2%	57.7%	43.0%	48.8%	49.4%	56.4%	49.6%	40.3%	47.1%	40.9%	55.7%	44.2%	48.8%	46.4%	46.6%	54.1%	52.3%
ICS	82.8%	80.9%	84.3%	79.5%	82.2%	77.9%	79.2%	79.6%	78.3%	68.9%	71.9%	75.9%	73.0%	68.2%	68.6%	69.1%	69.3%	64.6%	71.8%	69.0%	74.2%	60.7%	66.2%	71.1%	66.9%	67.4%	67.1%	71.6%	68.8%	69.5%	71.8%	70.6%	72.1%	68.1%	71.4%	68.7%	71.3%	72.3%	71.7%

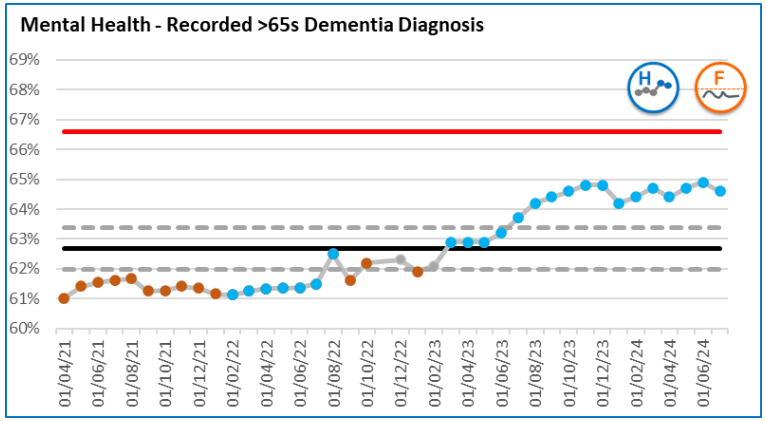
Hertfordshire and West Essex Integrated Care System

Cancer

What the charts tell us	Issues	Actions

• 28-day Faster Diagnosis Standard (FDS) performance has improved over the last two months and is above target at 80.2%
• All three acute Trusts surpassed the 75% FDS standard in June
• The 31-day target was reached collectively in June, although both PAH and WHTH narrowly missed the target
• Performance against the 62-day standard remains below the national target but is achieving the 70% standard expected in the 24/25 National Planning Guidance
• There is significant 62-day variation between Trusts:
  ○ ENHT 82.8%
  ○ WHTH 74.1%
  ○ PAH 52.3%
• The 62-day backlog has been improving over the last three months
	• There are no 62-day backlog targets for 24/25
	• Oversight is focussed on achievement of the national FDS, 31 & 62-day standards
	
	ENHT
	• In June, the 62-day standard was not met - 82.8% vs 85% standard. However, the Trust's performance is above the planning guidance target of 70% and above the national average of 67.4% in June
	• The Urology pathway had the highest number of 62-day standard breaches in June
	• For the week ending 4 August, there were 187 patients on the cancer 62-day backlog following an urgent suspected cancer referral. There have been some increases in recent weeks, but the Trust is close to its recovery trajectory for 24/25
	
	WHTH
	• 28-day FDS Improvement seen overall, however some smaller volume pathways are not meeting the standard (Haematology, H&N, Lung)
	• 31-day performance is variable, however continual under performance in Breast. Short term closure of a theatre due to CDC development has impacted, however cancer lists are being prioritised
	• 62-day Improvement in Gynae and LGI in June in comparison to the proceeding months
	
	PAH
	• Urology staffing / capacity. Urology is particularly challenged in both FDS and 62-day % performance
	• Increase in Skin referrals
	• Skin / Oral and Maxillofacial Surgery (OMFS) capacity
	• Reliance on tertiary centres for multiple tumour sites
		ENHT
		• The Urology two-stop service was not introduced at the end of July as planned. However once the MRI capacity is in place, this pathway change will be made. Urology nurse has been trained to start TP biopsies by end of September 24
		• Associate Medical Director for Cancer to meet with Breast Lead to implement negative result letter
		• Head & Neck – Increased one stop service to 8 slots per week at the end of July
		• Gynaecology – complete pathway analysis by end of September
		
		WHTH
		• Cancer Improvement Programme Board continues to oversee service level plans and service developments
		• Pathway analyser work to be carried out on the Haematology, H&N and Lung Pathways
		• Benign diagnosis project completed, and all tumour sites now live
		• Revised Gynae and Urology urgent suspected cancer referral forms are in use
		• Development continues of one stop diagnostic pathway for Urology. Looking at operational planning and reviewing job plans due to recruitment challenges. Go live delayed as dependent on recruitment of workforce
		• Redistribution of Cancer Transformation Funding agreed to support pathway challenges attributed to Radiology
		• Planning continues for transformation of Acute Oncology Service (AOS) and the establishment of a Cancer / Haematology ward (Granger) at WGH
		
		PAH
		• Princess Alexandra Hospital remains in Tier 2 of the national oversight and support infrastructure for Cancer recovery. Fortnightly tiering meetings with the NHSE EOE regional team
		• Work is progressing with all services to align their improvement plans to support the 62-day recovery, with regular reviews at PTL level
		• Vanguard Theatre goes live 19/8/24 and will free up main theatres for additional cancer capacity
		• Skin are working on a joint clinic with their OMFS colleagues that will improve the front end of the pathway, resulting in a quicker pathway into treatments for patients with a confirmed cancer
		• Implementation of robotic surgery in Gynaecology and actively recruiting additional doctors
		• Focussed work to drive more timely transfers to tertiary providers

Mental Health – Dementia Diagnosis in Primary Care



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ENHCCH	59.4%	59.7%	60.2%	60.2%	60.2%	59.5%	59.3%	59.5%	59.2%	59.0%	58.8%	59.2%	59.2%	59.2%	59.0%	59.1%	60.9%	59.0%	59.8%	59.7%	59.6%	59.7%	60.5%	60.7%	60.7%	61.3%	61.8%	62.5%	63.0%	63.6%	63.8%	63.7%	62.7%	62.8%	63.7%	62.9%	62.9%	63.1%	62.9%
HVCCG	59.2%	59.6%	59.6%	59.8%	60.0%	59.8%	60.1%	60.3%	60.6%	60.5%	60.6%	60.4%	60.6%	60.8%	60.7%	60.6%	61.2%	60.9%	61.3%	61.7%	61.3%	61.1%	61.4%	61.3%	61.3%	61.5%	61.9%	62.2%	62.2%	62.0%	62.1%	62.3%	61.9%	62.1%	62.0%	62.0%	62.6%	62.5%	62.3%
WECCG	67.6%	68.0%	67.7%	67.7%	67.6%	67.3%	67.1%	67.0%	66.7%	66.4%	66.5%	66.6%	66.6%	66.5%	66.9%	67.6%	67.7%	67.7%	67.6%	68.5%	68.3%	67.6%	68.3%	69.9%	69.9%	70.0%	69.8%	70.4%	70.9%	70.9%	71.5%	71.5%	71.5%	71.2%	71.2%	71.5%	71.3%	71.7%	72.7%	72.1%
ICS	61.0%	61.4%	61.5%	61.6%	61.7%	61.3%	61.3%	61.4%	61.4%	61.2%	61.1%	61.2%	61.3%	61.3%	61.4%	61.5%	62.5%	61.6%	62.2%	62.3%	61.9%	62.1%	62.9%	62.9%	62.9%	63.2%	63.7%	64.2%	64.4%	64.6%	64.8%	64.8%	64.2%	64.4%	64.7%	64.4%	64.7%	64.9%	64.6%

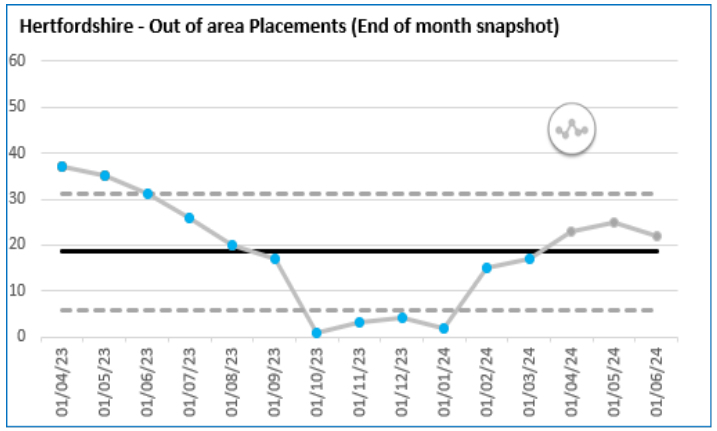
ICB Area	What the charts tell us	Issues	Actions
Dementia Diagnosis in Primary Care	• ICB – 64.6% - this is below the national target of 66.7%, but broadly in line with our June planned performance • West Essex continue to achieve the standard at 72.1%, but down 0.6% from June • East and North Herts achieved 62.9%, down 0.2% from June • South and West Herts achieved 62.3%, down 0.2% from June	• High demand for memory assessment services with significant waiting lists (especially in Herts) • Estimated prevalence rate of people with dementia rises month on month • Coding exercise and case finding needed in primary care but issues with GP capacity and prioritisation, i.e. not mandated in ECF • A trajectory is now in place to reduce the waiting list and therefore recover performance against the 12 week wait to diagnosis KPI by the end of Q4	• Twice monthly meetings continue to monitor HPFT progress in Herts. Weekly performance report is produced • Herts memory service aiming to recover their KPI in Q4 • Diagnosis remains a key focus of the Herts Dementia Strategy, with a subgroup progressing actions to improve diagnosis • Need to explore improvement actions with Primary Care

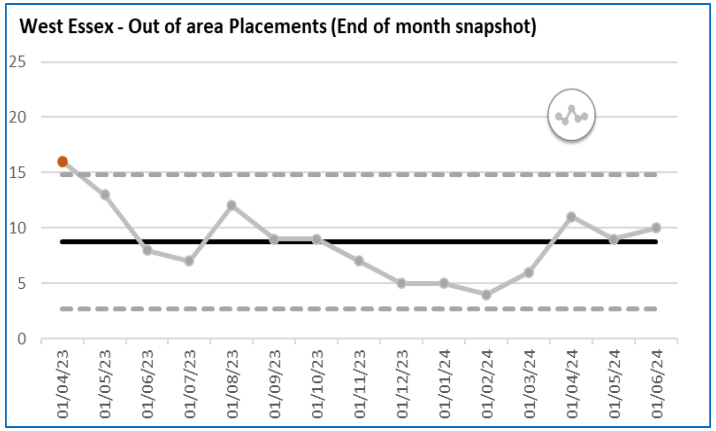
Mental Health – Out of Area Placements (OAPs)

Number of active inappropriate adult acute OAPs at month end

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

HWE June total out of area placements:
32 vs. 11 plan

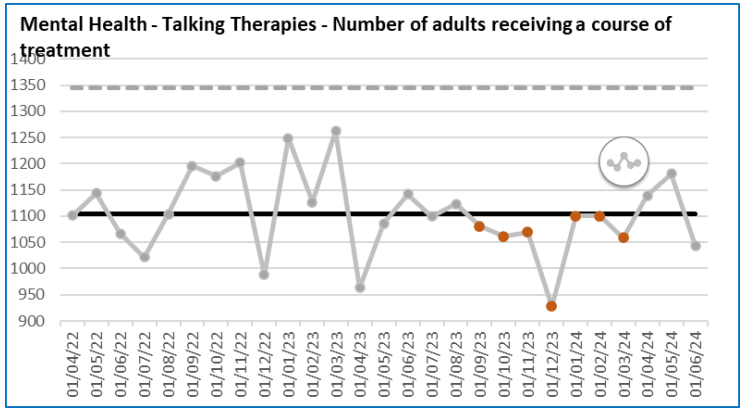




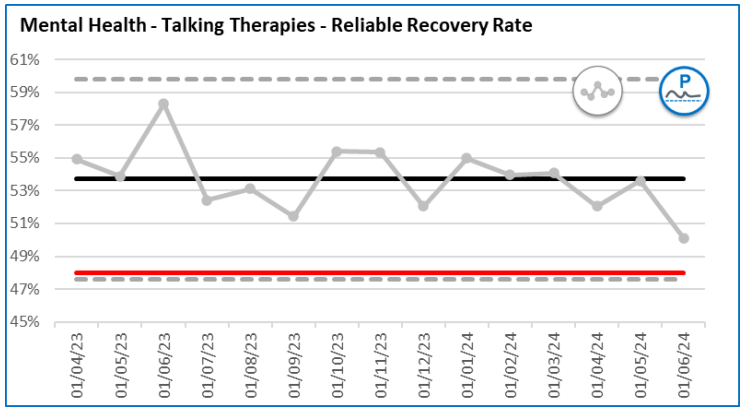
ICB Area	What the charts tell us	Issues	Actions
West Essex	• The number of OAPs continues to fluctuate within expected common cause variation limits	• A national shortage of MH beds and increased pressures on service use of inappropriate OOA beds is likely to continue • Essex risk share of inpatient beds, with increased usage of beds at place by Essex wide footprint	• Review of Essex bed stock and Essex wide risk share contract continues • Review of West Essex Community Rehab has seen an increase in discharges at place to support repatriation • Weekly system DTOC calls and ongoing focus on 'time to care and purposeful admissions' • OOAP Elimination & Sustainability Impact System Group (Essex wide) • Continued engagement with national Getting It Right First Time (GIRFT) programme to identify areas of improvement • Full review of bed occupancy and risk share agreement across Essex, including OOA, rehab and repatriation
Herts	• Following a sustained period of improvement, Out of Area Bed Days rose in early 2024 due to a combination of increased demand and delayed transfers, as well as the closure of Aston ward (20 beds) at Lister site due to Water Safety Incident	• Reduced capacity due to Aston Ward closure. No firm date as yet for re-opening. Additional beds have been purchased from trusted providers • Herts low number of beds per population – now supported by provision of additional block beds • National shortage of MH beds, high occupancy rates and use of OOA beds is likely to continue • Placement challenges for service users with complex needs who are ready for discharge • Inpatient and Community recruitment	• Further alternatives to admission – Crisis House – in place • Wider Executive led work at system level to support placement of longer term DTOCs • Bed management system went live in Hertfordshire w/c 17 June 2024, supported by new arrangements in place to monitor demand and capacity • No firm date for access to Aston ward which had been expected in July. Ongoing joint working with ENHT to resolve the estates issue. OAP trajectory being monitored regularly and adjusted accordingly. Challenging to produce a trajectory for reduction with present uncertainties • The National Director for MH issued a Letter in May 24 regarding reducing mental health OAPs. The communication included initial proposals for national and regional action, setting actions for providers to reduce these placements. Much of the ask is already in place in HWE • A group from across the system established will continue to meet to review and oversee some of more complex discharge issues • Invitation letter from DHSC and NHSE for an information gathering visit to Hertfordshire ICS to help develop future policy and plans on discharge from mental health settings – initial meeting on 4 Sep 2024

Talking Therapies

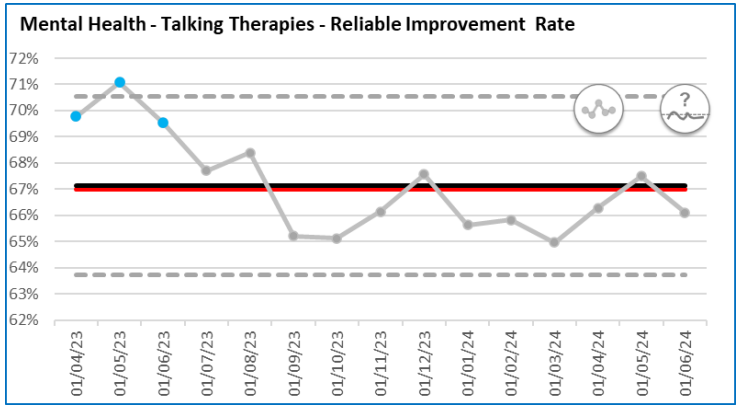
Number of people who are discharged having completed a course of treatment
Number of patients that achieved reliable recovery
Number of patients that achieved reliable improvement



Adults receiving treatment	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Hertfordshire	969	933	976	921	901	923	778	925	930	875	925	956	845
WECCG	173	166	147	160	160	146	150	175	170	184	214	225	199
ICS	1142	1099	1123	1081	1061	1069	928	1100	1100	1059	1,139	1181	1044



Reliable recovery rate	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Hertfordshire - Actual	58.4%	52.4%	53.1%	51.3%	55.8%	55.8%	52.8%	55.2%	53.9%	54.0%	50.8%	52.6%	49.7%
West Essex - Actual	55.9%	53.1%	52.4%	57.1%	44.0%	42.9%	33.3%	48.0%	56.0%	57.1%	57.0%	57.5%	51.79%
ICS Actual	58.3%	52.4%	53.1%	51.4%	55.4%	55.3%	52.0%	55.0%	54.0%	54.1%	52.1%	53.6%	50.11%

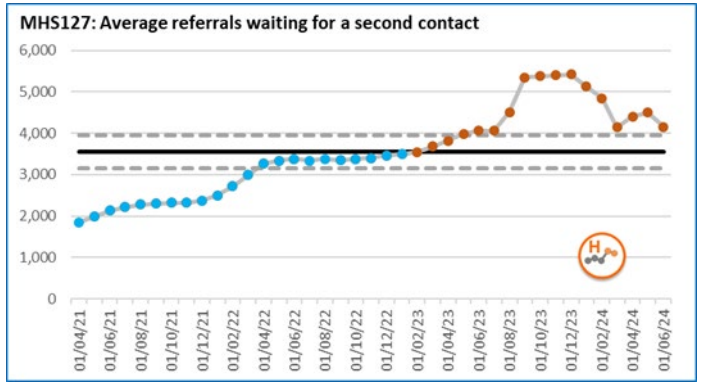


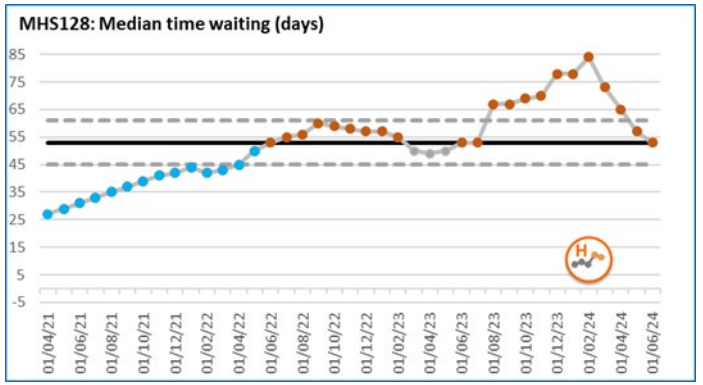
Reliable improvement rate	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Hertfordshire - Actual	68.9%	67.1%	67.7%	65.1%	64.3%	66.3%	68.3%	65.7%	65.3%	63.7%	64.8%	66.8%	64.5%
West Essex - Actual	72.83%	71.33%	73.38%	65.63%	70.00%	65.07%	64.00%	65.14%	68.82%	71.20%	72.90%	70.5%	72.9%
ICS - Actual	69.53%	67.71%	68.40%	65.22%	65.13%	66.14%	67.56%	65.64%	65.82%	64.97%	66.29%	67.5%	66.1%

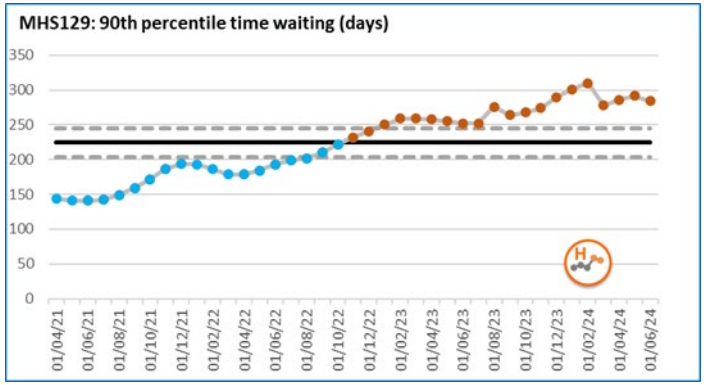
ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• Decline across the system compared to May, but the number of people completing a course of treatment is within expected common cause variation limits • The System and Places are consistently achieving the reliable recovery 48% standard • West Essex is achieving the reliable improvement 67% standard. Hertfordshire performance is slightly lower at 64.5%	• Understanding and interpreting the new national targets to ensure consistency of data collection and quality across the system • Continuing focus on addressing attrition and drop-out rates are a key challenge following the change in counting for 24/25 • Measurement now relates to completion of a course, with at least two appointments. Previously was access / first appointments • Reliable improvement rate for those completing a course of treatment in Hertfordshire requires slight improvement. Target was reached in May at 66.8% but dipped to 64.5% in June	• Ongoing partnership working across the system with NHSE to provide support clarity and data validation • Introduction of a ICB wide NHS Talking Therapy group specifically looking at new metrics that will support HWE performance as well as an Essex wide contract forum • Ongoing conversation with NHSE regarding additional trainee posts for services in line with workforce planning ICB wide • Procurement of counselling providers in Hertfordshire by January 25, leading to an improvement of pathways and ensuring right modality in place for service user

Mental Health – Community Waits

Adults and Older Adults – time still waiting for second contact





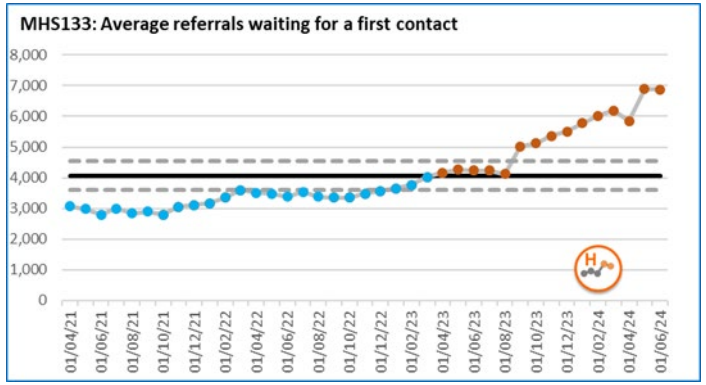


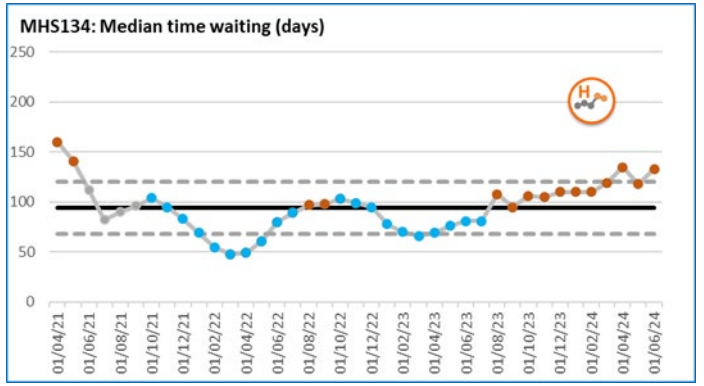
ICB Area	What the charts tell us	Issues	Actions

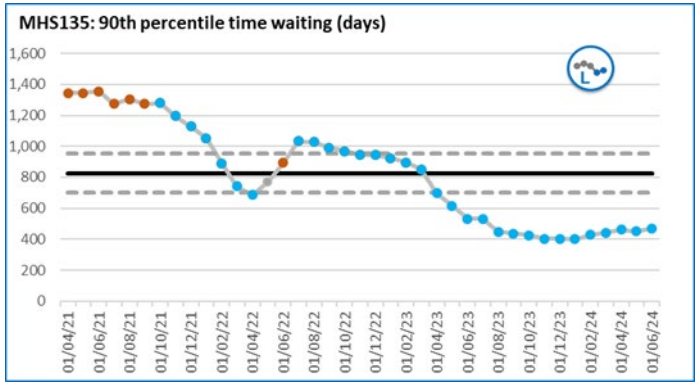
Hertfordshire & West Essex	• Median waiting times for a 2nd appt. for the quarter to June were 53 days
	• 53 days benchmarks well against the national average of 129 days, and represents the 4th consecutive month of improvement
	• Within the system there is variation of between 41 and 68 days:
	  • East & North Herts 41 days
	  • South & West Herts 68 days
	  • West Essex 45 days
	• 90th percentile waits for the quarter to June were 284 days
	• 284 days benchmarks well against the national average of 802 days, however there is a long-term trend of variation above the historic norm
	• Within the system there is variation of between 269 & 348 days:
	  • East & North Herts 269 days
	  • South & West Herts 286 days
	  • West Essex 348 days
		• Datasets are not currently complete, and work is ongoing with ICBs and NHSE to finalise collections and reporting. Issue is related to data validation as here is variation from local data sets to nationally published data
		• In Hertfordshire the data flow from Primary care and VCSFE providers to MHSDS or the GP equivalent has not been worked through. This relates to the transformed PCN areas that have ARRS workers and Enhanced Primary Care. The data collection from these new services is recorded locally on System one or EMIS but this is not a shared system with the MH Trust
		• West Essex VSCE data flow is via a shared system with MH Trust
			• NHSE working with all ICBs to finalise the data and understand variations
			• In Hertfordshire, a CQI approach is being taken to introducing the new waiting times. Current workstreams are developing internal reporting in the absence of NHSE SQL scripts being made available and ensuring all SNOMED codes are mapped correctly. Data is being analysed to understand the reasons for the longest waits
			• Hertfordshire is also working with NHSE and Voluntary Community, Faith and Social Enterprise (VCFSE) providers to look at the data flow from them to MHSDS, to include as part of the second contact information
			• Additional CQI process for Older Peoples services to ensure that refs and treatment are recorded as for adults
			• Work underway in Herts to eliminate all waiters over 104 weeks

Mental Health – Community Waits

Children – time still waiting for a first contact



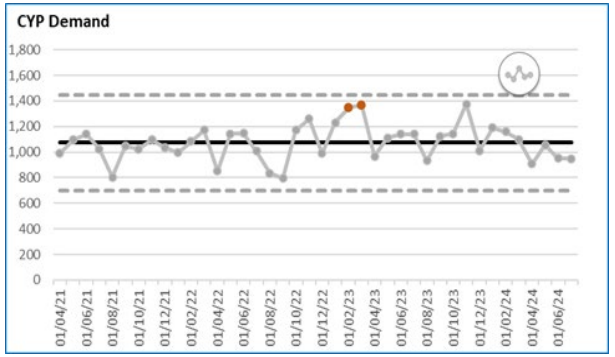


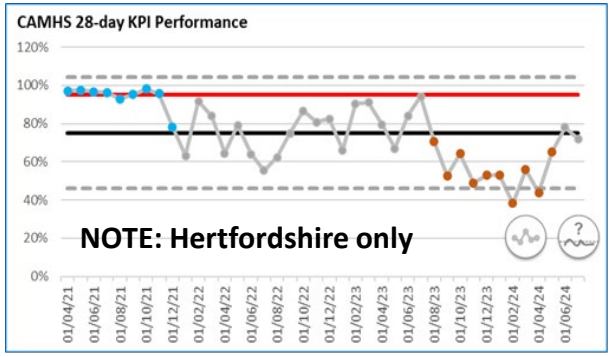


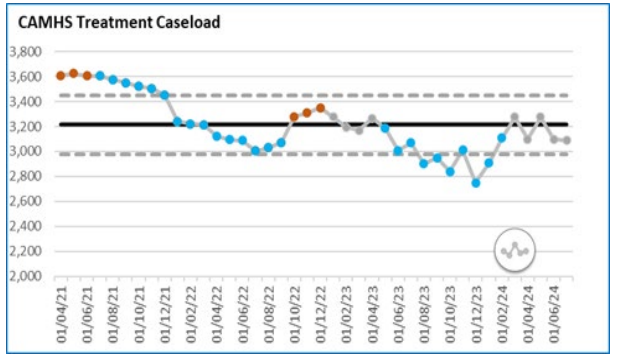
ICB Area	What the charts tell us	Issues	Actions

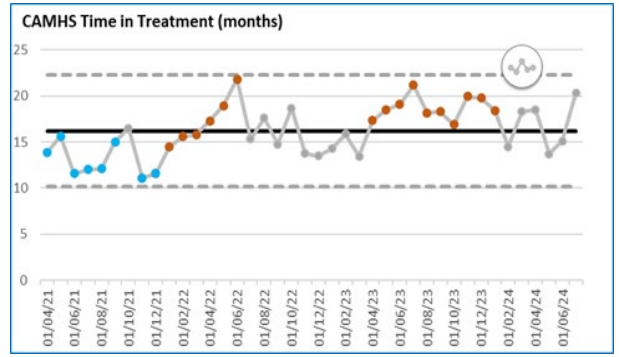
Hertfordshire & West Essex	• Median waiting times increased to 133 days and have been trending above the historic mean since August 23
	• 133 days benchmarks well against the national average of 208 days
	• Within the system there is variation of between 46 and 161 days:
	  • East & North Herts 46 days
	  • South & West Herts 161 days
	  • West Essex 96 days
	• 90th percentile waiting times for the quarter to June were 469 days, and on a long-term trend of improvement
	• 469 days benchmarks well against the national average of 752 days
	• Within the system there is variation of between 255 & 493 days:
	  • East & North Herts 255 days
	  • South & West Herts 493 days
	  • West Essex 362 days
		• The biggest impact on the Hertfordshire waiting list and long waiters is Autism & ADHD backlogs / waiting lists for diagnostic pathways
		• South & West Hertfordshire data is reflective of the historically longer waiting times in the patch
		• The 18+ week waiters within West Essex (NELFT) are predominately within the Getting Help element of the Thrive model. As @ end of April there were 3 x 18+ week waiters in the service
			• In Hertfordshire a CQI project has been initiated to take forward the new waiting times and ensure that they are reflected in the design and processes of services. Ongoing work to produce internal reporting, finalise SNOMED codes and better understand the reasons for some of the longer waits
			• GIRFT project looking at CYPMHS waiting times (up to Dec 2023) excluding ASD/ADHD
			• Local provider dashboards in place assessment & treatment activity, caseloads and waiting times. Recovery action plans in place where applicable and closely monitored by commissioning leads
			• Commissioners, HPFT and now a HCT representative are linked into EOE waiting times standards group. HPFT submitted their readiness slide to NHSE. HCT is working on theirs
			• In NELFT all waiters over 18 weeks have a clinical harm review in place and teams are working towards seeing all longest waiters

Mental Health – CAMHS Services









What the charts tell us	Issues	Actions
West Essex • West Essex does not have a formal KPI for 28 days, but this is monitored at monthly provider meetings • Demand at SPA decreased during Q1 2024/25, and caseload at end Q1 slightly higher when compared to Q4 2023/24 **Herts** • Demand into the service remains stable and within expected seasonal variation patterns • Caseloads are steady, within expected common cause variation limits and tracking around the historic median • 28 days performance has improved back to historic mean levels, but remains short of target • Time in treatment is variable, close to the historic mean	**West Essex** • Challenges continue with recruitment to specialist community eating disorder team manager and clinical lead roles **Herts** • Increased acuity / complexity of casload • Active issue regarding recruitment to vacancies impacting on capacity and performance • Acquiring highly skilled CAMHS clinicians remains difficult. Non-health support roles being used to bolster teams	**West Essex** • Recruitment drives ongoing in NELFT with rolling advertisement for ED team manager and clinical lead roles. Support to the CYP ED team provided from within the wider organisation to minimise any impact on CYP engaged with the service; progress monitored at contract meetings **Herts** • West & East CAMHS quadrants indicating improvements against recovery actions • Visible & accessible operational leadership support to sustain progress • Community Quadrant Teams action plans is in place with weekly recovery meetings focusing on safety and waiting well, in addition to recruitment & review of resources across all teams • West, South and East Teams are being supported by the wider leadership team • Ongoing focus on recruitment and retention in HPFT • Workforce Skill analysis & local plans informing recruitment activity with valued based & targeted short -term agency backfill • SPA Triage Tool improved to meet “5 day pass on to teams” target in Hertfordshire • Due to ongoing vacancies, recovery of the 28-day KPI has been revised to Autumn 24 – trajectory TBC

Mental Health – Learning Disability (LD) Health Checks

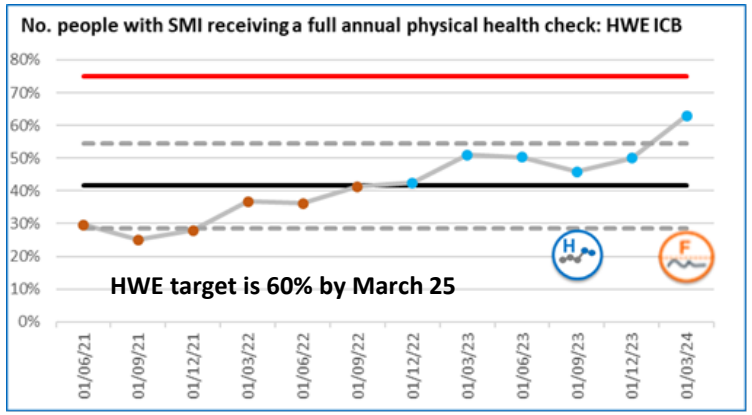
LD Health Checks June 2024	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks *	Comparison to June 2023
NHS Hertfordshire and West Essex ICB	**7,727**	**779**	**12**	**6,936**	**10.1%**	**9.9%**
East & North Hertfordshire	3,191	378	0	2,813	**11.8%**	**11.1%**
South & West Hertfordshire	3,383	288	8	3,087	**8.5%**	**8.3%**
West Essex	1,153	113	4	1,036	**9.8%**	**9.5%**

*** 75% Year End Target**

ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• All three places achieved the 75% standard in 23/24 • June 24 data shows the ICB and each place ahead of the equivalent 2023 position at this point in the year	• It is challenging to forecast end of year performance against the 75% LD Health Checks standard, as a large proportion of health checks are carried out towards the end of the year, and particularly in Quarter 4	• Ongoing work between HWE Team and NHSE to cross check local data against national systems

Severe Mental Illness (SMI) Health Checks

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

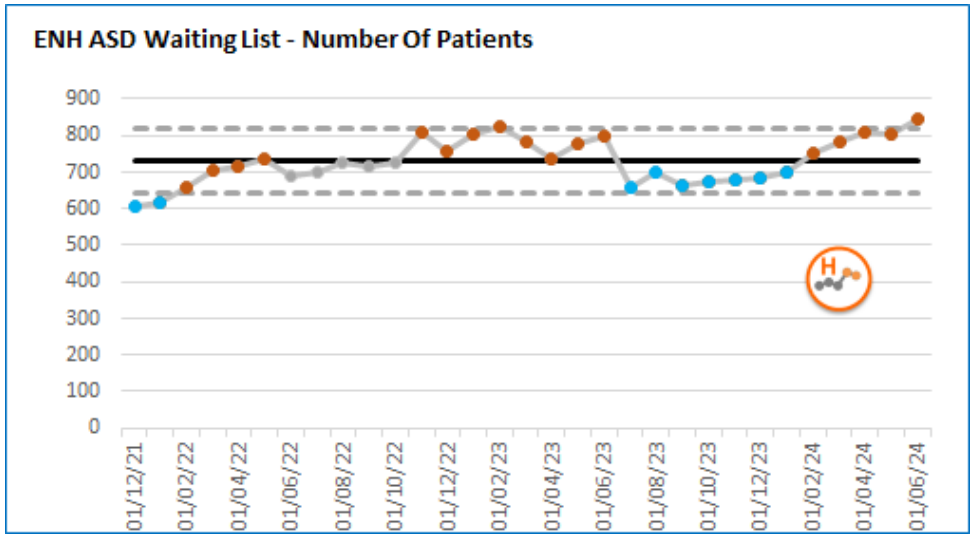


	2021/22				2022/23				2023/24			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
East and North Herts Place	19.6%	11.9%	15.1%	25.8%	24.0%	36.3%	40.4%	45.9%	49.7%	47.7%	49.4%	60.5%
South West Herts Place	39.4%	38.2%	39.5%	47.5%	44.6%	46.4%	43.6%	55.9%	51.0%	44.8%	52.2%	66.9%
West Essex Place	28.9%	24.5%	30.6%	36.5%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

- The systems for submitting and reporting of SMI Health Checks data has changed for 24/25
- At the point of writing Q1 data is yet to be published, but we hope to include in the next report

ICB Area	What the charts tell us	Issues	Actions
West Essex	• Notable improvement in Quarter 4. 60% end of year HWE achieved, but not achieving the 75% national standard	• Requirement to develop and sustain services that meet the physical health care needs for people with a severe mental illness diagnosis, including physical health checks and onward service provision	• Terms of reference circulated to the Local Implementation Group; extended members added to membership • Action plan in place across providers and commissioning to include support to GPs to provide improved uptake, data analysis following the check, and pathway tools to support ongoing physical health pathways • Review of current pilot to support the assertive outreach to those who do not come forward for a check • MH leads to understand population health needs across the ICB for those under MH service • Review local treatment pathways and accompanying protocols and guidance in collaboration with primary care commissioners • Identify any gaps in provision • Primary care commissioning to support the monitor performance against the physical health check performance targets • Agree service developments and joint working with primary care • Monitor quality and improvement • Support the improvement of interoperability and provider electronic care records and information systems to enable monitoring of performance against equity of access to care • Working with Regional MH Team support and feedback to the NHS England regional and national teams • Agree actions in line with national audits
Herts	• Notable improvement in Quarter 4. 60% end of year HWE achieved, but not achieving the 75% national standard		

Autism Spectrum Disorder (ASD) – East & North Hertfordshire



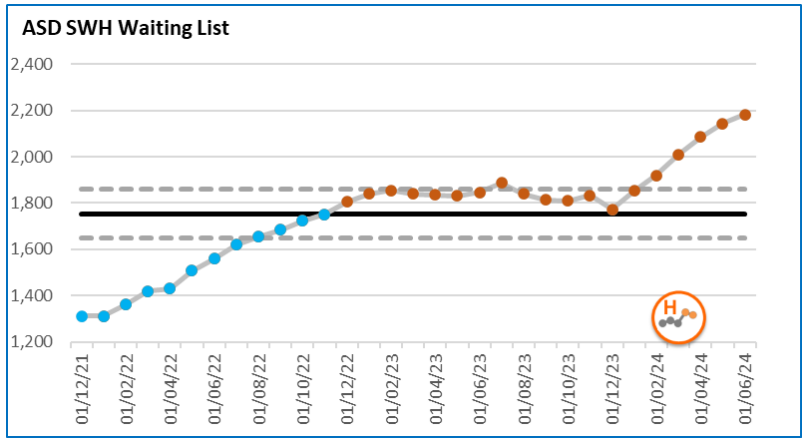
- In ENH, patients have a first appointment with Community Paediatrics. If the clinician then considers that the patient requires an ASD assessment then they are added to the ASD waiting list
- Data is available on the waiting times for the first community paediatrics appointments and also for ASD assessments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

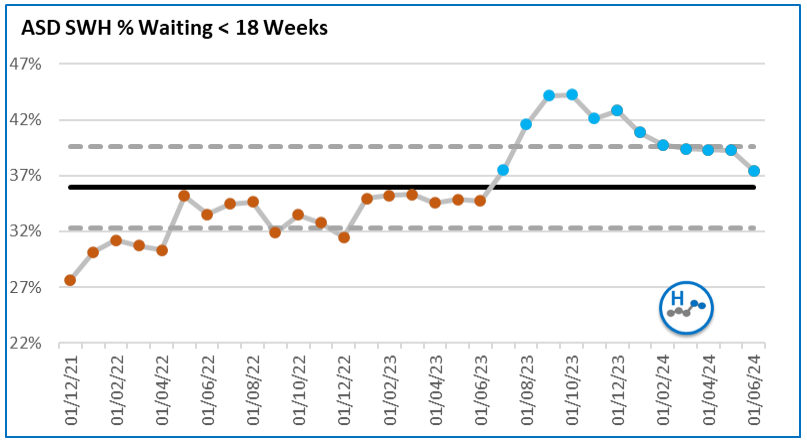
Waiting list bucket	Number of patients (Apr-24)	Number of patients (Jun-24)
<18 weeks	136	49
18 – 65 weeks	450	524
66 – 78 weeks	86	82
>78 weeks	135	188

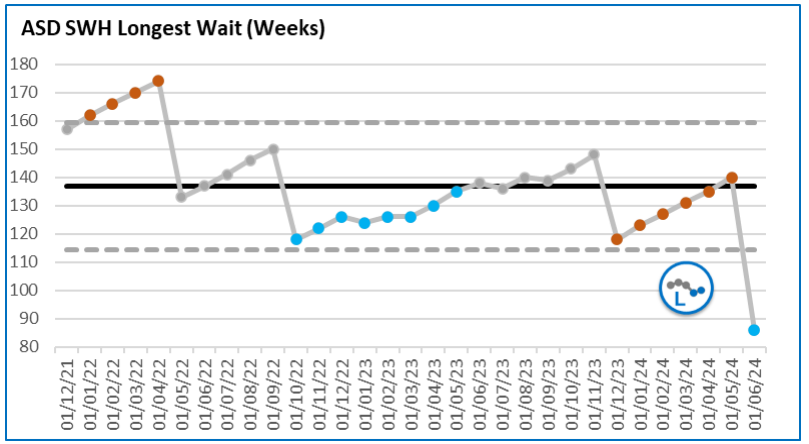
ICB Area	What the charts tell us	Issues	Actions
East & North Herts	• The ASD waiting backlog waiting list has been increasing in recent months and reached 843 patients in Jun-24 which is the highest since at least Dec-21 • The number of patients waiting >78 weeks for an ASD assessment has been increasing in recent months and has gone from 86 in Dec-23 to 188 in Jun-24 • The waiting list shown above does not include patients waiting for their first community paediatrics appointment, even if they have been referred by their GP as query ASD. It only shows patients who have been assessed by a community paediatrician and referred for a detailed ASD assessment	• Data not currently reportable on the same basis as the other two ICB Places • Backlog funding ended December 2023 and waiting lists are increasing. In addition to this, further increases in demand predicted • Awaiting confirmation of investment into the service for 2024/25	• Procurement process to outsource assessments for autism paused as funding has not been confirmed • Learning Disabilities, Mental Health and Autism HCP continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with Autism and / or ADHD. Funding has been agreed until March 2025 for the Neurodiversity Support Centre, and further funding has been agreed for 2024/25 for a framework of support for children and young people to understand their diagnosis and improve their mental wellbeing • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams to inform the business case. The business case is complete and agreement on governance route is being confirmed • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in 2024 / early 2025 • Partnership for Inclusion of Neurodiversity in schools (PINs programme) on behalf of Herts and West Essex ICB was successful. The 25 schools identified in Hertfordshire are currently completing self-assessments to inform planning with the pilot due to run from Sept 2024 to March 2025

Autism Spectrum Disorder (ASD) – South & West Hertfordshire

			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HCT	Children	2142	2181	↑	39.26%	37.46%	↓	140	86	↓	June



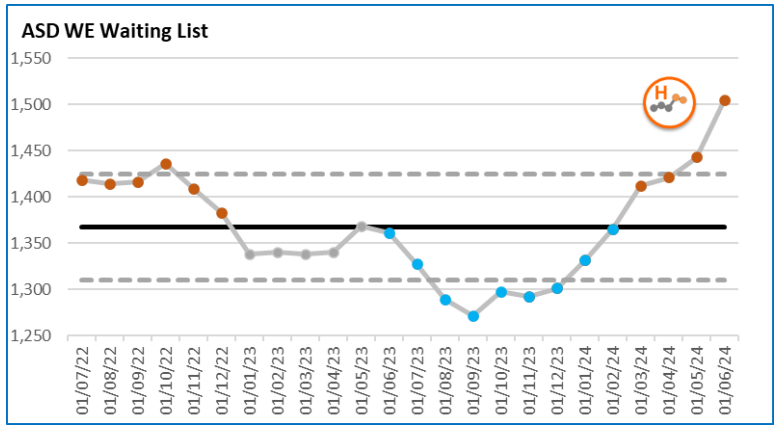


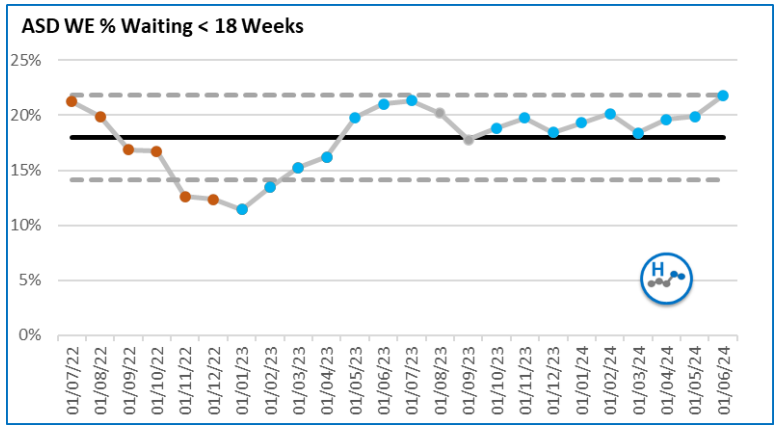


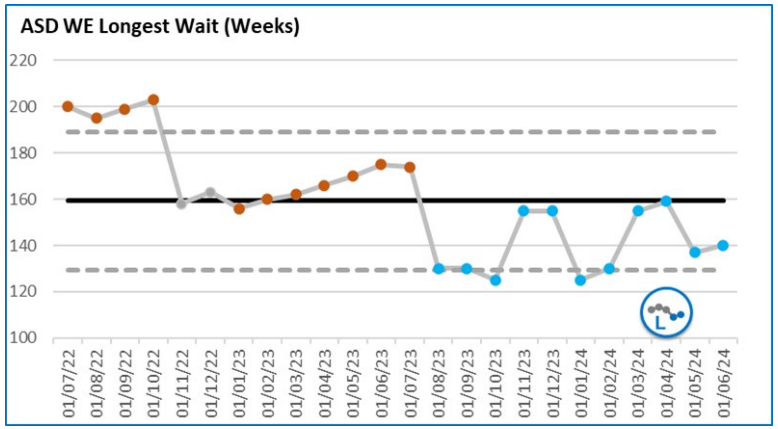
ICB Area	What the charts tell us	Issues	Actions
South & West Herts	• The overall waiting list remains consistently above the historic mean and increased further to its highest level in June • The % of ASD waiters < 18 weeks remains just above the historic mean, but has fallen by c.8% since October • The longest wait improved significantly in June to 86 weeks	• Capacity in existing services does not meet demand • Further increases in demand predicted • Awaiting confirmation of investment into the service for 2024/25	• Procurement process is progressing to outsource assessments for autism due to provider agreed funding • Additional internal capacity and processes have been improved significantly • Learning Disabilities, Mental Health and Autism HCP continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with Autism and / or ADHD. Funding has been agreed until March 2025 for the Neurodiversity Support Centre, and further funding has been agreed for 2024/25 for a framework of support for children and young people to understand their diagnosis and improve their mental wellbeing • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams to inform the business case. The business case is complete and agreement on governance route is being confirmed • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in 2024 / early 2025 • Partnership for Inclusion of Neurodiversity in schools (PINs programme) on behalf of Herts and West Essex ICB was successful. The 25 schools identified in Hertfordshire are currently completing self-assessments to inform planning with the pilot due to run from Sept 2024 to March 2025

Autism Spectrum Disorder (ASD) – West Essex

			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
WE	HCRG	Children	1443	1505	↑	19.89%	21.79%	↑	137	140	↑	June







ICB Area	What the charts tell us	Issues	Actions
West Essex	• The ASD waiting list continues to increase and is now at its highest reported level • The number of ASD waiters <18 weeks remains low, but is above the historic average • The longest wait increased slightly to 140 but remains just below the historic mean • 200 of the 1,505 total waiting list are >104 weeks	• Average monthly referral rate further increased from 73 in Q4, to 87 in Q1 of this year. This is against a current commissioned capacity of 40 assessments per month • Demand and capacity analysis forecasts continued waiting list growth • Imminent CQC / Ofsted SEND Inspection for Essex. ASD waiting times and progress with improvement since last inspections in 2019 and 2022 expected to be highlighted	• Business case submitted to increase core capacity for sustainable delivery - remains open. The gap in capacity vs. demand therefore remains. Potential ICS wide funding progressing through triple lock • 'Waiting well' workstream continues with local partners at Place, led by HCRG, also linking in with Essex wide joint commissioning initiatives • Redesign of the ADHD pathway will include ASD / JADES, with an aim of developing a single Neuro Diagnostic pathway, due to complete during Q3

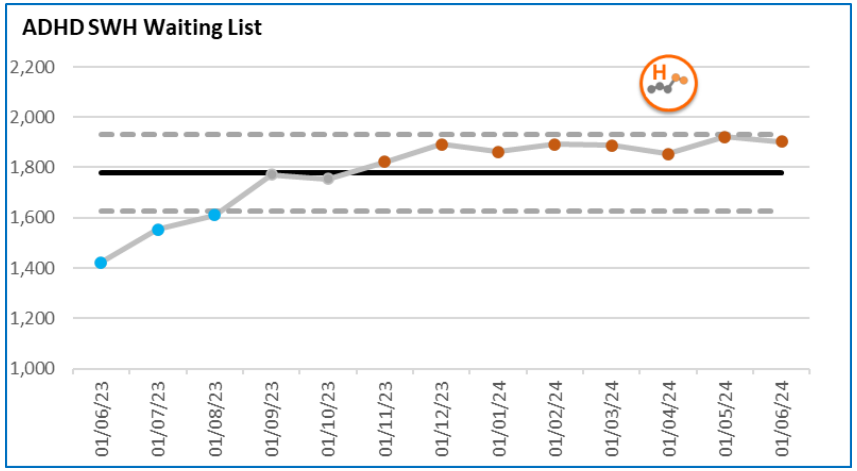
Attention Deficit Hyperactivity Disorder (ADHD)
West Essex & East & North Hertfordshire

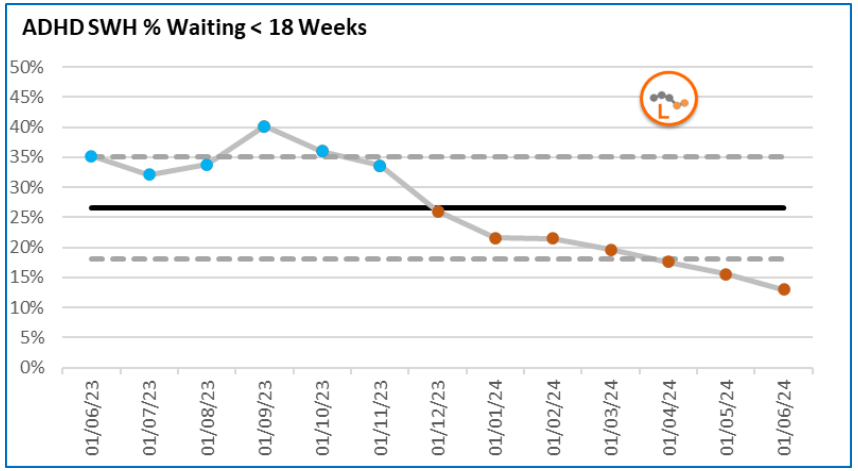
			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	ENHT Paediatrics Service	Children	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	June
WE	HCRG	Children	259	262	↑	91.12%	84.73%	↓	84	88	↑	June

ICB Area	What the charts tell us	Issues	Actions
West Essex	• West Essex waiting lists in June were broadly similar to May • The % of children waiting <18 weeks fell by c.6% in month • The longest wait in West Essex increased to 88 weeks • ENHT is not currently able to report on waiting times / waiting list sizes for patients waiting for an ADHD assessment	• HCRG have commenced reporting of the Essex ADHD Minimum Dataset. Several data recording issues have been identified in the initial reporting, therefore the above manually collected figures may be subject to change once full reporting is rolled out in Q3 • Referral rates continues to rise, resulting in risk to maintaining waiting list performance	• Working with HCRG to resolve data quality issues • Pathway redesign planned to incorporate ASD and ADHD into a single Neuro Diagnostic Service. Full accurate reporting will not be possible until this work is complete – ambition to complete by Q3. In the interim, manual ADHD has been included in this report • As noted in the ASD slide, business case submitted to increase core capacity for sustainable service has not been supported due to available funding but remains open, evidencing the gap in capacity vs. demand. In the meantime, waiting times will continue to rise

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

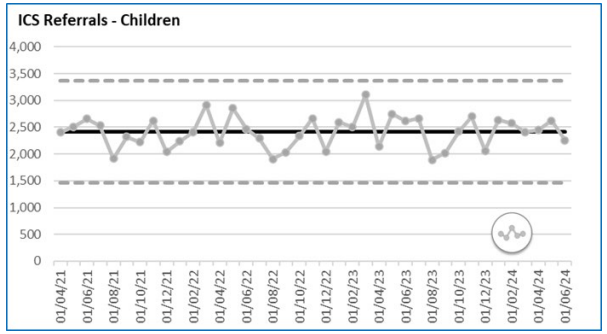
			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HPFT	Children	1921	1902	↓	15.56%	13.04%	↓	159	163	↑	June

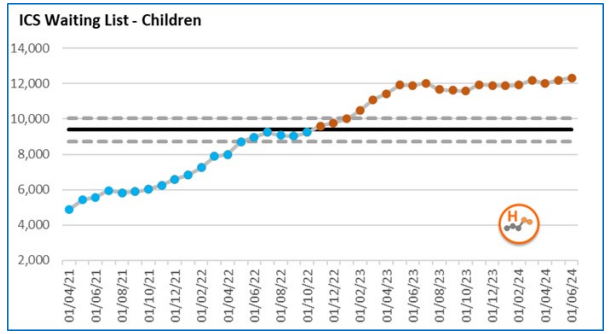


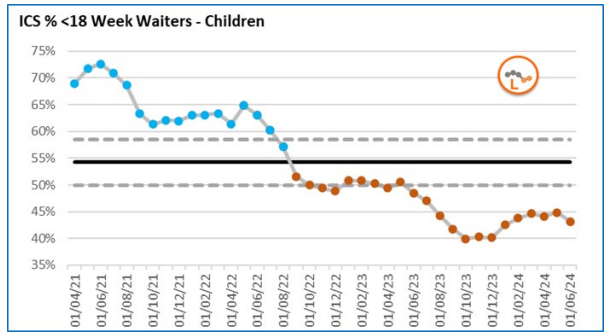


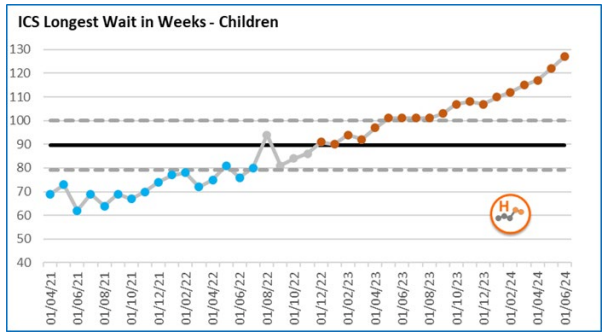
ICB Area	What the charts tell us	Issues	Actions
West Essex	• Overall waiting list is steady at c.1,900 patients but has been consistently above the historic mean for the last eight months • The % of ADHD waiting <18 weeks has been consistently deteriorating for the last nine months • Although the longest wait at end of June was 163 days, the average wait was 57 weeks	• Awaiting confirmation of investment into the service for 2024/25	• Learning Disabilities, Mental Health and Autism HCP continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with Autism and / or ADHD. Funding has been agreed until March 2025 for the Neurodiversity Support Centre, and further funding has been agreed for 2024/25 for a framework of support for children and young people to understand their diagnosis and improve their mental wellbeing • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams to inform the business case. The business case is complete and agreement on governance route is being confirmed • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in 2024 / early 2025

Community Waiting Times (Children)









		Referrals			Patients Waiting			% waiting <18 weeks			Longest wait (weeks)			
Place	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ICS	Children	2624	2257	↓	12199	12322	↑	44.84%	43.18%	↓	122	127	↑	June
Place	Provider													
ENH	HCT	326	288	↓	877	861	↓	74.12%	73.05%	↓	46	50	↑	June
ENH	AJM/Millbrook	19	39	↑	131	149	↑	72.52%	73.83%	↑	41	45	↑	June
ENH	ENHT Community Paeds.	289	245	↓	5779	5842	↑	17.77%	16.31%	↓	122	127	↑	June
ENH	**All**	**634**	**572**	↓	**6787**	**6852**	↑	**26.11%**	**24.69%**	↓	**122**	**127**	↑	**June**
Place	Provider													
SWH	HCT	1482	1256	↓	4478	4353	↓	64.05%	61.13%	↓	76	73	↓	June
SWH	AJM/Millbrook	33	28	↓	126	143	↑	77.78%	65.73%	↓	36	40	↑	June
SWH	**All**	**1515**	**1284**	↓	**4604**	**4496**	↓	**64.42%**	**61.28%**	↓	**76**	**73**	↓	**June**
Place	Provider													
WE	EPUT - Wheelchairs	26	22	↓	34	30	↓	97.06%	96.67%	↓	20	24	↑	June
WE	HCRG / Virgin	449	379	↓	774	944	↑	90.31%	89.51%	↓	36	36	→	June
WE	**All**	**475**	**401**	↓	**808**	**974**	↑	**90.59%**	**89.73%**	↓	**36**	**36**	→	**June**

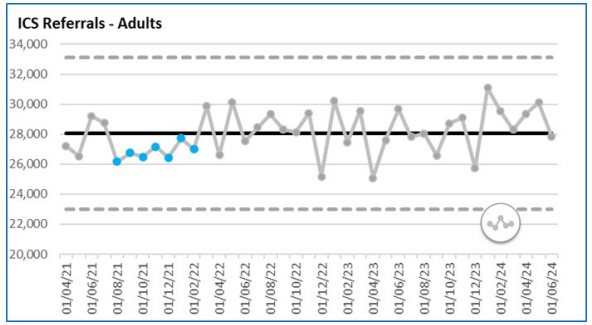
Hertfordshire and West Essex Integrated Care System

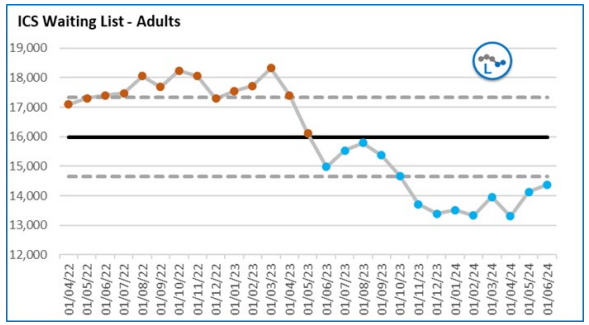
Community Waiting Times (Children)

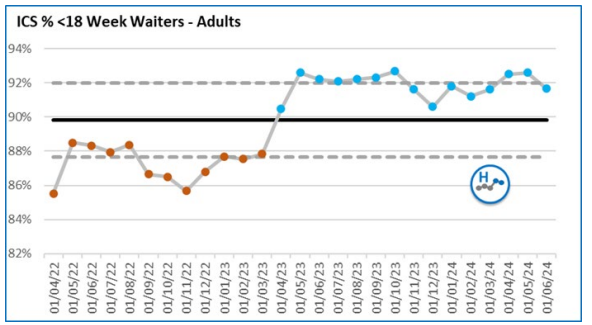
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Children's community services this include Community Paediatrics (ICS wide) and Children's Audiology (SWH). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services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

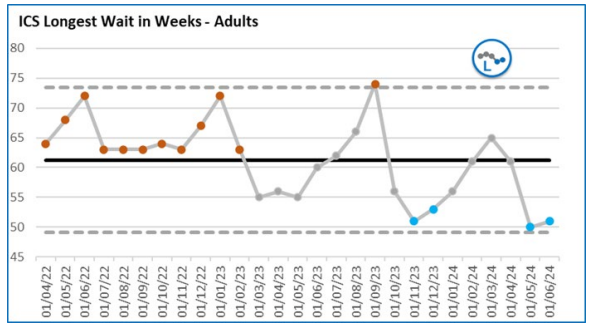
ICB Area	What the charts tell us	Issues	Actions
ICB	• Overall referrals to all services continue to fluctuate within expected common cause variation limits • The total number of children on waiting lists remains very high, but has plateaued at c.12,000 • The % of children waiting less than 18 weeks remains of concern at 43.2%, and lower than the national average of 55.8% • The longest waits are within the ENHT Community Paediatrics Service at 127 weeks. There are also long waits of up to 73 weeks within HCT services in South & West Hertfordshire • Consultant led 18-week RTT performance: SWH Community Paediatrics – 46.9% SWH Children's Audiology – 59.1% ENH Community Paediatrics – 16.3% WE Community Paediatrics – 91.6%	**Hertfordshire** • Most HCT children's specialist services are seeing a marked increase in demand • Waiting times in the SWH HCT Community Paediatrics service are improving, with a decreasing number of long waiters • There are continued waiting time pressures in Paediatric Audiology in SWH, but there has been improvement with a 26% decrease in total waiters since a high point in June 2023. The service is also currently supporting ENHT newborn hearing pathways • Waiting times across Hertfordshire for children's therapies (OT, Speech & Language and Physiotherapy) remain under pressure, but EHCP performance and workforce position is improving **West Essex (WE)** • 18 week % continues to decline, but remains comparatively strong at 89.7% • The volumes on the Community Paediatrics waiting list continue to increase • Waits for first appointments have increased – ongoing demand and capacity challenge • Community Nursing caseload increasing in number and time remaining on the caseload, reflecting the increasing complexity of children	**Hertfordshire** • For HCT services the number of over 52-week waits has reduced from 605 in July 2023, to 253 in July this year, and continues to improve in the most recent data • Focus on reducing DNA / NBI rates for children living in relatively more deprived neighbourhoods • Outsourcing in place in several services • Waiting list initiatives in place for some services to achieve no 65+ week waiters by the end of September • Community Paediatrics in SWH is receiving non-recurrent additional investment to increase workforce capacity and introduce new specialist nursing posts. Recruitment remains a risk • Community Paediatrics also working with NHSE Elect to optimise waiting list management • Paediatric Audiology in SWH is focusing on higher priority appointments, especially follow ups, and signposting to interim advice whilst awaiting assessment. Demand and capacity analysis now completed to identify required staffing model to reduce the waiting list • Children's Therapies – increasing capacity through successful recruitment, waiting list initiatives and outsourcing. Pilot for self-booking in one locality has reduced NBI by over 50% • EHCP dashboard developed to improve waiting list management **Community paediatrics ENHT** • New clinical model agreed by all providers: HPFT, HCT and ENHT • Business case has been developed and is currently being reviewed by exec sponsors to agree next steps through governance. Implementation plan for new model TBC following this process • Single system referral form agreed by clinicians and digital design underway. Target implementation date for the new referral process is Apr-25 • Outsourcing for ASD assessments has not been agreed for 24/25 due to funding constraints • ICB / HCC have agreed to expand the Neurodiversity Support Centre across Hertfordshire until Mar-25 (staffed by experts by experience). Diagnosis not required to access the support • HCC local offer has been updated with consolidated support, patient signposting and waiting times **West Essex (WE)** • Community Paediatrics Business Case is ongoing • Ongoing Community Paediatric caseload cleanse. Impact expected over the coming months • Service reviews requested by Community Nursing and Physiotherapy leads • Procurement planning initiated. Gap in current funding envelope. Investment will be required to procure a sustainable service going forward • Dietetic position remains vacant, patients being supported by Allergy dietitian

Community Waiting Times (Adults)









		Referrals			Patients Waiting			% waiting <18 weeks			Longest wait (weeks)			
Place	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ICS	Adults	30105	27847	↓	14126	14380	↑	92.59%	91.66%	↓	50	51	↑	June
Place	Provider													
ENH	HCT	8921	7833	↓	7827	7921	↑	91.89%	91.73%	↓	47	51	↑	June
ENH	AJM/Millbrook	107	115	↑	555	602	↑	73.51%	69.10%	↓	47	51	↑	June
ENH	**All**	**9028**	**7948**	↓	**8382**	**8523**	↑	**90.67%**	**90.13%**	↓	**47**	**51**	↑	**June**
Place	Provider													
SWH	CLCH	7329	6876	↓	1496	1545	↑	99.60%	99.48%	↓	23	24	↑	June
SWH	Circle	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	June
SWH	HCT	954	884	↓	1197	1194	↓	89.72%	88.11%	↓	50	50	→	June
SWH	AJM/Millbrook	134	132	↓	630	690	↑	79.37%	70.87%	↓	46	50	↑	June
SWH	**All**	**8417**	**7892**	↓	**3323**	**3429**	↑	**92.21%**	**89.76%**	↓	**50**	**50**	→	**June**
Place	Provider													
WE	EPUT	12558	11904	↓	2314	2315	↑	99.78%	99.70%	↓	24	28	↑	June
WE	EPUT - Wheelchairs	102	103	↑	107	113	↑	99.07%	100.00%	↑	20	17	↓	June
WE	**All**	**12660**	**12007**	↓	**2421**	**2428**	↑	**99.75%**	**99.71%**	↓	**24**	**28**	↑	**June**

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

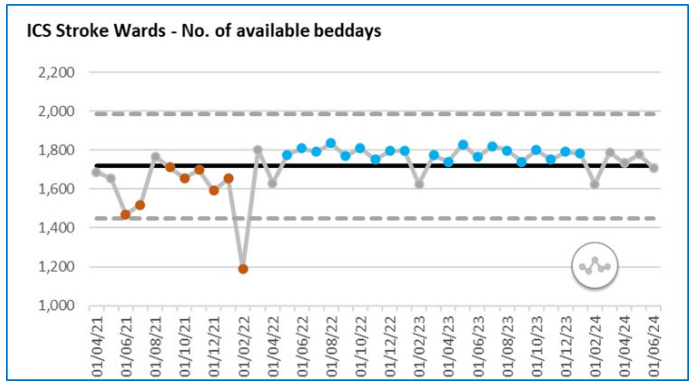
Hertfordshire and West Essex Integrated Care System

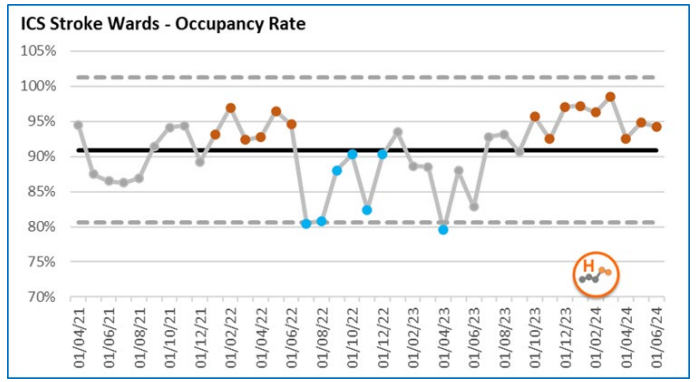
Community Waiting Times (Adults)

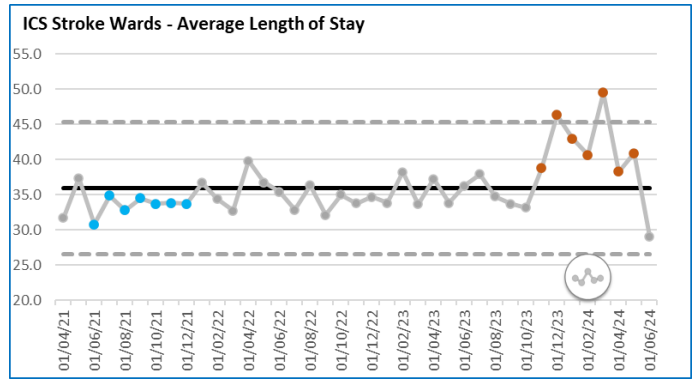
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Adult community services this include Skin Health (ENH), Respiratory (S&W), and Podiatric Surgery (WE). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services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

ICB Area	What the charts tell us	Issues	Actions
ICB	• **SWH MSK data excluded from reporting following DQ issues in April data after award of new contract to Circle** • Overall referrals to all services continue to fluctuate within expected common cause variation limits • The % of patients waiting less than 18 weeks continues to fluctuate at c.92%, compared to the national average of 84.9% • There is a 12-month trend of improvement for the total number of adults waiting on waiting lists, although there have been increases in the last 2 months • Longest waits are within HCT services in East & North Hertfordshire • Consultant led 18-week RTT performance: ENH Skin Health – 92.7% SWH Respiratory – 98.9% WE Podiatric Surgery – 85.4%	**East & North Hertfordshire (ENH)** • Referrals have increased compared to 2022/23 • Overall 'waiting within target' performance continues to be more favourable when compared to the pre-pandemic baseline **South & West Hertfordshire (SWH)** • MSK services previously delivered by Connect have been reprocured with Circle. Work continues to resolve a number of data quality issues before incorporation into this report • Slight decrease in referrals at CLCH • CLCH longest waiter remains within the Neuro Rehab service. However long waiters for ABI Psychology input have reduced significantly • Lymphoedema service has been impacted by staff sickness **West Essex (WE)** • Capacity issues in SLT following reduction in staffing hours and lack of bank take up • MSK & Podiatry breaches following transfer of iMSK patients from Stellar Healthcare on contract termination	**East & North Hertfordshire (ENH)** • All waits are closely monitored and subject to robust internal governance • Service productivity initiatives continue • Forecasting suggests a stable trend over the next 12 months, and that overall current waiting time performance will be maintained or slightly improved • Comprehensive health inequalities metrics in place and analysis has allowed the Trust to compare waiting times and DNA rates for those living in relative deprivation versus those that do not, and targets have been set to address discrepancies **South & West Hertfordshire (SWH)** • Working with Circle and ICB contract leads to resolve reporting issues following re-tender of SWH MSK contract from 1st April. Data expected to be reinstated in the next report • External provider continuing to support with PD / MS Nursing and ABI caseloads • External provider now also supporting with planned care therapy and NETT waits • Divisional weekly waiting times group remains in place which also feeds into Trust group • Division specific recruitment plan underway, including developing videos to compliment adverts and targeting social media channels. A number of recruitment fairs held, with more being planned • Trajectories now in place for all services of concern. These are reviewed and monitored weekly **West Essex (WE)** • Pulmonary Rehab continues to recover following recruitment to vacancies. Compliance with 8-week contract standard was narrowly missed in June with just one breach • Recruitment to plug SLT reduction in hours • iMSK recovery plan agreed with full recovery expected to take 6 months. Trajectory TBC

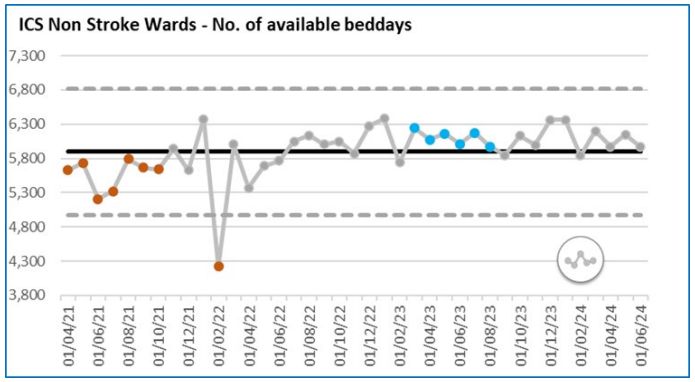
Community Beds (Stroke & Non-Stroke)

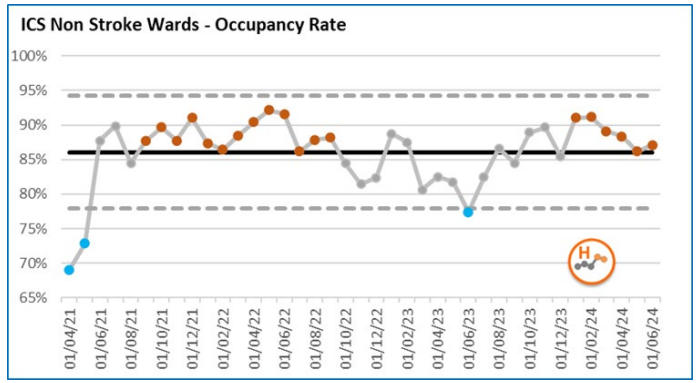


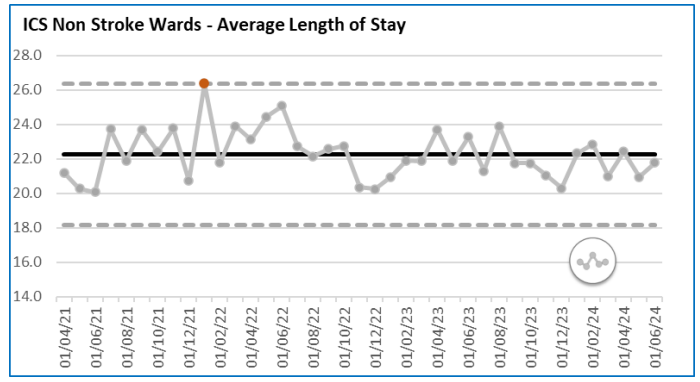




Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	720	720	⇨	96.11%	97.92%	↑	36.7	32.3	↓	June
SWH	CLCH	624	569	↓	99.52%	97.89%	↓	39.0	25.0	↓	June
WE	EPUT	434	420	↓	85.94%	83.10%	↓	52.0	NO DATA	-	June
ICS	**All**	**1778**	**1709**	↓	**94.83%**	**94.27%**	↓	**40.9**	**29.1**	↓	**June**





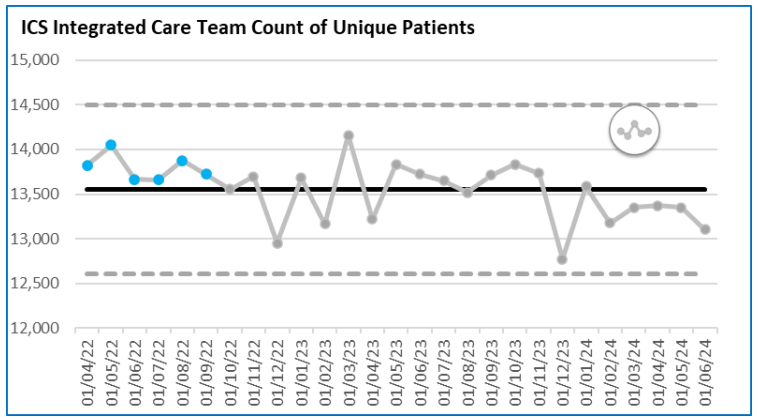


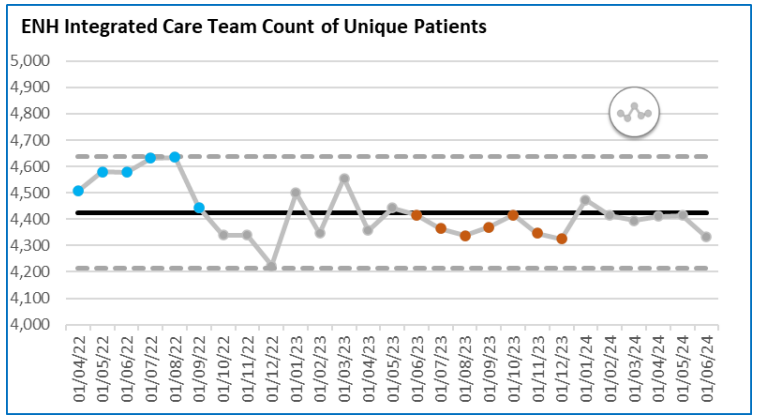
Non-Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	1590	1590	⇨	86.86%	80.06%	↓	26.1	24.8	↓	June
SWH	CLCH	2297	2186	↓	83.28%	92.31%	↑	24.0	23.9	↓	June
WE	EPUT	2263	2190	↓	88.60%	87.03%	↓	14.5	17.5	↑	June
ICS	**All**	**6150**	**5966**	↓	**86.16%**	**87.11%**	↑	**21.0**	**21.8**	↑	**June**

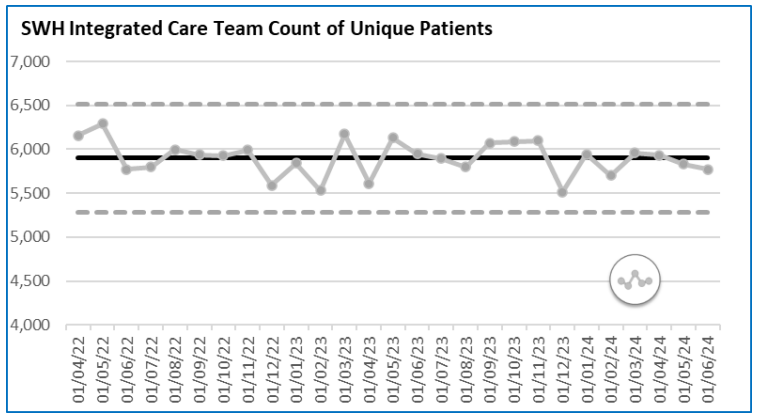
Community Beds (Stroke & Non-Stroke)

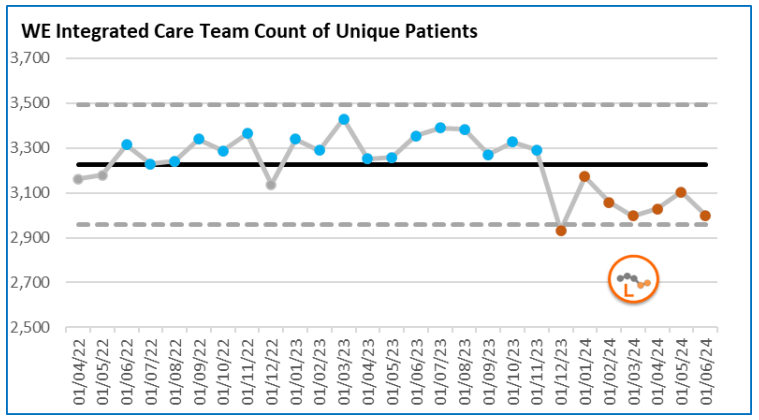
ICB Area	What the charts tell us	Issues	Actions
ICB	**Stroke Beds Days** • Available stroke bed days remain consistent at c.1,750 per month • Overall stroke bed occupancy rates continue to trend above the historic mean • Overall length of stay reduced considerably in June, but the data is skewed as EPUT had no stroke discharges in month • Length of stay did however improve in both HCT & CLCH **Non-Stroke Beds Days** • Available non-stroke bed days remain consistent at c.6,000 per month • Overall occupancy rates across the system have trended above the historic mean for the last 6 months • Overall length of stay remains within common cause variation limits	**East & North Hertfordshire (ENH)** • Bed occupancy remains the highest at Danesbury with an average of 93% over the past 12 months. Herts & Essex and QVM have an average occupancy of 80% and 84% respectively • Average length of stay over the past 12 months for Herts & Essex averaged 25 days, and 27 days at QVM. At Danesbury, there is now normal variation with an average of 39 days. Admissions into community hospitals show no significant change in trend at Herts and Essex and QVM • Danesbury has the least admissions with an average of 17 a month, with QVM averaging 18, and Herts & Essex averaging 31 **South & West Hertfordshire (SWH)** • Continued high occupancy rates across all beds due to supporting system flow and admitting higher acuity patients • Average length of stay continues to reduce **West Essex (WE)** • Length of stay on stroke ward continues to be impacted by a complex patient. Extension to stay has been agreed with ICB commissioners	**East & North Hertfordshire (ENH)** • New process regarding criteria to reside in place to support discharge **South & West Hertfordshire (SWH)** • Daily assurance calls remain in place with HCC with clear escalation process • In collaboration with system partners, action plan agreed to support flow and winter plan also drafted • In collaboration with system partners, SPOC review completed, and action plan agreed which is currently being worked through (most actions completed) • In partnership with social care colleagues, currently reviewing escalation plan **West Essex (WE)** • Daily escalation calls in place to support all delayed discharges • ICB to undertake an audit of the community hospital beds at St Margaret's Epping. Findings will be shared at the August Intermediate Care Board for system discussion on utilisation

Integrated Care Teams (ICT)









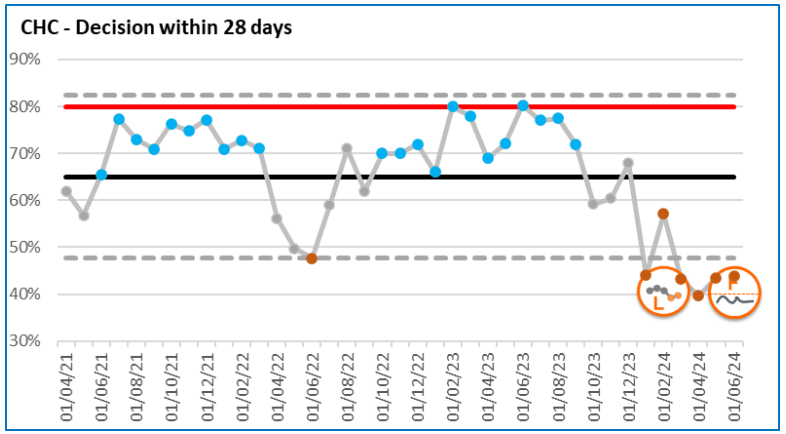
			Contacts (unique patients)			Contacts (unique patients) per 1000 population			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	All	4414	4332	↓	7.0	6.8	↓	June
SWH	CLCH	All	5832	5770	↓	8.5	8.4	↓	June
WE	EPUT	All	3103	2999	↓	9.3	9.0	↓	June
ICS	**All**	**All**	**13349**	**13101**	↓	**8.1**	**7.9**	↓	**June**

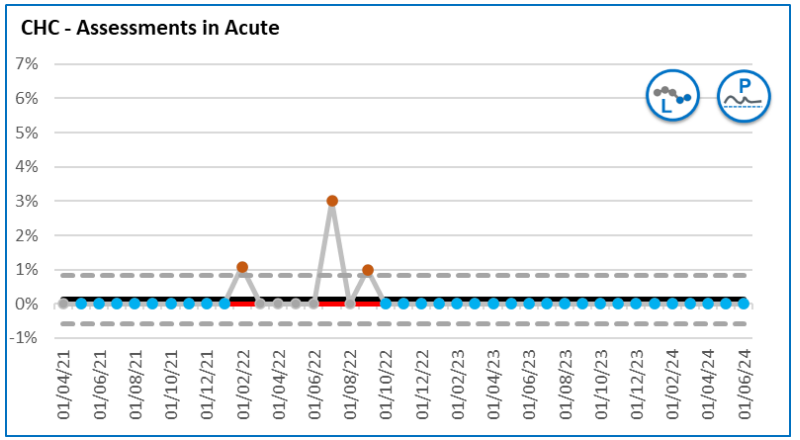
Hertfordshire and West Essex Integrated Care System

Integrated Care Teams (ICT)

ICB Area	What the charts tell us	Issues	Actions
ICB	• Unique contacts across the ICS and within the two Hertfordshire Places are within expected common cause variation limits • Unique contacts in West Essex have trended below the historic mean for the last 7 months	**East & North Hertfordshire (ENH)** • The number of individuals rereferred to the ICT is similar to pre-pandemic • Contacts per month are lower than pre-pandemic (linked to increasing complexity) and there is an increase in the first-to-follow-up appointment ratio • The net effect of these factors is that the overall caseload is much higher than in 2019/20 • Patient complexity is increasing, with more intensive treatments required. e.g., numbers of intravenous antibiotics (IV) and End of Life (EOL) patients • Performance focus on deferral rates **South & West Hertfordshire (SWH)** • Slight reduction in overall number of unique contacts in month **West Essex (WE)** • Since April 2021 ICTs have seen a reduction in referrals. Contacts per patient however have increased from 7.5% to 9.7% (c.30% increase), suggesting an increase in acuity of patients receiving care in the community	• Community services review underway across HWE to reduce variation and shift to reporting outcomes and impact, to compliment the activity driven data that exists **East & North Hertfordshire (ENH)** • Steering group in place chaired by HCT Chief Operating Officer • A comprehensive transformation programme in place focused on workforce, wound care and diabetes management with the ICT • SystmOne optimisation project underway aiming to streamline use of clinical systems with a prospective productivity gain. Some promising initial progress in relation to revised design • The Hospital at Home service appears to be effectively supressing Acute demand **West Essex (WE)** • Investment since 2021 into the Urgent Community Response (UCR) Team has reduced the number of urgent referrals to the ICTs. This has in turn provided additional capacity to support the shift to pro-active care delivery in the Integrated Neighbourhood Teams • Increased joint working between the ICTs and the community urgent care pathways via the Care Co-ordination centre • Continued focussed work with Care Homes by the ICTs to maximise use of all community urgent care pathways and reduce calls to 999

Continuing Health Care (CHC)





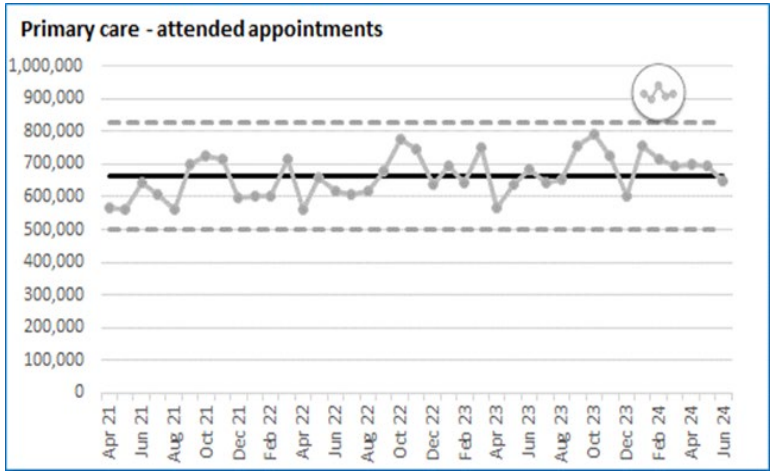
	Apr-21	May -21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May -22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May -23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May -24	Jun-24
East & North Hertfordshire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

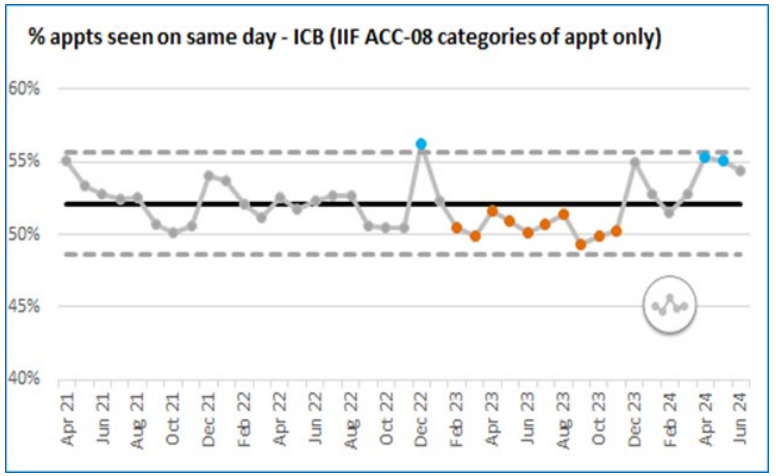
	Apr-21	May -21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May -22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May -23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May -24	Jun-24
East & North Hertfordshire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

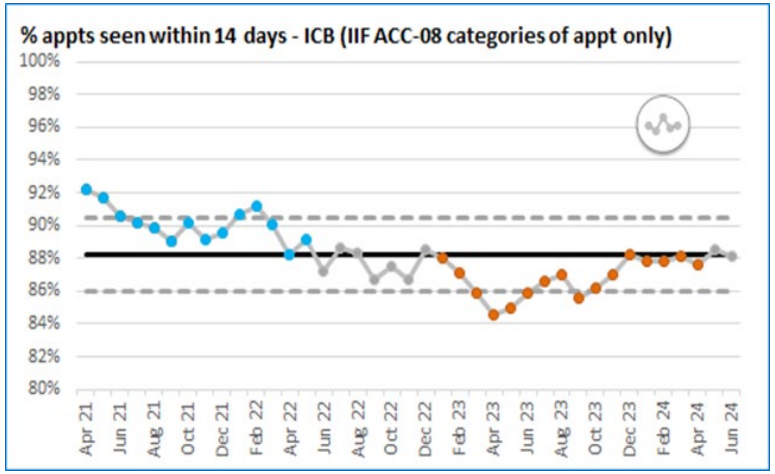
	What the charts tell us	Issues	Actions

HWEICB	• The 28-day standard continues to present a significant challenge, most notably in South & West Hertfordshire
	• Performance has deteriorated for the last 3 months, however ICB projections for the quarter have been met (>=40% to 49.9%)
	• June overall performance is similar to May as below, but there has been further slippage in ENH:
	  ○ Overall ICB – 44%
	  ○ West Essex – 72%
	  ○ ENH – 49%
	  ○ SWH – 28%
	• The assessments in an acute setting <15% standard continues to be routinely achieved
		• Workforce - new starters do not have CHC experience and require robust training and development
		• Recovery of the 28-day standard is forecast to take at least 6 months and targets will be met by Q4 24/25. This has been agreed with NHSE
		• ENH 28-day performance is 23% worse in June vs. May. Key issue is delays in allocation of social workers from HCC due to resource challenges, as well as workforce issues around sickness across the service.
			• Weekly meetings are in place across all areas to monitor performance. Additional assurance meetings are being held with NHSE
			• A further comprehensive layer of management control and support has been implemented across the SWH service to significantly improve work allocation, daily analysis of completed work, case status and risk identification
			• The same process for all areas will be implemented moving forwards

Primary Care







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

What the charts tell us

- GP appointments attended each month remain within expected common cause variation limits. However, there are indications of an overall growing trend in attendances, with only two of the last ten months being below the mean line
- The % of appointments seen on the same day of booking has been above the long-term mean for six of the last seven months, and there are indications that there has been an increase at system level in the % of appointments seen on the same day. The chart above now shows the % of same day appointments for a subset of appointment types where the patient would typically want the first available appointment, rather than reviews / check-ups (IIF ACC-08 categories of appointment)
- The % of appointments which were seen within 14 days of booking has been consistently below the mean since Jan-23. However, there are signs of a return towards the mean over the last two months, and performance is only marginally below this year's plan of 89%. The chart above now shows the % of same day attendances for a subset of appointment types where the patient would typically want the first available appointment, rather than reviews / check-ups (IIF ACC-08 categories of appointment)

Primary Care

ICB Area	Issues	Actions
ICB	• Potential for practice participation in national collective action • General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal • National contract for 24/25 imposed without agreement from profession, with Industrial Action in Primary Care a possibility and added to the risk register • 24/25 focus on cutting bureaucracy, helping practices with cash flow and increase financial flexibilities and continue to improve patient experience of access	**Engagement with the National Access Recovery Plan** • Logging local intelligence on practices taking part in collective action (one or more of 9 possible actions), ongoing work with HETCG and liaison with LMC to identify and mitigate any issues arising • Annual GP Patient Survey (GPPS) now published (data collected Jan –Mar 24). Overall practices appear to demonstrate a slight improvement but noting changes to questions this year. BI and primary care teams looking at data which will be presented at Primary Care Transformation Committee and STQIC. Triangulation with other data held does not show any strong correlation e.g. number of appointments, digital telephony etc. • GPPS 2024 Dental Access results shows HWE as best performing in East of England • 23/24 PCN Access Improvement Plans (AIP): A year-end qualitative & quantitative review now undertaken; reported to ICB Board • Majority of PCNs/Practices have been able to demonstrate access improvements through the year to merit award of the full funding at the discretion of the ICB • ICB support will continue through 24/25, albeit reflecting the 'lighter-touch' national direction based on Clinical Directors' declaration of PCN/Practice status • Many practices transitioning to Modern General Practice (MGP) through demand / capacity analysis, use of cloud-based telephony, roll out NHS app, online GP registration, development of GP and PCN websites and testing triage models • Support PCNs to increase functionality of new cloud-based telephony systems / online consultation availability/use. This remains an area of considerable variation • National GP Improvement Programme - 30 practices & 4 PCNs participated in this nationally supported facilitated programme • 28 sites have received cloud base telephony. A further 6 practices are now being upgraded from sub-optimal CBT systems to advanced CBT. 16 practices have been offered free of charge upgrades on their current systems which are CBT but lacking some functions. 16 practices currently have no funded upgrade path but are using a sub-optimal CBT system. Currently working with Region to understand options for these • Good progress on prospective records access. Many practices are now actively moving towards full enablement or have plans in place to enable; almost 700k patients across HWE have access to their records; over 90% of practices have as the default for new NHS app users; 60% of practices have 90%+ of patients with online access + records access enabled; almost 80% of practices with 80%+ • Partnership working to increase self-referrals in high volume services: Physio, IAPT, Podiatry etc. • Support Level Framework (SLF): Self-assessment tool to support practice teams in understanding what they do well, what they might wish to do better, and where they might benefit from development support. Roll-out of SLF facilitated sessions for practices at increased pace in 24/25 • Communications to support ICB and practice websites, media statements and patient comms re the Delivery Plan • Development of PC Dashboard to include further metrics to allow triangulation / narrative in the absence of plan / reporting requirement in national contract **Other** • Enhanced Commissioning Framework (ECF) refined for 24/25 and include shared care monitoring arrangements • Trend analysis to identify practices with poor access via complaints and patient contacts • PCCC and Primary Care Board oversight of GPPS results. Action plan developed through the Access MDT Group • Initiatives for Primary Care Workforce to support recruitment and retention, supported by the HSE ICB Training Hub • Daily review of OPEL reporting by practices and follow up by place Primary Care Teams with individual practices • Pharmacy First now live, work with Community Pharmacy leads and practices to promote service

Performance v. 24/25 Operational Plans – Month 3

			Year To Date - Total HWE Providers					
Area	POD	Description	Plan	Actual	Variance to Plan	Variance to Plan %	Performance	Latest Data
Planned Care	EM10a	Elective day case spells	38,497	39,525	1,028	**2.7%**	↑	Jun-24
	EM10b	Elective ordinary spells	3,411	3,540	129	**3.8%**	↑	Jun-24
	EM40	Outpatient procedures	67,980	76,626	8,646	**12.7%**	↑	Jun-24
	EM38	Percentage outpatients follow-up without a procedure	49.3%	47.5%	**-1.8%**		↓	Jun-24
	EM32	Total outpatient attendances	397,476	419,953	22,477	**5.7%**	↑	Jun-24
	EB20	Incomplete (RTT) pathways 65 weeks+	565	1,307	742	**131.3%**	↑	Jun-24
	EB3a	The number of incomplete Referral to Treatment (RTT) pathways	140,279	144,387	4,108	**2.9%**	↑	Jun-24
Cancer	EB35 %	Percentage patients seen within 62 days	74.8%	71.8%	**-3.1%**		↓	Jun-24
	EB27 denominator	Cancer 28 day waits (faster diagnosis standard)	16,360	16,165	**-195**	**-1.2%**	↓	Jun-24
	EB27 %	Percentage cancer 28 day waits (faster diagnosis standard)	73.4%	78.0%	**4.5%**		↑	Jun-24
UEC	EM13 denominator	Type 1, 2, 3 A&E attendances	127,784	132,779	4,995	**3.9%**	↑	Jun-24
	EM13 %	Percentage Type 1, 2, 3 A&E attendances < 4 hours	74.2%	72.1%	**-2.1%**		↓	Jun-24
	EM11a	Non-elective spells - 0 days length of stay	9,433	11,701	2,268	**24.0%**	↑	Jun-24
	EM11b	Non-elective spells - 1+ days length of stay	20,912	21,392	480	**2.3%**	↑	Jun-24
	EM15	Same day emergency care	4,430	-	-	**-**	↑	Jun-24
Primary Care	ED21 %	Percentage of appointments seen within two weeks	89.2%	88.1%	**-1.1%**		↓	Jun-24

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

Appendix A: Performance Benchmarking

June 2024

		Hertfordshire and West Essex ICB					
Area	Activity	Latest published data	Data published	Trend *1	NATIONAL position National vs (ICB)	REGIONAL position EoE Region vs (ICB)	ICB Ranking
111	Proportion of calls answered < 60 secs	75.7%	July 24	✓ 4.00%	80.48% (Worse)	76.92% (Worse)	17
	Proportion of calls abandoned	4.9%	July 24	✓ -1.92%	3.97% (Worse)	4.12% (Worse)	21
A&E	% Seen within 4 hours	74.9%	July 24	✓ 2.410%	75.18% (Worse)	74.10% (Better)	20
	12 Hour Breaches	149	July 24	✓ -1.34%	36,806 (0.40%)	2,485 (6%)	7
Cancer	28 days Faster Diagnosis	78.5%	June 24	✓ 0.34%	76.30% (Better)	72.99% (Better)	13
	31 days	90.4%	June 24	✗ -6.01%	90.86% (Worse)	88.92% (Better)	22
	62 days	69.7%	June 24	✗ -3.70%	67.45% (Better)	62.27% (Better)	12
RTT	Incomplete Pathways <18 weeks	57.5%	June 24	✗ -0.93%	58.88% (Worse)	55.11% (Better)	26
	52+ weeks	8,726	June 24	✓ -1.70%	302,693 (2.88%)	50,100 (17.41%)	32
	65+ weeks	1,844	June 24	✗ 9.54%	58,024 (3.17%)	11,473 (16.07%)	32
	78+ weeks	70	June 24	✗ 27.14%	2,621 (2.67%)	583 (12%)	31
Diagnostics	6 week wait	38.1%	June 24	✗ 24.43%	22.89% (Worse)	33.44% (Worse)	42
Mental Health	Dementia Diagnosis rate	64.9%	June 24	✓ 0.31%	65% (Worse)	63.5% (Better)	20
	OOA placements	80	June 24	✓ 28.75%	n/a	n/a	n/a
CHC *2	% of eligibility decisions made within 28 days	43.9%	June 24	✓ 0.97%	72.49% (Worse)	68.56% (Worse)	36
	% of assessments carried out in acute	0.0%	June 24	– 0.00%	0.34% (Better)	0.19% (Better)	1

LEGEND

Performance against target
- On/above target
- Below target

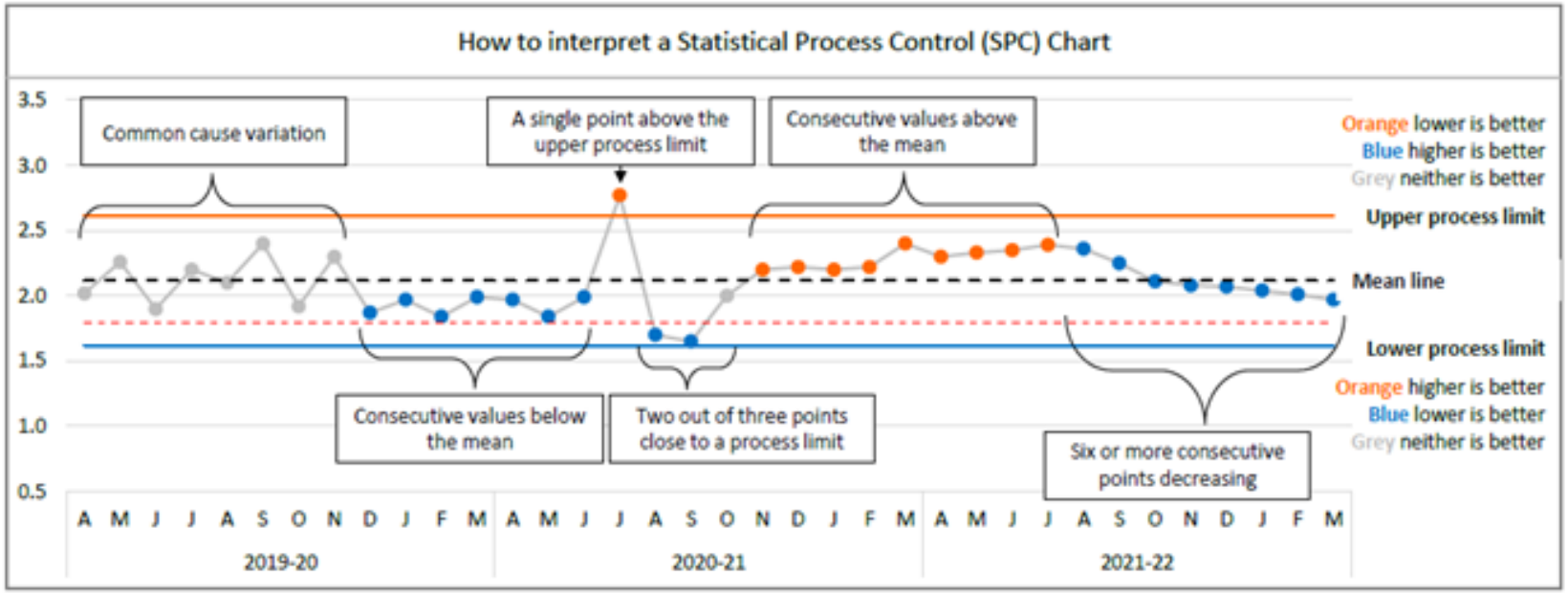
Performance against previous month
- ✓ Improvement
- ✗ Deterioration
- – No change

ICB Ranking
- First quartile
- Middle quartile
- Lowest quartile

***1** Trend against last month's performance.

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

Appendix B: Statistical Process Control (SPC) Interpretation



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

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

Appendix C: Glossary of acronyms (1 of 2)

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

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

Appendix B: Glossary of acronyms (2 of 2)

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

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

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**27/09/2024**	
Report Title:	**ICB/ICS In-Year Financial Report**				**Agenda Item:**	**12**	
Report Author(s):	Debbie Griggs – Deputy Chief Finance Officer Frances Barnes - Associate Director of ICS Finance						
Report Presented by:	Alan Pond, Chief Financial Officer						
Report Signed off by:	Alan Pond, Chief Financial Officer						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ *Enhancing productivity and value for money* ▪ *Helping the NHS support broader social and economic development*						
Key questions for the ICB Board / Committee:	For discussion and noting						
Report History:	This report has been to the Strategic Finance and Commissioning Committee on 12 September 2024						
Executive Summary:	**ICS Financial Position** At Month 4, Hertfordshire and West Essex (HWE) Integrated Care System (ICS) reported a **deficit position of £25.7m,** which is **£6m behind plan**. The Year to Date (YTD) position improved from Month 3 by £1.3m, which was due to the change in the reporting of the System Support. However, there were additional costs incurred during the June/July Industrial Action, including the loss of income earned from elective services, and with the under delivery of some efficiency schemes impacting this month, there was a small deterioration of the recurrent run rate in the month. The Forecast Outturn (FOT) position remains on track for the achievement of the £20m deficit Control Total by the end of the financial year. **System Trajectory and Run Rate Bridge**						

	The System Trajectory and the Run Rate Bridge are new for Month 4 and will be included in all future reports. The Trajectories show how the System will achieve the Control Total, month by month. The individual organisations are responsible for completing their own trajectories against their own Control Total, which is then consolidated into a System Trajectory. The System Trajectory shows a further deterioration in the YTD Actuals for Months 5 and 6 (£30.4m and £32.6m respectively), continuing to hold around £30m for the next three months before moving towards the £20m Control Total in Months 10 and 11 (£27.4m and £24.9m respectively). The System Run Rate Bridge extrapolates the Month 4 YTD position on a straight-line basis and indicates the necessary actions required to achieve the System Control Total. The individual organisations are responsible for completing their own run rate bridges which are then consolidated into a System Run Rate Bridge. The System Run Rate Bridge highlights the additional allocations for Elective Recovery Funding (ERF) and Additional Roles Reimbursement funding (ARRS) expected by the ICB (£11.9m and £12.8m respectively). This is due to the national team holding back 18% of the ERF allocation and 40% of the ARRS allocation until such time that the ICB requires it. There are several categories of changes expected to improve the extrapolated FOT include increased level of efficiency savings in the latter half of the year, both planned schemes that have been profiled to delivery later in the year (£48.2m) and additional schemes that will need to be brought online to recover the position (£8.5m). These are countered by the impact of seasonality (£12.6m) and planned service changes (£12.6m) that are not included in the Month 4 YTD position. **Industrial Action** The System has incurred costs for the Industrial Action (IA) taken in June/July which comprises of two elements: the direct costs which are mostly pay costs (£1.6m) and the loss of ERF income (£1.2m) resulting from the lower than planned levels of elective services activity during the period of IA. The national planning exercise instructed Trusts not to plan for IA in 2024/25, resulting in these costs cause a pressure to the System's financial position. The national team have confirmed that additional funding will be made available to cover only the direct costs of IA, however we do not expect the allocation to fully cover the costs incurred. **Agency Cap Compliance** A comparison of the Providers' Agency Cap Compliance shows that pay costs remains flat at Month 4 with monthly average gross staff costs in Month 3 of £117,372 against the Month 4 monthly average of £117,417. The Month 4 monthly average includes the direct costs incurred from the Industrial Action in June/July 2024.

	The cost of agency staff has shown an improvement with a reduction of 0.1% in the month; 3.4% in Month 3 reducing to 3.3% in Month 4.			
Recommendations:	The Board is asked to: ▪ note the financial position of the HWE ICS System at Month 4 2024/25 ▪ note the financial position of the HWE ICB at Month 4 2024/25			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	*N/A*			
Risk: *Link to Risk Register*	*Risk 679 – Financial Efficiency Risk*			
Financial Implications:	*N/A*			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

Hertfordshire and West Essex Integrated Care System

HWE ICB Board - Meeting in PUBLIC

Finance Report - Month 4 2024/25

27 September 2024

Working together
for a healthier future

HWE ICS – System Position at Month 4 2024/25

HWE ICS Financial Position – Month 4 2024/25

The tables below shows the Month 4 Year to Date (YTD) and Forecast Outturn (FOT) position.

There has been a reduction in the reported YTD deficit position of £1.6m. This is due to organisations reporting of the year to date benefit of the system support in Month 4. National guidance states that the ICS cannot offset the Industrial Action costs with expected income and is contributing to the deficit. There is also under delivery of efficiencies in some organisations in Month 4. Together, this means there is a small deterioration in the Month 4 position of c£1.3m.

The ICS continues to report expected achievement of the £20m deficit control total by the end of the financial year.

Month 3 2024/25			
Orgn	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000
ENHT	(2,390)	(2,940)	**(550)**
HCT	(426)	(602)	**(176)**
HPFT	(3,777)	(3,762)	**15**
PAH	(6,166)	(9,093)	**(2,927)**
WHTH	(6,326)	(7,083)	**(757)**
ICB	0	(3,868)	**(3,868)**
TOTAL ICS	**(19,085)**	**(27,348)**	**(8,263)**

Month 4 2024/25			
Orgn	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000
ENHT	(967)	(2,092)	**(1,125)**
HCT	(508)	(753)	**(245)**
HPFT	(4,092)	(4,414)	**(322)**
PAH	(6,901)	(8,514)	**(1,613)**
WHTH	(7,629)	(8,137)	**(508)**
ICB	403	(1,801)	**(2,204)**
TOTAL ICS	**(19,694)**	**(25,711)**	**(6,017)**

Month 4 2024/25			
Orgn	Annual Plan	FOT	Variance
	£'000	£'000	£'000
ENHT	1,000	1,000	**0**
HCT	(1,164)	(1,164)	**0**
HPFT	(3,600)	(3,600)	**0**
PAH	(17,683)	(17,683)	**0**
WHTH	(5,388)	(5,388)	**0**
ICB	6,835	6,835	**0**
TOTAL ICS	**(20,000)**	**(20,000)**	**0**

HWE System Trajectory at Month 4 2024/25

The trajectory below shows, month by month, how the HWE System is expecting to achieve the given £20.0m deficit control total.

- The first line of the table, System YTD Plan, reflects the profiling of the HWE ICS Financial Plan, which was submitted on 12 June 2024.
- The second line of the table, Actual / Forecast surplus / (deficit) YTD shows the revised profiling, taking into account where efficiency schemes are expected to deliver later in the year and amending of seasonality impacts. The control total remains the same.
- The third line, YTD Variance, is the difference between original and revise profile. This report shows the aggregate of these changes; the separate organisation reports shows the individual Trusts have changed.

Forecast System Trajectory

System	H&WE
Date	Month 4
Financial Plan 2024/25 £m	-20.0

Monthly Profile

Month-on-month ICS forecast 2024/25 (£m)	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
System YTD Plan	(19.1)	(19.7)	(22.8)	(25.8)	(25.3)	(27.8)	(31.6)	(31.4)	(21.7)	(20.0)
Actual / Forecast surplus / (defict) YTD	(27.4)	(25.7)	(30.4)	(32.6)	(30.2)	(30.0)	(30.9)	(27.4)	(24.9)	(20.0)
YTD Variance	(8.3)	(6.0)	(7.5)	(6.8)	(4.8)	(2.1)	0.7	4.0	(3.1)	(0.0)
I&E Improvement (deterioration) in period		1.7	(4.7)	(2.2)	2.4	0.2	(0.9)	3.5	2.5	4.8

HWE System Run Rate Bridge at Month 4 2024/25

The HWE System Run Rate Bridge, in the table below, represents how the Month 4 year to date position extrapolates to a forecast outturn position. The bridge shows the additional changes that will impact the extrapolated outturn position to reach the forecast outturn position.

This consolidated bridge highlights the impact of seasonality as well as the delivery of greater efficiencies in the latter half of the financial year.

System Run Rate Bridge £'000	Income	Expenditure	Surplus / (Deficit)
Month 4 YTD	**(1,918,737)**	**1,944,449**	**(25,713)**
Extrapolated FOT before adustments	(5,746,213)	5,833,348	(87,134)
Additional ERF Allocation - held back nationally	(11,869)	0	11,869
Additional ARRS Allocation - held back nationally	(12,800)	0	12,800
Non-Recurrent Items in Month 4 YTD	3,538	(13,806)	10,268
Adjusted Extrapolated FOT	**(5,767,344)**	**5,819,542**	**(52,196)**
Impact of Efficiency Schemes phased later in the year			48,231
Impact of Seasonality not included in M4 YTD			(12,635)
Impact of Service Changes not yet actioned			(12,594)
Impact of Investments not yet made			260
Unplanned increase in efficiencies			4,278
Other unplanned run rate changes			4,254
Risks			(50,373)
Mitigations			50,775
Forecast Outturn			**(20,000)**

Industrial Action costs included in the HWE Financial Position at Month 4

The tables below show both the direct costs incurred during the Industrial Action in June and July 2024 and the loss of elective services activity, which would have resulted in additional income.

As the national planning guidance instructed Trusts not to plan for industrial actions, these costs were not included in their plans and represents a true cost pressure to the System.

We have been informed that there will be funding for the direct costs of industrial action, however we do not expect it to fully cover the costs incurred. A timescale for when this funding will be received has not yet been not given.

YTD Month 3

Industrial Action Costs			
Org	Direct Costs	Lost income	Total
ENHT	392	544	**936**
HCT	0	0	**0**
HPFT	300	0	**300**
PAH	349	109	**458**
WHTH	267	360	**627**
ICB	0	0	**0**
Total	**1,308**	**1,013**	**2,321**

YTD Month 4

Industrial Action Costs			
Org	Direct Costs	Lost income	Total
ENHT	482	644	**1,126**
HCT	0	0	**0**
HPFT	300	0	**300**
PAH	450	211	**661**
WHTH	412	360	**772**
ICB	0	0	**0**
Total	**1,644**	**1,215**	**2,859**

Month 4 Movement

Industrial Action Costs			
Org	Direct Costs	Lost income	Total
ENHT	90	100	**190**
HCT	0	0	**0**
HPFT	0	0	**0**
PAH	101	102	**203**
WHTH	145	0	**145**
ICB	0	0	**0**
Total	**336**	**202**	**538**

HWE ICS Providers Agency Cap Compliance

The tables below compares the Month 3 and Month 4 compliance to the Agency Cap by Provider, which shows a reduction of 0.1% across the ICS and all Providers remaining the same or better than last month.

Month 4

Orgn	ENHT	HCT	HPFT	PAH	WHTH	ICS Providers
	%	%	%	%	%	%
YTD Plan	2.8%	3.3%	3.3%	3.2%	3.5%	
YTD Actual	3.2%	3.3%	3.2%	4.0%	3.0%	3.3%

YTD Total Gross Staff Costs £000's	138,849	39,273	83,205	89,593	118,748	469,668
YTD Total Agency Spend £000's	4,411	1,279	2,692	3,621	3,603	15,606

Month 3

Orgn	ENHT	HCT	HPFT	PAH	WHTH	ICS Providers
	%	%	%	%	%	%
YTD Plan	2.8%	3.3%	3.3%	3.2%	3.5%	
YTD Actual	3.2%	3.4%	3.3%	4.4%	3.2%	3.4%

YTD Total Gross Staff Costs £000's	104,354	29,273	62,701	67,543	88,244	352,115
YTD Total Agency Spend £000's	3,289	991	2,071	3,003	2,782	12,136

HWE ICB - Revenue Position at Month 4 2024/25

HWE ICB - Financial Report for Month 4 2024/25

Executive Summary

ICB Year-To-Date Position (YTD):
At Month 4, the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) reported a YTD overspend position of £1.801m, which is an **adverse variance of £2.204m**, as the ICB is expected to be reporting a £0.403m underspend, reflecting the planned underspend of £6.835m for the year.

	£'000
Final Month 4 YTD Variance	(1,801)
Month 4 Plan - Target Underspend	403
Distance from Target	**(2,204)**

Forecast Outturn Position (FOT):
The ICB is continuing to report a FOT position of **£6.835m underspend** to NHS England, in line with the submitted 2024/25 financial plan. The five Intra Providers are also reporting forecast outturn positions in line with their individual financial plans; therefore, the HWE Integrated Care System (ICS) is reporting to be on target for the agreed outturn position of **£20.0m deficit**.

There is a national protocol in place should any System need to report an adverse position against the agreed control total. It is at the discretion of NHS England and requires their formal agreement prior to a change in reporting. The process is the same as last year and Systems are only allowed to change it once during any financial year.

HWE ICB – Year to Date Financial Position for Month 4 2024/25

Summary HWE ICB Expenditure Position as at Month 4 (July) 2024/25			
Year to Date			
Budget £'000	Actual £'000	Variance £'000	Expenditure Category
560,984	562,173	(1,189)	Acute Services
104,751	104,751	0	Specialised Commissioning
55,175	58,778	(3,603)	Continuing Healthcare (CHC)
105,303	105,126	177	Community Health Services
106,918	107,508	(590)	Mental health Services
163,218	161,904	1,314	Primary Care Servicse
80,673	81,057	(384)	Prescribing
2,073	2,172	(99)	Other Commissioned Services
8,269	8,664	(395)	Corporate Services (Running Costs)
3,227	682	2,545	Other Programme Costs
10,465	10,445	20	Service Development Funding (SDF)
3,080	2,677	403	Reserves
1,204,136	**1,205,937**	**(1,801)**	**Total Expenditure**
(403)	0	(403)	Planned Underspend
1,203,733	**1,205,937**	**(2,204)**	**Month 4 Reporting Position**

At Month 4, the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) reported a YTD position of **£2.204m overspent**.

This is an improvement of **£1.664m** against the reported Month 3 position but remains behind the planned position of **£0.403m underspend** at Month 4.

Hertfordshire and West Essex Integrated Care System

HWE ICB – Forecast Outturn Position as at Month 4 2024/25

Summary HWE ICB Expenditure Position as at Month 4 (July) 2024/25			
Annual Budget £'000	Forecast Outturn £'000	Variance £'000	Expenditure Category
1,668,938	1,670,811	(1,873)	Acute Services
307,604	307,604	0	Specialised Commissioning
166,004	170,095	(4,091)	Continuing Healthcare (CHC)
313,390	312,816	574	Community Health Services
324,293	326,330	(2,037)	Mental health Services
460,052	456,130	3,923	Primary Care Servicse
235,686	238,106	(2,419)	Prescribing
6,285	6,285	0	Other Commissioned Services
25,265	25,520	(255)	Corporate Services (Running Costs)
37,288	31,034	6,254	Other Programme Costs
41,800	41,875	(75)	Service Development Funding (SDF)
15,805	8,970	6,835	Reserves
3,602,410	**3,595,575**	**6,835**	**Total Forecast Outturn**
		6,835	Target Underspend
		(0)	**Variance to Control Total**

At Month 4, the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) reported a Forecast Outturn (FOT) position of **£6.835m underspend**, which is in line with the ICB's agreed control total.

Hertfordshire and West Essex Integrated Care System

HWE ICB – Trajectory for Month 4 2024/25

The ICB reported an £1.8m deficit YTD at month 4, which is behind plan by £2.2m; this was an improvement on last month's position by £2.1m.

Monthly Profile

Month-on-month ICS forecast 2024/25 (£m)	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
System YTD Plan	0.0	0.4	1.2	2.0	2.8	3.6	4.4	5.2	6.0	6.8
Actual / Forecast surplus / (defict) YTD	(3.9)	(1.8)	(2.6)	(1.9)	(0.4)	1.0	2.5	3.9	5.4	6.8
YTD Variance	(3.9)	(2.2)	(3.8)	(3.9)	(3.2)	(2.6)	(1.9)	(1.3)	(0.6)	0.0
I&E Improvement (deterioration) in period		2.1	(0.8)	0.7	1.4	1.4	1.4	1.4	1.4	1.4

The YTD improvement is primarily due to the progress made on agreeing contracts, where agreements in aggregate are coming in at less than was being forecast at the time of reporting for month 3. The month 4 position therefore accounts for 4 months' worth of improvement rather than 1 month, but there will be a continuation of improvement across the rest of the year.

There remains a small number of contracts that are still to be agreed, and assessment has been made on the likely outcome of these following NHSE assisted resolution. The ICB is being prudent in its assessment which reduces but does not eliminate risk, but also means there may still be some upside that could be played into its financial position.

The remaining main areas of pressure within the ICB is Continuing Healthcare (CHC) and Prescribing, which are £3.6m and £0.4m overspent YTD respectively.

CHC have several efficiency schemes in progress: Review of Fast Track packages of care (£2.2m), Review of packages of care or specialised nursing costing more than £4k a month (£3.3m), Review of Personal Health Budgets (£1.3m). The planned run rate for delivery of these schemes shows a progressively increasing delivery up to and including month 9, with the recurrent elements of these schemes to continue throughout the remainder of the financial year.

Prescribing also have a variety of efficiency schemes in progress: DOACs (£5.7m), Biosimilars (£0.3m), Diabetes (£1.3m), use of ScriptSwitch (£1.7m) and Polypharmacy (£0.3m). The ICB has a great record in delivering efficiencies in this area, which is seen in the published growth figures for 2024/25 showing HWE as having the lowest growth in the region and 7th lowest nationally.

ICB – Run Rate Bridge

This is the Run Rate Bridge for the ICB at Month 4.

Both ERF and ARRS allocations are held back nationally until later in the year when evidence of spend ensures the full allocation, or more, is required, dependant on actual activity and costs. The full costs incurred are included in the extrapolation, so the allocation needs to be incorporated.

Efficiency schemes were profiled in the latter half of the year.

Seasonal spending profiles for both CHC and Pharmacy mean there will be months of higher expected spend in the latter half of the year. Also, there are service changes which did not start in Month 1 which need to be factored into the bridge.

The risk relates to the last remaining NHS Trust contracts which are yet to be agreed.

ICB Run Rate Bridge £'000	Income	Expenditure	Surplus / (Deficit)
Month 4 YTD	**(1,204,136)**	**1,205,937**	**(1,801)**
Extrapolated FOT before adjustments	(3,602,410)	3,617,811	(15,401)
Additional ERF Allocation - held back nationally	(11,869)		11,869
Additional ARRS Allocation - held back nationally	(12,800)		12,800
Non-Recurrent Items in Month 4 YTD		(2,132)	2,132
Adjusted Extrapolated FOT	**(3,627,079)**	**3,615,679**	**11,400**
Impact of Efficiency Schemes phased later in the year			20,222
Impact of Seasonality not included in M4 YTD			(9,517)
Impact of Service Changes not yet actioned			(15,270)
Risks - NHS Trust outstanding contract negotitations			(3,000)
Mitigations - Review of discretionary spend			3,000
Forecast Outturn			**6,835**

HWE ICB – 2024/25 Reserves

At Month 4, the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) held **£15.805m in Reserves**. This is an increase in Reserves of £12.355m from the Month 3 position.

Inflationary Uplift for Consultant Pay Award

The ICB has received an allocation to support the increase of the Inflationary Uplift by 0.3%; NHSE have instructed ICBs not to uplift contract values until the Medical (DDRB) and Agenda for Change pay settlements have been agreed.

Elective Recovery Fund (ERF) Holdback Reserve

There was an update to the NHS England guidance in Month 4, standardising the accounting treatment for the ERF Holdback Reserve. Nationally, NHSE have held back 18% of the ERF allocation; this is to recognise the allocation is based on performance against the ERF target. Where the Systems reach the target, the allocation will be made good, however the ICBs are required to make payments on account to Providers, so are already incurring costs against the full allocation. ICB has now been instructed to align the impact to the area of spend, resulting in transfer of the £11.4m to Acute Services.

Urgent and Emergency Care (UEC) Funding

The UEC allocation has been fully committed, with schemes and services agreed against the total allocation of £22.542m. The remaining balance of £0.94m has not yet been deployed and is expected to be actioned in Month 6.

Description of Reserve	Month 2 £'000	Month 3 £'000	Month 4 £'000	*Notes*
Surplus / Control Total	11,818	6,835	6,835	
Inflationary uplift for Consultant Pay Award (0.3%)	8,030	8,030	8,030	*Awaiting confirmation of DDRB and AfC Pay Award uplifts before contract values increased*
ERF Holdback Reserve	(11,415)	(11,415)	0	*Revised NHS England approach to accounting for ICB allocations that have been held back nationally*
UEC - funding yet to be distribute	0	0	940	*Expected to be deployed in Month 6*
Total of Reserves	**8,433**	**3,450**	**15,805**	

HWE ICB – Pharmacy

As well as the reduction in pharmacy spend, it is important to note this was achieved at the same time as items prescribed increased.

- ICB spend April to June last year was £59,036,266 and this year is £58,114,428
- Pharmacy items prescribed have increased by 3.62% so we have treated more patients, issuing 6,978,576 prescriptions from April to June last year and 7,231.220 prescription items this year.
- The cost per prescription item last year was £8.46 which has reduced to £8.04 for the same period this year

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

April & May 2023 compared with April & May 2024	Actual growth items	% growth items	Actual growth cost	% growth cost	Rationale
SGLT2	15,064	37.92%	£529,499	37.76%	NICE recommends use in diabetes, CKD and HF due to cardioprotective properties
Interstitial BG testing	2,858	35.20%	£237,565	41.95%	Groups eligible in line with NICE guidance
ADHD drugs	1,625	16.55%	£125,663	34.10%	Recent shortages account for growth in costs
Lipid lowering treatments	40,853	10.89%	£277,663	39.02%	HWE ICB priority
Hypertension treatments	20,303	6.18%	£53,501	5.66%	HWE ICB priority

Since reporting the month 4 position, the ICB has recorded the lowest growth rate in the region and 7th lowest in the country and saw a negative growth rate in quarter 1 of -1.53%. The impact of this has not yet been factored into the month 4 position.

The table below shows the achievement and phasing of the Pharmacy Efficiency Programme as at month 3.

Scheme	Mth 3 YTD Plan	YTD Actual	Over / (Under) Plan	Month 4 Plan	Month 5 Plan	Month 6 Plan	Month 7 Plan	Month 8 Plan	Month 9 Plan	Month 10 Plan	Month 11 Plan	Month 12 Plan	TOTAL PLAN
DOACs	2,561	1,603	**(958)**	854	854	854	190	190	190	0	0	0	**5,693**
Biosimilars, homecare and HCD	28	129	**101**	11	12	13	20	27	36	44	51	58	**300**
Diabetes	539	350	**(189)**	103	103	103	103	103	103	41	41	41	**1,282**
ScriptSwitch	420	681	**261**	140	140	140	140	140	140	140	140	140	**1,680**
Polypharmacy and low priority prescribing	92	59	**(33)**	31	31	31	31	31	31	31	31	31	**370**
Totals	**3,641**	**2,823**	**(818)**	**1,139**	**1,140**	**1,141**	**485**	**492**	**501**	**256**	**263**	**270**	**9,326**

HWE ICB – 2024/25 CHC Efficiency Profile

The table below shows the individual Efficiency Schemes being planned and delivered by the CHC Team, including the value achieved year to date (£1.324m) and in which months the schemes are expected to deliver for the rest of the financial year.

CHC EFFICIENCY SCHEMES - 2024-25

		Annual Plan (£k)	Plan YTD (£k)	Value Realised YTD (£k)	Month 5 Plan (£k)	Month 6 Plan (£k)	Month 7 Plan (£k)	Month 8 Plan (£k)	Month 9 Plan (£k)	Month 10 Plan (£k)	Month 11 Plan (£k)	Month 12 Plan (£k)	TOTAL (£k)	Variance to Plan £k
PROJECTS/WORKSTREAMS														
Schemes new to 2024/25														
Fast Track Phase 4		1,114					74	528	351	161			**1,114**	**0**
High Cost Over 4k		540				12	72	90	94	94	85	94	**446**	**(94)**
121 over 4k packages		43				1	6	7	7	7	7	7	**35**	**(7)**
Fast Track reviews phase 2		543	388	269	119	155							**543**	**0**
Fast Track reviews phase 3		369						38	196	135			**369**	**0**
Overdue reviews		1,824	239	148	99	228	275	215	215	222	201	222	**1,602**	**(222)**
PHB Claw back		1,320		550	96	96	96	96	96	96	96	96	**1,224**	**(96)**
Schemes carried over from 2023/24														
Fast Track reviews phase 2				189									**189**	**189**
Fast Track reviews phase 3				14									**14**	**14**
Schemes to be identified		1,366											**0**	**(1,366)**
	2024-25 Efficiency Schemes	**7,118**	**627**	**1,170**	**314**	**493**	**523**	**975**	**959**	**715**	**388**	**419**	**5,536**	**(1,582)**
11 Legacy	**ABI Schemes**	894	462	154	38	71	105	105	105	105	105	105	**789**	**(105)**
	Total CHC Efficiencies	**8,012**	**1,089**	**1,324**	**352**	**564**	**628**	**1,080**	**1,064**	**820**	**493**	**524**	**6,325**	**(1,687)**

HWE ICB – CHC Profile of Spend

The table below shows the number of patients and the year to date and average cost of care at Month 3.

Funded Nursing Care (FNC) has the highest number of patients above plan at 144, with Fast Track patients numbering, on average, 31 patients more than plan.

Fast Track and CHC Fully Funded are both overspent at month 4 and both have average packages that are above the expected average costs. This is being partially offset with the below plan average costs for Personal Health Budgets (PHB) and patients that are jointly funded with Local Authorities.

	Patient Count (monthly avg)			YTD Cost (£k)			Average Cost (£)		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
CHC Fully Funded	611	604	-7	19,091	20,784	1,693	10,417	11,470	1,053
Fast Track	610	641	31	6,004	9,000	2,997	3,282	4,680	1,398
FNC	1,839	1,983	144	5,625	6,060	435			
PHB	171	166	-5	6,338	5,637	-701	12,368	11,297	-1,070
Joint Funded	28	26	-1	697	450	-247	8,371	5,694	-2,678

HWE ICS - Capital Position at Month 4 2024/25

HWE ICS – Capital Position

HWE ICS System Capital Allocations

- HWE ICS received total system capital allocations of £82m for system providers and £2.4m for GPIT. Forecast outturn against provider capital allocation is over committed and system is working on mitigations to curtail spend to allocation total. This pressure is partly due to the uncertainty around additional capital allocations to cover intra-DHSC leases for which additional allocation was available in the previous year.
- HWEICS has secured £0.6m of mental health grants for voluntary sector providers.

HWE ICS System Capital Allocations

Capital Spend Category	Orgn	YTD			FOT			
		Allocations	Actual	Variance	Allocations	Forecast	Variance	
		£'000	£'000	£'000	£'000	£'000	£'000	
CDEL Excluding IFRS 16	ENHT	3,558	2,967	591	15,289	15,289	(0)	
	HCT	1,545	920	625	4,556	4,556	0	
	HPFT	3,321	2,308	1,013	8,980	8,980	0	
	PAH	3,628	2,593	1,035	14,297	14,297	0	
	WHHT	7,143	6,178	965	19,753	18,620	1,133	Contra
	Total	**19,195**	**14,966**	**4,229**	**62,875**	**61,742**	**1,133**	
IFRS 16	ENHT	2,492	(286)	2,778	7,813	7,813	0	
	HCT	305	305	0	1,961	1,961	0	
	HPFT	2,068	0	2,068	3,600	3,600	0	
	PAH	0	0	0	5,219	7,455	(2,236)	
	WHHT	125	1,464	(1,339)	500	1,633	(1,133)	Contra
	Total	**4,990**	**1,483**	**3,507**	**19,093**	**22,462**	**(3,369)**	
	Hed by ICB	0			39	0	39	
Total Provider CDEL Including IFRS 16	**Provider Total**	**24,185**	**16,449**	**7,736**	**82,007**	**84,204**	**(2,197)**	
GPIT	ICB				2,448	2,448	0	
Capital Grants	ICB				559	559		
HWEICS Total System Capital					**85,014**	**87,211**	**(2,197)**	

HWE ICS National Capital Allocations

HWE Providers have secured £64m under national capital programmes to transform and increase capacity of services. This allocation total will change during the year as more funding approved as current projects progress and new projects secured. Below is the total value of national capital schemes expected to be delivered by the end of the year as at month 4 by each of HWE providers.

HWE ICS National Capital Allocations

Programme	FOT					
	ENHT	HCT	HPFT	PAH	WHHT	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Community Diagnostic Centres	-	-	-	11,460	2,000	13,460
Diagnostic Digital Capability Programme	-	-	-	365	290	655
Elective Recovery/Targeted Investment Fund	-	-	-	-	20,000	20,000
Endoscopy - Increasing Capacity	-	-	-	-	11,000	11,000
Front Line Digitisation	-	-	-	6,836	-	6,836
NHP	-	-	-	3,478	4,874	8,352
STP Wave 7	-	-	-	3,500	-	3,500
National Capital Total	**-**	**-**	**-**	**25,639**	**38,164**	**63,803**

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Board meeting held in Public		**Meeting Date:**	**27/09/2024**
Report Title:	**Mental Health Intensive and Assertive Outreach Review**		**Agenda Item:**	**13**
Report Author(s):	Robin Goold & James Salmon, Integrated Health and Care Commissioning.			
Report Presented by:	Robin Goold, Head of Integrated Health and Care Commissioning, Hertfordshire County Council and Hertfordshire and West Essex ICB.			
Report Signed off by:	Natalie Hammond, Director of Nursing & Quality, Hertfordshire & West Essex ICB			

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

Which Strategic Objectives are relevant to this report **[Please list]**	▪ Reduce health inequalities. ▪ Have a more anticipatory, community-based model of care. ▪ Deliver true integration of our services. ▪ Support patients to engage in self-management and collaborative care planning.
Key questions for the ICB Board / Committee:	▪ Board to receive an update on the progress of the Mental Health Intensive and Assertive Outreach Review to date. ▪ Board to note the contexts of the report.
Report History:	N/A
Executive Summary:	Following the conviction of Valdo Calocane in January 2024 for the killings of Ian Coates, Grace O'Malley-Kumar and Barnaby Webber, the former Secretary of State for Health and Social Care commissioned CQC to carry out a rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT) under section 48 of the Health and Social Care Act 2008 which was published on the 13th August 2024. On the 26th July 2024 NHS England published Guidance to integrated care boards on intensive and assertive community mental health care,

	and directed all Integrated Care Boards (ICBs) to review policies and practices regarding the care of people with Severe Mental Illness (SMI) who require treatment but where engagement is a challenge. The local review is underway and the accompanying presentation to this paper sets out progress to date ahead of the NHSE submission on the 30th September 2024.			
Recommendations:	▪ The board is asked to note progress on the review and the contents of the report and accompanying presentation.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
Implications / Impact:				
Patient Safety:	*The review and subsequent actions will steer system improvements to improve patient safety for this cohort.*			
Risk: *Link to Risk Register*	*[Refer to latest Risk Register when completing]*			
Financial Implications:	*Not known at this time.*			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***		N/A at this time.	
	Quality Impact Assessment:		N/A at this time.	
	Data Protection Impact Assessment:		N/A at this time.	

1. Executive summary

1.1 Following the conviction of Valdo Calocane in January 2024 for the killings of Ian Coates, Grace O'Malley-Kumar and Barnaby Webber, the former Secretary of State for Health and Social Care commissioned the Care Quality Commission (CQC) to conduct a rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT) under section 48 of the Health and Social Care Act 2008 which was published on the 13th August 2024.

1.2 A requirement in the 2024/25 Operational Planning Guidance was for ICB's to review their community services by the end of Quarter 2. On the 26th July 2024 NHS England (NHSE) published Guidance to integrated care boards on intensive and assertive community mental health care, and directed Integrated Care Boards (ICBs) to review policies and practices regarding the care of people with Severe Mental Illness (SMI) who require treatment but where engagement is a challenge and/or they face barriers to accessing services.

1.3 NHSE provided a 'Maturity Index' tool for local areas to measure current service provision and practice against the Intensive and Assertive Outreach service model. This tool forms the basis of the review locally.

1.4 In August NHSE asked local areas to confirm that non-attendance at appointments is never used as the reason to discharge a patient from this cohort from a service. The ICB and Trusts were able to confirm this to NHSE in August.

1.5 The local review is underway and the accompanying presentation to this paper sets out progress and findings to date. As part of the review, ICBs are asked to report any gaps and barriers to delivering care that they have identified (e.g. resourcing and workforce implications) to regional NHS England teams with the submission due on the 30th of September 2024.

2. Findings to date:

2.1 Service structures and functions vary across the mental health trusts in the ICB area. Each Trust operates in a different context and partner agencies, so assessment and developments vary in each of these contexts.

2.2 Since the historical national decommissioning of Intensive Assertive Outreach teams, general staff knowledge and awareness outreach techniques has decreased; in particular, there is a need for more psychology staff able to work with this group, for example outreaching to people's homes. However, this is against a backdrop of sustained ongoing recruitment challenges across many specialties locally and nationally.

2.3 There are no longer dedicated assertive outreach teams, although some functions and approaches of the Assertive Outreach Model remain. Specialist

teams across Hertfordshire and West Essex such as FACT, CRHTT, Home First, Crisis 24, and EROS use intensive support techniques. However:

- These teams do not operate, and are not commissioned to, at the level of intensity of Intensive Assertive Outreach Teams.
- The functions are dispersed across services/teams.
- Current caseload sizes are higher than indicated in the Dartmouth Assertive Community Treatment Scale (DACTS).
- Community Teams are not currently resourced to meet the level of intensity to be fully compliant with the standards.
- Therefore, there are likely resource or structure implications that need to be quantified and considered.

2.4 Recognised and robust approaches to risk management remain with clinicians working with multi-disciplinary teams to identify and manage risks and make decisions about the right patient care and pathways. This includes the standardised tools and techniques for identifying and managing risk such as the use of early warning signs, compliance with mandatory training, and risk formulation techniques.

2.5 There are examples of good relationships and joint working across organisations and agencies; Adult Care Services, Criminal Justice Partners, Substance Use Services, District Councils, housing providers, and VCFSE partners. There are already initiatives underway to improve joined-up interventions for this group of people, such as complex MDT's, Community Safety Meetings, and PCN level meetings. However, there is a need for continued development of:

- Information sharing and risk formulation processes across agencies involved in a person's care.
- Identification of people at risk and identifying non engagement or relapse often relies upon key individuals working with the person and more systemic processes need to be considered, particularly when multiple agencies are involved.
- Better integration with housing, complex needs, and substance misuse services.

2.6 There are established policies and mechanisms for patient and carer feedback and involvement in the delivery and development of services, but consistency in the approach, recording communication and demonstrating involvement needs to be an area of focus.

2.7 The Patient and Carer Race Equality Framework (PCREF) process needs to continue, and there is a call to consider new ways of working as a system to engage creatively with people with specific needs and characteristics, including neurodiversity, who may experience psychotic symptoms and disengagement from services.

3. Resource implications

3.1 The potential resource implications are currently not quantified. The review to date has highlighted that caseload sizes are too high to provide the targeted work required for full fidelity with the DACTS model and this will have resource or service structure implications.

3.2 Beyond reducing caseloads for care coordinators for this patient group, there are significant resource implications in terms of psychology, social work, occupational therapy, nursing, and psychiatry. To fully meet DACTS fidelity, staff in these disciplines need dedicated time to be able to work flexibly to effectively reach out to people.

3.3 The further work to develop options for provision of intensive assertive outreach for this cohort will also consider the training and supervision/MDT requirements. The review to date has noted skills gaps, or the volume of these skills needed across the current workforce, around intensive outreach practice as those ways of working have reduced over time.

3.4 There are other groups as well as those presenting with psychosis who may also require and respond to more intensive support, such as people with personality disorders and / or autism and mental health conditions. There will be a need to consider resource allocation to people with complex needs in the round to ensure resource is allocated effectively across our population.

3.5 NHSE have not mandated that areas should reintroduce the full Intensive assertive Outreach Team model. The requirement is that patients' needs are identified and provided for, and that people can access treatment and are kept safe. As the future service model options are developed there will be a need for system partners, people who access services and carers to consider whether the full Intensive Assertive Outreach Team model is appropriate, or indeed possible across the ICB, and what the alternative options are to meet patient needs better.

4. Recommendations

4.1 In the NHSE response from our ICB we are presenting the recommended actions as short, and long-term, actions with a focus on areas that we need to progress as a system, and areas that Trusts respectively will be taking forward.

4.2 NHSE have confirmed that high level action plans are required at this stage, which will be refined and developed as work continues.

4.3 Short Term System Actions

1. Develop options for enabling intensive/assertive working - early indications from the review suggest there are significant gaps against full fidelity of model, and significant resource constraints.

2. Run partner workshops to identify further support needed by VCSFE, primary care, D&A, housing teams regarding identification and support for this cohort, including those with neurodiversity.
3. Review the caseloads of mental health clinicians deployed to preventative/early intervention services, to ensure expertise is appropriately directed to people.
4. Crisis Care Partnerships in HWE continue working to support to this cohort of individuals, including support from Street Triage and crisis response services.

4.4 Longer Term System Actions

1. Continue our transformation of community mental health services, so that the role of system partners in supporting SMI patients is clarified and supported, and SMI patient contact is balanced across the system.
2. Work with BI and PHM colleagues to develop our ability to identify people at risk of disengagement from services, e.g. ED attendances.
3. Review the current pathway for Drug & Alcohol induced psychosis and develop options.
4. Commissioners to reflect learning from this review in future commissioning strategies and service design for secondary services, VCSFE services, and primary care.

4.5 Short Term Provider Actions (some across both Trusts, some specific)

1. Continue developing and implementing post-CPA care pathways, ensuring suitable provision for this cohort.
2. Continue developing and implementing the psychosis pathway to support this cohort.
3. Review and embed clinical guidance in pathways for people with a history of violence and/or offending.
4. Include the persons MHA detention history in appropriate risk protocols.
5. Ensure learning from Early Intervention in Psychosis and Psychosis: Prevention, Assessment and Treatment services is brought into Community Mental Health Teams.

4.6 Longer Term Provider Actions (some across both Trusts, some specific)

1. Continue family and carer engagement work, focussing on improving consistency and recording communication.
2. Continue PCREF and related work to improve data and understanding of health inequalities for this group.
3. Further expand and embed the role of experts by experience in service development programmes.
4. Further refinement of Electronic Patient Record systems to flag disengagement and barriers to engagement.

5. Next Steps

1. Collate full findings from Trust assessment against the maturity index.

2. Workshop with wider partners to feed into final review and further learning and actions.

3. Completion of review and submission to NHSE on the 30th of September 2024.

4. Meetings with NHSE in October to receive feedback and discuss next steps.

Hertfordshire and West Essex Integrated Care System

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Intensive & Assertive Community Treatment Review

Presentation to:
ICB Public Board

Friday 27th September

Working together
for a healthier future

Intensive & Assertive Outreach - Community Treatment Review

- NHS England has asked all Integrated Care Boards (ICBs) to review policies and practices regarding the care of people with Severe Mental Illness (SMI) who require treatment but where engagement is a challenge.
- The review has taken place in the wake of the recent incident in Nottingham, and the subsequent CQC review of the incident and the mental health care provided.
- In July 2024 NHSE issued guidance to all ICBs requesting that policies and practice relating to a defined cohort of people are reviewed, an action plan developed, and for the findings of this process to be presented to a public ICB board meeting.
- This presentation and accompanying paper sets out the work completed and findings to date and details the next steps for implementing improvements in the way we support people with an SMI.

People in scope of the review

The aim of local reviews is to identify and meet the needs of a particular group of people with severe mental health illness, focussing on people who:

- Are presenting with psychosis, but do not necessarily have a diagnosis of a psychotic illness.
- May not respond to, want, or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms.
- Are vulnerable to relapse and/or deterioration with serious related harms associated (esp. but not limited to violence & aggression)
- Have multiple social needs (housing, finance, self-neglect, isolation)
- May be presenting with co-occurring problems (e.g. drug and alcohol use)
- May have had negative (harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice system).
- Concerns may have been raised by families and carers.

Content of the Review

The Review asks ICBs to confirm:

Following your review are you assured that the services in your area are able to identify, maintain contact, and meet the needs of people who may require intensive and assertive community care and follow-up?

- NHSE has already asked local areas to confirm that non-attendance at appointments is never used as the reason to discharge a patients from this cohort from a service - the ICB and partner Trusts were able to confirm this to NHSE in August.

- The review has initially focussed on work with our NHS mental health trusts (HPFT & EPUT) to identify existing practice with this cohort, together with an action plan of both short- and long-term work in and outside of the trusts to improve the quality of care.

- The trusts have used the 'Maturity Index' tool recommended by NHSE, which has guided a detailed review of policy and practice for this group of people.

- The initial review has shown that care for this vulnerable group requires sustained working across NHS Trusts, Primary Care, Voluntary, Community, Faith, Social Enterprise (VCFSE) partners, drug and alcohol, housing, and criminal justice partners. Multi-agency partner workshops are being convened to take this work forward.

Findings so far – Good practice

- Neither of our Mental Health Trusts have dedicated Intensive Assertive Outreach Teams, but:
    - There remains robust approaches to risk management with individual clinicians supported by multi-disciplinary teams to identify and manage risks, and to make the right decisions about patient care and pathways.

- There are policies in place to manage transfer of care between teams, and examples of good local relationships with partners, including escalation processes and processes for safe discharge from mental health services, such as;
    - Housing forums with District Councils, Police & other system providers; Complex Needs Multi-Disciplinary Teams with Adult Care Services; Community Safety Meetings involving the Police, Councils, housing & care providers & voluntary organisations; and Primary Care Network Meetings which provide a helpful space for managing well-known complex patients who attend GP surgeries

- Training compliance is regularly audited, and the PSIRF patient safety process for learning from serious incidents was felt to be robust.

- There are established policies and mechanisms for patient and carer feedback and involvement in the delivery and development of services.

- There are a range of transformation programmes underway within trusts and across the system which seek to further improve the quality of care this cohort of people receive.

Findings so far – Areas for Development 1

- **Service model –** While services flex to meet the needs of patients currently, the review shows as a system we face considerable challenges in creating the capacity to fully deliver the principles of Intensive Assertive Outreach

- **Caseloads** - Trusts have procedures for monitoring and adjusting caseloads across clinicians to meet patient needs. However, to achieve full fidelity to the nationally recognised Dartmouth standards for Intensive and Assertive Outreach teams, caseloads would need to drop significantly. This represents a significant challenge in the current environment.

- **Carer and family member communication & engagement** – there are well developed and established policies and processes to promote communication and involvement of carer and family members, but consistency in the approach, recording communication and demonstrating involvement needs to be an area of focus.

- **Identification of people at risk** – There is training and processes for identifying and escalating risks and/or disengagement, however;
  - This often relies on individual staff noticing disengagement and is not systematised within the Electronic Patient Record system.
  - Between Trusts and external partners, the challenge is even greater and often relies on relationships between local services.

- **Meeting substance misuse needs** – There are established joint working protocols between mental health and drug and alcohol services, but gaps in provision can arise especially around substance induced psychosis.

Findings so far – Areas for Development 2

- **Better integration with housing and complex needs provision**; continued work is needed to support housing teams and providers to continue supporting this cohort of service users.

- **Health inequalities** – the Patient and Carer Race Equality Framework (PCREF) process needs to continue and there is a call to consider new ways of working as a system to engage creatively with people with specific needs and characteristics.

- **Training & skill mix** – There are specialist teams across Hertfordshire and west Essex such as FACT, CRHTT, Home First, Crisis 24, and EROS that use intensive support techniques, but do not operate (and are not commissioned to) at the level of intensity of Intensive Assertive Outreach.
    - However, since the decommissioning of Intensive Assertive Outreach teams, general staff knowledge and awareness of techniques has decreased; in particular, there is a need for more psychology staff able to work with this group, for example outreaching to people's homes.

- **Joining up risk assessment planning with partners** – it is difficult for organisations to share risk planning information effectively across partners - this is a joint working challenge as well as an ICT systems challenge.

Action Planning – System Actions

Shorter Term

- Develop options for enabling intensive/assertive working - early indications from the review suggest there are significant gaps against full fidelity of model, and significant resource constraints
- Run partner workshops to identify further support needed by VCSFE, primary care, D&A, housing teams regarding identification and support for this cohort, including those with neurodiversity
- Review the caseloads of mental health clinicians deployed to preventative/early intervention services, to ensure expertise is appropriately directed to people.
- Crisis Care Partnerships in HWE continue working to support to this cohort of individuals, including support from Street Triage and crisis response services.

Longer Term

- Continue our transformation of community mental health services, so that the role of system partners in supporting SMI patients is clarified and supported, and SMI patient contact is balanced across the system
- Work with BI and PHM colleagues to develop our ability to identify people at risk of disengagement and integrate into follow up services, e.g. ED attendances.
- Review the current pathway for Drug & Alcohol induced psychosis and develop support options.
- Commissioners to reflect learning from this review in future commissioning strategies and service design for secondary services, VCSFE services, and primary care.

Action Planning – Provider Actions

Shorter Term

- Continue developing and implementing post-CPA care pathways in Trust, ensuring this cohort is supported appropriately.
- Continue developing and implementing the psychosis pathway to support this cohort.
- Review and embed clinical guidance in pathways for people with a history of violence and/or offending.
- Include the persons MHA detention history in appropriate risk protocols.
- Ensure learning from Early Intervention in Psychosis and Psychosis: Prevention, Assessment and Treatment services is brought into Community Mental Health Teams.

Longer Term

- Continue family and carer engagement work, focussing on improving consistency and recording communication.
- Continue PCREF and related work to improve data and understanding of health inequalities for this group.
- Further expand and embed the role of experts by experience in service development programmes.
- Further refinement of Electronic Patient Record systems to flag disengagement and barriers to engagement.

Hertfordshire and
West Essex Integrated
Care System

HWE ICB Board Deep Dive

Objective 2: Increase healthy life expectancy, and reduce inequality

Friday 27 September 2024

Working together
for a healthier future

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

HWE Board
Deep Dive – Cardiovascular Disease

Dr Sam Williamson, Associate Medical Director

Working together
for a healthier future

Reduce inequalities with a focus on outcomes for CVD and hypertension

Reduce under 75 mortality from long term conditions; increase hypertension prevalence, with a focus on more deprived communities; improve hypertension treatment to target.

- Gap in life expectancy in HWE (between most and least deprived communities)
  Females: 5.2 years Males: 6.4 years
- In HWE, cardiovascular disease is a leading cause of premature mortality, second only to cancer.
- Cardiovascular diseases represent nearly 40% of ambulatory care sensitive conditions, placing increasing pressures on emergency care services.

Further information and insight into the local population is available on the ICB Population Health Management website.

- Cardiovascular disease is mostly avoidable, through primary and secondary prevention (e.g. lifestyle/behavioural risk factor management and good control).
- The CVD programme focuses on:
  - **A** Atrial fibrillation
  - **B** Blood pressure
  - **C** Cholesterol

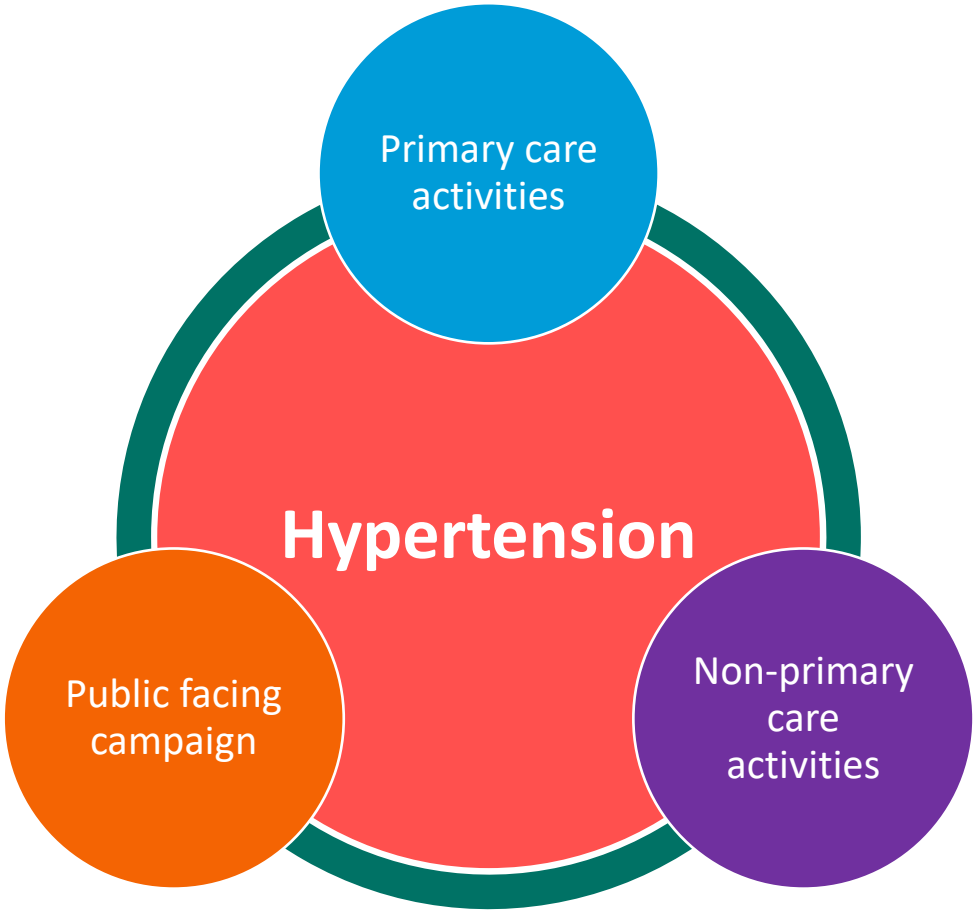
  Prevention

  &
  - **H** Heart failure
  - **I** Ischaemic heart disease

  Management

Hertfordshire and West Essex Integrated Care System

CVD: Priority projects



Maureen is 74 and lives in Hatfield, Hertfordshire.

She was diagnosed with high blood pressure having originally contacted her pharmacist for a cholesterol check. She had no symptoms and considered herself fit and healthy:

“I ran on a regular basis, including taking part in marathons, I am not a smoker, I am not overweight and I felt fit and well.

“I had actually gone to have a cholesterol check but I wasn’t concerned about my blood pressure.

“They did the test and went off to get the pharmacist and while it wasn’t worryingly high I did then go to the GP and get it checked out and they put me on blood pressure medication to manage it.

“It had never occurred to me to get checked because I was running distances on a regular basis and just did not feel I was in any way unwell but I am so glad they managed to get me on to the right medication and I would urge others to get checked when they can.”

Case study – Forest Practice, West Essex

Reason for visit

Practice selected for targeted visit by ICB because:

- Below ICB average for hypertension detection 48.9% vs 50.8%
- Below ICB average for treatment to threshold 56.4% vs 68.3%
- It is in the top quartile for deprivation in HWE

What activities took place

- Improvements to coding, particularly for patients with hypertension as part of other conditions such as diabetes
- BP monitor in reception
- Use of AccuRx to request patient BP readings
- New wording of AccuRx messages 'This is important so we know you are safe'
- AccuRx messages sent in evening
- Promotion of home BP monitoring

Tools and support

- Focused practice visit and support tools
- "It was good to have the figures to see the difference focusing hypertension and blood pressure had made"

Review and impact

After visit took place in December 2023:

- 500 additional people were identified as having hypertension
- Detection increased to agreed target of 52.3% of expected.
- Treatment to threshold increased from 61.9% to 72.4%, with further improvement to 77.2%.

Blood pressure checks ‘while you wait’ at local hospitals in West Herts

Posted: 12 July 2024


Outpatients senior sister Mercy Appiah demonstrates the blood pressure machine.

People visiting hospitals managed by West Herts Teaching Hospitals NHS Trust will be able to get a free blood pressure check while they wait for their appointment.

Self-service blood pressure machines are available at the outpatients departments at Watford General, Hemel Hempstead, and St Albans City hospitals. The machines are easy to use, with step by step instructions available.

West Herts Teaching Hospitals NHS Trust and Hertfordshire and West Essex Integrated Care Board (ICB) are working on a joint project to increase opportunities for people to check their blood pressure.

Around one in four adults in the UK have high blood pressure, but only half of those know about it. High blood pressure (hypertension) doesn’t usually have any obvious symptoms, making it an invisible threat to many. Untreated high blood pressure increases your risk of heart attack and stroke, and also of conditions such as kidney disease and heart failure. Knowing your blood pressure, and taking action, can help to reduce your risk.

Dr Rishi Fofaria, Clinical Lead for Outpatients at West Herts, said: “Coming to an outpatient appointment is an ideal time to help people become more aware of other aspects of their health. Checking your blood pressure only takes a few minutes and our staff are on hand if people have any questions.”

Local GP and ICB clinical lead for heart disease, Dr Corina Ciobanu said: “We are delighted to be working with West Herts Teaching Hospitals NHS Trust to promote these blood pressure checks. It’s such a simple test to do, but ‘knowing your numbers’ could potentially save your life."

The local NHS wants to encourage as many people aged 40 and over to have their blood pressure checked this summer. As well as the new machines at Watford, St Albans and Hemel hospitals outpatient departments, more than 200 pharmacies across Hertfordshire and west Essex are signed up to provide free blood pressure checks. People who are Black or South Asian are more likely to be at risk from high blood pressure, so if this applies to you or your family members, please do come forward for a quick, free and painless check.

Find out more information about blood pressure checks and your nearest participating pharmacy at: hertsandwestessex.ics.nhs.uk/bp

You may feel healthy and strong,
but high blood pressure has no symptoms.
If left untreated, it can cause a heart attack or stroke.

Find a pharmacy
for a free blood pressure check.
hertsandwestessex.ics.nhs.uk/bp

Herts & West Essex ICS
Armed Forces Community

Veterans & their families within the ICS 2024/25

Delivering The Armed Forces Covenant across the ICS

Hertfordshire and
West Essex Integrated
Care System

What is the Armed Forces Covenant and Legislative Requirement ?

- Responsibility for Armed Forces healthcare in England is split between the Ministry of Defence (MOD) and the NHS, with commissioning arrangements set out in a National Partnership Agreement to support the joint working required to deliver the Armed Forces Covenant commitments
- Health care services for regular serving personnel, those serving overseas and in some cases their families are provided by Defence Medical Services (DMS)
- Under the Health and Care Act 2022, responsibility for Armed Forces healthcare is split between NHS England and ICBs as follows:
- NHS England nationally commission:
- bespoke veterans health services, eg Op COURAGE and prosthetics
- health services for those registered with DMS, including emergency care for serving personnel
- ICBs commission health services for veterans and Armed Forces families registered with an NHS GP practice
- ICBs need to demonstrate how they are giving due regard to the health and social care needs of the Armed Forces community in the planning and commissioning of services, as well as through veteran friendly GP practice / veteran aware trust accreditation

- **NHSE Armed Forces Forward View 9 Commitments : Healthcare for the Armed Forces Community**
- 1) Working in Partnership to commission safe, high-quality care for serving personnel & their families
- 2) Supporting families, carers, children & young people in the Armed Forces Community
- 3)Helping the transition from AF to civilian life
- 4) Identifying and support AF Veterans
- 5) Improving veteran's and their family's mental health
- 6) Supporting veterans in the criminal justice system
- 7) Identifying and addressing inequalities in access to healthcare
- 8) Using data and technology to improve access
- 9) Driving research and innovation in AF healthcare

What are we doing across the ICS for the Armed Forces Community in Herts & West Essex ? September 2024

Working with both LAs Public Health teams on AFC JSNA –
H&WE ICS has 33,098 Veterans (2021 Census) 79,435 Family members

MoD 1,900 serving 4,560 Family (550 Service children in local schools)

Working in Partnership across the ICS	Part of both Herts CC and Essex CC Armed Forces Covenant Boards
Supporting Families, carers and CYP	Working with Serving families(Northwood HQ & Carver Barracks) to improve access to education & healthcare support – Pupil Premium and SEND assessments/Maternity/Mental Health
Identifying & supporting Veterans & families	Implementing SNOMED codes in primary care and SUS coding in NHS Trusts to identify veterans & family members
Improving veteran's & their family's access to mental healthcare	Working with Suicide Prevention Boards, promoting Op Courage, Op Nova and addiction services Implementing The Forcer Protocol with Herts & Essex Police Missing Persons Teams
Identifying & addressing inequalities in access	Promoting Targeted Lung Health Check programme, maternity pathways, Op Community as Single Point of Contact (SPOC)
Using data & technology to improve access	Mapped 170 local services and placed them on Force Connect App & Veteran's Gateway
Supporting Veteran's in the criminal justice system	Working closely with NHSE - EoE Op Nova service dedicated to helping veterans in the criminal justice system. Supporting local families of discharged prisoners from Hollesley Bay Prison
Supporting accreditation of local providers	NHSE & RCGP Veteran Friendly Practice accreditation – at least one practice per PCN achieved in April 2024 NHSE & VCHA Veteran Aware accreditation all ICB Trusts accredited in 2024

Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Presentation to:

ICB Board Deep Dive – Prevention (Smoke Free)

Working together
for a healthier future

Tobacco Dependency Programme

Current Status:

- Maternity pathway live and BAU at all three providers.
- Mental health inpatients pathway live at HPFT. EPUT in process of subcontracting to Provide.
- Acute inpatients (I/P) pathway stopped at WHHT at beginning of 24/25; ENHT paused/very small scale with no dedicated staff but keen to restart ASAP; PAH live but limited wards.
- As part of the pathways, patients are referred on for longer term support to the community stop smoking service provided by Hertfordshire Health Improvement Service and commissioned by HCC public health.

Issues and Challenges:

- Need to establish clinical leadership for adult inpatient pathway restart at WHHT.
- Data issues. Issues with data coming through to the TDP dashboard. Data that is coming through, and is thought to be complete, doesn't make sense. Trust trend data for Smoking at Time of Booking (SATOB) and Smoking at Time of Delivery (SATOD) from the National Maternity Dashboard also looks questionable.
- Uncertainty of long term funding results in use of fixed term contracts for tobacco dependant advisors. Delays in annual funds from NHSE resulted in staff on fixed term contracts leaving before contracts could be extended, which resulted in gaps in service, esp. for acute I/P pathways but also maternity (PAH biggest concern for maternity)
- Recruitment has been a long-standing challenge. This will be particularly challenging for current vacancies as now half-way through financial year.

Tobacco Dependency Programme cont.

Opportunities and Successes:

- Meeting arranged between WHHT, NHSE and ICB 2/10/24 to discuss re-start of acute inpatient pathways.
- HWE has lowest Smoking at Time of Delivery (SATOD) rates in the region. (But caveat re data concerns)
- Strong leadership and commitment at ENHT for TPD incl 1) updating smokefree policy 2) go smoke free at all four sites 3) improve support for staff to quit 4) restart TDP acute inpatient pathway 5) increase referrals to smoking cessation service. Multi-agency involvement , incl Herts Health Improvement Service (HHIS), at monthly project meetings. Longer-term plans, after new EPR implemented, for local dashboard, in the style of Walsall's JSNA on tobacco.
- HHIS supporting caseload where possible to mitigate staff shortages at PAH for maternity pathway.
- HHIS has increased delivery of training for acutes. Motivational Interviewing and Very Brief Advice training to specific depts. Pulmonary Rehab pathway is being streamlined for clients.
- ICB Public Health Registrar evaluating the maternity and mental health pathways. If findings are positive, the ICB can consider funding longer term, reducing uncertainty and recruitment and retention issues.
- Joint recruitment of dedicated TDP staff between HPFT and HCT had additional benefits, including shared learning.
- Exploring the feasibility of an HCC in-reach model of delivery for ENHT and WHHT acute inpatients, where the Trusts would not have to recruit but instead fund HCC to provide stop smoking advisors. HHIS keen to support as have a bank of advisors. HCC strategic lead to attend ENHT smoke free group to explore options.
- ICS-wide TDP data group has good engagement across the system and we are making progress understanding where the different issues are for each provider (ranging from coding issues, EPR issues and misunderstandings regarding what data each field needs)
- Nationally commissioned smoking advisor training for maternity and mental health expected soon.

Other Initiatives Supporting a Smoke Free HWE

- Smoke Free Pledge: ICB to sign; HPFT, EPUT and HCT signed; ENHT likely to sign, alongside their smoke free project and Stoptober Comms; plans to encourage WHHT, PAH and PCNs.
- ICB, HCC and ENHT all have comms in development for Stoptober. ICB messaging to include ICB (+/- other local NHS organisations) signing pledge and encouraging patients to ask their healthcare professionals for help to quit.
- Love Your Bump AHI joint campaign to launch shortly – more details to follow with details towards the end of September.
- ENHT successful project, supported by HHIS to increase referrals from Pre-Op Assessment clinic to local stop smoking service. Incl HHIS training. ICB and HHIS to support with applying learning to other depts and WHHT and PAH pre-op teams, and also expand to referrals for weight management support. Getting patients fit for planned ops will reduce complications, LoS & readmission.
- ENHT have added cytosine (recently recommended medication) to their formulary and have obtained supply. They will prescribe the whole course to inpatients on discharge. Cytosine is being included in the Herts Medicine's guidance for smoking cessation. Varenicline now available again nationally.
- RCPsych Quality Improvement in Tobacco Treatment (QuITT) initiative. HPFT were in wave 1. Undertook a project supporting a specific group of inpatients. They noticed times of the day when smoking was common and that there was nothing else to do at these times. They then started some optional indoor activities at these times and found there was less smoking as people chose to engage with the activities instead. EPUT are in wave 2 of this initiative.
- National Swap to Stop free vape kits scheme launched end of 2023. HCC successfully bid for 10,000 kits. Scheme extended to TDP pathways at the beginning of 2024. HPFT partnership working well with HHIS, they are supporting swap to stop initiative.
- HPFT promoting vaping & have vapes vending machine. Has changed the conversation from "you can't smoke here" to "have you considered vaping instead?". Staff finding more acceptable to all, improving staff/patient relationship & supporting quit attempts.
- Further details of national digital stop smoking service for NHS staff awaited.
- HCC public health, ICB and providers are working together on how to make MECC BAU.

Questions

- How can we ensure senior-level support and leadership across all providers for the Tobacco Dependency Programme and wider efforts to support smoking cessation?
- How can we support providers with monitoring performance with MECC and tobacco dependency programme given the difficulties pulling data on these activities out of EPR systems?
    - Is there something the ICB can do to ensure this is considered and prioritised when procuring/implementing new EPR systems?
    - How can we support those providers with EPRs already in place that don't support easy data collection?
    - Can we standardise data collection across different providers with different IT systems?

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Questions to the ICB Board

Questions from the Patient Engagement Forum:

1. **Question - Can a crystal clear pathway on how carers should use primary and secondary care be developed to ensure that Carers can be aware of the services they can expect?**

Response:

Hertfordshire and West Essex ICB recognises the hugely important role the carers play and is committed to supporting carers to ensure they are able to access the health and support needs they require. The ICB is currently working with system partners on developing an ICS wide Carers Vision as well as a template to help healthcare professionals to engage in a whole system response to carers and a Task and Finish Group has been established to lead on this work. Additionally, within the ICB's Health Creation Strategy there is also a 'No Wrong Door' approach which exists to maximise links between the many parts of the system and to ensure that it is as easy as possible for all residents to find the help they need.

HertsHelp (Herts) and the Essex Wellbeing Service (West Essex) are 'default ways in' designed to help anyone who doesn't know where to go for help to find it, and Carers in Herts and Action for Family Carers in West Essex are there for carers who have already identified themselves as such. Hertfordshire County Council and Essex County Council also each have a carers' strategy, and the ICS Carers Strategy group meets quarterly to keep that work integrated and to ensure progress on the agenda across the NHS in the ICS. There are also plans to develop a greater focus on proactive outreach via a Population Health Management platform which will give more insight into the preventable ill health of carers (particularly in relation to depression, anxiety, musculoskeletal and cardiovascular issues).

The ICB is extremely grateful to all unpaid carers for the incredible contribution they make to health and care provision; we will continue to work with system providers on the development of the Carers Vision and remain fully committed to further supporting carers across Hertfordshire and West Essex.

2. **Question - Are there any further actions that can be taken to address the long waiting lists for treatment of Children & Young People (especially those presenting with neurodiverse conditions)?**

Response:

The ICB has worked to increase access to Children and Young People Mental Health Services across the ICB over the period of the Long term Plan through focussed transformation work. As a result, we have seen an increase in the number of people accessing services across the continuum of need over recent years. This has included access through preventative services, expansion of early help and digital interventions, the roll out of Mental Health in Schools Teams, development of additional support in Primary Care, and the development of specialist services such as eating disorder and Crisis Services.

With regard to neurodevelopmental demand for children and young people, the ICB has seen increases in Children and Young people presenting for neurodevelopmental assessments, an increase that has also been seen nationally. Additional investment was made in 2023/24 to reduce the waiting time for these assessments, in parallel to this a programme has been established across the ICB area to ensure we have an assessment and post diagnosis support model that meets the current level of demand.

3. **Question - Are you confident that the use of Exovision by HPFT/ EPUT has been fully evaluated in terms of safeguarding, has sufficient safeguarding measures in place, and is in ALL mental health patients' interests?**

Response:

Both organisations that provide mental health services within Hertfordshire and West Essex have confirmed the use of Oxevision within their locations for example; within health-based places of safety (136 suites), some seclusion facilities and some patient's bedrooms. In both organisations patient information posters for are displayed that are explanatory and advise how the use of infra-red monitoring allows for remote vital signs (such as pulse, breathing rate) can be taken without disturbing the patient, this is the only point whereby a 15 second clear image is viewable. It also allows for alerts to staff for safety monitoring such as others entering the room and only at the point of an alert is a blurred image (15 seconds) can be viewed remotely. Advice is also offered around data protection rights as well as to seek further support/ information with staff members.

Both organisations have confirmed that privacy and dignity is maintained and considered with no remote monitoring in areas such as bathrooms and that patient consent is sought as per policy and must be documented.

There are standard operating procedures, training for staff and guidance on the use of this function especially in relation to capacity and consent with best interest assessment process applied. Patient feedback as well as independent advocacy also continue to capture any

raised concerns from the patients, however it has been noted that remote monitoring has improved patient feedback for undisturbed sleep and feelings of safety within services.

Trusts will also have the Care Quality Commission assessing their compliance and consent procedures in relation to observations via all approaches.

4. **Question – Physiotherapy: Is the ICB confident that the deployment of the recent change in Physiotherapy Providers has gone to plan, and when can we expect the current substantial level of patient dissatisfaction with the service to improve?**

Response:

The South and West Herts community MSK service is now delivered by Circle Integrated Care. This service commenced in April 2024.

Circle is working collaboratively with the ICB, Primary Care and wider MSK stakeholders to deliver service improvement. The deployment of recent changes has largely gone to plan with minor delays in the roll out of the First Contact Physiotherapists.

Current improvement projects include: -

- Roll out of Circle First Contact Physiotherapists (FCPs) in Primary Care providing extra capacity in addition to the physiotherapists currently based in GP practices.
- Planned meetings with all FCPs in the primary care networks (PCNs).
- Audit on reasons for referral rejections by Circle
- Review reasons for rejecting referrals to inform further training to the Circle triaging team.
- Circle clinicians attending general practice meetings to update on improvements in the service.
- Circle have provided the ICB with a trajectory for managing the backlog of patients transferred from the previous provider.
- Discussion with West Herts Teaching Hospital Trust (WHTH) on management of non MSK diagnostic requests to streamline pathways.

The ICB Commissioners continue to work with the new provider to monitor levels of patient dissatisfaction as part of the mobilisation and this is done through regular fortnightly meetings with Circle.

Questions from the public:

1. **Question - In July 2024 the incoming Chancellor of the Exchequer (Rachel Reeves) and Health Secretary (Wes Streeting) announced a review of the NHS England Hospital Infrastructure Plan on the grounds that there was insufficient funding to deliver 40 new hospitals by 2030. Has the Board received any subsequent guidance from the Department of Health about the funding and/or timescale of the replacement for Princess Alexandra Hospital, Harlow, and any other hospital project in Hertfordshire and West Essex Integrated Care System? If so, what guidance? If not, when is such guidance expected?**

   Response:

   The review is currently underway and the ICB does not expect to receive any further specific guidance until later this year when the review is complete. This is likely to be late October at the earliest. In the meantime, both the teams at PAH and WHHT continue with their enabling and planning work to support the development of new hospital facilities.

2. **Question - Current psychiatric evidence suggests that 40% of dementias are either preventable or responsive to palliative measures that significantly delay deterioration to the more severe stages. West Essex has seen a 40% increase in referrals to dementia assessment services in the last five years with no increase in the service commissioned. As the population ages, the service is likely to deteriorate. What plans does the Board have for improved prevention and enhanced community teams to support diagnosis and treatment?**

   Response:

   The ICB is aware of the rising numbers of those with Mental Health need in West Essex. Identifying dementia early has been a priority in West Essex for a number of years and this, combined with an established diagnosis process, contributes to the higher diagnosis rates in West Essex compared to neighbouring areas. The Essex Partnership University NHS Trust (EPUT) service supports those identified with dementia with personalised intensive support over the first 6 months. It links well with the Voluntary Sector and stresses ways to slow progression. Our use of Dementia drugs is part of this and is higher than our neighbours. The rising level of demand may mean access difficulties, but this is being managed so far.

   West Essex Health and Care Partnership (WEHCP) is developing its Community Integrated Teams approach which incorporates Physical and Mental Health need to provide care Closer to Home. Workforce development will ensure services are utilised to integrate physical and mental health support in a way that can provide personalised care. It will ensure access to commissioned services as well as to Voluntary Sector. This model has opportunities to create and flex capacity where it is needed. Prevention of Mental ill health is a West Essex HCP Priority and is the subject of the HCP Board on 19 September 2024.

3. **Question - NHS England has asked mental health providers to report on their provision (or lack) of Assertive Outreach services to support difficult to engage, high risk clients with a diagnosis of schizophrenia. How is Assertive Outreach carried out in West Essex? Is there a specialist Assertive Outreach Team? I understand there isn't. Can one be provided and if so, what additional funding will be required to ensure an effective service for dealing with such clients?**

Response:

The Board is receiving a presentation on assertive outreach services at its meeting today, in advance of submission of a report to NHSE at the end of September. This presentation will address the questions asked in terms of current provision and the identification of gaps and opportunities within services. Once the plans are submitted follow up meetings have already been arranged with NHSE for early October. The ICB will attend 2 sessions one for Hertfordshire & HPFT and a second with Mid & South Essex and Suffolk & North Essex ICBs and EPUT, to discuss provision across Greater Essex. We are not yet aware if any additional monies will be allocated nationally to address any identified gaps or whether we will be asked to review existing spend and prioritise investment in this area. We will report the next steps of the process to a future Board once we have clarification.