NHS
Hertfordshire and
West Essex
Integrated Care Board

Hertfordshire and West Essex Integrated Care Board

Annual Report

April 2023 – 31 March 2024

Contents

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE BOARD (ICB)

NHS Hertfordshire and West Essex Integrated Care Board (ICB) is the local NHS organisation that plans and oversees how NHS money is spent and makes sure health services work well and are of high quality. The ICB's role is to join up health and care services, improve health and wellbeing and reduce health inequalities.

For 2023/24 the ICB had a budget of around £3.3 billion, for the 1.5 million people who live in this area. The budget is set by NHS England.

ICBs work collaboratively with key partners across the system including NHS providers, local authorities, voluntary community, faith and social enterprise sector and communities themselves to understand population needs, determine key priorities and design, plan and resource services to meet those needs, taking a more collective approach to planning and improving services and delivering services in an integrated way for the benefit of our communities. More information about our expenditure in 2023/24 can be found from page 43.

PERFORMANCE REPORT

This section provides an outline of the performance of NHS Hertfordshire and West Essex Integrated Care Board (ICB) from 1 April 2023 to 31 March 2024. It gives an overview of how we have commissioned services and discharged our statutory functions on behalf of the population we serve.

Our strategic approach

The Integrated Care Board's strategic framework for 2022-2027, will guide the work of the organisation during that time. The framework sets out an ambitious set of strategic objectives for that time:

- 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 of citizens taking steps to improve their wellbeing
- Achieve a balanced position annually

Joint Forward Plan

Our Joint Forward Plan 2024-2029 sets out the key actions we plan to take, together with our partners, over the next five years and has been endorsed by both Essex and Hertfordshire Health and Wellbeing Boards, the actions are based around the changes we need to make as a system to:

- 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

- deliver annual financial plans which will ensure we are able to sustainably maintain and improve our services whilst delivering our wider priorities.

You can read more about the joint forward plan here: Hertfordshire and West Essex Joint Forward Plan 2024 - 2029 (hertsandwestessexics.org.uk)

Quality Strategy

The ICS Quality Strategy 2023-2026 supports the planning and delivery of the best possible joined-up and high-quality and safe services which promote equal access, positive experiences and good clinical outcomes. The 5 local Quality Principles are tailored to the needs of our system:

- Developing, providing and co-designing services which are person centred
- To effectively collaborate across organisations to continually improve care
- To create a healthy and positive environment for our population and workforce
- To use information and technology in the best possible way
- To ensure the services we provide are accessible and available to everyone

You can read more about the Quality Strategy here: ICS Quality Strategy 2023-2026 (hertsandwestessexics.org.uk)

Urgent and Emergency Care Strategy

The ICS Urgent and Emergency Care Strategy 2024-2029 is based upon a full analysis of population need. The Strategy sets out the approach to urgent and emergency care transformation, aligning to the national UEC recovery delivery plan and performance improvement requirements, and our local strategies and priorities are tailored to the needs of our population. The 6 core strategic objectives are:

- Understand and predict our population needs in order to support those at greatest risk and deliver tailored population-based approaches.
- System partners work together to ensure joined up and coordinated care, including improved flow and early supported and safe step-down from services.
- Prevention and proactive, personalised care is embedded across the system to empower people to live and age well avoiding the need for services wherever possible.
- When people need same day or urgent care they can easily and rapidly access the right care
- Effective and efficient emergency care pathways that are appropriate, safe, and closer to home.
- Focus on children and young people, mental health crisis response, frailty and end-of-life care.

These objectives will enable our integrated workforce to operate flexibly across the system and support new innovative pathways of care. We will make better use of digital technology to enable self-care, convenient access, remote monitoring, and care with smooth data interoperability and sharing between system partners. We will empower our population to make informed decisions about accessing same day and urgent care, while delivering clinical and professional leadership for transformation change with a culture of innovation, evaluation, and sharing best practice. You can read more about the Urgent and Emergency Care Strategy here: Urgent and Emergency Care Strategy 2024-2029 (hertsandwestessex.ics.nhs.uk)

Chief Executive's summary of key performance

Performance Overview

We entered 2023/24 facing challenges as a health and care system and as an ICB, but we also faced the year with optimism and a drive to continue to deliver the high-quality care our population needs.

We marked our first anniversary as an ICB in July 2023 – a year in which we took on the commissioning of dentistry, optometry and community pharmacy services from NHS England and faced the tough challenge of running our organisation on a significantly reduced budget. Delivering the reductions in running costs for ICBs required by NHS England has been supported by a comprehensive programme of staff engagement, both on potential efficiencies and on revising our operating model to ensure that the ICB is best able to meet the local needs of health and care partnerships. This work will continue into 2024/25 as those partnerships develop and determine the priorities they want to address.

Industrial action by some clinical colleagues has been a big feature of the last year. I am truly thankful and proud of the way partners and colleagues across the system have pulled together to ensure patients continued to receive essential services during that time.

Against the backdrop of these challenges and those posed by seasonal pressures, a lot of work has taken place that has had a really positive impact on our population. As an example, the number of urgent referrals for suspected cancer have increased this year, showing that patients who come to the NHS with worrying symptoms are having these investigated in a timely way.

With a rise in measles cases across the country, the ICB has been working closely with public health colleagues to encourage e families to ensure their children are up to date with their immunisations and reduce the spread of this serious preventable disease. This work will continue during 2024/25 to ensure as many children as possible receive the all the vaccines they are entitled to.

Mental health, one of the areas that has seen a growing demand for services, has seen a boost with the launch in January 2024 of a new mental health urgent care centre at the Lister Hospital in Stevenage to support people experiencing a crisis. This new facility works alongside the NHS 111 telephone service which allows people with an urgent mental health need to select 'option 2' when they call, putting them in contact with an appropriately trained professional. In west Essex, women and their partners who have experienced the loss of a baby are now receiving specialist psychological and therapeutic care through the introduction of a new support service.

It is fair to say that our primary care services continue to experience tremendous pressure. However, the expansion of the services and treatment options offered by pharmacies in the heart of their communities, along with our plans to develop GP services, dentistry, community pharmacy and ophthalmology, set a positive course for improvement for the coming year.

This report is just a snapshot of some of the excellent work taking place across our health and care system to ensure patients receive the care they need, at the time they need it, in the place that is most appropriate. I will talk more about all these programmes of work and the impact they are having throughout this report.

Protecting our population through vaccination programmes

The COVID-19 seasonal vaccination programme offers protection against COVID-19 to people most at risk of becoming seriously unwell. In the most recent phase in autumn 2023, more than 290,000 vaccinations were given. The continued success of the programme is a huge team effort, involving GP practices, pharmacies, our community and acute hospital trusts, district, borough and county councils, the voluntary and community sector, and everyone who helped us spread the word about the lifesaving vaccinations. This year, to make sure that no-one was left behind, vaccination teams continued to work in innovative ways to make it easier for people to get their jabs. Mobile vaccination teams visited places where uptake has been low and vaccinations have also been offered in antenatal clinics for pregnant women, on Gypsy and Traveller sites and in homeless hostels, alongside a range of other health advice and practical help like dental checks and haircuts. We have learnt a lot from this work and forged important networks with groups and communities who face health inequalities, as well as their representatives.

This year we have also worked in partnership with our colleagues in Hertfordshire and Essex public health teams to step up our response to the increasing incidence of measles in the UK. Measles is a highly infectious disease that can put young children, those with a weakened immune system and pregnant women at risk of very serious illness. But measles is preventable with the MMR vaccine, which protects against measles, mumps and rubella, and we have been encouraging parents of children and young people who have missed out on one or more doses of this vaccine to come forward and protect their children. Vaccinations can take place at GP surgeries and have been available at special community clinics running in the school holidays, where children have been able to catch up with any missed childhood immunisations.

Cancer services

The number of urgent suspected cancer referrals has increased in Hertfordshire and west Essex. Early diagnosis can save lives, and the NHS volunteer led ‘Cancel Out Cancer’ campaign supported by the ICB really helps to spread that message. The group of trained presenters deliver online and face-face sessions to different communities in our area, meaning more people know about cancer screening, symptoms and how to reduce the risk of some cancers. 2023/24 has seen good progress in performance against national targets for cancer waiting times.

From October 2023 a new 28-day Faster Diagnosis Standard replaced the two week wait standard as a measure for the timeframe for patients to have a cancer diagnosed or ruled out from the point of an urgent GP referral. 81% of patients had their results within this timeframe in the year to March 2024 against a 75% target.

Treatment times also improved during 2023/24 with 71.4% of patients starting their treatment within two months (62 days) of an urgent referral. This is an improvement on 65.7% in 2022/23 and back to 2021/22 levels. Although below the national target of 85%, we met the 70% standard expected in the 2024/25 national planning guidance. There has been a continued reduction in the number of patients waiting over 62 days to start their treatment. The final backlog for 2023/24 was 398.

95.9% of patients started cancer treatment within one month (31-days) of a decision to treat their cancer. This was extremely close to the meeting the national standard of 96%.

Winter pressures

We have continued to build our system ways of working as despite our careful planning and preparation, winter is always challenging, particularly as winter often brings a higher staff

sickness rate. We work throughout the year plan our response to seasonal pressures, making sure we have the right urgent and emergency services for our population, and that we make the best use of the staff and facilities we have.

We have clear processes for the day-to-day management of system pressures, as well as managing surges of demand, sharing risk across our system and improving performance. . Good communication between the partner organisations in our system has been key to making sure that services run as smoothly and efficiently as possible for our patients. We hold fortnightly system-wide meetings to make sure colleagues have the resource and support they need to care for patients throughout the winter period. This has been supported by daily resilience calls and weekly safety 'huddles' with system partners. Our 'System Co-ordination Centre' operates effectively to support trusts and provide mutual support and we will continue to build this capability.

Learning from critical incidents has supported our system's commitment to:

- support the best use of clinical decision making.
- make use of alternative patient pathways - caring for patients in the community
- co-ordinate our system and manage risk between partners.
- use all available capacity appropriately, with transparent decision making.

There has been no additional national funding for winter pressures this year specifically aligned to primary care. In response to this the national recovery plans and the system wide responsibilities to deliver a resilient service, the ICB and our partners have agreed some local primary care funding to commission additional same day access activity in primary care. This is at the same level as last year, £1.43 per weighted patient, which will be subject to a plan being appropriate to meet the local and national priorities. This has ended with approx. 105,000 additional appointments across the area for the winter months (October 2023 to March 2024), that's 4,000 extra appointments each week.

Industrial action

This year, in addition to the usual demand and pressures over the winter period, our teams also managed several rounds of industrial action. Our ICB staff have worked closely with their colleagues from NHS trusts to support the safe delivery of essential patient care during these periods.

During this time our message to patients has been consistent – the NHS is here for you if you are in urgent need. Patients have been reminded to attend booked appointments unless specifically instructed not to do so – to ensure that appointments and treatments are not missed.

Virtual hospital and 'hospital at home' programme

This year, we have further strengthened and developed our 'hospital at home' services to help support more people to recover from their illness in the familiar surroundings of their own home. Care delivered in this way is good for patients and their families and also helps to ensure that our hospitals have the capacity to treat people who need the most acute, specialist care on a traditional hospital ward. Patients are provided with remote technology which enables healthcare professionals to monitor a patient's condition and keep in touch throughout the day.

By March 2024, 506 'virtual ward' beds were in place across Hertfordshire and west Essex, with utilisation rates steadily increasing across the year to 71% (against a target of 80%).

This year, Hertfordshire Community NHS Trust, which provides the Hospital at Home service in east and north Hertfordshire, expanded its care to include patients who need multiple daily doses of IV antibiotics. This pilot will be evaluated and if successful, could be rolled out across

our ICS area. Business plans have also been developed to establish a children and young people's virtual ward across Hertfordshire.

Mental health

In January 2024, a new mental health urgent care centre opened at the Lister Hospital. The centre provides a calm, therapeutic space for people who are in the midst of a mental health crisis to be assessed, receive the care and support they need and also be referred for further specialist care if its needed. People arriving at A&E needing mental health care are taken into the new service and are cared for by a multi-disciplinary team including mental health professionals, social care, voluntary sector partners and other support staff who have lived experience.

Ensuring that people experiencing a mental health crisis receive the care they need quickly, is vital to helping them make a good recovery. All partners in Hertfordshire have been working with the police to carefully plan how a new approach called 'Right Care Right Person', is introduced to get the most appropriate support to vulnerable people in need when they dial 999. This new way of working aims to make sure the right organisation deals with health-related calls instead of the police being the default first responder. Everyone in a crisis deserves to have this support delivered compassionately by those who are most appropriately skilled and trained to provide it. This new approach and services such as the new mental health UCC in Stevenage and the Nightlight mental health crisis support service will help people to access the mental health help they need quickly.
NHS111 option 2 continues to be a direct way for people needing urgent mental health help to be connected to a specialist team that can help them, 24 hours a day.

This year, new Haven Cafés opened in Hemel Hempstead, Watford and Stevenage. Herts Haven Cafés are a free drop-in space, where young people can come for support and guidance with their emotional wellbeing. No referral is needed and trained staff provide a safe and welcoming, non-judgemental environment for young people to share their concerns and feel listened to. The cafés offer practical help, including guidance on coping strategies, stress management techniques and problem-solving skills.

To support women and their partners who have experienced the loss of a baby, Essex Partnership University NHS Foundation Trust's 'By Your Side' service is now available in west Essex. It provides specialist psychological and therapeutic care for women who have experienced a miscarriage at any stage of their pregnancy, stillbirth, neonatal death or planned termination, and have been significantly affected by the loss.

Primary care

The ICB's primary care commissioning responsibilities changed from 1 April 2023 as we assumed responsibility for community dentistry, pharmacy, and ophthalmology services in addition to our responsibility for general practice.

Bridging the widening gap between the needs of patients and service continues to be a challenge and our primary care team has embarked on a programme of service transformation to achieve this.

The Hertfordshire and West Essex ICB Primary Care Strategic Delivery Plan was approved by the ICBs Board on 28 July 2023. It picks up the key requirements of the NHS England recovery plan and sets out how we want to develop GP, community pharmacy, dentistry, and ophthalmology services across Hertfordshire and west Essex to benefit patients and communities over the next three years.

The plan sets out three transformation objectives.

- Increase our focus on prevention: we must reduce people developing lifestyle diseases and experiencing exacerbations from long-term conditions.
- Establish Integrated Neighbourhood Teams (INTs) across all of Hertfordshire and West Essex – bringing together different professionals to proactively manage the care of people with chronic disease or complex health needs.
- Simplify how patients with urgent health problems receive the right help.

We have made good progress in delivering against these objectives.

General practice

Integrated neighbourhood teams are live in all six primary care networks (PCNs) in west Essex. Four of the 12 PCNs in East and North Hertfordshire; two PCNs in Dacorum, and locality teams in Watford, Three Rivers and Hertsmere are moving towards implementation. The new multi-disciplinary teams are considering which groups of patients to support according to local population health needs and the support they will offer in each case.

We have made significant progress on rolling out cloud-based telephony in GP practices that will improve call handling and provide a better user experience for patients. 62 GP practices are now live with this facility, implementation is underway in a further 26 practices, and there are plans to move a further 24 practices to more advanced systems through national schemes. The ICB is exploring funding options for the remaining 17 GP practices which do not currently have an identified upgrade solution.

We continue to encourage use of the NHS App to improve patient access to services. Sustained national and local promotion of the NHS App during 2023/24 has led to 944,920 Hertfordshire and west Essex patients logging onto the App in April 2024 compared to 449,304 in April 2023 - a rise of 47.5%. Data also shows an increase in local patients using the App to order repeat prescriptions. In April 2024 99,852 repeat prescriptions were ordered via the NHS App compared to 56,927 in April 2023.

Primary care access

Primary care, like many parts of the NHS, is under tremendous pressure – nationally one in five people report they did not get through or get a reply when they last attempted to contact their practice.

We know that people waiting for an appointment with their GP prioritise different things. Some need to be seen straightaway while others are happy to get an appointment in a week's time. Some people – often, but certainly not always, patients with more chronic long-term conditions – need or want continuity of care, while others are happy to be seen by any appropriate clinician, as long as they can be seen quickly. Equally, for some patients it is important to be seen face to face while others want faster, more convenient ways of accessing treatment. There is emerging evidence of a growing appetite (even before COVID-19) for patients to access care digitally.

The NHSE Delivery Plan for Recovering Access to Primary Care was released on 9 May 2023 and has a focus on four key areas:

1. **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy –

launch of the pharmacy first scheme via national contract; create options to enhance access to digital tool but also reducing digital exclusion through integrating with the community and VCFSE.

2. **Implement 'Modern General Practice Access'** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment, so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.
3. **Build capacity – develop primary care workforce.** Add flexibility to the types of staff recruited and how they are deployed. Changing to training, recruitment, retention and opportunities of skill mix. National Long term Workforce Plan 2023.
4. **Cut bureaucracy -** Reducing the workload across the interface between primary and secondary care such as how we can use digital technology for prescriptions, increase self-referrals for a range of services; onward referral from specialists and maximising the use of shared care records to obtain the relevant information to support triage.

The Hertfordshire and West Essex ICB Primary Care Strategic Delivery Plan was approved by the ICBs Board on 28 July 2023. It picks up the key requirements of the NHS England recovery plan and sets out how we want to develop GP, community pharmacy, dentistry, and ophthalmology services across Hertfordshire and west Essex to benefit patients and communities over the next three years.

All of the Primary Care Networks have an agreed Access Improvement Plan as outlined in the Primary Care Access Recovery Plan. Practices are implementing the areas of development and actions in the plan including some practices transitioning to Modern General Practice. This is through

- maximising the use of cloud base telephony where in place
- further work on understanding demand and capacity and putting the right resources in place.
- development of GP and PCN websites with key patient information
- rolling out NHS app and digital tool to empower patients to use self-service options.

To follow the NHS Long Term Plan requirements that every patient is offered 'digital-first' primary care by 2023/24, the ICB has procured an online consultation tool for every practice. With digital first, patients have the option to contact their primary care health professional digitally, which saves patients' time and gives an alternative to visiting the surgery or phoning. This tool also allows patients to request test results, ask for an appointment, seek advice, sick notes and GP letters.

Similarly, practices have a digital option to communicate important messages with patients too. The ICB has purchased a patient communication digital tool which allows practices to send text messages, questionnaires and online forms to patients in a tailored way. This system also enables practices to set up confidential and secure video consultations where appropriate, further offering a wider range of appointment options for patients who need healthcare advice but can't visit the surgery in person.

New services are supported our work to extend same day access for primary care patients.

In November we launched a new all age Integrated Urgent Assessment and Treatment Centre for the population served by Princess Alexandra Hospital Trust. The IUATC, commissioned by the ICB, is provided by a collaboration of local partners, including primary care, coming together to coordinate care for people who same day care.

Stevenage North and South Primary Care Network has established a same day access hub. Early data suggests an associated reduction in A&E attendance and is a positive indication that the hub model is helping to alleviate system pressures.

The ICB demonstrated innovation in primary care contracting with the award of general medical services contract to Hoddesdon and Broxbourne incorporated primary care network. H&B Health Limited took over provision of primary medical care services for The Limes Surgery in Hoddesdon, Hertfordshire from 1 February 2024. The approach which followed the national procurement framework and included a rigorous due diligence process supports the ICB's priorities to increase resilience, capacity and value for money and to provide stability and continuity for patients.

We have continued to invest in primary care buildings with a programme of continuous improvement. This included the move of Wallace House surgery in Hertford to new modern premises in the new Lea Wharf development in Hertford.

We have continued to develop our general practice workforce. Our successful Enhanced GP Fellowship Scheme continues to support GP professional development and retention by providing specialist placements with our system partners in areas such as chronic fatigue, children's mental health, frailty, women's health, and cardiology. Our primary care Training Hub was successful in securing funding to pilot an Allied Health Professionals and Nursing Fellowship Programme so that these professionals can similarly to benefit from a portfolio carer and to support recruitment and retention.

The ICB updates the Enhanced Commissioning Framework (ECF) annually to make sure that our funding and expectations of general practice reflect national and local priorities. During 2023/24 we have used the ECF to support practices to identify disease with lower-than-expected prevalence and to incentivise accurate coding to identify people with undiagnosed disease.

Better identification of patients resulting from the ECF is making a difference. 4000 fewer people are classified as having high-risk diabetes because of having their diabetes controlled. And more patients have been proactively supported at the end of their lives. A greater proportion of patients living with long term conditions such as chronic lung and kidney disease and heart failure have had the progression of their condition assessed allowing care to be tailored according to severity.

Patient engagement with primary care, including general practice

Listening to and involving patients in primary care is central to our commitment to provide patient-centred services:

- We have appointed patient representatives to our Primary Care Board.
- We have partnered with the Patient Association to develop patient practice groups. This is described in more detail in our the Engagement section of this group.
- We have commissioned Hertfordshire and Essex Healthwatch to carry out a series of engagements with patients focussing on their lived experience accessing primary care and other support for their health, care and wellbeing. During 2023/24 surveys included:
    - Experiences of accessing treatment and support for COPD and other respiratory conditions
    - Experiences of the menopause and perimenopause

- Experiences of cervical screening
- Experiences of living with diabetes
- Neurodiversity and accessing health and care

This work will continue in 2024/25.

Tackling health inequalities

Primary care networks and integrated neighbourhood teams have been working with The Assura Community Fund to offer community grants to support local projects that reduce health inequalities, improve access to services or that support people to live a healthier life.

The programme has attracted 17 grant applications from community projects that help patients through cooking and healthy lifestyle courses, take up of prostate screening, mental health support, increasing physical activity, help with frailty, digital or IT support and education, and socialisation.

All applications are scrutinised to make sure projects are delivering real health improvement needs. Applicants are being linked into local voluntary sector networks where needed. Once projects are confirmed and underway the ICB is evaluate the impact of the funding.

Pharmacy

Since bringing the community pharmacy services into local primary service commissioning colleagues have worked closely with NHS England and community pharmacy representatives to ensure a smooth transition for staff and patients.

We have widened the services offered to patients through their community pharmacy, including contraception, blood pressure services and assessment and treatment for uncomplicated urinary tract infections. These services have begun to help reduce the number of patients making appointments with their GP for these conditions, freeing up time for practices to see patients with more complex medical issues.

These services were further supported with the national launch of Pharmacy First in January 2024. Our teams are now working to ensure all pharmacists are trained to offer assessment and treatment across all seven conditions, making it easier for patients to be seen and treated more quickly where appropriate.

Dentistry

In December we launched a dental enhanced access pilot to provide access to urgent dental care for patients assessed and referred by the NHS111 service as needing immediate treatment. This provides approximately 190 additional appointments each week for same day, urgent access. The scheme also allows dentists to provide any necessarily follow-on treatment to help patients get their oral health back on track. The pilot will run for six months and will inform development of a longer-term model.

We have embarked on an Orthodontic Needs Assessment to support the future, long term commissioning of Orthodontic Services. Local Healthwatch organisations are supporting engagement with orthodontic patients and their families to support this work.

Ophthalmology

Taking over the commissioning of optometry from 2023/24, provides the ICB with an opportunity to scope role of optometrists in the delivery of eye care ophthalmology pathway across primary care, community and hospital services. In addition to these, we are exploring expansion to improve same day access to optometrists for a range of minor eye conditions which is a service currently commissioned across west Essex and Stort valley in East and North.

Plans for new hospital developments

Work continues on plans to build new hospitals in Watford and in Harlow.

West Hertfordshire Teaching Hospitals NHS Trust is part of the national New Hospital Programme and has Government funding confirmed to build a new Watford General Hospital to provide emergency and specialist services hospital for the whole of west Hertfordshire.

The Trust is working towards the main construction starting in 2026 and the new hospital opening in 2030.

Following the Secretary of State's public announcement in May 2023, plans are forging ahead for a new hospital for Princess Alexandra Hospital near Harlow.
The Trust continues to receive reassurance from the highest levels of government that a new hospital for Harlow and the surrounding areas is a priority in the New Hospital Programme.
Trust colleagues have been working behind the scenes with the New Hospital Programme team on their national model for new hospitals - Hospital 2.0.
Hospital 2.0 is a centralised approach to the build and redevelopment of all new hospitals, with the aim that they are built faster, better and more efficiently. When the Hospital 2.0 guidance is complete, the Trust will resume engagement with patients and communities.
The Trust anticipates that building work will start on the new hospital in 2027, with enabling works starting from 2025. Negotiations with landowners have been reinvigorated, and work on planning permission has also begun.

There will be further new hospital updates in due course. For more information in the meantime please visit www.newpah.org

Dr Jane Halpin

Accountable Officer

31st July 2024

Performance analysis

The purpose of the performance analysis section is for the ICB to provide a detailed performance summary of how the ICB measures its performance and provide more detailed performance analysis on identified key performance measures such as constitutional standards outlined below.

Herts and West Essex ICB is responsible for the performance and oversight of NHS Services across the Integrated Care System. The following summarises our performance against key Constitutional standards and commitments in the NHS Long Term Plan, Operational Plan and Oversight Framework.

Primary care

The national planning guidance for 2023/24 outlined the expectation that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.

In Hertfordshire and West Essex, the number of attended GP appointments in 2023/24 has increased by 2.9% compared to 2022/23. This is an increase of 16.1% compared to 1999/20 (excluding March data which was COVID-19 impacted in 2020). The percentage of face-to-face appointments increased to 69.9% in 2023/24 compared to 68.3% in 2022/23. The percentage of GP attendances which took place within 14 days of booking stood at 86.6% in 2023/24 which is a slight decrease on the 87.7% in 2022/23 (only including appointment types which are included in the ACC-08 definition).

Primary Care	Target	Q1 (000s)	Q2 (000s)	Q3 (000s)	Q4 (000s)	2023/24 (000s)	2022/23 (000s)
Number of GP appointments attended	-	1,887	2,048	2,121	2,165	8,220	7,988
Proportion of face-to-Face appointments	-	70.2%	71.2%	69.8%	67.8%	69.7%	68.7%
Proportion of attendances which took place within 14 days of booking (ACC-08 definition)	-	85.2%	86.4%	87.1%	87.9%	86.6%	87.7%

Urgent 2 Hour Community Response Times

Urgent Community response services are a commitment in the NHS Long Term Plan to provide urgent care to people in their own homes if their health or wellbeing suddenly deteriorates. Services were required to reach at least 70% of patients referred to them within two hours.

Performance at HWE ICB met the target each quarter.

Urgent 2 Hour Community Response	Target	Q1	Q2	Q3	Q4	2023/24	2022/23
To reach patients within 2 hours	**70%**	75%	80.35%	79.14%	79.65%	78.67%	81.8%

Urgent and Emergency Care

The national requirement for 2023/24 was that 76% of patients attending A&E are treated, admitted or transferred within 4 hours of arrival. In March 2024, Hertfordshire and West Essex ICS achieved 74.8% against the 4 hour standard.

There was an improvement through the year and the overall performance for 2023/24 was 67.6% compared to 64.7% in 2022/23. This improvement was a result of a number of initiatives including; increased number of same day emergency care (SDEC) pathways; opening of new urgent treatment centres; demand management schemes such as access-to-stack; and the introduction of the system coordination centre.

A&E	Target	Q1	Q2	Q3	Q4	2023/24	2022/23
Treated / Admitted / Transferred in under 4 Hours	76%	67.9%	67.0%	64.5%	70.8%	67.6%	64.7%

Ambulance Response Times

Response times to ambulance calls are measured on the time it takes from receiving a 999 call to a vehicle arriving at the patient's location. There are four categories of call with associated required response time targets:

- **C1** People with life threatening injuries and illness (target mean response time of 7 minutes)
- **C2** Emergency calls (target mean response time of 18 minutes)
- **C3** Urgent calls (target 90% of calls to be responded to within 120 minutes)
- **C4** Less urgent calls (target 90% of calls to be responded to within 180 minutes)

All four of the response time targets were not met in Hertfordshire and West Essex in 2023/24. However, response times for all four categories of call improved in 2023/24 compared to 2022/23. There were also improvements in Q4 of 2023/24 vs Q3 of 2023/24

EEAST Ambulance Response	Target	Q1	Q2	Q3	Q4	2023/24	2022/23
C1 People with life threatening injuries and illness (mean)	Mean <7 minutes	09:13	08:59	09:31	09:09	09:13	10:15
C2 Emergency calls (mean)	Mean <18 minutes	42:41	45:05	56:51	49:27	48:39	65:34

C3 Urgent calls (90th centile)	90th centile <120 minutes	275:21	344:30	455:07	336:22	348:51	456:38
C4 Less urgent calls (90th centile)	90th centile <180 minutes	529:30	610:38	766:38	768:34	670:03	728:24

Elective Care

Under the NHS Constitution the performance standard is that 92% of patients on an incomplete pathway should be seen within 18 weeks. In response to COVID-19, routine elective treatments were stood down at peak times throughout 2020/21 and 2021/22 which caused an increase to numbers on elective waiting lists and the length of time to treatment. To aid recovery during 2023/24 a performance target was set such that no patients should wait longer than 78 weeks at any point during 2023/24 and no patient should have been waiting longer than 65 weeks (with the exception of patient choice) by March 2024.

Referral to treatment (RTT) breaches throughout 2023/24 showed improvement, with Q4 showing improvement in both 78week and 65week breaches but the target to eliminate these long waits was not met.

RTT Waiting Times		Target	Q1	Q2	Q3	Q4	2023/24	2022/23
78 Weeks	Number of patients breaching 78 week wait	**0**	597	893	1334	80	80	434
65 Weeks	Number of patients breaching 65 week wait	**0**	3013	3722	3596	1127	1127	2659
18 Weeks	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	**92%**	53%	50%	50%	53%	53%	53%

Data shows snapshot of each quarter final figure.

Waiting times for cancer treatment

The cancer waiting times (CWT) standards were modernised October 2023, and the ten previous standards were simplified to three standards. Additionally, to aid recovery, targets for the 62-day backlogs were monitored.

- 28-day faster diagnosis standard (FDS)
- 31-day decision to treat to treatment standard
- 62 day referral to treatment standard

The 28-day FDS performance almost met the 75% target, reaching 74.5% overall, although Q4 did reach 78.18%.

The 31-day standard reached 93.05%, with Q2,3,4 each reaching over 95%.

The 62 day standard reached 69.58% overall which fell short of the 85% target.

Cancer Waiting Times	Target	Q1	Q2	Q3	Q4	2023/24	2022/23
28 day Faster Diagnosis Standard (FDS)	**75%**	72.56%	72.65%	74.79%	78.18%	74.50%	69.10%
31 day Decision to treat to treatment standard	**96%**	86.16%	95.10%	95.30%	95.25%	93.05%	95.18%
62 day referral to treatment standard	**85%**	67.14%	69.90%	71.49%	69.37%	69.58%	68.66%
62 day Backlog		555	493	523	398	398	452

Diagnostics

Under the NHS Constitution there is a performance standard related to patients access to diagnostic testing with 99% of tests are undertaken less than 6 weeks from request. In response to COVID-19, routine diagnostics were stood down at peak times throughout 2020/21 and 2021/22 which caused an increase to numbers on diagnostic waiting lists and the length of time to access diagnostics. To aid recovery, the 2023/24 was to improve on the previous year with the aim to reach 95% by March 2025.

Diagnostics has shown slight improvement towards the target of 95% by March 2025 although it is an area of challenge.

Diagnostic Waiting Times		Target	Q1	Q2	Q3	Q4	2023/24	2022/23
6 Weeks	Percentage of patients whose diagnostic test is undertaken less than 6 weeks from request	Improvement towards 95% in March 2025	66%	67%	68%	69%	69%	64%

Mental Health Services

The NHS Long Term Plan sets out a national ambition to eliminate inappropriate out of area placements for acute mental health inpatient care; an ‘out of area placement’ happens when a person is admitted to a unit that does not form part of the usual local network of services.

Mental Health Services	Target	Q1	Q2	Q3	Q4	2023/24	2022/23

Acute MH Inpatient Care	Number of Out of Area bed days	**0**	3396	2502	589	905	7392	12812

Learning Disability Services

The NHS Oversight Framework monitors two areas of Learning Disability Services:

- The number of inpatients with a learning disability and/or autism per million head of population
- The proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check

Our Learning Disability programme is about making health and care services better so that more people with a learning disability, autism or both can live in the community, with the right support and close to home.

Health checks for people with learning disabilities achieved the 75% standard and showed an improvement on last year's position.

Our key risks in delivering our plans during 2023/24 have been:
• Workforce: having a sustainably recruited workforce, ensuring we fill current establishment vacancies in the harder to recruit areas; midwifery, scientific and technical, and Allied Healthcare roles
• Industrial action: the impact from strikes has shown to have a significant impact on care, and the loss of activity during strike days. If industrial action continues for a prolonged period in 2023/24 this will reduce our ability to meet our elective recovery objectives.
Our Joint forward plan will set out our ICB medium term vision and key deliverables and will be published in Summer 2023/24.

Children and Young People (CYP) safeguarding

Safeguarding

ICBs have a statutory duty to put in place appropriate arrangements to safeguard children and adults at risk. This includes:

- ensuring that ICB internal safeguarding arrangements are sufficient, and that safeguarding is embedded in practice.
- being assured that the safeguarding arrangements of all commissioned services are appropriate.
- co-operating with local safeguarding arrangements.
- securing the expertise of Designated and Named Professionals on behalf of the local health system, NHSE Integrated Care Model Constitution 2022.

In 2023, HWEICB agreed the safeguarding priorities alongside the [1]NHSE Safeguarding Adult, children and Young People Accountability and Assurance Framework, As set out in Working Together to Safeguard Children 2023[1]The Children Act 1989/2004; The Care Act 2004; Mental

[1] https://www.england.nhs.uk/wp-content/uploads/2015/07/B0818_Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf

Capacity Act 2005 and the Domestic abuse Act 2022. To achieve these objectives, the safeguarding team worked collaboratively with NHS commissioned services, Hertfordshire and Essex safeguarding Boards and Safeguarding Partnership to ensure that safeguarding priorities are threaded throughout the delivery of services to keep the local population safe. The safeguarding team provided quarterly assurance on the progress of priority work areas from a health perspective and as a key member of the wider Safeguarding Adult and Children Partnerships. These include:

- HWE Safeguarding Strategy v2 22-25.pptx

Strategic safeguarding Groups meeting regularly with NHS commissioned services to seek assurance on safeguarding activities across Hertfordshire and west Essex, share best practice and host a number of forums for service improvement and professional development. These included s11 audits, joint quality assurance visits, safeguarding committees, round table discussions and partnership working to reduce restrictive practices in care for all patients.

Provided leadership oversight and assurances on the successful completion of evaluative research in collaboration with the University of Hertfordshire and Hertfordshire Safeguarding Adult Board (HSAB) and Hertfordshire Safeguarding Childrens Partnership (HSCP) safeguarding Adult Learning and Development subgroups. The findings demonstrated effective systems learning from statutory reviews, national, local multi and single agency learning events. The study provided recommendations for strengthening learning across the system. The ICB safeguarding teams continues to work with in partnership with the safeguarding and Domestic Abuse Boards from across Hertfordshire and west Essex

- HSCP ANNUAL REPORT 2022 23
- HSAB ANNUAL REPORT 2022 23
- ESAB Annual Report 2023 FINAL Oct 2023 (essexsab.org.uk)
- escb-annual-scrutiny-report-october-2021-march-2023-final.pdf

Safeguarding partnership work to implement recommendation 3 from the Helsey Doncaster report 2022/23 is now substantial. This recommendation strengthens the safeguarding arrangements for Looked After children in residential settings. https://www.gov.uk/government/publications/safeguarding-children-with-disabilities-in-residential-settings.

The Safeguarding team provided leadership and assurances to the Community Safety Partnerships in and Hertfordshire and Essex to reduce the health impact of Violence Against Women and Girls (VAWG). These included the setting up of VAWG sub group with leadership and oversight from ICB Safeguarding Adults team to include implementation of a workplan aligned to scrutiny recommendations and learning from Domestic Homicide Reviews (DHR). Health participation in scrutiny outcomes commented on positively. A face-to-face VAWG conference was held in quarter three with feedback and insights from this event is supporting the development of focussed learning for VAWG specific for the DA and VAWG conference to be held in the summer 2024.

DHR thematic learning outcomes were around older adults, dementia, Domestic Abuse (DA) carer stress and the role in health around firearms licensing is known to be in place. Multi agency learning events are being embedded across the system. The team developed a Domestic Abuse toolkit for primary care to support practitioners in their work and implementation is underway in collaboration via our named GPs.

Following the publication of the Shawcross Report, The ICB has updated its workforce and NHS Commissioned services on PREVENT duties. The Shawcross Report is an Independent Review

on Prevent and refreshed PREVENT duties across health, to include a change to language and actions to be taken where concerns where concerns arise that a person is susceptible to supporting terrorism or becoming a terrorist with a clear ideology present, namely to: NOTICE, CHECK, SHARE.

The ICB successfully completed the recommendation from the external auditor to strengthen safeguarding arrangements within the ICB. The audit made recommendations to improve:

- safer recruitment practices,
- monitoring of performance via appraisals.
- workforce needs analysis consistent with the safeguarding Intercollegiate documents standards and practice.
- providing multiagency guidance map and lead contact assigned to respective agencies.

These recommendations are now fully implemented with substantial changes to compliance with safeguarding training and safeguarding supervision delivery. From this the safeguarding team implemented the core principles within safeguarding training for eligible ICB staff.

Safeguarding Internal Audit

Working Together (2023) has introduced some subtle changes in response to a child death following the Lucy Letby criminal proceedings with the strengthening of responsibilities for non-resident children. Guidance from the National Child Mortality Database (NCMD) outlines which Child Death Overview Panel should take responsibility for leading on the review for the child, and how learning and actions are shared with the originating area.

The Designated nurses for safeguarding children provide and maintain oversight of the child death review provision across Essex and in Hertfordshire. Key themes and learning from reviews across Southend Essex Thurrock (SET) and Hertfordshire are shared, specifically in relation to Sudden Unexpected Deaths in Infancy (SUDI), fatal self-harm, the recognition of a deteriorating child and sepsis, and neonatal mortality.

The Next Steps

Partnership work is progressing to implementing the recommendations from Stable Home Built on Love and the recommendations set out in Working Together to Safeguard Children 2023[1], the document recommends that the three safeguarding partners (Local Authority, ICBs and Chief Constable- police) must together set out how they will work together with other agencies to safeguard and promote the welfare of children in their local area. Further work to develop on the work of Violence against Women and Girls (VAWG) to support implementation of linked strategy.

Improving the health of people with a learning disability

The NHS Long Term Plan made a significant commitment to improving the health outcomes of individuals with learning disabilities and autistic people. Learning Disability Annual Health Checks aim to identify and address unmet health needs, thereby reducing health inequalities. The plan sets a target, ensuring that at least 75% of people aged 14 and above on a GP learning disability register receive an annual health check.

NHSE Annual Health Check data for January 2024 indicates that across Herts and West Essex (HWE) ICB delivery broadly aligns with the previous year's performance, showing a slight increase from 55.4% to 55.6%. However, national data quality issues have been identified, and as a result firm conclusions cannot be drawn until this is resolved. Issues are being addressed nationally and an accurate dataset is anticipated for end of year data.

Source: Learning Disability Health Check Scheme

https://digital.nhs.uk/data-and-information/publications/statistical/learning-disabilities-health-check-scheme

Across HWE Annual Health Check initiatives have highlighted the importance of improving engagement of patients on the learning disability register who are 'hard to reach', including a West Essex pilot in 5 Primary care Networks due for completion in March 2024 and a Health Equality Nurse supporting Hertfordshire practices. A West Essex Learning Disability Annual Health Check Forum has been established for local Annual Health Check discussion.

The LeDeR - Learning from Lives and Deaths programme continues to highlight local service improvement themes and issues, and governance arrangements are in place to share learning and take action. The voice of people with lived experience, families and carers and are helping to shape our LeDeR work. For West Essex a new SET 3 Year LeDeR Deliverable plan will begin from 1st April and includes the development of LeDeR Champions to support implementation of recommendations from reviews. The priority outcomes for the year ahead remain set out in the Hertfordshire LeDeR Health Inequalities 3-year plan 2022-25, refreshed to reflect emerging themes and issues.

Maternity and the Local Maternity and Neonatal System (LMNS)

The Herts and West Essex Local Maternity & Neonatal System strives to ensure that safe and high-quality care is delivered to families accessing the Maternity and Neonatal Services. Our aim is to proactively address inequalities whilst providing each baby with the best start in life. In 2016 NHS England published the Better Births plan which was a five-year transformation plan for maternity services. This plan detailed a significant change in the way maternity services would deliver care.

March 2023, the Three-Year Delivery Plan for Maternity and Neonatal Services was published and sets out how the NHS will make care safer, personalised, and more equitable for mothers, babies, and their families. In addition, the LMNS continue to undertake population health-based work which is underpinned by the Department of Health ambition to reduce the number of stillbirths and brain injury.

Progress was achieved in many areas during 2023/24, and work will continue with transformation projects in line with the Three-Year Delivery Plan for Maternity and Neonatal Services -24/25. The LMNS are focused on transformation and quality improvement across our entire system, supporting safety and quality of care. This is achieved through co-production, prevention, promotion of equality and diversity, and projects outlined.

Coproduction

- The role of the Maternity Voices Partnership (MVP) has changed to Maternity Neonatal Voices Partnership aligned to the Maternity and Neonatal Voices Partnership Guidance published November 2023. The guidance supports Integrated Care Boards (ICBs) and Trusts address the unwarranted variation in the way MNVPs are implemented across England. HWE LMNS conducted a gap analysis of the MNVP guidance to address areas of required improvement. In March 2024, an options appraisal was developed to provide a range of solutions available to support the most sustainable offer and ensure adherence to the guidance and best offer for our service users. This will ensure our service users are appropriately reimbursed for time required to undertake their role with clear escalation

pathways to ensure they are supported. Ethnic and minority group representation has increased within the MNVP with continued effort to increase participation from our population.

- A thematic review of service user feedback has been collated following a range of listening events held in 2023. This is now being triangulated with the CQC survey which will support the workplans and improvement initiatives for the system and Trusts in 2024.
  Our MNVP continue to be instrumental in the delivery of digital maturity. MNVP feedback supported the LMNS work in partnership with The Good Things Foundation to provide those in digital poverty, with tablets, sim cards or data vouchers and training. with devices. HWE LMNS are now seen as an exemplar of good practice for addressing digital poverty by NHS England.

Prevention

- Smokefree pregnancy service is rolled out to support women, and their partners to achieve smoke free pregnancy.
- All three trusts have rolled out new improved services which include enhanced support from stop smoking advisors, extra clinics, vape kit provision, home Carbon Monoxide (CO) monitoring, continued postnatal community pharmacy provision, and fidget devices.
- The service has seen an increased uptake from women, improved staff training and awareness and a reduction in smoking at delivery.

Equality and Diversity

- HWE LMNS continue to implement the five-year equity and equality action plan for maternity, based on the gap analysis of the needs across Herts and West Essex.
- The plan was co-produced with service users and has been aligned to national reports to ensure the eighty-one actions capture changes that are required to enhance our service provision for Black and Brown women, those living in deprived areas, those that have protected characteristics.

Continuity of Carer

- The continuity of carer model was paused nationally in 2023. HWE LMNS continue to support the Trusts in the continuation of enhanced Continuity of Carer Teams targeting areas of deprivation.

Parenting and Pregnancy Circles

- HWE LMNS introduced Pregnancy Circles to support women throughout their pregnancies. The Pregnancy Circles model brings together around 8-12 pregnant women who are at similar stages in pregnancy and who live near each other, for clinical care, information-sharing and social support. Recruitment of women and birthing people into the pregnancy circles has commenced supporting the implementation phase.
  The aim of the pilot :
  1. Strong engagement with partners of the three services across Herts and West Essex (Midwifery, Health Visiting & Family Support)
  2. Promotion and aims of the pilot.
  3. Identification of stakeholders,
  4. Co-production and development of the model
  5. Implementation of training
  6. Service support as we enter the implementation phase.

Perinatal Pelvic Health Service

- The Perinatal Pelvic Health Service is now functioning at each of the three Trusts across the system with a mixture of face to face, virtual and telephone clinics running to support capacity and accessibility.
- Additional clinic spaces are available in areas of highest deprivation to support increasing referral rates.
- A monthly online antenatal webinar is offered across the services with a postnatal version in development to offer support whilst waiting times are being managed.
- The pilot will finish March 23/24 and become business as usual.

Digitalisation

- HWE LMNS were successful in developing digital strategies which supported our Trusts to become digitally mature.
- All three of our Trusts now have a full-time digital midwife.
- The LMNS digital midwife has strong links within the LMNS and forms part of the Regional Digital Delivery Group.
- System wide procurement plans are now in place to support the role out of EPR.

Neonatal

- Neonatal project work delivering improvements from the national Neonatal Critical Care Transformation Review, since 2021 is moving into the final year of project work, with a plan to evolve the work into the overall LMNS strategy.
- The overarching drivers for the project are focused on safety, improvement, workforce and supporting parents and families whose babies need neonatal care.
- The work is structured around a rolling action plan, tailored for HWE local services, with interfaces to maternity workstreams and improvements.

Key achievements from the work to date include:

- Supporting families with a sick or preterm baby in HWE Local Neonatal Units with a family integrated care approach.
- Each local neonatal unit is working toward BLISS accreditation and achieving Baby Friendly Initiative (BFI) neonatal standards.
- Neonatal voices to support parents to share and feedback their experiences in neonatal care.
- Roll out of pulse oximetry screening for all newborn babies.
- Improvements across the 3-year timeline in perinatal optimisation interventions.
- Reductions in the number of term babies admitted to neonatal units (ATAIN)
- Supporting transitional care development
- Reductions in newborn hypothermia
- Improved repatriation for HWE babies, bringing them closer to home sooner.
- Supporting nursing workforce with focus groups, virtual study days and team development
- External support for Trust for Perinatal Mortality Review Tool (PMRT), governance, safeguarding, mortality and neonatal advice.
- Shared learning for safety across the system
- Data sharing to support benchmarking, data quality at source, QI from data outcomes, early identification of trends and service capacity, equity and equality, retrospective clinical data reviews to inform QI.
- Interfaces to maternity workstreams across the system, region and nationally.

Workforce and Training

- Midwifery vacancy rates reduced to 6.6% which are lower than the national average of 7.5%. There are risks relating to skill mix particularly surrounding newly qualified midwives and international recruits which may have a potential impact on safety. System wide, preceptorship programmes are in place and daily acuity reviews part of Business As usual (BAU) daily to ensure clinical safety and staff support. The LMNS risk register reflects this risk, and we continue to collaborate closely with our Regional Workforce Leads to understand offers of support available to our Trusts.
- The Maternity Support Worker vacancy rate remains high at 14.4%. HWE LMNS continue to collaborate with our Regional Workforce Leads to seek support. Part of this includes development of a regional framework to address absence.
- Obstetric Medical vacancy rates remain at 7.4%, the region continues to support.
- All three Trusts have a training plan in place for implementation of version 2 of the Core Competency Framework in line with the Maternity Incentive Scheme year 5.
- Following successful completion of a retention training package pilot at West Hertfordshire NHS Trust, the LMNS Partnership Board made the recommendation that the pilot be rolled out across all three sites, with 96% of midwives who had been part of the pilot stating that if it were offered routinely as part of their employment benefits then they would be more likely to continue working at their Trust.

Perinatal Mental Health

- Maternal Mental Health Services have been launched in both Essex and Hertfordshire, offering women who have experienced pregnancy related trauma or loss at any stage of their pregnancy an enhanced, psychologically informed service.
- These have both been soft launches due to neither team being fully staffed and to ensure timely referrals and treatment whilst recruitment is still underway.
- Over the next year the services are scheduled to expand in numbers and to partners as well as birthing people.

Maternal Medical Networks

- There are now dedicated Maternal Medicine Obstetricians and midwives in each of the three maternity hospitals, with the Network now in place and using a shared referral pathway.
- Scoping work is planned to evaluate the pathways, guidelines, patient experience, and collaborative working with the Maternal Medicine Centre.

Saving Babies Lives Care Bundle

- Version three of the Saving Babies Lives Care Bundle (SBLCBv3) was published May 2023. As part of the Maternity Incentive Scheme year 5, Trusts were required to implement 70% of SBLCBv3 by February 2023. The three trusts within our system were successful in achieving this.

Risks

- HWE LMNS have developed a risk register which is shared at HWE Partnership Board every 2 months and reviewed with the Directors and Heads of Midwifery monthly to identify the top three system risks.
- The top three risks for 23/24 relate to
  1. Midwifery Staffing as detailed in workforce.

2. Digital Maturity due to the resignation of our LMNS Digital Midwife. A business case is submitted.
3. Culture due to changes to senior leadership across the system. Ongoing cultural concerns currently are being mitigated with support from the SCORE survey and perinatal listening events.

Appendix 1

Publications

- Saving Babies Lives Care Bundle
- Kirkup Report
- Postnatal Improvement Plan
- NHS Long-term Plan for Maternity and Neonatal Services
- NHS Long-term Mental Health Plan
- Neonatal Critical Care Review
- Neonatal workforce report
- Neonatal service report
- GIRFT (Getting it right first time)
- Ockenden Interim Report
- Ockenden Final Report
- NHS Long-term workforce plan
- CNST Y5

Environmental matters

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

To fulfil our responsibilities for the role we play, the ICS has developed a Green Plan in collaboration with ICS partners. Our sustainability mission statement is: The vision for a sustainable health and care system by reducing carbon emissions, protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and environments. The delivery of the Green Plan is overseen by a system-wide working group, chaired by an ICB Executive, and managed by a Sustainability Programme Manager. Committed to working ever more closely with the health, local authority, combined authority, voluntary sector, research, and other partners through the new ICB structures to ensure sustainability is strongly integrated across all our services.

The Plan addresses all areas of the net zero NHS ambitions while also addressing the need to:

- improve health and patient care and reduce health inequalities
- build a more resilient healthcare system that understands and responds to the threats of climate change.

Our Green Plan provides direction and a framework for collaboration across the ICS footprint to deliver sustainable outcomes. The following ICS priority workstreams have been set up following an early review and streamlining areas of crossover:

- Estates and Adaptation
- Medicines.
- Travel and transport
- Sustainable procurement

In addition to the ICS and local priorities, we work with the East of England (EOE) region to focus on regional priorities. The current priorities for the EOE regional Greener NHS team are travel and transport, estates and facilities, medicines, supply chain, waste, and PPE.

Sustainability and social values weighting will be embedded into all procurement specifications, developing and growing the impact of sustainability on our supply chain. Work is ongoing to develop this effectively and ensure the Procurement Hub is serving this area positively.

The ICB is supporting multi-agency planning to address the risks of extreme weather events because of climate change, through the Local Health Resilience Forum (LHRF) and the sub-groups on climate change, like the Hertfordshire Sustainability and Climate Change Group and the Essex Anchors Partnership, etc. The ICB continues to work with the local authorities across these issues and as partners in the System, and actively engages with the Hertfordshire Growth Board and Essex County Council. The health system is supported when required through our responsibilities around extreme weather plans.

Environmental Sustainability impact assessments are embedded within our service development and business case review processes, and we have been working with our health and local authority partners to implement a system-wide approach. The ICB is also looking at further embedding the sustainability across its work to more clearly demonstrate the work it is achieving internally alongside partners in the system.

A social value weighting is included in all new contract evaluations, and we have been working hard to develop and standardise in-depth and relevant questions, methods, and skills across the system, for specifying, evaluating, and managing contracts regarding sustainability and this is reflected in the ICS Procurement Hub established to facilitate this and staff within the hub lead the procurement work stream within the Green Plan.

The ICB’s employment policies maximise the use of technology and minimise the need for travel, promoting flexible working and working from home particularly. We are now established as an agile working organisation with our offices having good public transport links. There is a cycle-to-work salary sacrifice scheme. Alongside this there is a new Travel and Transport Strategy which we are working through, its roadmap indicates that all newly purchased NHS vehicles from 2027, including those from salary sacrifice schemes, will need to be zero emissions, 2030 for Ambulances, which has implications for the capital delivery around EV chargers.

From the ICS Green Plan we can demonstrate the following examples of progress:

- The Trusts and Local Authorities within Herts and West Essex all have their green plans or Carbon Reduction Plans (LAs) in place and are working to deliver their action plans individually and as a system.
- In December no desflurane was procured by anybody within the East of England region, Bedford, Luton and Milton Keynes being the last to stop this. The medicines workstream reported in September 2023 that East and North Herts, Princess Alexandria and West Herts Hospital Trusts had achieved complete removal from their sites of this gas.
- The Sustainability Leads within the region meet fortnightly, the ICS representatives meet bi-monthly as a working group, bi-monthly with the ICB lead, and as part of the various work streams focusing on different areas.
- HWE ICS Procurement Service are working with Trusts to improve appropriate use of procurement and equipment. Using funding to employ a nurse to make this clinical applicable. The reduction in couch rolls and trays has, with the support of Directors of Nursing, generated savings of more than £120k across two trusts and without 100% compliance.
- Lister Hospital and Princess Alexandria have received £1.4m funding from NHSE between them for the installation of LED lighting within the 23/24 financial year. Langley house has installed LED lighting, solar panelling, and air source heat pumps to reduce their energy consumption.
- Working closely with Council colleagues to integrate our approaches across the ICB areas, joining with our fellow ICBs in Essex; Suffolk and North East Essex (SNEE) and Mid and South Essex (MSE), as part of the Essex anchor group, the Herts Growth Board and Herfordshire Climate Change and Sustainability Partnership (HCCSP).

The ICB is working to ensure sustainability considerations are integrated as part of all the policies, procedures, and strategies with reference to our recent work on the Joint Forward Plan, Joint Capital Resource Use strategy, the key Estates Infrastructure Strategy that covers the next 10 years, Travel and Transport Strategy, the impact of the Bio-diversity net gain legislation etc. We are also waiting for guidance for the refresh of the Green Plans across the system which for partners is due in January 2025, and for the ICS at the end of March 2025, but recognise that with the potential for an election that this may be delayed.

The ICB operate from three office bases, Charter House, Kao Park and the Forum. There have been significant changes in the way these are used over the last twelve months and the ICB are gathering information on the overall use, having significantly reduced the leased usage in Kao Park and the Forum which impacts what we are looking at from a cost and energy metric.

With the significant mixed use of Kao Park and the Forum no figure has been provided that the ICB can be confident to reflect the organisation’s use beyond a contractual charge and this has changed through the year with the downsizing of the ICBs lease.

Charter House has also had NHSE move out of the First Floor and the cost of the data centre on the Ground Floor needs to be reflected across the constituent users but has not thus far been calculated. We continue to build on our clear metrics for the ICB to accurately reflect what we know to be a reducing footprint.

The same issue is identified with regard to waste and we are working with teams to develop better understanding and will be developing a new Waste Management policy to continue managing this downwards and improving recycling rates.

Energy used (consumption in kWh)[2]	2021-22	2022-23	2023-24
Gas (natural) consumed		384,283	343,931
Cost of Gas (exc VAT)		£17,465	£24,131
kg CO2e[3]		192,141	171,965
Electricity consumed		440,630	412,684
Cost of Electricity (exc VAT)		£63,316	£104,574
kg CO2e		220,315	206,342
Total Cost (All Energy Supplies) Exc VAT	£190,860 (combined CCGs)	£80,781 (Charter House)	£128,705 (Charter House)

	General Waste (£)	General Waste (Tonnes)	Recycling (£)	Recycling (Tonnes)	Confidential Waste (£)	Confidential Waste (Tonnes)
2023-24	£685	2.803	£799	1.268	£358	2.886

Material use (primary)	2021/22 (only ENHCCG)	2022/23	2023/24
Paper spend £	£876	£489.60	£697.50
Paper products used - Tonnes	2.286 tonnes	0.45 tonnes	0.625 tonnes
kg CO2e	717	141.1	196

The 23/24 figures will form the baseline for the ongoing monitoring of the use and procurement of paper within the organisation.

Business travel

90% of lease car fleet vehicles available through the scheme are categorised as 'Ultra Low' and 'Zero Emission'. The 21/22 figure for East & North Herts is 4.5% of the 2015/16 figure of 251,159. However the 23/24 figure is nearer 50% and some further investigation through a travel survey need to be completed to support continued reduction in this field.

[2] Please note that Hertfordshire and West Essex ICB shares buildings with other organisations and pays a percentage of the overall cost for utilities. It is not possible to identify consumption by organisation so the figures shown are for the overall building.

[3] Greenhouse gas reporting: conversion factors 2023 - GOV.UK (www.gov.uk)

Financial Year	Total Travel Mileage (cars) claimed as expenses (miles)	Total Travel Mileage (cars) claimed as expenses (£)	Total kg CO2e from Travel Mileage (cars) Estimated using figures for the average car of unknown fuel type.
2021-22	HVCCG – not reported* ENHCCG – 11,309 WECCG – not reported*	HVCCG - £1211 ENHCCG - £6106 WECCG – not reported*	C5,800
2023-24	128,828	£75,034	C66,200

*Organisations were exempt from reporting during this period

As part of the sustainability plan we are looking at the NHS Travel and Transport Strategy which requires any vehicle provided on salary sacrifice schemes from 2027 to be a non-combustion based car – ie Electric.

Task force on climate related financial disclosures (TCFD)

The Dept of Health, Group Accounting Manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025-26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. The phased approach incorporates the disclosure requirements of the governance pillar 2023-24. These disclosures are provided below and cross referenced within the report to Board in March 2023/24.

To effectively deliver the Green Plan, we identify, manage and mitigate risks at the ICS Sustainability Working Group. Each of the ICS partners share their green plan risks registers, the group identify which risks can be managed at a system level. The risks are regularly reviewed with progress and mitigation actions updated to avoid and reduce the risk level.

In order to ensure opportunities are identified, considered and managed, we discuss and coordinate funding at the Sustainability Working Group meetings. In addition, we review and share best practice as an ICS on funding approvals processes, business cases and investment plans to ensure a consistent approach to embedding carbon reduction in every decision. ICS partners seek out and prioritise funding opportunities that enable collaboration across our system and aim to ensure coordinated support for funding initiatives for all our partners to maintain alignment between our County Council and NHS partners. Our partners share details of successful grant applications with the ICS to best utilise collaboration and joint delivery where possible.

For further information describing ICB Board and Managements role in assessing and managing climate related risks can be found in the Risk Management Arrangements and Effectiveness section of the report from page 60

The ICB Board review climate-related issues which form part of the organisations Board Assurance Framework and Corporate Risk Register at each meeting. The Green Plan, progress and future roadmap report was received by the Board in March 2023/24 in order to ensure oversight and monitor progress against goals and targets for addressing climate-related issues. The ICB Board has ensured that climate related issues are considered and positioned within appropriate organisational strategies; the Estates Infrastructure Strategy and Joint Capital Resource Plan support ongoing aspirations. While further national guidance is awaited, the ICB plan to review and present an updated Green Plan for Board ratification before the end of 24/25. In addition to the system wide working group referred to on page 27, Commissioning Committee which has oversight for strategic commissioning also has responsibilities relating to sustainability and reports regularly to the Board.

Improve quality

Quality Assurance and Oversight Priorities

Caring for our residents' wellbeing and supporting those who face the biggest challenges to living healthy and independent lives, remains at the heart of everything we want to achieve. As an underpinning part of this we ensure we have robust partnership arrangements to obtain quality assurance and support sustained quality improvement; to ensure that all patients and their families have positive and safe experiences, and that these enable improved outcomes and reduce health inequalities.

The Quality Assurance Model implemented by the Integrated Care System (ICS) is aligned to the National Quality Board's 'A shared commitment to quality', and includes the following key principles and recommendations regarding:

- A shared single view of quality
- How to work together to deliver quality
- Delivering quality care in systems, the seven steps
- Delivering quality care in systems; the key principles

From a governance perspective the HWE ICB Quality Committee has continued to meet bi-monthly to seek assurance that the ICB is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the National Quality Board guidance.

During 2023-24 the Nursing and Quality Team have identified and progressed work related to key opportunities in enhancing quality assurance and oversight, which will continue to be taken forward and piloted where needed in 2024-25. Examples of this includes the development of a joint and aligned provider oversight framework for larger providers covering acute and community, refreshing our approach for dynamically maintaining effective oversight and risk for small community providers, the development of a system quality dashboard, and a continued deep dive project focus on areas linked to equality and diversity to minimise health inequalities.

In line with previous years' priorities, we have maintained our joint work in partnership with providers, overseeing a range of contractual quality responsibilities. This includes collaborative approaches in taking forward contract, quality and performance meetings, procurement activity, as well as activities linked to the annual contractual cycle such as contracts round negotiations for quality schedule and reporting, and Quality Account requirements.

Quality Strategy

The ICS Quality Strategy, which was developed with system partners and implemented during the second half of 2023, can be found via the ICS website and by following the below link:

https://hertsandwestessexics.org.uk/work/ics-quality-strategy/14

The Quality Strategy sets out 5 system-agreed local Quality Principles for Hertfordshire and West Essex which build on the National Quality Board's Principles and are tailored to the needs of our system. The 5 local Quality Principles are;

- Developing, providing and co-designing services which are person centred.
- To effectively collaborate across organisations to continually improve care.
- To create a healthy and positive environment for our population and workforce.
- To use information and technology in the best possible way.
- To ensure the services we provide are accessible and available to everyone.

During the duration of the Strategy the ICS will be working together to achieve the measures required for each of the 5 Quality Principles and will be monitoring how well we are performing and where further opportunities for improvement can be made.

At the end of the first year a number of measures have already been achieved, below sets out a few examples:

- The development of plans to deliver an online system to improve communications between primary and secondary care. This will be to promote quality improvements based on population and system partner feedback.
- The system-wide implementation of the Patient Safety Incident Response Framework across NHS trusts and the independent sector.
- The development of the ICS Infection, Prevention and Control Strategy to keep our population as safe as possible.
- The development of a plan to develop ways to digitally share key pieces of information to our population, whilst considering those who are digitally excluded. This will initially be via GP practice websites which are linked to an ICS web page.
- To develop plans to promote the welfare of adults at risk and to ensure the principles are embedded in care and learning activities to safeguard adults, children and young people.

As a Nursing and Quality Team we will continue to review and triangulate a range of quality sources and activities, such as the newly formed and rolled out Partnership Quality Visits approach, to ensure quality is measured in the right way and through collaboration with system partners will be used to identify opportunities for local and system-wide improvement. The results will be shared within, and across, forums such as the System Quality Group and the newly established ICB Quality and Performance Committee through a number of information and data reports as well as a data-driven Quality Dashboards. We will continually meet and listen to members of our population through forums such as the Quality Patient Group to ensure our actions reflect the needs of those who use our services.

As we move to the second year of the Quality Strategy we will continue to create new ways of working within our new integrated approach whilst being transparent and sharing ideas regarding

improving outcomes. This will be in addition to achieving the measures we have already set ourselves to improve the safety and quality of care for our population.

Patient Safety

National Patient Safety Strategy

Hertfordshire and West Essex ICB has continued to progress implementation of key areas within the National Patient Safety Strategy, working with our ICS system partners to focus on the NHS England priorities that were updated in January 2023.

Key areas progressed include;

- Implementation and development of the ICB Patient Safety Specialist role.
- Induction and planning programs of work for our 2 ICB Patient Safety Partners. These are patients who work closely with the ICB to specifically support improvements in patient safety across our local system.
- Ongoing work across the system and within the ICB to promote a just and psychologically safe culture.
- Ongoing development of the Patient Safety Specialist Network for Patient Safety Specialists across Hertfordshire and West Essex.
- Completion of Level 1 and Level 2 national patient safety training across the local system. Additional training for Patient Safety Specialists at levels 3 and 4.
- Ongoing work to support our local Medical Examiner Offices with the roll out of the Medical Examiner system for non-coronial community deaths and implementation of legislation and reforms to national death certification process from 9th September 2024.
- Implementation of the new Patient Safety Incident Response Framework (PSIRF) that replaces the Serious Incident Framework (2015). All our main providers have now transitioned across to PSIRF and we continue to work with our smaller and independent providers to make that transition. The ICB has also transitioned including the development of new policies and processes.
- Implementation of the new Learning From Patient Safety Events incident reporting database.
- Planning for the implementation of the Primary Care Patient Safety Strategy, due for publication in 2024/25. This will include transition to PSIRF as well as the transition from NRLS to LFPSE.

The PSIRF is replacing the existing Serious Incident Framework (2015) and must be implemented by all providers with an NHS standard contract; the aim of the new framework is to embed patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

The ICB has continued to host regular system workshops for our main NHS Trusts to support implementation, including learning from Essex Partnership Foundation Trust (EPUT) who were an early adopter of the new framework.

Our relevant ICB Committees and our ICB Board have been updated on progress against the national priorities throughout 2023/24.

Patient Safety: Serious Incidents and Never Event Data

Herts and West Essex Integrated Care Board (ICB) have had 233 Serious Incidents reported in year. Serious Incidents (SI) are reported to the ICB by organisations commissioned to provide care within the ICB area and organisations outside of the area caring for our citizens. For example, a person who lives within Hertfordshire and West Essex receiving care in Cambridge.

Of these Serious Incidents, six were classified as Never Events (2.5%) –all Never Events occurred within acute care settings. Immediate safety actions were taken to protect patients

after each incident and a full investigation is underway for each case. Never Events remain open with the ICB until all learning from the investigations has been implemented and reviewed as embedded.

The ICB continues to work closely with all providers to manage the changes to incident investigation with the national introduction of the Patient Safety Incident Response Framework (PSIRF), which replaces the Serious Incident Framework (2015). This will involve cultural and operational changes to investigation and increased focus on learning and improved safety. All main NHS Trusts within Hertfordshire and West Essex transitioned to PSIRF by the end of January 2024. As implementation continues, this will lead to reporting of incidents that require a formal learning response differently in future.

The ICB teams are collaborating with providers to ensure that learning is shared and any relevant changes to practice can be made effectively to improve safety.

Patient Experience

Complaints Data

Patient Experience and Complaints

The ICB Patient Experience Team have received 2555 enquires from April 2023 to March 2024. The team are working across the ICB in order that no patient or family experiences a “wrong door” with their concerns.

From 01.07.2023 NHS England delegated responsibility for all primary care complaints and patient queries to ICBs. This has had a profound effect on the Patient Experience team, with an increase in activity of almost 100% from Q1 to Q2.

The majority of queries, 1989, have been managed by the team as informal concerns/queries (patient advice and liaison queries) some of the queries are complex, the team support the patient and the provider with gaining resolution.

The team have recorded 347 formal complaints, however 24% did not progress to a full investigation because insufficient information and/or consent to proceed was not provided by the person initially wanting to raise a complaint.

The team work together with patients and their families to identify the best route for a resolution or answer to the concern and in some cases the facilitation of a discussion between the patient/family and the relevant clinical staff results in a more expedient and satisfying conclusion than a formal response.

The team have received 165 queries from Members of Parliament on behalf of their constituents in relation to both general and highly specific health concerns. The team manage these concerns in order to provide a response that the MP can share with the specific constituent and use to inform their wider health discussions.

The main themes of people’s concerns have been access to services in primary and secondary care. The ICB is working with professionals in both sectors to improve access and options for patients and their families and to prevent negative experiences of healthcare within Hertfordshire and West Essex.

In line with system partners, from January 2023 the team are approaching people who raise queries to share their demographic data. This is in order to gain a better understanding of whether there are groups of the population who may not use our service so improvements can be made. To date there is insufficient data to share meaningful conclusions.

Infection Prevention and Control

System wide working

Over the past year, the Infection Prevention and Control (IPC) team has continued to strengthen the relationships with our system partners who work within the field of IPC. This has been achieved by collaborative working and sharing experiences and learning across the system via a variety of different meetings including the IPC network, place Healthcare Associated Infection (HCAI) oversight groups and at the Strategic IPC system group.

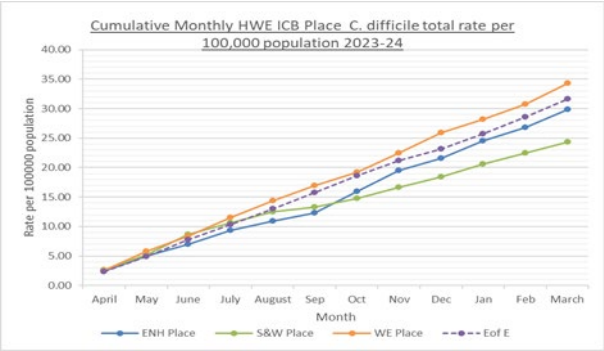
The IPC team also work in partnership with the IPC leads working in the other East of England Integrated Care Boards (ICBs), this is to ensure there is regional consistency.

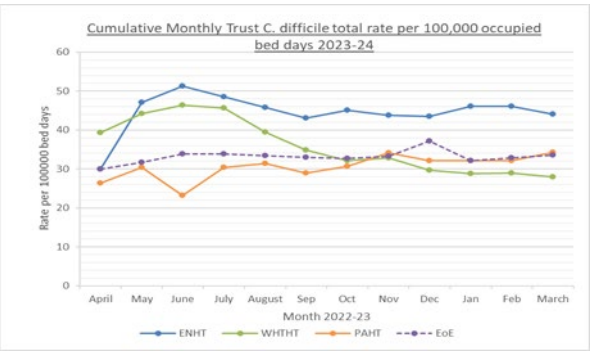
Further work has been carried out in the development of the system wide IPC 5-year strategy where it is envisaged that system partners will work closely to ensure seamless pathways are in place to deliver 8 evidence-based priorities. Significant progress has already been achieved in the setting up of the UTI workstream, with the aim of reducing the incidence of urinary tract infections.

Healthcare Associated Infections (HCAI) surveillance data

Clostridiodes difficile infections (CDI):

There has been an increase in the number of reported cases locally and nationally. At the end of March 2024, all 3 place populations and 3 acute Trusts were above their ceilings set by NHS England. East and North Place and South and West Place were below that of the East of England regional rate as was West Herts Teaching Hospital Trust.





A system wide C. difficile summit was organised and was well attended. System partners working in the field of IPC analysed C. difficile data, reviewed any themes/trends and discussed learning via case reviews. A system wide action plan has been developed, in addition to individual Trust wide action plans that have been written and are being monitored via their respective IPC committees. A deep dive exercise has also been held via the System Quality group. Further analysis on any themes and trends or shared learning will be discussed at future placed based HCAI oversight meetings.

There has also been a new C. difficile ribotype (955) reported, which is causing concern as it appears to transmit readily, may present with severe disease and has caused significant mortality. However, there has been no local reported cases within HWE ICS.

- Additional surveillance of other blood stream infections also continues to be implemented e.g. MRSA and Gram-negative organisms. Case reviews of HCAIs are undertaken following the organisations PSIRF Policy. All learning is shared internally and with system partners via the place based HWE HCAI Oversight Groups.

- Enhanced HCAI surveillance has been introduced within care homes and engagement is being improved with primary care IPC champions in relation to C. difficile surveillance data collection.
- Surveillance of COVID-19 has continued, with 106 outbreaks being reported from April 2023 to 16th March 2024 within healthcare. This is a reduction of 125 outbreaks compared to those reported during the previous year. In addition to these, 93 outbreaks were also reported in care homes. The ICB IPC team has continued to provide support to our system partners when managing COVID-19 outbreaks, as well as a number of other outbreaks/incidents which have included norovirus, Influenza A, Group A streptococcus, MRSA and scabies.
- The number of laboratory confirmed cases of measles in England has increased significantly. Recent cases have predominantly been reported in London and the West Midlands although there has been a small number of cases reported locally. Collaborative system wide preparation is underway for a potential increase in cases locally. This includes the systemwide Measles Task and Finish Group being stood back up and the implementation of a local HWE ICS Measles Round Table event where learning from recent cases were discussed. Existing local arrangements were also reviewed, and potential gaps were identified and associated mitigations put in place. These included reviewing measles, mumps, and rubella (MMR) vaccination pathways and 'pop up' clinics being organised. Immunoglobulin pathways are also being developed and respiratory protective fit testing sessions for primary care staff have also been implemented. Communications regarding immunisation, triage, IPC measures have been sent to all healthcare and social care settings.

Engaging people and communities

We have made really good progress this past year in our work to engage with local communities. We have adopted ten principles to guide our work and these set out in our 'Working in Partnership with People and Communities' Strategy.

NHS England praised our strategy, particularly noting that it that built on existing good practice, and that it was also about using the strengths of our partner organisations to support our work. The key principle of the strategy is to put the voices of people and communities at the centre of decision-making and governance at every level of the ICS.

Our involvement and engagement framework was also produced this year and outlines the governance and other structures through which the ICB hears the voice of local people using formal and informal opportunities. A detailed annual engagement report will be published on the ICB website later in the year.

Highlights of this year

Patient Engagement Forum (PEF)

The PEF was established and co-produced with local volunteers in June 2023, with patient members selected geographically and through their many connections to different communities and networks. Members bring their insight from their community connections to propose questions and items for discussion at the ICB board. The PEF provides assurance that patients' needs, views and experiences of local health and care services are part of decision making at the ICB.

Citizen representatives on the ICB primary care board

During this year we were pleased to welcome three local residents onto our primary care transformation group as full members and help to ensure that the independent patient voice is heard in discussions and decisions. These citizen representatives provide an important link

with local people and are building the connection with GP practice patient groups (PPGs) They are also members of the ICB's patient engagement forum.

Working with the Patients Association to develop GP practice patient groups (PPGs)

We have made great progress with our work to develop PPGs and it has been great to have the Patients Association working with us on the project. With insight from a group of patients, we created a series of workshops . These presented a step- by- step guide to establishing a PPG, recruiting and developing PPGs, supporting volunteer members, and using social media and communicating with patients.

A patient-led buddy scheme has also been created from this work which helps to share learning and first- hand experience of setting up and running a PPG.

This work has helped to build our patient and community network to include more than 700 people.

Quality Committee – patient sub- group

This patient sub-group was set up in 2023 to give patient and public perspective on quality and safety issues at the providers that the ICB commissions to deliver services. This group, which is led by our Patient Safety Partners, has been able to influence the ICB's Quality Strategy, input into focus groups run by Health Services Safety Investigations Body (HSSIB) which focussed on workforce and bring the patient voice to 'deep dives' such as maternity services.

Getting people's views on service changes

We have continued this year to ask people to help us design new services and work on projects. For example:

- We asked patient representatives to tell us what they thought about some initial design ideas for the ICB's high blood pressure campaign.
- The PEF, patient representatives have helped us design survey about how people use urgent and emergency care services and commented on the ICB's draft strategy for this work.
- People of working age who had experienced a stroke helped develop a project to provide more support to return to work for this cohort of patients.
- A number of people responded to a request from our Quality and Nursing Team to help develop a quality improvement (QI) network which provides an opportunity for clinicians, patients and other stakeholders to share best practice and improvement opportunities across Herts and West Essex. A number of other patients, with lived experience, helped bring their perspective to a project on urinary tract infections (UTIs) and use of catheters.
- Groups of patients gave some really valuable ideas about our website as part of our work to develop a new site. And we gathered feedback from a wider group including our reader panel.

Youth Council

For the first time the health and care services in Hertfordshire and west Essex are gathering the voices of young people to help improve their experience of using local services.

Nine young residents aged between 12 to 19 years from across the area have formed the ICB's first ever youth council. They will offer a vital insight and provide crucial first hand experience of the needs and concerns of children, teenagers and young people.

Cancel out Cancer

February 2024 marked the fifth anniversary of the launch of Cancel our Cancer, a volunteer- led programme of free information sessions about symptoms, screening and the positive changes people can make to their lifestyle to reduce the risks of some cancers.

With a mix of face-to-face, virtual and bite size sessions and a focus on reaching people and communities facing health inequalities these sessions help increase confidence in accessing screening tests and talking to GPs about any potential cancer symptoms.

Keeping in touch

We like to keep in touch with people who are interested in their local health services either by email, social media, virtual meetings or occasionally in person. We do that by:

- Having our ICB board and primary care transformation board meetings in public.
- Sending out a fortnightly stakeholder update which is distributed to over 5000 people or organisations.
- Regular communication with the ICB's 700+ strong patient and community network
- In addition to the workshops held with the Patients Association we have also held virtual sessions for our patient and community network to share information and to gather feedback, these have included:
    - Discussions on a toolkit for the new roles in primary care
    - Getting patients involved in research

Reducing health inequalities

Hertfordshire and West Essex ICB is committed to taking action on the inequalities experienced by the population that we serve. The ICB continues to support a number of initiatives which aim to improve social inclusion, reduce isolation and improve mental wellbeing in some of the most disadvantaged communities, and with those living with long-term conditions.

The ICB recognises and meets the requirements of the Public Sector Equality Duty, as it applies to both workforce and service delivery. The ICB publishes the required information on its website (https://hertsandwestessex.icb.nhs.uk/us/equalities-reports) with additional service delivery actions published as part of the Joint Forward Plan (https://hertsandwestessex.icb.nhs.uk/strategies/hertfordshire-west-essex-joint-forward-plan-2023-2028).

The Equality and Human Rights Commission, who oversee compliance with the Equality Act, recently reviewed all ICBs. As part of that review HWE ICB met with the Commission. Whilst the feedback from the Commission was favourable there were actions suggested to improve the clarity of our service delivery actions, and these suggestions will be included as part of the current review of the Joint Forward Plan.

While many of our population enjoy good health and have better health outcomes compared with the rest of the country, we know that significant health inequalities exist and some of our residents are dying from illnesses such as circulatory diseases, cancer and respiratory diseases

at a younger age than we would expect. Reducing health inequalities is a feature of all the ICS Transformation Programmes, this ambition is embedded within our whole system population health outcomes.

Population Health Management enables this transformational work through the creation of tools to segment populations and stratify individuals based on several intersectional characteristics, whose outcomes can be improved. An example of how these tools are being put to use is through the implementation of Integrated Neighbourhood Teams and the identification of those whose outcomes will be improved through proactive care reflecting geographic, demographic and epidemiological differences. The Population Health Management team, work to produce a number of resources including a health needs analysis at the following site: Population health management – Hertfordshire and West Essex Integrated Care System (hertsandwestessexics.org.uk).

The procurement of a new Data Platform within Herts and West Essex ICB will strengthen this work and further enables the tools described above (segmentation and stratification) to be applied to record level linked data. This infrastructure provides a systematic way to measure the delivery of outcomes across our populations to ensure that progress is being made for all our populations.

To highlight how this data is informing action within the ICS and supporting partners to shape strategy and policy below is a summary of some initiatives that has taken place over the year, across this ICS and at place level and also some work taking place this coming year. This work highlights the action taken to address the causes of the causes of health inequalities and support a whole life course approach in tackling health inequalities to delivering better outcomes for our residents through partnership, collaboration and system working.

Research Engagement Network Development

Working with the Innovation Research and Life Sciences team at NHS England and the AHSN, the ICB has been building on the previous project called “Towards a more inclusive participation in research across the Hertfordshire and West Essex Integrated Care System”. HWE ICS REN Phase 2 proposes actions to increase the inclusion of research by addressing the significant barriers identified in our system. This new phase has included:

1) **ENGAGEMENT**: Expand and consolidate engagement, building trust and seeking to remove barriers.
2) **AWARENESS**: Make research more visible both to our local population and health and social care workforce to increase awareness (language and access), through a partnership with VCFSE sector across the ICS.
3) **TRUSTED RESEARCH OFFER**: Making every patient contact count and consolidate use of patient care record to identify potential research participants to record and promote #BePartof Research and record #consenttocontact.
4) **EXEMPLAR PROJECTS:** Identifying research projects and providing support to ensure inclusive practice and using these cases as exemplars for future practice.
5) **CO-PRODUCTION**: Ensuring public and patient voice supports maximum impact across both the ICS strategic priorities. We will also seek to enhance and connect with more research active partners with members of the Voluntary, Community, Faith and Social Enterprise (VCFSE)

Assura and Hertfordshire and West Essex ICS Grants Programme

Assura PLC (via The Assura Community Fund) and Hertfordshire and West Essex Integrated Care Board are providing funding and working in partnership with VCSE partners, Primary Care Networks, and Integrated Neighbourhood Teams, to support a grants programme, to reduce health inequalities, help prevent poor health - and improve opportunities for better lives in Hertfordshire and West Essex.
All applications must meet a minimum of one of the following outcomes:-

- Projects which reduce health inequalities, improve real, or perceived access to health services.
- Projects which support people to live a healthier life.

This programme will take place over the coming year and is seeking to develop partnerships and capacity with VCFSE partners and PCNS to address issues affecting local populations who have many diverse needs.
The West Essex Workforce Delivery Group is continuing to make headway in developing employment opportunities for local. Formed in July 2023 as part of the West Essex Health & Care Partnership (WEHCP), the group brings health and care employers together with local schools, colleges and universities, the Dept of Work & Pensions and others to focus on:

1. Specifying the skills employers want and recruiting people,
2. Busting the barriers to work and employability and,
3. Developing and retaining people.

Events and activities over the coming months include recruitment fairs for targeted groups of people, such as those with learning disabilities and previous health problems, the launch of a health and care academy at Harlow College and an increase in the number of work experience/placement opportunities for young people. The group is closely aligned with the Essex Anchors Network and is also joining forces with the Essex Chamber of Commerce in developing a Local Skills Improvement Plan (LSIP), sponsored by the Dept. for Education.

Forging links between education and health: The WEHCP along with Essex County Council education and public health teams held several highly productive meetings with leaders of Harlow schools throughout the year to develop closer relationships between the sectors. A child's good level of development is a key contributor to their health and wellbeing in later life, and the consensus of this new partnership is to initially focus its activity on parenting skills and school readiness, including speech and language learning. The latter is becoming increasingly important in places like Harlow and Watford, where the number of people for whom English is an additional language (EAL) is growing rapidly. The other priorities of the partnership include healthy weight/oral health and mental health.

A clear role for local government, and specifically district councils, within the ICS: The WEHCP is actively supporting the task and finish group made up of district councils across the HWE ICS to deliver three strategic priorities and programmes of work relating to growth/planning, housing and local priority setting.

Health and wellbeing strategy

The role of Hertfordshire and Essex Health and Wellbeing Boards

Health and wellbeing boards are responsible for commissioning a Joint Strategic Needs Assessment (JSNA) for the local population and setting the Joint Health and Wellbeing Strategy.

These strategies set key countywide strategic priorities, the priorities of member organizations and system partners, agreed outcomes and how progress and assessment will be measured and a small number of key strategic priorities for action, where there is an opportunity for partners including the NHS, local authority, education, and the voluntary and community sector to 'have a real impact' through local initiatives and action. The overall aim of the strategy is that we see an improvement in health and wellbeing outcomes for people of all ages and a reduction in health inequalities by having a focus on supporting poor health prevention and promoting health improvement

The overall ambition of the Health and Wellbeing Boards is to reduce the gap in life expectancy, increase years of healthy life expectancy and reduce the differences between health outcomes in our population.

The Health and Wellbeing Boards bring together the NHS, public health, adult social care and children's services, including elected representatives from the County and District Councils, Healthwatch and the Police and Crime Commissioner, to plan how best to meet the needs of the population and tackle local inequalities in health.

The ICB works with partners, taking a joined-up approach to tackle the causes of poor health as well as supporting people to make healthier lifestyle choices and improving healthcare.

The Essex Joint Health and Wellbeing Strategy 2022-2026 identifies five key overarching priority areas:

- Improving mental health and wellbeing
- Physical activity and healthy weight
- Supporting long term independence
- Alcohol and substance misuse
- Health inequalities and the wider determinants of Health

The Hertfordshire Health and Wellbeing Strategy 2022-2026 is based around these four life stages:

- Starting well
- Developing well
- Living and working well
- Ageing well

Preparing for Emergencies

The ICB has a responsibility in law to be fully prepared and able to respond effectively in the event of an incident which challenges the capacity or capability of the local health system.

In 2023/24 we achieved an overall rating of fully compliant with **NHS England's Core Standards for Emergency Preparedness, Resilience and Response (EPRR). T**he individual assessment ratings for each standard are shown below:

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

We have focused on:

- Continued management of new and ongoing incidents, e.g. industrial action, fire at an industrial estate in Baldock, Sudan evacuation – including appropriate command and control arrangements and debriefing
- Horizon scanning and ensuring preparedness for potential emerging risks, e.g. measles outbreak
- Further development of the EPRR Risk Register
- Further development of the SCC in line with best practice in other areas and evolving NHSE requirements
- Completion of exercise plans for 2023/4 including cyberattack and CBRN exercises
- Business continuity planning, including plans for any potential national power outage or infectious disease outbreak
- Implementation of whole health system emergency plan for countermeasures
- Ensuring appropriate and robust plans are in place to manage a Reinforced Autoclaved Aerated Concrete (RAAC) incident
- Preparation for the upcoming COVID-19 Public Inquiry
- Participation in the review of the current Essex and Hertfordshire Local Resilience Forum's strategy and structures
- Completion of the 2023/24 NHSE Core Standards for EPRR assurance process
- Co-ordination of an annual training plan across the Integrated Care System (ICS) which meets the requirements of the National Minimum Occupational Standards for EPRR

In 2023/24 our priorities will be:

- Focussing on the response to and recovery from the protracted, ongoing industrial action.
- Ensuring that the HWE ICB System Co-ordination Centre (SCC) continues to align with the purpose, key deliverables and the minimum operating requirements outlined by NHSE.
- Maintaining 24/7 on-call functions across the HWE ICB; rolling out the SHREWD/JESIP app to HWE ICB On-Call staff with a requirement to install these apps onto their work mobiles.
- Ongoing preparation work required for the upcoming COVID-19 public inquiry; we are still awaiting further information about the inquiry to understand the level of evidence, if any, that will be required at ICB level.

- Continuing to review business continuity arrangements, aligning to new team structures within the ICB and enhancing arrangements due to the heightened risk of cyber security incidents and our reliance on Microsoft Teams.
- Continuing to ensure that all ICB EPRR plans/policies/arrangements align to the new NHSE EPRR framework
- Ensuring lessons from incidents and exercises are learned and any necessary changes to processes and procedures are implemented
- Developing SHREWD capability and implementing the new OPEL framework.
- Overseeing and managing clinical risks within the HWE ICS with specific reference to UEC Demand and Capacity via the UEC Safety Oversight Group
- Continuing to consider the HWE incident response to a National Power Outage
- Considering how EPRR is managed in primary care; ensuring GP practices are aware of their EPRR and business continuity responsibilities; preparing for the future roll out of annual core standards assurance to all practices within primary care.

The Work of Hertfordshie Bedfordshire and Luton (HBL) ICT Services

Hosted by Hertfordshire and West Essex ICB, HBL ICT provider IT services to the four member organisations of the HBL Partnership, delivering its agreed 5-year business and digital strategy, which includes embracing collaborative technologies, automation through robotic technology and enhancing our communication channels to making the service more responsive and accessible to our service users.

This year we have updated our new Business and Digital Strategy which sets out our vision and operational plan for the next five years and complements the digital strategies of our member organisations. In the past 12 months, we have delivered some significant digital programmes, including introducing RPA and digital telephony into Primary Care, enabling vaccination clinics for HCT across Hertfordshire and enhancing the Business Intelligence infrastructures for both HCT and HPFT.

In addition it is encouraging to reflect back on our digital advancements that have been delivered in the past 12 months, including enhanced support channels to our Service Desk, Cisco Umbrella, and developing our core infrastructure as the foundation to the member organisation digital strategies and supporting the WGLL framework.

During the year we have secured investment from the partnership to redesign our hybrid cloud services. This includes relocating our on-premise data centre to a new commercial site and replacing our core technology stacks via an operational leasing model in partnership with HPE as a strategic supplier. This strategic financial shift presents a more sustainable technology model with greater flexibility and reducing the cost of ownership to HBL ICT, making technology more accessible and affordable.

As with previous years, it has been truly heartening to regularly receive praise and recognition for all the functional areas within HBL, which is further endorsed by the customer survey results. This demonstrates the value that is placed upon us as a well led, quality driven, integrated ICT service provider. This achievement should not be underestimated and is due to the excellent contribution, commitment and resolve that all our staff have demonstrated, as we have worked together as a cohesive supportive team to deliver digital services.

Looking ahead, 2024-25 will focus on delivering a 5-year business and digital strategy, focussing of the strategic outcomes that commenced in 2023, thus ensuring that HBL ICT maintains its importance and relevance to the member organisations and enabling their planned digital strategies and digital transformation agendas. In June 2024, will be introducing GPIT services for West Essex HCP into the Partnership, which will ensure consistency in GPIT service delivery across the HWE ICS.

HBL ICT Staff

Our staff are at the forefront of everything we do in HBL ICT and with this in mind this year we have continued to invest in several key initiates. Including; all managers engaging on a programme of 360o feedback, a comprehensive staff training programme and the introduction of 'inclusion champions' within HBL ICT, which provides our staff with a confidential support channel to enable them to be 'listened to'.

Financial position

At the end of Q4 2022/23 HBL ICT successfully met the control total specified by the Partnership Board for the 9th consecutive year. Service charges to our Partner Organisations based upon a proven 'Activity Based Costing' model incorporating inflation and cost improvement targets, resulting in a small surplus at the financial at the end of the fiscal year.

Cyber Security

Cyber security continues to be a significant threat globally, which needs to be constantly manged to protect our business and patient data. However, due to the investments in developing a highly secure, resilient and robust IT infrastructure, underpinned by tight control processes and patching regime, the HBL Partnership continues to deliver a highly available service. A further defence that has recently been introduced is MFA (Multi-Factor Authentication) to all our email accounts as we know that email systems present a significant threat if not manged diligently.

In HBL ICT we are proud to continually enhance our cyber security defences through our 'Security Operations Centre' to provide proactive management and monitoring of all services working with strategic 3rd Party Suppliers and NHS England. This includes being part of the NCSC (National Cyber Security Centre) early warning system is a government organisation that monitors suspicious activity across any system that is externally accessible from the public internet.

Aligned with our cyber security strategy for the HBL partnership, we are well on the way to deploying the latest Win 11 operating system via an automated upgrade process to minimise the impact to our service users. The latest operating system will provide enhanced patching and security to all our support end user devices across the partnership.

Financial review

Hertfordshire and West Essex Integrated Care Board's Annual Accounts are included within this Annual Report. The accounts have been prepared in accordance with directions issued by the Department of Health and Social Care and NHS England.

Integrated Care Boards have a statutory duty to keep their expenditure on each of day-to-day operational costs (revenue costs), administration costs and capital costs within the resources allocated to them for each of these cost headings.

2023/24 is the first full year of reporting, as there was an added complexity in 2022/23 due to Clinical Commissioning Groups (CCGs) existing for the first quarter of the year and ICBs coming into existence on 1 July 2022.

NHS England also set other financial rules for ICBs in 2023/24. These were:

- to comply with the mental health investment standard by increasing spending on mental health services by a prescribed minimum percentage
- to comply with the minimum percentage increase in contributions to the Better Care Fund.

Additionally, Integrated Care Boards and their partner Trusts and Foundation Trusts, making up the Integrated Care System, have a statutory duty to keep their expenditure on revenue and capital within the resources allocated. This means that financial performance is assessed for each organisation separately and in aggregate.

The Trusts and Foundation Trusts making up the Hertfordshire and West Essex Integrated Care System, for the purpose of financial performance are:

- East and North Hertfordshire NHS Trust
- Hertfordshire Community NHS Trust
- Hertfordshire Partnership University Partnership NHS Foundation Trust
- The Princess Alexandra Hospital NHS Trust
- West Hertfordshire Hospitals NHS Trust

For ICBs, financial performance is considered by comparing expenditure to resource allocations issued and authorised for spending.

For NHS Trusts and Foundation Trusts financial performance is considered by comparing revenue expenditure to income received and capital expenditure compared to the allocated capital resource limit. Trusts receive income from a number of sources including Hertfordshire and West Essex ICB, other ICBs, NHS England and non-NHS sources.

ICB funding

The funding allocated to the Hertfordshire and West Essex ICB for the period 1 April 2023 to 31 March 2024 is set out in the table below. This included a sum of £17.061m related to previous years' underspends achieved by the ICB and its predecessor CCGs, but which was not released by NHS England for spending in 2023/24. The total authorised for spending by the ICB was therefore £3.3bn

Description of Allocation	**Allocation for the ICB £000**
Programme Costs	2,862,005
Primary Care Delegated Functions	419,127
Administration Costs	32,675
Total funding	**3,313,807**
Previous underspends not released	(17,061)
Total available for spending	**3,296,746**

Mental Health Investment Standard

A very important requirement in the 2023/24 planning guidance related to the Mental Health Investment Standard (MHIS), under which all ICBs were required to increase their spending on mental health services by at least the percentage increase in the ICB's programme allocation growth. In 2023/24 the ICB's Mental Health Investment Standard growth target was 9.01%. Spending on Learning Disability and Dementia services is currently excluded from the Mental Health Investment Standard calculation.

Achievement of the Mental Health Investment Standard is measured by comparing expenditure in 2022/23 to that in 2023/24, after adjustment of all non-recurrent allocations received by the ICB in either of these years. These adjustments are made to ensure that changes in spending are not skewed by non-recurrent allocations and are limited to reviewing spending funded from the ICB general allocation.

ICBs are required to calculate if their spending met the Mental Health Investment Standard and to publish a formal declaration on this, i.e. whether in 2023/24 Hertfordshire and West Essex ICB spending on mental health services increased by at least 9.01%.

The table below provides the ICB's calculations demonstrating that in 2023/24 Hertfordshire and West Essex ICB did meet the requirements of the Mental Health Investment Standard.

Description	£000 unless stated otherwise
2023/24 Mental health spending	333,151
Less spending on Learning disability and dementia	(79,972)
Less spending covered by allocations received	(20,853)
2023/24 spending funded by general allocation	**232,326**
2022/23 spending funded by general allocation**	212,569
Increase in spending	19,757
Increase in spending (%)	9.29%
Has the Mental Health Investment Standard been met?	**Yes**

Financial performance

As set out in the table below, there are a number of financial duties and rules that ICBs and the wider System have to comply with.

The most challenging performance requirement was to keep revenue expenditure within resource allocation/income. The greatest challenge was for the Trusts, with aggregate deficits being seen during the year and recovery actions failing to make an impact. This led to deficits being forecast and the ICB having to review its own expenditure to achieve system financial balance.

During the year, additional funding was received to cover the impact of industrial action and expected Elective Services Recovery activity in Quarter 4. This helped the overall position, with two of the Trusts ended the year with an aggregate deficit of £19.9m. The remaining Trusts and the ICB achieved an underspend of £19.9m meaning the System overall was in balance with a small underspend.

The financial requirements were achieved in 2023/24, with performance on each requirement set out in the table below:

Duty	ICB Performance	ICS Performance
Revenue expenditure does not exceed allocations/income	✓Achieved an underspend of £13.988m	✓Achieved an underspend of £0.038m
Capital resource use does not exceed resource allocation	✓Achieved an underspend of £0.121m	✓Achieved an underspend of £0.6m
Revenue administration expenditure does not exceed allocation	✓Achieved an underspend of £1.539m	Not applicable
Mental Health Investment Standard	✓Achieved an increase of 9.29% against a target of 9.01%	Not applicable
Better Care Fund minimum contribution increase	✓Achieved an increase of 5.66%	Not applicable

Looking forward to 2024/25

While the ICB had a strong financial performance in 2023/24, this was partially the result of additional non-recurrent funding received during the year and the utilisation of non-recurrent reserves. The position at the end of 2023/24 is more fragile than at the start of the year.

In addition to this, the financial settlement for 2024/25 is poorer than 2023/24 with the significant reduction in the ICBs allocation through the application of 1.09% convergence factor. The headline efficiency challenge for the System in 2024/25 has doubled compared with 2023/24 with efficiencies in excess of 5% needed to enable the System to achieve the NHS planning and priorities guidance including to achieve the financial control totals.

Financial performance requirements in 2024/25 remain as in 2023/24 with the Mental Health Investment Standard requiring an increase in expenditure of 4.34% and the minimum increase in contributions to the Better Care Fund being 5.66%.

For the ICB both Continuing Healthcare and GP prescribing remain the highest financial risks.

Continuing Healthcare is a volatile area of spend and there has been an increase in the average cost of care packages, both as a result of the increase in the national living wage in 2023/24, but also because of the complexity of need of patients.

GP Prescribing is a risk area with supply chain and other issues leading to more drugs having national concession pricing leading to significant cost pressures. Additionally new drugs and guidance published can put pressure on an already stretched prescribing budget.

Pressures are also continuing at the Trusts and their financial positions are also likely to add risk to overall System balance.

The drive for productivity improvements, transformation changes, reductions in workforce and greater efficiencies continues, but it is highly likely that 2024/25 will be an extremely difficult year financially for the System.

Review of statutory duties

Hertfordshire and West Essex Integrated Care Board has reviewed all of the statutory duties and powers conferred on us by the National Health Service Act 2006 (as amended) and other associated legislative and regulations.

We are clear about the legislative requirements associated with each of the statutory functions for which we are responsible, including any restrictions on delegation of those functions.

Spend over £5m

An ICB does not deliver direct patient care services, but identifies population need and plans to meet these through contracts with NHS and other organisations. This includes primary care services and secondary care services in the community and in hospitals covering both physical and mental health needs. Acute hospital services - where a patient receives short-term treatment for a severe injury or illness, an urgent medical condition, or during recovery from surgery - are provided for our residents by NHS hospital and community trusts, NHS foundation trusts and other independent providers of health services.

The healthcare organisations with whom the ICB spent more than £5m in 2023/24 – together with the broad categories of care they provide - are set out here:

Provider	Service Category
West Hertfordshire Teaching Hospital NHS Trust	Acute Services
East and North Hertfordshire NHS Trust	Acute Services
Princess Alexandra Hospital NHS Trust	Acute Services
Hertfordshire Community NHS Trust	Community Services
Hertfordshire Partnership University NHS Trust	Mental Health Services
East of England Ambulance Service NHS Trust	Ambulance Services
Central London Community Healthcare NHS Trust	Community Services
Essex Partnership University NHS Foundation Trust	Community and Mental Health Services
HUC Ltd	Integrated Urgent Care

Spire Healthcare Ltd	Independent Sector Provider
Pinehill Hospitals	Independent Sector Provider
Circle	Independent Sector Provider
Ramsay Healthcare - Rivers Hospital	Independent Sector Provider
BMI Healthcare	Independent Sector Provider
Community Health and Eyecare	Community Ophthalmology Service
Barts Health NHS Trust	Acute Services
Bedfordshire Hospitals NHS Foundation Trust	Acute Services
Barking, Havering and Redbridge University Hospitals NHS Trust	Acute Services
Buckinghamshire Healthcare NHS Trust	Acute Services
Cambridge University Hospitals NHS Foundation Trust	Acute Services
Guy's And St Thomas' NHS Foundation Trust	Acute Services
Imperial College Healthcare NHS Trust	Acute Services
London North West University Healthcare NHS Trust	Acute Services
Mid and South Essex Hospitals NHS Foundation Trust	Acute Services
Moorfields Eye Hospital NHS Foundation Trust	Acute Services
North Middlesex University Hospital NHS Trust	Acute Services
Royal Free London NHS Foundation Trust	Acute Services
Royal National Orthopaedic Hospital NHS Trust	Acute Services
University College London Hospitals NHS Foundation Trust	Acute Services
Health Care Resource Group Ltd	Community Services
Excel Care Ltd	Care Home Provider

Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2023 to 31 March 2024 including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

Introduction and context

Hertfordshire and West Essex ICB is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

The Hertfordshire and West Essex ICB's statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.
Between 1 April 2023 – 31 March 2024, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Hertfordshire and West Essex ICB's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the Hertfordshire and West Essex ICB's Accountable Officer Appointment Letter including responsiblity for the preparation of the financial statements and for being satisfied that Annual Report and Accounts give a true,fair, balanced and understandable view.

I am responsible for ensuring that the Hertfordshire and West Essex ICB is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement. As far as I am aware, there is no relevant audit information of which the entity's auditors are unaware.

Governance arrangements and effectiveness

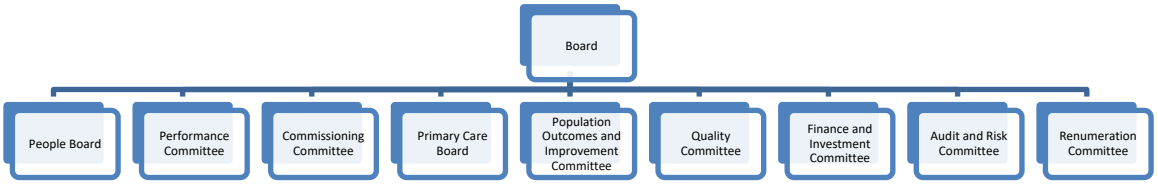
The main function of the Board is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

Modern Slavery Act

The ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Governance Structure

The Board has created the statutorily required Audit Committee and Remuneration Committee. Additionally, the Board has established a Quality Committee, Finance and Investment Committee, Commissioning Committee, Performance Committee, People Board, Population Outcome and Improvement Committee and a Primary Care Board.



Board

The Board is responsible for developing a plan and allocating resource to meet the health and care needs of the population. Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan. Establishing governance arrangements to support collective accountability for whole-system delivery and performance. Arranging for the provision of health services including contracting arrangements, transformation, development of PCN's, working with local authority VCSE sector and partners to put in place personalised care for people. The Board meet regularly, every other month in both public and private sessions.

Audit and Risk Committee

The Audit and Risk Committee is a committee of the Board. It provides assurance to the Board that the organisation's overall internal control and governance system operates in an adequate and effective way. The committee's work focuses on the adequacy of the controls on finance and risk management. It does this by reviewing the assurance framework, strategic and operational risk and obtaining independent assurance on controls. It also oversees internal and external audit arrangements, for both financial and non-financial systems. As part of its role the committee reviews audit reports and monitors implementation of recommendations. Members also undertake in-depth analysis of specific risks. During its work, activities and areas of review throughout the year, the committee ensured that any areas of particular concern were brought to the Board's attention through the Governance Report.

The work of the **Audit and Risk Committee** during this reporting period has included:

- Approval of a detailed internal audit programme of work consistent with the needs of the organisation;
- Scrutinising the findings from internal audits and recommendations for improvement and monitored progress with the implementation of the recommendations;
- Reviewing and challenging assurance reports and updates on areas covered under the Committee terms of reference, including information governance and risk.
- Reviewing the ICB's Corporate Risk Register and the Board Assurance Framework and providing assurance to the Board that it accurately records the strategic risks to the ICB's objectives with the measures and controls to manage them;
- Monitoring progress with the Counter Fraud Workplan and discussing outcomes of the work;
- Review of the annual report and financial statements prior to submission with particular focus on changes in and compliance with accounting policies, practices and estimation techniques;
- Scrutinising external audit reports, including the report to those charged with governance;

Primary Care Board

The role of the Primary Care Board is to provide oversight of primary care services transformation and innovation using a population health management approach to the development and integration of services with a view to reducing variation. The committee has overseen the system approach to the transfer of primary and community dental and community optometry delegation to the ICB. The committee leads on the development of the Primary Care Strategic Delivery Plan which aligns to the various ICB/ICS strategies embedding primary care further into the system. It will oversee the progress made against the deliverables outlined in the plan and ensure the plan is refreshed year on year to meet the objectives of the ICB. The committee is overseeing the continued development of PCNs (Primary Care Networks), strengthening the

development of the neighbourhood approaches and links with district councils and local community organisations and is responsible for leading the implementation of the Fuller Review recommendations through the development of the Health and Care Partnerships in each place.

The work of the **Primary Care Board** during this reporting period has included:

- Oversight of Primary Care risks and mitigation
- Oversight of the ICB Primary Care Strategic Delivery Plan and National Primary Care Access Recovery Plan
- Receiving Healthwatch engagement projects and associated action plans
- Receiving updates citizen representatives
- Receiving the deep dives on various topics as per workplan
- Receiving updates on Primary Care Transformation, Workforce, Estates and Digital transformation.

Quality Committee

The Quality Committee is a committee of the Board. It works to ensure that commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the organisation does. It is responsible for providing assurance and information on quality to allow the Board to fulfil its role and responsibilities in relation to quality. It also reports on quality related risks to the Audit and Risk Committee. The committee takes on overall responsibility for leading the organisation's patient care, quality and safety agenda and reports directly to the Board on these matters. To support it in this role the committee involves a patient representative to provide an invaluable patient perspective.
The work of the **Quality Committee** during this reporting period has included:

- Receiving the ICS Quality Strategy 2023-2026
- Discussion on and oversight of the implementation of the Patient Safety Incident Response Framework (PSIRF). Regular reports on implementation of PSIRF in parallel as the new system is implemented, the Committee has continued to receive regular Serious Incidents and Never Event reports;
- Receiving integrated performance and quality reports from across the system, which enabled the Committee to review how acute, community, mental health and primary care providers across the system are performing and how performance and quality concerns are being addressed. The Committee is focussed on improving the quality of performance reports to enable ICB decision-making and improving outcomes for our population.
- Receiving deep dive reports on child deaths, mortality, medication safety patient experience and the care sector
- Providing strong direction that the patient voice is heard across the system.

Remuneration Committee

The Remuneration Committee is a committee of the Board. It makes recommendations to the Board on determinations about pay and remuneration for all 'Very Senior Managers', and Board members, including GPs and Lay Members of the Integrated Care Board. A

Very Senior Manager typically has Executive Director level responsibility and reports to the Accountable Officer. No individual is involved in determining their own remuneration.

Finance and Investment Committee

The Finance and Investment Committee is a committee of the Board. The Committees' main purpose is to contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan, including financial performance of the ICB and financial performance of NHS organisations within the ICB footprint. To provide the ICB Board with assurance that it can meet all its statutory and mandatory financial duties and obligations. This will be achieved through contractual arrangements the ICB puts in place with system partners, alongside effective financial frameworks & operating models. To seek assurance that an effective system financial framework & operating model (for capital and revenue funding) is in place for collectively distributing and managing resources & that they can be used as efficiently as possible to address the greatest need and tackle inequalities, in accordance with the integrated care strategy. To ensure an assurance framework is effectively in place to proactively oversee system productivity & efficiency programmes to meet agreed priorities and to review performance and obtain assurance of the above areas at a system, place, and organisational level, as appropriate.

The work of the **Finance and Investment Committee** during this reporting period has included:

- Receiving ICB and system finance reports including capital position and year end forecasts;
- Receiving updates on the system financial recovery programme
- Scrutinising presentations on the system medium term financial plan;
- Discussions on updates on current key procurement and contracting issues and on the progress of key projects;
- Receiving deep dive reports on Continuing healthcare and updates on prescribing efficiency plans.
- Reviewing progress in terms of system transformation and efficiency activities;
- Reviewing capital updates and plans;
- Review of the finance risk register.

People Board

People Board is a committee of the Board and is responsible for ensuring delivery of the Long Term Workforce Plan as well as the NHS people promise. The committee ensures there is a clear understanding of the current and future workforce, building workforce capacity and capability to meet population health needs. The committee supports the system to develop inclusive, innovative new working practices, provides workforce leadership, provides effective integrated workforce and oversees the system delivery of the requirements of the People Plan through effective multi-disciplinary working incorporating health, social care, education and VCFSE system partners. The

committee oversees the system workforce transformation programme leadership development and broader social and economic development.

The work of the **People Board** during this reporting period has included:

- Oversight of workforce risks and mitigation
- Oversight of system workforce transformation programmes
- Exploring workforce productivity
- Oversight of system workforce financial recovery workstream
- Receiving deep dives on Equality diversity and inclusion, Primary medical care workforce, Sustainable workforce supply, Talent and leadership, Social care workforce, Health, Wellbeing and staff experience.
- Updates on partnership working with the University of Hertfordshire
- Receiving updates on integrated system workforce planning
- Reviewing progress against the operational plan and workforce KPI's

Population Health and Outcomes Committee

Population Health and Outcomes Committee is a committee of the Board, providing oversight, direction, and assurance to the Board to oversee and deliver system wide strategic objectives and associated outcomes for improving population health, preventing ill health, reducing health inequality, and promoting physical and mental health and wellbeing. The committee works to ensure that the ICB and system partners leverage their impact on social and economic growth, in all communities and makes recommendations on services where there is the biggest opportunity for improvement in outcomes for our population, providing oversight to the development of the anchor programme.

The work of the **Population Outcome and Improvement Committee** during this reporting period has included:

- Agreement of the 10 clinical priorities and receiving assurance and outcome updates
- Receiving updates from the VCFSE Alliance
- Receiving the Research, innovation, and evaluation strategy
- Oversight of the Population health management steering group, Research steering group and ICB Health Inequalities Group
- Receiving the Population Health Management Strategy
- Oversight of the Business Intelligence and Population Health Management platform development

Performance Committee

Performance Committee is a committee of the Board. The Committee ensures oversight of the delivery of key performance standards by commissioned providers, performance of the system against constitutional standards, the NHS Outcomes Framework, operating plan guidance and the performance management of system providers. The committee focuses on driving improvements in performance at system, place, and service level and provides oversight and challenge on NHS constitutional standards,

CQC requirements, Operational Planning Guidance, transformation programmes, workforce performance and delivery and EPRR.

The work of the **Performance Committee** during this reporting period has included:

- Oversight of performance risks and mitigation
- Receiving performance reports and performance improvement activities and related transformation work
- Receiving deep dives on Urgent and Emergency Care (UEC), Cancer, Children and adolescent mental health services (CAHMS), Adult crises services, out of area placements, Community children's services, planned care and outpatients, Primary care.
- Receiving updates on performance against the operational plan

Commissioning Committee

The Commissioning Committee is a committee of the Board. It provides oversight and seeks assurance that the operational arrangements in place across the ICB to support the commissioning of services/care to the local population are in line with the agreed system and place strategic plans and that delegated or joint services with NHSE/I are delivering in line with agreed principles. The committee oversees the process for the further delegation of commissioning functions to the ICB and provides the health oversight and assurance needed to support the delivery of the joint commissioning agenda with Local Government.

The work of the **Commissioning Committee** during this reporting period has included approval of:

- Integrated Tier 2&3 Adult Weight Management Service
- All Age Autism Outreach Service
- Approval of a number of new clinical policies.
- Overseeing and approving the Prescribing Committee recommendations

Board Attendance for 2023/24

Members' attendance records are detailed in the following table:

Number of meetings held during 2023/24			**6**
Name:	**Title**	**Member/ Attendee**	**Attendance**
Paul Burstow	ICB Chair (Chair)	Member	6
Ruth Bailey	ICB Non-Executive Member (Deputy Chair)	Member	4
Jane Halpin	ICB Chief Executive Officer	Member	6
Alan Pond	ICB Chief Finance Officer	Member	5
Jane Kinniburgh	ICB Director of Nursing (to 26 April 2023)	Member	0
Natalie Hammond	ICB Director of Nursing (from 31 July 2023)	Member	5

Rachel Joyce	ICB Medical Director	Member	5
Gurch Randhawa	ICB Non-Executive Member	Member	6
Thelma Stober	ICB Non-Executive Member	Member	5
Catherine Dugmore	ICB Non-Executive Member	Member	6
Nick Moberley	ICB Non-Executive Member (from 1 December 2023)	Member	1
Owen Mapley	ICB Partner Member (Local Authority – HCC)	Member	5
Lucy Wightman	ICB Partner Member (Local Authority – ECC)	Member	5
Nicolas Small	ICB Partner Member from Primary Medical Services	Member	5
Prag Moodley	ICB Partner Member from Primary Medical Services	Member	5
Ian Perry	ICB Partner Member from Primary Medical Services	Member	4
Karen Taylor	ICB Partner Member (Mental Health Trust)	Member	2
Elliot Howard-Jones	ICB Partner Member (Community Trust)	Member	6
Lance McCarthy	ICB Partner Member (Acute Trust)	Member	4
Joanna Marovitch	ICB Board Member – VCSFE Representative	Member	2

Audit and Risk Committee

Number of meetings held during 2023-24		**5**
Member Name:	**Title:**	**Attendance:**
Catherine Dugmore	ICB Non-Executive Director (Chair)	5
Gurch Randhawa	ICB Non-Executive Director	5

Primary Care Board

Number of meetings held during 2023-24		**6**
Member Name:	**Title**	**Attendance:**
Nicolas Small (Chair)	ICB Partner Member from Primary Medical Services	5
Prag Moodley (Vice-Chair)	ICB Partner Member from Primary Medical Services	6
Ian Perry	ICB Partner Member from Primary Medical Services	5
Avni Shah	ICB Director of Primary Care Transformation	6
Elliot Howard-Jones	ICB Partner Member (Community Trust)	2
Gurch Randhawa	ICB Non-Executive Member	3
Elizabeth Disney	ICB Director of Operations	3

Rami Eliad	ICB Primary Care Lead	1
Rob Mayson	ICB Primary Care Lead	6
Amik Aneja	ICB Primary Care Lead	3
Steve Claydon	Independent Clinical advisor for Dental	5
Helen Musson	Chief Pharmacist and Associate Director of Allied Health Professionals	6

Quality Committee

Number of meetings held during 2023-24		**6**
Member Name:	**Title**	**Attendance:**
Thelma Stober	ICB Non-Executive Director (Chair)	5
Nicolas Small	ICB Partner Member from Primary Medical Services (Deputy Chair)	5
Jane Kinniburgh	ICB Director of Nursing (*Retired April 23)*	1
Natalie Hammond	ICB Director of Nursing (*In post from 01 July 2023)*	2
Rachel Joyce	ICB Medical Director	4
Sharon McNally	Acute Provider Representative	1
Tracey Carter		2
Finola Devaney		1
John Harle	Community Representative	2
Keven Barrett		1
Sarah Dixon	Primary care Representative	3
Natalie Hammond	Mental Health Representative	3
Jackie Vincent		3
Lucy Rush	Local Authority Lead, Hertfordshire County Council	4
Jon Dickinson	Local Authority Lead, Essex County Council	1
Sam Crawford	Local Authority Lead, Essex County Council	3
Jane Brown	Healthwatch Hertfordshire	6
Justin Jewitt	Patient Safety Partner	5
Meg Carter	Patient Safety Partner	4
Mary Emson	Safeguarding Lead for Children and Families	5

Remuneration Committee

Number of meetings held during 2023-24		3
Member Name:	**Title**	**Attendance:**
Ruth Bailey	ICB Non-Executive Member (Chair)	3
Nicolas Small	ICB Partner Member from Primary Medical Services (Vice Chair)	3
Paul Burstow	ICB Chair	2
Thelma Stober	ICB Non-Executive Member	3
Ian Perry*	ICB Partner Member from Primary Medical Services	2
Owen Mapley*	ICB Partner Member Local Authority, HCC	1
Jane Halpin (attendee)	ICB Chief Executive Officer	2
Alan Pond (attendee)	ICB Chief Finance Officer	2
Tania Marcus (attendee)	ICB Chief People Officer	3

***** Owen was a member for one committee meeting and then stood down. Ian then joined as the partner member role for two meetings.

Finance and Investment Committee

Number of meetings held during 2023-24		6
Member Name:	**Title**	**Attendance:**
Paul Burstow	HWE ICB Chair	0
Owen Mapley*	Chief Executive, Hertfordshire County Council	5
Nick Moberly**	ICB Non-Executive Director (from 1 December 2023)	2
Alan Pond	Chief Finance Officer	5
Catherine Dugmore	ICB Non-Executive Director	5
Lance McCarthy	Acute Trust Partner Member	6
Karen Taylor	Mental Health Trust Partner Member	4
Ian Perry	Primary Medical Services Partner Member	1

* Chair of Finance and Investment Committee until 09.01.2024

** Chair of Finance and Investment Committee from 09.01.2024

Performance Committee

Number of meetings held during 2023 - 24		5
Member Name:	**Title**	**Attendance:**
Thelma Stober*	ICB Non- Executive Director (Chair)	3
Frances Shattock	ICB Director of Performance and Delivery	5
Jane Kinniburgh	ICB Director of Nursing (to 12.04 2023)	0
Natalie Hammond	ICB Director of Nursing (from 31.07.2023)	0
Tania Marcus	ICB Chief People Officer	1
Avni Shah	ICB Director of Primary Care Transformation	4

Sharn Elton	Place Director, East and North Herts	0
Matt Webb	Place Director, South West Herts	3
Toni Coles	Place Director, West Essex	0
Alison Gibson	Deputy Chief Operating Officer, ENHT	4
Jane Shentall	Director of Performance, WHTHT	1
Elizabeth Kerby	Head of Performance & Planning, PAHT	2
Marion Dunstone	Chief Operating Officer, HCT	2
Nicole Rich	Director West Essex for Community Health Services, EPUT	2
Cathy Walker	Interim Chief Operating Officer, CLCH	0
Rachel Joyce	ICB Medical Director	2
Jane Halpin	ICB Chief Executive Officer	1
Simon Wood	Regional Director of Strategy and Transformation, NHSE	2
Nicolas Small	Partner Member, Primary Medical Services	0
Leanne Fishwick	Interim Director of Operations: Hertfordshire, CLCH	1
Hakan Akozek	Chief Information Officer, HPFT	1
Ruth Bailey	ICB Non-Executive Director	3
Catherine Dugmore	ICB Non-Executive Director	2

People Board

Number of meetings held during 2023-24		**6**
Member Name:	**Title:**	**Attendance:**
Ruth Bailey	Non-Executive Director (Chair)	6
Catherine Dugmore	Non-Executive Director	3
Tania Marcus	Chief People Officer	6
Mark Edwards	ICB Workforce Transformation Lead	6
Emily Carter	ICB Associate Director for Education, Culture and OD	3
Andrew McMenemy	Chief People Officer, West Hertfordshire Teaching Hospital Trust	4
Tom Pounds	Chief People Officer, East and North Hertfordshire NHS Trust	3
Lorraine Hammond	Director of ED and Inclusion, Essex Partnership Foundation University Trust	4
Ogechi Emeadi	Director of People, OD & Communications, Princess Alexandra Hospital Trust	4

Population Outcome and Improvement Committee

Number of meetings held during 2023-24			5
Name:	**Title**	**Member/Attendee**	**Attendance:**
Gurch Randhawa	Non-Executive Member (Chair)	Member	**5**
Rachel Joyce	Medical Director	Member	**4**
Ruth Bailey	Non-Executive Member	Member	**4**
Elizabeth Disney	Director of Operations	Member	**3**
Beverley Flowers	Director of Strategy	Member	**5**
Joanne Marovitch	Chair of the VCFSE Alliance	Attendee	**3**
Karen Taylor	CEO Hertfordshire Partnership University NHS Foundation Trust, ICB MHLDA Partner Member	Attendee	**0**
Sarah Perman	Director of Public Health, Hertfordshire County Council	Attendee	**1**
Lucy Wightman	Director of Wellbeing, Public Health & Communities, Essex County Council	Attendee	**2**
Sam Williamson	Associate Medical Director	Attendee	**3**
Tim Anfilogoff	Health of Community Resilience	Attendee	**4**
Kevin Hallahan	Health Inequalities Lead	Attendee	**1**
Simone Surgenor	Deputy Chief of Staff – Governance and Policies	Attendee	**4**

Commissioning Committee

Number of meetings held during 2023-24			6
Name:	**Title**	**Member/ Attendee**	**Attendance:**
Gurch Randhawa	Non-Executive Member (Chair)	Member	6
Alan Pond	Chief Finance Officer	Member	6
Thelma Stober	Non-Executive Member	Member	4
Matt Webb	Place Director, South West Herts	Member	6
Sharn Elton	Place Director, East and North Herts	Member	5
Catherine Dugmore	Non-Executive Member	Member	6
Elizabeth Disney	Director of Operations	Member	5
Beverley Flowers	Director of Transformation	Member	6
Avni Shah	Director of Primary Care Transformation	Member	5
Christine Moss	Associate Medical Director, WE HCP	Member	6
Helen Maneuf	Operations Director Older People, Herts County Council	Member	5
Elliot Howard Jones	Partner Member, HCT	Member	4
Toni Coles	Place Director	Member	5
Rachel Joyce	ICB Medical Director	Member	4
Jo Marovitch	Chair VCSFE Alliance	Member	3
Lance McCarthy	Partner Member, PAH	Member	1
Simone Surgenor	Deputy Chief of Staff	Member	5

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, the ICB follows the principles in the code that are most relevant to it given its size and nature but does not comply with the code as a whole. The Governance Statement discusses the most relevant parts of the code where the ICB has complied.

Discharge of statutory functions

The ICB has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions. Responsibility for each duty and power has been allocated to a lead Executive Director. The ICB commissioned our internal auditors to conduct a statutory duty mapping exercise, this highlighted some areas for improvement. Plans to ensure that all directorates and their structures provide the necessary capability and capacity to undertake all of the ICB's statutory duties robustly are underway.

Risk Management Arrangements and Effectiveness

The core of our risk management arrangement is a proactive and structured approach designed to identify, evaluate, and control risks effectively. This approach includes mechanisms to prevent risks from materialising, deter potential risks (such as implementing fraud deterrents), and manage current risks efficiently.

Risk Identification and Evaluation: we identify potential risks or uncertain events that could impact ICB's objectives. These risks can range from operational challenges to external factors. We employ a continuous monitoring system that identify and assess the likelihood and impact of identified risks or changes in risk to understand the severity and consequences of each risk through a combination of automated systems and stakeholder feedback. The ICB's specific goals for the first 3-5 Years within its Strategic Framework 2022-2027 include:

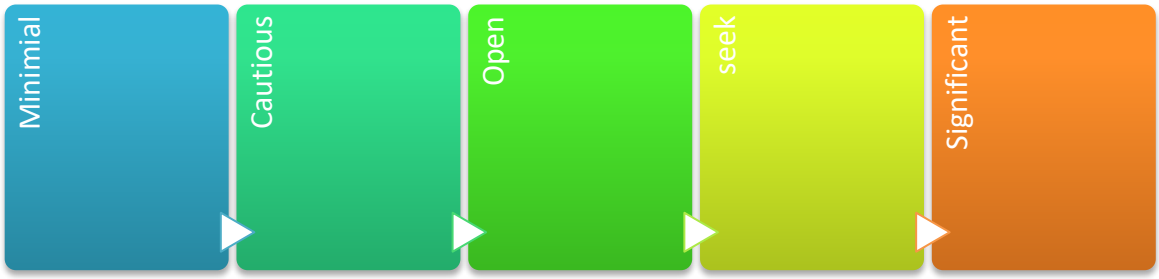
1. Increasing healthy life expectancy aligns with risk reduction by preventing premature mortality.
2. Focusing on children's well-being reduces long-term health risks.
3. Improving access to services minimizes risks associated with delayed care.
4. Encouraging citizen engagement in well-being activities enhances overall community health.
5. Achieving a balanced financial position ensures sustainability and risk resilience.

Risk Control: Our control mechanisms are multifaceted, including policy and procedure reviews, staff training, technology solutions and oversight forums. These controls are designed to implement measures to prevent risks from materialising and review its effectiveness by developing strategies to manage and mitigate existing risks.

Risk Appetite Statements: During the early period of 2023-24, the ICB assessed the nature and scope of risks it is willing to embrace while pursuing its Strategic Objectives. This determination was a collaborative effort involving senior management and the board, considering our strategic goals and the external landscape. The process ensures that our risk-taking endeavours strike a balance between safety, effectiveness, and alignment with our overall strategic vision and capabilities.

The Board established specific risk appetite levels to formulate its risk appetite statements. For detailed descriptions of each risk appetite level across the listed risk domains, please refer to the ICB's Risk Management Policy.

Risk Appetite Levels



ICB's Risk Appetite Statement across key risk domains

Risk Domains	Risk Appetite levels	Appetite statement
Financial	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	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	Seek	We will be willing to take decisions that are likely to bring scrutiny to the organisation but where potential benefits outweigh the risks.

Assurance Framework: The Board establishes the Strategic Objectives and subsequently focuses on ensuring that controls and processes operate effectively to

achieve those objectives. Additionally, it identifies leadership roles and assigns responsibilities for risk management. The assurance process relies on the concept of the 'Three Lines of Defence,' outlined below:

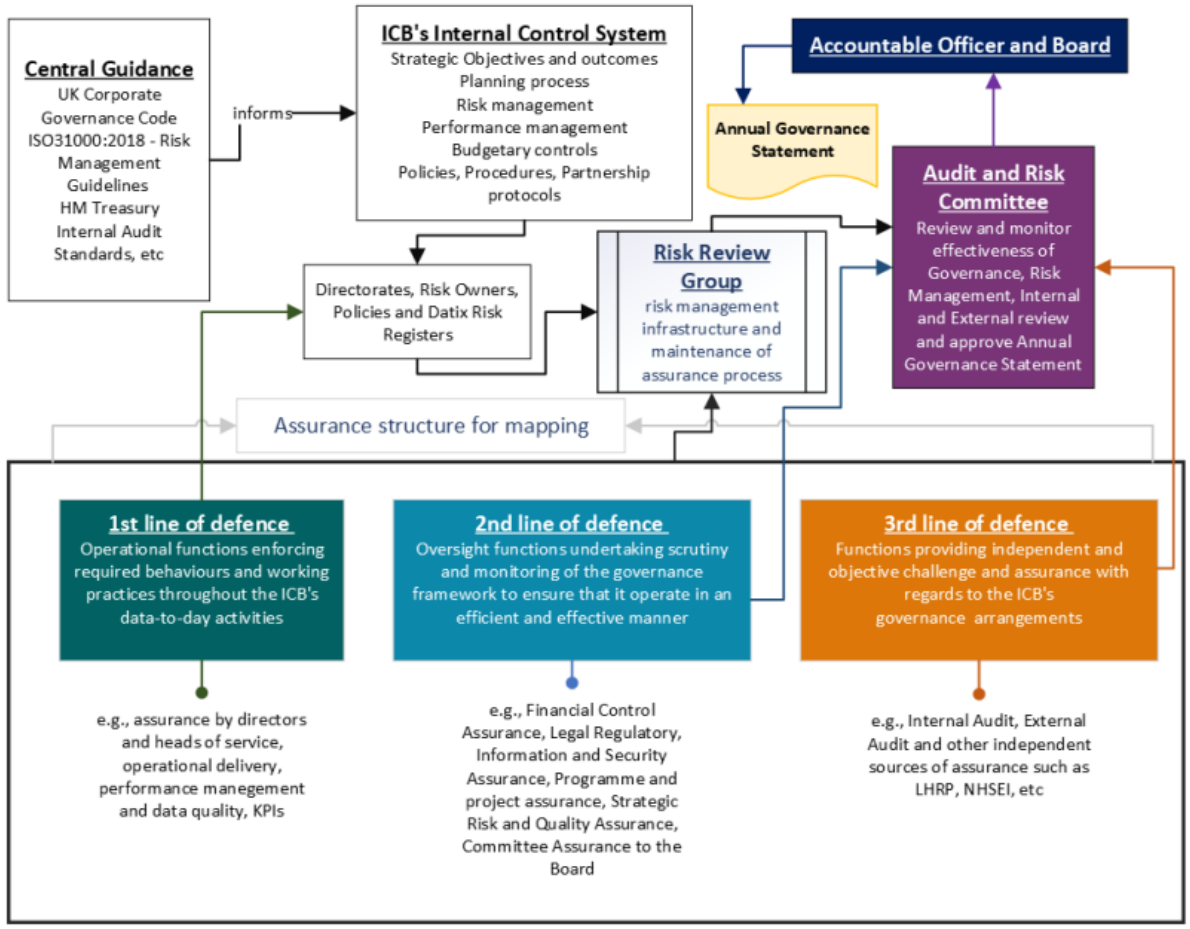
1. First Line of Defence (Operational Management): Operational teams directly involved in executing activities; responsible for implementing controls and managing risks on a day-to-day basis; and ensures compliance with policies and procedures.

2. Second Line of Defence (Risk Management and Compliance): Risk management, compliance, and internal audit functions; Independently assesses and monitors risk management practices; and provides guidance and oversight to the first line.

3. Third Line of Defence (Internal Audit): Independent internal audit function; evaluates the effectiveness of controls and risk management processes; and provides objective assurance to the Board and senior management.

This three-tiered approach ensures robust risk management and accountability across the organisation assurance framework:

Assurance Framework Flowchart



The ICB's major risks (scored 16+) over the reporting period are shown below, scores are noted as a snapshot at March 2024.The key controls demonstrate how the ICB has acted to manage these risks, outcomes are assessed on a regular basis through risk review at ICB Boards and Committees.

Risk Description (16+)	Rational for current risk score	Risk Appetite	L = Likelihood C = Consequence		Current risk score	Key Controls
			L	C	L x C = RS	
					1	
Pandemic and Infectious Outbreaks: 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)	Existing risk is currently being mitigated by controls in place but further work is required. Completed mitigating actions include: Incident Response Plan, Business Contunity Plan and Oncall system review on 11/1/23. The following are being updated Herts Pandemic Flu Framework, Infectious Disease Framewrok, BIA, & Mutual Aid MOU.	**Open**	4	4	**16**	1. Hertfordshire Pandemic Flu Framework in place 2. Business Impact Assessments (BIAs) completed for each team/department 3. Business continuity plans and incident response plans in place for ICB 4. Various training, exercise programs, and vaccination arrangements in place for staff and community
Staffing and Recruitment Difficulties: If staff vacancies and recruitment difficulties in specialist areas persist within Hertfordshire and West Essex, then capacity will continue to be reduced and productivity will be affected. This will result in deteriorating service performance, reduced staff morale and increased turnover.	This statement has been re-artculated to describe the risk. The rational for current risk score is that "there are increasing concerns and issues relating to pay and staff conditions, including staff burnout. The pipeline of students applying to University of Hertfordshire is reported as reducing.". It can hamper the ability of the ICB to achieve each one of its strategic objectives	**Open**	4	4	**16**	1. Supply Committee established to prioritize recruitment issues 2. Temporary staffing group monitoring bank/agency use and incentives 3. Reservist model being developed to fill staffing gaps 4. Various initiatives to support recruitment and retention, including international recruitment, a retention pathfinder programme, and collaboration with the Health and Care Academy and the University of Hertfordshire.
Children's Community Services Demand: 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.	November 2022- 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. Business case in development. There are a few gaps with the controls identfied and there are no mitigating actions in place.	**Seek**	4	4	**16**	1. Investment made to clear backlogs in ASD and ADHD in Herts and WE. Further investment agreed for ADHD backlog in S&W Herts. 2. Community Paediatric Transformation Programme proposed to review all community paediatric services and ensure consistency and efficiency, with learning shared across ICS and Essex systems. 3. Clinical prioritisation being done in impacted services with transformation programmes in place for some areas. 4. Regular review and monitoring of data through contract management and performance meetings, with risk escalation to ICB and impacted providers.
Overspend and Productivity Loss from increased establishment and Bank & Agency Staff Reliance: If we do not address the increase of staff establishment and the accompanying use of bank and agency staff across the system, then we will see continuing trends of losses in productivity and increased financial pressures and overspend.	Monitoring of increased use of bank and agency month by month and utilisation of the national diagnostic tool suggests that the system is losing productivity since pre-covid in certain areas of acute activity	**Cautious**	4	4	**16**	System's operational plan setting out key targets across all organisations to reduce staff bank and agency usage Regional requirements set out ensuring new protocols to be put in place for use of agency staffing Temporary staffing group in place for the system to review activity and lead on new initiatives to reduce bank and agency spend. Series of workforce transformational projects encouraging transfer from bank to substantive posts, e.g. flexible working and job planning. Workforce workstream established as part of the ICS financial recovery programme Pilot activity within the national ICS diagnostic tool
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.	December 2023 Review with Providers improvement plan against system recommendations at SPQRM. October 2023 At the monthly Quality and Performance Meetings, all HWE acute, and where appropriate community providers, are being asked to review their paediatric audiology services against the UKAS accreditation standards and provide their plans to achieve accreditation A Paediatric Deep Dive is planned for a future System Quality Group to share local learning and	**Averse**	4	4	**16**	None stated
Financial Efficiency Risk: If the Integrated Care System and its component organisations fail to deliver the agreed efficiencies contained within the 23/24 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.	New risk being reviewed	**Seek**	4	4	**16**	System CEO group meeting fortnightly with Directors of Finance to track delivery of the financial plan. Leads for key areas of work identified. Further actions to be taken identified in the report on finance to today's board

Risk Description (18+)	Rational for current risk score	Risk Appetite	L = Likelihood C = Consequence		Current risk score	Key Controls
			L	C	L x C = RS	
					1	
Emergency Department Operations - enhancing patient flow and reducing hospital delays If patients are not assessed with a management plan and treated, admitted and/or discharged out of the Emergency Department within 4hrs then patients will be waiting for long periods resulting in an increased risk of harm to those in the department with a serious illness/condition that requires a quick response. Delays could also negatively impact performance targets, causing reputational risk.	December performance against the 4-hour standard for all types was 66.8%. Q3 performance (all types) was 70%. This is below the national target of 76% and the local planned trajectory of 75% January 2024 performance against the 4-hour standard for all types was 69.5%. This is below the national target of 76% and the local planned trajectory of 75%	**Averse**	4	4	16	Walk-in stream separated from ambulance stream to provide clearer visibility across the department and decompress bottleneck areas. Fit to sit implemented.
Emergency Department Targets and Patient Outcomes: 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.	This is a new risk description, combined with risk 582. UEC standards are not being met with sustained period of deterioration in performance. Performance is behind improvement trajectory delivery for March 23. Plans for 23/24 to meet new 76% target but the risk to delivery is high	**Open**	5	4	20	See Operations Directorate UEC plans and Board Assurance Framework related to UEC Priority Metrics. Actions linked to Performance Improvement Trajectories. Cross reference to UEC mitigations for ENH / SWH / WE place required
Mental Health Targets and Patient Health: If Mental Health targets are not met thent there isa risk to patients Resulting in: potential deterioration of patients health and wellbeing	The risk description provided is clear and specific about the potential harm to patients if mental health targets are not met. However, it lacks details about the specific targets that need to be met, the factors that could cause them to not be met, and the potential impact on patients. To understand the ratonal for current risk score, a pequest has been made for the risk description to could include more specific information about the targets, more details about the potential causes of not meeting the targets, and specify the potential impact on patients in more detail.	**Open**	5	4	20	Mitigations: work is continuing across the system to ensure system working and improving the performance of particular areas of focus including OOAP which remain high
Waiting Lists and Patient Health: 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.	The constitutional standards of 18 weeks are not being met. The target to reduce 78ww to be 0 at the end of March 2023 will not be met; specifically at ENHT with pressure in community paediatrics, T&O and Gastro. Plans to meet 65ww target of 0 by end March 2024 in place, although there are risks to that delivery including IA strikes and the current community paediatric pressures at ENHT.	**Open**	4	4	16	1. Work is continuing at both system and providers to reduce waiting lists with a focus on 78ww and 65ww. 2. Work has begun on HVLC programme with a focus on improving efficiency and increasing theatre utilisation
Diagnostics If: the constitutional standards for diagnostics are not met Then: this could result in increased risk for patients Resulting in: a worsened health condition	The 6 week standard for diagnostics is not currently being met with performance remaining static; the risk is moderate as target is to improve performance to meet standard by end of March 25 and recovery trajectories are in place.	**Open**	4	4	16	There is an ICB wide transformation programme which works with all providers and across the system to improve diagnostic performance Cross reference to diagnostic programme mitigations
Cancer Waiting times If: waiting times are longer than the constitutional standards Then: this could result in a delayed diagnosis and heightened risk for patients Resulting in: worsening patient outcomes	1 Sept: increased likelihood as 62 day standard performance has decreased 26 Oct: performance has improved slightly in July & August for both the 62 day backlog and the 62 day standard but the risk currently remains the same	**Open**	4	4	16	There is an ICB wide transformation programme which works with all providers and across the system to improve cancer performance and outcomes Cross reference to the cancer programme mitigations

Committee Effectiveness: Board members have undertaken mandatory training throughout the year. Annual mandatory training enables the members to regularly keep their knowledge and skills up to date. Further board development has been undertaken which included risk management, making data count, working together as a board, Strategic Objectives and Priorities and a facilitated development programme. In addition, each member is allocated sufficient time to discharge their respective duties and responsibilities effectively.

The Audit and Risk Committee supports the Board and the Accountable Officer by reviewing the internal controls, the level of assurances to gain confidence about the reliability and quality of these assurances. The scope of the committee's work is defined in the terms of reference, and the Committee reviews the work of Internal Audit and External Audit and Financial Reporting.

Policy and Governance: We have solidified our commitment to robust risk management through the approval and dissemination of the Risk Management Policy across the ICB as of 8th February 2024. Our commitment to ISO 31000:2018 standards ensures a dynamic and inclusive risk management approach. By aligning with our strategic objectives, we enhance decision-making and protect the ICB's services, reputation, and finances. To do this, we focus on the following components:

- Principles – Sustaining a dynamic and continuously improving risk management system that is customised, innovative, structured, and inclusive.
- Framework – Senior management leads the proactive integration of risk management on all levels across the ICB.
- Processes – Systematic review and application of policies and practices that support open communication, consultation, and risk reporting.

The Risk Management Framework, which supports robust and effective risk management at all management levels, embeds the principles of risk management into its governance and leadership culture by establishing a Risk Review Group as a subcommittee of the Audit and Risk Committee.

The establishment of a monthly Risk Review Group within the Integrated Care Board (ICB) and the Integrated Care System (ICS) is a proactive step toward effective risk management. The following is how this group supports the ICB's Strategic Framework:

- The Risk Review Group brings together key stakeholders from across the ICB bi-monthly and representatives across organisations within the Integrated Care Systems (ICS) bi-monthly.
- By discussing risks centrally, the group ensures a comprehensive view of potential threats both at an organisational level and a system level.
- This collective assessment helps align risk management efforts with the ICB's strategic priorities and ensures the ICB works collaboratively across the ICS.

Digital Systems: We use DatixWeb, a robust web-based risk management system developed by RLDatix. The following are the key features:

1. Centralised Repository: DatixWeb acts as a central hub for all ICB risks. It consolidates risk-related information, including incidents and complaints, providing easy access and visibility.
2. Timely Risk Reporting: Risks are promptly reported through DatixWeb by Risk Owners and Risk Leads. Real-time reporting ensures visibility and actionable insights.
3. Live Risk Register: DatixWeb maintains a dynamic risk register, capturing emerging risks and enhancing overall risk management effectiveness.
4. Alignment with Decision-Making: Integrating DatixWeb aligns business functions across the ICB. Proactive risk identification and assessment become ingrained in our organisational culture.
5. Risk Escalation Levels: Risks are categorised by severity:
    - Corporate Risk Register: Repository for risks scoring 12 and above. High-impact risks automatically escalate here.
    - Directorate and Project Risk Registers: Monitor risks scoring below 12.

Capacity to handle risk

Our capacity to handle risk is underpinned by strong leadership and an effective governance structure. The Board entrusts the Executive team with primary ownership and accountability for operational risk management and control. Their pivotal role involves providing leadership regarding risk management and ensuring alignment with the ICB's agreed-upon risk appetite. Here are some of the structures defined in its Risk Management Policy for effective governance:

Role	Responsibilities in Risk Management	Summary of key duties
Board	The Board holds ultimate responsibility for determining acceptable risk levels aligned with organisational objectives. Key points include: 1. **Executive Members**: Responsible for risk management processes within their respective areas. 2. **Non-Executive Members**: Scrutinise risk management systems and processes.	• Objective Setting • Risk Reporting, Scrutiny and Assurance • Robust Structure • Collaboration • Governance Code Adherence
Chief Executive	The Chief Executive, also known as the Accountable Officer, holds overall responsibility for risk management within the ICB.	• Policy Implementation • Cultural Emphasis • Strategic Focus
Executive Team	The Executive Team oversees the implementation of the ICB's Risk Management Policy.	• Risk Identification and Management • Reporting Structure • Directorate-Level Processes • Cultivating Risk Awareness
Chief of Staff	The Chief of Staff is pivotal in advising the Accountable Officer on ICB risks.	• Accountability • Risk Oversight • Agenda Prioritisation • Control Framework
Senior Information Risk Owner (SIRO)	The Chief Finance Officer (CFO) of the ICB serves as the designated SIRO, responsible for information risk management	• Ownership and Accountability • Counter Fraud Measures • Culture Promotion • Stakeholder Collaboration: • Compliance
Audit and Risk	The Audit and Risk Committee oversees strategic and system risks related to ICB objectives.	• Auditor Appointments: • Mitigating Risks

Committee (ARC)		• Independence and Objectivity • Continuous Improvement
Risk Review Group (RRG)	As a subcommittee of the ARC, the RRG evaluates both ICB and ICS risk management practices, identifies concerns, and provides regular reports and recommendations	• Framework Assessment • Enhancing Discussions • Mitigation Oversight • Adaptive and collaborative Approach
All Staff	All staff must comply with this Risk Management Policy and assisting in the risk management process	• Risk Identification. • Estimate risk severity based on likelihood and impact on objectives at any level. • Controls Review and Strengthening • Effective Risk Communication

As detailed in the ICB's Risk Management Policy, the Board plays a critical role in determining the acceptable amount and type of risk that the ICB is willing to undertake to achieve its strategic objectives. This risk appetite is influenced by several key factors, including the overall risk landscape, economic conditions, regulatory requirements, and operational context.

The ICB actively participates in the Health and Wellbeing Board and engages in County Council scrutiny meetings to address local health issues collaboratively. This joint activity level enables stakeholders to work closely with the organisation, fostering a comprehensive understanding of risks that may impact them.

Risk Assessment

The ICB rigorously identifies, analyses, and evaluates risks. The risk analysis delves into causes, potential events, and impact using a structured approach that clearly articulates risks using the "if", "then", and "resulting in" framework.

The ICB's risk profile encompasses corporate, operational, financial, information, workforce, performance and place-based risks. Corporate risks (scored 12+) are scrutinized monthly at the Executive Team meetings, monitored and reviewed every two months by the Risk Review Group. High or major risks (scored 16+) are categorised, assessed, and monitored through a robust Board Assurance Framework (BAF). Strategic and system risks are systematically identified by the Executive team, drawing insights from the organisation's Strategic Objectives and informed by other relevant sources.

The highest-scoring risks are transparently communicated to the Board. This transparency not only informs decision-making but also provides an opportunity for public engagement. Stakeholders actively participate in discussions related to risks that directly affect them.

Executive Directors play a crucial role in ensuring that key strategic risks are promptly identified, thoroughly assessed, and effectively managed. They diligently monitor the effectiveness of risk assessments, track mitigating actions, and provide necessary assurances. Additionally, Directorate teams rigorously review their respective work areas to identify risks, aligning their efforts with organisational objectives and implementing targeted mitigation strategies.

Members of the Board have attended specific training and development in risk management. Risk management training is also mandatory for all managers and staff. As of 31 March 2024, the risk management training compliance for the ICB was 84.9%.

Committee effectiveness

Board members have undertaken mandatory training throughout the year annual mandatory training enables the members to regularly keep their knowledge and skills up to date. Further board development has been undertaken which included Board Assurance Framework, Joint Forward Plan, Running Cost Allowance, Deep dives on VCSFE sector, Mental health, Social Care, EDI/Workforce, Patient Safety/CQC, Reducing demand/review of winter and medium term planning sessions on ICB Governance review, Elective care hub, Fit and Proper Persons Test and winter planning. In addition, each member is allocated sufficient time to discharge their respective duties and responsibilities effectively.

The Audit and Risk Committee supports the Board and the Accountable Officer by reviewing the internal controls, the level of assurances to gain confidence about the reliability and quality of these assurances. The scope of the committee's work is defined in the terms of reference, and the Committee reviews the work of Internal Audit and External Audit and Financial Reporting.

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the Integrated Care Board to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable, and not absolute, assurance of effectiveness.

Internal Audit

The organisation uses an internal audit function to monitor the internal controls in operation to identify areas of weaknesses and make recommendations to rectify them. The system is embedded in the activity of the organisation through an annual Internal Audit Work Plan. There was a change in Internal Auditors from West Midland Ambulance Service to RSM within the reporting period which had an impact of delivery of the audit plan. RSM currently provides the Internal Audit services for the

organisation. The Head of Internal Audit reports independently to the Chair of the Audit and Risk Committee. It provides objectivity and independent assurance on the effectiveness of its internal control system, including the application of the Risk Management Framework. The annual Head of Internal Audit Opinion provides independent overarching assurance to the organisation.

Annual audit of conflicts of interest management

The Health and Care Act 2022 places responsibility on ICBs to manage conflicts of interest and publish their own Conflicts of Interest policy, which is included in the ICB's governance handbook. NHS England has provided a national e-learning module on managing conflicts of interest within ICBs which was rolled out within the ICB in April 2024, NHSE is also exploring developing additional guidance on conflicts of interest in consultation with ICB Chairs.

The ICB has systems in place to provide assurance that on an annual basis their registers of interest are accurate, up to date and published for members of the Board and Executive Directors. You can read our register of interests here: Declaration of interests – Hertfordshire and West Essex NHS ICB

Data Quality

Monthly data quality reports are provide for Admitted patient care, Outpatients, A&E/Emergency Care, Maternity in acute hospitals are published by NHS Digital. These are reviewed by the ICB's Business Intelligence Team. The ICB have access to the national Hospital Episode Statistics (HES), through the ICB's local data platform, to undertake bespoke comparative data analysis to be compared alongside any national benchmarking reports such as Right Care. The ICB also receives data from the General Practices, again through the ICB's local data platform, and we use this data to check against the nationally released data, Quality Outcome Framework (QOF). The quality of the data used by the ICB and to inform the Board is acceptable.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by a Data Security and Protection toolkit and the annual submission process provides assurances to the integrated care board, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively. Risks to data security are managed through a series of management, technical, operational and privacy controls.

Data Security and Protection Toolkit

The Data Security and Protection Toolkit is an online self-assessment tool that all organisations must complete if they have access to NHS patient data and systems to provide assurance around the controls, they have in place to manage information risk.

The toolkit enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards. The ICB has achieved ‘Standard Met’ in June 2024. Policies and processes for the management of information have been agreed at the Executive Committee of the Board.

We place high importance on ensuring robust information governance systems and processes to help protect patient confidentiality and corporate information. We have established an Information Governance Management Framework and have developed information governance processes and procedures in line with the Information Governance Toolkit. We ensure that all staff members undertake mandatory information governance training annually, and ensure they know their roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. The Chief Finance Officer is the Senior Information Risk Owner and continues to embed an information risk culture throughout the organisation. The Head of Information Governance and Risk is the Data Protection Officer, in line with the General Data Protection Regulation. The Director of Nursing is the Caldicott Guardian and provides oversight to ensure personal data is processed in accordance with Caldicott Principles.

Incidents reported to the Information Commissioner’s Office

One incident was reported to the Information Commissioner’s Office (ICO) in October 2022. The incident involved a scanned document containing limited patient identifiable data about one patient being sent in error to a Hotmail account. Read receipts suggested the original email and subsequent email acknowledging the error and requesting deletion were not read, however, out of caution and to ensure compliance with data protection law, the ICO were notified of the incident. The ICO responded in the same month outlining that they have reviewed the details of the incident and intend to take no further action. Their decision acknowledged the policies and controls we have in place and acknowledged that the incident appeared to be an isolated error rather than a widespread data protection compliance issue. The ICB took the opportunity to review our procedures and refresh staff training to further reduce the risk of future incidents.

Business Critical Models

HWE ICB can confirm that an appropriate framework and environment are in place to provide quality assurance of business-critical models. There are several aspects of the 2013 MacPherson review which are of relevance to the ICB to increase the robustness of the modelling work we undertake, as well as providing assurance to the relevant committee and board of the level of confidence which can be taken from the modelling estimates.

All models have appropriate quality assurance of their inputs, methodology and outputs in the context of the risks their use represents. All models are managed within a framework that ensures that appropriately specialist staff are responsible for developing

and using the models as well as quality assurance. There is a single Senior Responsible Owner (SRO) for each model through its life cycle and clarity from the outset on how quality assurance (QA) is to be managed. Business cases using results from models summarise what QA processes have been undertaken, including the extent of expert scrutiny and challenge. They also confirm if the SRO is content that the QA process is compliant and appropriate with any model limitations, risks, and the major assumptions are understood and applied in generating in generating the model outputs. This includes end-users of any model prepared.

The ICB's data provider, Arden and GEM CSU, has all requirements necessary to ensure quality assurance of business-critical models included in their Service Level Agreement (SLA).

The ICB uses activity models that are based on official government produced information; for example, population demographics, provided by the Office for National Statistics (ONS). As a nationally recognised body, it is assumed that the ONS will have undertaken quality assurance processes about the construction of these models.

The ICB used a risk stratification model which was made available through GEMIMA and is included in the list of risk stratification approved organisations. This model is used to identify a discrete group of patients at risk of being admitted to the hospital as an emergency, who may be better looked after through local community or primary care services. The ICB has also developed a model to calculate the elderly frailty index (EFI) using primary care data.

The organisation does not use any other sophisticated models, beyond those described above, but is currently undertaking further analysis to develop new risk stratification models using the wider range of data that is now available through the data integration and pseudonymisation at source project.

Third Party Assurances

The ICB has a contract with NHS Arden and GEM Commissioning Support Unit (AGEM CSU) to provide Data Services for Commissioning (DSCRO) services. Third-party supplier assurance is provided by satisfactory completion of the Data Security and Protection Toolkit and they are entered on the Data Protection Register with the ICO. Further assurance is provided by the inclusion of a confidentiality clause in the contract between the ICB and AGEM CSU.

The ICB also has a contract with Oracle who provide a data platform for Population Health Management purposes. Third-party supplier assurance is provided by satisfactory completion of the Data Security and Protection Toolkit and they are entered on the Data Protection Register with the ICO. Further assurance is provided by the inclusion of a confidentiality clause in the contract between the ICB and Oracle.

The organisation does not have any other contracts with third party suppliers who have access to and process patient identifiable data. All other third-party contractors are assessed on an annual basis and contract clauses included where appropriate.

Nationally Outsourced Services
The ICB receives some administrative services from nationally commissioned organisations and in 2023/24 also received Service Auditor Reports on these services, which it reviews:

- **Electronic Staff Record system provided by NHS Business Services Authority and IBM UK Ltd** – One exception was identified from the 42 controls. Key actions have been introduced to address the improvements identified.
- **Finance and accounting services provided by NHS Shared Business Services** – Three exceptions were highlighted against the 57 controls, whilst noting the exceptions, we do not consider these sufficiently significant to impact on our overall Head of Internal Audit Opinion.
- **GP payments to providers of General Practice services in England provided by NHS England** - exceptions were noted on 1 out of 4 control objectives, with 2 control objectives being qualified. Actions have been introduced to address the improvements identified, this was not considered to represent a significant risk to the ICB
- **Prescription payments provided by NHS Business Services Authority (BSA)** – No exceptions were noted across the 6 control objectives.
- **Primary Care Support England services for processing GP and pharmacy payments and pensions administration provided by Capita** - auditors noted minor exceptions on 4 out of 15 control objectives, key actions have been introduced to address the improvements identified, such that these do not appear to represent a significant risk to the ICB.

Control issues

According to the Head of Internal Audit Opinion, the Board can have reasonable assurance since the controls on which the ICB relies to manage issues are appropriately designed, consistently applied, and operating effectively.

Review of economy, efficiency and effectiveness of the use of resources

To ensure the Integrated Care Board resources are used economically, efficiently and effectively the ICB has implemented processes, which are described below:

- *the ICB has reviewed detailed financial policies, which set out the systems to be adhered to in order to ensure that resources are used efficiently*
- *developed and implemented strategic and operational plans, which include an agreed annual budget approved by the Board*
- *corporate wide process for the development and review of business cases for investment. Processes include assessment of value for money and contribution to the achievement of ICB strategic objectives*
- *reports on finance and quality presented on a two monthly basis to the Board, with actions identified when performance is off track*

- *implementation of an internal audit programme that is targeted at the strategic risks and key financial control processes*
- *annual fraud risk assessment undertaken by an independent party, providing recommendations for key actions*
- *comprehensive fraud and bribery policies agreed and in place with local counter fraud specialist delivering an agreed work plan*
- *requirement as part of mandatory training that all staff undertake counter fraud and bribery training*
- *training for staff to be Speak up, Listen up and Follow up to support the Freedom to Speak Up process.*
- *NHS Right Care allows the organisation to compare the amount we spend, the health services we commission and the health of our population against that of other areas in England. These comparisons help the ICB to identify whether our population is receiving high quality, efficient and effective health services*
- *regular reporting to the Board on financial planning, in-year performance monitoring and central management costs*

Counter fraud arrangements

The Integrated Care Board commissions RSM to provide the counter fraud provision by way of a nominated lead local counter fraud specialist (LCFS). The LCFS is accredited by the NHS Counter Fraud Authority and qualified to undertake the duties of that role.

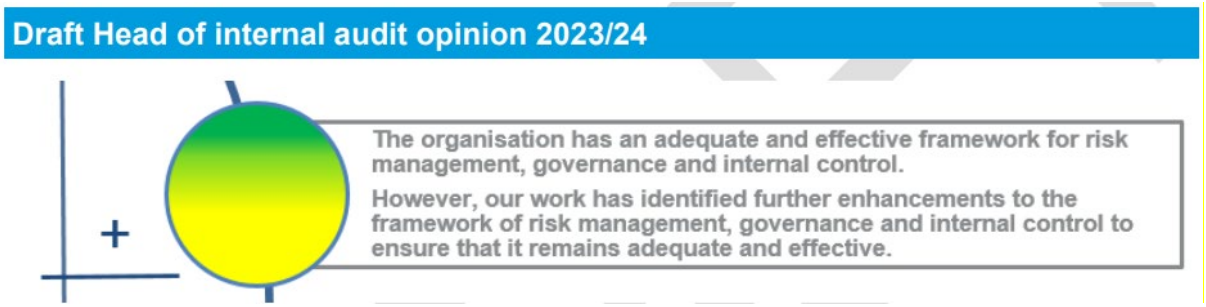
RSM provides the Integrated Care Board with a LCFS Annual Report, which details all work undertaken in respect of counter fraud activities for the reporting year and measures each task as specified in the NHS Counter Fraud Authority Standards for NHS Commissioners: Fraud, Bribery and Corruption. The LCFS work plan is designed to meet the requirements set out in the standards and each task is designed to provide compliance with each of the standards described. The LCFS work plan is designed to address the locally and nationally identified fraud risk areas in conjunction with the Chief Finance Officer.

The Chief Finance Officer holds Board level responsibility for the delivery of the LCFS work and provides the support to the LCFS in achieving this. The LCFS works with the Chief Finance Officer in submitting the annual NHS Counter Fraud Authority Self-Review Tool. An action plan is produced on the findings of this tool which is monitored at Audit and Risk Committee for any areas not deemed as fully compliant with the standards.

Please see page 385 of The ICBs Integrated Governance Handbook for the ICBs 'whistleblowing' procedures.

Head of Internal Audit opinion

Following completion of the planned audit work for 2023/24 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control. The Head of Internal Audit concluded that reasonable assurance can be given that there is a generally sound system of internal control, designed to meet the organisations objectives and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls put the particular objectives at risk.



During the year, Internal Audit issued the following audit reports:

Area of Audit	Level of assurance given
Conflicts of Interest	Reasonable
Cyber Security	Reasonable
Workforce Plan	Reasonable
Internal (Place) Performance Management	Reasonable
Waiting list Management	Reasonable
Financial Sustainability	Reasonable
Primary Care Contracts	Reasonable
Board Assurance Framework	Reasonable
Data Security and Protection Toolkit	Reasonable

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the Internal Auditors, the Executive Directors and senior management within the Integrated Care Board who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the External Auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls

that manage risks to the Integrated Care Board achieving its principal objectives have been reviewed.

I have been advised on the implications of the result of this review by the:

- Board
- Audit and Risk Committee
- Quality Committee
- Internal Audit
- External Audit

Conclusion

As Accountable Officer, and based on the review processes outlined above, I can confirm that the Governance Statement is a balanced reflection of the actual controls position and there are no significant internal control issues identified for the Integrated Care Board.

Dr Jane Halpin

Accountable Officer

31st July 2024

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Remuneration and Staff Report

Remuneration Report

Remuneration Committee

Membership of the ICB’s Remuneration Committee can be found on page 58

Pay ratio information

2023/24 Fair Pay Disclosure (audited element of remuneration report)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. These ratios provide a reference point to infom movements in the gap between the workforce and the highest paid director.

Total remuneration disclosed consists of salary and allowances, benefits-in-kind but not severance payment, there was no Non Consolidated performance related pay in 2023-24. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The total banded remuneration of the highest paid director/Member in Hertfordshire and West Essex ICB in the financial year 2023-24 was £235K to £240K (£225k to 230k in 2022-23). This was 4.93 times the median remuneration of the workforce, which was £48,204.

YEAR	25th Percentile total remuneration ratio	Median total remuneration ratio	75th Percentile total remuneration ratio
2023-24	**237,500:36,310**	**237,500:48,204**	**237,500:60,983**
	6.54	**4.93**	**3.89**

YEAR	25th Percentile total remuneration ratio	Median total remuneration ratio	75th Percentile total remuneration ratio
2022-23	**227,500:36,515**	**227,500:47,947**	**227,500:60,652**
	6.23	**4.74**	**3.75**

The change from the previous financial year in respect of the salary of the highest paid Director relates to a pay award.

The change from the previous year in respect of average employees salary and allowances, (2023-24 £52,027: 2022-23 £51,450) is due to Agenda for change pay awards, and a change in the grade profile of staff.

Average employees salary and allowances in 2023/24 was £52,027. In 2023-24 no employee received remuneration in excess of the highest paid director/member. Remuneration ranged from £2,250 to highest paid director. Remuneration for the lowest paid employee relates to a time commitment below the normal contractural hours, and therefore the annualised FTE calculation reflects the differant terms.

Average salary in 2023-24	£ 52,027.00
Average salary in 2022-23	£ 51,450.00
Percentage increase	1.12%

Highest paid Director banding 2023-24	£235k-240K
Highest paid Director banding 2022-23	£225k-£230K
Percentage increase	5.00%

Policy on the remuneration of senior managers

The ICB benchmarks with local ICBs to ensure that remuneration is in line with the local Economy. Remuneration for all senior roles is agreed via the Remuneration Committee. For all other staff, the Agenda for Change framework is applied

Remuneration of Very Senior Managers

The Accountable Officer of the ICB, Chief Finance Officer, Director of Clinical and Professional Servicses and Director of Strategy are paid a salary in excess of £150,000 per annum. This has been approved by NHS E and the national remuneration committee considering senior manager pay and benchmarking was undertaken with similar sized organisations to ensure that salaries are competitive and in line with that of similar systems.

Employee benefits and staff numbers (subject to audit)

Employee benefits	2023-24 Total £'000	2023-24 Permanent Employees £'000	2023-24 Other £'000
Salaries and wages	42,154	39,710	2,444
Social security costs	4,479	4,479	0
Employer Contributions to NHS Pension scheme	6,970	6,970	0
Other pension costs	9	9	0
Apprenticeship Levy	187	187	0
Termination benefits	231	231	0
Total employee benefits expenditure	**54,030**	**51,586**	**2,444**

Employee benefits	1 July 2022 to 31 March 2023 Total £'000	Permanent Employees £'000	Other £'000
Salaries and wages	31,408	28,992	2,416
Social security costs	3,244	3,244	(0)
Employer Contributions to NHS Pension scheme	4,445	4,445	0
Other pension costs	9	9	0
Apprenticeship Levy	135	135	0
Termination benefits	47	47	0
Total employee benefits expenditure	**39,288**	**36,872**	**2,416**

Average number of people employed (subject to audit)

	2023-24 Total Number	2023-24 Permanently employed Number	2023-24 Other Number
Total for ICB	**726.1**	**705.7**	**20.3**

	2022-23 (9 months to 31 March) Total Number	Permanently employed Number	Other Number
Total for ICB	699.6	670.6	29.0

Senior manager remuneration (including salary and pension entitlements)

HERTFORDSHIRE & WEST ESSEX ICB

Remuneration for members of the Board - Salaries and allowances April 2023 - March 2024

Table 1: Single total figure (Subject to Audit)

			2023-24						
Name	**Role**	**Note**	**Salary (bands of £5,000)**	**Expense payments (taxable) to nearest £100**	**Performance pay and bonuses (bands of £5,000)**	**Long term performance pay and bonuses (bands of £5,000)**	**Other remuneration**	**All pension related benefits (bands of £2,500)**	**TOTAL (bands of £5,000)**
			£000	**£**	**£000**	**£000**		**£000**	**£000**
Jane Halpin	Accountable Officer	1,7	235-240	400	0	0	0	0	235-240
Paul Burstow	ICB Chair	1	65-70	0	0	0	0	0	65-70
Alan Pond	Chief Finance Officer	1,7	180-185	200	0	0	0	0	180-185
Rachel Joyce	Director of Clinical & Professional Services	9	160-165	0	0	0	0	0	160-165
Jane Kinniburgh	Director of Nursing & Quality (to 30 April 2023)	1,5	10-15	0	0	0	0-5	0	15-20
Natalie Hammond	Director of Nursing & Quality (from 31 July 2023)	7	115-120	0	0	0	0	30-32.5	145-150
Elizabeth Disney	Director of Operations	7	140-145	200	0	0	0	12.5-15	155-160
Beverley Flowers	Director of Strategy	9	150-155	0	0	0	0	0	150-155
Adam Lavington	Director of Digital Transformation	7	120-125	100	0	0	0	62.5-65	185-190
Tania Marcus	Chief People Officer	7	135-140	100	0	0	0	60-62.5	195-200
Avni Shah	Director of Primary Care Transformation	8,9	130-135	1100	0	0	0	0	130-135
Frances Shattock	Director of Performance		140-145	0	0	0	0	32.5-35	175-180
Toni Coles	Managing Director (WE)	1	125-130	0	0	0	0	0	125-130
Sharn Elton	Managing Director (ENH)	7,9	135-140	100	0	0	0	0	135-140
Matthew Webb	Managing Director (SWH)	7,9	125-130	100	0	0	0	0	125-130
Dr Prag Moodley	Partner Member-Primary Medical Services	2,6	120-125	0	0	0	0	£NIL	120-125
Dr Ian Perry	Partner Member-Primary Medical Services	2	80-85	0	0	0	0	£NIL	80-85
Dr Nicholas Small	Partner Member-Primary Medical Services	3	75-80	0	0	0	0	0	75-80
Catherine Dugmore	Lay Member	4	15-20	0	0	0	0	0	15-20
Ruth Bailey	Lay Member	4	15-20	0	0	0	0	0	15-20
Professor Gurch Randhawa	Lay Member	4	15-20	0	0	0	0	0	15-20
Thelma Stober	Lay Member	4	15-20	0	0	0	0	0	15-20
Nick Moberly	Lay Member (from 1 December 2023)	4	5-10	0	0	0	0	0	5-10

Notes

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Note 1 - Members who chose not to be covered by the pension arrangements during the reporting period.

Note 2 - Where a GP Board member is working under a "contract for services" and the GP is set up on the payroll system to satisfy HMRC rulings, the position is pensionable under the "Practioner Pension Scheme". The ICB must make the post non pensionsable on the payroll and submit a GP Solo form with the employer's pension contribution of 14.3% plus an administration levy of 0.08% to the NHS Pension Authority. The salary banding above comprises of gross payment plus employer pension contribution, where applicable.

Note 3 - The GP member chose not to be covered by the Practitioner pension arrangements during the reporting period.

Note 4 - As Lay members do not receive pensionable remuneration, there will be no entries in respect of pension benefits.

Note 5 - Other renumeration relates to payment in lieu of annual leave.

Note 6 - The total remuneration includes £20,000-£25,000 relating to a locality lead role.

Note 7 - The taxable benefits relate to the re-imbursement of mileage incurred on official duties. The benefit arises from the mileage allowance payments made to all staff, to reimburse them for expenses related to the use of their own vehicle for business travel. Hertfordshire & West Essex ICB pays the rate per mile set out in Agenda for Change, which exceeds the HMRC "approved mileage allowance payments" rate of 45p a mile. The excess amount is taxable and is disclosed above.

Note 8 - The taxable benefit relates to the member having a lease car. The member has a salary sacrifice arrangement for their vehicle which has the effect of reducing the salary paid during 2023-24.

Note 9 - Members affected by the Public Service Pensions Remedy where their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Note 10 - The following are Partner Members on the Board but because neither they or their employing organisation receive remuneration in respect of their Board attendance and associated activities no further disclosure is required.

Elliot Howard-Jones - Chief Executive, Hertfordshire Community NHST

Lance McCarthy - Chief Executive, Princess Alexandra Hospital NHST

Karen Taylor - Chief Executive, Hertfordshire Partnership University NHS FT

Owen Mapley - Chief Excutive, Hertfordshire County Council

Lucy Wightman - Director of Wellbeing, Public Health & Communities, Essex County Council

Joanna Marovitch - Chief Executive, Hertfordshire Mind Network

Remuneration for members of the Board - Salaries and allowances July 2022 - March 2023

Table 1: Single total figure (Subject to Audit)

			2022-23					
Name	**Role**	**Note**	**Salary (bands of £5,000)**	**Expense payments (taxable) to nearest £100**	**Performance pay and bonuses (bands of £5,000)**	**Long term performance pay and bonuses (bands of £5,000)**	**All pension related benefits (bands of £2,500)**	**TOTAL (bands of £5,000)**
			£000	**£**	**£000**	**£000**	**£000**	**£000**
Jane Halpin	Accountable Officer	1,5,7	170-175	200	0	0	0	170-175
Paul Burstow	ICB Chair	1	45-50	0	0	0	0	45-50
Alan Pond	Chief Finance Officer	1,5,8	130-135	0	0	0	0	130-135
Rachel Joyce	Director of Clinical & Professional Services	5	115-120	0	0	0	25-27.5	140-145
Jane Kinniburgh	Director of Nursing & Quality	1,5	110-115	0	0	0	0	110-115
Elizabeth Disney	Director of Operations	5,7	100-105	100	0	0	40-42.5	140-145
Beverley Flowers	Director of Strategy	5	110-115	0	0	0	47.5-50	160-165
Adam Lavington	Director of Digital Transformation		85-90	0	0	0	30-32.5	120-125
Tania Marcus	Chief People Officer	7	100-105	100	0	0	52.5-55	150-155
Avni Shah	Director of Primary Care Transformation	5,9	100-105	100	0	0	37.5-40	135-140
Frances Shattock	Director of Performance	5	100-105	0	0	0	22.5-25	125-130
Toni Coles	Managing Director (WE)	1	90-95	0	0	0	0	90-95
Sharn Elton	Managing Director (ENH)	5	95-100	0	0	0	25-27.5	125-130
Matthew Webb	Managing Director (SWH)		90-95	0	0	0	40-42.5	130-135
Dr Prag Moodley	Partner Member-Primary Medical Services	2	80-85	0	0	0	£NIL	80-85
Dr Ian Perry	Partner Member-Primary Medical Services	2	45-50	0	0	0	£NIL	45-50
Dr Nicholas Small	Partner Member-Primary Medical Services	3	65-70	0	0	0	0	65-70
Catherine Dugmore	Lay Member	4,6	10-15	0	0	0	0	10-15
Ruth Bailey	Lay Member	4,6	10-15	0	0	0	0	10-15
Professor Gurch Randhawa	Lay Member	4,6	10-15	0	0	0	0	10-15
Thelma Stober	Lay Member	4,6	10-15	0	0	0	0	10-15

Notes

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Note 1 - Members who chose not to be covered by the pension arrangements during the reporting period.

Note 2 - Where a GP Board member is working under a "contract for services" and the GP is set up on the payroll system to satisfy HMRC rulings, the position is pensionable under the "Practioner Pension Scheme". The ICB must make the post non pensionsable on the payroll and submit a GP Solo form with the employer's pension contribution of 14.3% plus an administration levy of 0.08% to the NHS Pension Authority. The salary banding above comprises of gross payment plus employer pension contribution, where applicable.

Note 3 - The GP member chose not to be covered by the Practitioner pension arrangements during the reporting period.

Note 4 - As Lay members do not receive pensionable remuneration, there will be no entries in respect of pension benefits.

Note 5 - Salary includes a pay award paid after the demise of the CCGs which includes remuneration for the period April-June 2022. This has resulted in higher salary bandings for Jane Halpin and Beverley Flowers and higher total bandings for Frances Shattock and Sharn Elton.

Note 6 - Salary includes remuneration for the period of June when members were involved in the ICB set-up pre start date of 1 July.

Note 7 - The taxable benefits relate to the re-imbursement of mileage incurred on official duties. The benefit arises from the mileage allowance payments made to all staff, to reimburse them for expenses related to the use of their own vehicle for business travel. Hertfordshire & West Essex ICB pays the rate per mile set out in Agenda for Change, which exceeds the HMRC "approved mileage allowance payments" rate of 45p a mile. The excess amount is taxable and is disclosed above.

Note 8 - For transparency the member opted out of the pension scheme as at 30 June 2022.

Note 9 - The taxable benefit relates to the member having a lease car with a taxable benefit as stated. The member has a salary sacrifice arrangement for their vehicle which has the effect of reducing the salary paid during 2022-23.

Note 10 - The following are Partner Members on the Board but because neither they or their employing organisation receive remuneration in respect of their Board attendance and associated activities no further disclosure is required.

Elliot Howard-Jones - Chief Executive, Hertfordshire Community NHST

Lance McCarthy - Chief Executive, Princss Alexandra Hospital NHST

Karen Taylor - Chief Executive, Hertfordshire Partnership University NHS FT

Owen Mapley - Chief Excutive, Hertfordshire County Council

Lucy Wightman - Director of Wellbeing, Public Health & Communities, Essex County Council

Pension benefits

HERTFORDSHIRE & WEST ESSEX ICB

Table 2: Pensions Benefits April 2023 – March 2024 (Subject to Audit)

Name	Role	Note	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2024 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2023	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employer's contribution to stakeholder pension
			£000	£000	£000	£000	£000	£000	£000	£000
Jane Halpin	Accountable Officer	1	0	0	0	0	0	0	0	0
Paul Burstow	ICB Chair	1	0	0	0	0	0	0	0	0
Alan Pond	Chief Finance Officer	1	0	0	0	0	0	0	0	0
Rachel Joyce	Director of Clinical & Professional Services	2	0	17.5-20	55-60	150-155	N/A	N/A	N/A	0
Jane Kinniburgh	Director of Nursing & Quality (to 30 April 2023)	1	0	0	0	0	0	0	0	0
Natalie Hammond	Director of Nursing & Quality (from 31 July 2023)		0-2.5	30-32.5	70-75	195-200	1175	207	1625	0
Elizabeth Disney	Director of Operations	6	0-2.5	0	10-15	5-10	130	37	199	0
Beverley Flowers	Director of Strategy	6	0	35-37.5	55-60	150-155	1103	128	1,364	0
Adam Lavington	Director of Digital Transformation	7	2.5-5	0	20-25	0	188	98	322	0
Tania Marcus	Chief People Officer		0-2.5	30-32.5	25-30	70-75	400	176	635	0
Avni Shah	Director of Primary Care Transformation	6	0	22.5-25	40-45	105-110	672	100	858	0
Francis Shattock	Director of Performance	7	2.5-5	0	5-10	0	60	32	117	0
Toni Coles	Managing Director (WE)	1	0	0	0	0	0	0	0	0
Sharn Elton	Managing Director (ENH)	6	0	25-27.5	60-65	175-180	1,230	117	1,490	0
Matthew Webb	Managing Director (SWH)	6	0-2.5	0	45-50	120-125	931	0	1029	0
Dr Prag Moodley	Partner Member-Primary Medical Services	3	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL
Dr Ian Perry	Partner Member-Primary Medical Services	3	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL
Dr Nicholas Small	Partner Member-Primary Medical Services	4	0	0	0	0	0	0	0	0
Catherine Dugmore	Lay Member	5	0	0	0	0	0	0	0	0
Ruth Bailey	Lay Member	5	0	0	0	0	0	0	0	0
Professor Gurch Randhawa	Lay Member	5	0	0	0	0	0	0	0	0
Thelma Stober	Lay Member	5	0	0	0	0	0	0	0	0
Nick Moberly	Lay Member (from 1 December 2023)	5	0	0	0	0	0	0	0	0

Notes

The total accrued pension, lump sum and cash equivalent transfer value are as at 31 March 2024.

As part of the changes to public pension schemes, both the 1995 and 2008 Sections of the 1995/2008 Scheme closed on 31 March 2022. All active members of the 1995/2008 Scheme were automatically moved to the 2015 Scheme on 1 April 2022.

Note 1 - Members who chose not to be covered by the pension arrangements during the reporting period.

Note 2 - CETV values are not shown as member is over NPA (Normal Pension Age).

Note 3 - Where a GP Board member is working under a "contract for services" and the GP is set up on the payroll system to satisfy HMRC rulings, the position is pensionable under the "Practitioner Pension Scheme". The ICB must make the post non-pensionable on the payroll and for GPs who are members of the Practitioner scheme, submit GP SOLO forms to reflect the employers pension contribution of 14.3% plus 0.08% administration levy to the NHS Pensions Authority .

Note 4 - Member who chose not to be covered by Practitioner pension arrangements during the reporting year.

Note 5 - As Lay Members do not receive pensionable remuneration, there will be no entries in respect of pensions.

Note 6 - The member is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Note 7 - No lump sum is shown for those senior managers who only have membership in the 2015 Scheme or 2008 Section

Note 8 - NHS employees contribute towards their pension benefits. In 2023/24 contribution rates were based on actual pensionable earnings. Employee contribution rates were 13.5% where individuals earned in excess of £75,633.

The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

Note 9 - Cash equivalent transfer values (CETV)

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their membership of the pension scheme. This may be more than just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The factors used to calculate a CETV increased on 30 March 2023 which will affect the calculation of the real increase in CETV.

Note 10 - The real increase in CETV reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

Compensation on early retirement or for loss of office (subject to audit)
No payments were made in 2023-24

Payments to past members (subject to audit)

No payments were made in 2023-24 to any individual who had previously been a director of the ICB.

Table 2: Pensions Benefits

Table 2: Pension Benefits July 2022 – March 2023

Name	Role	Note	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employer's contribution to stakeholder pension
			£000	£000	£000	£000	£000	£000	£000	£000
Jane Halpin	Accountable Officer	1	0	0	0	0	0	0	0	0
Paul Burstow	ICB Chair	1	0	0	0	0	0	0	0	0
Alan Pond	Chief Finance Officer	1,2	0	0	0	0	0	0	0	0
Rachel Joyce	Director of Clinical & Professional Services		0-2.5	0-2.5	50-55	120-125	1,093	41	1,203	0
Jane Kinniburgh	Director of Nursing & Quality	1	0	0	0	0	0	0	0	0
Elizabeth Disney	Director of Operations		2.5-5	0-2.5	10-15	5-10	89	15	130	0
Beverley Flowers	Director of Strategy		2.5-5	2.5-5	50-55	105-110	982	53	1,103	0
Adam Lavington	Director of Digital Transformation		0-2.5	0	15-20	0	148	14	188	0
Tania Marcus	Chief People Officer		2.5-5	2.5-5	20-25	35-40	318	41	400	0
Avni Shah	Director of Primary Care Transformation		2.5-5	0-2.5	40-45	75-80	595	29	672	0
Francis Shattock	Director of Performance		0-2.5	0	5-10	0	29	9	60	0
Toni Coles	Managing Director (WE)	1	0	0	0	0	0	0	0	0
Sharn Elton	Managing Director (ENH)		0-2.5	0	65-70	135-140	1,134	32	1,230	0
Matthew Webb	Managing Director (SWH)		2.5-5	0-2.5	45-50	90-95	745	40	838	0
Dr Prag Moodley	Partner Member-Primary Medical Services	3	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL
Dr Ian Perry	Partner Member-Primary Medical Services	3	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL	£NIL
Dr Nicholas Small	Partner Member-Primary Medical Services	4	0	0	0	0	0	0	0	0
Catherine Dugmore	Lay Member	5	0	0	0	0	0	0	0	0
Ruth Bailey	Lay Member	5	0	0	0	0	0	0	0	0
Professor Gurch Randhawa	Lay Member	5	0	0	0	0	0	0	0	0
Thelma Stober	Lay Member	5	0	0	0	0	0	0	0	0

Notes

The real increase in pension, lump sum and cash equivalent transfer values shown above have been apportioned to reflect the period the ICB has been in operation.

The total accrued pension, lump sum and cash equivalent transfer value are as at 31 March 2023.

Note 1 - Members who chose not to be covered by the pension arrangements during the reporting period.

Note 2 - The member opted out of the pension scheme 30 June 2022

Note 3 - Where a GP Board member is working under a "contract for services" and the GP is set up on the payroll system to satisfy HMRC rulings, the position is pensionable under the "Practitioner Pension Scheme". The CCG must make the post non-pensionable on the payroll and for GPs who are members of the Practitioner scheme, submit GP SOLO forms to reflect the employers pension contribution of 14.3% plus 0.08% administration levy to the NHS Pensions Authority .

Note 4 - Member who chose not to be covered by Practitioner pension arrangements during the reporting year.

Note 5 - As Lay Members do not receive pensionable remuneration, there will be no entries in respect of pensions.

Note 6 - As part of the changes to public pension schemes, both the 1995 and 2008 Sections of the 1995/2008 Scheme closed on 31 March 2022. All active members of th 1995/2008 Scheme were automatically moved to the 2015 Scheme on 1 April 2022.

Note 7 - NHS employees contribute towards their pension benefits. In 2022/23 to 30 September contribution rates were 14.5% of salary where the individual earned in excess of £111,377 and 13.5% where the individual earned between £70,631 and £111,377. From 1 October 2022 new tiers and employee contribution rates were phased in based on actual pensionable earnings instead of whole time equivalent earnings. Employee contribution rates were 13.5% where individuals earned in excess of £72,031.

The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

Note 8 - Cash equivalent transfer values (CETV)

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their membership of the pension scheme. This may be more than just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Note 9 - The real increase in CETV reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

Staff Report

As at 31 March 2024, Hertfordshire and West Essex ICB employed a total of 835 staff (723.27 full time equivalents). These figures include all Board members and 4 staff on external secondment to partnership organisations.

The ICBs staff turnover is captured as part of NHS Digital's NHS workforce statistics, the series is an official statistics publication complying with the UK Statistics Authority's code of practice [NHS workforce statistics - NHS England Digital]

The table below details how many senior managers are employed by the ICB by banding (as at 31 March 2024).

Agenda for Change Band	Headcount	FTE
8a	131	119.15
8b	97	92.85
8c	42	40.69
8d	30	28.80
9	11	11.00
Very Senior Manager (VSM)	17	15.20
Medical & Dental (M&D)[4]	84	19.41

Equality and Diversity

The Equality Act 2010: The Public Sector Equality Duty

Section 149 of the Equality Act 2010 states that a public authority must have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Throughout 2023/24, Hertfordshire and West Essex ICB engagement approach was fully cognisant of this duty and it will continue to promote equality of opportunity for the population of Hertfordshire and West Essex in the context of all its commissioning engagement activities in the future.

The ICB met statutory responsibilities around data publication and will meet the NHS requirements in using the NHS Equality Delivery System (EDS) and the Workforce Race Equality Standard (WRES) as tools to enable us to review our equality and diversity work and

[4] This figure includes GPs who are Board members, GPs who are offering clinical support to the ICB in another capacity, such as clinical leads, public health doctors and clinical fellow, plus Named GPs who perform a safeguarding role.

identify where improvements can be made.

NHS Workforce Race Equality Standards (WRES)

The ICB is not required to implement WRES in respect of its own workforce. It is recognised that the small size of many ICBs means that the interpretation of the indicators should be approached with caution. However the ICB does report on WRES as part of it's annual equality data report. The report is available on the ICB equalities reports page (link to the page).

The ICB's profile for staff-declared ethnicity appears in the table below (at 31 March 2024).

Ethnic Origin	Headcount	%
White - British	473	55%
White - Irish	18	2%
White - Any other White background	32	3.8%
White English	3	<1%
Mixed - White & Black Caribbean	11	<2%
Mixed - White & Black African	3	<1%
Mixed - White & Asian	5	<1%
Mixed - Any other mixed background	6	<1%
Mixed - Chinese & White	1	<1%
Mixed - Other/Unspecified	1	<1%
Asian or Asian British - Indian	70	8%
Asian or Asian British - Pakistani	19	2.3%
Asian or Asian British - Bangladeshi	8	1%
Asian or Asian British - Any other Asian background	15	2%
Asian Sri Lankan	2	<1%
Asian British	1	<1%
Black or Black British - Caribbean	20	2.5%
Black or Black British - African	52	5%
Black or Black British - Any other Black background	4	<1%
Chinese	7	1%
Any Other Ethnic Group	7	1%
Unspecified	1	<1%
Not Stated	19	2%

Equality and Diversity Action Planning and the NHS Equality Delivery System (EDS)

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents.

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. The report is available on the ICB equalities reports page (link to the page).

For 2023-24 the ICB was assessed against Domain 2 (Workforce health and well-being) with an overall rating of Achieving and Domain 3 (Inclusive Leadership) with a rating of Developing. As part of embedding the EDS the ICB worked with providers on Domain 1 (Commissioned or provided services). Some providers were not in a position to undertake EDS so a grade could not be achieved. The ICB is leading on ensuring that all providers complete EDS in 2024-25.

The ICB Equality, Diversity and Inclusion Policy and Strategy 2023-27 is available on the ICB equalities reports page (link to the page) and includes an overarching action plan for 2023-27 to give a direction of travel to the EDI work in the organisation. It supports the ICB to meet the Public Sector Equality Duty and is drawn from our consideration of the findings of EDS 2022, this annual workforce data report, the NHS Staff Survey and other statutory and NHS requirements. This is supported by a wider implementation plan.

The Inclusive Career Development Programme has been developed to implement a consistent framework of leadership development for colleagues in Bands 2-4 from across the ICS for equality groups currently underrepresented in leadership roles; to support career progression. The programme includes the completion of a service improvement project within the participants work area that aims to improve patient outcomes, improved system performance and personal/professional learning

The ICB runs EDI training and awareness sessions including within the corporate induction programme for all new starters. ‘Lunch and learn’ training and awareness sessions and support to individual colleagues and teams upon request.

Disability

The ICB holds the Disability Confident award which recognises our commitment to recruiting and developing disabled employees.

At 31 March 2024, 90% of staff have declared they have no disability, with 5% declaring a disability and the remaining 5% undeclared/unspecified.

The ICB recognises the benefits of a diverse workforce and is committed to supporting applicants and employees with a disability to be part of it’s workforce, and values their contribution to delivery of patient care. The Disability in the Workplace policy underpins these principles.

Gender Profile

Gender Profile – overall workforce (at 31 March 2024)

Gender	%
Female	72%
Male	28%

% gender by pay band (at 31 March 2024)

Agenda for Change (AfC)	Male (number)	Male (%)	Female (%)	Female (number)
Band 3	2	50%	50%	2
Band 4	5	8%	92%	57
Band 5	33	36%	64%	59
Band 6	21	18%	82%	94
Band 7	38	27%	73%	102
Band 8A	24	18%	82%	107
Band 8B	30	31%	69%	67
Band 8C	13	31%	69%	29
Band 8D	13	43%	57%	17
Band 9	2	18%	82%	9
Medical & Dental	38	45%	55%	46
Very Senior Managers (VSM)	7	31%	69%	10

Gender breakdown (as at 31 March 2024)

Governing Body members, VSM and Medical and Dental staff					
Male			**Female**		
Headcount	- %	45%	Headcount	- %	55%
	- number	45		- number	56
Bands 8a to Band 9					
Male			**Female**		
Headcount	- %	26%	Headcount	- %	74%
	- number	82		- number	229
All other bands (band 7 and below)					
Male			**Female**		
Headcount	- %	24%	Headcount	- %	76%
	- number	99		- number	314

Gender pay gap reporting regulations

All public sector organisations in England employing 250 or more staff are required to publish gender pay gap information annually, both on their website and on the designated government website at www.gov.uk/genderpaygap.

Gender pay reporting is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The gender pay gap shows the difference in the average pay (both mean and median) between all men and women in our workforce. Calculations are based on the hourly rate of ordinary salary paid to each employee on a snapshot date in the financial year. This includes staff employed under Agenda for Change terms and conditions, clinical advisers and very senior managers.

Hertfordshire and West Essex ICB employs more women than men, with women making up approximately 72% of the workforce.

The mean gender pay gap is the difference between the average hourly earnings of men and women and gives us an overall indication of the size of our gender pay gap, if any.

On 31 March 2024 (the latest available data) the mean gender pay gap was 20.16% which is an increase on the 2023 figure of 15.97%

The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle salary. We believe this is a more representative measure of the pay gap because it is not affected by outliers – a few individuals at the top or bottom of the range. On 31 March 2024 the median gender pay gap was -2.94%. This means that typically women are paid 2.94% more in the ICB than men.

All salaries in the ICB will be reviewed as part of the progression to the ICS in order to ensure equity and fairness, which will have a positive impact on the gender pay gap.

Religion and beliefs

The declared religion or belief of ICB staff at 31 March 2024 appears in the table below:

Religious Belief	Headcount	%
Atheism	109	14
Buddhism	5	0.6
Christianity	293	39
Hinduism	41	4
I do not wish to disclose my religion/belief	186	25
Islam	31	4
Jainism	5	0.6
Judaism	7	0.9
Other	55	7
Sikhism	5	0.6
Unspecified	21	3

Sexual Orientation

The declared sexual orientation of CGG staff at 31 March 2024 appears in the table below:

Sexual Orientation	Headcount	%
Bisexual	9	1
Gay or Lesbian	11	1
Heterosexual	579	76
Not Stated	154	20
Other	4	0.5
Undecided	1	0.1

Sickness Absence Data

Total days lost:	5,609 days (equivalent calendar days)
Total absence (FTE)	5,561.91 days out of a total of 261,644.08 available FTE days
Average absence per employee:	7.78 days (average of total days lost by ICB employee headcount) *note calendar days, not working days*
Of total days lost, long term absence episodes:	64
Long term days total:	2,909 days (included in total days lost)

The ICB's sickness absence rate for 2023/24 was 2.13%

This figure is based on the total full time equivalent days available to work during 2023/24 and how much of the full time equivalent workforce was absent. The absence rate covers calendar days lost and will include weekends where absence dates cover Saturday and/or Sunday.

Staff engagement percentages

Staff Survey

The 2023 NHS National Staff Survey saw a 74% response rate from our staff.

The ICB created action plans through 'The Big 5' campaign, which has taken place across 5 months (May to September) with 5 themes with one Executive lead sponsoring each month.

The full reports can be viewed here: NHS Staff Survey Benchmark report 2023 (nhsstaffsurveys.com)

Staff policies

The ICB is committed to review all staff policies every two years or sooner if there is a change in legislation, audit compliance or national direction. Staff policies are reviewed at the Policy Forum which is a sub-group of the Staff Partnership Forum with HR, trade union, management and staff representation.

You can read our staff policies here: HWEICB Integrated Governance Handbook

Staff Partnership Forum

The Staff Partnership Forum meets regularly, and is a chance for staff and trade union representatives to discuss key issues affecting their working lives with executive members and make plans for improvements and is co-chaired by the Chief People Officer and Staff-side chair.

The forum has worked to address key issues that were raised in previous years' national staff surveys. Other actions taken to support the workforce included:
Provide a forum to air staff views on key issues.

- Advise senior leadership team and make recommendations on strategies and actions that impact on staff.
- Provide support for a range of key projects.
- Provide a testing forum for a range of policies and strategies of relevance to staff.
- Promote staff engagement.
- Work in close liaison with health and wellbeing champions

Trade Union Facility Time Reporting Requirements

Table 1		
Relevant union officials		
What was the total number of your employees who were relevant union officials during the relevant period?		
Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number	
2	2	Yes

Table 2		
Percentage of time spent on facility time		
How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?		
Percentage of time	Number of employees	
0%	0	n/a
1-50%	2	Yes
51%-99%	0	n/a
100%	0	n/a

Table 3	
Percentage of pay bill spent on facility time	
Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.	
First Column	Figures

Provide the total cost of facility time	£6,261.08	Yes
Provide the total pay bill	£51,356,272.19	Yes
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.01%	Yes

Table 4		
Paid trade union activities		
As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?		
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	8.86%	Yes

Expenditure on consultancy

Off-payroll engagements

Table 1: Length of all highly paid off-payroll

For all off-payroll engagements as at 31 March 2024, for more than £245* per day:

Table 1: Length of all highly paid off-payroll engagements
For all off-payroll engagements as of 31 March 2024, for more than £245 per day :

	Number
Number of existing engagements as of 31 March 2024	52
Of which, the number that have existed:	
for less than one year at the time of reporting	45
for between one and two years at the time of reporting	5
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	1
for 4 or more years at the time of reporting	0

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

The ICB has undertaken a risk based assessment as to whether assurance is required that the individual is paying the correct amount of Tax and NI. The ICB has concluded that the risk of significant exposure in relation to these individuals is minimal.

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2023 to 31 March 2024, for more than £245[1] per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 to 31 March 2024	93
Of which:	
No. not subject to off-payroll legislation[2]	0
No. subject to off-payroll legislation and determined as in-scope of IR35[2]	93
No. subject to off-payroll legislation and determined as out of scope of IR35[2]	0
the number of engagements reassessed for compliance or assurance purposes during the year	1
Of which: no. of engagements that saw a change to IR35 status following review	0

[1] The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

[2] A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 April 2023 to 31 March 2024:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period[1]	3
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements. [2]	23

The off payroll engagements relate to GP Board members working under a contract for services

Exit packages agreed in the financial year

Exit packages agreed in the financial year (subject to audit)

	2023-24 Compulsory redundancies		2023-24 Other agreed departures		2023-24 Total	
	Number	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000	1	1,522	0	0	1	1,522
£50,001 to £100,000	0	0	3	268,443	3	268,443
Total	**1**	**1,522**	**3**	**268,443**	**4**	**269,965**

	2022-23 (1 July to 31 March 2023) Compulsory redundancies		2022-23 (1 July to 31 March 2023) Other agreed departures		2022-23 (1 July to 31 March 2023) Total	
	Number	£	Number	£	Number	£
£25,001 to £50,000	1	46,667	0	0	1	46,667
Total	1	46,667	0	0	1	46,667

Parliamentary Accountability and Audit Report

Hertfordshire and West Essex ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Accounts from page 105

An audit certificate and report is also included in this Annual Report at page 99

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BOARD OF NHS HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE BOARD

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of NHS Hertfordshire and West Essex ICB as at 31 March 2024 and of its net expenditure for the period then ended;
- have been properly prepared in accordance with the Department of Health and Social Care's Group Accounting Manual 2023-24; and
- have been prepared in accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022.

We have audited the financial statements of NHS Hertfordshire and West Essex Integrated Care Board (the ICB) for the year ended 31 March 2024, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and notes to the financial statements, including material and significant accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as interpreted and adapted by the 2023-24 Government Financial Reporting Manual as contained in the Department of Health and Social Care's Group Accounting Manual 2023-24.

Basis for opinion on financial statements

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Accountable Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the

financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on regularity

In our opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.

Basis for opinion on regularity

We carried out our work on regularity in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) issued by the Public Audit Forum. Our responsibilities in this respect are further described in the Auditor's other responsibilities section of our report. We believe the evidence obtained from this work, in conjunction with the evidence we have obtained in our audit of the financial statements, is sufficient and appropriate to provide a basis for our opinion on regularity.

Opinion on information in the Remuneration and Staff Report

We have audited the information in the Remuneration and Staff Report that is subject to audit.

In our opinion the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with Department of Health and Social Care's Group Accounting Manual 2023-24.

Matters on which we are required to report by exception

We are required to report to you if, in our opinion, we identify any significant weaknesses in the arrangements that have been made by the ICB for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have completed our work on the ICB's arrangements. We have nothing to report in this regard.

Other matters on which we report by exception

We are required to report to you if:

- in our opinion the Governance statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the ICB under section 24 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's Responsibilities, the Chief Executive is the Accountable Officer of NHS Hertfordshire and West Essex ICB. The Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the ICB has been informed of an intention to dissolve the ICB without the transfer of its services to another public sector entity.

The Accountable Officer is responsible for ensuring the ICB exercises its functions effectively, efficiently and economically, which includes putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the ICB's resources.

The Accountable Officer is also responsible for the propriety and regularity of the public finances for which the Accountable Officer is answerable.

Auditor's responsibilities for the audit of the financial statements

In respect of our audit of the financial statements our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our procedures included the following:

- inquiring of management, the ICB's head of internal audit, the ICB's local counter fraud specialist and those charged with governance, including obtaining and reviewing supporting documentation in respect of the ICB's policies and procedures relating to:
    - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
    - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
    - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including the ICB's controls relating to Managing Public Money requirements;
- discussing among the engagement team and involving relevant internal and or external specialists, including fraud specialist, taxation specialist and IT specialists regarding how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, we identified potential for fraud in the following areas: revenue recognition, expenditure recognition, posting of unusual journals, completeness of related parties and the administration expenditure limit;

- obtaining an understanding of the ICB's framework of authority as well as other legal and regulatory frameworks that the ICB operates within, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the ICB. The key laws and regulations we considered in this context included the National Health Service Act 2006, as amended by Section 27 of the Health and Social Care Act 2012, whereby the ICB must ensure that its revenue resource allocation in any financial period does not exceed the amount specified by NHS England.

In addition to the above, our procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit Committee and in-house legal counsel concerning actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business;
- In addressing the risk of fraud and error in expenditure recognition, testing of cut off of payments and credit notes, testing of accruals to post year end payments or an evaluation of the estimation basis; and testing of expenditure with NHS providers to performance against agreed contracts; and
- In addressing the risk of misclassification of administration expenditure, testing journals reclassifying administration expenditure to programme; and testing the classification basis between administration and programme is accurate.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members including internal specialists and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, and obtain sufficient assurances that in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's website at: https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice issued by the National Audit Office, having regard to the guidance issued by the Comptroller and Auditor General.

Auditor's other responsibilities

In addition to our audit of the financial statements we are required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and that the financial statements conform to the authorities which govern them.

As set out in the Matters on which we report by exception section of our report there are certain other matters which we are required to report by exception.

Certificate

We certify that we have completed the audit of NHS Hertfordshire and West Essex Integrated Care Board for the year ended 31 March 2024 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice issued by the National Audit Office.

Use of our report

This report is made solely to the Members of the Board of NHS Hertfordshire and West Essex Integrated Care Board, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014.

Our audit work has been undertaken so that we might state to the Members of the Board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the ICB and the Members of the Board of NHS Hertfordshire and West Essex Integrated Care Board, as a body, for our audit work, this report, or for the opinions we have formed.

Rachel Brittain
Key Audit Partner

For and on behalf of BDO LLP, local auditor
London, UK

31 July 2024

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

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ANNUAL ACCOUNTS

Dr Jane Halpin

Accountable Officer

31st July 2024

Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	2023-24 £'000	1 July 2022 to 31 March 2023 £'000
Income from contracts with customers	2	(51,383)	(9,016)
Other operating income	2	(3,020)	(7,168)
Total operating income		**(54,403)**	(16,184)
Staff costs	3.1	54,030	39,288
Purchase of goods and services	4	3,282,518	2,197,062
Depreciation	4	1,044	969
Provision expense	4	(2,344)	1,243
Other Operating Expenditure	4	1,879	1,449
Total operating expenditure		**3,337,127**	2,240,011
Net Operating Expenditure	SCF	**3,282,724**	2,223,827
Finance expense		**34**	1
Net expenditure for the year		**3,282,758**	2,223,828
Total Comprehensive Expenditure for the year ended 31 March 2024		**3,282,758**	2,223,828

The notes on pages 110 to 120 form part of this statement

Statement of Financial Position as at 31 March 2024

	Note	31 March 2024 £'000	31 March 2023 £'000
Non-current assets			
Property, plant and equipment		419	972
Right-of-use assets		2,030	260
Trade and other receivables	6	11	77
Total non-current assets		**2,460**	1,309
Current assets			
Trade and other receivables	6	16,124	20,662
Cash	7	946	1,087
Total current assets		**17,070**	21,749
Total assets		**19,530**	23,058
Current liabilities			
Trade and other payables	8	(197,919)	(197,864)
Lease Liabilities		(478)	(284)
Provisions		(4,548)	(7,420)
Total current liabilities		**(202,945)**	(205,568)
Total Assets less Current Liabilities		**(183,415)**	(182,510)
Non-current Liabilities			
Lease Liabilities		(1,558)	0
Provisions		(218)	(218)
Total non-current liabilities		**(1,776)**	(218)
Assets less Liabilities		**(185,191)**	(182,728)
Financed by Taxpayers' Equity			
General fund		(185,191)	(182,728)
Total taxpayers' equity		**(185,191)**	(182,728)

The notes on pages 110 to 120 form part of this statement

The financial statements on pages 106 to 120 were approved by the Audit and Risk Committee on behalf of the Board on 18th July 2024 and signed on it's behalf by:

Jane Halpin
Accountable Officer
31st July 2024

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2024

	General fund £'000
Changes in taxpayers' equity for 2023-24	
Balance at 1 April 2023	**(182,728)**
Changes in NHS Integrated Care Board taxpayers' equity for 2023-24	
Net operating expenditure for the financial year	(3,282,758)
Net funding	3,280,295
Balance at 31 March 2024	**(185,191)**

	General fund £'000
Changes in taxpayers' equity for 2022-23	
Balance at 1 July 2022	
Transfers by absorption from legacy CCGs (see note below)	(130,166)
Changes in NHS Integrated Care Board taxpayers' equity for 2022-23 (9 months to 31 March)	
Net operating expenditure for the financial year	(2,223,828)
Net funding	2,171,266
Balance at 31 March 2023	(182,728)

Note

Net Movement on Transfer by Absorption from legacy CCGs

Transfer of property plant and equipment	1,428
Transfer of Right of Use assets	773
Transfer of cash and cash equivalents	3,117
Transfer of receivables	11,085
Transfer of payables	(138,709)
Transfer of provisions	(7,013)
Transfer of Right Of Use liabilities	(785)
Total transfer from NHS England Group Entities (CCGs)	(130,104)
Transfer of PUPOC provision	(47)
Transfer of PUPOC liability	(15)
Total transfer from NHS England Parent Entity	(62)
Net movement on transfers by absorption recognised in Statement of Changes in Taxpayers' Equity	(130,166)

The notes on pages 110 to 120 form part of this statement

Statement of Cash Flows for the year ended 31 March 2024

	Note	2023-24 £'000	1 July 2022 to 31 March 2023 £'000
Cash Flows from Operating Activities			
Net operating expenditure	SOCNE	(3,282,724)	(2,223,828)
Depreciation	4	1,044	969
Movement in trade & other receivables	6	4,605	(9,654)
Movement in trade & other payables	8	55	59,143
Provisions utilised		(529)	(666)
Increase in provisions		(2,345)	1,244
Net Cash Outflow used in Operating Activities and before Financing		**(3,279,894)**	(2,172,792)
Cash Flows from Investing Activities			
Payments for property, plant and equipment		(23)	0
Net Cash Outflow used in Investing Activities		**(23)**	0
Net Cash Outflow before Financing		**(3,279,917)**	(2,172,792)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		3,280,295	2,171,266
Repayment of lease liabilities		(519)	(504)
Net Cash Inflow from Financing Activities		**3,279,776**	2,170,762
Net Decrease in Cash	7	**(141)**	(2,030)
Cash at the Beginning of the Financial Period	7	**1,087**	3,117
Cash at the End of the Financial Period		**946**	1,087

The notes on pages 110 to 120 form part of this statement

Notes to the financial statements

Forward

The current year values and comparators shown are not directly comparable since the prior period is for the 9 months from 1 July 2022 to 31 March 2023 as NHS Hertfordshire and West Essex ICB was established on 1 July 2022.

1 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care (DHSC). Consequently, the following financial statements have been prepared in accordance with the 2023-24 Group Accounting Manual (GAM) issued by the DHSC. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on the going concern basis.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. The financial statements for this ICB are therefore prepared on a Going Concern basis as they will continue to provide the services for a period of at least 12 months from the date the accounts were authorised for issue.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention.

1.3 Pooled Budgets

The ICB has entered into a pooled budget arrangement under Section 75 of the National Health Service Act 2006 with Hertfordshire County Council (HCC) and Cambridgeshire and Peterborough ICB for the provision of a number of services, including:

(1) Services under the Better Care Fund (BCF). Although the BCF consists of a number of commissioning arrangements, only services jointly-commissioned with HCC, including the protection of social care services, are relevant to the pooled policy.

(2) Mental Health and Learning Disability Services which are jointly-commissioned.

(3) Equipment Services.

(4) Intermediate Care Services.

An assessment has been carried out of these arrangements under the appropriate accounting standards and they are deemed to meet the definition of being under joint control under IFRS 11 Joint Arrangements. Under this type of arrangement, a joint operation is considered to be in place and this means that the ICB recognises:

· its assets, including its share of any assets held jointly;
· its liabilities, including its share of any liabilities incurred jointly;
· its revenue from the sale of its share of the output of the joint operation;
. its share of the revenue from the sale of the output by the joint operation; and
· its expenses, including its share of any expenses incurred jointly.

1.4 Income

The main source of funding for the ICB is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Income in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation. Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

The main source of invoiced income for the ICB is in the provision of Information and Technology Services. The majority of these services are subject to service level agreements over a period of twelve months and cover a range of activity such as, but not limited to, network maintenance, provision of data lines, servers, storage capacity, digital telephony and help desk facilities to various NHS organisations. Recognition of this income stream will be on an ongoing basis over time rather than on a percentage completion based upon performance obligations.

There is also a secondary source of income in respect of funds received from Health Education England for workforce development programmes of the Integrated Care System (ICS) of which this ICB is part of, and also from contributions received from other ICS partner organisations for functions hosted by the ICB. These income streams are recognised in the period they are received.

From 1 April 2023, NHS England delegated the commissioning functions of community pharmacy, dental and primary care ophthalmology services to the ICB. This has created new income streams which are recognised on an ongoing basis over time.

Notes to the financial statements

1.5 **Employee Benefits**

1.5.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.5.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.6 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.7 **Cash**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours.

1.8 **Financial Assets**

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

1.9 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.10 **Losses and Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.11 **New and revised IFRS Standards in issue but not yet effective**

IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

2 Other Operating Income

	2023-24 Total £'000	1 July 2022 to 31 March 2023 Total £'000
Revenue from contracts with customers		
Education, training and research	19	0
Non-patient care services to other bodies	11,248	8,503
Prescription fees and charges (note i)	16,896	0
Dental fees and charges (note i)	22,940	0
Other revenue	280	513
Total Income from sale of goods and services	51,383	9,016
Other operating income		
Non cash apprenticeship training grants revenue	27	46
Other non contract revenue	2,993	7,122
Total Other operating income	3,020	7,168
Total Operating Income	**54,403**	16,184

Note (i) - new delegated services from NHS England in 2023-24.

2.1 Disaggregation of Income - Income from sale of goods and services (contracts)

2023-24	**Education, training and research £'000**	**Non-patient care services to other bodies £'000**	**Prescription fees and charges £'000**	**Dental fees and charges £'000**	**Other Contract Income £'000**	**Total £'000**
Source of Revenue						
NHS	16	11,245	0	0	158	11,419
Non NHS	3	3	16,896	22,940	122	39,964
Total	**19**	**11,248**	**16,896**	**22,940**	**280**	**51,383**

2022-23 (9 months to 31 March)	Education, training and research £'000	Non-patient care services to other bodies £'000	Prescription fees and charges £'000	Dental fees and charges £'000	Other Contract Income £'000	Total £'000
Source of Revenue						
NHS	0	8,470	0	0	428	8,898
Non NHS	0	33	0	0	85	118
Total	**0**	**8,503**	**0**	**0**	**513**	**9,016**

3. Employee benefits

3.1 Employee benefits	**2023-24 Total £'000**	2022-23 (9 months to 31 March) Total £'000
Salaries and wages	42,154	31,408
Social security costs	4,479	3,244
Employer Contributions to NHS Pension scheme	6,970	4,445
Other pension costs	9	9
Apprenticeship Levy	187	135
Termination benefits	231	47
Gross employee benefits expenditure	**54,030**	**39,288**

3.2 Ill health retirements

Ill health retirement costs are met by the NHS Pension Scheme and are not included in table 3.1 above. There was one ill health retirement with an estimated cost of £432k for 2023-24 (Nil for 2022-23).

3.3 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements of NHS Pensions do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

4. Operating expenses

	2023-24 Total £'000	1 July 2022 to 31 March 2023 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	459	120
Services from foundation trusts	443,667	287,977
Services from other NHS trusts	1,509,724	1,044,140
Purchase of healthcare from non-NHS bodies	551,444	405,982
Purchase of social care	42,068	30,894
General Dental services and personal dental services (Note 1)	88,147	0
Prescribing costs	242,706	182,352
Pharmaceutical services (Note 1)	47,839	0
General Ophthalmic services (Note 1)	14,387	0
GP Primary Care Services	285,646	197,616
Supplies and services – clinical	122	118
Supplies and services – general	35,671	28,534
Consultancy services	171	896
Establishment	12,498	10,495
Transport	1,813	1,429
Premises	3,476	3,206
Audit fees (Note 2)	214	206
Other non statutory audit expenditure		
· Other services (Note 3)	39	31
Other professional fees (Note 4)	602	622
Legal Fees	589	693
Education and training	1,209	1,705
Non cash apprenticeship training grants	27	46
Total Purchase of goods and services	**3,282,518**	2,197,062
Depreciation		
Depreciation (Note 5)	1,044	969
Total Depreciation	**1,044**	969
Provision expense		
Provisions (Note 6)	(2,344)	1,243
Total Provision expense	**(2,344)**	1,243
Other Operating Expenditure		
Chair and Non Executive Members	152	142
Grants to Other bodies	647	519
Research and development (excluding staff costs)	15	0
Expected credit (gain) on receivables	(5)	(5)
Other expenditure	1,070	793
Total Other Operating Expenditure	**1,879**	1,449
Total operating expenses (excluding employee benefits)	**3,283,097**	2,200,723

Note 1
New delegated services from NHS England in 2023-24.

Note 2
Audit fee is shown inclusive of VAT and the net amount was £178.5k (£171.7k 2022-23)
Limitation on auditor's liability for external audit work carried out for 2023-24 is £1million.

Note 3

This includes fees for non audit assurance services of the Mental Health Investment Standard. This is shown inclusive of VAT and is £34k (£41k 2022-23). The balance of £5k relates to an under accrual in the previous year.

Note 4

Other professional fees includes the sum of £115k for Internal Audit Fees (£109k 2022-23). Internal audit fees is shown net of VAT.

Note 5

This relates to depreciation of £576k on Property, Plant and Equipment, and £468k on Right-of-Use assets.

Note 6

Reversal of previously unused continuing care provisions.

5 Better Payment Practice Code

Measure of compliance

Non-NHS Payables	2023-24 Number	2023-24 £'000	1 July 2022 to 31 March 2023 Number	1 July 2022 to 31 March 2023 £'000
Total Non-NHS Trade invoices paid in the Year	67,759	1,044,620	43,564	685,017
Total Non-NHS Trade Invoices paid within target	65,790	998,081	42,648	678,578
Percentage of Non-NHS Trade invoices paid within target	97.09%	95.54%	97.90%	99.06%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,855	1,965,712	1,215	1,344,846
Total NHS Trade Invoices Paid within target	1,726	1,960,564	1,145	1,339,623
Percentage of NHS Trade Invoices paid within target	93.05%	99.74%	94.24%	99.61%

The Better Payment Practice Code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

6 Trade and other receivables

	Current 31 March 2024 £'000	Non-current 31 March 2024 £'000	Current 31 March 2023 £'000	Non-current 31 March 2023 £'000
NHS receivables: Revenue	3,091	0	11,280	0
NHS prepayments	127	0	172	0
NHS accrued income	116	0	95	0
Non-NHS and Other WGA receivables: Revenue	646	0	1,336	0
Non-NHS and Other WGA prepayments	7,819	11	5,281	77
Non-NHS and Other WGA accrued income	98	0	1,757	0
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	3,529	0	0	0
VAT	670	0	720	0
Other receivables and accruals	28	0	21	0
Total Trade and Other Receivables	**16,124**	**11**	**20,662**	**77**
Total current and non current	**16,135**		**20,739**	

The majority of trade is within the NHS group. As the NHS is funded by Government, no credit scoring is considered necessary.

7 Cash

	2023-24 £'000	1 July 2022 to 31 March 2023 2022-23 £'000
Balance at start of the period	1,087	3,117
Net change in the period	(141)	(2,030)
Balance at 31 March	**946**	**1,087**
Made up of:		
Cash with the Government Banking Service at 31 March	**946**	**1,087**

There were no patients' monies held by the ICB in the period.

8 Trade and other payables

	Current 31 March 2024 £'000	Current 31 March 2023 £'000
NHS payables: revenue	20,381	12,165
NHS accruals	27,147	4,046
Non-NHS and Other WGA payables: Revenue	34,563	32,707
Non-NHS and Other WGA accruals	106,155	130,951
Non-NHS and Other WGA deferred income	1,866	1,452
Social security costs	602	566
Tax	574	535
Other payables and accruals	6,631	15,442
Total Trade and Other Payables	**197,919**	**197,864**

9 Financial instruments

9.1 Financial risk management

International Financial Reporting Standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the ICB's standing financial instructions and policies agreed by the Board.

9.1.2 Liquidity risk

The ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB group draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

9.2 Financial assets

	Financial Assets measured at amortised cost 31 March 2024 £'000	Financial Assets measured at amortised cost 31 March 2023 £'000
Trade and other receivables with NHSE bodies	2,762	10,705
Trade and other receivables with other DHSC group bodies	580	2,608
Trade and other receivables with external bodies	4,171	1,186
Cash and cash equivalents	946	1,087
Total at 31 March	**8,459**	**15,586**

9.3 Financial liabilities

	Financial Liabilities measured at amortised cost 31 March 2024 £'000	Financial Liabilities measured at amortised cost 31 March 2023 £'000
Trade and other payables with NHSE bodies	1,925	2,893
Trade and other payables with other DHSC group bodies	45,949	13,240
Trade and other payables with external bodies	149,038	179,462
Total at 31 March	**196,912**	195,595

10 Operating segments

The ICB considers they have only one segment: Commissioning of healthcare services.

	2023-24 £'000	1 July 2022 to 31 March 2023 £'000
Commissioning of healthcare services	**3,282,758**	2,223,828

11 Pooled budgets

This ICB has entered into a pooled budget with Hertfordshire County Council and Cambridgeshire and Peterborough ICB. The pool is hosted by Hertfordshire County Council.

Under the arrangement funds are pooled under Section 75 of the NHS Act 2006 for the commissioning of services as follows: mental health, learning disabilities, child and adolescent mental health, integrated health and social care community equipment service, residential and nursing care in a number of care homes and social care services complementary to the NHS. The pooled budget only includes that expenditure over which the partners have joint control.

The ICB's share of the income and expenditure handled by the pooled budget were as follows:

2023-24	**Mental Health, Learning Disabilities & CAMHS**		**Integrated Equipment Service**		**Intermediate Care**		**Social Care Services**		**All pooled funds**
	Total Pooled-Budget	**ICB**	**Total Pooled-Budget**	**ICB**	**Total Pooled-Budget**	**ICB**	**Total Pooled-Budget**	**ICB**	**Total ICB Contribution**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Contribution	416,570	225,203	8,094	3,913	6,918	2,516	31,377	32,429	264,061
Expenditure	416,674	225,320	8,480	4,100	6,918	2,516	23,361	32,429	264,365
Total Variance	(104)	(117)	(386)	(187)	0	0	8,016	0	(304)

2022-23 (1 July 2022 to 31 March 2023)	Mental Health, Learning Disabilities & CAMHS		Equipment Service		Intermediate Care		Protection of Social Care Services		All pooled funds
	Total Pooled-Budget	ICB	Total Pooled-Budget	ICB	Total Pooled-Budget	ICB	Total Pooled-Budget	ICB	Total ICB Contribution
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Contribution	297,423	155,495	6,072	2,935	4,945	1,833	40,290	22,771	183,034
Expenditure	297,486	155,561	5,648	2,694	4,945	1,833	42,788	22,771	182,859
Total Variance	(63)	(66)	424	241	0	0	(2,498)	0	175

12 Related party transactions

Details of related party transactions with individuals are as follows:

During the year, other than that declared below, none of the Department of Health and Social Care Ministers, ICB Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the ICB.

Details of payments made by the ICB to the practices and related parties disclosed by the GP Partner members - Primary Medical Services were as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Maynard Court Surgery - Dr I Perry	1,373	0	1	0
Schopwick Surgery - Dr N Small	2,016	0	2	0
Stanmore Medical Group - Dr. P Moodley	6,659	0	16	0
The following are payments made in the normal course of business to GP Federations of which GP practices are shareholders:				
Herts Health Ltd. - Dr N Small	80	0		
Payments were also made to the following Primary Care Networks of which GP practices are members:				
Epping Forest PCN - Dr. I Perry	2,604	0	0	0
Herts Five PCN - Dr N Small	3,475	0	16	0
Stevenage North PCN - Dr. P Moodley	2,607	0	3	0
Payments were made to the following where Governing Body members had declared an interest.				
Cambridgeshire Community Services	218	0	0	0
Haverfield Surgery	567	0	4	0
Hertfordshire Mind Network	860	0	294	0
Kestrel Nursing Home	967	0	67	0
King George Surgery	2,992	0	23	0
NHS Property Services	3,235	4	346	0
St Andrews Healthcare	2,326	0	122	0
Stellar Healthcare	1,811	0	43	0

The Department of Health and Social Care is regarded as a related party. During the year the ICB has had a number of material transactions with entities for which the Department is regarded as the parent organisation. The ICB has adopted a disclosure level of £15million and the most significant related parties are listed below. In addition, the ICB had a number of material transactions with other local government bodies. Where appropriate, these entities have also been reflected in the list below:

Barts Health NHS Trust
Buckinghamshire Healthcare NHS Trust
Central London Community Healthcare NHS Trust
East & North Hertfordshire NHS Trust
East of England Ambulance Service NHS Trust
Hertfordshire Community NHS Trust
The Princess Alexandra Hospital NHS Trust
West Hertfordshire Hospitals NHS Trust
Cambridge University Hospitals NHS Foundation Trust
Essex Partnership University NHS Foundation Trust
Hertfordshire Partnership University NHS Foundation Trust
Bedfordshire Hospitals NHS Foundation Trust
Mid and South Essex NHS Foundation Trust
Royal Free London NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
Essex County Council
Hertfordshire County Council

12a Related party transactions (2022-23)

Details of related party transactions with individuals are as follows:

During the year, other than that declared below, none of the Department of Health and Social Care Ministers, ICB Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the ICB.

Details of payments made by the ICB to the practices and related parties disclosed by the GP Partner members - Primary Medical Services were as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Maynard Court Surgery - Dr I Perry	825	0	88	0
Schopwick Surgery - Dr N Small	1,569	0	2	0
Stanmore Medical Group - Dr. P Moodley	4,403	0	15	0
The following are payments made in the normal course of business to GP Federations of which GP practices are shareholders:				
Herts Health Ltd. - Dr N Small	232	0	0	0
Payments were also made to the following Primary Care Networks of which GP practices are members:				
Epping Forest PCN - Dr. I Perry	534	0	0	0
Herts Five PCN - Dr N Small	1,529	0	0	0
Stevenage North PCN - Dr. P Moodley	953	0	28	0
Payments were made to the following where Governing Body members had declared an interest.				
Cambridgeshire Community Services	226	0	0	0
Haverfield Surgery	326	0	0	0
Kestrel Nursing Home	437	0	87	0
King George Surgery	1,882	0	25	0
Stellar Healthcare	556	0	20	0
Tavistock & Portman NHSFT	18	0	0	0
St Andrews Healthcare	1,693	0	121	0
South West London ICB	0	69	0	0

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Barts Health NHS Trust
Central London Community Healthcare NHS Trust
East & North Hertfordshire NHS Trust
East of England Ambulance Service NHS Trust
Hertfordshire Community NHS Trust
West Hertfordshire Hospitals NHS Trust
Bedfordshire Hospitals NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Essex Partnership University NHS Foundation Trust
Hertfordshire Partnership University NHS Foundation Trust
The Princess Alexandra Hospital NHS Trust
Royal Free London NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
Hertfordshire County Council

13 Events after the end of the reporting period

The ICB considers there are no material events after the end of the reporting period.

14 Losses and special payments

The total number of losses and special payment cases and their total value, were as follows:

Losses	2023-24 Total Number of Number	2023-24 Total Value of Cases £'000	1 July 2022 to 31 March 2023 Total Number of Number	1 July 2022 to 31 March 2023 Total Value of Cases £'000
Administrative write-offs	0	0	1	1
Cash losses	0	0	1	0
Claims abandoned	0	0	2	2
Total	**0**	**0**	**4**	**3**

Special Payments	2023-24 Total Number of Cases Number	2023-24 Total Value of Cases £'000	1 July 2022 to 31 March 2023 Total Number of Cases Number	1 July 2022 to 31 March 2023 Total Value of Cases £'000
Compensation payments (on accruals basis)	2	67	1	83
Total	**2**	**67**	**1**	**83**

15 Financial performance targets

The ICB has a number of financial duties under the NHS Act 2006 (as amended).
The ICB performance against those duties was as follows:

	2023-24 Target £'000	2023-24 Performance £'000	2023-24 Duties Achieved?	1 July 2022 to 31 March 2023 Target £'000	1 July 2022 to 31 March 2023 Performance £'000	1 July 2022 to 31 March 2023 Duties Achieved?
Expenditure not to exceed income	3,351,149	3,337,161	Yes	2,240,769	2,240,012	Yes
Capital resource use does not exceed the amount specified in Directions	2,382	2,261	Yes	0	0	n/a
Revenue resource use does not exceed the amount specified in Directions	3,296,746	3,282,758	Yes	2,224,585	2,223,828	Yes
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	n/a	1,666	1,627	Yes
Revenue administration resource use does not exceed the amount specified in Directions	32,675	31,136	Yes	25,863	24,407	Yes