ICB Board Meeting [Public Session] Wednesday 27 July 2022

Wednesday 27 July 2022

Council Chamber, County Hall

Pegs Lane

Hertford , SG13 8DQ

Meeting Book - ICB Board Meeting [Public Session] Wednesday 27 July 2022

HWE ICB Board Meeting Held in Public Wednesday 27 July 2022

	Nolan Principles		
09:30	1. Welcome, apologies and housekeeping		Chair
09:35	2. Declarations of Interest		Chair
09:40	3. Minutes of last meeting held on Friday 1 July 2022	Approval	Chair
	4. Action Tracker	Approval	Chair
09:45	5. Questions from the public	Discuss / Information	Chair
	Lived Experience		
09:55	6. Patient and lived experience stories	Discuss/Approval	Chief of Staff
	Chair, Chief Executive, Quality and Performance Reports		
10:00	7. Chair's Update	Discuss / Information	Chair
10:15	8. Chief Executive Officer's Report	Discuss / Information	Chief Executive Officer
10:30	9. Quality Report	Discuss / Assurance	Director of Nursing
10:40	10. Performance Report	Discuss / Assurance	Director of Performance and Delivery
	Finance and Strategy		
10:50	11. HWE Integrated Care Board Finance Report 2022/23	Discuss / Information	Chief Finance Officer
11:00	12. HWE Integrated Care System Finance Report 2022/23	Discuss / Information	Chief Finance Officer
	Governance and Compliance		
11:10	13. Governance Report	Approval	Associate Director of Integrated Governance and Organisational Alignment
	Other Business		
11:20	14. Reflections and feedback from the meeting		Chair

11:25	15. Any other business	Chair
11:30	16. Close of meeting	Chair

Date of Next Meeting: Friday 23 September 2022

The Nolan Principles

In May 1995, the Committee on Standards in Public Life, under the Chairmanship of Lord Nolan, established the Seven Principles of Public Life, also known as the "Nolan principles". These principles are the basis of the ethical standards expected of all public office holders.

The Hertfordshire and west Essex Integrated Care Board recognises that in all its work it must seek to meet the highest expectations for public accountability, standards of conduct and transparency. It will therefore ensure that the Nolan principles, set out below, are taken fully into account in its decision making and its policies in relation to standards of behaviour.

1. Selflessness. Holders of public office should act solely in terms of the public interest.

2. Integrity. Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity. Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability. Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness. Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty. Holders of public office should be truthful.

7. Leadership. Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

DRAFT MINUTES

Meeting:	**Integrated Care Board** **Board meeting held in Public**			
	Meeting in public	☒	*Meeting in private (confidential)*	☐
Date:	**Friday 01 July 2022**			
Time:	**09:30 – 10:15**			
Venue:	**Microsoft Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Paul Burstow **(Meeting Chair)**	ICB Chair	Herts and West Essex ICB
Ruth Bailey	Non-Executive Member	Herts and West Essex ICB
Catherine Dugmore	Non-Executive Member	Herts and West Essex ICB
Jane Halpin	Chief Executive Officer	Herts and West Essex ICB
Elliot Howard-Jones	Partner Member (NHS Community Trust)	Herts and West Essex ICB
Jane Kinniburgh	Director of Nursing	Herts and West Essex ICB
Owen Mapley	Partner Member (Local Authority, HCC)	Herts and West Essex ICB
Lance McCarthy	Partner Member (NHS Acute Trust)	Herts and West Essex ICB
Prag Moodley	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Ian Perry	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Alan Pond	Chief Finance Officer	Herts and West Essex ICB
Gurch Randhawa	Non-Executive Member	Herts and West Essex ICB
Nicolas Small	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Thelma Stober	Non-Executive Member	Herts and West Essex ICB
Karen Taylor	Partner Member (NHS Mental Health Trust)	Herts and West Essex ICB
Lucy Wightman	Partner Member (Local Authority ECC)	Herts and West Essex ICB
In attendance:		
Beverley Flowers	Director of Strategy	Herts and West Essex ICB

Elizabeth Disney	Director of Operations	Herts and West Essex ICB
Iram Khan	Corporate Governance Manager	Herts and West Essex ICB
Adam Lavington	Director of Digital Transformation	Herts and West Essex ICB
Tania Marcus	Chief People Officer	Herts and West Essex ICB
Avni Shah	Director of Primary Care Transformation	Herts and West Essex ICB
Frances Shattock	Director of Performance	Herts and West Essex ICB
Simone Surgenor	Associate Director of Integrated Governance and Organisational Alignment	Herts and West Essex ICB
Phil Turnock	Managing Director of HBL ICT Shared Services	Herts and West Essex ICB
Michael Watson	Chief of Staff	Herts and West Essex ICB

ICB/01/22	Welcome, apologies and housekeeping
1.1	The Chair (Paul Burstow) welcomed all to the meeting. As this was the inaugural meeting of the ICB Board, he took a few moments to reflect on this momentous occasion. The HWE ICB came into existence at 12.01am on Friday 1 July 2022, the CCGs which made up HWE, namely, Herts Valley CCG, East and North Herts CCG and West Essex CCG ceased to exist, and all duties had transferred to the ICB. This was an opportunity to learn lessons from the past, taking the best aspects of the CCGs and driving forward transformational change to better serve the local population. The overarching principle of the ICB was collaboration and this was enshrined in the legislation; health care was a shared endeavour between providers, clinicians and patients. The ICB now faced four challenges: • Reduced the elective backlog; • Ensure patients did not wait too long for services (NB pressures in urgent care/ED); • Adequately address the growing psychological support and care need; and • Improving and restoring access and enhancing primary care. The ICB purpose was not just to remedy the current issues facing the NHS but to anticipate and plan for future needs and promote better population health management. He was excited about the potential for change which the ICB could achieve. Housekeeping matters: The Chair noted that today's meeting was a meeting in public but not a public meeting.
1.2	Apologies received from: • Rachel Joyce
ICB/02/22	**Declarations of interest**
2.1	The Chair invited members to declare any declarations relating to matters on the agenda: • None declared. • All members declarations are accurate and up to date with the register available on the website:
ICB/03/22	**ICB Board Appointments**
3.1	The Chair reported that at a private meeting of the ICB had been held earlier that morning during which all ICB appointments had been ratified, namely: • Chief Executive • Three Partner Members (NHS trusts and foundation trusts) • Three Partner Members (primary medical services) • Two Partner Members (local authorities) • Four Non-executive Members • Director of Finance • Medical Director • Director of Nursing
3.3	**The ICB Board appointments were noted.**
ICB/04/22	**ICB Governance Report**
4.1	Simone Surgenor (SS) introduced the report highlighting the following points: • SS took a moment to thank all of her colleagues working behind the scenes who had assisted in the creation of the new governance documents, it had been a colossal amount of work. • There were a number of key documents and policies which the ICB were required to adopt, and she proposed to take each in turn. She anticipated that some of these documents would most likely return to the ICB for amendment in the coming months as and when changes were identified.
4.2	<u>ICB Constitution</u> The ICB Constitution had been proposed by the respective CCGs to NHSE&I for approval. This had been received on 1 June 2022. The Board unanimously approved the adoption of the ICB Constitution.

4.3	Governance Handbook The Board unanimously approved the adoption of the Governance Handbook.
4.4	Standing Financial Instructions The Standing Financial instructions were set out at page 250 of the Governance Handbook. The Board unanimously approved the adoption of the Standing Financial Instructions.
4.5	Scheme of Reservation and Delegation The Scheme of Reservation and Delegations were set out at page 230 of the Governance Handbook. The Board unanimously approved the adoption of the Scheme of Reservation and Delegation.
4.6	Functions and Decision Map The Function and Decision Map were set out at page 25 of the Governance Handbook. The Board unanimously approved the adoption of the Function and Decision Map.
4.7	ICB Policies SS referred to the extensive list of policies which had been presented for ratification. Some were detailed in the ICB Constitution and others in the Governance Handbook. Many were public documents and would be published on the HWE website. She noted the following: • The Working in Partnership with People and Communities policy was in draft format and approval was awaited from NHSE&I; SS proposed that the current version of the policy should be adopted with an expectation that the final version of the policy would be approved at the next Board meeting to be held on 28 July. • In addition to the policies listed in the Governance Handbook, a further 62 clinical policies had been prepared (and reviewed by the appropriate committee within the CCG prior to the creation of the ICB). • It was proposed that during this interim period, the ratification of policies should be delegated temporarily to the Executive Team to expedite compliance with statutory policy requirements. It was agreed that the board members should be notified of all policies ratified in this manner. The Board unanimously approved the ratification of all policies presented to it in the Governance Handbook and Constitution as well as the additional 62 clinical policies. The authority to ratify policies was delegated, temporarily, to the executive team and Commissioning Board.
4.8	Establishment of ICB Committees and Committee Chairs The list of ICB committees could be found at page 12 of the Governance Handbook and included: • Audit and Risk Committee ○ Chair: Catherine Dugmore • Remuneration Committee ○ Chair: Ruth Bailey • Commissioning Board ○ Chair: Gurch Randhawa • Primary Care Board ○ Chair: To be confirmed • Population Outcome and Improvement Committee ○ Chair: Gurch Randhawa • Finance and Investment Committee ○ Chair: Paul Burstow • People Board ○ Chair Ruth Bailey • Quality Committee ○ Chair: Thelma Stober • Performance Board ○ Chair: Thelma Stober The Board approved the ICB Committee Structure and appointment of Committee Chairs.
4.9	Committee Terms of Reference The Committee terms of reference could be found at page Appendix 1 (page 36) of the Governance Handbook. The Chair noted that it was likely that the terms of reference for each committee would need to be reviewed within the coming months as the committees began their schedule of meetings. A number of the committees had been required under the statute and others were required by NHSE&I. The timeline for review was established as follows:

	• The terms of reference would be reviewed by each committee at the first meeting, paying particular attention to membership, quoracy, frequency and scope of meeting and any sub-committees. • Changes/amendments would be submitted to the Board within 6 months. Thereafter, the terms of reference of all committees would be reviewed annually. The following points were raised in discussion: • Why were some committees referred to as "boards" and others as "committees"? SS noted this anomaly and supported the concerns raised; the specific nomenclature had been directed by NHSE&I (eg the People Board). • SS confirmed that all committees had equal standing vis reporting to the ICB. • The co-production of the committee terms of reference was welcomed. Karen Taylor highlighted an absence of mental health representation in most committees, unlike other providers, and would welcome a review of this. • It was noted that there were two aspects to ICB work, its organisational business and the system business. Within this the ICB would be required to provide assurances to both itself and NHSE&I. It was apparent that the current terms of reference were a starting point only. The Board unanimously approved the adoption of the Committee Terms of Reference.
4.10	**The Board unanimously approved the adoption of the following documents:** • **ICB Constitution** • **ICB Governance handbook** • **Standing financial instructions** • **Scheme of reservation and delegation** • **Functions and decision map** • **ICB policies** • **The establishment of ICB committees and committee chairs** • **Committee terms of reference**
4.11	**The Board approved the temporary delegation of powers to ratify policies to the Executive Team and Commissioning Board.**
4.12	***ACTION: SS to circulate list of 62 clinical policies to Board Members***
ICB/05/22	**Confirmation of ICB Leads**
5.1	The Chair proposed the ICB Leads as follows: • Conflict of Interest Guardian: Alan Pond, Financial Director • Caldicott Guardian: Jane Kinniburgh, Director of Nursing • Freedom to Speak Up Guardian: Ruth Bailey, Non-executive Chair of the Remuneration Committee • ICB Founder Member of the Integrated Care Partnership: Paul Burstow, ICB Chair
5.2	**The Board approved the appointment of the ICB Leads as set out at item 5.1 above.**
ICB/06/22	**Reflections and feedback from the meeting**
6.1	The Chair introduced this regular item which would feature at the end of each meeting and invited Board members to share their reflections as to whether or not the board had fulfilled its "purpose". He noted that today's meeting had been heavily focused on document approval and less so on discussion and debate. The following points were raised in discussion • Thelma Stober (Non-Executive Member) asked what was the "purpose" that Board members were being asked to reflect on; the meeting or the ICB? The Chair felt that this item should reflect on the duties of the board vis population health management. • Lucy Wightman (Partner Member representing Essex Local Authority) welcomed this agenda item as an important part of the process to collect stakeholder views on the effectiveness of the ICB; it needed to be transparent. • Nicolas Small (Partner Member) hoped that the ICB would build on the strengths of the past, there was lots to learn from the work and accomplishments of the CCGs. • Karen Taylor (Partner Member) noted that despite the meeting's focus being administratively driven, it was nevertheless a monumental and optimistic day across the nation.

ICB/07/22	Any other business
7.1	The Chair made a final note of thanks to all former CCG colleagues and staff and thanked all for participating in today's meeting.
Date and time of next meeting: Thursday 28 July 2022	
The meeting closed at 10.15	

Herts and West Essex Integrated Care Board Board Meeting Action Tracker Last updated on 19 July 2022									
Private / Public	**Action Tracker Ref No**	**Date of Meeting**	**Subject**	**Action**	**Responsible Lead**	**Deadline Date**	**Comments and Updates**	**Reasons not completed by original completion date**	**Status**
PUBLIC	ICB/4.12/22	01/07/2022	ICB Governance Report	SS to circulate list of 62 clinical policies to Board Members	S Surgenor	27/07/2022	12/07/2022 - List of clinical policies was circualted to the ICB board on 12 July 2022.		**Completed**

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

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**27/07/2022**	
Report Title:	**Patient and Lived Experience Stories**				**Agenda Item:**	**06**	
Report Author(s):	Joy Hale, Public Engagement Manager						
Report Signed off by:	Michael Watson, Chief of Staff						
Purpose:	**Approval**	☒	**Decision**	☐	**Discussion**	☒	**Information** ☐
Report History:	N/A						
Executive Summary:	This paper proposes the way in which patients and those with lived experience will share their insights during Board meetings. Having this rich insight at Board meetings will help to meet a constitutional requirement that the Board ensures individuals, their carers and their representatives are involved in aspects of the ICB including, but not exclusive to, planning commissioning arrangements and making decisions about current arrangements. This approach is referenced within Principle 1 of the ICB's draft Working in Partnership with People and Communities Strategy (Appendix 1, page 7): 'Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS'.						
Recommendations:	The ICB Board are asked to discuss and approve the proposed approach so that patient stories can be heard in the September, November, January, and March Boards 2022-23.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A *In the event of working with patients, we would securely store their consent forms in digital form on the secure ICB network.*
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☐
	Enhancing productivity and value for money	☐
	Helping the NHS support broader social and economic development	☐
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☐

1. Executive summary

This paper proposes the way in which patients and those with lived experience will share their insights during Board meetings.

Including this level of insight at Board meetings will ensure the Board approaches its decisions having as full as possible an understanding of the experiences of Herts and West Essex in accessing services. It will also help to meet a constitutional requirement that the Board ensures individuals, their carers and their representatives are involved in aspects of the ICB. This includes, but is not exclusive to, planning commissioning arrangements and making decisions about current arrangements.

The approach of using patient and lived experience stories is referenced within Principle 1 of the ICB's draft Working in Partnership with People and Communities Strategy (Appendix 1, page 7): 'Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS'.

The purpose of hearing stories is to enhance learning and sharing good practice, add to the Board's understanding of the quality of services, and give members the opportunity to reflect on whether we do anything differently as a system. The stories will be sourced using patient experience information captured by the ICB's Nursing and Quality Team, as well as providers, health and care partnerships, and organisations who represent groups of people.

Board members will hear different experiences of health and care services, including positive and negative experiences, and those with elements of both.

There is scope for sharing stories beyond Board meetings, and they can form part of the 'you said, we did' feedback approach which can be evidenced in the 'Get involved' section of the ICB website. This way, patient stories not only contribute to Principle 1 of the draft strategy, but also Principle 2 'Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions'.

2. Background

Hearing from patients and those with lived experience can help system leaders understand more about the health and care services commissioned locally. It can flag where service improvements might be needed, but also highlight when services are doing well.

There are several ways by which the ICB will hear about health inequalities and the health and wellbeing challenges faced by our Hertfordshire and west Essex population. A patient story is one important way - it allows someone to describe their experiences of a particular 'journey' (e.g. a multi-agency experience) and is a very direct way for Board members to get a better understanding of what is important to people, their family, friends and carers when they use health and care services.

Giving people the opportunity to talk about their experiences is a well-established practice in many organisations' Board meetings and committees, and the creation of the ICB brings fresh opportunities to strengthen these more direct engagement practices.

3. Resource implications

Planning a patient story and ensuring it is available to for Board members to hear will involve different ICB teams, and potentially include providers, health and care partnerships, and organisations who represent groups of people.

Patient experience is heard predominantly in the ICB's Nursing and Quality team and, more indirectly, through the Communications and Engagement team. They will work together as a 'Story Team' and follow a process agreed by those teams to deliver the story.

The subject will be offered different ways to tell their story; the options include:

• writing the story that is then read out by a member of staff
• being interviewed by a member of the Story Team, writing down what they're told and then reading that at the Board meeting
• telling the story in person at a meeting / via online platform
• recording the story on film or as an audio recording either on their own (i.e. not assisted, using a smart phone) or by a member of the Story Team.

4. Risks/mitigation measures

Risk 1: A patient who is initially willing to participate grows more anxious to take part or needs to withdraw from the process altogether.

Mitigation:

- The person telling the story will be fully supported to help assure them that they and their story will be treated respectfully and compassionately, and they will be involved in every part of the process. However they will not be under duress to continue to work with the ICB
- The ICB will work on more than one patient story at a time.

Risk 2: Working with patient identifiable data (PID) might mean it is accidentally shared further than the patient has consented to or is released into the public domain without consent.

Mitigation: A restricted list of Nursing and Quality, Communications and Engagement, and Governance colleagues will see people's contact details, and it will be clear on the consent form what details people are happy to share (e.g., full name or not, age or not, etc.).

5. Recommendations

- Agree the proposed approach

6. Next steps

- Agree the theme of the stories for 2022/23
- Assemble members of the Nursing and Quality and Comms and engagement teams to start identifying potential stories.

Hertfordshire and West Essex Integrated Care Board

APPENDIX 1

Working in partnership with people and communities

17 May 2022

Foreword – building on our positive legacy

Alison Gardner
Lay Member for Public and Patient Involvement
Herts Valleys Clinical Commissioning Group,
East and North Hertfordshire Clinical Commissioning Group

“In my years working across the two Hertfordshire CCGs, I have been delighted to provide assurance to both governing bodies about the range, breadth and impact of patient involvement activity taking place. Both CCGs have much to be proud of in the way they have fulfilled their public and patient participation obligations in a meaningful way.

Each CCG has developed its own approach to patient and public involvement and engagement, with these functions embedded in their organisations in different ways. However, where opportunities for collaboration have afforded themselves, the two sides of the county have worked together for consistent and unified information sharing. For example, we have brought together both CCGs’ patient engagement networks for webinars about Hertfordshire-wide services and topics, such as updates on the COVID-19 pandemic and the vaccination programme.

East and North Hertfordshire CCG has well-established patient participation groups which are linked together in locality-based networks. There is strong patient attendance at board meetings and committees. There have also been some effective targeted communication and consultation activities which have had strong patient involvement. For example, the public engagement around the opening hours of the Urgent Care Centre at the New QEII Hospital in Welwyn Garden City involved senior clinicians in face-to-face conversations with patients and the public in high streets and shopping centres across the patch. In combination with public meetings, online, paper and social media methods, this engagement process reached a wide cross-section of residents who were able to find out more about urgent and emergency care and put their views to the Governing Body.

The ‘Cancel Out Cancer’ awareness programme was co-produced by East and North Hertfordshire patient volunteers with the support of cancer experts. Through interactive sessions, which were adapted to be held online during the pandemic, the programme leads people towards a greater understanding of cancer signs, symptoms and screening programmes through activities and discussions.

Herts Valleys CCG facilitated a programme to the support the community with a series of virtual events. ‘Let’s get connected’ brings together members of GP practice patient groups with a range of community support groups. Sessions provide an opportunity for

patient practice group members to be aware of and link into the diverse community support networks that are available locally. Topics covered include coping with bereavement, a memory event and working with the voluntary and community sector.

The Patient and Public Involvement (PPI) Committee provides assurance to the Herts Valleys board that there is meaningful participation in the business of the organisation from patients, carers, families and members of the public. Its role also includes the review of strategies and proposals to offer views from a patient or public perspective. Recently the PPI committee has had the opportunity to offer views on restoring services after COVID disruption and winter planning, among other areas.

I feel very strongly that there are a great deal of well tested approaches that will leave the NHS in Hertfordshire with a major resource to draw on when building the future arrangements for patient and public involvement and engagement. The ICB will be able to start from a position of strength to develop strategies for involving our public, patients and communities in improved and sometimes new ways.

Finally, as I move from this role and observe the work of the ICB going forward, I am looking forward to seeing strong integration with social care, a commitment to reducing health inequalities and tackling the social determinants of good health, and a focus on the role of personal responsibility in staying well – all with the meaningful participation of, and contributions from the people of Hertfordshire and west Essex."

Bobbie Graham
Lay Member for Patient and Public Involvement
West Essex Clinical Commissioning Group

"As the Lay Member for Patient and Public Involvement at West Essex CCG, I have been in the privileged position of being able to see the real difference engagement has made to the way patients experience the services they need.

West Essex is incredibly diverse and includes some of the most affluent areas of Essex to among the most deprived. Health inequalities were laid bare during the pandemic in a way we have never seen before, showcasing a stark need for support and engagement in areas including digital access and mental health. I am pleased to say we have risen to that challenge by working in partnership and collaboration across county borders in multi-disciplinary teams to address immediate and longer-term issues.

Looking back, engagement has played a large and constant role in developing mental health services in particular. Our award-winning Adult Mental Health Family Group Conference gave individuals receiving secondary mental health care a space in which to collaborate with service providers to plan and make decisions relating to their own care and wellbeing. Drawing on best practice, this approach brings in the individual's extended family, friends, neighbours, community members and professionals to support decision making where difficulties extend beyond the individual alone.

This collaborative approach with the individual's wider support network enables individuals to maintain their recovery through their support network. By working on their terms, involving those most important to them, the individual is no longer stressed and isolated. By the end of the process they have come up with a unique and flexible care plan to follow.

The Integrated Adult Mental Health Transformation Services is another scheme which continues its coproduction on services including dementia and is currently working with a service user living with dementia to coproduce the West Essex Dementia Plan.

We recognise that putting the voices of people who have first-hand experience of our services is vital to their effectiveness. Our 18-25 mental health transformation work involves the local population in the design of inclusive services and delivery models that are accessible to wider groups, including people from diverse ethnic backgrounds and those within the LGBTQ+ communities.

District councils have been key to supporting our engagement, along with local businesses, including Stansted Airport.

Reaching younger people has always been more challenging so a highlight of the CCG's work was with Sixth Form students at St John's School in Epping, who joined our Health Ambassadors Programme within the school to raise awareness of mental health and wellbeing and reduce the stigma of mental health concerns among students and teachers.

With support from the CCG, North East London NHS Foundation Trust (NELFT) and direction from the 'Time to Change' initiative, the CCG guided students on their presentation, offering suggestions for service signposting and ways to get help and advice. A psychologist from NELFT collaborated with the students on the presentation, which was delivered by the students to their peers and teachers.

In more recent years the CCG's engagement with patients and the public has grown and supported the excellent work of the COVID vaccination programme to reach those most

vulnerable and in need. Working in partnership with ICS colleagues, local authorities, neighbouring CCGs in Essex, Healthwatch, and voluntary sector colleagues, the CCG was able to reach and engage and build trust with people, sharing correct information to enable more to be protected from COVID.

I am particularly proud to say our engagement doesn't stop end at the end of a programme or project. We want to continue developing relationships and are increasingly inviting public and patients involved in various pieces of work to get involved in wider CCG and ICS-wide engagement programmes. Our dedicated Medicine Champions – including patients from different practices – have been working with us for many years to keep patients informed about the correct use of medication, checking prescriptions and advising against stockpiling. Members were invited to join patients from across the ICS area on a wider engagement network which continues to evolve as the ICB transition draws closer.

1. Background

The Health and Care Act 2022 sets Hertfordshire and west Essex's Integrated Care System (ICSs) onto a statutory footing from 1 July onwards, building on the proposals for legislative change set out by NHS England and NHS Improvement in its Long Term Plan. Clinical Commissioning Groups (CCGs) will cease to exist from 30 June.

The Act requires our public and voluntary sector health and care organisations to work together to improve health and wellbeing for all, in order to:

- improve outcomes in population health and healthcare
- tackle inequalities in access, experience and outcomes
- enhance productivity and value for money
- support broader social and economic development.

The Act reflects extensive discussions with NHS England, the Local Government Association and the health and care sector. It incorporates lessons learned from the COVID-19 pandemic, where the positive impact of collaborative working, information sharing and voluntary, community, faith and social enterprise (VCSFE) organisations helped to support our most vulnerable residents.

It introduces an Integrated Care Board (ICB), and an Integrated Care Partnership (ICP) that each Integrated Care Board and its partner local authorities will be required to establish. ICPs will bring together health, social care, public health and wider partners to deliver joined-up care for their communities, tackling health inequalities.

Collaborating as an ICS will help health and care organisations in Hertfordshire and west Essex to tackle the complex challenges facing our 1.5m population, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

2. The key role of people and communities

We can only successfully tackle the health inequalities and the health and wellbeing challenges faced by our Hertfordshire and west Essex population if we actively involve and engage people and communities at the heart of our health and care system, so that they can shape and influence the development and commissioning of services.

The creation of our statutory ICS has brought fresh opportunities to strengthen the positive legacy of the area's three former Clinical Commissioning Groups. We can build on the good relationships, networks and activities which exist across the ICS's organisations and embed the positive involvement and engagement practices which have in many cases been strengthened by the COVID-19 pandemic.

3. Guiding principles for our Integrated Care System

Meaningful involvement and engagement should guide all our work, from neighbourhood and community planning to board-level decision making processes. Although the ICS will operate at a strategic level to address challenges facing the overall health and wellbeing of our residents, it will place person-centred care at the heart of a policy making.

The ICB has adopted ten principles set out by NHS England in its draft guidance on working with people and communities (this guidance is currently out for public consultation). The principles are embedded in the ICB's constitution and will be used when developing and maintaining arrangements for engaging and communities.

It is hoped that the same ten principles will guide the involvement of people and communities across our ICS area; from the ICP, to our three place-based Health and Care Partnerships, Hertfordshire's Mental Health, Learning Disability and Autism Collaborative and at neighbourhood level too, leading to a consistent, best-practice approach.

Principle One

Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS

The ICB's constitution requires that arrangements are in place to ensure that individuals, their carers and their representatives are involved in:

- the planning of commissioning arrangements by the ICB
- the development and consideration of proposals by the ICB
- any changes in commissioning arrangements where the implementation of proposals would have an impact on the range of health services available, or the manner in which those services are delivered
- ICB decisions which would affect commissioning arrangements in a way that would have an impact on services or the way they are delivered.

The independent, non-executive members of the ICB will be supported to undertake their roles through training and development. They will be tasked with helping to ensure that the statutory duties of the ICB are met, including those relating to patient and public participation. Non-executive members will be connected with representative organisations including the new ICS-wide VCSFE Alliance, Health Care Partnership-specific citizens panels and the well-established and effective co-production groups in our area, including those run by Essex and Hertfordshire county councils.

The learning from these representative bodies will inform the Board's work and improve decision-making. There will also be an expectation that individuals' views are taken into account, with 'experts by experience' invited to share their insights during Board meetings.

Transparent decision-making supports accountability and responsiveness to communities. Both the ICB and ICP will meet in public, with information published in advance on accessible public-facing websites outlining the agenda. Meeting papers will be available in advance in a timely way, and there will be clear information on how the public can pose questions and observe meetings if they wish to do so.

Information about the membership, roles, accountability, and governance structures of both the ICB and the ICP will be made readily available via the ICS's over-arching website. The responsibilities of independent members/non-executive directors of formal governance bodies, such as providing a lay perspective or particular expertise, will be clearly outlined.

Principle Two

Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions

A number of approaches will be employed to ensure the involvement of people and communities in decision making at a 'formative stage' in Hertfordshire and west Essex. These will include:

- having regard to groups with 'protected characteristics' under the Equality Act, such as age, disability, race or sex, and engaging with them when planning services or service changes
- involving 'experts by experience', for example unpaid/family carers, people with long term conditions and service users and their families, including those on existing county council co-production boards. Healthwatch Essex and Healthwatch Hertfordshire will support the recruitment of people whose circumstances or health and social care needs give them valuable personal insights into services.
- engaging with representative organisations who advocate on behalf of the people and communities they support
- working with patient, service user, carer and public reference groups
- liaising with clinical transformation programmes and the health and care professional senate to ensure that patients and carers play a key part in treatment pathway and patient information design work.

The ICS will use a range of appropriate and accessible communication channels to feed back the results of engagement and co-production to those involved, taking account of any accessibility requirements of those involved. A 'You said, we did' approach will help to build public confidence in the impact of involvement across our ICS.

Principle Three

Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect

The ICS will use information from a range of sources, including public health surveillance information, information gleaned from the results of residents' surveys, feedback from patient experience and quality sources and input from elected and community representatives to understand the needs of our communities and to assess the impact of its policies.

In line with the requirements of the Equality Act 2010, the ICB will be required to:

- evidence the analysis that has been undertaken to establish whether our policies and practices have (or would) further the aims of the general equality duty.
- provide details of information that we have considered when carrying out an analysis.
- provide details of engagement (consultation / involvement) that we have undertaken with people whom we consider would have an interest in furthering the aims of the general equality duty.

In order to meet the requirements of this duty the ICB will carry out an Equality Impact Assessment process at the primary stages of planning changes, such as:

- organisational change
- considering any new or changing activity
- developing or changing service delivery
- procuring services
- developing projects
- developing a policy / procedure / guidance or changing or updating existing ones.

The Equality Impact Assessment process will be used to assess whether there may be any barriers or difficulties, harassment or exclusion as a result of a planned change, or in fact any positive impact such as the promotion of equality of opportunity, developing good community relationships, encouraging participation and involvement as experienced by service users, patients, carers, relatives, staff, the general public and key stakeholders.

Principle Four

Build relationships with excluded groups, especially those affected by inequalities

The ICS is committed to ensuring that everybody, irrespective of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, (including nationality and ethnicity), religion or belief, sex (male/female) or sexual orientation should have equal access to services and that services should, as far as possible, be sensitive to individual needs.

An emerging area of focus during the COVID-19 pandemic response was the way in which the virus had a disproportionate impact on the health of people living in poverty, with noticeable impacts on people who are Black, Asian or from other minority ethnic groups. As a result, health and care organisations have become more closely engaged with community and faith groups, district and borough councils – and our own staff from Black, Asian and Minority Ethnic backgrounds - who have made it clear that they want to be more involved in shaping health services to ensure they are better tailored to meet the needs of our diverse population.

This could be around improving local services to ensure equal access for all, and the way that we help residents to hold us to account for the way that services are provided. ICS partners will take particular care to hear from people who cannot access care and support, and have poor experiences and health outcomes, to understand their needs, barriers and aspirations and opportunities for improvement. This will be either through direct engagement or through linking with representative organisations.

Population health management approaches will help us to better understand local population needs and demonstrate how these impact on future commissioning and service delivery. We will take the opportunities presented by collaboration in the ICS to mobilise the strengths and experience of all partners, build and strengthen relationships with people and communities who experience inequalities, and tackle agreed inequalities targets.

Principle Five

Work with Healthwatch and the voluntary, community and social enterprise (VCFSE) sector as key partners

Healthwatch is the independent body with statutory powers, responsible for understanding the needs, experiences and concerns of patients and the public, and to ensure people's views are put at the heart of health and social care. Funded through public monies, at a national level Healthwatch listens to what people like about services and what could be improved, and shares this insight with a range of commissioners, providers and regulators.

Our ICS is covered by two Healthwatch organisations, Healthwatch Hertfordshire and Healthwatch Essex. They have a broad remit, covering health and social care for both children and adults and provide independent sources of insight gathered outside service delivery, typically through surveys, focus groups, research papers and interaction with the public and local members.

The insight and expertise of our local Healthwatch organisations is already valued in our ICS and they will have an ongoing active involvement in the new statutory Integrated Care Board, the ICP, and our area's Health and Care Partnerships.

Building on the existing strong partnerships with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Hertfordshire and west Essex, a new 'VCFSE Alliance' is being developed for the ICS. This will help to maximise the impact of the sector and its expertise in health creation across the ICS, and ensure that the sector gets the strategic support it needs to be effective. The Alliance is expected to be fully formed by May 2022 and membership will be open to any charitable organisation with a remit to improve health and care in Hertfordshire and west Essex.

Principle Six

Provide clear and accessible public information about vision, plans and progress, to build understanding and trust

Effective engagement and inclusive communications promote transparency and inclusivity and empower people to shape, understand and access the services and support that are available to help them to lead healthier, happier lives.

The following communications and engagement principles have been developed in recent years as best practice by Hertfordshire and west Essex's CCGs. Our information will:

- **Be clear and accessible:** We will work to ensure that all public-facing ICS communications are written in plain language, avoiding jargon. All acronyms will be spelt out. Complicated language will be avoided, and different formats made available where possible.

Reader Panel

An ICB **volunteer reader panel** has been established, building on best practice from Herts Valleys CCG, which includes members of the public with disabilities that affect their ability to receive information. Made up of volunteer patients, carers, community members and others, panel members review leaflets and other material and feedback on whether information is easy to understand, accessible and free from jargon.

The panel has recently reviewed booklets on winter wellness for older people and on children's minor illnesses, patient letters on changes to prescriptions and a number of leaflets. Its involvement has led to changes in content to make information more relatable for the audience, changes in language to use words that are more familiar to patients, and amendments to layout and font size to make important information clearer and changes to avoid ambiguity Healthwatch Essex has a disability panel which can also support in sense-checking documents.

- **Be empowering:** Involving our patients, service users the public and stakeholders as joint partners in decisions made about services they use.

- **Be embedded into everyday:** It is everybody's business to 'start with people' and we want to ensure that the public views and experiences influence our ICS organisations' everyday practices. All system colleagues can assist in making this a reality by getting communications and engagement specialists involved at an early stage in conversations about decision making or service changes, for example.

- **Be timely:** Our communications will be delivered at the most effective time for voices to be heard through any engagement process. We will link closely with quality and complaints teams, as well as the newly appointed 'Patient Safety Partners', so that themes that emerge from patient, service user or stakeholder enquiries and complaints can be quickly identified and addressed.

- **Be collaborative:** We will work closely with different organisations in the statutory, voluntary, faith and community sector to ensure that we take a collaborative approach. We will seek to engage with organisations and individuals where they are, rather than expecting them to come to us. The ICP, ICB and Health and Care Partnerships will work to maintain a positive and proactive dialogue with the Hertfordshire and Essex Health 'Overview and Scrutiny Committees', and the district and borough council committees that scrutinise health and care services, to support an open and honest dialogue with elected representatives.

- **Be accurate:** All communications will deliver an accurate picture of the current landscape and all engagement will be clear and realistic in its outcome at the start.

- **Be meaningful:** Engagement with our patients, public and stakeholders will be meaningful and add value to the work of the ICB and ICP, with experience and insight being fed into the decision-making process at a formative stage of the commissioning cycle. We will be clear and honest with the public about the parameters within which policy decisions and service changes can be made.

- **Be innovative:** We will review and adapt our communications and engagement to reflect new tools and methodologies to constantly improve our approach. We will leverage the opportunities available through digital approaches such as social media, online information gathering and webinars.

- **Be representative:** We will open up more opportunities for people to give their views and feedback, to ensure better representation from the communities we serve. We will also continue with targeted work with the 'seldom heard' in our communities such as young carers and people with learning disabilities.

- **Be evidence-based:** We will evaluate the effectiveness of our engagement and communications work so that we can evidence its impact and ensure that the approaches we use are fit for purpose.

Using data to improve vaccine take-up

Data showing relatively low COVID-19 vaccine take-up in Harlow led West Essex Clinical Commissioning Group to work closely with local faith and community groups and college students to understand and the issue of misinformation about the vaccine. The increased understanding gained from this work led to the **development of targeted resources** which have addressed concerns and helped to increase vaccine uptake in that area.

Principle Seven

Use community development approaches that empower people and communities, making connections to social action

The Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) is a key provider of services to disadvantaged, under-represented and minority ethnic communities and has an excellent understanding of the health and care issues faced by those communities in our area. VCFSE organisations are often trusted, accessible and skilled at outreach and engagement.

Our statutory ICS partners have well-established partnerships with VCFSE organisations which support the engagement of people and communities in health and care matters. In many cases, the impact of these partnerships have been strengthened during the COVID-19 response.

COVID Information Champions

As part of the pandemic response, representatives from diverse communities in Hertfordshire were recruited to take on the role of information ambassadors, working as part of a network of county-wide **'COVID Information Champions'**. Managed through the voluntary agency 'Communities 1st', these ambassadors have worked to tackle vaccine misinformation and promote the benefits of the vaccine programme in their own local communities – feeding back questions and concerns into communications and engagement planning.

COVID recovery workers

Through funds raised nationally by Captain Sir Tom Moore during the pandemic, Black, Asian and Minority Ethnic **'COVID recovery workers'** were employed to support digital inclusion during the pandemic, when 'real life' interactions for many people were strictly limited by lockdown requirements and shielding. The workers provided practical help, advice and equipment which has made it possible for digitally excluded people to get online and benefit from the connections this can bring for the first time.

Making every contact count

In Hatfield, the NHS, the University of Hertfordshire and Welwyn Hatfield Borough Council have been working together throughout the vaccine programme to improve the take-up of the COVID-19 jab among students and staff, in an area where vaccination rates are among the lowest in our ICS area. **Pop-up vaccination sessions and engagement events** at the university are enabling joint teams to improve vaccine take-up, whilst also helping students to register with a GP practice and connecting them with the support and information available through the borough council's Healthy Hub.

Principle Eight

Use co-production, insight and engagement to achieve accountable health and care services

Co-production describes an approach through which individuals, family members, carers, organisations and commissioners work together in an equal way to design, deliver and monitor services and projects. This way of working is important because people who use social care and health services (and their families) have knowledge, experience and insight that can be used to improve services and tackle inequalities, not only for themselves but for other people who need them.

There are co-production boards at local authority level, such as the Hertfordshire All Age Autism Co-Production Board, and examples of services which have been developed through co-production, such as the Essex Local Offer for families and children with special educational needs and disabilities. Similarly West Herts Hospital Trust has implemented a robust approach to co-production and the South and West Hertfordshire Health and Care Partnership has committed to a co-production approach.

With various interpretations of coproduction and co-design, an ICS-wide shared understanding of these terms and what they mean would benefit transparency and public understanding.

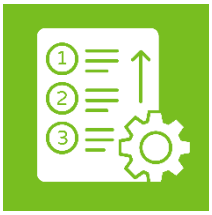
Cancel Out Cancer

The **'Cancel Out Cancer'** awareness programme is an example of a co-produced health improvement programme in the Hertfordshire and West Essex ICS area. Led by networks of local GP practice patient group representatives with a passion for cancer prevention, the programme was developed with the support of cancer experts and NHS engagement professionals. Through interactive sessions, which transitioned to be held online during the pandemic, the programme leads people towards a greater understanding of cancer signs, symptoms and screening programmes through group activities and discussions.

Seeking out feedback to improve services

To address the impact on patients and their families of long waiting lists for some non-urgent treatments, a number of supportive programmes have been put in place. The **'waiting well'** initiative contacts patients to ensure that their health is not deteriorating, and to find out whether targeted support can improve their wellbeing as they wait. A similar approach is now being adopted to supporting patients who have been discharged home from a hospital stay without care packages. Callers check that patients and their families are managing and find out whether any additional help from the voluntary sector is required.

Principle Nine



Co-produce and redesign services and tackle system priorities in partnership with people and communities

Co-production is one of the ways in which our ICS works with people and communities to ensure that services meet the needs of the people that use them and are not designed around the convenience of the organisations meeting their needs. People with relevant lived experience can put forward ideas that clinicians and managers may not have thought of, leading to changes that better meet the needs of the local population.

As well as giving better outcomes, a co-production approach can help build better relationships. It needs to be based on genuine partnerships, with professionals being comfortable with not having the answers and with sharing resources, responsibility and power.

The ICS approach to co-production will build on the long-standing approach to co-production adopted by our two county councils. There is a commitment to co-production throughout the ICS, from the ICB, ICP, Health and Care Partnerships and Mental Health, Learning Disability and Autism Collaborative.

Co-production at Essex County Council

Essex County Council works with Collaborate Essex for some of its co-production work. In adult care, there are several steering groups for commissioning joined by people with lived experience who provide input to strategies and also work with the council on service specifications and tender evaluation. The council has also worked with the organisations 'Think Local Act Personal' and the National Co-production Advisory Group to support with the re-commissioning of services.

The council is currently discussing a **co-production strategy** to look at how the council increases the breadth of people they engage with, and how they may be recompensed for working with the council.

A successful forum of over 1,000 people with disabilities complements co-production work, raising topics of importance, gathering evidence and then discussing them with relevant professionals and senior leaders from health and social care to make improvements to services and policies.

Co-production at Hertfordshire County Council

Adult Care Services has eight subject-specific **co-production boards** which meet every three months, covering the following interests: older people, mental health, physical disability and sensory needs, drug & alcohol, learning disabilities, dementia, carers and all age autism. The boards feed into a strategic co-production board which support the Council to make decisions and design services in partnership with the people that use them or support people that use them, such as unpaid carers or friends or family. Most boards meet quarterly but use Task and Finish groups in-between. Boards are co-chaired by a 'professional' representative and someone with lived experience who is supported with training to help them in their role. Co-chairs usually serve a three year term.

The Hertfordshire and West Essex ICS will:

- visibly support and sponsor co-production through culture, behaviour and relationships, including senior leadership role modelling, such as through the ICB's Non-Executive Members
- build on the culture of co-production already in place in parts our system, and nurture, share and spread this way of working
- support organisations and an infrastructure that enables the voice of people and communities to be heard
- invest in people who use care and support, including unpaid carers, to ensure they have the knowledge, skills and confidence to contribute 'on a level playing field'
- work closely with the VCSFE Alliance and our diverse networks of community champions to assess needs in what are referred to as our 'system, places and neighbourhoods' in national guidance documents. Systems are described as covering a population of 1-2 million people, places are described as typically covering populations of 250-500,000 people and neighbourhoods as covering a population of 30-50,000 people.

Principle Ten

Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

Our ICS organisations, including the Integrated Care Partnership, the Integrated Care Board, the Hertfordshire Mental Health, Learning Disability and Autism Collaborative and the three geographically based Health and Care Partnerships, are being established in a way that is designed to ensure that input is captured from a broad range of voices, representing a wide range of interests. The work of the new VCSFE Alliance, as well as that of our Health Care Partnerships, will play a key role in this. In addition, attendees with insights or lived experience will be invited to share their input on relevant agenda items in key decision-making fora. This approach will ensure that our decision-making bodies remain agile and can draw directly from relevant individual experiences, as well as hearing from representative groups.

The ICS will seek to draw from best practice across Hertfordshire and West Essex, such as the community asset mapping approach led by Healthwatch Essex, sharing and nurturing activities and insight which enable the needs and views of people and communities to be heard and understood. This involvement and insight will be particularly important during key points of the commissioning cycle, when there is the greatest opportunity for meaningful input into services commissioned.

Engagement models rooted in GP practices

GP-practice based patient involvement and participation groups, supported by the area's Clinical Commissioning Groups, have played an active role for a number of years in ensuring that registered patients are involved in decisions about the range and quality of services provided and commissioned by their practices, as well as supporting health campaigns in their local communities. These groups are most effective when they have the full support and cooperation of their GP practices. Successful practice-led campaigns have supported people with diabetes, dementia, those experiencing bereavement and people isolating due to the COVID pandemic.

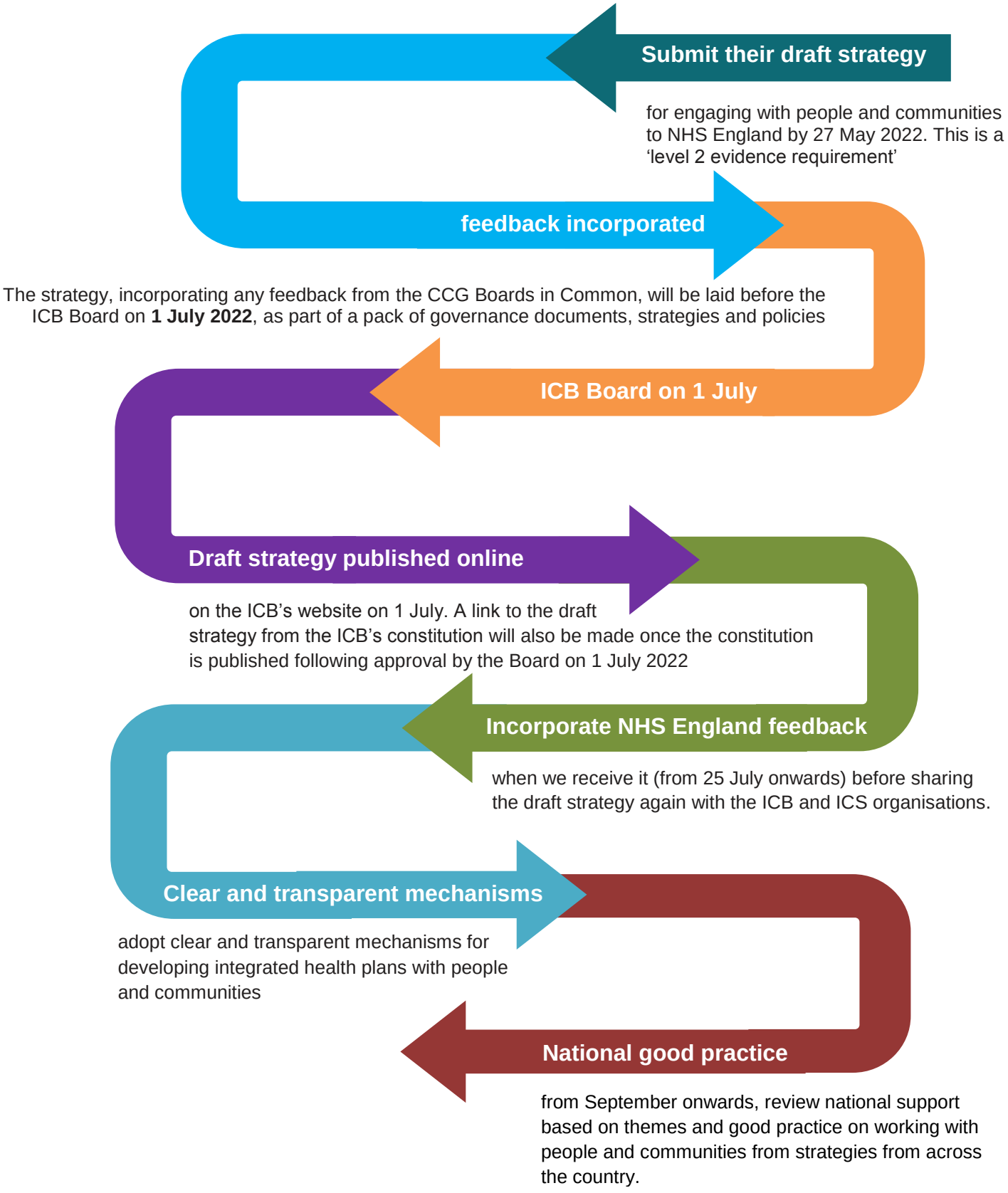
With the support of the National Association for Patient Participation, an incentive scheme was introduced in the south and west of Hertfordshire in 2021, aimed at encouraging and rewarding practices for routinely asking for and acting on the views of their patients, engaging with their practice population and supporting the development of their patient group was. The scheme, developed with input from Healthwatch, GP practice representatives and patient representatives, also encouraged patient group members to engage on wider local health issues.

Practices were incentivised to encourage and reward patient group development, with additional funding available for highly developed and evidenced schemes. The success of this scheme in improving the approach to patient engagement in south and west Herts has led to it being included as part of the ICB's new Enhanced Commissioning Framework for primary care across the ICS area, working with the Patient Association to broaden the range of people involved in their patient participation group by taking a community engagement approach.

GP practice-based social prescribers support approximately 30,000 people per year to improve their health and wellbeing, linking with district and borough council-based 'healthy hubs' and wellbeing offers and signposting people to VCSFE resources in their local communities that can support and empower them.

4. Next steps for this strategy

All ICBs are expected to:



Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**27/07/2022**	
Report Title:	**Chair's Update Report**				**Agenda Item:**	**07**	
Report Author(s):	Michael Watson, Chief of Staff						
Report Signed off by:	Paul Burstow						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☒	**Information** ☒
Report History:	Not applicable						
Executive Summary:	This report provides the ICB Board with a high-level update of the range of key operational & transformational workstreams across the organisation and wider system.						
Recommendations:	The Board are asked to note the contents of this report.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☒
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☒
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☒

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Chairs Update Report

I am delighted to be able to provide this first Chairs report since the formal creation of the Hertfordshire and West Essex Integrated Care Board and would like to begin by saying thank you to all the staff across the three Clinical Commissioning Groups that contributed to making our transition programme a success. I would also like to pay tribute to the outgoing Chairs of the three CCGs, for their leadership of those organisations both before and during the transition.

The Integrated Care Board has been in existence for just a few weeks, but the first meetings of the board and its sub committees have demonstrated the sheer volume of work taking place across the organisation to achieve our goals. Equally importantly, the discussion highlighted the amount of work we have to do in the future- both to meet the immediate challenges facing the NHS, and to seize the opportunities presented by system working to develop long term solutions to those challenges.

Looking more widely, I am very excited by the role the Integrated Care Board will play in the establishment of the Integrated Care Partnership. The ICP will be a driving force in what I think is the biggest opportunity presented by the creation of an integrated care system- the opportunity to involve all organisations, and the residents of Hertfordshire and West Essex themselves, in developing an approach to population health which tackles variation and inequality, and ultimately achieves our vision of making Hertfordshire and West Essex *the best place for health, wellbeing and care, for everyone.*

Looking ahead to the next few months, some crucial work is underway that will see us begin to make strides towards making that vision a reality. Most importantly, between now and the end of the year we will be developing our strategy for the system, and after that the implementation plan to deliver it. In both of those pieces of work we will be keen to ensure a genuine process of co-production with partners and the residents of Hertfordshire and West Essex.

We have an ambitious plan for the next 3 months including:

- Establish our health and care professional senate to help to guide our approach to quality and other areas
- Revise the people plan for H&WE, setting out a revised vision for tackling the workforce issues that are at the heart of so many of the challenges facing the NHS
- Further develop the Public Health Management team within the ICB
- Launch our full strategy for Primary Care across the system

At the same time as delivering the above, the Integrated Care Board has a crucial role to play in working with System partners as we continue to confront one of the most challenging operational environments the NHS has seen- with the continued need to respond to the pandemic, the increase in demand for primary care services, the backlog of elective care and the huge demand faced by our Urgent and Emergency Care sector. I am confident that by working as a system we are much better placed to meet those challenges than we have in the past.

In closing I would like to welcome to the board our Non-Executive Members, and partner members from local government, primary care and NHS Providers as they attend their first 'BAU' meeting of the board. The work they have been involved in throughout July has already been invaluable in shaping the future direction of the ICB- and I look forward to working with them in the weeks and months ahead.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**27/07/2022**	
Report Title:	**Chief Executive Officer's Report**				**Agenda Item:**	**08**	
Report Author(s):	With contributions from the ICB Executive Team						
Report Signed off by:	Jane Halpin, Chief Executive Officer						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☒	**Information** ☒
Report History:	Not applicable						
Executive Summary:	This report provides the ICB Board with a high-level update of the range of key operational & transformational workstreams across the organisation and wider system.						
Recommendations:	The Board are asked to note the contents of this report.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☒
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☒
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☒

Chief Executive Officer's Report

Corporate overview update

A significant amount of work has taken place over the course of the last eighteen months to deliver our successful transition from three Clinical Commissioning Groups into one Integrated Care Board (ICB). I would like to take this opportunity to say thank you to Matthew Webb, Director of the Transition Programme, our governance team and all our staff who did a fantastic job in getting us to this point.

Having successfully transitioned into one organisation, we are now focusing on developing and embedding a healthy culture and ways of working that will support the ICB to deliver its priorities. Our board and committee structure- which completed its first round of meetings in July, will no doubt require iteration over the year ahead. In the coming months a lot of work will be taking place to ensure that our various governance processes (for example risk management, information governance) are operating successfully. Along with all system partners and the Integrated Care Partnership (ICP) which will shortly meet for the first time, we are looking at how we best work together as one system to best support the population of Hertfordshire and west Essex.

Primary Care Update

1. Delegated Primary Care update

Primary Medical Contracting is now delegated to Hertfordshire and west Essex (HWE) ICB. Further work is taking place with NHS England & Improvement (NHSEI) to prepare for delegation of other primary care services (dental, pharmacy & optometry – see below) and some elements of specialised services. In time, this may mean some staff resource will be transferred to our ICB or neighbouring ICBs. Teams are working collaboratively to effectively embed such staff as part of the ICB team ahead of formal transfers taking place.

We continue to highlight any operational issues that will support this such as access to files and national databases, and resources that currently support the contracting function to allow full integration of the NHSEI roles to the ICB. In addition, there will also be a transfer of additional support contracts, such as occupational health services for GPs and translation and interpreting services.

The programme of Knowledge Transfer has been designed to ensure that the current expertise currently held at NHSEI is shared amongst systems and this will be ongoing throughout the year.

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1.1 Pharmacy, Optometry and Dental Services (POD)

Following a number of discussions and more recently with the CEOs across the six ICBs in the region, it has been agreed that commissioning and contract management for dental services will be delegated to individual ICBs (with the exception of reserved functions) from April 2023 (subject to national oversight processes).

At the same meeting it was agreed that HWE ICB will host the contracting function that supports community pharmacy and optometry on behalf of the six East of England ICBs.

Work will be undertaken through July and August 22 to ensure we are able to progress and confirm staffing arrangements as per the National Moderation Panel (NMP - described below).

Key milestones:

- Agreement to be developed between six systems to define arrangements for hosting – each ICS needs to put this agreement through their respective Boards.
- We will then use the Pre-Delegation Assurance Framework (PDAF) process to progress the staffing/ readiness position.
- Agreement/MoU approved/signed by six ICSs –end August (to align with PDAF)
- Develop PDAF and safe delegation checklist completed through August/ early Sept 22 with input from all ICSs in development and detail published 31/7/22
- Regional Leadership Team (RLT) to approve early September 22
- Progress PDAF through September with HWE ICB sign off, of submission end Sept 22
- NMP makes decision mid-October – this will indicate if target staff model is accepted and will go to national NHSE Board 1/12/22.
- Subject to approval, start formal staff consultation mid Jan 23
- Delegation and target staff model effective 1/4/23

COVID-19 and Influenza (flu) Vaccination Programme

Since the last update, Joint Committee on Vaccination and Immunisations (JCVI) have confirmed the groups who should be offered the Autumn COVID-19 and flu vaccination.

For COVID-19 this is Cohort 1-9 which includes:

- Residents in a care home for older adults and staff working in care homes for older adults
- Frontline health and social care workers
- All adults aged 50 years and over
- Persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book
- Persons aged 5 to 49 years who are household contacts of people with immunosuppression
- Persons aged 16 to 49 years who are carers, as set out in the Green Book.

At the same time the groups eligible for influenza vaccination has now been extended to include:

- Secondary school children in years 7, 8 and 9 who will be offered the vaccine in order of school year (starting with the youngest first). This group are likely to be offered vaccination later in the year once children age 2 and 3 and primary school age children have been vaccinated.
- 50 to 64 year olds that are not in a clinically at-risk group, who are likely to be offered vaccination later in the year once people that are more vulnerable to COVID-19 and flu, including those in clinically at-risk groups have been offered their vaccine.

Programme team, working in partnership with system and region, are developing their plans for the vaccination programme building on the success of the previous phases. Key difference to phase 5

for COVID 19 vaccination is movement to system allocation of the budget, to deliver whole COVID-19 vaccination programme with an element of surge and addressing health inequalities.

National enhanced services for Primary care GP practices, for delivery through networks and community pharmacy, have recently been published.

The aim is to finalise the delivery plan for Hertfordshire and west Essex by the end of July. We are proposing to have a mixed delivery model including primary care networks, community pharmacies, a couple of vaccination centres and an enhanced outreach team through the lead provider to target hard to reach groups.

Performance, Operations and Commissioning

Since the last board meeting on 1 July, we have made progress in a number of areas across both Operations and Performance:

- We have developed and agreed proposals for the second and third Community Diagnostic Centres (CDC) in HWE, one in West Essex, based at St Margaret's in Epping and one in South West Herts, based across St Albans Community Hospital and Hemel Hempstead Community Hospital. Business cases for these are being drafted for submission to NHSE later this month. A business case to expand the existing CDC based at the QE2 Hospital in Welwyn Garden City is currently being considered by NHSE. These CDCs will expand the provision of diagnostic testing and help reduce waiting times. The biggest challenge to diagnostic capacity is workforce availability and work is being undertaken at an ICB and regional level to address this.
- We have delivered a significant reduction in the number of patients waiting over 104 weeks for their elective treatment. As at the 30 June 2022, 35 patients were still waiting for treatment. Of these the significant majority have asked for their treatment to be scheduled for a later date (rather than accepting earlier treatment at another provider).
- We are working closely with providers across our Integrated Care System to find ways of increasing capacity and so reducing waiting times for non-urgent (elective) surgery in Hertfordshire and west Essex. We are developing a business case to increase elective, low complexity surgery in a system wide hub serving the HWE population.
- We are working to support the ongoing development of our place partnerships, including recent discussions at the ICS System Leaders and Finance Directors Groups.
- We have initiated an ICB forum for place Urgent and Emergency Care (UEC) leads to come together with performance leads, which will strengthen the oversight, assurance and peer challenge functions of the ICS UEC Board. The ICS UEC Strategy will be available at a future Board meeting.

However, we are managing significant operational pressures:

- Our urgent care pathways remain under pressure as a result of high volumes of attendances in primary care and at our A&Es, and some patients are presenting with high acuity. We are working with partners to develop plans to deliver improvement in urgent care through the ICS Urgent Care board.
- COVID continues to have a significant impact on our system with c300 patients in hospital beds across our geography.
- There is a regional UEC planning event on 21 July which will focus on key areas of improvement including reducing hospital patient ambulance handover delays and the use of

intelligent conveying to reduce ED attendances. Further conversations will be held around winter planning and surge and escalation planning. We have "stood up" a fortnightly ICB UEC improvement meeting, and are bringing Chief Operating Officers from across the system together on 29 July to determine priority actions aimed at reducing operational pressure and ensuring preparedness for winter

- We continue to work to reduce the numbers of patients waiting longer than 62 days for cancer treatment, and longer than 78 weeks for elective treatment. A national programme of oversight and support is being put in place to oversee improvement in these areas and two of our acute providers, WHHT and ENHT have been selected for the highest tier of support.

Place-based updates

East and North Herts

Strategic transformation priorities
The East and North Hertfordshire Health Care Partnership (HCP) strategy identifies ten strategic priorities, with the top three being hospital at home, community diagnostics and frailty. In addition to reflect the strategic priorities for Children and Young People (CYP) in Hertfordshire which focuses on health inequalities and prevention, integration, long-term conditions and complex care, and personalisation we have identified the following priority areas for ENH HCP; community nursing, special school nursing and CYP that need specialist health. As part of the community diagnostics programme work has commenced on an integrated heart failure service.
In conjunction with the public health evidence and intelligence team, we are developing a needs analysis which includes a work programme for the development of population health needs for each of the partnership's priority transformation areas in line with our agreed priorities. The needs analyses will be used to ensure our transformation programmes are grounded in intelligence, best practice, and evidence-based interventions. In the case of CYP the needs analyses will be developed on a county-wide footprint.

Community Assembly
The Community Assembly has held its third meeting and will now start to focus on directly linking with patients, family members, and carers to support the work programmes across the transformation priorities to ensure that co-production is at the heart of pathway and service redesign.

Out of hospital strategy
Several workshops have been held during the lead up to the summer. The aim is to have a strategy which will act as an 'umbrella' strategic document for a wide range of integrated services across ENH HCP. The group has agreed the draft strategic statements, design principles, and has started to develop the case for change. A key strand, the care coordination centre is now in the mobilisation phase and is live in Stevenage.

South & West Hertfordshire:

Health and Care Partnership
The South and West Hertfordshire Health and care partnership has a stated objective to: improve the health and care services for local people and reduce the gap in healthy life years between different communities.
The partnership is made up of the following key partners

- NHS Hertfordshire and West Essex ICB
- West Hertfordshire Hospitals NHS Trust
- Hertfordshire Community NHS Trust
- Central London Community Healthcare NHS Trust
- Hertfordshire Partnership NHS Foundation Trust
- Hertfordshire County Council
- GP practices

The HCP has identified five priority areas for change:

1) Further roll-out of the highly successful **virtual hospital** started by West Hertfordshire Hospitals Trust at the beginning of the Covid-19 pandemic to care for people in their own home. The team was awarded the BMJ Respiratory Team of the Year in recognition of the innovation.
2) Development of an **extended primary care diabetes service** to help local people get support to manage their condition at an earlier stage which will help prevent more serious illness.
3) Development of a local model to fit the **frailty pathway** that has been developed across the ICS as a whole.
4) **Advanced care planning** for at risk Patients
5) Improving **children and young people's services**.

St Albans urgent care update

The previous Herts Valleys CCG Board agreed to a business case for providing an integrated urgent care hub at St Albans City Hospital to be run by a team of nurses with the support of local GPs and treating treat minor illnesses as well as minor injuries. Having run a full procurement process, a preferred bidder will be recommended to the ICB Board for a new provider to run the new urgent care service at St Albans City Hospital. We anticipate that the new service will be up and running during October.

West Hertfordshire Hospitals Trust redevelopment programme

The Trust has submitted a strategic outline case to the National New Hospitals Programme and is now working on its outline business case for funding to deliver its preferred option to redevelop its three hospitals, with a major new build at the Watford General Hospital site. Outline planning applications have just been submitted to the local planning authorities for work at the Hemel Hempstead and St Albans sites. The case sets out a proposal whereby Hemel Hempstead will provide specialist medical care for people with long-term conditions. St Albans will be the centre for planned surgery and cancer care.

West Essex:

This is an update on the progress of system partners in west Essex in implementing its strategic priorities as outlined in the WEHCP 10 Year Interim Strategy approved by partners in October 2021. These priorities will be aligned with those of the wider ICS.

Key points to note:

- The involvement of west Essex in the national PHM and Place Development Programme
- The WEHCP proposed strategic objectives for 22/23
- The focus on addressing health inequalities in Harlow
- Continued progress implementing the west Essex out of hospital model of care

The eight- week programme PHM & Place Development Programme is to accelerate the development of the place-based approach to improving population health. West Essex's participation focusing on addressing health inequalities in Harlow. This aligned with the Harlow Levelling-up agenda.
Through demographics, utilisation of services, health outcomes and wider determinants a population cohort who are on multiple waiting lists has been identified. This group is to be the focus for identifying interventions across all agencies to reduce health inequalities. The outcomes from this programme will conclude in August and will form part of the Harlow Levelling- Up programme and the wider Health Inequalities workstream. A Harlow Levelling-Up workshop has also been organised by the partnership on the 21 July.
Through the leadership development module WEHCP identified the need to agree a smaller number of strategic objectives from its 10 priorities with a focus on our most deprived communities.
Objectives that require all partners to work together to achieve the best outcomes. These include:

- Improving access to urgent on the day services
- Increasing the number of people having their needs met in a community setting with improved access to proactive support this will include enhancing the development of our PCN Aligned Community Teams (PACTs)
- Increasing the cancer screening up take
- Building on the PHM Programme in Harlow and scaling up

Other drivers underpinning these objectives include the need to improve system operational resilience and recommendations from the Fuller Report on Primary Care. A workshop with PCN Clinical Leads was held on the 14 July agreeing a WEHCP approach to addressing these objectives.
Progress continues to be made in the implementation of the out of hospital model of care.

- Further embedding and enhancing the development of the PACTs (PCN aligned Community teams including community nursing, mental health, social care and primary care).
- The Care Coordination Centre moving to phase 2 of 4 phased programme. Phase 2 focused on enhancing the community MDT and triage to support improvements in flow and access to alternative community pathways to be implemented through the summer
- Working with Essex County Council to develop a Strategic Outline Case for new model for intermediate care due in August
- Implementing an integrated virtual hospital model with PAHT and EPUT as part of the national programme in readiness for a stepped increase in capacity from December 2022.

Human Resources

Recruitment:

Work has been progressing to ensure that all our external recruitment channels have been rebranded, and merged, where there were three separate NHS Jobs sites for the three CCGs these have been rebranded and once the recruitment work that started in each of the individual CCGs is completed, these sites will be shut down, leaving a single NHS portal for recruitment.

Change Management

A change management review panel has been set up with staff side representation, ensuring that change management proposals going forward have an appropriate level of scrutiny and challenge, that equality and diversity are an integral part of any proposals, and the plans are clear and appropriate for sharing with staff.

HRXtra/Employee Relations

The Employee relations functions carried out by HRXtra will be brought back in house in August 2022 to enable us to reinvest in our internal support to deliver employee relations support to our organisation. Project plans have been written to ensure a safe handover of this work and communication will be going to the wider organisation in the first week of August

ESR

Following the functional mapping exercise, the workforce team have completed the updating of ESR to align all staff members to their new line managers (if there was any change indicated). This enables the new line managers to approve annual leave, input any sickness absence and have an overarching view of their hierarchy

HR Realignment

HR Business Partnering has been realigned to support the Directorates. Good relationships are being consolidated across the Directorates, including the attendance at team meetings and team building sessions. Work to realign HR presence at meetings will continue as Directorate and Place-Based forums revise their terms of reference and determine membership. Following the establishment of the ICB, change processes and plans are being supported by the HR team including job matching.

Clinical Lead/GP Recruitment

Clinical lead roles were advertised during June. 59 candidates applied, many of whom applied for more than one role. There are 15 areas of clinical specialism which the candidates had an opportunity to apply. Interviews are currently being conducted and should conclude by 22 July.

Induction

The ICB induction has been held via MS Teams jointly since May 2021. This has been a successful intervention with new colleagues collaborating from their first day of employment. As CEO, I join this and welcome new starters which receives excellent feedback from the delegates. Since 1st July revised information is now being shared by Simone Surgenor and from September our Chief of Staff, Michael Watson will follow on from me and bring to life “The HWE Way” (described below), as well as the potential opportunities and benefits of system work for the ICB moving forward.

Staff engagement

Following on from the Listening Events facilitated by OKA, eight workshops were held ‘Managing Here and Now’ to support managers in bringing their teams together. The aim was to empower them to find new ways of working, lead with compassion, bring into the ICB best practice and to bring the People Promise to life.

As the teams started to collaborate and work in a matrix way, we felt it was important to create a co-produced charter of behaviour which detailed what we all expected from each other as we started to work in our new teams. A series of sessions were facilitated by OKA with the mandate to establish "The HWE Way". The HWE Way was developed and agreed and is now accessible to all via the HR ODL intranet and command this will assist in creating a culture of compassion, kindness and civility as teams connect.

Staff continue to engage in the bite-size learning courses facilitated by ODL with 112 of our management/leadership staff having completed Confident Career Conversations. This will be vital for this years' Appraisal conversations as it will allow teams to start to engage on their future in the ICB. Appraisal documents are being sourced from across EoE to establish best practice so a proposal can be developed with the purpose of providing our staff and leadership a working document that encourages and supports collaboration. The proposed document will continue to embed Talent Management and Career Conversations in a user friendly and meaningful digital resource that will enhance conversations and relationships on an ongoing basis. The Messenger Review needs to be taken into consideration in developing this for the future.

Lunch and Learn remains popular with high numbers of attendees and the sessions have been linked back to the staff survey and the People Promise. It is notable the difference it makes with the attendance of executives at these sessions as the staff are feeling heard and listened to. Topics have included, Anti-Racism, White Privilege, Unconscious Bias, Health and Wellbeing at Work and upcoming is Matrix working in Teams.

The HR ODL intranet continues to be a source of support for our staff and managers. Since the start of the new financial year the policies page has accumulated 1278 views with the ODL programme on 849 views. Every effort is made to ensure that our staff have ease of access to everything that they require to assist them whether this be health and wellbeing, or resources for day-to-day needs. New pages have been added, i.e., Freedom to Speak Up, Everything Inclusion, Staff Survey and The HWE Way

ODL now have a trained Menopause guardian for the ICB and will be facilitating sessions to our staff commencing July. A Health and Wellbeing tool is being developed to assist managers in having meaningful conversations – this will be distributed for approval before 31 July 2022.

July saw the awarding of the Carer Confident (accomplished) and Disability Confident accreditation for the ICB. Both of these badges will appear as part of our advertising on Trac (recruitment portal).

Each member of the ODL team is actively involved in facilitating for the BAME 2-4 Inclusive Career Development Programme showing their commitment to the ICS.

Staff Survey

The launch of the staff survey actions, brought to life through the People Promise, commenced in June with Michael Watson leading on 'we are safe and healthy'. Much has changed with some managers encouraging a healthy work life balance, taking breaks and using the 50/25 principle when it comes to meetings, but we still have some work to do in embedding this. Adapted Scrum meetings are being identified as a possible alternative under the July theme 'Teamwork and Morale' lead by Sharn Elton. The July theme has already seen traction with 108 questionnaires already returned on Team work with themes being identified as: being supportive, collaborating, efficiency, relationship building. It is also noted that the WOW wall has seen staff being recognised for their work.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**27/07/2022**	
Report Title:	**Quality Report**				**Agenda Item:**	**09**	
Report Author(s):	David Wallace Deputy Director of Nursing, ICB Hayley Mounsey, Assistant Director Nursing and Quality, ICB Clare Molloy, Deputy Director of Nursing and Quality, ICB Chris Harvey, Assistant Director Nursing and Quality, ICB Shazia Butt, Associate Director of Quality Assurance & Performance Improvement, ICB Mary Emson, Assistant Director of Nursing, ICB Rosie Connolly, Associate Director Quality Improvement and Patient Safety, ICB						
Report Signed off by:	Jane Kinniburgh, Director of Nursing						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☒	**Information** ☐
Report History:	N/A						
Executive Summary:	The report summarises the following key items which were presented to the ICB Quality Committee for; **Assurance** Status of serious untoward incidents and Complaints across the 3 localities of HWE ICS. Safeguarding of Vulnerable adults and Children Infection Prevention & Control: • Oversight and monitoring of surveillance for reportable organisms in commissioned services. • Details of any outbreaks reported within Commissioned services for the months of April & May 2022. • Confirmation of pathways in place across all settings of care including Primary care for responding to cases of Monkeypox the ICS population. Maternity & Neonatal services: Good progress has been made within HWE against the regional LMNS programme Board milestones with 10 of the 11 RAG rated as green (*currently on track to be completed within expected timeframe*) which						

<table>
<tr><td></td><td>includes those milestones which relate to the Ockenden inquiry. Report provides actions in place to address the 1 action rated as amber (at risk and support required) relating to the Smoke free pregnancy pathway.
CQC Status updates for
East of England Ambulance Service
Princess Alexandra Hospital
West Herts Training Hospital
Hertfordshire Partnership Foundation NHS Trust
Escalation
The report summarises those items escalated to the attention of the committee with mitigating actions in place;
Adult Mental Health pressures in Acute Settings
Increasing pressures from the number of people requiring psychiatric assessment or support in Emergency Departments
Numbers of patients who are experiencing increased length of stay in an acute ward or emergency department in Hertfordshire.
Increasing numbers of people detained in emergency departments under section 136 Mental Health act and awaiting secondary conveyance to/from places of safety.
Primary care across the HWE footprint</td></tr>
<tr><td>Recommendations:</td><td>The ICB Board are asked to discuss and note the contents of the report.</td></tr>
<tr><td>Potential Conflicts of Interest:</td><td><table>
<tr><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4"></td></tr>
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Impact Assessments (completed and attached):	***Equality Impact Assessment:***	**N/A**
	Quality Impact Assessment:	**N/A**
	Data Protection Impact Assessment:	**N/A**
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☐
	Enhancing productivity and value for money	☐
	Helping the NHS support broader social and economic development	☐
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☐

Executive Summary

KEY HEADLINES

System Pressures: All areas of the local system continue to have significant operational pressures with ongoing review, adaptation of service, and initiatives to support all providers to manage provision of services in a safe way. All Providers are focused on patient safety with implementation of quality programmes as appropriate.

Safeguarding Adults: Mental Capacity (Amendment) Act (2019) The Code of Practice and Regulations consultation closes on 7th July. The Adult Safeguarding Team are leading a coordinated approach to facilitate an Integrated Care Board (ICB) response.

Safeguarding Children: The significant number of cases awaiting review by Child Death Overview Panel (Herts) which sit outside recommended time scale continues and remains on ENH/HV and Hertfordshire County Council (HCC) risk registers with a proposed change to the service model agreed. Following death of Arthur Labinjo-Hughes in Solihull and the JTAI recommendations a review of HSCP Multi Agency Safeguarding Hub (MASH) capacity identified gaps in partner agencies contributions and information sharing /joint decision making.

Infection Prevention and Control (IPC): The IPC team support providers with a small number of COVID-19 outbreaks across the system. Additionally work is ongoing with acute providers to support reduction of C.difficile infections. The team supported monkey pox pathways in Providers. GPs advised to refer to sexual health services for swabbing for Monkey pox

Maternity: Continuity of carer plans are in place across the system with potential to require additional time for full implementation. Regional assurance visits were positive with response to resultant actions in progress. Learning from SI's is shared across the system to promote safe practice. Workforce mitigation through recruitment and retention programme continue to be effective. NHS Smoke free pathways to reach 46% of maternal smokers by March 2023.

Mental Health pressures in Acute Trusts: Admissions of CYP to general children's wards with eating disorder (ED) and mental health is mitigated through education, training measures to support all disciplines of staff. Recruitment of staff across the system remains an issue, usage of agency support provides a level of mitigation An early help ED service is in place in Hertfordshire to support.

PROVIDERS

ENHT: There has been an overall improvement in Sepsis performance, however Venous Thromboembolism (VTE) performance relating to reassessment remains poor.

HPFT: Quality assurance visits continue with action plans implemented in a timely manner. Section 136 activity is high, workforce pressures continue with effective oversight & management. Awaiting outcome of CQC revisit to the adolescent unit on section 29A. Management of breaches on 28 day camhs waiting are in place.

EEAST: Activity remains high across the system, delays in handover at Acute is under daily review. New framework for Sis in regards to system delays has commenced as a pilot with none received by ENH EEAST **r**emain in special measures following significant concerns identified by the CQC during an inspection undertaken in June and July 2020.

Care Homes: 2 inspections resulted in inadequate ratings, a Residential Home is now closed with the second in safety improvement planning (SIP). St Elizabeths was also inspected by CQC with SIP action plan in place. Covid outbreaks in a small number of homes are managed effectively. Lessons learnt following closure of Residential home is planned for July

Infection Prevention Control Quality Summary

Infection Prevention & Control for April and May 2022/23
Healthcare Associated Infection surveillance analysis within CCG populations (prior to ICB):

- Although all 3 CCGs were above ceiling in April, at the end of May, each of the 3 CCGs were **within** their Clostridium difficile infection objective. The rate of infection per 100,000 population for the 3 CCGs was below that of the East of England regional rate at the end of May.
- At the end of May, the number of Methicillin Resistant Staphylococcus Aureus (MRSA) blood stream infections for all 3 CCGs remained below the regional rate.
- By the end of May 2022, the rate of Methicillin Sensitive Staphylococcus Aureus blood stream infection was above the regional rate for WECCG and HVCCG. By contrast, this rate was significantly lower for ENHCCG.
- There was a mixed picture in terms of Gram negative blood stream infections reported across the 3 CCGs
    - *Klebsiella sp.* – ENHCCG was below the regional rate of infection per 100,000 population. All 3 CCGs were above their allocated ceiling rate for the month of May 2022.
    - *Pseudomonas aeruginosa* – All 3 CCGs were above the regional rate of infection per 100,000 population and above their allocated ceiling for the month of May.
    - *Escherichia coli* – ENHCCG and HVCCG were below the regional rates of infection per 100,000 population. HVCCG were below the regional rate and the ceiling rate, while WECCG's rate was above the regional rates of infection per 100,000 population for both months. All 3 CCGs were above their allocated ceiling rate for the month of May.

Healthcare Associated Infection analysis within provider organisations:

- Methicillin Resistant Staphylococcus Aureus –all 3 Acute Trusts had zero cases in April and in May.
- At the end of May, the Acute Trusts reported a mixed picture in relation to Gram negative blood stream infections:
    - *Klebsiella sp.* –WHTHT and PAH are above the regional rate of infection per 100,000 population and ENHT is below. WHTHT and PAH are above their allocated ceiling rate whilst ENHHT is below its ceiling rate.
    - *Pseudomonas aeruginosa* – ENHHT and WHTHT are above the regional rates of infection per 100,000 population while PAH is well below this rate. WHTHT was within its allocated ceiling rate in both months. ENHT was 50% above ceiling in April and PAH had zero cases in both months.
    - *Escherichia coli*– PAHT is above the regional rate of infection per 100,000 population. ENHT and PAH are just above their ceiling rate in both months, and WHTHT is within its allocated ceiling in May.
- Clostridium Difficile infections
    - PAH – Clostridium difficile in April, the Trust was 30% over trajectory however in May the Trust reported 2 cases against a total ceiling of 4.2. The rate for PAH, is above that for the East of England regional rate per 100,000 population in both months.
    - ENHT – In April, the Trust was 50% over its trajectory however in May the Trust reported 3 cases against a total ceiling of 4.9. The rate for ENHT, is way above that for the East of England regional rate of infection per 100,000 population in both months.
    - WHTHT – the Trust was 47% over trajectory in both months and its rate is above that for the East of England regional rate per 100,000 population in both months.
- All community and mental health Trusts had no reportable healthcare associated infections during this period.

Issues, escalation and next steps

- **Workshop** organised for all providers to discuss Infection Prevention Control 5 year strategy for localities in Hertfordshire and West Essex. Representatives from social care, primary care, independent providers, community trusts, acute trusts are expected to attend.
- **Network** meetings have been permanently re-instated. Meetings are held monthly with representation from wider ICS providers, and support sharing learning and identifying risks.
- **Extraordinary** meetings are called as soon as the ICB team receives an alert on an emerging organism/situation. Such meetings were convened in response to living with COVID-19 and to Monkey Pox.
- **Monkey Pox** -All providers (including primary care and sexual health) now completed pathways.
- HUC has been providing out of hours and weekend testing service for the ICS on the interim basis. The region is being consulted for a long-term solution on this.
- **Regional Monkey Pox** update on 20th June stated GPs should refer to genitourinary medicine services for testing, so local discussion around this needs to take place, especially in relation to potential child and travel related cases needing swabbing. Local GPs have previously been advised to swab in practices, so new communication will be required. No Herts and West Essex testing sites identified during working hours as yet. Monkey Pox issues such as redirection of cases to genitourinary medicine clinics, arrangements for children under 13 and community swabbing are being escalated at the Regional Meeting. Contradiction in guidance noted regarding use of masks around Monkey Pox in Primary care. Work is ongoing relating to this issue.

Infection Prevention Control Quality Summary (2)

Infection Prevention & Control Continued (Outbreaks and incidents during April and May):
COVID-19

Acute Trusts

- The Acute Trusts reported 18 outbreaks in the in-patient areas, currently there are 11 ongoing (PAH x 0; WHTHT x 2 and ENHT x 9). All outbreaks have been managed and 7 of these are closed.

Community Trusts

HPFT reported 5 outbreaks-3 are now closed and 2 are still open.

Independent Sector

Two visits to Cornerstone and Rhodes Wood - Mental Health Hospitals which have both reported COVID-19 outbreaks. Infection prevention and control advice and support provided
Kneesworth also a Mental Health Hospital has been supported through a large outbreak on Nightingale and Orwell wards which now closed. It reported 2 further outbreaks following this. A quality visit to this setting is being planned.
2 x Hospices: St Clare and Garden House and 1 x Priory Hospital (Mental Health) still open.
Clusters at Rhodes Wood and St Clare Hospice are now closed.

Primary Care

- 3 clusters at GP practices (2 x East and North Herts and 1 x West Essex) in April and are now closed
- 2 x GP practices (East and North Herts and West Essex) which are still open.

Infection Prevention and Control Assurance

Acute and Community Trusts

- Infection prevention and control support offered across all Trust outbreak Incident Management Teams as required.
- Attendance at Infection Prevention and Control Committee meetings undertaken.
- Review of Clostridium difficile and Methicillin Resistant Staphylococcus Aureus Root Cause Analysis/Post Infection Reviews appeals undertaken.
- Peer review visit at Sarratt ward WHTHT. Support and advice provided
- Quality visit to the Emergency Department at WHTHT

Primary Care

- Due to the stepdown of UK Health Security Agency infection prevention and control guidance, a review of the Infection Control Audit Technology system is underway to confirm it meets requirement prior to launch.
- Four infection prevention and control link practitioners infection prevention and control training courses have been set up and most places have been booked.
- FFP3 fit tester training arranged and a number of practices have delegates booked in.
- Monthly infection prevention and control GP Webinars continue and are well attended.
- A message on monkey pox was circulated via communications department.

Issues, escalation and next steps

Primary Care:

- Infection Control Audit Technology has been approved with Information Governance and is awaiting final sign off within the ICB. Hierarchy of Controls Audit and infection prevention and control audits agreed for Primary Care.
- ICS is in the process of purchasing a course for our Infection Prevention and Control Champions in primary care using the NHSE&I funding.
- Option for fit testing is still in discussion to establish requirements in Primary Care. Potential option for train the trainer funding has been agreed.
- Monthly Infection Prevention and Control GP Webinars continue and are well attended
- Onsite training for practice staff given by the Infection Prevention and Control team.
- Support for all practices continues particularly in relation to updated National Standards of Cleanliness

Regional Maternity Programme Board East of England Summary

LMNS: Herts and West Essex

Milestones	Due date	Current assessment
Capability and Capacity Framework: LMNS progressing action plans against domains and ensuring direct reporting line to ICB by July 2022.	18 August 22	
Workforce: Each provider is submitting their workforce plan every six months to Trust board. National review of most recent Birthrate+, findings not yet shared.	27 October 22	
Percentage of trusts achieving two ward rounds each day will be known at the end of the Ockenden visits 13/18 completed to date.	18 August 22	
All trust are using the Core Competency Framework to support the training and upskilling of their Midwifery Support Workers.	18 August 22	
The Anglia Ruskin University apprenticeship programme for Midwifery Support Workers bands 2-4 to be launched in 2024. In the meantime providers are training in house.	27 October 22	
Transformation: LMNS progressing development of equity strategy with working group in place including Maternity Voice Partnerships and other stakeholders.	18 August 22	
LMNS progressing Continuity of Carer implementation in line with workforce tool (building blocks need to be in place).	18 August 22	
LMNS' supporting Digital Midwives in the approach for developing the digital strategy	18 August 22	
Following the 'Ockenden Assurance Visits' feedback, the LMNS monitors and has oversight of the maternity service action plan with trajectories to achieve full compliance, with the Ockenden Immediate and Essential Actions	27 September 22	
The LMNS supports the implementation of Saving Babies Lives Care Bundle version 2 in order to achieve Clinical Negligence Scheme for Trusts Maternity Incentive Scheme safety action 6 and Ockenden.	27 September 22	
LMNS progressing implementation of NHS smoke free pregnancy pathways and delivery plans to ensure availability to 46% of maternal smokers by March 2023.	27 September 22	

Milestone key	
Complete	The Milestone has been completed within specified timeframe – No support is required
On Track	The Milestone is currently on track to completed within specified timeframe – No support is required
At Risk	The Milestone is currently at risk of not being completed within specified timeframe – Some support is required
Will not be met	The Milestone will currently not be completed within specified timeframe – Support is required

Maternity Services - Local Maternity & Neonatal System Summary

LMNS are delivering a complete range of objectives to make maternity care safer, more personalised and more equitable. The detailed deliverables and timelines have been set out and cover the following three key areas:
Pandemic Recovery: including reopening all services when safe to do so, supporting staff to recover and supporting ICS work to increase vaccination against COVID-19 in pregnancy.
Ockenden actions: All providers continue to embed and deliver the 7 Immediate and Essential Actions identified in the interim Ockenden report and the 15 additional actions published in December in the final report. LMNSs oversees local trust actions for implementation and accountable via ICB Quality Committee and Board.
Maternity Transformation: LMNSs are asked to take responsibility for ensuring universal implementation of programme deliverables and are accountable to ICBs for doing so.
Continuity of Carer: As a system there is a commitment to provide continuity of carer as the default model of care for all women by March 2024. Implementation plans have been developed in coproduction with midwives, obstetricians and service users. There are Continuity of Carer teams in all three Trusts, roll out of further teams are planned once appropriate staffing levels are achieved and building blocks are in place. There are robust recruitment and retention plans across the LMNS.

Ockenden: As a system we continue to build on the requirements of Ockenden, working collaboratively through operational meetings and the Regional team for support. All three acutes sites received their Ockenden Assurance Visits from the Regional Chief midwife and Regional Maternity Quality Lead for East of England NHSEI in April. Feedback was positive and trusts are now responding to the findings of the visit reports.

Digital: The LMNS has been successful in securing funds to implement an electronic patient records system in 2 organisations, with the 3rd securing funding to significantly improve its digital maturity. The LMNS was also awarded funding for a 12 months fixed term digital lead role to ensure digital maternity transformation meets the requirements of relevant guidance and national programmes.

Quality and Safety: The LMNS Quality and Safety Forum is fully embedded and is a mechanism for sharing learning from risk management, incidents, complaints, mortality reviews and claims. Escalations from this meeting and the LMNS Serious Incident Oversight and Scrutiny Group Meeting are through the LMNS Partnership Board. All units use the Perinatal Surveillance Model to report to Trust Board.

Smoke free pregnancy: Pathway planned and recruitment underway to enhance existing model to meet NHS smoke free pregnancy model. Currently working to secure further funding via the ICS for full roll out

Perinatal mental health: LMNS plans involve expanding the services offered until 2 years postnatally and developing care pathways for tokophobia, birth trauma and extending services for partners and families

Equity and Service user voice: Continuing to work in collaboration with the three local Maternity Voice Partnership groups , work is also underway to co-produce and inform the LMNS Equity and Equality action plan to ensure it meets the needs of our communities.

Issues, escalation and next steps

High vacancy rates raise a number of risks in relation to the delivery of Ockenden requirements and maternity transformation programme.

Mitigations

- Recruitment and retention plans in place, including links to regional international recruitment.
- Support offers for psychological support from various agencies and platforms
- Funds allocated through a bidding process to support capacity between establishment and birth rate +, all trusts successful in securing funding.
- Birthrate+ review completed
- Regional lead to build capacity across the East of England
- International recruitment
- Support from system workforce leads
- Redeployment of seconded and specialist Midwives to improve clinical capacity
- Implementation of Regional divert and closure policies

Adult Mental Health Pressures in Acutes

Area	Issue	Mitigations
resentations in mergency epartment with lental Health resentation	Increasing numbers of people requiring psychiatric assessment or support in Emergency Departments. Exacerbated by current Adult Mental Health inpatient pressures.	• Psychiatric Liaison Team continue with strong performance seeing people in Emergency Department within 1 hour. • Proactive 2hrly ED check in by liaison team to avoid delay in assessment. • Pilot of two MIND Emergency Department workers support discharge pathways from Emergency Department to crisis alternatives in place. • Additional 136 specialist mental health practitioner being recruited to support both Mental Health and 136 pathway.
erts – Access to dult Acute Mental ealth Beds	Some patients remaining in the Acute Trust or Emergency Department for prolonged periods of time, caused by: • Increased demand for admission to adult acute mental health beds. • Under supply of beds locally. • Challenges discharging current inpatients to the community.	• Block purchase of 15 private beds locally, alongside work to improve discharge. • Joint inpatient & community review of all new admissions within first 72 hours to understand barriers to discharge and gather information. • Increased Crisis in-reach into the wards to ensure discharge plans are well supported and change from a "push" discharge pathway to a "pull" pathway. • Voluntary, community and social enterprise partners working across inpatient wards to support discharge, support access to housing & support etc.
ection 136 etentions	• There are increasing numbers of people detained in Emergency Departments under S136 Mental Health Act and awaiting secondary conveyance to/from places of safety, adding further to Emergency Department, Ambulance and Police pressures. • Lack of Ambulance capacity for conveyancing.	• A Secure Care UK pilot has begun to support 136 detention and safe conveyance to and from places of safety (Herts). • Pilot to be reviewed. • Additional 136 specialist mental health practitioner being recruited to support the Mental Health and 136 pathway.
ating Disorder	Continued demand for Adult Eating Disorder interventions, including presentation through Emergency Departments.	• Community Eating Disorders team has maintained good performance of people being seen with 28 days. • Additional short term funding in place to support pressure. • Recruitment underway for the additional support in the Crisis Eating Disorder teams • Adult implementation group has been convened to address the whole system pathway to ensure those on the waiting lists are offered support and GPs are supported in Primary Care.

Children and Young People (CYP) - Mental Health Pressures

Herts :

Presentations of CYP in crisis at ED remains high as previously . Acuity remains high. Children's Crisis and Assessment Team (C-CATT) continues to see unprecedented influx of referrals both in the community and in the Acute Hospitals, of which levels of complexities, need for medical treatment, those needing Mental Health Act Assessment (MHAA), social care interventions have also risen. There has been an increase in complex discharging/care planning/delays which may reflect the growing nature of young people's needs stemming across differing services and time needed to put plans in place to meet their complex needs.

C-CATT have been present at both Herts acutes for most days despite ongoing recruitment and workforce challenges. Whilst there have been some positive recruitments into C-CATT, there are still some vacancies and staff absences which place additional pressures on the team. Due to high levels of demand, they have added a Saturday clinic every other week as an enhanced mitigation and way to reach the client numbers. CCATT are looking at a recovery model to get back to pre covid status of reaching the needs of young people and achieving Key Performance Indicators (KPIs).

Recruitment is due to commence for the CAMHS Paediatric liaison model within each acute trust. We continue to deliver support and training to our acute trusts to enable them to have enhanced knowledge and confidence to provide support to a number of CYP on the Children's ward who have co-morbid mental and physical health needs.

West Essex :

The service continues to support the acute hospitals in their management of Children & Young People with Mental Health difficulties and eating disorders whilst they await Tier 4 beds. The numbers of children and young people presenting fluctuates, recent figures show a slight reduction in the numbers of children and young people waiting for a Tier 4 bed across Herts and Essex.

CAHMS - Staffing capacity remains the biggest risk to service delivery. The service has seen increasing levels of staff sickness, a reduction in staff morale and is at risk of increasing attrition due to changes within the service.

There has been a notable rise in CYP presenting with Eating Disorders across Essex, these CYP do not meet criteria for an eating disorder service and support and management can be difficult.

Issues, escalation and next steps (including mitigating actions)

Herts :

- A new Early Help Eating disorder service is now operational in Hertfordshire and should support improved demand and capacity and patient flow**.**
- As staffing capacity remains the biggest risk to service delivery, recruitment drives continue, and agency staff are employed to cover vacancies to ensure CYP receive the care and treatment they need.
- Tier 4 beds for Eating Disorder Patients remains challenging. Co-morbidities/dual diagnosis are further restricting bed placements. Work continues as a system to address this (Health and social care).

West Essex :

- To support resilience staff are encouraged to make use of the staff wellbeing service; staff psychological surveys have been distributed. team away days are held, all staff receive supervision, and they are supported by the freedom to speak up guardian.
- Recruitment drives continue, agency staff employed for cover. Provider has appointed a targeted role to support workforce, recruitment drive, job sculpting etc.
- To respond to increases in demand provider is looking into defining pathways for eating disorders to ensure CYP receive input from the right services, alongside providing education and training to acute services to ensure the needs of CYP are appropriately addressed while in the acute setting

Princess Alexandra Hospital CQC Inspection Summary

Progress and Action:

- Trust continue to report weekly to the CQC in terms of Emergency Department (adult and paediatric) workforce, clinical observations, risk assessments and time to triage. To date improvements had been consistent and sustained.
- CQC Section 31 has been reviewed as part of internal round-table comprising Urgent Emergency Care Triumvirate Executive team . Acknowledged conditions on licence, team commended for progress made. Introduction of NERVECENTRE seen as a critical step before removal of section 31 request is made. Electronic driven pathways and implementation go live in July 2022. Agreement to review position in September

  **Nervecentre is a new electronic patient record system (EPR) providing real-time information top acute hospital teams to support effective, safe and timely care.*
- Colleagues in West Essex recognise the huge amount of work undertaken by the Trust and progress made – well informed of work underway and good relationships with team have fostered open learning approach and continue to support Trust . Engagement through clinical effectiveness groups and support delivery of action plans through peer review and planned quality assurance visits to clinical areas

Peer Review Summary

Table-top Peer Reviews -Working alongside trust to focus on CQC Must and Should Do Actions as part of Table-Top Peer Review meetings. Alongside the Trust's internal improvement tracker, this insight is used to understand themes, issues, and risks to further support the Trust to address key gaps. Oversight, assurance and compliance data is presented, and Business As Usual reports – broader suite across Key lines of enquiry framework around data, intelligence, peer review to ensure we have oversight of quality compliance

Quality Assurance Visits - Supportive quality visits being undertaken by Nursing and Quality team West Essex Health Care Partnership – targeted support and opportunities for improvement identified. Forward View Plan (Quarter 1 – 2022) with scheduled areas of focus developed in partnership with Trust and NHS England Improvement colleagues – areas covered include Maternity and Paediatrics, Emergency Department, Infection Prevention and Control / Mental Health Adults/Children, Safeguarding and Learning Disabilities. Notable improvements seen within the department and visual poster displays introduced to encourage patients to communicate with staff during busy periods

Joint Improvement Work Quality First Team:

- Developing Clinical Vision for Unplanned Emergency Care – alongside Dr. Ian Sturgess - working with the Trust and wider system to support clinical vision for unplanned emergency care, which will help inform medium and long-term improvement programme / outputs from workshop 7th June 2022
- **Acute Assessment Unit Quality Improvement** – performance is high when unit functions as assessment – following on from recent Improvement Quality Assurance Visit recommendation to optimise Same Day Emergency Care and review of pathways to improve flow – continue to support improvement work through Urgent Emergency Care programme board/Clinical Workstream. Re-set of Acute Assessment Unit as a priority – Ico-design Improvement Methodology to progress work alongside Quality First/Ian Sturgess/Clinical Teams

Issues, escalation and next steps

Urgent Care – Current Pressures in Emergency Department and Impact on Patient Flow
Increased attendances and Impacts of EEAST system pressures and additional ambulance demand. **4-hour standard Type 1 Activity** – PAH are 39/116 nationally. 19th June 2022 trust achieved 77% compliance with 4-hour standard. Work within the team to establish what went well and what can be learned

Long waits in Emergency Department – 12-hour breach data Backlog from Nov 21 – May 22 is now complete. Finalising June (post validation). Real-time Harm Reviews are taking place at daily Safety Huddles. Oversight/assurance of process in place to recover backlog and governance through Joint Safety Performance Quality meeting/Patient Safety Group/ Incident Management Group

- **Introduction of NERVECENTRE*** being implemented end of July
- **Digital Kiosk Streaming** (streaming and triage) - business case
- **Pilot - Improvement of non-admitted 4-hour performance** and management of overnight long-waits (awaiting sign-off finance)

Additional CQC Inspection Provider Summary (2)

West Herts Training Hospital NHS Trust (WHTHT) : Following the unannounced CQC inspection of maternity services at WHTHT on the 13th October 2021 , and overall downgrading from Good to Requires Improvement. Below is the latest progress against the 4 key 'must-do' actions;

- Guidelines – now fully compliant and new system in place to forecast future reviews.
- Staffing – WHTHT are working in line to meet targets by March 2023. The Trust currently have a 15% WTE vacancy factor. 28 student midwives due to quality in August 2022 and have automatic offers of employment. Mitigations in place ensure staffing is managed within safe staffing policy.
- Leadership – Director of Midwifery is now in post and 5 Obstetric Consultants will be in April 2022.
- Cleanliness / Estates – Ongoing actions to maintain cleanliness. Nitrous oxide (NO) monitoring has presented a challenge with delivery of monitors and plans are in place to manage this.

East of England Ambulance Trust (EEAST): CQC undertook an announced inspection of the emergency and urgent care and emergency operations centre core services between 5 April and 6 April 2022. CQC also inspected the well-led key question for the trust between 4 May and 5 May 2022. Overall rating has moved from Inadequate to Requires Improvement. Further information can be found here; https://api.cqc.org.uk/public/v1/reports/23e4cf38-b686-4e6f-88d9-a0a81d7a9574?20220715112650 .
Must do actions include:

- Providing mandatory training in key skills to all appropriate staff and volunteers.
- Ensure there are enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and or to provide the right care and treatment.
- All staff must receive appraisals, one - to one support and that clinical staff receive clinical supervision.
- Develop existing staff engagement processes to improve staff wellbeing and respond to staff concerns within the service.
- Improve access to resources for local managers to take action to manage inappropriate behaviours
- Ensure application and recruitment process for internal promotion is open and transparent.
- Ensure people can access the service as required , and that response times for calls meet national standards.

Hertfordshire Partnership Foundation NHS Trust (HPFT):
In January 2022 , HPFT were issued with a 29A Warning Notice for Forest House and rated the service as Inadequate. Concerns related to a lack of suitably trained and experienced staff , poor medication management , lack of psychology input in the care of young people , lack of physical health checks and a lack of oversight and service monitoring.

Issues, escalation and next steps

WHTHT :
Nitrous Oxide level monitoring – monitors are in final stages of testing and scavenger units in place , due to go live by August 2022. Delays due to contractor amendments and plan in place to support requirements if levels identified require action. Recruitment /retention plans in place and trajectory for March 2023 for full establishment.

EEAST:
CQC Inspection Action Plan to be agreed. Date tbc. For further assurance information about EEAST please see the corresponding EEAST slide within the quality report.

HPFT :
Capacity was reduced to 10 young people beds before Christmas, and currently there are six inpatients. Leadership has been strengthened, to provide impartiality and a review in respect of the service improvement plan. The five areas covered by the warning notice are being monitored in respect of 'should dos' and 'must dos' with weekly meetings with senior leadership team for oversight.
Building work is due to be completed in July 2022 and a trajectory is in place to safely increase bed capacity. Staffing comprises 70% permanent to 30% temporary.
CQC due to re-visit .Date tbc

Primary Care CQC Inspection Summary (3)

Table of Care Quality Commission (CQC) Overall Ratings (Across Hertfordshire and West Essex) as at July 2022

Place	Outstanding	Good	Requires Improvement	Inadequate	Inspected awaiting publication	Total
East & North Herts	0	50	1	0	0	51
Herts Valleys	1	54	0	0	0	55
West Essex	1	27	0	1	1	30
TOTALS	**2**	**132**	**1**	**0**	**1**	**136**

West Essex:

- **Lister Medical Centre (Harlow South Primary Care Network)** has recently received an announced fully comprehensive CQC inspection, which was published 23rd June 2022. The practice has been rated as 'Inadequate' overall with Inadequate ratings for Well-led, Safe, Responsive and Effective. Caring was rated as Good. The practice have been placed in special measures and will be inspected again within 6 months. (See slide 4 for further detail)
- **Stellar Healthcare Ltd**, a General Practice Provider Company that provides a Central Referral Service, GP with Specialist Interest (GPSI) services and Extended Hours services in West Essex has recently received an announced fully comprehensive CQC inspection, which was published 20 June 2022. They were rated as 'Requires Improvement' overall with 'Requires Improvement' in safe and well-led. Other areas were rated 'Good'. The Integrated Care Board (ICB) has written to the provider asking them to advise what actions they are taking to address the issues raised by the CQC and to return this as an action plan. Progress will be monitored through the performance and quality meetings held with the provider
- **Palmerston Road practice in the Loughton, Buckhurst Hill, Chigwell Primary Care Network** has recently received an announced fully comprehensive inspection and were rated as 'Good' overall with Good for all key questions (published 7 July 2022)
- The CQC have confirmed that all Direct Monitoring calls carried out in the last 2 months were satisfactory and no further regulatory action was required

East & North Herts:

- **Stockwell Lodge Medical Centre** is rated as 'Requires Improvement'. The Nursing & Quality team continue to support the practice whilst they await re-inspection.
- The CQC have confirmed that all Direct Monitoring calls carried out recently were satisfactory, other than one practice, who were booked for an inspection.
- A full inspection at **Burvill House Surgery** took place on the 7th July 2022, while publication of the report is awaited, initial feedback from CQC is positive. Support was offered to the practice prior to inspection but the practice did not require support.
- A routine inspection is scheduled in July for **Buntingford & Puckeridge Medical Centre.** The Nursing & Quality team have offered support to the practice.

Herts Valleys:

- There are currently no practices that are 'Inadequate' or 'Requires Improvement' overall
- CQC have plans for inspections, however dates are awaited
- The CQC have confirmed that all Direct Monitoring calls carried out were satisfactory and no further regulatory action
- **Watford Health Centre** have received a complaint that was received by NHSE - currently being investigated - CQC have been informed

Adult Safeguarding

Overview :

Mental Capacity (Amendment) Act (2019): The Code of Practice and Regulations consultation closes on 7th July. The Adult Safeguarding have compiled an ICB response and participated in multi-agency responses for both counties. It is anticipated that the Government response to the consultation will be published in winter 2022/23 and an indication of implementation date will be given at this time. LPS preparation workshop will be held on 14th September, facilitated by regional lead, NHSE Regional Liberty Protection Safeguards Clinical Lead to explore implementation of LPS within the HWEICB.

Herts :

Domestic Abuse: The newly recommissioned Hertfordshire Independent Domestic Violence Advisor Service is now commencing. The Named Nurse for Adult Safeguarding will oversee the provision for health and presence within primary care . Discussions at the Essex Domestic Abuse Local Partnership Board has highlighted the need for future multi-agency financial contribution to develop services.

Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews (DHRs) & other reviews:

In Hertfordshire there are 3 SARs in progress and 4 SAR reports awaiting agreement. There are 4 DHRs in progress and 5 waiting to commence A multi-agency rapid review of the 5 pending DHRs took place last month to identify immediate learning whilst awaiting the full DHR.

West Essex:

SARs and DHRs -Essex Safeguarding Adults Board has received 1 SAR Referral- determination has not been made yet whether it will be progressed to a full SAR. Information is currently being collated.
DHRs- There are 3 open in the locality- 1 with the Home Office, 1 for Epping, 1 for Harlow-Level 2, 1 for Uttlesford- which is going to be a level 3.

Essex Safeguarding Adults Board- Reviewed the Safeguarding Adult Guidelines in April 2022. New sections were added on to key topics; These new sections relate to: Think Family, sexual abuse, transition, carers and young carers. Significant updates also made to referral to police, consent in relation to safeguarding, LADO and Domestic Abuse

Mental Capacity Act & Liberty Protection Safeguards (LPS) -The public consultation on the Mental Capacity Act Code of Practice and LPS implementation continues. Key Stakeholders have been invited to respond to the consultation as individuals or in groups. Meanwhile, there has been a barometer check of the readiness and preparedness regarding Liberty Protection Safeguards implementation. The responses are analysed, and the information will be fed- back into the systems
Domestic Abuse -The Local Domestic Abuse Partnership Board has embarked on some Discovery work whereby partner agencies will contribute financially to the project work being undertaken around domestic abuse.

Issues, escalation and next steps (including mitigating actions)

Herts :

Mental Capacity (Amendment) Act (2019) :

- Work to ensure a strong foundation in the knowledge and use of the Mental Capacity Act (MCA) continues within ENH/HV and providers.
- The Safeguarding Team and relevant colleagues are active members of the Hertfordshire and Essex local authority Liberty Protection Safeguards (LPS) Programme and Implementation Boards and the NHSE&I LPS Implementation Steering Group.
- The ICB LPS Operational Group works together in preparation for an implementation date and to ensure the Executive Team are kept informed.

Domestic Abuse:

- Development of Domestic Abuse and Sexual Violence policy for GP practices led by the Named Nurse
- Adult Safeguarding Team has commissioned further primary care Domestic Abuse webinars to be delivered in the Autumn. To focus on intrafamilial abuse in response to learning from DHRs

West Essex :

- LPS - Barometer check of readiness and preparedness. The responses will be analysed and fed- back into the systems
- Following publication of one SAR; from wider Essex learning focus on what agencies/ GP practices/surgeries can do to identify and engage vulnerable people who Do Not Attend etc

Children Safeguarding

Herts:

Child Death - Significant number of cases awaiting review by Child Death Overview Panel (CDOP)outside recommended time scales, and compounded by long term sickness in admin support provided by Hertfordshire Safeguarding Children Partnership (HSCP) business unit. Issue noted on commissioner and Hertfordshire County Council (HCC) risk registers. Proposed change to the service model agreed and potential provider identified.

Children Looked After (CLA) - The number of Hertfordshire children in care is now 1005 a reduction of < 1% since last Quarter. There is an overall increase in last 3 years associated with greater complexities and risks. Initial Health Assessment completion has continued to stabilise. Gaps in dental provision identified .No commissioned provision for diagnosis of Foetal Alcohol Spectrum Disorders to meet the NICE Quality Standard.

No pathway in place for UASC TB Screening as GPs are not contracted to support this.

Fathers and Partners - Current gaps in involving fathers in risk assessment and information sharing . Universal Services and Maternity do not routinely involve fathers in assessment at point of care.

Multiagency Safeguarding hub (MASH) - Following death of Arthur Labinjo-Hughes in Solihull and the Joint Targeted Area Inspection (JTAI) recommendations a review of HSCP MASH capacity identified gaps in partner agency contributions and information sharing /joint decision making.

West Essex:

Safeguarding Practice Review Report- awaiting publication following criminal prosecution. Learning continues to be disseminated.

Non-accidental injuries (NAI) to infants/ children - Six children in West Essex have been identified as potentially experiencing non-accidental injuries (NAI) since January 2022, of which 4 were under 6 months of age. Three have been confirmed as NAI and are now in local authority care; two remain unconfirmed. Parental mental health was considered a key contributory factor.

Missing West Essex Child - A child (Ward Of Court) has been removed from the country by his mother. All services are aware and working together to expedite the child's safe return.

Children presenting with complex mental health illness - Young people awaiting allocation of a Tier 4 bed or other specialist provision within the acute hospital who are not subject to the Mental Health Act and are being supervised 24 hours and not free to leave, are potentially being deprived of their liberty. Parents/ carers cannot consent to a deprivation of liberty. This presents a risk both to the organisation and the responsible local authority. It is the duty of the court under its inherent jurisdiction to make a deprivation of liberty order where indicated.

GP child protection case conference reports - Work is underway with Essex Children Social Care to consider how to support GPs to present the information required for child protection case conferences.

Essex Multiagency Thematic Audit (MATA) Neglect - A MATA on Neglect has been completed with Primary Care using focus groups. Outcome report has been submitted to the ESCB . Learning to encompass an Essex-wide perspective.

Issues, escalation and next steps (including mitigating actions)

Herts :

CDOP- increased panel meetings, clinical and admin resource provided from HSCP and the commissioner. Revised model of delivery agreed and discussion with potential provider have commenced.

Children Looked After(CLA);

-Provider mitigating need with use of PHNs to undertake RHA. IHA completion remains stable

-Working with national team to improve access to dental care for Children Looked After. -Collaboration with commissioners to develop pathway. Individual Funding Request (IFR is available where required.

-Escalated to Chief locality Officer and to Designated Network to find solutions.

Fathers- Current plans to review Strategic oversight of current practice model is underway with HSCP / Family Safeguarding Board.

MASH -An interim MASH model has been agreed with additional funding to increase capacity and mitigate identified risk.

West Essex:

Non-accidental injuries (NAI) to infants/ children -Learning from national /local child safeguarding practice reviews of cases of NAIs continues to be shared and local pathways strengthened.

Complex mental health illness - Legal advice is expedited when a young person is detained without relevant governance framework.

GP case conference reports -Pilot project to identify template and process GP's can engage with in progress

Patient Safety

West Essex Serious Incidents (SI) 2021/22:

- 56 serious incidents affecting West Essex patients were reported within the year (5 de-escalated). 33 Sis were closed, 23 remain open under investigation. The West Serious Incident Assurance Panel assessed and closed a total of 132 SI within year – 99 of these were reported before April 2021.

Top three reporting organisations:

- The Princess Alexandra Hospital – 28 (1 de-escalated) . Five of these are being investigated by the Maternity Division of the Healthcare Safety Investigation Branch . East of England Ambulance Service - 8 declared and (2 de-escalated) and Ramsay Healthcare 4 declared (1 de-escalated)

Themes of learning from other SI relate to:

- Shortages and movement of staff leading to individuals caring for patient groups and in locations with which they were unfamiliar
- Education gaps in fundamental aspects of care due to education programs being paused during the pandemic
- Human factors assumption of staff knowledge due to seniority
- Procedures not in place/unclear for certain aspects of care/escalation
- Organisation not taking measures to ensure that staff knew that a process/policy was in place or had changed
- Documentation of decision making/risk assessment not robust or missing

Herts Valley Serious Incidents (April / May 2022):

- 122 COVID-19 related SIs have now been closed at West Herts Training Hospital Trust (WHTHT) and a thematic review was produced encompassing learning and actions which have been shared with partners. Further progress achieved with reducing the remaining backlog of investigations with trajectories agreed and set by the Trust and commissioners .
- 13 new SIs declared in April / May 2022.The main theme relates to Infection Control.
- **Never Events** – 2 Never Events at WHTHT declared in Q1/Q4 related to theatres. The first was due to an incorrect lesion removal and the second, a retained swab. Immediate actions taken**.**
- **Mental health services** - there has been a reduction in SIs when comparing Q4 (23) to Q1 (18). Overall theme's for these SIs is 'Apparent/actual/suspected self-inflicted harm'

East and North Herts SIs

- Between April and mid-June 30 Serious Incidents were declared by local providers relating to patients in East and North Hertfordshire.
- The main reporting organisations were; East and North Herts Trust- 13 Serious Incidents were reported. Key themes related to treatment delay, maternity and slips/ trips/ falls
- Hertfordshire Partnership Foundation Trust- 11 of the 27 Serious Incidents declared related to ENH patients, the majority related to actual or suspected self-inflicted harm.
- Hertfordshire Community Trust- 4 Serious Incidents were declared including 1 being led by NHS England and Improvement around a vaccination incident.
- For ENH Serious Incidents the main themes was slips/ trips and falls.

Issues, escalation and next steps (including mitigating actions)

West Essex

Never Events :2 declared at The Princess Alexandra Hospitals ; 1 relating to a guidewire inadvertently left in when a central line for renal replacement therapy was inserted, the other an oral medication inadvertently given to a patient via the intravenous route. Both patients were unharmed. As a result of these incidents the Trust is currently auditing all processes related to the never events relevant to their services.

- **Ambulance Delays :** 5 of the East of England ambulance service SI relate to delays attending to a patient and the subsequent death of the patient. There are recognised system issues with the ability of ambulance teams to handover patients at hospital due to capacity, leading to those ambulances being unavailable for the next 999 call. Work is being undertaken at regional level, across all relevant organisations to mitigate these risks of the 132 SI closed in year, 59 related to patients who contracted healthcare acquired COVID 19 at The Princess Alexandra Hospital (in 2020) - These were investigated as a group, a single report was produced. This was a robust and significant piece of work the learning from which enabled Princess Alexandra hospital to implement a 10-point improvement plan. Actions were effective and reduced future cross infection.

Herts Valleys:

Never Events in Theatre : Quality assurance visit undertaken to identify further learning, assurance and actions . Visit report currently being finalised, areas for future focus discussed with WHHT include a clear plan regarding auditing, including through observational audits around WHO checklist compliance and ongoing roll out of human factors learning for staff.

- Re IPC SIs Infection control actions at WHTHT include focus on consistent standards of cleaning and decontamination as well as reviewing allocations of staff to dedicated areas preventing risk of further transmission.
- **Mental Health :** Review of the risk assessment document on PARIS to ensure that specific questions or prompts about pain are included as part of the assessment.
- A completed evaluation of the current Personality Disorder pathway including an assessment of current demand levels and available capacity to treat all people.

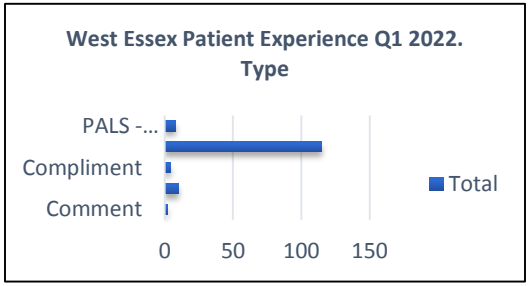
HWE :

- Continue to work closely with providers in relation to the techniques that can be used to carry out an investigation to gain most benefit
- Establishing trajectories for closing all open SI
- Ongoing partnership work with providers to gain assurance on changes to practice that is collaborative and timely. An ICB Serious Incident policy
- Learning from Serious Incidents: The ICB Nursing and Quality Team regularly undertakes Quality Assurance Visits during which learning form incidents and Serious Incidents is reviewed. Key Serious Incidents are also discussed at the provider and commissioner quality meetings.
- Work is ongoing with all providers to reduce any backlog of Serious Incident investigation reports and clarifications prior to the implementation of the new Patient Safety Incident Response Framework (PSIRF).

Patient Experience

Complaints: In Q1* ENH investigated 2 new complaints. One related to IFR and one related to medication not being prescribed in the local area. 5 MP enquiries were received . Themes included Phlebotomy, CHC process, discharge summaries and ASD/ADHD assessment. There were 55 PALS and vaccination queries , compared to 50 PALS and vaccination enquiries received in Q4. The main themes continues to relate to Hertfordshire Eye Hospital, COVID-19 vaccinations, funding issues, and referral delays and a proposed GP practice closure. *audited from 01/04/22 to 13/06/22

In Q1 West Essex investigated 10 complaints relating to clinical treatment across various providers (3 relating to PAH, 1 complaint relating to EPUT, 2 funding concerns and 4 in West Essex relating to quality and experience)
In addition there were 115 PALs queries and collectively the top three themes relate to quality of Clinical treatment - 26%,
Communication (oral) – 17 % and Communication (written) – 7%.
Learning is shared across organisations with primary and secondary care Colleagues through regular attendance at GP locality meetings and West Health Care Partnership group. There is a notable change from previous data seen in Q4 where top themes consistently related to access and care and treatment delays.



GP Hotline: 184 hotline queries reported in Q1, down from 241 reported in Q4. In Q4 ,28 queries were flagged by the Hotline as patient safety concerns; compared to 30 reported in Q4.
ENHT - There were 45 queries reported, a decrease from 71 reported in Q4. Themes include issues relating to discharge paperwork, pathways, prescribing issues, chasing referrals and inappropriate work sent to GPs . The number of patient safety related queries during this period has decreased from 24 in the previous quarter to 9 during Q1.
PAH-There has been 40 queries reported in Q1, the same number as in Q4. Themes in Q1 include queries relating to chasing referrals, GP sent inappropriate work, referral processes or rejections, consultant to consultant referrals, poor discharge paperwork, inadequate after care arrangements, chasing results and Ophthalmology referrals rejected months later. There were 10 patient safety related queries reported in Q1, an increase on the 5 reported in Q4.
HCT-There have been 7 queries reported in Q1, a decrease from 15 reported in Q4. Five of the enquiries were related to referral processes and referral rejections. There was 1 patient safety related query in Q1 reported to the hotline for HCT and 1in Q4.
HPFT- There have been 9 queries reported in Q1 compared to 12 reported in Q4. Queries related to difficulty with referring, pathways or to accessing services. There was 1 patient safety related query reported in this period compared to 0 in Q4. The other 83 queries reported through the hotline mostly related to consultant to consultant referrals, test results processes and chasing, cancelled appointments, IFR and pathways.
QAS : For Q4 WHTHT and HCT are the two providers that most of the alerts relate to. Key themes were; Delayed discharge letters, Inappropriate request for GP action, Medication concerns.

Information and intelligence gathered from patient experience contacts, is used to inform feedback to providers at contract/quality meetings, through direct discussions with stakeholders for example sharing themes and trends with Primary care networks. Specific actions and outcomes are also followed up where appropriate via quality assurance processes.

Issues, escalation and next steps (including mitigating actions)

Herts and West Essex:
- Patient experience Team collaboration in place across ICB to develop pathways and processes for consistent application of function.

Hotline:
- The hotline continues to have a reduced service provided in line with business continuity plans; and processes urgent or patient safety related queries, or those impacting on multiple patients or practices only.
- Meetings have taken place with team members from across the three commissioners to understand the varying processes they use, in preparation for transition to the ICB.

QAS:
- Continued support to Primary Care by liaising with providers to assist resolving themes around inappropriate requests. Delays to receiving discharge letters continues to be raised within quality meetings with Providers alongside Patient safety meetings as appropriate.

East of England Ambulance Service NHS Trust (EEAST)

Overview:

- CQC inspection undertaken in April and May 2022 of urgent care and emergency operations centre core services between 5 April and 6 April 2022. Overall Trust Rating has moved to Requires Improvement from Inadequate. Further details are provided in the CQC summary update slide.
- NHSE&I continue to provide additional support having placed EEAST into Special Measures in October 2020. Progress regarding the Trust's improvement plan, reviewed by the EEAST Oversight and Assurance Group, was recently reviewed by KPMG at the end of 2021. Areas for improvement include leadership, safeguarding, Human Resources functions and processes, governance, culture, and management of risks, issues and performance.

- Due to operational pressures local data for complaints were not available. For EEAST as a whole there were 42 complaints received in March (latest available data). The majority of upheld or partially upheld complaints across the region relate to delays in ambulance attendance, clinical treatment, staff attitude and call handling.
- Significant delays in arrival to handover times at all Acute Trusts across the sector continue. EEAST attend the daily system calls and are working with partners to improve flows and review of escalation procedures. The Hospital Ambulance Liaison Officer role continues in 2022/23 and is hoped to have a positive effect on these figures going forwards.
- There are 4 SIs declared at the time of writing for Q1 (April – mid June), 1 of which was for a ENH patient. The overall theme of SIs remains delayed care. A new framework for SIs for system delays is being piloted from April.
- Compliance with IPC audits across the Trust has improved and meets compliance standards. Due to operational demands of both EEAST and the commissioner, Quality Assurance Visits have not been undertaken but will be scheduled in the future.
- Assurance sought from EEAST regarding statutory and mandatory training. System pressures have affected compliance and continue to decrease from 69% in November to 65% February (latest data available), remaining below target. A recovery plan has been shared and includes a planned 1 day training abstraction through to June to improve training compliance.
- Activity into EEAST remains high. During March (latest available data for Hertfordshire and West Essex) the Cat 1 performance was 10:32, worse than 09:26 in January. The C2 performance was 01:01:18 in March, down from 47:03 in January and continues to be significantly below the 18 minute standard. With increased activity and patients' acuity this has a knock-on effect on C3and C4 performance as EEAST have to prioritise the sickest patients. Response times worsened in February and March and local resources were diverted outside of the area to support neighbouring areas.
- Staff sickness levels have reduced from peak Covid levels but remain significantly higher than pre-Covid. Many staff are off with stress and anxiety .

Issues, escalation and next steps (including mitigating actions)

- CQC Inspection 2022 – for caring KLOE EEAST were rated as good , with inadequate ratings for safe , effective , well led and responsive domains. CQC action plan to be agreed. Date tbc
- Safeguarding training is below the 90% target but shows early signs of improvement. Level 1 compliance is 64% in March, up from 63% in February. Level 2 is 65%, up from 63%. Level 3 is 73% up from 72%. Assurance has been given that this will be at target by August 2022.
- Appraisal rates continue to fall from 43% in November to 40% in February (latest available data). Assurance has been sought as to how this will be resolved.
- Ambulance delays continue but with some improvement between March 2022 and May 2022. There is a clear link between the length of handover delay and the risk of harm. The commissioner will continue to work with the wider healthcare system to reduce handover delays.
- To mitigate the performance EEAST continue to maximise bank and agency staff, offering overtime incentives at peak periods, and all non-essential meetings are being cancelled. In addition, EEAST converted the Rapid Response Vehicles to Double Staffed Ambulances as C3's require transportable resources. Resource Escalation Action Plan level 4 actions remain in place.

Acronyms

BPAS	British Pregnancy Advisory Service
BSI	Blood Stream Infection
C. difficile	Clostridioides difficile
CAMHS	Child Adolescent & Mental Health Services
C-CATT	Children's Crisis Assessment and Treatment Team
CHC	Continuing Healthcare
CLCH	Central London Community Healthcare NHS Trust
CPA	Care Programme Approach
CQC	Care Quality Commission
CYP	Children and Young People
DA	Domestic Abuse
DoLS	Deprivation of Liberty Safeguards
E. Coli	Escherichia coli
EEAST	East of England Ambulance Service NHS Trust
ED	Emergency Department
ENHCCG	East and North Hertfordshire Clinical Commissioning Group
ENHT	East and North Hertfordshire NHS Trust
ESR	Electronic Staff Record
GP	General Practitioner
HAT	Hospital acquired thrombosis
HCAI	Healthcare Associated Infection
HCC	Hertfordshire County Council
HCT	Hertfordshire Community NHS Trust
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HR	Human Resources
HSCP	Hertfordshire Safeguarding Children Partnership
HSMR	Hospital Standardised Mortality Ratio
HUC	Herts Urgent Care
HWE	Herts and West Essex
HVCCG	Herts Valleys Clinical Commissioning Group
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention and Control
IT	Information Technology
LD	Learning Disability

LeDeR	Learning Disabilities Mortality Review
LMNS	Local Maternity and Neonatal System
LPS	Liberty Protection Safeguards
MADE	Multi Agency Discharge Event
MCA	Mental Capacity Act
MDT	Multi-disciplinary Team
MP	Member of Parliament
MRSA	Methicillin Resistant Staphylococcus Aureus
MSE	Mid and South Essex Partners
MSSA	Methicillin-sensitive Staphylococcus aureus
NECS	North East Commissioning Support Unit
NHS	National Health Service
NHSE&I	NHS England and NHS Improvement
PAH	Princess Alexandra Hospital NHS Trust
PALS	Patient Advice & Liaison Service
PAMMS	Provider Assessment and Market Management Solution
PCN	Primary Care Network
PPE	Personal Protective Equipment
PREVENT	Strategy to identify vulnerable individuals at risk of radicalisation
PTL	Patient Tracking List
Q1, Q2…	Quarter 1, Quarter 2 etc.
RAG	Red Amber Green
RCA	Root Couse Analysis
RF	Royal Free Hospital Trust
RTT	Referral to Treatment Time
SHMI	Standard Hospital Mortality Indicator
SI	Serious Incident
SIP	Safety and Improvement Process
SOP	Standard Operating Procedure
SPA	Single Point of Access
VTE	Venous Thromboembolism
WECCG	West Essex Clinical Commissioning Group
WHHT	West Hertfordshire Hospitals NHS Trust
WRAP	Workshop Raising Awareness of Prevent
WTE	Whole Time Equivalent
YTD	Year To Date

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**27/07/2022**	
Report Title:	**Performance Report**				**Agenda Item:**	**10**	
Report Author(s):	• Alison Hendron, Deputy Director Performance and Delivery, Hertfordshire & West Essex ICB • Stephen Fry, Assistant Director of Performance West Essex, Hertfordshire & West Essex ICB • Shazia Butt, Acting Associate Director of Quality & Performance Improvement, South West Herts, Hertfordshire & West Essex ICB • Jo O'Connor, Assistant Director of Performance East and North Herts, Hertfordshire & West Essex ICB						
Report Signed off by:	Frances Shattock, Director of Performance and Delivery, Herts & West Essex ICB						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☐	**Information** ☐
Report History:	Committees in Common and Performance Board						
Executive Summary:	The ICS Performance report provides an overview of the performance and quality of services being delivered by the system against key standards and benchmarks. Issues are escalated by exception with a focus on actions and next steps being taken to address. **Assurance/Escalations to Board** Performance is challenged across the board as highlighted under the Executive Summary on page 2 of the report; Urgent and Emergency Care (UEC) and Mental Health (MH) are the main areas for escalation.						
Recommendations:	The ICB Board are asked to note the contents of the report.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☐
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☒

Hertfordshire and West Essex Integrated Care System Performance Report July 2022

Hertfordshire and West Essex Integrated Care System

Essex County Council

Hertfordshire

NHS

Executive Summary

URGENT CARE, Slides 6-12: ICB performance is worse than regional average, ranking 5th for 4 hour standard, but better than regional average for 111 calls answered within 60 seconds, ranking 2rd

- 111 call volumes continue above commissioned levels and mean data points, the ICB is ranked 2nd in the region for 111 performance. Call volumes answered within 60 seconds increased in month by 9%.
- ED attendances have remained consistently above historical average and there was an in month increase of 3,500 patients. ED performance was 65.1% and shows a trend of slowly deteriorating performance compared to a baseline of 76.4%. However the numbers of long waits and 60 minute handover delays are now stabilising, and % of patients waiting 12hrs in ED has reduced by 44 patients in month.
- Continuing to progress NHS 111 First and Same Day Emergency Care (SDEC) work programmes to relieve pressure on UEC flows, increase use of alternative admission avoidance pathways and review MH pathways, with mitigations starting to deliver improvements in some areas. ICB has commenced working with the national team on the Integrated UEC (iUEC) to drive recovery and support improvement.

CANCER, Slide 15: ICB performance is better than regional average, ranking 2nd in region for 2 Week Waits and 62 Day First Treatments

- Although performance slipped in month, the ICB continues to perform comparatively well against the key cancer standards and was second in the region for Cancer 2ww and Cancer 62d.
- 62 day backlogs have stabilised at a level significantly above pre pandemic levels and the reduction seen over the last few months in patients waiting over 104 days has now slowed. The majority of 104 day waits are at WHTHT, but there are particular issues with Urology capacity at PAH. Demand and capacity planning continues in line with the national recovery plan, with joint working to ensure governance and harm reviews are in place. Targeted mutual aid in place across the system. Referrals remain high, but no significant variation to recent months.

PLANNED CARE, Slide 12: ICB performance is worse than regional average, ranking 5th in region for 18 weeks

- Actions in place are delivering continued improvement to 104 Week Waits and the ICB is largely on track to deliver the target to eliminate 104 weeks by the end of June 2022.
- Having reduced during Quarter 4 of 21/22, the number of patients waiting over 52 weeks is again increasing. High referral volumes in early 21/22 are now reaching their 52 week wait, and “pop-ons” of long waiting patients are being identified through enhanced validation.
- Further decline in 18 week performance and the ICB remains at 5th in region. Covid and UEC pressures continue to impact workforce, operating and bed capacity; Trauma and Orthopaedics remains the main area of pressure for long waiters.

DIAGNOSTICS, Slide 14: ICB performance is better than regional average, ranking 3rd in region for 6 week wait

- 6 week wait PTL levels have now stabilised at pre pandemic levels and whilst below standard, ICB performance is better than regional average. PAH performance remains >80% and significantly betters the national average. Referrals remain very high, particularly in Ultrasound and this is being investigated across the system. Outsourcing arrangements are in place across a range of modalities and the ICB Executive Team has reviewed Community Diagnostic Centre (CDC) proposals across the three places, their funding implications, and agreed to proceed with the development of business cases.

MENTAL HEALTH, Slide 18-19: Escalated pressure on services

- Dementia diagnosis remains challenged in Herts. A number of primary care initiatives are in place to improve performance including an Enhanced Commissioning Framework (ECF) for GPs to improve coding
- IAPT Access deteriorated in month at ICB level, primarily due to a decline in West Essex. A comprehensive IAPT engagement plan and dedicated assessment weeks are in place, with outsourcing also being explored by the lead provider.
- Pressure for Mental Health beds continues, but Out of Area Bed Placements improved in April as a result of block bed purchasing in area, as well as the ability to flex and maintain community input.
- CYP requiring support for ED remains a concern in Herts and continues to increase. Numbers being referred for support have not yet stabilised and the levels of complexity and acuity remain significant. The system continues training support to acute trusts enabling more informed care for ED patients on wards, and a medical monitoring service is being implemented by the end of July to support primary care.

Primary care;

- Total number of GP appointments and all modes of consultation declined in April, likely reflecting Bank Holidays and the end of the WAF funding.
- PC attendances for Sept to Mar 22 show a 21.7% increase vs April 19, indicative that additional GP slot capacity is meeting current demand.

Executive Summary – Performance Dashboard

April 2022

Herts & West Essex ICS (Commissioner)

Area	Activity	Target	Latest published data	Data published	Trend *	Assurance	Variation	Regional ave (position vs region)	STP Ranking
111	Calls answered < 60 seconds	95%	56.9%	April 22	11.42%	F		50.5% (Better)	2
	Calls abandoned after 30 seconds	5%	7.1%	April 22	-49.62%	?		n/a	n/a
A&E	% Seen within 4 hours	95%	65.1%	May 22	-2.30%	F	L	68.7% (Worse)	5
	12 Hour Breaches	0	189	May 22	-40.21%	F	H	n/a	n/a
Cancer	2ww All Cancer	93%	77.5%	April 22	-2.58%	F		71.6% (Better)	2
	2ww Breast Symptoms	93%	57.8%	April 22	0.78%	?	L	n/a	n/a
	31 day First	96%	93.3%	April 22	-2.55%	?		n/a	n/a
	31 day Sub Surgery	94%	88.9%	April 22	-1.49%	?		n/a	n/a
	31 day Sub Drug	98%	100.0%	April 22	0.47%	?		n/a	n/a
	31 day Sub Radiotherapy	94%	95.7%	April 22	2.86%	P		n/a	n/a
	62 day First	85%	71.1%	April 22	-0.56%	F		65.4% (Better)	2
	62 day Screening	90%	78.0%	April 22	-5.84%	?		n/a	n/a
	62 day Upgrade	85%	70.2%	April 22	-13.18%	?		n/a	n/a
RTT	Incomplete Pathways <18 weeks	92%	58.3%	April 22	-1.37%	F	L	59.6% (Worse)	5
	52 weeks	0	8,621	April 22	5.06%	F	H	n/a	n/a
Diagnostics	6 week wait	1%	33.7%	April 22	15.13%	F		34.8% (Better)	3

Individual Trust

ICS Aggregate Provider	Trend	ENHT	Trend	PAH	Trend	WHHT	Trend
56.9%	11.42%	See individual CCG performance in the table below					
7.11%	-49.62%						
62.22%	-2.94%	66.36%	0.61%	61.70%	-3.88%	58.24%	-6.63%
189	-40.21%	39	-41.03%	150	-40.00%	0	0.00%
76.48%	-3.89%	90.95%	-6.69%	85.04%	9.05%	55.37%	-14.68%
59.27%	1.75%	81.82%	-13.33%	89.24%	22.37%	5.79%	-61.14%
93.63%	-3.46%	97.67%	-1.05%	76.92%	-21.70%	95.14%	-1.20%
100%	6.45%	100%	0.00%	100%	33.33%	100%	8.00%
100%	0.40%	100%	0.00%	100%	4.35%	100%	0.00%
97.74%	0.03%	97.71%	-0.03%	N/A		N/A	
72.82%	-2.14%	86.02%	2.21%	61.73%	5.85%	60.23%	-20.61%
77.55%	2.63%	100%	0.00%	70.59%	29.17%	66.67%	2.17%
74.22%	-8.89%	84%	-6.73%	69.39%	-12.79%	65.52%	-11.93%
55.10%	-2.29%	55.17%	-1.18%	50.40%	0.78%	57.47%	-5.51%
6,484	5.78%	3,473	4.61%	1,818	4.46%	1,193	11.23%
41.12%	16.47%	54.15%	16.63%	33.40%	17.54%	18.71%	3.70%

Herts & West Essex ICS (Commissioner)

Area	Metric	Target	Latest published data	Data published	Trend *	Assurance	Variation	Regional ave (position vs region)	STP Ranking
111	Calls answered < 60 seconds	95%	56.9%	April 22	11.42%	F		50.5% (Better)	2
	Calls abandoned after 30 seconds	5%	7.1%	April 22	-49.62%	?		n/a	n/a
Mental Health	Dementia Diagnosis rate	66.6%	61.3%	April 22	0.01%	F		n/a	n/a
	OOA placements	0	867	April 22	-23.41%	F	H	n/a	n/a
CHC	% of eligibility decisions made within 28 days	80%	56.2%	April 22	-26.34%	?		n/a	n/a
	% of assessments carried out in acute	15%	0.0%	April 22	0.00%	P		n/a	n/a

Individual CCGs

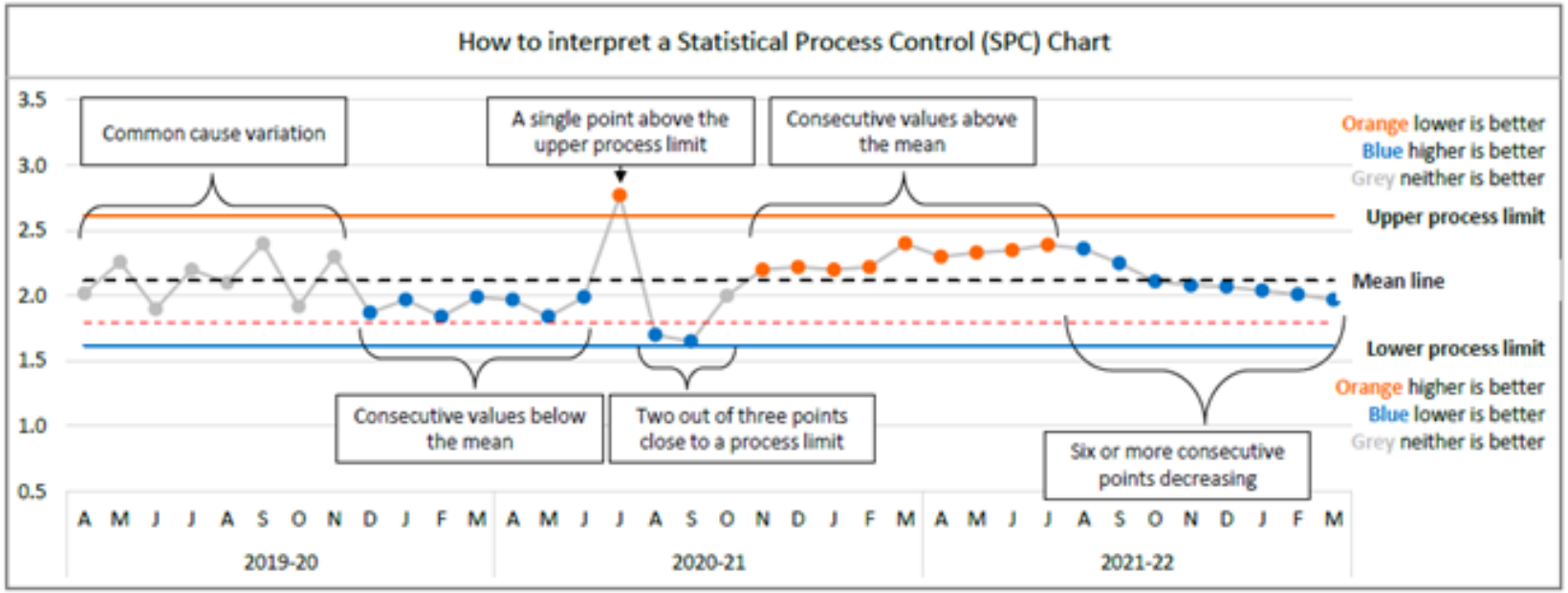
ICS Aggregate Provider	Trend	East & North Herts	Trend	Herts Valleys	Trend	West Essex	Trend
N/A		56.92%	11.52%			57.04%	10.99%
		10.52%	33.91%			7.74%	-43.68%
		59.15%	-0.13%	60.76%	0.27%	66.48%	-0.22%
		767	-28.68%			100	17.00%
		70.83%	2.52%	47.22%	-53.45%	88.89%	21.25%
		0%	0.00%	0.00%	0.00%	0%	0.00%

* *Against last month's performance* — *On/above target* — *Below target* — *Improvement on previous month's performance* — *Decrease on previous month's performance* — *No change on previous month's performance*

Variation: Special Cause Concerning variation; Special Cause Improving variation; Common Cause

Assurance: Consistently hit target; Hit and miss target subject to random variation; Consistently fail target

Statistical Process Control (SPC)

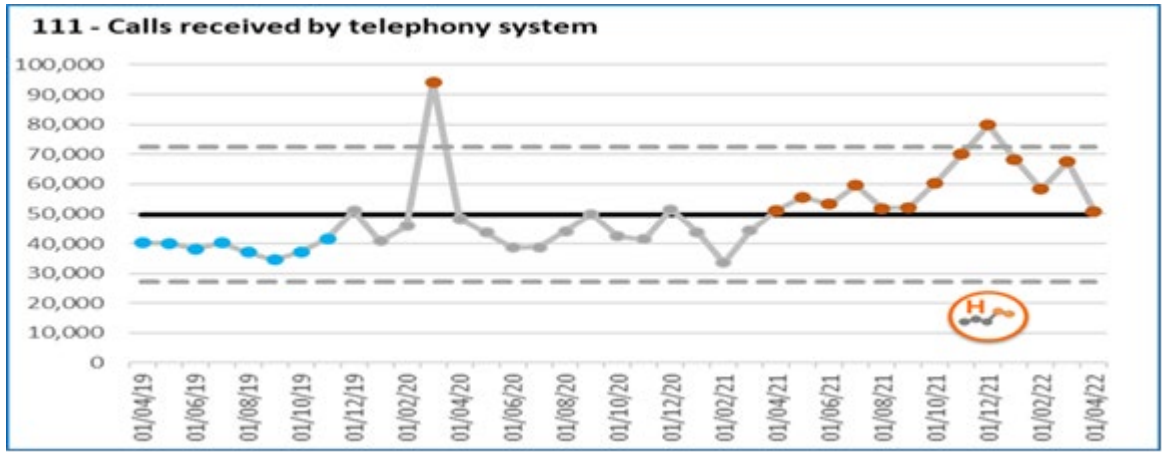


Variation	
H L	Special cause variation of concerning nature due to Higher or Lower values
H L	Special cause variation of improving nature due to Higher or Lower values
	Common cause variation No significant change

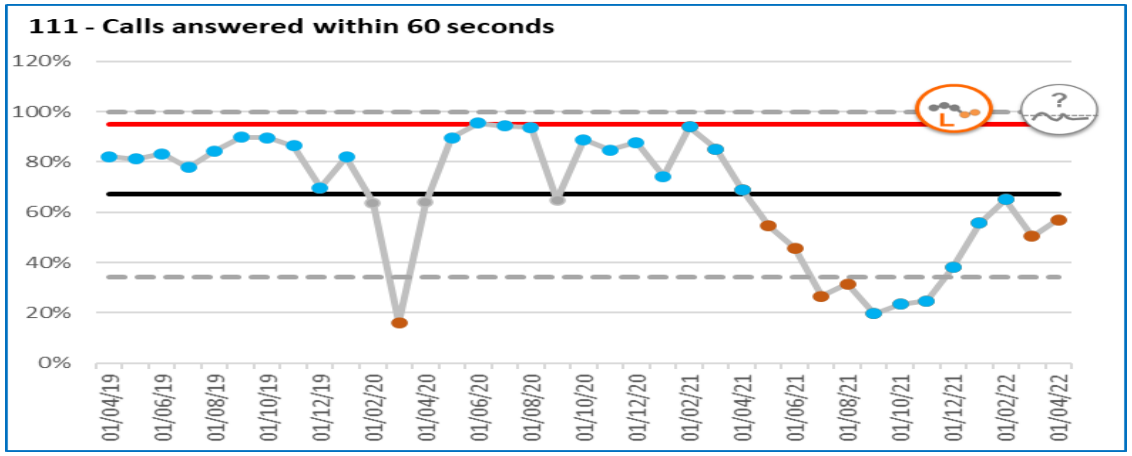
Assurance	
F	Consistent Failing of the target Upper / lower process limit is above / below target line
P	Consistent Passing of target Upper / lower process limit is above / below target line
?	Inconsistent passing and failing of the target

Performance by Work Programme

NHS 111



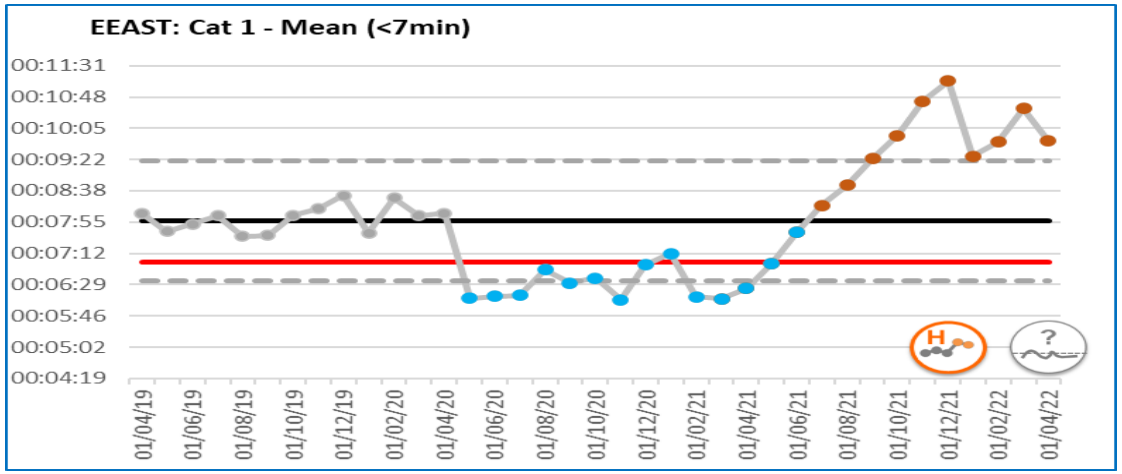
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Hertfordshire	31,713	31,691	30,275	31,959	29,622	27,733	30,122	33,343	41,119	32,852	37,121	75,776	38,476	35,151	31,513	31,169	35,554	40,332	34,009	33,323	41,209	35,150	26,871	35417	40,961	44,295	42,714	47,283	41,153	41,252	48,102	59,032	67,426	58,723	50,284	58011	40,994
West Essex	8,460	8,368	7,903	8,208	7,409	6,831	7,084	8,333	9,938	7,972	8,788	18,483	9,752	8,593	7,090	7,572	8,586	9,523	8,378	8,229	10,307	8,718	6,717	8877	10,199	11,294	10,456	12,194	10,590	10,788	12,175	10,983	12,414	9,549	8,013	9377	9,904
ICS	40,173	40,059	38,178	40,167	37,031	34,564	37,206	41,676	51,057	40,824	45,909	94,259	48,228	43,744	38,603	38,741	44,140	49,855	42,387	41,552	51,516	43,868	33,588	44,294	51,160	55,589	53,170	59,477	51,743	52,040	60,277	70,015	79,840	68,272	58,297	67,388	50,898

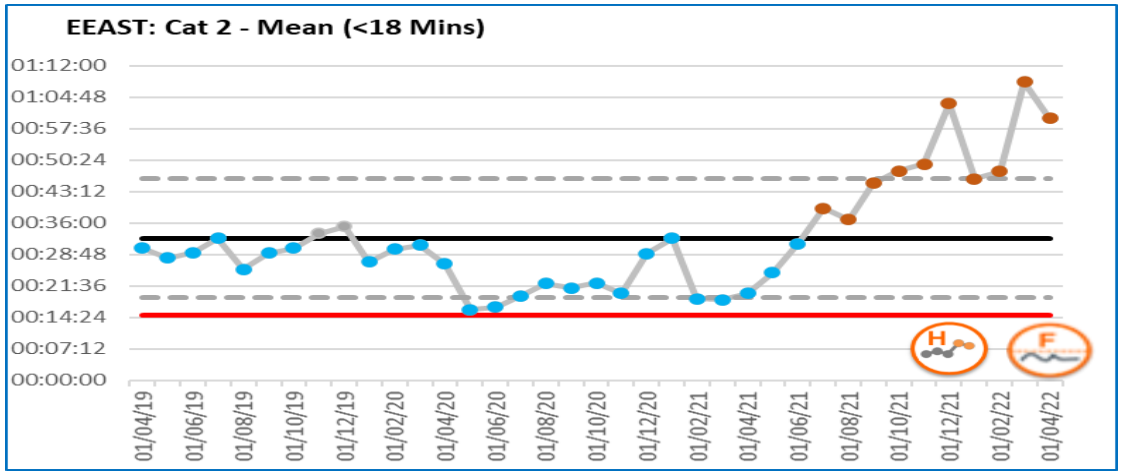


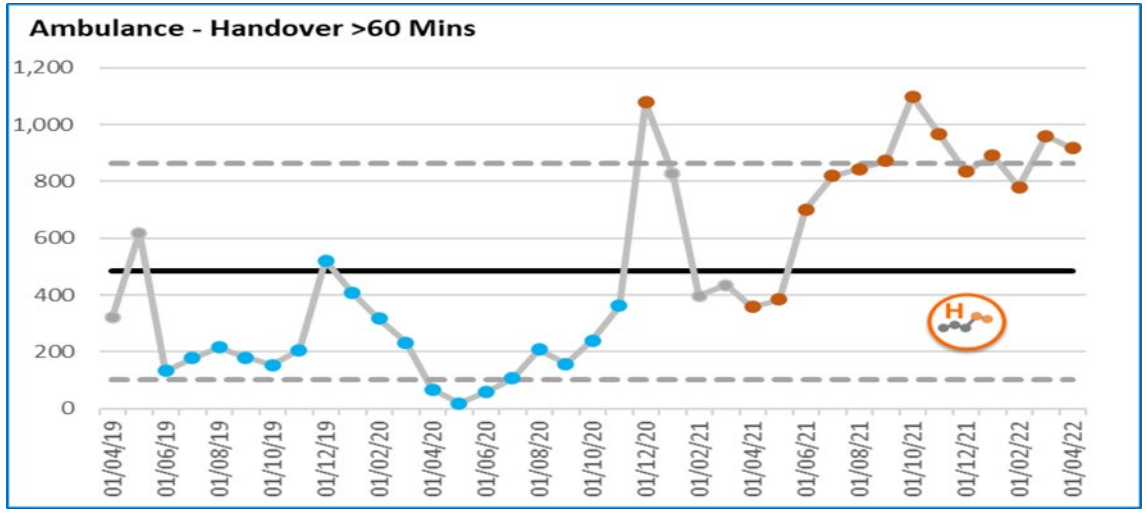
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Hertfordshire	83.0%	81.6%	84.1%	78.4%	84.6%	89.7%	89.8%	86.9%	70.1%	82.1%	64.3%	16.2%	64.2%	89.6%	95.2%	94.3%	93.9%	65.0%	88.8%	84.8%	87.7%	74.3%	94.0%	85.2%	69.4%	54.9%	45.8%	26.6%	31.5%	19.7%	23.4%	25.0%	38.2%	55.7%	65.4%	50.4%	56.9%
West Essex	78.4%	79.8%	79.6%	75.6%	83.9%	90.4%	88.4%	84.7%	68.1%	81.1%	61.8%	15.8%	62.7%	89.5%	96.3%	94.3%	93.5%	64.7%	88.9%	84.3%	87.6%	74.2%	93.5%	85.2%	67.7%	53.1%	45.5%	26.3%	31.8%	20.2%	23.2%	24.4%	37.2%	55.5%	63.8%	50.8%	57.0%
ICS	82.0%	81.2%	83.2%	77.8%	84.4%	89.8%	89.5%	86.5%	69.7%	81.9%	63.8%	16.1%	63.9%	89.6%	95.4%	94.3%	93.8%	64.9%	88.8%	84.7%	87.7%	74.2%	93.9%	85.2%	69.1%	54.5%	45.8%	26.6%	31.6%	19.8%	23.4%	24.9%	38.0%	55.6%	65.1%	50.4%	56.9%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

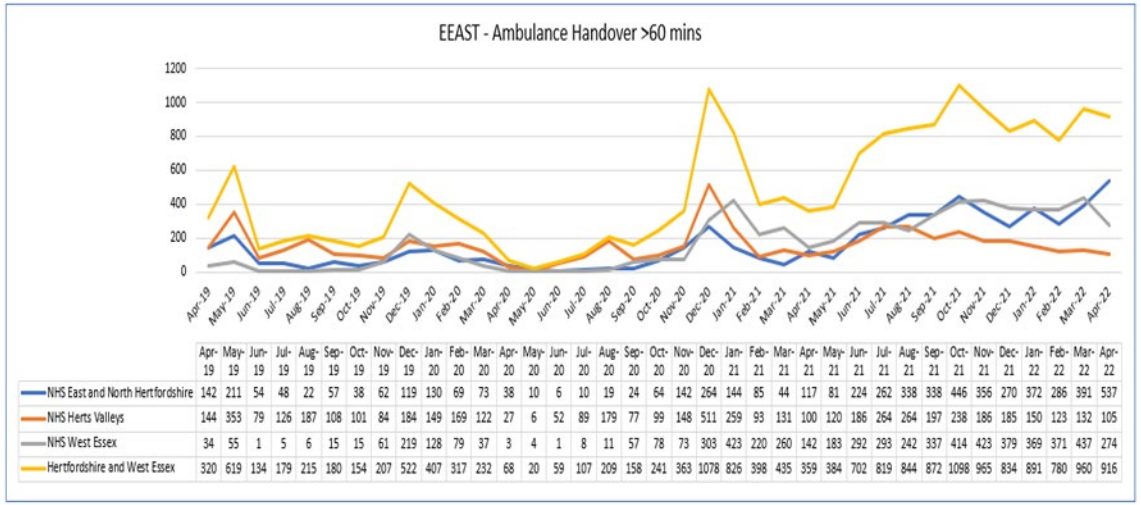
ICB Area	What the charts tell us	Issues	Actions	Mitigation
HUC	• Calls answered < 60 seconds remain consistently below target and historical mean despite additional staff capacity deployed during 22 • Call answered are consistently higher and calls answered consistently lower	• Recruitment of clinical staff • High sickness rates, including short notice absences and COVID-related absence • Sudden influx of leavers	• Fortnightly IUC meetings with the Provider and Commissioners to discuss issues and escalations • Recruitment company engagement to fill vacancies • Range of staff support and welfare measures in place • Increased home working for Health Advisors to increase capacity and encourage shift pick ups • Provider delivering GP engagement events to speak directly to clinical colleagues regarding engagement with the service • Provider investigating reasons behind sudden influx of leavers and preparing strategies to remedy this	Provider engaging with Commissioners and Clinical Leads on fortnightly basis to discuss escalations and strategies put in place to remedy recruitment/leavers issues.

UEC - Ambulance Response Times



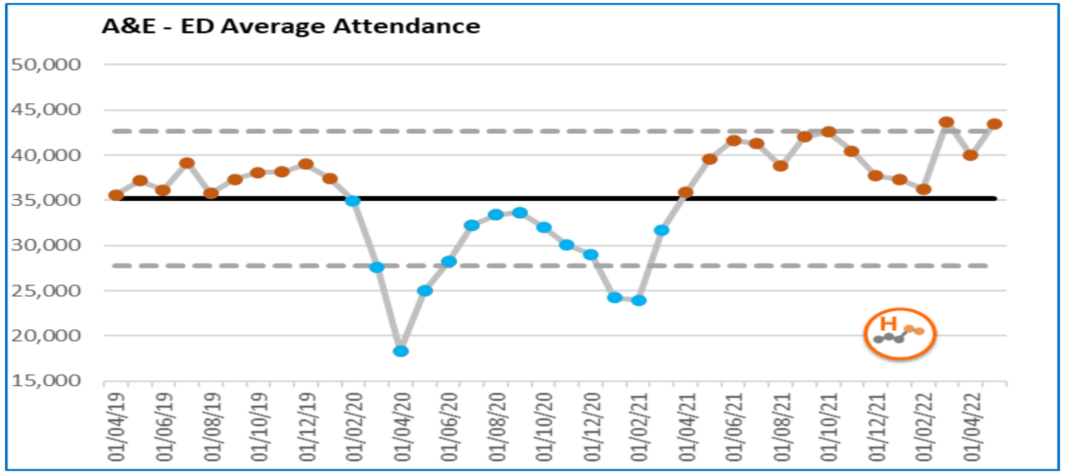






	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
NHS East and North Hertfordshire	142	211	54	48	22	57	38	62	119	130	69	73	38	10	6	10	19	24	64	142	264	144	85	44	117	81	224	262	338	338	446	356	270	372	286	391	537
NHS Herts Valleys	144	353	79	126	187	108	101	84	184	149	169	122	27	6	52	89	179	77	99	148	511	259	93	131	100	120	186	264	264	197	238	186	185	150	123	132	105
NHS West Essex	34	55	1	5	6	15	15	61	219	128	79	37	3	4	1	8	11	57	78	73	303	423	220	260	142	183	292	293	242	337	414	423	379	369	371	437	274
Hertfordshire and West Essex	320	619	134	179	215	180	154	207	522	407	317	232	68	20	59	107	209	158	241	363	1078	826	398	435	359	384	702	819	844	872	1098	965	834	891	780	960	916

Urgent & Emergency Care (UEC)



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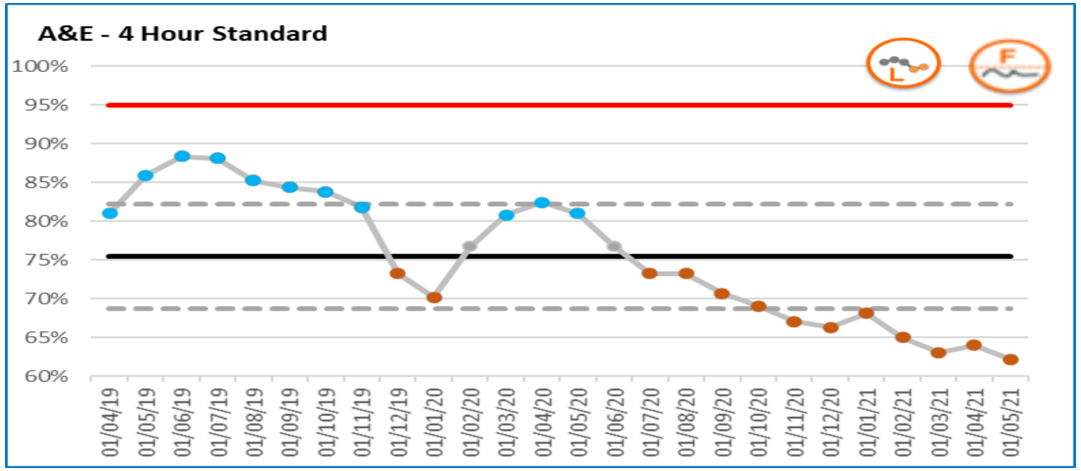
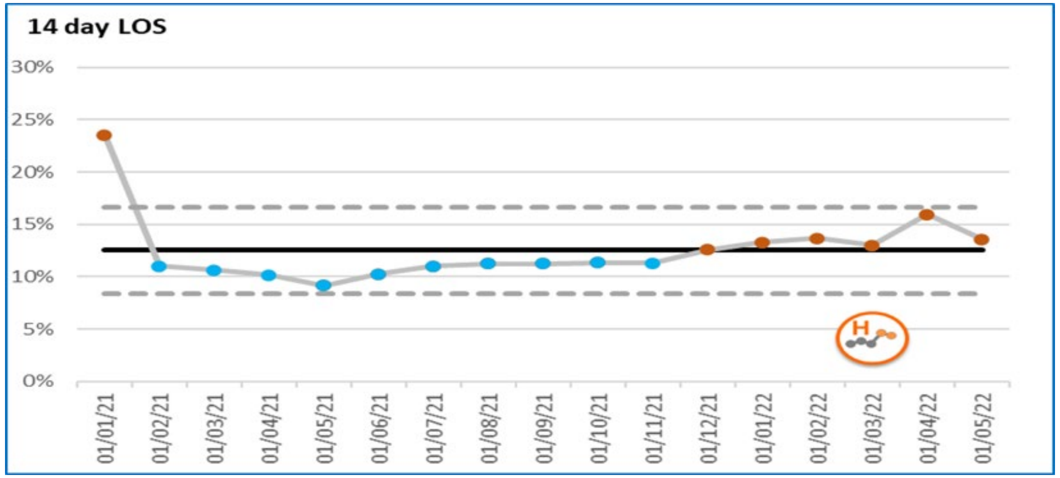
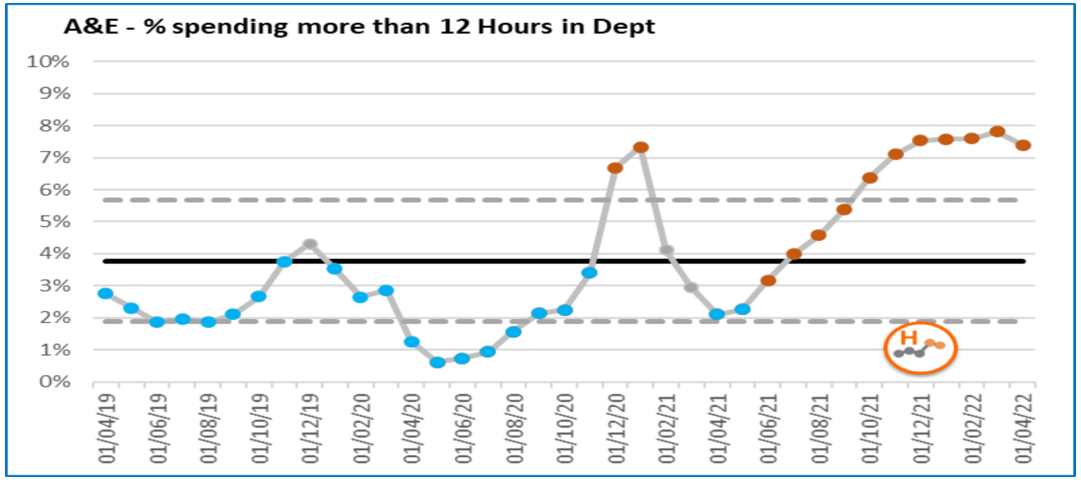
East And North Hertfordshire NHS Trust	13,44	14,30	13,67	14,82	13,67	14,04	14,64	14,55	14,84	14,24	13,22	10,45	7,228	9,838	11,09	12,28	12,57	12,81	12,15	11,38	10,88	9,319	9,072	11,95	13,47	14,72	15,85	15,63	14,92	16,38	16,59	15,61	14,67	14,16	14,01	16,70	14,72	16,40
West Hertfordshire Hospitals NHS Trust	13,12	13,70	13,52	14,54	13,16	13,83	13,88	13,95	14,37	13,56	12,81	10,22	6,619	8,854	9,991	11,74	12,31	12,00	11,38	10,65	10,72	8,864	8,689	11,43	13,20	14,41	15,17	15,22	13,94	14,97	15,20	14,52	13,42	13,53	13,02	15,53	14,73	15,63
The Princess Alexandra Hospital NHS Trust	9,008	9,152	8,932	9,822	8,926	9,428	9,555	9,622	9,756	9,636	8,903	6,945	4,484	6,299	7,150	8,210	8,475	8,826	8,506	7,990	7,400	6,034	6,155	8,348	9,223	10,42	10,58	10,39	9,892	10,66	10,78	10,30	9,592	9,636	9,231	11,45	10,48	11,45
ICS	35,57	37,16	36,12	39,18	35,76	37,30	38,08	38,13	38,97	37,44	34,94	27,62	18,33	24,99	28,23	32,24	33,36	33,65	32,04	30,02	29,01	24,21	23,91	31,73	35,89	39,56	41,62	41,25	38,76	42,02	42,57	40,44	37,69	37,33	36,27	43,69	39,94	43,49



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
East And North Hertfordshire NHS Trust	80.5%	81.6%	84.5%	81.5%	86.1%	85.1%	85.8%	81.5%	78.9%	81.5%	85.3%	80.2%	78.0%	83.4%	88.1%	90.1%	87.1%	84.8%	84.5%	82.4%	78.2%	75.2%	78.8%	85.2%	82.8%	84.1%	78.6%	74.8%	73.3%	69.5%	70.1%	68.8%	69.5%	69.8%	67.1%	66.6%	66.0%	66.4%
West Hertfordshire Hospitals NHS Trust	81.2%	79.9%	82.1%	81.3%	80.5%	83.0%	83.1%	82.2%	79.4%	81.7%	80.7%	77.1%	78.9%	83.9%	87.1%	85.9%	83.0%	84.3%	83.4%	82.1%	68.4%	65.3%	78.9%	83.1%	86.0%	83.0%	79.1%	73.9%	76.1%	77.6%	73.6%	70.5%	63.3%	65.7%	62.7%	58.8%	62.1%	58.2%
The Princess Alexandra Hospital NHS Trust	69.6%	74.0%	78.2%	78.3%	76.5%	74.9%	74.2%	72.2%	68.2%	71.2%	77.7%	79.7%	88.9%	92.9%	90.7%	88.3%	85.8%	83.9%	83.4%	80.7%	73.2%	69.8%	70.8%	71.4%	76.9%	73.9%	71.0%	70.0%	69.4%	62.9%	61.1%	59.6%	65.7%	69.1%	65.1%	63.8%	64.1%	61.7%
ICS	78.0%	79.1%	82.1%	80.6%	81.7%	81.7%	81.9%	79.4%	76.4%	78.9%	81.7%	78.9%	81.0%	86.0%	88.4%	88.1%	85.3%	84.4%	83.9%	81.8%	73.3%	70.2%	76.8%	80.8%	82.5%	81.0%	76.8%	73.3%	73.3%	70.7%	69.1%	67.1%	66.3%	68.1%	65.0%	63.1%	64.0%	62.2%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%





	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
East And North Hertfordshire NHS Trust	3.0%	2.3%	2.1%	3.0%	1.5%	2.1%	2.1%	3.4%	3.8%	3.7%	3.0%	3.7%	1.6%	0.8%	0.6%	0.6%	1.0%	2.4%	2.2%	4.1%	5.8%	6.8%	3.4%	1.7%	2.7%	2.1%	3.8%	4.9%	6.6%	7.3%	8.9%	9.5%	9.7%	10.1%	10.2%	9.4%	8.9%
West Hertfordshire Hospitals NHS Trust	1.9%	2.5%	1.7%	1.6%	2.5%	1.6%	2.1%	1.7%	1.9%	1.5%	1.6%	1.5%	0.9%	0.7%	0.7%	0.8%	1.6%	1.0%	1.1%	1.6%	7.0%	7.2%	1.8%	1.2%	0.8%	1.3%	1.4%	1.7%	1.9%	1.6%	1.6%	2.9%	4.3%	4.0%	4.0%	3.4%	4.0%
The Princess Alexandra Hospital NHS Trust	4.6%	2.7%	2.0%	2.2%	2.2%	2.4%	2.8%	6.3%	7.3%	4.6%	2.7%	2.5%	0.9%	0.4%	0.9%	1.4%	2.0%	2.6%	2.8%	4.4%	7.5%	8.8%	7.6%	6.3%	3.6%	4.2%	5.3%	6.1%	6.1%	8.1%	9.5%	10.6%	9.5%	9.4%	9.1%	9.6%	10.7%
ICS	3.2%	2.5%	1.9%	2.3%	2.1%	2.1%	2.4%	3.9%	4.5%	3.4%	2.4%	2.5%	1.1%	0.6%	0.7%	1.0%	1.6%	2.1%	2.1%	3.5%	6.9%	7.7%	4.5%	3.4%	2.2%	2.4%	3.3%	4.0%	4.8%	5.5%	6.3%	7.3%	7.6%	7.6%	7.6%	7.2%	7.4%

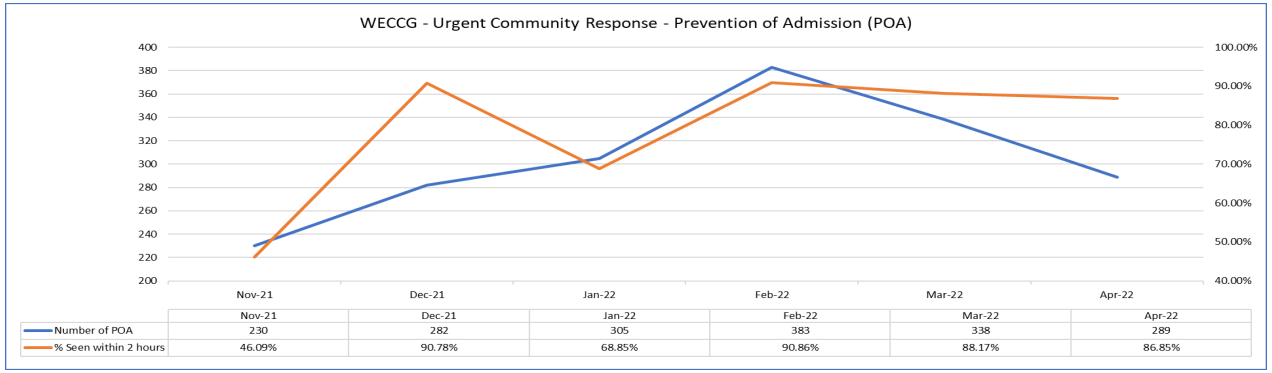
Urgent & Emergency Care (UEC)

ICB Area	What the charts tell us	Issues	Actions
ICB	• 111 call - drop rates have reduced to June 21 levels; Conveyance and CAS revalidation rates remain roughly static • Category 1 & 2 performance - continues to show a trend of declining performance, April data compared to March 22 does however show a slight improvement in performance • The numbers of long waits for patients are now stabilising, specifically 60min handover delays and % patients waiting 12hrs in ED suggesting action being taken to limit patients waiting long periods has had an effect. • ED attendances have remained consistently above historical average over the last 12mths placing pressure on the UEC pathway and this has coincided with a 12mth period of month on month deterioration in performance against the 4hr standard • 14 day LoS remains consistently higher than historical average	• High demand for UEC services with growth in attendances at all 'place' • High numbers of ambulance conveyances and 111 demand • Impact of any future Covid outbreaks • Estates issues and size of footprint in some areas impacting on managing current and future demand • Workforce availability and impact on Covid on the UEC workforce • IT and digital impacting on efficiency and role out of ED direct booking process	**Managing demand;** • Increasing the number and availability of primary care slots available. There has been a month on month rise in attendance at appointments from 475, 000 attended appointments to 650,000 in March. This is above pre-pandemic levels and the rise is seen in both urgent and routine referrals. • Implementation of the HARIS/Unscheduled Care Co-ordination to provide health care professionals working within our system access to appropriate clinical support to make the best use of services across the system and to reduce delays and improve performance. This program will start with support to EEAST Ambulance service (East of England Ambulance service) **System response;** • Plans to improve performance against all Ambulance Response Standards, with plans to achieve Category 1 and Category 2 mean and 90th percentile standards supported by the system priorities • Additional primary care slots and capacity planned • Identification and monitoring of system UEC commitments for 2022 which include; - Reducing ambulance handover delays over 60 minutes - Reducing the numbers of patients spending 12 hours or more in ED - Improving the numbers of in-patients staying more than 14 and 21 days • Strengthening of ICB and CCG oversight and assurance arrangements linked to local escalation surge plans, and quality and performance frameworks • Participation in the integrated Urgent and Emergency Care (UEC programme) supported by the National Improvement team. The ICB is one of two systems that are participating in the pilot programme. The aim of the programme is to support development of a UEC strategy, support UEC recovery and reduce overcrowding in the EDs through diagnostics based on population health needs and service redesign **Flow and discharge;** • Reviewing community and out of hospital capacity and responsiveness • Improving alternatives to the emergency department for patients through for e.g. ambitious virtual ward expansion plans and Same Day Emergency Care • Enhancing community care models including Virtual wards, Urgent community response, Anticipatory care and Enhanced Health in Care Homes

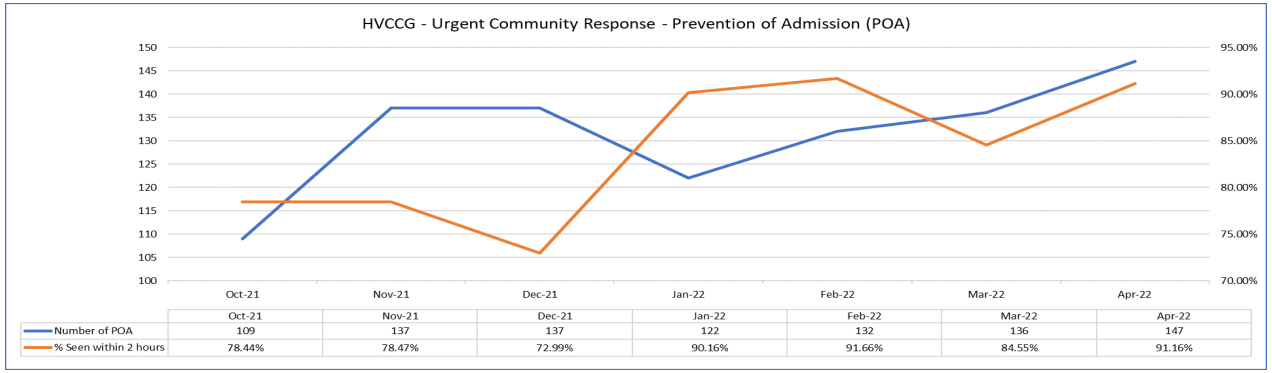
Urgent & Emergency Care (UEC)

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• Handover delays – significant reduction in delays over 60 minutes to below June 21 figures • ED attendances – increase in April to 16.7 compared to 14.7 in March 22 • ED 4 hour performance – continued monthly trend of improved performance. Slight increase to 66.9% in April vs 66% in March • 12 Hour total time in ED – slight deterioration to 9.4% in April vs 8.9% in March 22	• High demand and growth in number of attendances • Numbers of patients with a total time in ED of 12 hours or more • Estate footprint and size of department • ED staffing, sickness and isolation • Flow into ED and out of hospital (Discharge) • Gibberd Escalation Ward (step down) closed on 29th April • MH assessments and bed shortages	• Daily joint working with all system partners to create ED capacity aligned to local oversight arrangements • Urgent Treatment Centre (UTC) relocated in 21/22 – continued work to ensure over 60% of all ED activity being streamed via UTC if appropriate • Nightingale Ward (18 beds) available as escalation as per escalation plans and staffing availability • Continue with established safety huddles and harm review arrangements • National Discharge Programme – participation in programme and role out of actions • Maintain improvement in 7 and 21 day Length of Stay, although 14 day remains challenged • Daily calls and CCG support with discharges and Transport	Actions in place to ensure that patient safety is maintained. HWE selected for National IUEC Transformation Programme
South West Herts / WHTHT	• Handover delays – an increase 346 delays over 60 minutes in April 22 • ED attendances – increase in April to 14.7 compared to 15.3 in March 22 • ED 4 hour performance – continued monthly trend of a deterioration in performance to 58.8% in April compared to 62.1% in March • 12 Hour total time in ED – slight deterioration to 4.0% in April vs 3.4% in March 22	• High demand and growth in attendances • High number of ambulance conveyances • Continued decline in type 1 4 hour performance • Continued increase in Mental Health presentation • Watford UTC has not achieved the 95% target since September 2021	• Daily joint working with all system partners to create ED capacity aligned to local oversight arrangements • Executive led confirm and challenge sessions • Opening of Watford UTC in July 20, and establishment of an integrated urgent treatment centre at St Albans from October 22 • NHS 111 direct booking to UTC • Additional assessment trolleys in place • Continue with established safety huddles and harm review arrangements • Ambulance handovers - HALO cover in place, drop and go for Category 1 conveyances, and co-horting plans utilising Resus corridor • Review of ambulatory care model and increasing SDEC utilisation • Speciality Cardiology, Respiratory and Gastroenterology reviews and assessment at front door • Mental Health - 40 surge beds in order to support flow within system, across adults, older adults and CYP • Investment in MH crisis services to avoid unnecessary demand on emergency services / walk in to ED	
East & North Herts / ENHT	• Handover delays – slight reduction in delays over 60 minutes in April compared to March • ED attendances – increase in April to 11.4 compared to 10.4 in March 22 • ED 4 hour performance – April performance was 64.1% vs 63% in March • 12 Hour total time in ED – slight deterioration to 10.7% in April vs 9.5% in March 22	• High demand and growth in attendances • High number of ambulance conveyances • Continued decline in 4 hour performance • Demand and annual growth in attendances • Decline in ED all type performance • IPC issues and staffing levels impacting capacity	• Daily joint working with all system partners to create ED capacity aligned to local oversight arrangements • Continue with established safety huddles and harm review arrangements • Capital build to increase ED and SDEC capacity due for completion August 22 • Review of joint trust and CCG improvement plans • Ambulance handovers – joint working with EEAST on extension of the rapid release pilot • ED consultant led virtual waiting room	

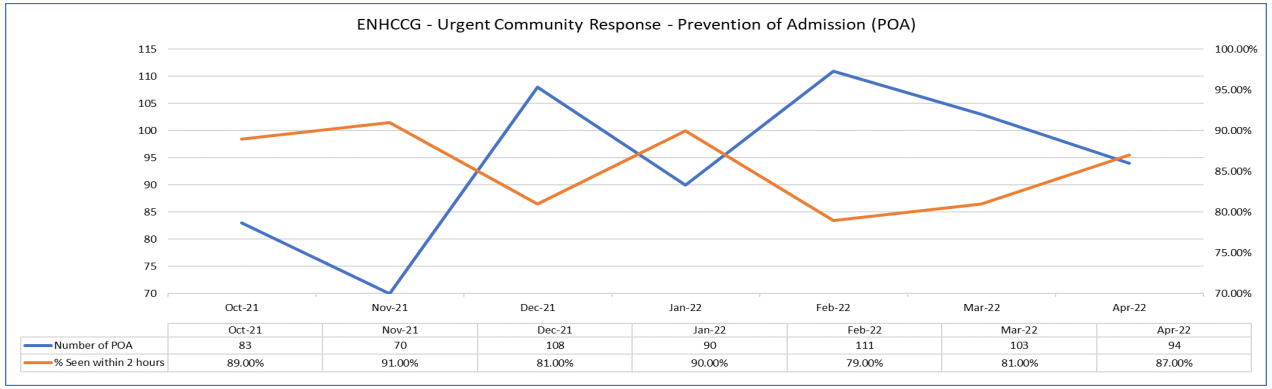
UEC - Urgent 2 Hour Community Response



	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Number of POA	230	282	305	383	338	289
% Seen within 2 hours	46.09%	90.78%	68.85%	90.86%	88.17%	86.85%



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Number of POA	109	137	137	122	132	136	147
% Seen within 2 hours	78.44%	78.47%	72.99%	90.16%	91.66%	84.55%	91.16%



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Number of POA	83	70	108	90	111	103	94
% Seen within 2 hours	89.00%	91.00%	81.00%	90.00%	79.00%	81.00%	87.00%

ICB Issues, escalation and next steps

ICB – is meeting the 70% standard in all our places. The size of the service is consistently higher (above 50%) in WE compared to the other places which may be impacting on 2 hour performance. UEC leads to look at sharing learning from WE and how that fits with the iUEC programme.

West Essex / EPUT:

- Dip in activity following the peak seen in February
- Performance remains strong and compliant with the expected 70% standard

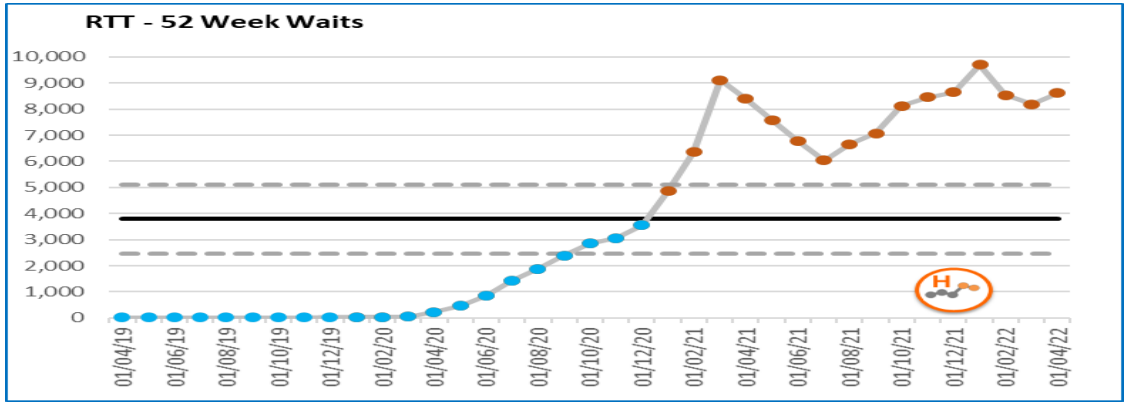
East and North Herts / HCT:

- Dip in activity following the peak seen in February
- Performance continues to meet the 70% standard and has continued to improve since dip in February achieving 87% in April

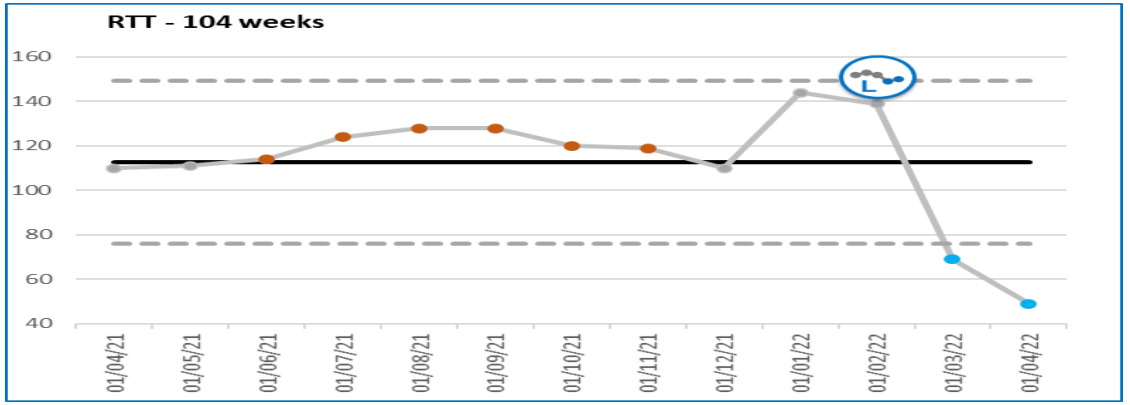
SWH / CLCH :

- Upward trend for referrals March to April. Increased 2-hour responses achieved through increased staffing capacity in month and service roster changes.
- Ongoing quality improvement work with local acute hospitals (ED and Frailty services) and EEAST to increase flow of prevention referrals, leading towards HARIS model inception Sept/Oct ‘22.
- Additional work started June ‘22 with Telecare services to direct non-life threatening calls to 2-hour UCR team in west Herts (away from 999) – start tbc.

Planned Care – 52 & 104 Week Breaches



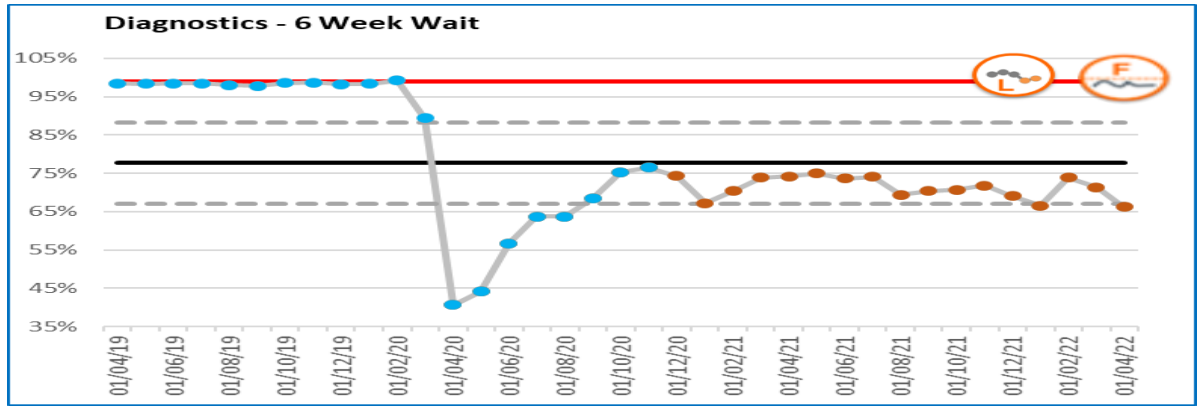
	Apr 1	May 2	Jun 3	Jul 4	Aug 5	Sep 6	Oct 7	Nov 8	Dec 9	Jan 10	Feb 11	Mar 12	Apr 1	May 2	Jun 3	Jul 4	Aug 5	Sep 6	Oct 7	Nov 8	Dec 9	Jan 10	Feb 11	Mar 12	Apr 1	May 2	Jun 3	Jul 4	Aug 5	Sep 6	Oct 7	Nov 8	Dec 9	Jan 10	Feb 11	Mar 12	Apr 1
						201920												202021												202122									202223
Other	8	4	5	2	3	4	6	9	8	9	11	17	101	179	391	564	741	917	1021	1068	1197	1577	2004	4082	3740	3162	2782	2578	2447	2441	2394	2296	2321	3348	2853	2868	3033
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	0	0	0	0	0	0	0	0	0	2	27	60	140	213	272	363	420	467	657	914	1177	1286	1302	1249	1143	1269	1394	1536	2141	2321	2486	2613	2221	1737	1818
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	2	3	4	4	1	3	0	0	0	0	1	3	53	135	302	484	669	855	1075	1112	1131	1463	1733	1702	1462	1162	898	789	800	838	878	862	927	1006	1103	1059	1193
EAST AND NORTH HERTFORDSHIRE NHS TRUST	4	5	21	19	21	18	16	15	25	22	24	37	90	209	190	483	604	735	931	987	1158	1724	2499	3221	2936	2791	2785	2095	2910	3259	3818	4102	4016	3739	3184	3313	3473

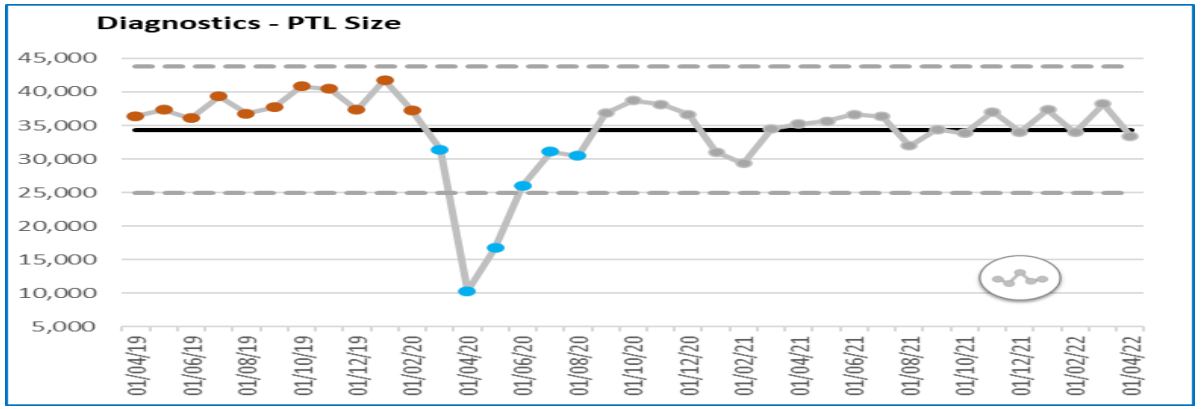


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	17	19	26	32	43	43	38	25	19	28	11	14
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	3	12	18	28	34	42	38	46	39	55	40	26	14
EAST AND NORTH HERTFORDSHIRE NHS TRUST	43	53	67	65	57	65	72	76	105	159	144	123	96

ICB Area	What the charts tell us	Issues	Actions	Mitigation
HWEICB	• Significant and continued improvement and reduction in 104 week waits • Data for 104+ week waits shows 3, 1 at WHTHT and 2 at ENHT • The number of patients waiting over 52 weeks is increasing and there is not yet a consistent trend of improvement	• "Pop-ons" of long waiting patients identified through validation • High referral volumes in early 21/22 now reaching their 52 week wait • Covid and UEC pressures continue to impact workforce, operating and bed capacity • Trauma and Orthopaedics remains the main area of pressure for long waiters	• The systems next focus is on reducing the 78ww cohort, and there is national oversight and focus on this • Ongoing work to increase system elective capacity through mobilisation of Elective Hub(s) across the ICB to ringfence capacity for high volume / low complexity procedures • National ISP capacity support • 104 week breach plans in place to deliver the end of June 2022 national zero expectation • Plans in development to deliver the national expectation of zero >78 week waits by end of March 2023 • Anaesthetist recruitment • PAH Theatre Utilisation Programme – 90% utilisation ambition and aim to return to full operating capacity in August • WHTHT long waits improvement plan in place including maximising ISP capacity and additional inhouse sessions • ENHT PTL management continues with a focus on individual patient plans • Waiting Well pilot in place starting with Pain and Orthopaedic patients • Programme of validation work in place to improve PTL data quality issues	• Actions delivering continued improvement. Largely on track to deliver the target to eliminate 104 weeks by the end of June 2022. Latest position shows 3 breaches for capacity reasons – one at WHTHT and two at ENHT • National emphasis on prioritising patients in order of clinical need resulting in longer waits for routine patients • Clinical harm reviews and regular patient contact to manage patient safety and experience

Planned Care – Diagnostics

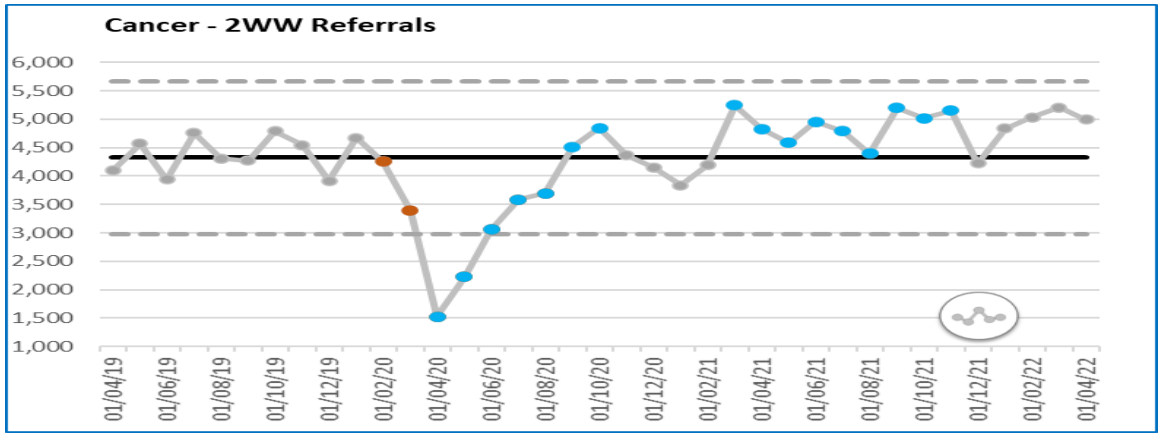


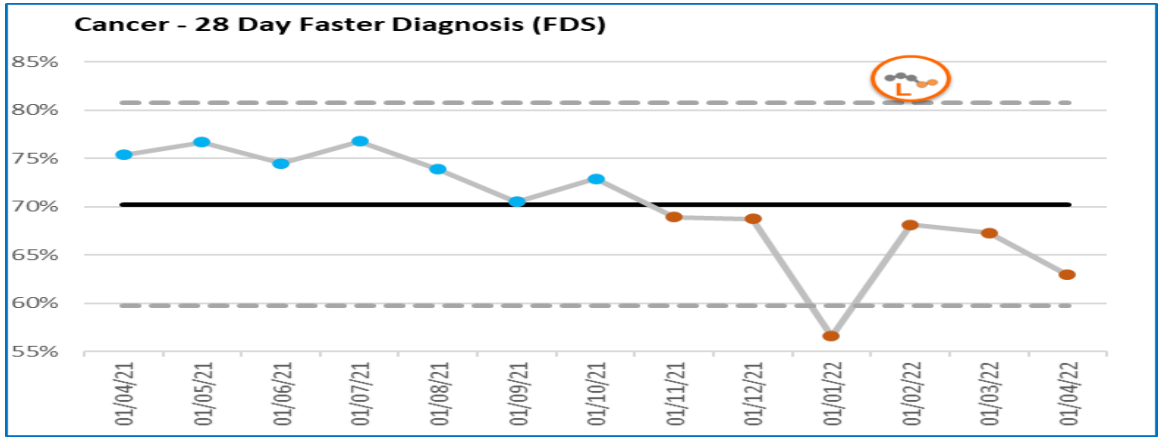


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	98.4%	99.0%	99.6%	99.4%	99.4%	99.8%	99.8%	99.8%	99.5%	99.7%	99.8%	94.4%	38.2%	38.8%	51.0%	59.8%	61.8%	70.6%	80.3%	82.6%	79.0%	70.4%	70.6%	66.9%	69.5%	69.6%	66.7%	70.5%	62.6%	63.0%	60.4%	61.0%	54.7%	50.9%	60.0%	54.9%	45.9%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	99.8%	99.8%	100.0%	99.8%	99.7%	99.9%	99.9%	99.6%	99.7%	98.9%	99.9%	88.9%	26.5%	39.7%	64.7%	73.4%	68.5%	69.4%	71.8%	74.3%	72.5%	69.1%	78.3%	82.5%	81.5%	83.5%	77.6%	77.6%	75.2%	73.8%	75.4%	71.6%	63.4%	67.5%	73.8%	72.5%	66.6%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	99.6%	99.2%	99.2%	99.2%	99.5%	99.6%	99.5%	99.1%	98.4%	99.2%	99.1%	82.0%	40.9%	48.5%	64.4%	68.5%	65.6%	64.4%	68.7%	64.6%	62.2%	51.1%	54.2%	66.8%	69.2%	71.9%	71.5%	70.6%	64.2%	67.3%	68.7%	72.9%	69.4%	71.8%	79.9%	82.0%	81.5%
ICS	99.1%	99.2%	99.6%	99.5%	99.5%	99.7%	99.7%	99.6%	99.3%	99.3%	99.6%	89.2%	36.5%	42.1%	57.1%	65.3%	64.6%	68.3%	74.2%	74.8%	72.3%	64.5%	67.9%	70.9%	72.3%	73.7%	70.7%	72.3%	66.2%	67.0%	66.5%	66.8%	60.5%	60.1%	68.4%	65.7%	58.9%
Target	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• 6 week performance remains >80% and betters the national average by c.10%	• Referrals increased significantly in May, particularly in Ultrasound • Cystoscopy recovery has slowed over the last month and is behind trajectory	• Referral increases under investigation across the ICB • ICB imaging best practice group established • Echocardiography insourcing capacity reducing backlogs • ICB diagnostics strategy including yr2 -5 CDC programme • Aim for theatre utilisation rate of 85%	• Current actions in place are delivering improvements across most modalities. • Patients receiving a D code to prioritise & treat in clinical order
South West Herts / WHTHT	• 6 week diagnostic performance deteriorated to 66.6% for April	• Prioritising the most clinically urgent patients results in longer waits for more routine patients • Covid related absences have resulted in unplanned reduction in capacity • Increased validation following EPR implementation	• Outsourcing in place for MRI, CT & US • Non-obstetric ultrasound outsourcing in train • Additional scanner at Hemel Hempstead site • Additional in house sessions to increase capacity • ICB diagnostics strategy including yr2 -5 CDC programme	• Staffed mobile MRI scanner at HHGH live from 20 Nov 2021 • Patients receiving a D code to prioritise & treat in clinical order
East & North Herts / ENHT	• 6 week diagnostic performance deteriorated to 45.9% for April	• Continued increase in cancer demand month on month for CT, MRI & Ultrasound • Overall demand increased (urgent & routine) with significant step change since Feb 2022 • Workforce shortages (vacancy & sickness)	• ICB collaboration and mutual aid • Use of ISP mobile manned vans • Further international recruitment and alternative recruitment drives using social medial platforms underway • ICB strategy including yr2 -5 CDC programme to improve access	• Improved imaging turnaround times for all modalities however backlog clearance remains an issue. • Patients receiving a D code to prioritise & treat in clinical order

Cancer

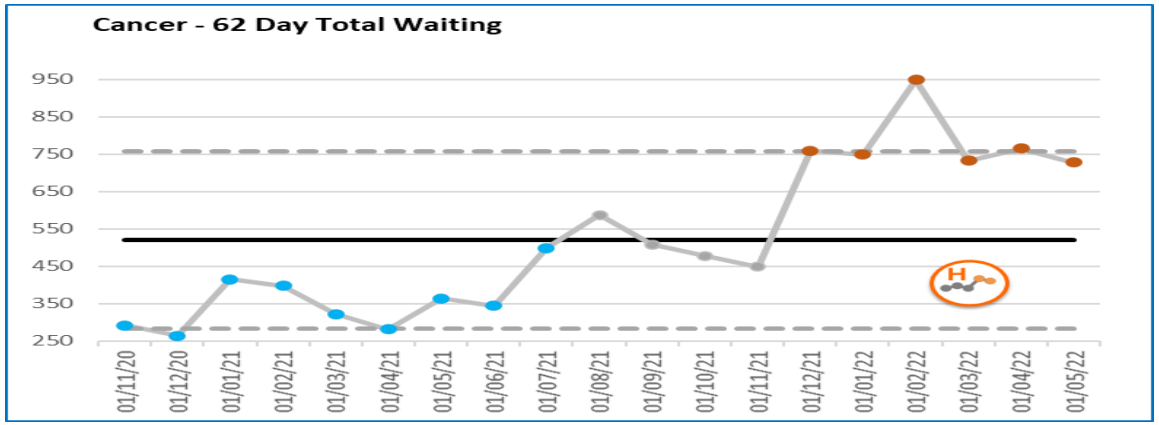




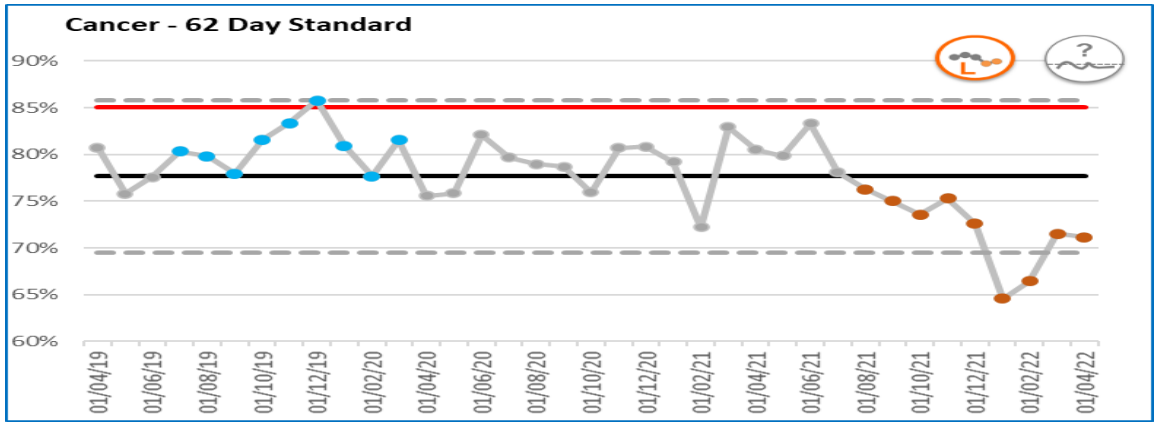
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	72.1%	75.6%	76.2%	76.7%	72.0%	71.8%	76.5%	74.8%	74.1%	64.2%	72.9%	74.6%	68.0%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.3%	79.8%	81.4%	82.1%	77.8%	77.2%	77.7%	71.9%	64.7%	47.0%	59.2%	54.6%	51.3%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	72.3%	74.6%	66.8%	77.1%	75.9%	62.9%	65.1%	60.6%	66.8%	50.9%	69.4%	69.3%	64.1%
ICS	75.6%	76.9%	75.4%	78.9%	75.3%	71.1%	73.8%	69.3%	68.9%	54.4%	67.3%	65.6%	60.8%

ICB Area	What the charts tell us	Issues	Actions	• Mitigation
West Essex / PAH	• Referrals remain high but no significant variation to recent months • 28d FDS showing a deteriorating trend in performance	• Inconsistent application of latest coding guidance. Alignment of processes across the ICB is in train and expected to improve performance to c.74% • Urology and Skin capacity	• Urology Registrar and Locum recruitment • Skin insourcing on place since 21/22 and Tele-dermatology in place from August • Additional funding agreed to improve Pathology capacity and turnaround times	• System support and oversight in place with bi-weekly meetings • 2 week wait and Breast performance showing significant improvement
South West Herts / WHTHT		• Increase in referrals and lack of capacity to manage referrals. • Residual EPR issues (mainly resolved now). • Delay in 2ww pathways for many of the large specialties directly impacts the 28 performance that was continuously compliant up until October.	• Monthly escalated performance meetings with Cancer Alliance, ICB, CCG, NHSE and WHTHT • Ongoing place based system work to ensure demand increase is NG12 compliant • Ongoing work to increase 2ww capacity and time to first bulletin to GPs supporting	• Monthly escalation meetings for oversight with WHTHT/HVCCG • Weekly patient reviews and oversight where pathways failing to progress • Harm reviews with oversight from DON and MD of WHTHT
East & North Herts / ENHT		• Radiology and Pathology delays • Recruitment of staff in both departments has caused delays to cancer pathways • Chemotherapy delays at LMCC due to staffing issues • Staff Covid absence	• Deep dives for tumour sites continue. Additional scrutiny and support leading to improved performance • LMCC extended hours and Saturday sessions • Radiology and histopathology prioritising cancer patients from urgent and routine to avoid delays and also offering WLI work to increase capacity	• Timed pathways in place for all Tumour sites to improve 62 day and FDS performance • Regular pathway analysis to identify issues and resolve the delays

Cancer

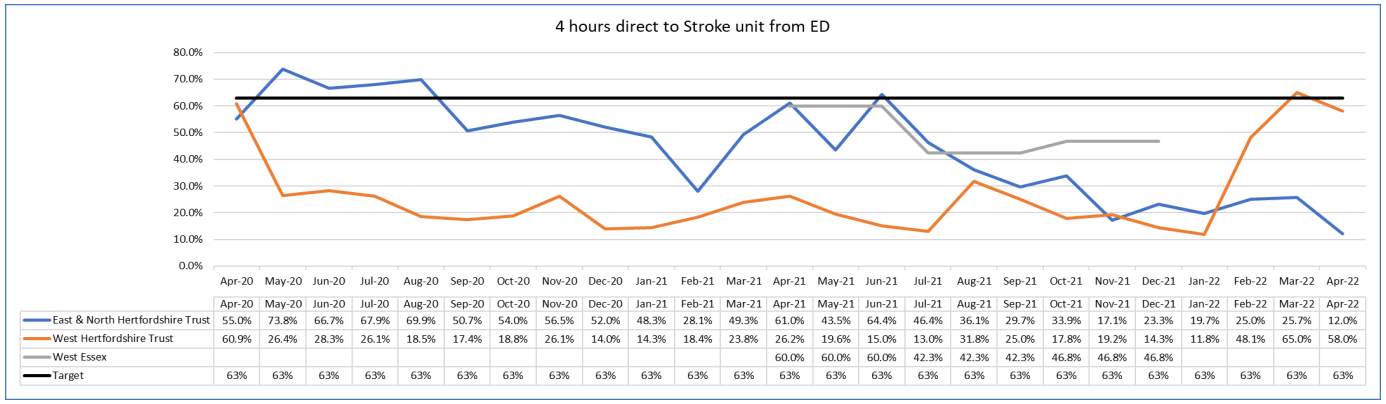


	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	73	76	96	105	79	83	109	88	132	179	130	128	129	331	347	374	307	261	297
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	129	118	200	187	127	107	141	161	212	224	201	190	127	175	176	303	194	182	156
EAST AND NORTH HERTFORDSHIRE NHS TRUST	90	70	120	106	117	92	114	96	155	184	178	160	193	253	226	272	232	322	275

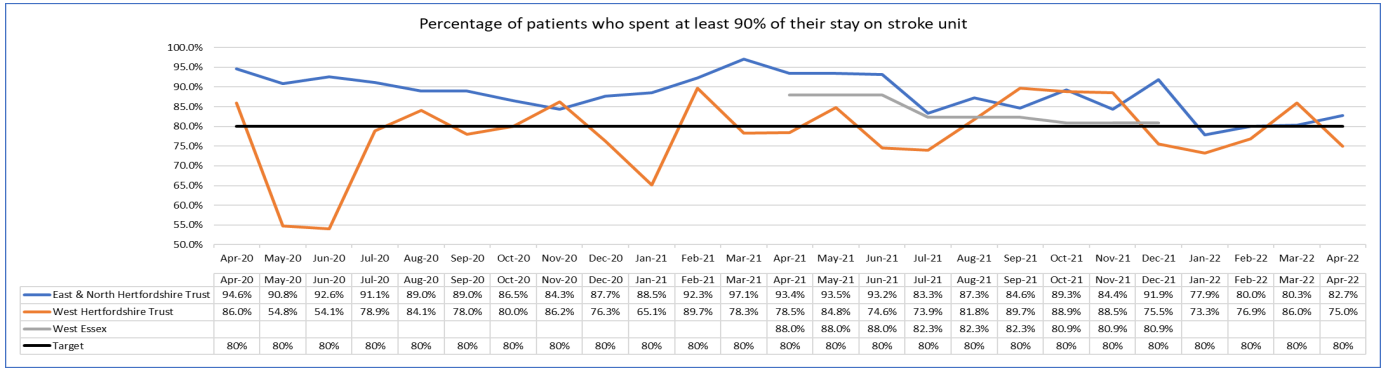


ICB Area	What the charts tell us	Issues 28d	Actions	• Mitigation
West Essex / PAH	• 62 day backlog position has stabilised at a level significantly higher than pre-pandemic levels • Further work required to reduce the 62 day backlog to the pre-pandemic level of 289 in line with agreed 22/23 operating plan • 62 day performance shows a trend of improvement but remains consistently below the baseline • 104 day reductions have plateaued	• Onsite operating still not at full capacity • Recruitment to key cancer posts • Urology workforce is particularly impacting 104 day waits	• Plan to return to full theatre capacity in July • Substantive Head of Cancer in post from September. Interim now also in post with priority to focus on Urology • 62 day recovery plan and trajectory in place	• Clinical harm reviews • Rapid Access Pathways maintained and safety netting in place
South West Herts / WHTHT		• Continued high number of 2 week wait referrals, above pre Covid levels • Delays in clinic letters • Delays earlier on the pathway creating delay at the 62 end	• Trust level cancer improvement plan to assist backlog management, including specific tumour level demand & capacity work. Updated trajectories expected in July • Monthly escalated performance meetings with Cancer Alliance, ICB, CCG, NHSE and WHTHT	• Continued Clinical Harm Reviews • 62 and 104 weekly fed into the Senior Management Team (SMT). Currently being reviewed). Weekly patient reviews and oversight where pathways failing to progress– oversight from Director of Nursing
East & North Herts / ENHT		• Workforce and capacity constraints • UEC and Covid pressures • Continued high number of 2 week wait referrals, above pre Covid levels • Delays in clinic letters	• Demand & capacity planning continues • Robust weekly PTL management in place; clinical and operational review of patients waiting >62 and 104 days • Improving process of communicating non cancer diagnosis; long standing issue with clinicians wishing to see patients in clinic but prioritising the treatment of patients with cancer	• Timed pathways in place for all Tumour sites to improve 62 day and FDS performance • Regular pathway analysis to identify issues and resolve the delays • Speciality level action plans updated weekly

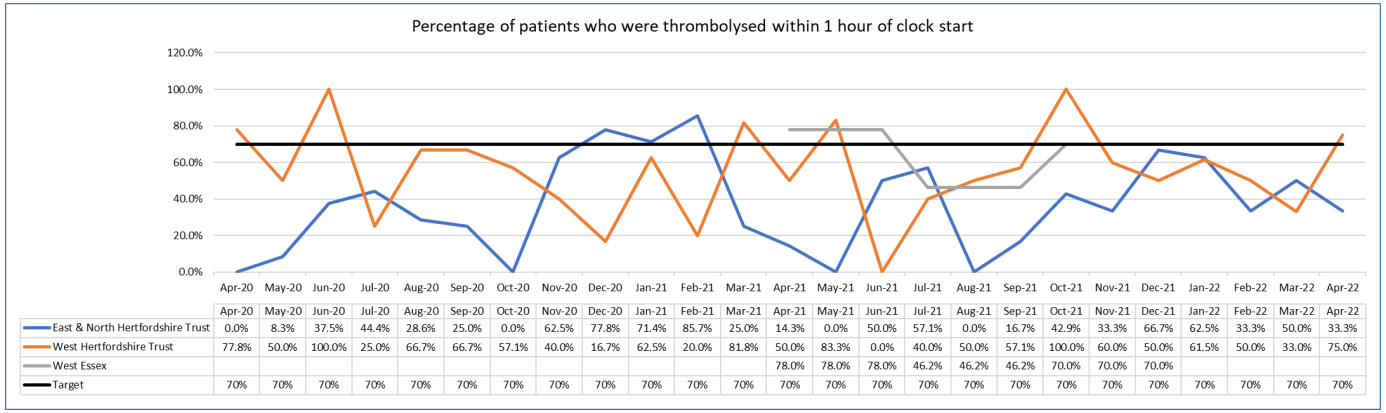
Stroke



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
East & North Hertfordshire Trust	55.0%	73.8%	66.7%	67.9%	69.9%	50.7%	54.0%	56.5%	52.0%	48.3%	28.1%	49.3%	61.0%	43.5%	64.4%	46.4%	36.1%	29.7%	33.9%	17.1%	23.3%	19.7%	25.0%	25.7%	12.0%
West Hertfordshire Trust	60.9%	26.4%	28.3%	26.1%	18.5%	17.4%	18.8%	26.1%	14.0%	14.3%	18.4%	23.8%	26.2%	19.6%	15.0%	13.0%	31.8%	25.0%	17.8%	19.2%	14.3%	11.8%	48.1%	65.0%	58.0%
West Essex													60.0%	60.0%	60.0%	42.3%	42.3%	42.3%	46.8%	46.8%	46.8%				
Target	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
East & North Hertfordshire Trust	94.6%	90.8%	92.6%	91.1%	89.0%	89.0%	86.5%	84.3%	87.7%	88.5%	92.3%	97.1%	93.4%	93.5%	93.2%	83.3%	87.3%	84.6%	89.3%	84.4%	91.9%	77.9%	80.0%	80.3%	82.7%
West Hertfordshire Trust	86.0%	54.8%	54.1%	78.9%	84.1%	78.0%	80.0%	86.2%	76.3%	65.1%	89.7%	78.3%	78.5%	84.8%	74.6%	73.9%	81.8%	89.7%	88.9%	88.5%	75.5%	73.3%	76.9%	86.0%	75.0%
West Essex													88.0%	88.0%	88.0%	82.3%	82.3%	82.3%	80.9%	80.9%	80.9%				
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
East & North Hertfordshire Trust	0.0%	8.3%	37.5%	44.4%	28.6%	25.0%	0.0%	62.5%	77.8%	71.4%	85.7%	25.0%	14.3%	0.0%	50.0%	57.1%	0.0%	16.7%	42.9%	33.3%	66.7%	62.5%	33.3%	50.0%	33.3%
West Hertfordshire Trust	77.8%	50.0%	100.0%	25.0%	66.7%	66.7%	57.1%	40.0%	16.7%	62.5%	20.0%	81.8%	50.0%	83.3%	0.0%	40.0%	50.0%	57.1%	100.0%	60.0%	50.0%	61.5%	50.0%	33.0%	75.0%
West Essex													78.0%	78.0%	78.0%	46.2%	46.2%	46.2%	70.0%	70.0%	70.0%				
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

ICB Issues, escalation and next steps

Barking, Havering and Redbridge Trust (BHRT) are the main providers of Stroke for West Essex patients. Reporting is currently on a quarterly basis, but we are reliant on publication of national SSNAP data. Q4 results are yet to be published, but the Trust's SSNAP overall score in Q3 was B, and 2 of the 3 key Stroke standards are being achieved. Regular review meetings with the Trust are being established.

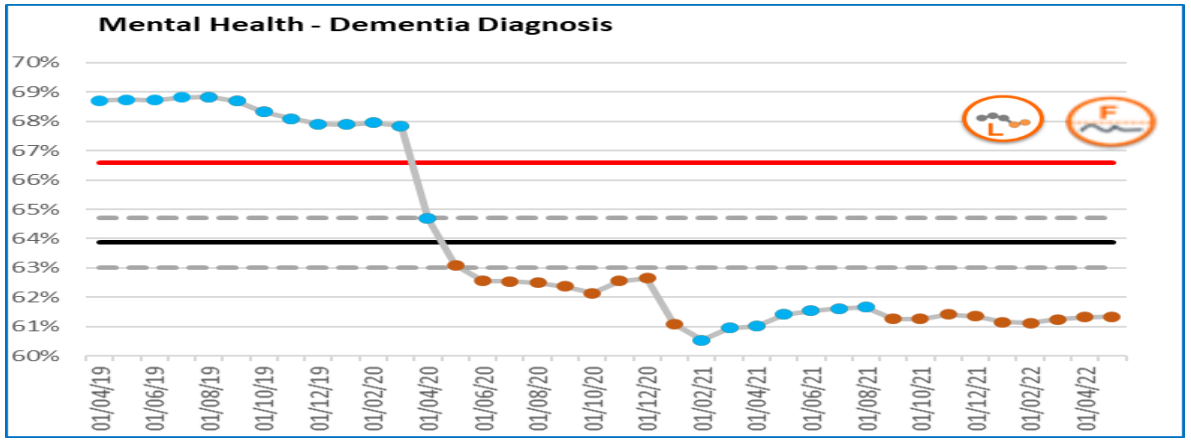
Performance at ENHT continues to meet target for percentage of patients who spent at least 90% of their stay on a stroke unit, achieving 82.7% in April. In WHTHT 75% of patients spent 90% of their stay on a stroke unit. ENHT performance has declined against the percentage of patients who were thrombolysed within 1 hour of clock start, achieving 33% in April . WHTHT performance improved in April to achieve standard at 75%. WHTHT performance has also improved significantly for 4 hours direct to stroke unit from ED, achieving 65% in March and 58% April against a local target of 90%. ENHT performance continues significantly below standard, declining to 12% in April; the pandemic has had a significant impact on performance driven primarily by IPC factors and bed capacity. Both WHTHT and ENHT are addressing this and implementing mitigation.

Next Steps

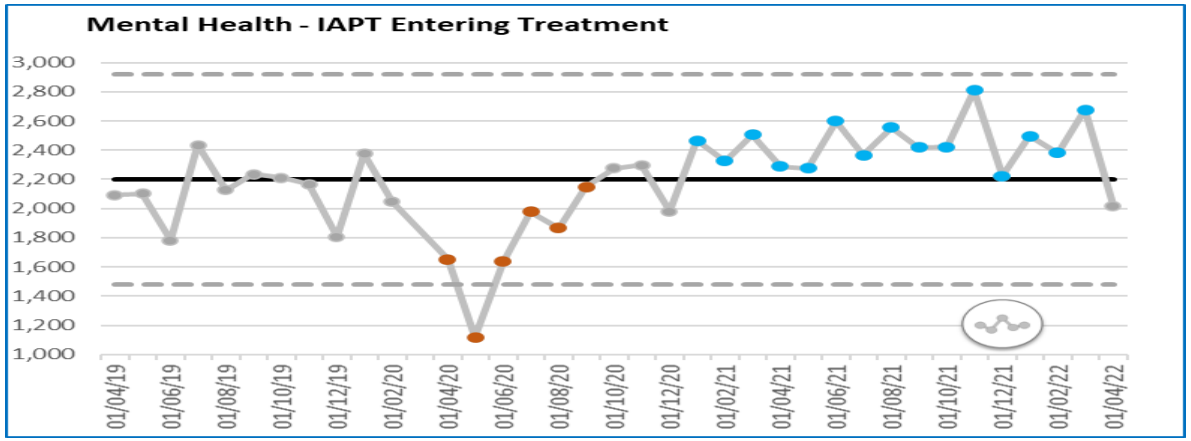
Overall concerns with April performance across the domains are due to high level of COVID related sickness and delays in handover and ED flow. Further actions include:

- As per the Statistical Process Control chart, the area of most concern is Direct to Stroke unit within 4 hours -this forms priority for review and development of action plans
- Other domains have stable systems and processes, but ongoing monthly reviews for all domains are supported with improvements plans
- 4hr performance is an issue reported nationally, with all Trusts recording C or below
- High number of breaches due to limited bed and side room capacity
- Ringfencing of Stroke bed capacity is being reviewed in support of improvement on this domain

Mental Health – Dementia Diagnosis and IAPT



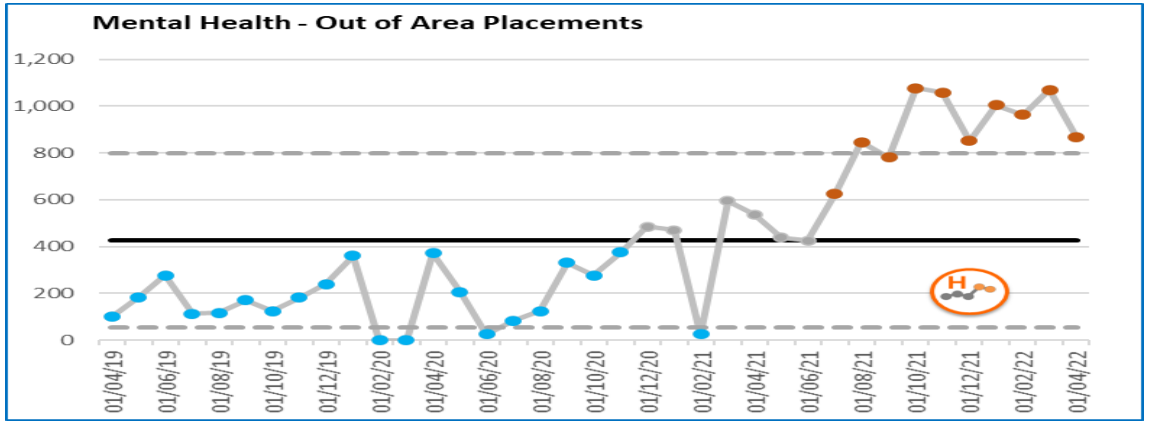
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
NHS EAST AND NORTH HERTFORDSHIRE CCG	66.6%	66.6%	66.7%	66.9%	67.1%	67.0%	67.4%	66.9%	66.8%	66.6%	66.6%	66.4%	64.1%	62.5%	61.7%	61.8%	62.0%	61.5%	61.3%	61.6%	61.1%	59.5%	59.2%	59.6%	59.4%	59.7%	60.2%	60.2%	59.5%	59.3%	59.5%	59.2%	59.0%	58.8%	59.2%	59.2%	59.2%
NHS HERTS VALLEYS CCG	69.4%	69.4%	69.3%	69.1%	69.3%	69.1%	68.1%	68.2%	68.0%	67.7%	67.9%	67.6%	63.2%	61.4%	61.0%	60.4%	60.1%	60.4%	59.8%	60.2%	59.6%	59.3%	58.4%	58.9%	59.2%	59.6%	59.6%	59.8%	60.0%	60.1%	60.3%	60.6%	60.5%	60.6%	60.4%	60.6%	60.8%
NHS WEST ESSEX CCG	71.2%	71.2%	71.4%	71.7%	72.1%	69.2%	71.0%	70.3%	70.0%	69.7%	70.7%	70.6%	71.0%	68.6%	67.5%	67.2%	67.9%	68.1%	67.8%	68.1%	68.9%	68.7%	67.5%	67.0%	67.4%	67.6%	68.0%	67.7%	67.7%	67.6%	67.3%	67.1%	67.0%	66.7%	66.4%	66.5%	66.6%	66.6%	66.5%
ICS	68.7%	68.7%	68.7%	68.8%	68.8%	68.7%	68.3%	68.1%	67.9%	67.9%	68.0%	67.8%	64.7%	63.1%	62.6%	62.5%	62.5%	62.4%	62.1%	62.6%	62.6%	61.1%	60.5%	61.0%	61.0%	61.4%	61.5%	61.6%	61.7%	61.3%	61.3%	61.4%	61.4%	61.2%	61.1%	61.2%	61.3%	61.3%	61.3%
Target	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%	66.6%



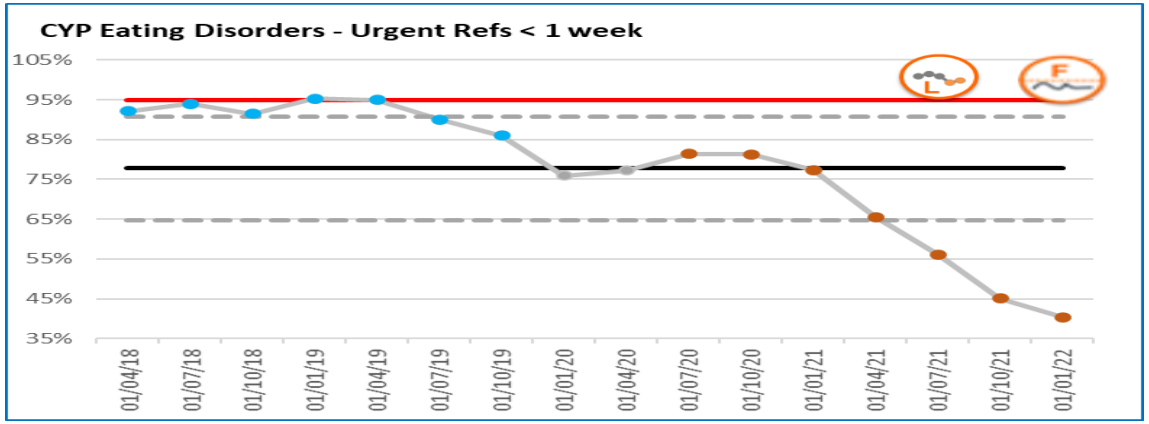
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
ENHCCG	816	688	650	899	824	977	704	652	647	842	798		671	454	669	892	766	919	938	994	861	1,027	952	991	921	941	1,169	1,074	984	903	916	1,047	740	930	1015	888	892
HVCCG	927	1051	899	1095	900	939	1184	1233	832	1213	936		603	490	675	811	772	804	866	895	833	1,039	954	1,068	962	1,002	1,165	1,056	978	1,058	1,098	1,165	881	1,052	826	1,271	799
WECCG	350	363	234	440	401	318	321	281	327	319	312	358	377	175	293	273	327	424	472	408	288	398	420	445	405	332	263	237	592	457	406	598	602	513	540	518	328
ICS	2093	2102	1783	2434	2125	2234	2209	2166	1806	2374	2046		1651	1119	1637	1976	1865	2147	2276	2297	1982	2464	2326	2504	2288	2275	2597	2367	2554	2418	2420	2810	2223	2495	2381	2677	2019

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• Dementia performance remains just short of the national standard • Notable drop in patients entering IAPT in April	• Staff annual leave • Reduced working days in the month • Patient choice to delay access	• Increased EPUT Dementia resource • Further funding to recruit to clinical support to increase dementia assessments • Comprehensive IAPT engagement plan to coincide with Mental Health Awareness Week • Dedicated assessment week in mid-May • Vita Health investigating outsourcing to support IAPT access	• Recovery rates improved again in month and achieved the 50% national standard. • The 6 week and 18 week waiting time standards both continue to be achieved.
Herts	• Modest recovery in Dementia Diagnosis rates as redeployed staff return to EMDASS posts. But remains off target • Sustained improvement in the number of IAPT patients entering treatment over period	• Dementia prevalence has not been changed to reflect the impact of the Covid pandemic and performance has dipped nationally • IAPT referrals into the service are now reducing	• Enhanced Commissioning Framework (ECF) for GPs to complete coding exercise capture true diagnosis rates • Admin role in Primary Care Diagnosis Service to free Nurse Specialists • Practice Data reviewed monthly to target support • Communication plan in place & public engagement events • Review of GP websites to enable patient direct access • Review and update primary care materials and distribute new materials • Commission 3rd party provider to deliver increase in step 3 interventions where vacancies cannot be recruited to	• Continue with current actions to increase access to Dementia Diagnosis and IAPT services • Bring Recovery Action Plans into one forum to ensure central oversight

Mental Health – Out of Area Placements and CYP Eating Disorders



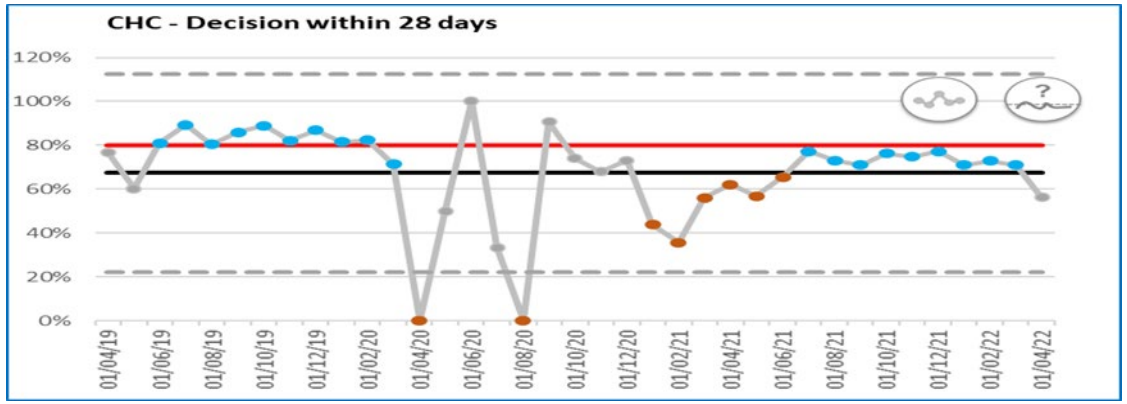
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Hertfordshire	100	185	277	114	118	172	124	182	239	360			372	207	26	83	125	331	277	376	486	471	26	596	452	337	336	574	834	759	936	745	674	779	830	987	767
Hertfordshire Target	66	132	200	58	116	175	50	100	150	42			33	33	34	20	20	20	10	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WECCG																									86	102	90	51	12	22	140	314	177	225	134	83	100



	Q2 2017-18 - Q1 2018-19	Q3 2017-18 - Q2 2018-19	Q4 2017-18 - Q3 2018-19	Q1 2018-19 - Q4 2018-19	Q2 2018-19 - Q1 2019-20	Q3 2018-19 - Q2 2019-20	Q4 2018-19 - Q3 2019-20	Q1 2019-20 - Q4 2019-20	Q2 2019-20 - Q1 2020-21	Q3 2019-20 - Q2 2020-21	Q4 2019-20 - Q3 2020-21	Q1 2020-21 - Q4 2020-21	Q2 2020-21 - Q1 2021-22	Q3 2020-21 - Q2 2021-22	Q4 2020-21 - Q3 2021-22
NHS East and North Hertfordshire CCG	100.0%	100.0%	92.9%	92.9%	90.9%	78.6%	78.6%	76.9%	71.4%	81.3%	75.0%	65.6%	56.8%	51.3%	45.7%
NHS Herts Valleys CCG	92.9%	95.7%	94.4%	100.0%	94.1%	92.9%	90.5%	76.0%	81.5%	85.0%	85.0%	77.3%	57.9%	41.5%	30.0%
NHS West Essex CCG	71.4%	81.8%	86.7%	92.3%	100.0%	100.0%	86.7%	75.0%	75.0%	73.7%	81.3%	95.2%	96.0%	100.0%	94.4%
ICS	92.2%	94.0%	91.5%	95.2%	95.0%	90.0%	86.0%	75.9%	77.2%	81.3%	81.3%	77.3%	65.5%	56.1%	45.1%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• Out of Area Bed Days increased slightly, but remain significantly lower that the spike seen in the Autumn • West Essex performs strongly against the Urgent Eating Disorder standard	• Pressure for Mental Health beds has increased substantially over the Covid period leading to a national shortage of beds, high occupancy rates and use of OOA beds.	• SMART (Surge Management and Resilience Toolset) - providing real time ward data • Essex review of bed model - numbers, type & location • Out of Area Placement (OOAP) Elimination & Sustainability Impact System Group (Essex wide) in place to monitor the impact of the NHSE OOAP Action Plan	**MH Out of Area Placements:** • Continue with current actions • Bring Recovery Action Plans into one forum to ensure central oversight • Review Herts bed base numbers **CYP Eating Disorders:** • Early Help ED service commissioned to initially support the CYP Community ED team reduce the waiting list and provide safe step down to improve through put • Recovery plans being monitored
Herts	• Sustained increase of Out of Area Beds in last year. Local data shows gradual reduction; activity is ICB funded beds not Spec Com managed by Regional Provider Collaborative & NHSE • CYP requiring support for ED continue to increase. Numbers being referred for support have not yet stabilised and the levels of complexity and acuity remain significant	• Exceptional period of inpatient demand • Community Transformation disrupted • Barriers to discharge –housing & support • The number, complexity and acuity of CYP presenting with ED and staffing has impacted on patient throughput • Challenges remain for those requiring specialist beds due to co-morbidities, but wait times for beds has improved in June	• Block bed purchased in area – can flex up and maintain community input for patients supporting discharge • Community & inpatient pathway transformation restarted • NHSE national support for OOA beds pressures engaged • Continue training support to acute trusts enabling more informed care for ED patients on wards • HPFT recovery plans in place – continue to monitor & support • Medical Monitoring service implemented by the end of July to support primary care	

Continuing Health Care (CHC)



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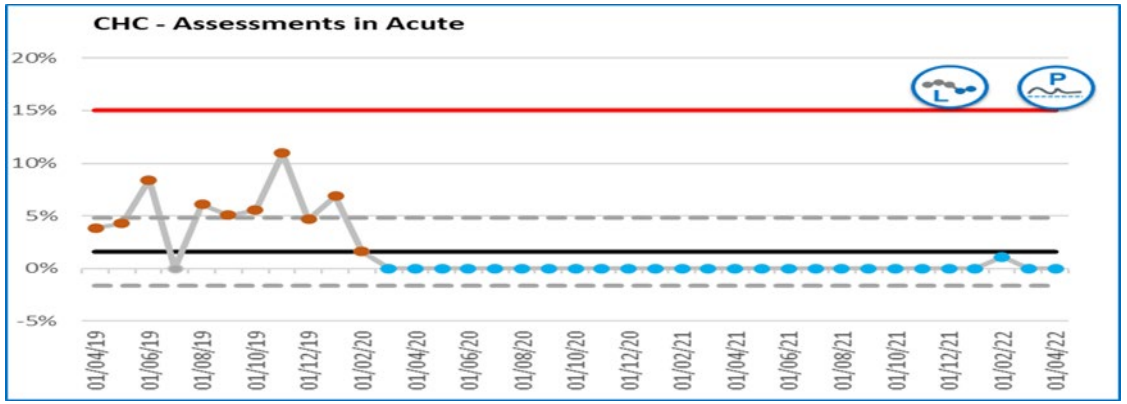
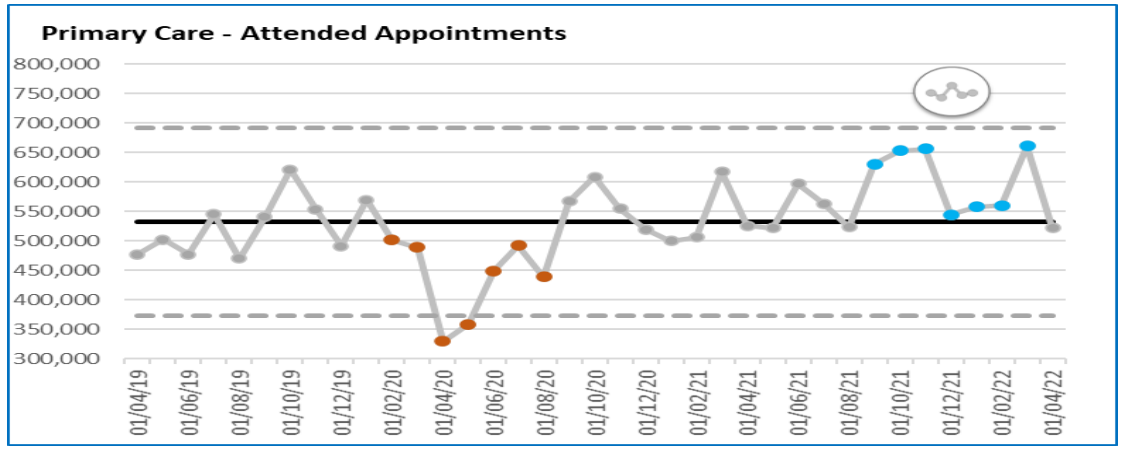
East & North Hertfordshire CCG	55%	33%	72%	91%	57%	68%	71%	68%	75%	53%	58%	71%	0%	50%	100%	33%	0%	57%	21%	34%	31%	21%	18%	26%	39%	23%	50%	58%	50%	67%	77%	70%	48%	53%	72%	69%	71%
Herts Valleys CCG	84%	70%	84%	88%	89%	92%	92%	87%	90%	88%	93%	0%	0%	0%	0%	0%	0%	100%	91%	88%	87%	70%	67%	76%	47%	66%	74%	82%	80%	67%	61%	72%	86%	80%	71%	72%	47%
West Essex CCG	58%	39%	54%	56%	58%	50%	34%	63%	57%	52%	88%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	87%	71%	83%	80%	88%	100%	93%	92%	68%	80%	70%	89%
ICS	77%	60%	81%	89%	80%	86%	89%	82%	87%	82%	82%	71%	0%	50%	100%	33%	0%	91%	74%	68%	73%	44%	36%	56%	62%	57%	65%	77%	73%	71%	76%	75%	77%	71%	73%	71%	56%
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%



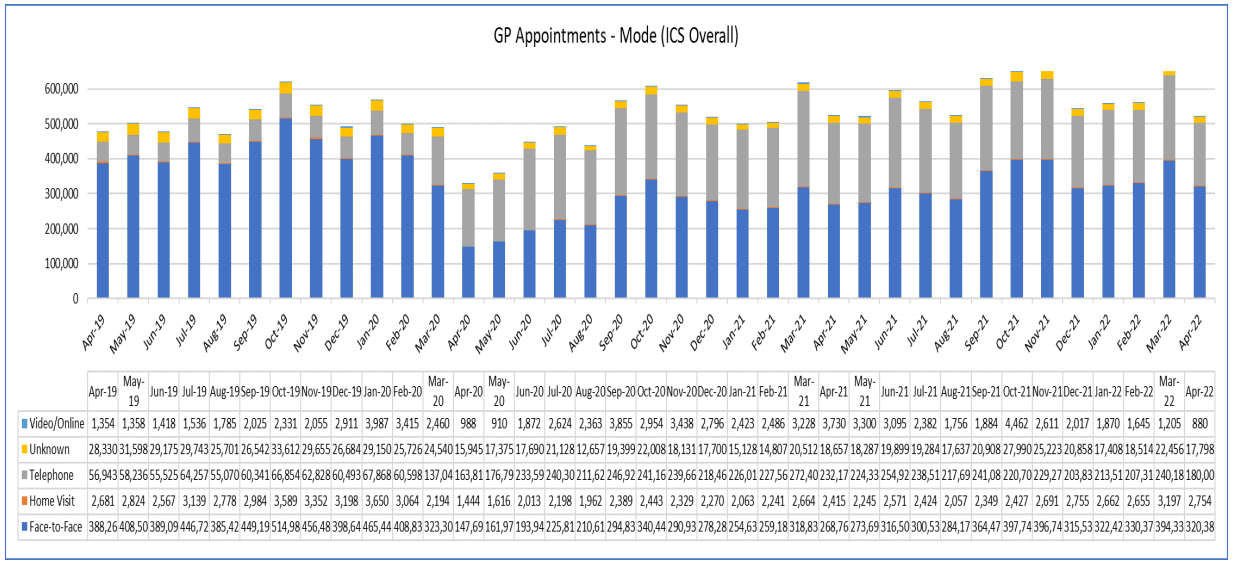
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
East & North Hertfordshire CCG	0%	8%	0%	0%	4%	0%	11%	5%	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Herts Valleys CCG	5%	3%	11%	0%	8%	5%	7%	11%	5%	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%
West Essex CCG	0%	17%	23%	0%	11%	13%	8%	6%	7%	21%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
ICS	4%	4%	8%	0%	6%	5%	6%	11%	5%	7%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%
Target	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• Both standards were achieved in April	• No significant issues to report and similar levels of performance are expected in May	• The CCG's CHC Team continues to work alongside EPUT to provide additional resource and support.	• Performance standards continue to be monitored, issues escalated and risks mitigated • Agency cover requested to cover for vacancies whilst recruitment continues • Setting trajectory and drive on clearing cases over 28 days • Responsibility of managing flow of referrals focus on quality standards / assessment are in line with the framework
South West Herts / WHTHT	• Performance against decisions made within 28 days was not achieved. Although this remains a challenge a robust action plan has been put in place and shared with NHS England • The assessments carried out in acute standard continues to be met	• Workforce issues, recruitment & induction • Backlog of CHC & FNC reviews due to prioritising high numbers of new DSTs • Challenges of receiving signatures from social workers following assessment • Receipt of evidence prior to assessments	• Recruitment drive continues • Prioritisation of fast track and patients receiving 1:1 • Allocation and weekly tracking of assessments to ensure 28 days target is met remains a priority • Case management for all cases over 6 weeks • Continuous collaborative working with system partners including weekly meetings with Local Authority	
East & North Herts / ENHT	• Performance against 28 Day standard continues at similar levels to last two months at 71% in April • Continued achievement of 0% of assessments in an acute setting	• Staffing capacity: CHC and community • Ongoing impact of Covid-19 on community nurses, social workers etc • Delays receiving signed assessment paperwork from community, particularly Mental Health	• Each backlog case has an individual plan including a date for completion of the Decision Support Tool • Weekly tracking of referrals over 28 days by caseload and CHC manager • Performance levels expected to be improved in May	

Primary Care



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
East & North Hertfordshire CCG	183,917	194,724	183,027	206,151	180,920	206,311	237,040	212,508	188,419	221,259	194,249	190,526	128,131	136,762	171,408	189,740	172,648	219,403	241,014	219,970	206,786	198,038	201,847	246,123	210,068	206,652	235,623	221,721	207,411	250,588	262,881	260,963	215,652	216,002	220,019	257,511	204,462
Herts Valleys CCG	194,794	204,268	196,959	229,204	192,383	226,629	252,917	229,182	203,949	232,477	205,070	196,259	131,444	143,237	176,794	194,645	173,255	222,342	239,798	217,022	207,339	201,570	203,532	247,452	212,275	209,336	237,415	224,130	207,952	255,130	249,720	258,345	216,356	224,768	223,559	266,854	209,546
West Essex CCG	98,864	103,530	97,790	110,041	97,456	108,144	131,412	112,685	99,566	116,368	102,321	102,757	70,308	78,679	100,913	107,686	93,316	125,658	128,203	117,501	105,384	100,659	100,904	124,073	103,398	105,878	123,954	117,289	107,955	124,987	140,725	137,245	112,990	117,109	116,929	137,006	107,810
ICS	477,575	502,522	477,776	545,396	470,759	541,084	621,369	554,375	491,934	570,104	501,640	489,542	329,883	358,678	449,115	492,071	439,219	567,403	609,015	554,493	519,509	500,267	506,283	617,648	525,741	521,866	596,992	563,140	523,318	630,705	653,326	656,553	544,998	557,879	560,507	661,371	521,818



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Video/Online	1,354	1,358	1,418	1,536	1,785	2,025	2,331	2,055	2,911	3,987	3,415	2,460	988	910	1,872	2,624	2,363	3,855	2,954	3,438	2,796	2,423	2,486	3,228	3,730	3,300	3,095	2,382	1,756	1,884	4,462	2,611	2,017	1,870	1,645	1,205	880
Unknown	28,330	31,598	29,175	29,743	25,701	26,542	33,612	29,655	26,684	29,150	25,726	24,540	15,945	17,375	17,690	21,128	12,657	19,399	22,008	18,131	17,700	15,128	14,807	20,512	18,657	18,287	19,899	19,284	17,637	20,908	27,990	25,223	20,858	17,408	18,514	22,456	17,798
Telephone	56,943	58,236	55,525	64,257	55,070	60,341	66,854	62,828	60,493	67,868	60,598	137,04	163,81	176,79	233,59	240,30	211,62	246,92	241,16	239,66	218,46	226,01	227,56	272,40	232,17	224,33	254,92	238,51	217,69	241,08	220,70	229,27	203,83	213,51	207,31	240,18	180,00
Home Visit	2,681	2,824	2,567	3,139	2,778	2,984	3,589	3,352	3,198	3,650	3,064	2,194	1,444	1,616	2,013	2,198	1,962	2,389	2,443	2,329	2,270	2,063	2,241	2,664	2,415	2,245	2,571	2,424	2,057	2,349	2,427	2,691	2,755	2,662	2,655	3,197	2,754
Face-to-Face	388,26	408,50	389,09	446,72	385,42	449,19	514,98	456,48	398,64	465,44	408,83	323,30	147,69	161,97	193,94	225,81	210,61	294,83	340,44	290,93	278,28	254,63	259,18	318,83	268,76	273,69	316,50	300,53	284,17	364,47	397,74	396,74	315,53	322,42	330,37	394,33	320,38

ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	• Total number of GP appointments and all modes of consultation declined in April, likely reflecting Bank Holidays and the end of the WAF funding. • PC attendances for Sept to Mar 22 show a 21.7% increase vs April 19, indicative that additional GP slot capacity is meeting current demand. • Proportion of face to face calls have stabilised with 59% seen face to face in Jan ,60% in Feb and March, and 61% in April. • Same day appointments made up 49% of appointments in Jan and 48% in Feb.	• General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal. • Increase in Covid staff absence	• Full funding from ICB Winter Access Fund (WAF) has been spent. While some impact such as additional capacity is immediate, as we saw in March, we also expect to see benefits from infrastructure investment over the medium term. • We continue to implement actions funded through the WAF including advanced telephony and offsite storage of notes. • WAF visits have been completed across the ICB providing each practice with an tailored plan to support the improvement of access; • Follow up visits and monitoring of action plans underway in areas of high risk/poor access. • Patients Association has been engaged to support practices to restart and maximise engagement with their Patient Participation Groups following the disruption of the Pandemic. • Healthwatch have been engaged to support developing patient engagement in key programmes across the ICB.	• Review the inputs funded through the WAF for impact and return on investment to inform future winter planning. • Continue to support return of business as usual to general practice through the relaunch of the Enhanced Commissioning Framework (ECF) across the ICB, supported by investment. • Continue to monitor access trends in the 3 places and to pick up individual practices with poor access through complaints and patient contacts • The National GP Patient Survey was undertaken between January and marc with results expected summer 2022., and will use this as part of our contract and quality visits to practices.

Glossary

Performance Board Acronyms

Glossary

>104 days	less than 104 days
>104 weeks	less than 104 weeks
>62 days	less than 62 days
A&E	Accident & Emergency
AAU	Ambulatory Assessment Unit
AHC	Annual Health Check
BAME	Black Asian & Minority Ethnic
BAU	Business As Usual
CAMHS	Children & Adolescent Mental Health Service
CCATT	Children Crisis Assessment & Treatment Team
CCG	Clinical Commissioning Group
CDC	Cancer Diagnostic Centre
CEO	Chief Executive Officer
CHC	Continuing Healthcare
CISS	Community Intensive Support Service
CLCH	Central London Community Healthcare NHS Trust
CMO	Chief Medical Officer
CO	Carbon Monoxide
CQC	Care Quality Commission
CT	Computerised Tomography (scan)
CYP	Children Young People
D2A	Discharge to Assess
DQ	Data Quality
DST	Decision Support Tool
DSX	DSX Systems (Digital Health Solutions)
DWP	
EAU	Emergency Assessment Unit
ECHO	Echocardiogram
ED	Emergency Department
EEAST	East of England Ambulance Service NHS Trust
EMIS	supplier of EPR systems and software
ENHCCG	East & North Herts Clinical Commissioning Group
ENHT	East & North Herts NHS Trust
EPR	Electronic Patient Record
EPUT	Essex Partnership University Foundation Trust
F2F	Face-to-Face
FHAU	
FNC	Funded Nursing Care
GP	General Practise
HALO	Hospital Ambulance Liaison Officer
HCA	HealthCare Assistant
HCT	Hertfordshire Community Trust
HEG	Hospital Efficiency Group
HPFT	Hertfordshire Partnership Foundation Trust
HVCCG	Herts Valley Clinical Commissioning Group
IAG	Inspection Action Group
IAPT	Improving Access to Psychological Therapies
ICP	Integrated Care Partnership
ICB	Integrated Care System
IPC	Infection prevention and control
IS	Independent Sector
IUC	Integrated Urgent Care

Performance Board Acronyms

Glossary

JSPQ	Joint Strategic Patient Quality / Patient Safety Strategy
LA	Local Authority
LAC	Look After Children (team)
LD	Learning Disability
LeDeR	Learning Disability Mortality Review / Living From Lives & Deaths
LFT	Lateral Flow Test
LMNS	Local Maternity Neonatal System
LMS	Local Maternity System
LoS	Length of Stay
MH	Mental Health
MOU	Memorandum Of Understanding
MRI	Magnetic Resonance Imaging
MSE	Mid & South Essex NHS Foundation Trust
NHSE / I	NHS England & Improvement
NICE	The National Institute for Health & Care Excellence
NLMCTR	Care & Treatment reviews
NO	Nitrous Oxide
NOK	Next Of Kin
OHCP	One HealthCare Partnership
OOAP	Out of Area Placements
OT	Occupational Therapy
PAH / PAHT	The Princess Alexandra Hospital NHS Trust
PCN	Primary Care Network
PCR	Polymerase Chain Reaction (test)
PEoLC	Palliative & End of Life Care
PIFU	Patient Initiated Follow-Up
PMO	Project Management Office
PRISM	Primary Integrated Service for Mental Health
PTL	Patient Tracking List
RCA	Root Cause Analysis
REAP	Resource Escalation Action Plan
RESUS	Resuscitation
RTT	Referral to Treatment (18-week elective target)
SACH	St Albans City Hospital
SAFER	Patient Safety Strategy
SDEC	Same Day Emergency Care
SLT	Speech & Language Therapist
SMART	Surge Management and Resilience Toolset
SSNAP	Sentinel Stroke National Audit Programme
T&O	Trauma and Orthopaedic
TTA	Take Home Medication
UEC	Urgent Emergency Care
US	Ultrasound Scan
UTC	Urgent Treatment Centre
WAF	Winter Access Fund
WECCG	West Essex Clinical Commissioning Group
WGH	Watford General Hospital
WHTHT	West Herts Hospital Trust
ww	week waits

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**27/07/2022**	
Report Title:	**HWE ICB Finance Report 2022/23**				**Agenda Item:**	**11**	
Report Author(s):	Debbie Griggs, Deputy Chief Finance Officer						
Report Signed off by:	Alan Pond, Chief Finance Officer						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☒	**Information** ☒
Report History:	N/A						
Executive Summary:	The aim of the paper is to inform the Herts and West Essex (HWE) Integrated Care Board (ICB) of the current financial position, the expected forecast position, and any identified potential risks. With the dissolution of East and North Hertfordshire CCG, Herts Valley CCG and West Essex CCG, a formal ledger close for each CCG is required on 30 June 2022, with a formal three-month year end process, subject to External Audit scrutiny. The financial balances of the three CCGs were then transferred to the ICB for the remaining nine-month financial period; NHS England will enact a retrospective allocation to bring each CCG to a breakeven position by either bringing forward allocation to cover any deficit positions or transfer any surplus allocation back to the ICB. The ICB is expected to achieve financial balance in line with the financial plans submitted to NHS England in June 2022 and recognising the wider Integrated Care System (ICS) financial positions.						
Recommendations:	The ICB board are asking to note the contents of the paper.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☐
	Tackling inequalities in outcomes, experience and access	☐
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☒
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☐

1. Executive summary

The aim of the paper is to inform the Herts and West Essex (HWE) Integrated Care Board (ICB) of the current financial position, the expected forecast position and any identified potential risks.

2. Background

The Health and Care Act 2022 amended the Health and Social Care Act 2012, abolishing Clinical Commissioning Groups (CCGs) and establishing statutory Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs).

On I July 2022, the NHS HWE ICB came into effect, which meant that NHS East and North Hertfordshire CCG, NHS Herts Valleys CCG and NHSE West Essex CCG were dissolved and all duties and functions transferred to the HWE ICB.

This resulted in the three CCGs being required to shut down their respective accounts on 30 June 2022 and execute a formal three-month year end process, which will be subject to External Audit scrutiny. The financial balances of the three CCGs were then transferred to the ICB for the remaining nine-month financial period; NHS England will enact a retrospective allocation to bring each CCG to a breakeven position by either bringing forward allocation to cover any deficit positions or transfer any surplus allocation back to the ICB.

The ICB is expected to achieve financial balance in line with the financial plans submitted to NHS England in June 2022, recognising the wider Integrated Care System (ICS) financial positions.

3. Resource implications

This report is providing the Board information on the Quarter 1 (April to June 2022) financial position for the three CCGs, which has not yet been formally closed. The report will be showing the combined financial positions; although the recurrent core allocations were distributed to the relevant CCG by NHS England, the non-recurrent allocations were lodged with West Essex CCG, as the Lead CCG, and due to the shortened financial period, there was no ability to transfer funding between CCGs.

Notified Allocations for the ICB

The table below shows the recurrent and non-recurrent allocations for the ICB which were known when the 2022/23 Financial Plan was submitted on 20 June 2022:

Allocations	Annual Plan £000	Confirmed £000	Indicative £000
Recurrent Allocations			
ICB Programme Allocation	2,342,224	2,342,224	
Delegated Co-commissioning	237,401	237,401	
Running Costs	28,995	28,995	
ICS Additional Inflationary Funding	25,840	25,840	
Ockenden Funding	2,745	2,745	
Total Recurrent Allocation	**2,637,205**	**2,637,205**	**0**
Non-Recurrent Allocations			
Service Development Funding (SDF)	53,461	43,610	9,851
Elective Services Recovery Funding (ERF)	45,375	45,375	
COVID Funding	36,944	36,944	
ICB Additional Inflationary Funding	6,702	6,702	
Health Inequalities Funding	3,988	3,988	
Total Recurrent Allocation	**146,470**	**136,619**	**9,851**
Total ICB Allocation	**2,783,675**	**2,773,824**	**9,851**

The non-recurrent allocations, in the table above, have already been committed or have been provide for a specific purpose:

- Service Development Funding (SDF) – there will be locally agreed programmes of work designed and implemented to comply with the nationally agreed schemes
- Elective Services Recovery Funding (ERF) – this is expected to be paid to NHS Trusts and Independent Sector Providers to cover the additional cost of providing additional elective services above the 2019/20 activity baseline. Where this activity threshold is not reached, it is expected to be returned to NHS England.
- COVID Funding – this has been distributed to the HWE ICS Trust Providers or retained within the ICB to fund the expected costs associated with COVID.
- ICB Additional Inflationary Funding – this has been distributed to the HWE ICS Trust Providers to support additional non-recurrent costs associated with the high inflationary rates. This is in addition to the recurrent 0.7% increase to all NHS Providers to their 2022/23 contract baselines and System Top-ups.
- Health Inequalities Funding – the South and West Hertfordshire (SWH) ICP and the East and North Hertfordshire (ENH) ICP have committed this funding; West Essex (WE) ICP are in the process of agreeing the schemes to commit their share of the funding to.

Quarter 1 Expenditure

The table below shows the expenditure for the three CCGs for Quarter 1 2022/23.

Quarter 1 Expenditure	Q1 Budget £000	Q1 Actual £000	Q1 Variance £000
Acute Services	362,522	362,985	462
Mental Health Services	65,845	66,141	296
Community Services	59,508	60,324	817
Continuing Healthcare services	33,942	34,070	128
Primary Care services	125,447	118,725	(6,722)
Other programme services including reserves	9,563	8,955	(608)
Running Costs	7,698	6,909	(789)
ICB (underspend) / deficit	**664,525**	**658,110**	**(6,415)**

The information above has been adjusted for the non-recurrent elements, such as ERF and SDF and for non-recurrent allocations in Quarter 1 where a formal liability has not yet occurred and therefore cannot be accrued.

Quarter 1 budget is profiled in a straight line and broadly equates to 25% of the total recurrent and non-recurrent allocation. Where the expenditure occurs in later quarters, and cannot be accrued for in Quarter 1, the underspend will be transferred back to the ICB to match the future spend. There were also prior year benefits released in Quarter 1 for Primary Care Services, which within the Quarter 1 underspend.

Forecast expenditure for the ICB

The information currently available would indicate that the ICB could achieve financial balance at the end of the nine-month period, however, there is little headroom within this position, other than non-recurrent benefits realised during the financial year of 2022/23.

4. Risks/Mitigation Measures

There are two main areas of financial risk within the above ICB position:

Cost and Volume contracts with Acute Providers

The vast majority of the Acute Providers' contracts are based on the Aligned Payment Incentive (API) Agreements, which are on an agreed fixed cost for urgent and non-elective services and a variable element for elective services, CQUIN and high-cost drugs and devices. Over performance against elective services would be funded from the non-recurrent ERF funding resource.

However, there remains a several cost and volume contracts, which could present a financial risk. Overperformance on elective services would still be covered by the ERF funding, however, overperformance against urgent and non-elective services would be a cost pressure to the ICB. The two largest cost and volume contracts are detailed below:

- Moorfields Eye Hospital NHS Foundation Trust – baseline contract value £12.429m
- North Middlesex University Hospital NHS Trust – baseline contract value £12.713m

The future finance reports will monitor and report on these and other cost and volume contracts and describe any agreed actions taken to mitigate this pressure.

Continuing Healthcare Placement Expenditure

There are known cost pressures for Continuing Healthcare from both inflationary increases in the cost of placements and the volume of high cost placements for patients in the South and West Hertfordshire Place.

Whilst there has been an increase in funding to support this pressure, inflation continues to rise above the original levels funded. There has also been extensive work undertaken to understand the specific pressures in South and West Hertfordshire area and monitoring will continue as policies and prices are aligned across the ICB.

5. Financial Control

There are four key financial control indicators which the Board are asked to note:

Cash position

The combined CCGs utilised 99.8% of the Quarter 1 cash envelope, which is within the limit set by NHS England. At the end of June 2022, ENH CCG and HV CCG both exceeded their cash envelope, drawing down 100.51% and 106.8% respectively, as the resource limit was allocated to WE CC, as the Lead CCG. This was reflected in the under utilisation of the cash draw down by WE CCG of 92.2%.

Better Payment Practice Code (BPPC)

The target for the BPPC is for 95% of all invoices are paid with 30 days of receipt of a valid invoice. As at Month 3, all three CCGs exceeded this target, with a combined achievement of 99.7% for NHS Provider invoices and 98.5% for Non-NHS Provider invoices.

Accounts Receivable (Debtors)

The value of invoices that are owed to three CCGs and remain outstanding for more than 90 days is £0.110m; this reflects the hard work of the Finance Teams and Budget Holders to reduce the number of outstanding invoices prior to the dissolving of the three CCGs.

Accounts Payable (Creditors)

The value of invoices that are due to be paid by the three CCGs and remain outstanding at the end of Month 3 is £12.013m. All invoices, where liability is accepted, have been accrued for in the Month 3 position.

6. Recommendations

The HWE ICB Board are asked to note the content of the report.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**28/07/2022**	
Report Title:	**HWE Integrated Care System Finance Report 2022/23**				**Agenda Item:**	**12**	
Report Author(s):	Frances Barnes, Assistant Director of Finance, HWE ICB						
Report Signed off by:	Alan Pond, Chief Finance Officer						
Purpose:	**Approval**	☐	**Decision**	☐	**Discussion**	☒	**Information** ☒
Report History:	N/A						
Executive Summary:	The aim of the paper is to inform the Herts and West Essex (HWE) Integrated Care Board (ICB) of the current financial position, the expected forecast position, and any identified potential risks.						
Recommendations:	The ICB Board are asking to note the contents of the paper.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☐
	Tackling inequalities in outcomes, experience and access	☐
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☒
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☐
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☐

1. Introduction

The year-end financial position for 2021/22 is set out below, together with an update on the planning process for 2022/23.
Activities within the Finance Director group are updated to cover June -July 2022.

2. Revenue Financial Position

All Trusts have now signed off their accounts with the auditors for year-end 2021/22, with final numbers shown below.

HWE ICS Financial Position : Month 12

Revenue	FOT (£000) Planned Surplus /(Deficit)	Actual Surplus /(Deficit)	Variance Plan v Actual	£'000 Final Adjusted Post Audit Position
Hertfordshire and West Essex STP				
ENHCCG	0	132	132	132
HVCCG	0	500	500	500
WECCG	0	0	0	0
ENHT	0	361	361	361
HCT	0	221	221	958
HPFT	0	85	85	705
PAH	0	1,110	1,110	1110
WHHT	0	689	689	689
System Position	**0**	**3,098**	**3,098**	**4,455**

Month 3 2022/23 positions are currently being finalised by Trusts. CCGs are closing their positions and year-end accounts are starting to be prepared in readiness for a further audit, later in the year. This second year-end will affect CCGs only, as these organisations have been closed down as of 30th June 2022 and the new HWE ICB has been established with its own legal status, from 1st July 2022.
The timing of the audit has not yet been agreed, as current auditors will need to fit this additional work into their annual business cycle. It is expected to be towards quarter 3 or 4 of the year.

CCGs will report a break-even position at the end of quarter 1, under guidance received by NHSEI. Allocations will be aligned to achieve this, so that the plan for the first quarter is adapted to be the same as the actuals. Overall, the plan for the full 12 months will agree with final plans submitted 20th June, with the profiling in the first three months being adjusted to align to the first three months of income and expenditure.

3. Planning 2022/23

Following the final plan submission 28th April 2022, levels of deficit across systems nationally were deemed excessive by NHSEI. Following continuing discussions with Treasury they sought to ease some of the cost pressures arising from high inflationary pressure and continuing covid costs. This resulted in the release of additional funding to system envelopes across the country, which went someway to reducing this deficit. However, this was not sufficient to cover all cost pressures being cited and organisations were requested to find additional efficiencies and non-recurrent means of balancing their positions.

NHSEI requested a further planning submission on 20th June. In line with all systems in the East of England region, HWE submitted a break-even plan, with each individual organisation also breaking-even.

The additional funding made available to the HWE system is shown below:

	TOTAL ICB £'000	Basis for Allocation
General Inflation	13,595	Fair Shares over 3 CCGs
Ambulance	3,714	Allocate to EEAST
Other Pressures	8,531	Fair Shares over 3 CCGs
Additional Non-Recurrent	6,702	Fair Shares over ICS Trusts
TOTAL	**32,542**	

This funding will be distributed across the ICB (previously 3 CCGs) and all providers serving the HWE population, not just HWE system providers.

All contracts were increased by 0.7% to help fund inflationary pressures. The ambulance allocation was effectively a pass-through payment to EEAST and did not ease cost pressures being felt within the system. The £3.7m funding does however ease financial pressures felt by the ambulance trust and will support our population receiving services provided by EEAST.

The £8.5m funding will ease continuing health care, funded nursing care and other cost pressures being felt by the ICB (previously 3 CCGs).

The final non-recurrent additional fund of £6.7m has been split (based on trust operational costs) across system providers, to support their individual financial pressures.

ERF allocations have been received by the ICB for the first quarter, with NHSEI confirming the ICB should assume no claw-back at this stage. Formal performance figures and ERF award to Trusts has not yet been notified by NHSEI. Trusts and the ICB are therefore treating ERF prudently, with no firm expectation that we will be able

to keep it in entirety and without adjustment. Despite follow-up, further clarity has not been forth coming from NHSEI.

Now the planning round has completed and the second and exceptional year-end draws to a close, the System Finance Director group will be turning its focus, amongst other things, to a more granular and detailed review of CIPP / QIPP planning, including performance but more importantly the sharing of successful transformation pieces of work and integrated system working, to support achievement of the efficiency programme, baked into organisational plans.

There is a regional focus on workforce and following work across the procurement hub, HWE are well placed to contribute to the regional effort in this area. This means that much of the low-hanging fruit has already been achieved, however a refresh and refocus should provide additional benefits. This will be reported in future meetings.

4. ICS Finance Director Meetings – Update

Planning and year-end have dominated FD agendas for the last 6 months. With these topics now concluded, FDs have begun the discussion around place based financial arrangements and reporting, with some further discussion on future agendas around how we will organise ourselves to support this.

Community diagnostic centre capital has also been discussed and business cases will be shared at the next Finance Director meeting on 22nd July, with a view to approving those cases to be put forward to NHSEI.

Electronic Patient Record (EPR) capital is due to be awarded by NHSEI at the end July and further discussion related to the 3 acute trusts, and their EPR plans / convergence to a single system, has been shared between FDs. NHSEI intend to award capital by the end of July although have signalled this may be delayed, to ensure they make the ‘right’ decision.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board meeting held in Public				**Meeting Date:**	**27/07/22**	
Report Title:	**Governance Report**				**Agenda Item:**	**13**	
Report Author(s):	Simone Surgenor – Associated Director of Integrated Governance & Organisational Alignment						
Report Signed off by:	Michael Watson – Chief of Staff						
Purpose:	**Approval**	☒	**Decision**	☐	**Discussion**	☐	**Information** ☐
Report History:	The paper will take the Board through a sequence of governance related items, clearly referencing what actions are being sought from NHS Hertfordshire and West Essex Integrated Care Board.						

Executive Summary:

1. Background

1.1 The Health and Care Act 2022 (the 2022 Act) amended the Health and Social Care Act 2012, abolishing Clinical Commissioning Groups (14Z27) and establishing statutory Integrated Care Boards (ICBs) and statutory Integrated Care Partnerships (ICPs).

1.2 As of 00:01 going into Friday 1st July 2022, NHS Hertfordshire and West Essex Integrated Care Board came into effect through the granting of an Establishment Order by NHS England. This means that from then - NHS East and North Hertfordshire Clinical Commissioning Group (CCG), NHS West Essex CCG and, NHS Herts Valley CCG were dissolved with all duties and functions transferring to the Integrated Care Board.

1.3 This is the second meeting of NHS Hertfordshire and West Essex Integrated Care Board. Where the first meeting held on the 1st July 2022 was very transaction and based largely on bringing the new ICB into operational existence, this Board meeting will to a greater extent – cover what many would see as business as usual, supporting the new entity as it develops.

1.4 The Board will see through the course of this paper, that whilst a number of the sub-committees approved on 1st July have met, their initial meetings have intentionally been focused on discussions surrounding their development – as opposed to reaching decisions or making formal recommendations.

	2. Issues: 2.1 The Board will be asked to consider the following: a) Establishment of the Hertfordshire and West Essex Integrated Care Partnership, as a joint committee of the NHS Hertfordshire and West Essex Integrated Care Board – paragraph 2.1 below and appendix A. b) NHS HWE ICB's Risk Register - paragraph 2.2 below and appendix B. c) Committee summarises – paragraph 2.3 and appendix C d) Policy Update e) Governance Handbook update, and areas likely to come before the September Board: • Terms of Reference • Standing Financial Instructions • Sub-committee names
Recommendations:	**For approval –** • The Establishment of the Hertfordshire and West Essex Integrated Care Partnership, as a joint committee of the NHS Hertfordshire and West Essex Integrated Care Board. • Extension enabling the continued delegated approval of ICB policies to the Executive and Commissioning Board – pending recommendation to the Governance Handbook scheduled for September 2022. • Adoption of the following policies: • Child Death Procedures (web links provided) • Hertfordshire • Southend, Essex and Thurrock • Domestic Abuse Policy for Staff • Management of Allegations against Staff, Volunteers and People in Positions of Trust who work with Adults and Children • Safeguarding Supervision Policy • Management of Serious Incidents Policy **For noting and comment –** • ICB Risk Register • Committee Summaries • Policy Update, and noting of approval by the Executive Committee of the following. Due to date for the filling of this

<table>
<tr><td></td><td colspan="4">report, against feedback from the Executive, a verbal update will be provided addressing any concerns raised if they occur:
Competition Disputes Policy
Access to Information Policy
Policy for the Receipt and Management of Petitions
Information Governance Framework and Policy
Records Management and Information Lifecycle Management Policy (which included Data Quality)
Acceptable Use Policy
Backup Policy
ICT Registration Authority Policy
Information Security Policy
Mobile Device Security Policy
Network Security Policy
Patch Management Policy
Telecoms Policy</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☐</td></tr>
<tr><td colspan="4">The papers referenced cover a large core section of this Board and governance within the ICB. Therefore, conflicts have been addressed up to this point and all members have a vested interest in their adoption.</td></tr>
</table>

Impact Assessments (completed and attached):	***Equality Impact Assessment:***	The work forms part of an overarching transition Equality Act compliance, with impact assessments connected to the specific pieces of work.
	Quality Impact Assessment:	< Yes/ No / N/A >
	Data Protection Impact Assessment:	< Yes/ No / N/A >
Strategic Objective(s) / ICS Primary Purposes supported by this report:	***Improving outcomes in population health and healthcare***	☒
	Tackling inequalities in outcomes, experience and access	☒
	Enhancing productivity and value for money	☒
	Helping the NHS support broader social and economic development	☒
	Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board	☒
	Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working	☒

1. Executive summary

1.1 The Health and Care Act 2022 (the 2022 Act) amends the Health and Social Care Act 2012, abolishing Clinical Commissioning Groups (14Z27) and establishing statutory Integrated Care Boards (ICBs) and statutory Integrated Care Partnerships (ICPs).

1.2 As of 00:01 on Friday 1st July 2022, NHS Hertfordshire and West Essex Integrated Care Board came into effect through the granting of an Establishment Order by NHS England. This means that from then - NHS East and North Hertfordshire Clinical Commissioning Group (CCG), NHS West Essex CCG and, NHS Herts Valley CCG were dissolved with all duties and functions transferring to the Integrated Care Board.

1.3 This is the second meeting of NHS Hertfordshire and West Essex Integrated Care Board. Where the first meeting held on the 1st July 2022 was very transaction and based largely on bringing the new ICB into operational existence, this board meeting will to a greater extent – cover what many would see as business as usual, supporting the new entity as it develops.

1.4 The board will see through the course of this paper, that whilst a number of the sub-committees approved on 1st July have met, their initial meetings have intentionally been focused on discussions surrounding their development – as opposed to reaching decisions or making formal recommendations.

2. Items for Consideration

2.1 **Establishment of the Hertfordshire and West Essex Integrated Care Partnership, as a joint committee of the NHS Hertfordshire and West Essex Integrated Care Board – for approval**

2.1.1 As referenced in the Executive Summary above, Integrated Care Systems comprise of two statutory committees: an Integrated Care Board; and, an Integrated Care Partnership.

The two committees can be distinguished in their remit with the following:

a) The Integrated Care Board – is responsible for planning and delivering health services
b) The Integrated Care Partnership – a statutory joint committee which brings together local authorities and other organisations involved with improving the care, health and wellbeing of the population. In summary, *this committee*

leads the integrated care strategy, but does not commission services (King's Fund – Key planning and partnership bodies from July 2022).

2.1.2 An integrated care board and each responsible local authority whose area coincides with or falls wholly or partly within the board's area must establish a joint committee for the board's area (an "integrated care partnership") (section 26 Health and Care Act 2022 (the Act)).

2.1.3 At **appendix A**, the board will see a document entitled: Establishment of the Hertfordshire and West Essex Integrated Care Partnership (ICP). This document is within the public domain and is due to be tabled at the Hertfordshire and West Essex Integrated Care Partnership's first formal meeting on Thursday 28th July 2022.

2.1.4 In compliance with the Act, the board is asked to approve the establishment of this joint committee within the Hertfordshire and West Essex Integrated Care System.

2.2 Risk Register – for noting

2.2.1 As a summary of risk legacy - a meeting of the CCGs Risk Review Group took place on 26th April 2022, with representation from all three CCG senior leadership teams. The remit and scope of this group is currently being developed and will form part of the overarching Risk Strategy and Framework.

2.2.2 Alongside discussions surrounding the transition of both strategic and operational risks into the ICB -legacy documents were developed and have been shared with the last CCG Boards that sat on the 23rd June 2022, and continue to be tabled as agenda items at each of the new ICB mirroring committees. These documents were drafted to highlight risks that it is felt must not be lost as part of each organisation's corporate history.

2.2.3 This section provides the Board with updates on the corporate risks rated 16 or above in line with the HWE draft Risk Management Framework – that is currently sat in its Governance Handbook. The detail provided below, forms part of a wider development structure within the ICB, which includes its Health Care Partnership and wider partners – in receiving training and developing an understanding over risk appetite. This alongside the greater alignment of conversation over risk, will aim to mitigate against duplication and support a more cohesive programme in identifying, documenting and scoring risks.

2.2.4 There are currently 10 risks with a rating of 16 or above. These risks are summarised with the following:

- ID 351 - 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
  This risk has a current rating of 16, with a target rating of 12.

- ID 387 - Increased demand for EHCPs (Emergency Health Care Plan's) in Community Paediatric services across ICB due to 2015 & 2018 SEND (Special educational needs and disability) reforms. (Around 40-50% increase in demand). This is resulting in long waiting times throughout the community paediatric services and if additional resource (staff and investment) are not made available these waits will continue to increase. There is a risk that children will not receive the support required in both health and education environments which will impact on their health, wellbeing and educational attainment. This risk has a current rating of 16, with a target rating of 8.

- ID 389 - Attention Deficit Hyperactivity Disorder (ADHD) - long waits across Hertfordshire and no service provision for tier 2 service in South & West Hertfordshire
  -The risk is that the condition may worsen if ADHD (Attention-deficit/hyperactivity disorder) left untreated, impacting on educational attainment and social and emotional development with longer term economic impacts
  -There is also a risk that this will have an impact on the mental well being of parents and families in managing their child's condition.

  This risk has a current rating of 20, with a target rating of 9.

- ID 391 - Special school nursing. The number of special school places has increased in Hertfordshire alongside the acuity of the children and yet in E&N Hertfordshire the nursing establishment has not increased. The establishment is 41% under the required number of nurses needed to provide the service required. Local Authority planning of new special schools does not take account of additional capacity required of health services to effectively support children attending the school. The resulting issue is that some elements of the service cannot be provided, and this is adversely impacting children, families, and schools. It is also putting significant strain on the existing workforce.
  This risk has a current rating of 16, with a target rating of 6.

- ID 322 - If- the pace of organisational development for primary care networks and their clinical directors does not increase. Then- there may be insufficient capacity for GP practices, primary care networks and federations to deliver against transformation of care priorities and a limited amount of collaboration between PCNs and other local

delivery. partners. Resulting in- delays in delivery of transformation objectives to improve quality and accessibility of services.
This risk has a current rating of 16, with a target rating of 4.

- ID 324 - If there are not consistent and rigorous processes for monitoring quality and performance of contracts and investments then there is potential for variable outcomes in improvements across the three geographical areas resulting in inequalities in the quality and performance of ICB primary care services and disparities in costs for the same services in different locations.
  This risk has a current rating of 16, with a target rating of 12.

- ID 325 - If the processes for recruitment of social prescribing link workers in primary care are not aligned then- availability of social support in primary care will be uneven across the ICS resulting in- inequalities in outcomes for local populations.
  This risk is new, with a current rating of 16. Its target rating is 8 with the register having pending updates concerning controls and gaps.

- ID 333 - If Transfer of the GP Extended Access Service from the IUC (Integrated Urgent Care) Contract to PCNs (Primary Care Networks) - Cost pressure CCG may be required to fund PCNs at a higher value Then- can be disaggregated from the HUC IUC contract, Resulting in- a cost pressure. Extracting the equivalent PCN value from the IUC contract may destabilise the remaining NHS111, Out of Hours and CASservices(Primary Care but specific to WECCG only).
  This is a developing risk with a rating of 20, and target rating of 16. The register entry currently has entry gaps concerning controls.

- ID 123 - IF GPs or doctors within the Trust prescribe high doses of opioid analgesics for chronic pain (especially above 120mg oral morphine equivalent) which are not regularly reviewed in line with up-to-date national guidance. THEN there is a risk that patients would continue to be prescribed very high doses of opioid analgesics, sometimes inappropriately which do not provide any additional clinical benefit and can increase patient harm and mortality. RESULTING IN potentially serious harm to patients including dependency, reduction of quality of life and reputational damage to the CCG (ICB).
  This has a current risk rating of 16, with target rating of 12.

- ID 318 - If points of participation and influence for primary care in the new ICB and HCP (Health Care Partnership) structures are not made clear during the transitional period then meaningful engagement with primary care may not be sustained into the new ICB

arrangements resulting in challenges enacting ICB plans for delivery at place/Health Care Partnership.
This has a current risk rating of 20, with a target risk of 4.

2.3 Committee Summaries – for noting

2.3.1 Since the ICB transition on 1st July 2022, the following sub-committees have sat:

- People Board – 5th July 2022
- Population Outcomes & Improvement Committee – 6th July 2022
- Quality Committee – 12th July 2022
- Performance Board – 13th July 2022
- Commissioning Board – 14th July 2022
- Primary Care Board – 26th July 2022.

2.3.2 Meeting remain pending with:

- Audit & Risk Committee – due to meet on 2nd August 2022
- Finance & Investment Committee – due to meet on 9th August 2022

2.3.3 Going forward, each of these committees will produce an individual summary report for board linking their work with reporting sub-groups and committees, alongside meeting the requirements of the Constitution at paragraph 4.6.4 (a) in that each committee and sub-committee of the ICB will:

"*Provide a written report to every board meeting. At each meeting of the board, the Chair of the committee will present a short report in writing which highlights key matters*."

.

For the purposes of this Governance Report it is confirmed that:

- Each committee referenced above has thus far met in a developmental function with no decisions or recommendations being made;
- That core areas being discussed include:
- Membership
- Terms of Reference
- The name
- Quoracy; and
- Scope.
- It is also anticipated these Committee Summaries will include proposed deep dives with their schedule and scope.

This board will find at **appendix C and D**, its first Committee Summary Reports covering Quality Committee and, the Population Outcome & Improvements Committee. These provides two things: an example illustration of what will be

coming before the Board in future; and, an opportunity to feedback on whether any additional detail would be sought?

2.4 Policy Updates – for noting. Approval is sought over the continued interim delegation (paragraph 2.4.1), policy adoption (paragraph 2.4.5)

2.4.1 On the 1st July 2022, the board approved delegation of policy approvals to the Commissioning Board and Executive. This was approved in addition to the Boards remit has provided in its Standing Financial Instructions.

2.4.2 The board is asked to continue with this delegated position pending proposed amendments to the ICB's Governance Manual, that will be tabled in September. This extension supports development work also being undertaken with each committee, in understanding the proposed scope of their delegated remit.

2.4.3 The board will not that since the 1st July 2022, the following policies have been approved by the Executive and Commissioning Board

2.4.4 By way of noting, since the adoption of policies ratified on 1st July by the board, NHS Digital have released new licences in support of updated and aligned email addresses – that would have in the past sat within each Clinical Commissioning Group. Therefore, as each email address is confirmed, it will be updated in its respective policy. It is not proposed that policies with updated email address are brough before this board for reapproval, as the changes will not be material.

2.4.5 On the 12th July 2022, the Quality Committee reviewed the following policies:

- Child Death Procedures (web links provided)
  - Hertfordshire
  - Southend, Essex and Thurrock
- Domestic Abuse Policy for Staff
- Management of Allegations against Staff, Volunteers and People in Positions of Trust who work with Adults and Children
- Safeguarding Supervision Policy
- Management of Serious Incidents Policy

Following the cut-off for feedback having passed at 12 noon on Tuesday 19th July and no concerns having been raised, the Board is asked to approve the adoption of these policies.

2.4.6 In compliance with the interim delegation provided by the ICB on Friday 1st July 2022, the Executive Committee was approached to approve the following. The cut

off date for approval is 22nd July 2022, therefore in anticipation of the any concerns being received and these concerns will be provided via a verbal update to the board on Wednesday 27th July, the board is asked to note approval of the following:

- Competition Disputes Policy
- Access to Information Policy
- Policy for the Receipt and Management of Petitions
- Information Governance Framework and Policy
- Records Management and Information Lifecycle Management Policy (which included Data Quality)
- Acceptable Use Policy
- Backup Policy
- ICT Registration Authority Policy
- Information Security Policy
- Mobile Device Security Policy
- Network Security Policy
- Patch Management Policy
- Telecoms Policy

2.5 Governance Handbook update, and areas likely to come before the September Board. For noting:

2.5.1 Terms of Reference – as identified on 1st July 2022, whilst Terms of Reference were adopted for each delegated committee of the ICB, these were adopted on the understanding that revised Terms of Reference would be presented to the board within six months. This work is progressing, and it is envisaged some revised drafts may be presented to the board for approval in September 2022.

2.5.2 Standing Financial Instructions - The purpose of this governance document is to ensure that the ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically:

2.5.2.1 The SFIs are part of the ICB's control environment for managing the organisation's financial affairs as they are designed to ensure regularity and propriety of financial transactions.

2.5.2.2 SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services.

It is envisaged proposed revisions will be presented to the Board in September. The revisions are anticipated to include greater clarity over approval limits.

2.5.3 Sub-committee names – directly linked with discussions surrounding the Terms of Reference, and in support of the concerns identified at Board on 1st July 2022, sub-

committees sat under the ICB with current titles of Board are currently being revised with proposal pending for the adoption of committee in relation to:

- The Performance Board, that would be known as the Performance Committee; and
- The Commissioning Board, that would be known as the Commissioning Committee.
- Alongside Board approval for these changes, updates would also be made to the Standing Financial Instructions, and the ICB's Scheme of Reservation and Delegation.

3. Recommendations

3.1 **For approval** –

- The Establishment of the Hertfordshire and West Essex Integrated Care Partnership, as a joint committee of the NHS Hertfordshire and West Essex Integrated Care Board.
- Extension enabling the continued delegated approval of ICB policies to the Executive and Commissioning Board – pending recommendation to the Governance Handbook scheduled for September 2022.
- Adoption of the following policies:
    - Child Death Procedures (web links provided)
        - Hertfordshire
        - Southend, Essex and Thurrock
    - Domestic Abuse Policy for Staff
    - Management of Allegations against Staff, Volunteers and People in Positions of Trust who work with Adults and Children
    - Safeguarding Supervision Policy
    - Management of Serious Incidents Policy

3.2 **For noting and comment –**

- ICB Risk Register
- Committee Summaries
- Policy Updates – pending a verbal update from Executive Committee:
    - Competition Disputes Policy
    - Access to Information Policy
    - Policy for the Receipt and Management of Petitions
    - Information Governance Framework and Policy
    - Records Management and Information Lifecycle Management Policy (which included Data Quality)

- Acceptable Use Policy
- Backup Policy
- ICT Registration Authority Policy
- Information Security Policy
- Mobile Device Security Policy
- Network Security Policy
- Patch Management Policy
- Telecoms Policy

Hertfordshire and West Essex Integrated Care Partnership

Agenda Item No.

2

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE PARTNERSHIP

THURSDAY, 28 JULY 2022 AT 2:00PM

ESTABLISHMENT OF THE HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE PARTNERSHIP (ICP)

Report of Director of Law and Governance, Hertfordshire County Council

Author:- Luis Andrade, 01992 555504

ICP Member:- Cllr Richard Roberts, Chair Designate, Integrated Care Partnership

1. Purpose of report

1.1 This report is to:

- confirm the initial Statutory Requirements for the membership of the Hertfordshire and West Essex Integrated Care Partnership (ICP)
- confirm the initial members of the Hertfordshire and West Essex ICP
- confirm the initial Chair and Vice Chair of the Hertfordshire and West Essex ICP
- seek agreement to the approval of the attached Constitution for the Hertfordshire and West Essex ICP
- seek agreement to the appointment of the co-opted and co-opted (non-voting members) to the Hertfordshire and West Essex ICP as detailed in the attached Constitution
- note that the proposed membership of the Hertfordshire and West Essex ICP will be reviewed in 6 months.

2. Summary

2.1 The Health and Care Act 2022 (the Act), which received Royal Assent on 28 April 2022, sets out requirements for every area in England to have statutory arrangements for health and care known as Integrated Care Systems (ICS').

2.2 ICSs bring together the NHS, Local Government and community and voluntary sector organisations to work collectively for improvements in health and wellbeing. Prior to the Act, ICSs already existed in all areas, including one for Hertfordshire and West Essex. The Act changes these arrangements from voluntary partnerships to statutory bodies.

2.3 There are two main components to ICS:

- the Integrated Care Board (ICB) which is responsible for planning and delivering health services, and
- ICP, a statutory joint committee which brings together local authorities and other organisations involved with improving the care, health and wellbeing of the population.

2.4 The ICB for Hertfordshire and West Essex became formally constituted on 1 July 2022, with the ICP receiving the same on 28 July 2022.

2.5 The proposed arrangements for the Hertfordshire and West Essex ICS have been considered within Hertfordshire and West Essex ICS Partnership Board meetings and were also considered and approved by Hertfordshire County Council on 20 June 2022 and Essex County Council on 21 June 2022.

3. Recommendation

3.1 The Hertfordshire and West Essex ICP are invited to:

i) note and comment on the content of this Report
ii) appoint Councillor Richard Roberts as the initial Chair of the Hertfordshire and West Essex ICP.
iii) appoint Paul Burstow, Chair of the Hertfordshire and West Essex ICB as the Vice Chair of the Hertfordshire and West Essex ICP

iv) adopt the Constitution for the Hertfordshire and West Essex ICP, as attached at Appendix 1
v) appoint the additional members to the Hertfordshire and West Essex ICP as detailed in the attached Constitution.
vi) note that the membership of the Hertfordshire and West Essex ICP will be reviewed in 6 months.

4. Background

4.1 ICSs are partnerships that bring together providers and commissioners of health and care services and other local partners across a geographical area to collectively plan health and care services to meet the needs of their population. The relevant ICS for Hertfordshire is the "Hertfordshire and West Essex ICS".

4.2 Although ICBs and ICPs could not be formally established until the Act was passed, system partners were required to proceed with preparations to design and implement governance and leadership arrangements ahead of July 2022 launch date.

4.3 The core purpose of every ICS, as set out in legislation, is to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

5. The Hertfordshire and West Essex Integrated Care Board (ICB)

5.1 The Hertfordshire and West Essex ICB will be accountable to NHS England (NHSE) for NHS strategic planning, spending, and performance within its boundaries. It will be governed by a unitary board. The Hertfordshire and West Essex ICB will produce a five-year plan, updated every year, for how NHS services will be delivered to meet local needs.

5.2 The Hertfordshire and West Essex ICB will, over the course of time, undertake via delegation, some responsibilities currently residing with NHS England. These

responsibilities will not be delegated on the 1 July 2022, but include community pharmacy, optometry, and dental services.

5.3 A shadow ICB for Hertfordshire and West Essex has been in place since April 2022, and this became a statutory organisation on 1 July 2022. Staff from the Clinical Commissioning Groups (CCGs) were transferred to the new ICB. Senior appointments to the ICB have been made, including the appointment of Dr Jane Halpin as Chief Executive Officer and Paul Burstow as Chair.

6. The Hertfordshire and West Essex Integrated Care Partnership (ICP)

6.1 The Hertfordshire and West Essex ICP is a statutory joint committee which brings together the key partners in the health and care system in Hertfordshire and West Essex. The core statutory function of the ICP is to produce an Integrated Care Strategy which is a document which sets out how organisations will implement the Health and Wellbeing Strategies for the areas covered by the Hertfordshire and West Essex ICS. Those strategies are produced by the respective Health and Wellbeing Boards for Hertfordshire and Essex.

6.2 As a statutory joint committee, the Hertfordshire and West Essex ICP is required by the Act to have a minimum membership and is tasked with producing an Integrated Care Strategy for their area by December 2022.

6.3 Engagement has been taking place with ICS partners across Hertfordshire and West Essex on the scope, priorities, and membership of the ICP. This has included consultation:

- with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sectors and Healthwatch in Hertfordshire and Essex to establish the most appropriate means of involvement and representation
- with District and Borough Chief Executives to establish how best to secure involvement from the district and borough councils in the ICP
- with the three place-based health and care partnerships (One Health and Care Partnership, East and North Hertfordshire Health and Care Partnership, and South

and West Hertfordshire Health and Care Partnership) and the Mental Health, Learning Disability and Autism collaborative (MHLDA)

- with the Hertfordshire and Essex Health and Wellbeing Boards to explore the relationship between the ICP and the Board
- a webinar for County, District and Borough councillors to inform members of ICS development.

6.4 Legal and policy representatives of Hertfordshire County Council, Essex County Council and the ICB have developed the draft Hertfordshire and West Essex ICP Constitution. Attached at Appendix 1.

7. Membership

7.1 The Act requires the ICB and each responsible local authority (local authorities with social care and public health functions) whose area coincides with or falls wholly or partly within the ICB's area, to establish a ICP.

7.2 The initial statutory membership of the Hertfordshire and West Essex ICP will be:-

- Councillor Richard Roberts – Leader of Hertfordshire County Council
- Councillor John Spence – Essex County Council
- Paul Burstow - Chair of the Hertfordshire and West Essex ICB

7.3 It is further proposed that in addition to the statutory members there will also be 2 further categories of members of the ICP:

- Co-opted voting members
- Co-opted non-voting members (able to take part in discussion and observe at the meeting, but not vote)

7.4 The proposed membership of the Hertfordshire and West Essex ICP is set within the Constitution and consists of 25 co-opted voting members in addition to the 3 Statutory Members detailed in paragraph 7.2:-

Type/Sector	Role	Herts & West Essex	Herts	Essex
County Council	Chair of Health & Wellbeing Board		1	1
County Council	Elected councillors		2	1
County Council	Director level or above		3	2
District/Borough Council	Chief executive/Elected councillors		2	1
ICB	Independent chair	1		
ICB	Chief Executive	1		
ICB	Provider/Health and Care Partnership		3	2
Police / Criminal Justice Board	Police and Crime Commissioner/Police, Crime and Fire Commissioner or their deputy/Chair of Criminal Justice Board		1	1
Voluntary, community, faith and social enterprise sector (VCFSE)	Chief executive/Chair		2	1
Healthwatch	Chief executive/Chair		1	1
Care provider	Chief executive/Chair	1		

7.6 Consultation has taken place with partners from across the sectors and geography of Hertfordshire and West Essex ICS to identify appropriate member nominations for each of the roles/sectors identified. These nominations have been collated into a

Table at Appendix 2, and it is proposed that this will be the initial voting membership of the Hertfordshire and West Essex ICP.

7.7 The tenure for each Hertfordshire and West Essex ICP Board Member role is initially for six (6) months. Membership will evolve as the Hertfordshire and West Essex ICP determines its direction and priorities and as such a review of its membership tenure and composition will be conducted after six (6) months.

8. Chair

8.1 Chairing arrangements for the ICP have been discussed at a meeting between the then Chair Designate of the ICB and the Leaders of the Essex and Hertfordshire County Councils. It was agreed that Councillor Richard Roberts, Chair of the Hertfordshire Health and Wellbeing Board, will be the initial Chair of the Hertfordshire and West Essex ICP. It was also agreed to appoint Paul Burstow, Chair of the ICB as the Vice Chair of the Hertfordshire and West Essex ICP. The Chair and Vice Chair will then be appointed annually by the ICP.

9. Financial Implications

9.1 There are no financial implications arising.

Report signed off by:	Quentin Baker, Director of Law and Governance, Hertfordshire County Council, Paul Turner, Director Legal & Assurance, Essex County Council, Simone Surgenor, Associate Director of Integrated Governance and Organisational Alignment NHS Hertfordshire & West Essex ICB
Sponsoring HWE ICP Member/s:	Councillor Richard Roberts, Hertfordshire County Council, Councillor John Spence, Essex County Council, Paul Burstow, Chair of the Hertfordshire and West Essex ICB

HWE ICP Strategy priorities supported by this report:	Statutory compliance.
Needs assessment (activity taken):	Our proposals have been developed in line with the ICS Framework guidance and requirements arising form the Health and Care Act 2022.
Consultation/public involvement (activity taken or planned)**:**	Extensive consultations with existing
Equality and diversity implications:	An EqIA concluded that there are no negative effects anticipated by the development of the Integrated Care Partnership for Hertfordshire residents including those with protected characteristics. The ICP work programme is driven by the desire to improve health and care service delivery for residents including those with a protected characteristic.
Acronyms or terms used. eg:	
Initials	In full
CCGs	Clinical Commissioning Groups
EqIA	Equality Impact Assessment
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care Systems
HWE	Hertfordshire and West Essex
NHS	National Health Service
VCFSE	Voluntary, community, faith and social enterprise sector

Hertfordshire and West Essex Integrated Care Partnership

APPENDIX 1: PROPOSED HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE PARTNERSHIP CONSTITUTION

BACKGROUND

Section 116ZA of Local Government and Public Involvement in Health Act 2007 requires the Integrated Care Board **(ICB)** and each local authority in ICB to establish an Integrated Care Partnership **(ICP)**, which is a joint committee of these bodies. The ICP may appoint other members and determine its own procedures.

ICPs have a critical role to play in Integrated Care Systems **(ICS)**, facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.

NAME

The name of the ICP is 'The Hertfordshire and West Essex Integrated Care Partnership'

OBJECTIVES

The Hertfordshire and West Essex ICP will consider what arrangements work best in its area by creating a dedicated forum to enhance relationships between the leaders across the health and care system that:-

- build on existing governance structures such as Health and Wellbeing Boards **(HWBs)** and other place-based partnerships, and support newly forming structures to ensure governance and decision-making are proportionate, support subsidiarity and avoid duplication across the ICS

- drive and enhance integrated approaches and collaborative behaviours at every level of the system, where these can improve planning, outcomes, and service delivery

- foster, structure, and promote an ethos of partnership and co-production, working in partnership with communities and organisations within them

- address health challenges that the health and care system cannot address alone, especially those that require a longer timeframe to deliver, such as tackling health inequalities and the underlying social determinants that drive poor health outcomes, including employment, reducing offending, climate change and housing

- continue working with multiagency partners to safeguard people's rights and ensure people are free from abuse or neglect and not deprived of their liberty or subject to compulsory detainment or treatment without safeguards

- develop strategies that are focused on addressing the needs and preferences of the population including specific cohorts.

FUNCTIONS

Under s116ZB of the Local Government and Public Involvement in Health Act 2007 the Hertfordshire and West Essex ICP is required to prepare an integrated care strategy that:-

- Details how the needs of resident of its area will be met by either the ICB, NHS England, or local authorities
- Considers how NHS bodies and local authorities could work together to meet these needs using section 75 of the National Health Service Act 2006
- Must have regard to the NHS mandate and guidance published by the Secretary of State
- Involves the Local Healthwatch and people who live or work in the ICP's area
- Is reviewed and revised as required when a new Health and Social Care joint strategic needs assessment is received from a local authority within the ICP
- Considers how health related services can be more closely integrated with arrangements for the provision of health services and social care in its area
- Is published and provided to each local authority in its area and each partner Integrated Care Board of those local authorities.

Under s116B of the Local Government and Public Involvement in Health Act 2007 a local authority and each of its partner ICPs must have regard to:-

- Any joint assessment of health and social care in relation to the area for which they are responsible

- Any Integrated Care Strategy that applies to the area of the local authority
- Any Joint Health and Wellbeing Strategy prepared by the local authority and any of its partner ICB's

- The Hertfordshire and West Essex ICP will not perform a Health scrutiny function and will itself be subject to scrutiny by the Health Scrutiny Committees of the County Councils of Hertfordshire and Essex.

MEMBERSHIP

There are three classes of members of the ICP:

- Statutory members
- Co-opted voting members
- Co-opted non-voting members

The initial statutory membership of the Hertfordshire and West Essex ICP will be one member appointed by each of the County Councils and the ICB.

Subject to the agreement of the Hertfordshire and West Essex ICP from time to time its co-opted voting membership will comprise of the following:-

Type/Sector	Role	Herts & West Essex	Herts	Essex
County Council	Chair of Health & Wellbeing Board		1	1
County Council	Elected councillors		2	1
County Council	Director level or above		3	2
District/Borough Council	Chief executive/Elected councillors		2	1
ICB	Independent chair	1		
ICB	Chief Executive	1		

ICB	NHS Provider/Health and Care Partnership		3	2
Police / Criminal Justice Board	Police and Crime Commissioner/Police, Crime and Fire Commissioner/Chair of Criminal Justice Board		1	1
Voluntary, community, faith, and social enterprise sector (VCFSE)	Chief executive/Chair		2	1
Healthwatch	Chief executive/Chair		1	1
Care providers	Chief executive/Chair	1		

Where a member is to be appointed other than by a county council or the ICB then the ICP will invite nominations via any fair process determined by their appointing organisations and the agreed nominee will be co-opted on to the ICP at a meeting of the ICP. In the event that there is no clear nominee or if there is a dispute as to the identity of the nominee the ICP may co-opt as it thinks fit.

Essex County Council, whose Health and Wellbeing Board now operates across three ICS will not be exercising Health and Wellbeing Board activity through the Hertfordshire and West Essex ICP and nor will Hertfordshire County Council.

In addition to the membership of the Hertfordshire and West Essex ICP, the Hertfordshire and West Essex ICP may appoint such additional persons as it sees fit, either as co-opted voting members or as observers who shall be entitled to participate in discussion at meetings of the Hertfordshire and West Essex ICP but shall not be entitled to vote.

PROFESSIONAL AND ADMINISTRATIVE SUPPORT

The Hertfordshire and West Essex ICP may establish Programme Boards/Advisory Sub-Groups to oversee specific work programmes or broader thematic areas as required. Programme Boards/Sub-Groups, reporting into the Hertfordshire and West Essex ICP, will be managed in accordance with separate terms of reference as agreed by the Hertfordshire and West Essex ICP

The role, remit and membership of Programme Boards/Advisory Sub-Groups will be reviewed regularly by the Hertfordshire and West Essex ICP to ensure they remain flexible to the demands of ongoing and new programmes of work.

Administrative support to the Hertfordshire and West Essex ICP will be provided by Hertfordshire County Council for the first 12 months of its operation without charge and thereafter the reasonable cost of this will be split between by the ICB, Hertfordshire County Council and Essex County Council subject to the agreement of each authority which is expected to pay.

The Hertfordshire and West Essex ICP may from time to time decide that an organisation other than Hertfordshire County Council may support the ICP.

STANDING ORDERS

The Hertfordshire and West Essex ICP is governed by Standing Orders approved and amended by the ICP from time to time. The Current standing orders are set out in Annex A attached to this Constitution.

Annex A - Hertfordshire and West Essex ICP STANDING ORDERS

1. Membership

1.1 The Hertfordshire and West Essex ICP may appoint representatives to other outside bodies as co-opted members, voting or non-voting.

1.2 A representative of NHS England shall be entitled to attend meetings of the Hertfordshire and West Essex ICP as an observer and to participate in discussion but shall not be entitled to vote unless appointed as a co-opted voting member by the Hertfordshire and West Essex ICP.

2. Alternate or Substitute Members

2.1 Each voting member will be entitled to appoint from time to time one named alternate or substitute member in exceptional circumstances, who may act in all aspects as a voting member of the Hertfordshire and West Essex ICP in the absence of the voting member appointed.

2.2. The Chair of the Hertfordshire and West Essex ICP must be informed in advance of the relevant meeting of the identity of a substitute.

3. Term of Office

3.1. The term of office of voting and alternate or substitute voting members shall end:

a) if rescinded by the organisation by whom they are appointed; or
b) if a Councillor appointed by a Council cease to be a member of the appointing Council.
c) if an ex officio member cease to be appointed in that role
d) if the individual change's role within an organisation and is no longer in the role that led to their appointment to the ICP.

4. Appointment of Chair and Vice-Chair

4.1 The Chair and vice Chair will hold office until they resign, cease to be a member of the Hertfordshire and West Essex ICP or until their successor is appointed under this

paragraph and will be appointed annually at the first meeting taking place after Hertfordshire County Council and Essex County Council have held their annual meetings[1] .

4.2 If a vacancy arises for either position within the Municipal Year, an appointment will be made for the remainder of the Municipal Year.

5. Quorum

5.1 The quorum for meetings of the Hertfordshire and West Essex ICP will be 1 voting member appointed by each of Hertfordshire County Council, Essex County Council and the ICB.

5.2 If there is no quorum at the published start time for the meeting, a period of ten minutes will be allowed, or longer, at the Chair's discretion. If there remains no quorum at the expiry of this period, the meeting will be abandoned, and no business will be transacted.

5.3 If there is no quorum at any stage during a meeting, the Chair will adjourn the meeting for a period of ten minutes, or longer, at their discretion. If there remains no quorum at the expiry of this period, the meeting will be closed, and no further business will be transacted.

6. Member Conduct

6.1 Members of the Hertfordshire and West Essex ICP who are not Councillors or officers of a County Council shall comply with any code of conduct applicable to their professional body and/or the organisation they represent.

6.2 Members of the Hertfordshire and West Essex ICP are required to declare any interests they have in respect of matters being discussed by the Hertfordshire and West Essex ICP.

6.3 If a member persistently disregards the ruling of the Chair, or person presiding over the meeting, by behaving improperly or offensively or deliberately obstructs business,

[1] It has been informally agreed that the initial Chair of the Hertfordshire and West Essex ICP will be the Leader of Hertfordshire County Council and that the initial Vice Chair of the ICB

the Chair, or person presiding over the meeting, may move that the member be not heard further. If seconded, a vote will be taken without discussion.

6.4 If the member continues to behave improperly after such a motion is carried, the Chair, or person presiding over the meeting, may move that either the member leaves the meeting or that the meeting is adjourned for a specified period. If seconded, a vote will be taken without discussion.

7. Meetings and Proceedings of the Hertfordshire and West Essex ICP

7.1 The Hertfordshire and West Essex ICP shall hold at least four meetings each year. Special meetings may be called at any time by (i) the Chair or (ii) by a written notice requiring a meeting to be called being served on the Chair by the ICB or Hertfordshire County Council or Essex County Council specifying the business to be transacted.

7.2 In the absence of the Chair at a meeting of the Hertfordshire and West Essex, the Vice Chair will preside over that meeting. In the event that both the Chair and Vice Chair are absent then the ICP will appoint one of its members to preside at that meeting.

7.3 The Hertfordshire and West Essex ICP may hold any meeting remotely using Zoom, Microsoft Teams, or any other suitable platform and may live stream the meeting.

7.4 The manner of Voting be determined by the person chairing the meeting.

8. Notice of and Summons to Meetings

8.1 At least seven clear working days before a meeting, a copy of the agenda and associated papers will be sent to every member of the ICP. The agenda will give the date, time and confirmation regarding whether the meeting is in person or virtual and specify the business to be transacted and will be accompanied by such details as are available.

9. Virtual Meetings

9.1 The Quorum provisions at paragraph 5 shall apply equally to virtual meetings.

10. Voting

10.1 Hertfordshire and West Essex ICP members commit to seek, where possible, to operate based on consensus.

10.2 If it is not possible in a specific instance to find a consensus, the issue may be deferred to a later meeting of the Hertfordshire and West Essex ICP, which may be an adjournment of the same meeting. Where an item has been deferred for lack of consensus a vote will be taken at and, if a consensus is still not achievable, the decision will be made based on a simple majority.

10.3 In the case of an equal number of votes the Chair (or in his absence the vice Chair or the person presiding at the meeting) shall have a casting vote.

11. Reports from Health Overview and Scrutiny Committees

11.1 The Hertfordshire and West Essex ICP will receive any reports and recommendations from the Health Scrutiny Committee of both Hertfordshire and Essex County Councils and the Chairs of those Scrutiny Committees, or a nominated representative on their behalf, will be entitled to attend meetings of the Hertfordshire and West Essex ICP to represent the Committee.

12. Participation at the Hertfordshire and West Essex ICP

12.1 All members of the Hertfordshire and West Essex ICP are entitled to speak and vote unless they have been co-opted as a non-voting member by the Hertfordshire and West Essex ICP.

12.2 At the discretion of the Chair, co-opted non-voting members may be permitted to speak and participate at meetings of the Hertfordshire and West Essex ICP.

13. Public Questions

13.1 At a meeting of the Hertfordshire and West Essex ICP any member of the public who is a resident or a registered local government elector of Hertfordshire or Essex may ask a question about any matter over which the Hertfordshire and West Essex ICP has power, or which directly affects the health and wellbeing of the population.

13.2 A member of the public who wishes to ask a question under 13.1 above shall give written notice, including the text of the proposed question, to Hertfordshire County Council's Director of Law & Governance at least 5 clear working days before the meeting.

13.3 Unless the Chair otherwise agrees and subject to 13.4 below, a member of the public may only ask one question under 13.1

13.4 Questions shall be put orally at the meeting in the order in which notice of the question has been received. At the end of each reply, the questioner may ask one supplementary question arising from the answer. A member of the Hertfordshire and West Essex ICP nominated by the Chair will either give an oral reply to the question and/or any supplementary question orally or will indicate that a written reply will be sent to the questioner within 5 working days. There shall be no debate about the question or any supplementary question between members of the to the Hertfordshire and West Essex ICP.

13.5 The period allocated to questions under 13.1 shall be limited to 20 minutes unless the Chair agrees to extend this time. Any questions remaining after that period has elapsed shall be subject to a written reply within 5 working days.

13.6 Answers given orally at the meeting shall be included in the Minutes. Written replies shall be copied to all members of the Hertfordshire and West Essex ICP.

13.7 For the purposes of 13.1 to 13.3 above and for the avoidance of doubt a County Councillor, or a District Councillor for a District Council in Hertfordshire or Essex, who, in either case, is not a member of the Hertfordshire and West Essex ICP shall be regarded as a member of the public.

14. Minutes

14.1 The Chair will sign the minutes of the proceedings at the next suitable meeting after they have been agreed as a correct record at that meeting. The Chair will move that the minutes of the previous meeting be signed as a correct record.

14.2 The minutes will be accompanied by a list of agreed action points, which may be discussed in considering the minutes of the previous meeting should they not be specifically listed as items on the agenda for the meeting.

15. Interpretation of Standing Orders

15.1 The ruling of the Chair of the Hertfordshire and West Essex ICP as to the interpretation of these Standing Orders shall be final.

16. Suspension of Standing Orders

16.1 As far as is lawful, any of these Standing Orders may be suspended by motion passed by the majority of those members present and entitled to vote.

Hertfordshire and West Essex Integrated Care Partnership

APPENDIX 2: NOMINATIONS FOR MEMBERSHIP OF THE HWE ICP

Type/ Sector	Role	Herts & West Essex	Herts	Essex
County Council	Chair of Health & Wellbeing Board		1	1
			Councillor Richard Roberts	**Councillor John Spence**
County Council	Elected councillors		2	1
			1. Cllr Tony Kingsbury, Cabinet Member for Adult Care, Health & Wellbeing 2. **Cllr Fiona Thompson, Cabinet Member for Children, YP & Families**	**Cllr Holly Whitbread, Deputy to Cabinet Member for Health and Adult Social Care**
County Council	Director level or above		3	2
			1. Chris Badger, Exec Dir	**1. Chris Martin, Director for Strategic Commissionin**

Essex County Council Hertfordshire NHS Hertfordshire and West Essex Integrated Care Board

			Adult Care Services **2. Jo Fisher, Exec Dir,** **Children's Services** **3. Jim McManus, Exec Dir,** **Public Health**	**g (Children and Families)** **2. Moira McGrath, Director for Strategic Commissionin g (Adult Social Care)**
District/ borough council	Chief executive or elected councillors		2	1
			1. Cllr Elizabeth Dennis-Harburg, **Leader of North Herts District Council** **2. Richard Cassidy** **Chief Executive of East Herts District Council**	**Councillor Dan Swords** **Deputy Leader, Harlow Council**

ICB	Independent chair	1		
		Paul Burstow		
ICB	Chief Executive	1		
		Dr Jane Halpin		
ICB	NHS provider/Health and Care Partnership		3	2
			1. Sharn Elton, Place Director, ENH HCP **2.** initially **James Benson Deputy Chair, SWH HCP Board and Interim Chief Executive, Central London Community Healthcare NHS Trust** (deputising for Matthew Coats, Chair, SWH HCP Board) **3. Karen Taylor, Co-**	**1. Toni Coles, Place Director,** **WE HCP** **2. Ms Alex Green, COO,** **EPUT**

			Chair, Hertfordshire MHLDA Collaborative Partnership Board, and CEO, **HPUT**	
Police and Crime Commissioner / Criminal Justice Board	Police and Crime Commissioner		1 **Commissioner David Lloyd**	1 **Chief Superintendent Leighton Hammett**
VCFSE	Chief executive/ Chair		2	1
Voluntary, community, faith and social enterprise sector			**1. Joanna Marovitch** **VCFSE Alliance Chair &** CEO Herts Mind Network **2. Charlotte Blizzard-Welch** **VSFSE Alliance Vice Chair &**	**Kate Robson** **VSFSE Alliance Vice Chair &** CEO Uttlesford Citizens Advice

			CEO Citizens Advice, Stevenage	
Healthwatch	Chief executive/ Chair		1	1
			Steve Palmer, Chair **Healthwatch, Herts**	**Amanda Cherry, Chair of Trustees** **Healthwatch Essex**
Care providers	Chief executive/ Chair	1		
		Sharon Davies CEO, Herts Care Providers Association Deputy Michelle Airey		
		3	15	10
TOTAL	**28**			

APPENDIX B:

Hertfordshire and West Essex Integrated Care Board
Risk Register

Exported on 17/07/2022

ID	Opened	ICS Strategic Objectives	Source/Reference	Risk owner	Risk Lead 1	Risk Lead 2	Risk Lead 3	Directorate	Risk Appetite	Risk description	Rating (initial)	Rating (current)	Rating (Target)	Risk level (current)	Risk Directional Movement	Controls	Gaps in controls	1st Line of Defence Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assurance	2nd Line of Defence Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assurance	3rd Line of Defence Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status	Last updated
350	19/05/2022	Improving outcomes in population health and healthcare	ICB risks	Burlingham, Jo	Hicks, Melanie		Stephenson, Ms Grainne	Yeates, MS Amanda Operations: EPRR	Cautious	If- the impact of Covid19 on system resilience across HWE (declared as a level 3 incident) causes (a) Incident Management of the Coronavirus Pandemic diverts significant resource from CCG business as usual; (b) Pandemic incident increases the likelihood of absence from work due to sickness among CCG staff, GP membership and board and committee members (c) Pandemic response in recovery and restoration phase reduces capacity of providers i.e. social distancing, PPE, swabbing, staff isolating Then- there is the potential for a failure to robustly carry out HVCCG and NHS England's statutory responsibilities - failure to meet statutory targets - failure to meet patient needs Resulting in- the potential for compromised patient and staff care and safety, together with an increased potential for organisational harm from unfulfilled statutory duties and assurances(EPRR)	20	15	10	Action is discretionary	Lowered	LHRP / LHRP subgroup / HETCG / SCG meetings Regular UKHSA guidance received Daily teleconferences in place with providers to manage capacity and demand Regular liaison with NHSE/I via MS Teams e.g. RHRF, EPRR leads meetings, UEC/EPRR tactical calls Place based incident response and business continuity plans Team / departmental BIAs Incident Control Centre stood up	ICB emergency plans required to replace place based versions	Incident response / business continuity plans in place and signed off at Exec level HETCG and LHRP subgroup in place to co-ordinate system response	Reasonable	Joint Exec Team	Reasonable	HETCG reports to the SCG LHRP subgroup reports to the LHRP	Reasonable		Final approval	Jo Burlingham 14/07/2022 10:34:36
351	19/05/2022	Improving outcomes in population health and healthcare	ICB risks	Burlingham, Jo	Hicks, Melanie		Stephenson, Ms Grainne	Yeates, MS Amanda Operations: EPRR	Cautious	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	20	16	12	Immediate action required	No change	Hertfordshire Pandemic Flu Framework BIAs completed for each team / department Place based business continuity plans Place based incident response plans Director / Senior Manager on call systems / packs MoU for the Mobilisation of NHS Resources in the event of a significant Health protection Incident in place Staff and community vaccination programmes in place for flu / COVID Arrangements in place for Monkeypox vaccines to be deployed as and when required (specific criteria to be met) EPRR training and exercise programmes in place Outbreak plans and pathways in place	Current Herts Flu Pandemic Framework is out of date and require review by NHSE/I Specific Infectious Disease Framework required BIA template requires review so that it is consistent across the whole ICB. This may delay the annual review of some team / departmental BIAs, although leads have been asked to just check that these remain fit for purpose in the meantime ICB emergency plans are required to replace the place based version. These are currently being drafted for sign off. Place based on call systems require review following ICB transition MoU for the Mobilisation of NHS Resources in the event of a significant Health protection Incident in place	BIAs in place for teams / departments which detail organisational critical functions and how to manage these during periods of disruption. These are signed off by the appropriate director. Place based emergency plans in place (including business continuity and major incident) which have been signed off at Exec level. EPRR training and exercise strategies in place which have been signed off by the ICB Accountable Emergency Officer and the LHRP. LHRP and LHRP subgroup have representation from UKHSA and maintains oversight / completes regular horizon scanning in relation to emerging infectious diseases. Meeting minutes can be provided Staff and community vaccination programmes in place for flu and COVID Director / Senior Manager On Call systems in place to manage any incidents reported out of hours Outbreak plan / pathways in place Herts Pandemic Flu Framework in the process of being reviewed by NHSE/I NHSE/I working on the implementation of a specific Infectious Disease Framework	Substantial	HETCG and Health Protection Outbreak Board currently in place to manage existing COVID / Monkeypox incidents	Substantial	Annual self-assessment against NHSE/I Core Standards for EPRR in 2021 was fully compliant in this area SCG, RHRF currently in place to oversee ICS response to COVID / Monkeypox LHRPs maintain oversight of current response and preparations for future outbreaks	Substantial	Current Herts Flu Pandemic Framework is out of date and require review by NHSE/I Specific Infectious Disease Framework required BIA template requires review so that it is consistent across the whole ICB. This may delay the annual review of some team / departmental BIAs, although leads have been asked to just check that these remain fit for purpose in the meantime ICB emergency plans are required to replace the place based version. These are currently being drafted for sign off.	Final approval	Jo Burlingham 14/07/2022 10:32:56
352	19/05/2022	Improving outcomes in population health and healthcare	ICB risks	Burlingham, Jo	Hicks, Melanie		Stephenson, Ms Grainne	Yeates, MS Amanda Operations: EPRR	Cautious	If-terrorist & malicious attacks occur including -catastrophic terrorist attacks - attacks on infrastructure - smaller scale CBRN attacks - attacks on crowded places - attacks on transport system Then- these events would cause additional pressure on healthcare services and organisational business continuity issues Resulting in- the potential for compromised patient safety and care and the failure of organisational business continuity arrangements(EPRR)	15	10	8	Take and monitor action	No change	Multi-agency mass casualty plan Multi-agency mass fatalities plan Place based incident response plans Place based business continuity plans BIAs completed for each team / department ICB On call system Premises risk assessments LHRP training and exercise plans	ICB emergency plans required to replace place based versions BIAs for all teams / departments required standardisation and review Place based on call system requires review following transition to ICB MASCAS plan is out of date and requires review Unsure whether all premises risk assessments are up to date Mass Fatalities plan is out of date and requires review	Place based incident response / business continuity plans in place and signed off at Exec level BIAs in place for each team / department On call system / packs in place to assist with management of incidents out of hours Premises risk assessments in place for each of the 3 ICB sites signed off at Exec level ACT training offered to al on call staff as part of the ICB training programme signed off by the AEO. Marauding firearms / mass casualty incident included on the LHRP 3 year exercise plan signed off by the AEO Multi-agency MASCAS plan in place	Substantial	Details of any exercises, training or incidents related to terrorism are included in the annual Board report.	Reasonable	LHRP meets quarterly and maintains oversight of all ICS emergency planning preparations	Reasonable	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB MASCAS plan is out of date and requires review	Final approval	Jo Burlingham 13/07/2022 09:34:38
354	19/05/2022	Improving outcomes in population health and healthcare	ICB risks	Burlingham, Jo	Hicks, Melanie		Stephenson, Ms Grainne	Yeates, MS Amanda Operations: EPRR	Cautious	If-extreme temperatures are experienced including - Low temperatures and heavy snow - Heatwave Then- these events could cause pressure on healthcare services and organisational business continuity issues Resulting in- compromised patient care and safety and failure of business continuity arrangements through staffing shortages(EPRR)	16	12	8	Action is discretionary	No change	Place based Severe Weather plans Place based incident response plans Place based business continuity plans BIAs for each team / department ICB on call systems LHRP 3 year exercise plan National cold weather and heat wave plans	ICB emergency plans required to replace place based versions BIAs for all teams / departments required standardisation and review Place based on call system requires review following transition to ICB	Place based Severe Weather plans in place and signed off at Exec level Place based Incident Response and Business Continuity plans in place and signed off at Exec Level BIAs completed for all team / departments signed off by the relevant director ICB on call system in place to deal with incidents that happen out of hours Severe Weather exercise included on LHRP 3 year exercise plan	Substantial	HETCG / SCG in place to oversee multi-agency response to any incident if required Details of incidents or exercises relating to Severe Weather are included in annual EPRR report to Boar	Reasonable	LHRPs have signed off 3 year exercise plan including a Severe Weather exercise and maintain oversight of all Severe Weather preparations All 3 CCGs achieved full compliance against annual EPRR core standards for EPRR self-assessment in this area	Substantial	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB	Final approval	Jo Burlingham 13/07/2022 09:46:03
355	19/05/2022	Improving outcomes in population health and healthcare	ICB risks	Burlingham, Jo	Hicks, Melanie		Stephenson, Ms Grainne	Yeates, MS Amanda Operations: EPRR	Cautious	If-there is flooding including - Local fluvial flooding - Localised, extremely hazardous flash flooding - Coastal Flooding Then- this could cause business continuity issues Resulting in- the potential for compromised patient / staff care and safety and business continuity failures	9	6	6	No action required	No change	Multi agency flood plan BIAs completed for each team / department Place based incident response plans Place based business continuity plans Director / Senior Manager on call systems / packs LHRP 3 year exercise plan Place based Severe Weather plans	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB Multi agency flood plan is out of date and requires review	Place based severe weather / incident response and business continuity plans in place and signed off at Exec level HETCG currently in place to oversee any specific incident responses Team / departmental BIAs in place signed off by the appropriate director Severe weather exercise included on the LHRP exercise plan ICB on call system in place to manage incidents which occur out of hours	Substantial	Details of any training / exercise / incidents relating to severe weather included in annual report to Board	Reasonable	LHRP meets quarterly and maintains an oversight of all ICS Severe Weather preparations All 3 CCGS were fully compliant with NHSE/I core standards for EPRR in this area in 2021	Substantial	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB Multi agency flood plan is out of date and requires review	Final approval	Jo Burlingham 13/07/2022 09:50:02
358	20/05/2022	Improving outcomes in population health and healthcare	ICB risks	Burlingham, Jo	Hicks, Melanie		Stephenson, Ms Grainne	Yeates, MS Amanda Operations: EPRR	Cautious	If- industrial action occurs including - significant or perceived significant constraint on the supply of fuel at filling stations e.g. industrial action by contract drivers for fuel, refinery staff, or effective fuel blockades at key/refineries/terminals by protestors due to the price of fuel - Loss of cover due to industrial action by workers providing a service critical to the preservation of life (such as emergency service workers) Then- this could lead to healthcare services and business continuity risks Resulting in- the potential for compromised patient care and safety and business continuity failures(EPRR)	16	9	6	No action required	No change	Place based Business Continuity plans ICB Incident Response plan Place based on call system to manage incidents outside of normal hours BIAs for each team / department Buncefield Incident (off-site) plan	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB	HETCG in place and can be used to oversee system response to any incident EPRR team in place to maintain an overview of all organisational business continuity preparations Place based Business Continuity and Incident response plans in place and signed off at Exec level Buncefield Incident plan in place BIAs in place for all teams / departments signed off by relevant directors	Substantial	Details of any incident relating to Industrial action will be included in annual report to the Board	Reasonable	LHRP maintain oversight of business continuity preparations across the system All 3 CCGs were fully compliant with NHSE core standards for EPRR in 2021 in relation to business continuity SCG currently in place and can co-ordinate system response in relation to any industrial action	Substantial	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review	Final approval	Jo Burlingham 14/07/2022 09:51:34
359	20/05/2022	Improving outcomes in population health and healthcare	ICB risks	Burlingham, Jo	Hicks, Melanie		Stephenson, Ms Grainne	Yeates, MS Amanda Operations: EPRR	Cautious	If local on call staff do not have relevant experience and training Then they will be unable to effectively lead on and support NHS E&I with the strategic multi-agency command and control in an emergency situation Resulting in a potential for possible delay in response and possible loss of life(EPRR)	16	9	8	No action required	Lowered	LHRP training plan / programme Director On Call support Place based on call packs	Current training requirements need assessing against NOS and training programme needs review following this assessment	Training and exercise plans in place and approved by the AEO ICB training requirements outlined in emergency plans which are approved at Exec level System training regularly discussed at LHRP subgroup meetings Director on call support	Reasonable	ICB EPRR training covered in annual report to Board	Reasonable	LHRP sign off of training and exercise plans All 3 CCGs scored full compliance for training in the NHSE/I core standards self -assessment for 2021.	Substantial	Current training requirements need assessing against NOS and training programme needs review following this assessment	Final approval	MS Amanda Yeates 13/07/2022 12:43:41
361	20/05/2022	Improving outcomes in population health and healthcare	ICB risks	Burlingham, Jo	Hicks, Melanie		Stephenson, Ms Grainne	Yeates, MS Amanda Operations: EPRR	Cautious	If local systems are potentially unable to fulfil their role as coordinator of the health response to incidents outlined above and in the Community Risk Register, or meet obligations under the CCA Then this could lead to an un-coordinated NHS response Resulting in worse outcomes for patients(EPRR)	10	2	2	No action required	No change	Place based EPRR policies Place based Incident Response policies Place based business continuity plans Place based severe weather plans Place based ICC plans Team / departmental BIAs Place based on call systems LHRP training and exercise plans	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB	Place based emergency plans all signed off at Exec level - EPRR, Incident Response, Business Continuity, Severe Weather, ICC BIAs signed off by appropriate director ICB On call system / packs HETCG currently in place to oversee incident response LHRP training programme signed off by AEO LHRP exercise programme signed off by AEO LHRP subgroups support emergency preparedness across the ICS	Substantial	Annual EPRR assurance report to Board	Reasonable	LHRP subgroup reports quarterly to the LHRP LHRP approved and maintain oversight of the LHRP training and exercise plans ENHCCG and HVCCG were fully compliant with NHSE/I Core Standards for EPRR in 2021 and WECCG were substantially compliant	Substantial	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call systems require review following ICB transition	Final approval	Jo Burlingham 13/07/2022 09:48:51

APPENDIX B:

Hertfordshire and West Essex Integrated Care Board
Risk Register

Exported on 17/07/2022

ID	Opened	ICS Strategic Objectives	Source Reference	Risk owner	Risk Lead 1	Risk Lead 2	Risk Lead 3	Directorate	Risk Appetite	Risk description	Rating (initial)	Rating (current)	Rating (Target)	Risk level (current)	Risk Directional Movement	Controls	Gaps in controls	1st Line of Defence Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assurance	2nd Line of Defence Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assurance	3rd Line of Defence Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status	Last updated
362	20/05/2022	Improving outcomes in population health and healthcare	ICS risks	Buringham, Jo				Operations- EPRR	Cautious	**If- an unexpected situation causes an inability to maintain Business Continuity planning Then- organisational services / areas may not be able to continue Resulting in- compromised business functions which, dependent on the service / area, may lead to compromised patient / staff safety and care and business continuity failures(EPRR)**	20	15	8	Action is discretionary	Lowered	Place based Business Continuity plans Place based incident response plans BIA template requires review so that it is consistent across the whole ICB. This may delay the annual review of some team / departmental BIAs, although leads have been asked to just check that these remain fit for purpose in the meantime Business continuity training offered to appropriate staff as part of the overall EPRR training programme Place based on call systems	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB	Place based incident response and business continuity plans signed off at Exec level Team / departmental BIAs signed off by the relevant director LHRP exercise plan includes business continuity exercises LHRP training plan includes business continuity training ICB On call system in place to manage incidents occurring out of hours Training plan signed off by the AEO and includes business continuity training Surge and escalation plans in place to support ICB mutual aid Day-to-day tactical management of surge processes in place across ICB	Substantial	Annual report to Board covers incidents / training / exercises related to business continuity UEC Board Performance Board Systems Resilience Groups and Local Delivery Boards	Reasonable	LHRP meets quarterly and maintains an oversight of ICS business continuity arrangements Training plan signed off by the LHRP All 3 CCGs were fully compliant with NHSE/I core standards for EPRR self-assessment for 2021 in this area	Substantial	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB	Final approval	Jo Burlingham 14/07/2022 09:46:05
353	19/05/2022	Improving outcomes in population health and healthcare	ICB risks	Buringham, Jo	Hicks, Melanie		Stephenson, Ms Grainne	Operations	Cautious	**If- there are terrorist and malicious attacks including - Cyber attacks on infrastructure - Cyber attacks affecting data confidentiality Then- this could cause additional pressures with the provision of healthcare services and organisational business continuity issues Resulting in- the potential for compromised patient care and safety and the failure of organisational business continuity arrangements**	16	9	6	No action required	No change	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB ICT Disaster Recovery plans LHRP 3 year exercise plan HBLICT Cyberattack Operations Playbook Information Governance policies	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB	Information Governance policies signed off at Exec level IM&T Disaster Recovery plan ICB Incident response plan signed off by joint Exec team Place based business continuity plans HBLICT Cyberattack operations playbook Exercise included on LHRP 3 year action plan On call system in place to manage incidents out of hours BIAs in place for all teams / departments signed off by the relevant director	Substantial	Details of any cyberattack incidents / exercises will be included in the annual EPRR report to Board	Reasonable	LHRPs maintain oversight of system emergency planning arrangements The 3 CCGs were fully compliant with NHSE/I core standards for EPRR self-assessment in relation to business continuity and incident response in 2021.	Substantial	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB	Final approval	Jo Burlingham 14/07/2022 09:54:40
356	19/05/2022	Improving outcomes in population health and healthcare	ICB risks	Buringham, Jo	Hicks, Melanie		Stephenson, Ms Grainne	Operations	Cautious	**If- industrial accidents including - Fire or explosion at a gas terminal or involving a gas pipeline - Industrial explosions and major fires - Localised fire or explosion at a fuel distribution site or tank storage of flammable and/or toxic liquids Then-this could cause pressure on healthcare services and business continuity issues, resulting in- the potential for compromised patient care and safety and the failure of business continuity arrangements**	8	6	6	No action required	No change	ICB Incident Response Plan COMAH plans Safety groups Place based on call systems Multi agency MASCAS plans	ICB Incident Response plan to be updated in line with core standards requirements On call system requires review following ICB transition MASCAS plan is out of date and requires updating	ICB Incident plan in place signed off at Exec Level COMAH plans in place for high risk sites Regular meetings including external parties held to discuss safety at COMAH sites (e.g. the Buncefield Safety Liaison Group) HETCG can be stood up to coordinate system response to any incident On call system in place to manage incidents which occur out of hours	Substantial	Details of any Industrial accident incidents or exercises will be included in the annual EPRR report to Board	Reasonable	LHRP maintains oversight of system incident response plans and risk assessments SCG can be stood up to coordinate system response to any incident All 3 CCGs were fully compliant with NHSE/I Core Standards for EPRR in relation to incident response for 2021 LRF engagement and oversight	Substantial	ICB Incident Response plan to be updated in line with core standards requirements On call system requires review following ICB transition	Final approval	Jo Burlingham 14/07/2022 10:01:13
357	20/05/2022	Tackling inequalities in outcomes, experience and access	ICB risks	Buringham, Jo	Hicks, Melanie		Stephenson, Ms Grainne	Operations	Cautious	**If-utility failure events occur including - Failure of water infrastructure or accidental contamination with a non-toxic contaminant - Loss of drinking water supplies due to a major accident affecting infrastructure - Disruption or loss of telecoms systems - Technical failure of national electricity transmission network - Technical failure of regional electricity network / system Then- this could cause issues with the provision of healthcare services and business continuity concerns Resulting in- the potential for compromised patient care and safety and business continuity failures(EPRR)**	12	9	6	No action required	Higher	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based on call system requires review following transition to ICB	ICB emergency plans required to replace place based versions BIAs for all teams / departments require standardisation and review Place based business continuity plans ICB Incident Response plan	ICB incident response plan in place, signed of by joint exec team Place based business continuity plans in place BIAs in place for all teams / departments BCMT can be stood up if required to oversee organisational incident response HETCG can be stood up if required to co-ordinate system response ICB on call systems in place to manage out of hours incidents	Substantial	Details of any business continuity incidents (including utility) will be included in the annual EPRR Board report	Reasonable	LHRP oversees system business continuity preparations SCG can be stood up to co-ordinate incident if required All 3 CCGs were fully compliant with NHSE core standards for EPRR self-assessment in relation to business continuity for 2021.	Substantial	ICB emergency plans required to replace place based versions BIAs for all teams / departments required standardisation and review Place based on call system to manage incidents outside of normal hours	Final approval	Jo Burlingham 14/07/2022 10:10:08
387	12/07/2022	Tackling inequalities in outcomes, experience and access	Aligned for ICB	Kennibugh , Jane	Powell, Mrs Melanie		Chand, Ms Kate	Nursing & Quality Children	Averse	**Increased demand for EHCPs in Community Paediatric services across ICB due to 2015 & 2018 SEND reforms. (Around 40-50% increase in demand). This is resulting in long waiting times throughout the community paediatric services and if additional resource (staff and investment) are not made available these waits will continue to increase. There is a risk that children will not receive the support required in both health and education environments which will impact on their health, well being and educational attainment.**	20	16	8	Immediate action required	No change	S&W-HCT business case for additional staff clinically approved at HVCCG Commissioning Exec - HCT completed clinical harm review for Community Paediatrics and recommendations to be implemented by HCT in collaboration with commissioners. - Commissioners monitoring monthly data on RTT, referrals and quality data ENH- E&N Herts ICBcontracts team are working to obtain waiting list data for all CYP Community Services so that there is clear awareness of the waiting list and any associated risks. West Essex- ECC continue to work on developing a more streamlined electronic process for EHCPs. - Process in place to ensure all plans are available on the child's PB19 record to support holistic approaches to care. - Increase capacity of the current designated officer function for SEND with administration support. - Commissioning manager returns from maternity leave in December. - Workplan to include more of the Essex SEND agenda to support capacity of the team. - Extensive programme of work in train across Essex on therapies transformation and neuro pathway alignment		Included on risk register CYP Herts Exec Escalated to Exec Lead for CYP	Reasonable	TBC	None	TBC	None	Children's governance and risk reporting being confirmed within new ICB governance structures	Final approval	Mrs Melanie Powell 13/07/2022 17:15:27
389	12/07/2022	Tackling inequalities in outcomes, experience and access	Aligned for ICB	Kennibugh , Jane	Powell, Mrs Melanie		Chand, Ms Kate	Nursing & Quality	Averse	**Attention Deficit Hyperactivity Disorder - long waits across Hertfordshire and no service provision for tier 2 service in S&W Herts -The risk is that the condition may worsen if ADHD left untreated, impacting on educational attainment and social and emotional development with longer term economic impacts -There is also a risk that this will have an impact on the mental well being of parents and families in managing their child's condition.**	20	20	9	Immediate action required	No change	South and West- LD&MH Collaborative have been formally asked to lead on this work by the ICB. - A backlog business case has been submitted to the ICB and commissioning, clinical and financial feedback has been provided with the expectation that a revised business case is submitted. - A revised clinical pathway has been developed - A further business case will be required for the ongoing service model East and North - Ongoing requests for data via ENHCCG contracts team and ASD/ADHD programme for ADHD data. - Clinical and operational teams involved in future Hertfordshire wide pathway discussions. - Issues flagged to CAMHs commissioners with regards to Community Paediatrics referrals being declined by CAMHs. A case audit is being undertaken. Data reporting is now in place for S&W Herts and in May May 908 children on waiting list in S&W Herts. Average referrals 48 per month. Data not available in E&N due to system issues.	ADHD waiting time data not available from ENHT due to the fact that ADHD appointments are follow ups and there is not a way of easily pulling this data from their systems	Risk log completed Escalated to SMT in S&W Escalated to Exec Lead for Nursing and Quality and ICB Medical Director Escalated to the LD&MH Collaborative for action and work is being led by LD&MH Collaborative	Reasonable	TBC	None	TBC	None		Final approval	Mrs Melanie Powell 14/07/2022 10:49:10
390	13/07/2022	Tackling inequalities in outcomes, experience and access	Aligned for ICB	Kennibugh , Jane	Powell, Mrs Melanie		Chand, Ms Kate	Nursing & Quality	Averse	**Waiting time ASD assessments are a long way short of the expected 18 week target. The risk is that without a diagnosis children will not get appropriate support and may not develop competent skills with regards to learning, speech, or social interactions. There is a risk that children / families are not fully supported while they are waiting for a formal diagnosis.**	20	12	8	Take and monitor action	No change	S&W and E&N - Waiting time ASD assessments are a long way short of the expected 18 week target. The risk is that without a diagnosis children will not get appropriate support and may not develop competent skills with regards to learning, speech, or social interactions. There is a risk that children / families are not fully supported while they are waiting for a formal diagnosis. West Essex - Investment in capacity. HCRG sub-contracting additional capacity with Mind Professionals; has been slow in being initiated and yet to see impact. - Remodelling of the JADES pathway – planning initiated. - Enhanced reporting for improved transparency and monitoring of recovery.		Included on risk register CYP Herts Exec Escalated to Exec Lead for CYP	Reasonable	TBC	None	TBC	None	Governance for children's including where risks are reported is currently being agreed	Final approval	Mrs Melanie Powell 13/07/2022 17:14:12
391	13/07/2022	Tackling inequalities in outcomes, experience and access	Aligned for ICB	Kennibugh , Jane	Powell, Mrs Melanie		Chand, Ms Kate	Nursing & Quality	Averse	**Special school nursing The number of special school places has increased in Hertfordshire alongside the acuity of the children and yet in E&N Hertfordshire the nursing establishment has not increased. The establishment is 41% under the required number of nurses needed to provide the service required. Local Authority planning of new special schools does not take account of additional capacity required of health services to effectively support children attending the school. The resulting issue is that some elements of the service cannot be provided, and this is adversely impacting children, families, and schools. It is also putting significant strain on the existing workforce.**	16	16	6	Immediate action required	No change	E& N Herts -Specification being developed for current special school service - Business case is being developed by health CYP commissioning team in collaboration with ENHT & HCC setting out current and future needs for special school nursing. This will review skill mix and nursing need alongside required establishment - There is a targeted piece of work on Lonsdale REP cover as part of this working in partnership with ENHT, health commissioners and HCC - Proforma developed by Health CYP commissioning team/HCC and ENHT to ensure clinical data and educational needs is shared with clinical team before child starts school - Cross system programme board established - Presented to ENH HCP Exec and support to progress S&W and E&N - to review additional school places to ensure that capacity meets demand West Essex- Current commissioned SSN capacity is sufficient for supporting the 3 special schools in WE. New SEMH school planned in Harlow, requiring additional capacity - SSN commissioning limited in the rest of Essex, prompting an Essex wide review; potential risk of changes being imposed to current commissioning and provision.		Included on risk register CYP Herts Exec Escalated to Exec Lead for CYP	Reasonable	TBC	None	TBC	None	Children's governance and risk reporting being confirmed within new ICB governance structures	Final approval	Mrs Melanie Powell 13/07/2022 17:16:03

APPENDIX B:

Hertfordshire and West Essex Integrated Care Board
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ID	Opened	ICS Strategic Objectives	Source Reference	Risk owner	Risk Lead 1	Risk Lead 2	Risk Lead 3	Directorate	Risk Appetite	Risk description	Rating (initial)	Rating (current)	Rating (Target)	Risk level (current)	Risk Directional Movement	Controls	Gaps in controls	1st Line of Defence Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assurance	2nd Line of Defence Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assurance	3rd Line of Defence Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status	Last updated
392	13/07/2022	Tackling inequalities in outcomes, experience and access	Aligned to ICB	Kimbrough , Jane	Powell, Mrs Melanie	Chard, Ms Katie		Nursing& Quality	Averse	**Children's Community Nursing – ENH** **The community nursing provision in ENH is Mon to Fri 9am to 5pm and up to 16. West Essex and Herts Valleys offer a 7-day service from 8am to 6pm in HV, 8am to 8pm in WE.** **The risk is that children attend or are admitted to hospital to meet their needs when they could be better cared for at home and in addition that children cannot be discharged to a community nursing team and therefore spend additional time in hospital.** **Impact on hospital avoidance, pressures in ED and NEL/EL care, admission/ readmission, length of stay.** **Inequity of access and patient experience for Herts children attending PAH.**	15	15	4	Action is discretionary	No change	Draft business case has been developed by ENHT. The case is being updated to include current data and option of provision from 16-18. -ENH HCP agreed fit with hospital at home priority and are supportive of moving this work forwards - Cross system programme board established - Position paper drafted by CYP health commissioners - Development of joined-up service provision between WE CCN and PAH HAH to improve pathways and process. Potential for WE CCN to be commissioned to expand the service to include the majority of the Herts catchment along the border. Cost estimations have been provided and will be incorporated into options going forward.		Escalated to Exec Lead for Children's Included in risk log Escalated to Operational Performance and Delivery Group in East and North Herts Escalated to Managing Director in West Essex	Reasonable	TBC	None	TBC	None	Children's governance and risk reporting being confirmed within new ICB governance structures	Final approval	Mrs Melanie Powell 13/07/2022 17:16:30
124	28/10/2019	Tackling inequalities in outcomes, experience and access		Boyd , Alan Watson , Pauline				Medical		**If external factors cause prices of medicines to increase (for example due to national medicines shortages) then the CCG may overspend on the annual prescribing budget and QIPP targets will not be met resulting in an additional financial burden on the CCG**	12	12	9	Action is discretionary	Lowered	1. Monthly monitoring of prescribing items and costs using electronic prescribing data 2. Regular feedback to practices through prescribing leads at locality prescribing meetings 3. Monthly monitoring of agreed QIPP targets and investigating changes 4. Biannual feedback to the Governing Body through the PMOT Prescribing Report	Medicine shortages, for example due to EU Exit, COVID, recalls, safety alerts External price rises To negotiate an appropriate budget with finance based on forecast issues for the following year		Reasonable		Reasonable		Reasonable	Medicines recalls for example because of safety concerns Unable to mitigate against Cat M risks which nationally will raise generic prices Situations which can not be anticipated for example following medicine recalls and suppliers unilateral decisions to withdraw a product from the market	Final approval	Leon Adeleye 28/06/2022 15:41:01
319	18/05/2022			Shah , Avni Gleed , James				Primary Care		**If points of participation and influence for primary care in the new ICB and HCP structures are not made clear during the transitional period** **Then meaningful engagement with primary care may not be sustained into the new ICB arrangements** **Resulting in challenges enacting ICB plans for delivery at place**	20														In holding area, awaiting review	Leon Adeleye 25/05/2022 14:54:42
320	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah , Avni (Historical Deleted User)				Primary Care		**If- pressures in general practice, exacerbated by the Covid-19 pandemic and pent up non-Covid demand, remain at the current high level** **Then- there may be insufficient capacity for GP practices, primary care networks and federations to deliver against transformation of care priorities in a way that demonstrates tangible improvements for patients** **Resulting in- sub-optimal patient experience due to continued pressures across the system and especially in acute services**	20	12	8	Take and monitor action	New risk										In holding area, awaiting review	Leon Adeleye 01/06/2022 10:51:55
321	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah , Avni Gleed , James				Primary Care		**If Primary Care is not supported to optimise capacity and address variation then- patients may not experience improved access to urgent, same day primary care resulting in negative impact on patient experience, patient safety, system resilience and commissioner reputation.**	16	12	4	Take and monitor action											In holding area, awaiting review	Leon Adeleye 01/06/2022 09:58:19
322	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah , Avni (Historical Deleted User)				Primary Care		**If- the pace of organisational development for primary care networks and their clinical directors does not increase** **Then- there may be insufficient capacity for GP practices, primary care networks and federations to deliver against transformation of care priorities and a limited amount of collaboration between PCNs and other local delivery partners** **Resulting in- delays in delivery of transformation objectives to improve quality and accessibility of services**	20	16	4	Immediate action required	New risk										In holding area, awaiting review	Leon Adeleye 01/06/2022 11:09:04
323	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah , Avni Gleed , James				Primary Care		**If the pace of organisational development for primary care networks and their clinical directors does not increase then there may be insufficient capacity for GP practices, primary care networks and federations to deliver against transformation of care priorities and a limited amount of collaboration between PCNs and other local delivery partners resulting in delays in delivery of transformation objectives to improve quality and accessibility of services."**	12	8		Take and monitor action											Closed	Leon Adeleye 01/06/2022 11:10:47
324	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah , Avni Gleed , James				Primary Care		**If there are not consistent and rigorous processes for monitoring quality and performance of contracts and investments then there is potential for variable outcomes in improvements across the three geographical areas resulting in inequalities in the quality and performance of IC8 primary care services and disparities in costs for the same services in different locations**	20	16	12	Immediate action required	New risk										In holding area, awaiting review	Leon Adeleye 01/06/2022 10:36:24

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325	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah, Avni	Gleed, James			Primary Care		If the processes for recruitment of social prescribing link workers in primary care are not aligned then- availability of social support in primary care will be uneven across the ICS resulting in- inequalities in outcomes for local populations	20	16	8	Immediate action required	New risk										in holding area, awaiting review	Leon Adeleye 01/06/2022 10:14:22
326	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah, Avni	Gleed, James			Primary Care		If Primary Care sustainability is not robust enough then we may not be able to ensure continued delivery of primary medical services resulting in- a reduction in quality, patient safety and experience.	16	12	4	Take and monitor action											in holding area, awaiting review	Leon Adeleye 01/06/2022 10:17:36
327	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah, Avni	Gleed, James			Primary Care		If primary care recovery and prioritisation of workload is not adequately supported then meeting of primary care contractual requirements may be affected, particularly relating to routine and preventative work resulting in negative impact on patient access, care and experience, QOF outcomes and wider system pressures	15	12	6	Action is discretionary	New risk										in holding area, awaiting review	Leon Adeleye 01/06/2022 10:40:08
328	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah, Avni	Gleed, James			Primary Care		If the quality of data available to practices and Primary Care Networks is not adequate then this will limit the ability for primary care to meet new responsibilities relating to population health management resulting in- failure to achieve forecast outcomes in population health and healthcare and tackle inequalities in outcomes, experience and access	16	12	4	Take and monitor action	New risk										in holding area, awaiting review	Leon Adeleye 01/06/2022 10:44:31
329	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah, Avni	(Historical Deleted User)			Primary Care		If- there were no forecasting or forward planning for changes and challenges in general practice workforce Then- we would be unable to foresee changes in workforce and act proactively to address expected shortfalls in any profession Resulting in- threat to patient care as patients may not have access to a range of skilled professionals in primary care	9	6	3	No action required											in holding area, awaiting review	Leon Adeleye 01/06/2022 10:32:29
330	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah, Avni	Gleed, James			Primary Care		If there is a lack of career development opportunities in primary care Then primary care may be less attractive as a career choice resulting in- doctors, nurses and other allied health professionals leaving primary care and choosing alternative career paths, making primary care less resilient and creating instability in patient access(Primary Care)	12	9	3	No action required											in holding area, awaiting review	Leon Adeleye 01/06/2022 10:11:12
331	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah, Avni	Gleed, James			Primary Care		If the transfer of the GP Extended Access Service to PCNs is not proactively supported then workforce challenges are likely resulting in a.Staff may leave the incumbent provider due to uncertainty caused by the GP Extended Access transfer, resulting in a risk for future provision b.Incumbent providers may lose experienced staff through TUPE which could destabilise their remaining services	16	12	4	Take and monitor action											in holding area, awaiting review	Leon Adeleye 01/06/2022 10:20:57
332	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah, Avni	Gleed, James			Primary Care		If there were a lack of further training and education opportunities in primary care then there would be a failure to keep knowledge relevant and up to date. Capabilities will not be kept up to the same pace as others in the same profession resulting in a. Practice colleagues being unable to maintain and enhance their knowledge and skills needed to deliver primary care to patients. b. Practices would fail their CQC. c. Mental Health issues would increase across the GP population. d. General Practice would have a lack of registered nurses(Primary Care)	6	3	3	No action required	New risk										in holding area, awaiting review	Leon Adeleye 01/06/2022 10:25:18

ID	Opened	ICS Strategic Objectives	Source Reference	Risk owner	Risk Lead 1	Risk Lead 2	Risk Lead 3	Directorate	Risk Appetite	Risk description	Rating (initial)	Rating (current)	Rating (Target)	Risk level (current)	Risk Directional Movement	Controls	Gaps in controls	**1st Line of Defence** Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assurance	**2nd Line of Defence** Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assurance	**3rd Line of Defence** Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status	Last updated
333	18/05/2022	Tackling inequalities in outcomes, experience and access		Shah, Avni	(Historical Deleted User)			Primary Care		**If Transfer of the GP Extended Access Service from the IUC Contract to PCNs - Cost pressure CCG may be required to fund PCNs at a higher value Then- can be disaggregated from the HUC Integrated Urgent Care (IUC) contract, Resulting in- a cost pressure Extracting the equivalent PCN value from the IUC contract may destabilise the remaining NHS111, Out of Hours and CAServices(Primary Care but specific to WECCG only)**	**20**	**20**	**16**	Immediate action required											In holding area, awaiting review	Leon Adeleye 22/06/2022 09:59:33
383	08/07/2022	Improving outcomes in population health and healthcare	WSS-Quality & Safety	Shah, Avni	James, Mr Simon			Primary Care	Averse	**If patients who attend Primary Care sites, subsequently test positive for Covid-19 OR a member of staff tests positive for Covid 19 then this could result in risk of infection by patients and staff who were exposed resulting in: 1.temporary partial or full site closures and associated reduced patient access to primary care facilities 2.additional pressure on 111 service due to contamination concerns of patients who may have been exposed 3.Additional provider costs for cleaning infected areas / replacing contaminated materials.**	**12**	**6**	**4**	No action required	No change	02/20> IMT response to requirements made from national and regional team 11/2020 – these risks are being covered in full by a Covid Risk Register covering Primary Care and the related system. Therefore for accuracy and greater granularity, and fuller document with be used for recording risks.									Being reviewed	Mr Simon James 08/07/2022 15:02:36
335	19/05/2022	Tackling inequalities in outcomes, experience and access		Rohilla, Anurita	Golding, Stacey			PMOT		**If-staff leadership does not have sufficient capacity for the volume of transition work Then-existing work and projects might be delayed or not actioned Resulting in- low morale and a potential increase in staff turnover, loss of organisational memory and additional pressures on teams, failure to deliver desired outcomes – quality and or financial**	**9**														In holding area, awaiting review	Leon Adeleye 01/06/2022 15:57:19
336	19/05/2022	Tackling inequalities in outcomes, experience and access		Rohilla, Anurita	Golding, Stacey			PMOT		**If-functions where NHS England are transferring services to the ICB are not clearly defined in terms of scope, funding and staffing Then- the ICB will not have the resources to deal with these areas, Resulting in-insufficient capacity and lack of robust processes for effectively managing community pharmacy contracts and specialised commissioning and/or a knock on effect on other services provided by PMOT and other departments**	**16**														In holding area, awaiting review	Leon Adeleye 01/06/2022 16:00:38
360	20/05/2022	Improving outcomes in population health and healthcare	ICB risks	Burlingham, Jo	Hazle, Maxine	Stephenson, Ms Grainne	Yeates, MS Amanda	Operations: EPRR	Cautious	**If- local business continuity management arrangements are not sufficient Then-the local will be unable to continue with core business requirements following a major incident affecting local premises, staff and IT / phone infrastructure Resulting in- patients being adversely affected (Continuing Health Care),financial loss and associated loss of reputation(EPRR)**	**8**	**8**	**8**	Action is discretionary	No change			See risk ID 362	Substantial	See risk ID 362	Substantial	See risk ID 362	Substantial		Closed	Jo Burlingham 14/07/2022 09:57:19
363	20/05/2022	Improving outcomes in population health and healthcare	ICB risks	Burlingham, Jo	Hazle, Maxine	Stephenson, Ms Grainne	Yeates, MS Amanda	Operations: EPRR	Cautious	**If- an uexpected situation causes an inability to maintain a structured EPRR training and exercising programme Then- delivery of up to date training would be compromised Resulting in- staff not having up to date training information and exercising in EPRR(EPRR)**	**4**	**4**	**4**	Action is discretionary	No change			See risk ID 359	Substantial	See risk ID 359	Substantial	See risk ID 359	Substantial		Closed	Jo Burlingham 14/07/2022 10:12:11
364	20/05/2022	Improving outcomes in population health and healthcare	ICB risks	Burlingham, Jo	Hazle, Maxine	Stephenson, Ms Grainne	Yeates, MS Amanda	Operations: EPRR	Cautious	**If- there was non-compliance with NHSE Core standards for EPRR Then- NHS organisations may not achieve an acceptable level of assurance in terms of their EPRR arrangements Resulting in- the potential for compromised patient / staff safety and care**	**3**	**2**	**1**	No action required	No change			Suite of emergency plans and associated documents all signed off at Exec level	Substantial	Results of core standards self-assessment reported to Board annually	Reasonable	LHRP and NHSE/I oversee core standards assessments			Closed	Jo Burlingham 14/07/2022 10:14:44
369	20/05/2022	Improving outcomes in population health and healthcare		Kinniburgh , Jane	Emson, Mary	Wallace, Mr David	Harvey, Mr Chris	Nursing & Quality: Safeguarding Adults		**If the safeguarding team resource is not increased in a timely manner Then- the team will not have the capacity to meet all of their statutory obligations, in particular in relation to delegation from NHSE Resulting in- non-compliance with statutory regulation Reputational damage(Safeguarding Adults)**	**20**														In holding area, awaiting review	Leon Adeleye 11/07/2022 16:56:51

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386	12/07/2022			Powell, Mrs Melanie				Nursing & Quality- Children		Increased demand for EHCPs in Community Paediatric services due to 2015 & 2018 SEND reforms. (Around 40-50% increase in demand). Risk is that increasing waits will lead to increased risk of clinical harm. Linked to this there is an increased need a health contribution to the SEND agenda, both strategically and operationally due to reforms, CQC/Ofsted inspections and expectations from the wider system. This risk has progressed to an issue in relation to impact on capacity of designated functions and also commissioning.	15													in holding area, awaiting review	Mrs Melanie Powell 12/07/2022 16:17:21
338	19/05/2022			Kimbaugh , Jane	Wallace, Mr David			Nursing & Quality		If the CCG does not implement systems and processes to ensure that any CHC funded clients who are deprived of their liberty are done so lawfully, through the authorisation process of Liberty Protection Safeguards (LPS), which will come into force April 2022 (replacing Deprivation of Liberty Safeguards)following the Mental Capacity (Amendment) Act (2019) Then- the CCG will not be meeting its statutory duty Resulting in- patients being unlawfully deprived of their liberty, reputational damage to the CCG and potential litigation(N&Q)	9						TBC							in holding area, awaiting review	Leon Adeleye 14/07/2022 10:33:07
368	20/05/2022			Kimbaugh , Jane	(Historical Deleted User)			N&Q; Safeguarding Adults		If- adequate resource and processes are not established in a timely manner to support the return of responsibility to CCGs, for those patients whose care is fully funded by CHC, in relation to Liberty Protection Safeguards (LPS) - procedures in accordance with which a person, who lacks mental capacity to consent, may be lawfully deprived of their liberty Then- the CCGs will not meet their legal duties under the Mental Capacity (Amendment) Act from the implementation date of April 2022 or be able to maintain and monitor compliance beyond implementation Resulting in- individuals concerned not receiving the appropriate care; negative impact on the CCG Assurance rating; reputational damage; potential legal action(Safeguarding Adults)	16													in holding area, awaiting review	Leon Adeleye 13/07/2022 13:25:20
370	20/05/2022			Kimbaugh , Jane	(Historical Deleted User)			N&Q; Safeguarding Adults		If- the approach to safeguarding in Hertfordshire and Essex is not aligned Then- the HWEICS Adult Safeguarding Team will have different systems, proceses and practice in each county Resulting in- potential inconsistency in practice, systems and processes	12													in holding area, awaiting review	Leon Adeleye 13/07/2022 13:26:12
347	19/05/2022			Kimbaugh , Jane	Harvey, Mr Chris	Emson, Mary	Wallace, Mr David	N&Q		If-we don't achieve/ make reasonable adjustments in healthcare settings and/ or offer regular GP health checks to patients with learning disabilities Then- we may fail to identify serious underlying health conditions potentially Resulting in- detrimental health outcomes including reduced life expectancy for patients with learning disabilities	20													in holding area, awaiting review	Leon Adeleye 13/07/2022 13:32:04
348	19/05/2022			Kimbaugh , Jane	Harvey, Mr Chris	Emson, Mary	Wallace, Mr David	N&Q		If- requirments for health checks for adults with severe mental illness (SMI) is not met Then- there are risks of unsafe or poor quality care for patients, poor patient experience and outcomes Resulting in- enforcement action/ notice imposed be regulators and loss of reputation for the CCG	15													in holding area, awaiting review	Leon Adeleye 13/07/2022 13:37:23
349	19/05/2022			Kimbaugh , Jane	Emson, Mary	Harvey, Mr Chris	Wallace, Mr David	N&Q		If- a child's death process is not being reviewed within recommended 6 month period Then- there is a risk the CCG will not be compliant with the national guidance Resulting in- a backlog, delay in learning, potential to miss incidents, and impact on parents and carers	15													in holding area, awaiting review	Leon Adeleye 13/07/2022 13:38:48
375	07/06/2022			(Historical Deleted User)	Golding, Stacey			Medical		If there are similar roles existing in the three CCGs with different grades or job titles, and there is insufficient capacity/resource to focus on addressing pharmacy and technician workforce issues then there may be further loss of morale and possibly loss of staff, resulting in more PMOT recruitment and retention problems (there is a smaller pool of appropriately qualified people to recruit from in terms of pharmacists and technicians)	9													in holding area, awaiting review	Leon Adeleye 13/07/2022 13:29:17

APPENDIX B:

Hertfordshire and West Essex Integrated Care Board
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382	28/06/2022			Rohilla, Anurita				Medical		**If the three CCG websites are merged and legacy websites are turned off then there is a risk that historical decisions will not be possible to retreive and hyperlinks will not work resulting in lack of access for FOI, complaints and loss of understanding of why decisions were made and reputational risk**	**20**														in holding area, awaiting review	Stacey Golding 28/06/2022 11:11:30
123	28/10/2019	Tackling inequalities in outcomes, experience and access		Rohilla, Anurita Golding, Stacey				Medical		**IF GPs or doctors within the Trust prescribe high doses of opioid analgesics for chronic pain (especially above 120mg oral morphine equivalent) which are not regularly reviewed in line with uptodate national guidance THEN there is a risk that patients would continue to be prescribed very high doses of opioid analgesics, sometimes inappropriately which do not provide any additional clinical benefit and can increase patient harm and mortality RESULTING IN potentially serious harm to patients including dependency, reduction of quality of life and reputational damage to the CCG**	**20**	**16**	**12**	Immediate action required	Lowered	The 2022/3 QOF and PCN DES quality improvement sets targets including structured medication reviews in order to optimise the quality of prescribing of medicines which can cause dependency and the use of non pharmacological alternatives to potentially addictive pain management medication. Local incentive scheme approved at PCCC for 2022/3 with targets on opioid reduction in ENH (to be confirmed) and HV for practices to identify patients taking high dose opioids and taper their dose Working with PMO team on primary care pathways, training and options for commissioning of services to support patients addicted to prescribed medicines Opioid discussions at locality prescribing meetings and with individual practices Discussion with others at CD LIN to enable us to learn from good practice	To approve opioid LIS in ENH 2022/23 To brief practices on opioid LIS (ENH and HV) Lack of support of NICE guidance by some GPs and specialists Lack of consistent referral options across the ICS for patients addicted to prescription medicines Waiting times for referrals to secondary care have not reduced To extend the mapping of services ICS wide		Substantial		Reasonable		Substantial	High dose opioids per 1000 patients are below national average per CCG (although not in every individual practice and it is included ECF). However high dose opioid items as percentage regular opioids are above the national average in ENH and HV CCGs (and below the national average in WE) Currently agreeing data sets to agree regular monitoring of prescribing data at CCG level to identify outliers and monitor change Competing with other GP pressures incl vaccination, and other external pressures incl long waiting times Investigating extension of consultant connect	Being reviewed	Stacey Golding 15/06/2022 15:43:01
41	28/08/2019			Joyce, Rachel Watson, Pauline				Medical		**IF the CCG continues to not achieve the national targets for antibiotic prescribing due to inappropriate prescribing by prescribers THEN the CCG may be seen not to contributing to the reduction of antibiotics resistance RESULTING IN potentially untreatable infections, poor outcomes for patients, and therefore increased hospital admissions and potential reputational damage from media reporting.**	**9**	**4**	**4**	No action required	Lowered	1. Using prescribing data and CCG targets to benchmark practices 2. Reports to Governing Body meetings and workshops										Being reviewed	Leon Adeleye 28/06/2022 15:42:12
365	20/05/2022			(Historical Deleted User) (Historical Deleted User)				H&S		**If- the challenges around implementation of NHSE/I expectations in relations to the green plan and sustainability plan and aims Then- there is a risks that the CCG is unlikely to meet national requirements for reduction in carbon emissions as this would require a significant reduction in the CCG's Commissioning. Resulting in- implications for not meeting regulatory targets, sustainability aims(H&S)**	**15**												in holding area, awaiting review	Mr Obinna Ihejuruobi 20/05/2022 15:40:38
366	20/05/2022			(Historical Deleted User) Cavin, Anna				H&S		**If- the population demography is disadvantaged due to the impact of climate change Then- there is a risk to the delivery of health and social care services, including those working within the health sector, and the buildings and infrastructure required to deliver these services Resulting in- Direct impacts on health and health inequalities,Indirect impacts on health affecting the wider determinants of health and health inequalities,Deferred and diffuse risks - health are anticipated to be substantially negative - Rising temperatures, patterns of precipitation and unpredictable weather will become more common(H&S)**	**10**												in holding area, awaiting review	Leon Adeleye 14/07/2022 07:14:32
367	20/05/2022			(Historical Deleted User) (Historical Deleted User)				H&S		**Transition risk? If- there is an inconsistent approach to the delivery of sound H&S, governance regulatory and compliance processes across the CCGs due to the formation of ICB Then- there is a risk on organisational performance, slippage and lack of uniformity, and possible breach of legal requirements Resulting- in legal implications, reputation damage, finacial loss(H&S)**	**12**												in holding area, awaiting review	Mr Obinna Ihejuruobi 20/05/2022 15:50:07
371	20/05/2022	Helping the NHS support broader social and economic development	ICB risks	Shah, Avni Priest, Alvin Yeates, Mrs Amanda				Finance	Eager	**If the challenges around implementation of NHSE/I expectations in relations to the green plan and sustainability plan and aims Then- there is a risks that the CCG is unlikely to meet national requirements for reduction in carbon emissions as this would require a significant reduction in the CCG's Commissioning Resulting in- implications for not meeting regulatory targets, sustainability aims (Sustainability)**	**15**						TBC	None	TBC	None	TBC	None		in holding area, awaiting review	Leon Adeleye 13/07/2022 12:45:10
318	17/05/2022	Tackling inequalities in outcomes, experience and access		Shah, Avni Gleed, James						**If points of participation and influence for primary care in the new ICB and HCP structures are not made clear during the transitional period then meaningful engagement with primary care may not be sustained into the new ICB arrangements resulting in challenges enacting ICB plans for delivery at place**	**20**	**20**	**4**	Immediate action required	New risk										in holding area, awaiting review	Leon Adeleye 01/06/2022 11:07:35

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334	19/05/2022	Tackling inequalities in outcomes, experience and access		Bolitho, Ananta	Gosling, Stacey					If- there are similar roles existing in the three CCGs with different grades or job titles, and there is insufficient capacity/resource to focus on addressing pharmacy and technician workforce issues Then- there may be further loss of morale and possibly loss of staff, Resulting in- more PMOT recruitment and retention problems (there is a smaller pool of appropriately qualified people to recruit from in terms of pharmacists and technicians)(PMOT)	9													in holding area, awaiting review	Leon Adeleye 01/06/2022 15:57:40
337	19/05/2022	Tackling inequalities in outcomes, experience and access		Bolitho, Ananta	Gosling, Stacey					If-existing successful outcomes and ways of working in each CCG are not recognised Then-there is the risk that valuable work will be lost, and key decisions will be delayed at either ICB or place level Resulting in-damaged existing working relationships and trust with colleagues and poor outcomes for our population(PMOT)	9													in holding area, awaiting review	Leon Adeleye 01/06/2022 15:57:06
339	19/05/2022			Kershaw, Jane	(Historical Deleted User)					There is currently no formal contract (NHS Standard contract or other contract) in place with providers of nursing home care and domiciliary care for CHC patients . At any one time there are approximately (correct at end April 2021) total CHC patients 248 on case load at end of April – this is a normal level of patients for the service. This is split into nursing care home placement 60% domiciliary care 40% (data refers to WECCG area)(N&Q) None of these arrangements are governed by an NHS standard contract – they are all spot purchases without any criteria attached for the quality of the care that must be provided. No minimum safety standards have been identified This has been the situation for many years. There was an intention to put a commissioning framework (integrated residential and nursing framework) - voluntary into place for nursing home, but only one homes is currently signed up There is nothing in place for domiciliary placements	15					TBC								in holding area, awaiting review	Leon Adeleye 13/07/2022 13:23:06
340	19/05/2022			Kershaw, Jane	(Historical Deleted User)					The Home Office have identified the Great Hallingbury - Manor Hotel in Uttlesford to be used as contingency accommodation and would like to make arrangements for the hotel to be available from 18 April 2022. The exact start date will depend on the demands on the system If- the Managed Contigency Accomodation Service does not have effective pathways and protocols in place with all local partner agencies THEN- the local health system could be adversely impacted Resulting in- a significant risk to guests / patients requiring local health services Risk categories: to be determined(N&Q)	1					TBC								in holding area, awaiting review	Leon Adeleye 13/07/2022 13:23:51
341	19/05/2022			Kershaw, Jane	Wallace, Mr David	Emson, Mary	Harvey, Mr Chris			If- the national shortage of beds for Children and Young People (CYP) who need admission for a mental health crisis continues Then- this will have a knock on impact on local areas as children wait longer than is ideal for a bed and then are often placed outside Hertfordshire Resulting in-families finding it difficult to maintain contact and poorer patient outcomes.Lack of tier 4 provision – children being inappropriately admitted into paediatric settings. Children and young people - system pressures in acute trusts across the system currently and how the system is working to manage this (N&Q)	16													in holding area, awaiting review	Leon Adeleye 13/07/2022 13:33:21
342	19/05/2022			(Historical Deleted User)	(Historical Deleted User)					If-the current quality and safety concerns relating to PAH, highlighted through the CQC's latest inspections and the ongoing oversight of the CCGs, are not adequately addressed (incuding ED section 31 notice, paediatrics, maternity services, core medical services and overall staffing rates and skill mix) Then- there is a risk to the wider system regarding operational pressures Resulting in- patient harm	20													in holding area, awaiting review	Mr Obinna Ihejuruobi 19/05/2022 14:16:32
343	19/05/2022	Improving outcomes in population health and healthcare		Kershaw, Jane	Harvey, Mr Chris	Wallace, Mr David	Emson, Mary			If there is insufficient capacity in the team due to vacancies, redepolyment of staff, covering additional covid functions including ICC and core cells, and the significant volume of care home work such as supporting outbreaks, training and mutual aid requests Then- this will impact on core functions and the ability to deliver business as usual within the Nursing and Quality Team Resulting in- reduced visability and identification of quality and safety issues, and potential for negative impact on wellbeing of staff(N&Q)	20													in holding area, awaiting review	Leon Adeleye 01/06/2022 16:28:22
344	19/05/2022			Kershaw, Jane	Wallace, Mr David	Harvey, Mr Chris	Emson, Mary			IF- patients are not adequately risk assessed following their initial appointment at PAH outptients and receive their follow up in a timely manner, or there is a delay due to backlogs Then- there is a risk of not being able to identify deterioration in patients health Resulting in- harm to patients(N&Q)	16													in holding area, awaiting review	Leon Adeleye 14/07/2022 10:28:43

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345	19/05/2022			Kershaw , Jane	Wallace, Mr David	Emson, Mary	Harvey, Mr Chris			If- providers for which ENHCCG are associates to the contract (eg PAH and RF) fail to address quality issues Then- quality of care may be compromised Resulting in harm to patients(N&Q)	16														in holding area, awaiting review	Leon Adeleye 13/07/2022 13:35:21
346	19/05/2022	Improving outcomes in population health and healthcare		Kershaw , Jane	Emson, Mary	Wallace, Mr David	Harvey, Mr Chris			If- East and North Herts NHS Trust (ENHT) fail to address the ongoing quality and safety issues (eg sepsis, VTE and IPC) Then- the quality of care may be compromised potentially Resulting in patient harm Propose to change to: If-the ICB is ineffective in supporting our acutes to progress from RI to Good, and the Trusts fail to adequately address current and emerging quality issues Then- there is a risk relating to the quality and safety of care provided Resulting in- harm to patients(N&Q)	20														in holding area, awaiting review	Leon Adeleye 14/07/2022 10:25:52
388	12/07/2022			Kershaw , Jane	(Historical Locked Lister)					Increased demand for EHCPs in Community Paediatric services across ICB due to 2015 & 2018 SEND reforms. (Around 40-50% increase in demand). This is resulting in long waiting times throughout the community paediatric services and if additional resource (staff and investment) are not made available these waits will continue to increase. There is a risk that children will not receive the support required in both health and education environments which will impact on their health, well being and their educational attainment.	20														in holding area, awaiting review	Mrs Melanie Powell 12/07/2022 16:48:01

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

Committee: **Quality Assurance Committee** **12 July 2022**	
Aims/Remit of the committee:	Para 2.3 of the Committee's terms of reference require it to provide regular assurance updates to the ICB in relation to activities and items within its remit. This report seeks to provide this assurance. This was the first meeting of the Hertfordshire and West Essex ICB Quality Assurance Committee following the establishment of the HWE ICB on 1st July 2022. The Committee has been established provide the ICB with assurance that it 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 NHS England-National Quality Board Shared Commitment to Quality and enshrined in the *Health and Care Act* 2022. The fundamental purpose of this committee is: • To oversee and monitor delivery of the ICB key statutory requirements as applicable to quality. • To provide robust scrutiny and give the Board assurance it is delivering its functions in a way that secures continuous improvements. • To hold each other to account whilst being mindful that we are an integrated system and will have to work collaboratively and collectively to achieve a common purpose, which is to provide a high quality, effective, efficient, sustainable, healthcare service for the community we serve.
Key discussion points:	**1. CCG Quality Committee Legacy Document** The Committee reviewed and discussed the document that had been handed over by the CCGs to the ICB. Areas within the document included key quality issues that remain a challenge such as workforce to be taken forward by the Committee and, more historical challenges that have been faced where the CCG's the teams felt there was value in ensuring previous intelligence is highlighted and lessons learnt. This included CQC regulatory action and a summary of current CQC

warning notices, previous CCG contractual action related to performance impacting on quality, and key topic areas including mortality and workforce where challenges remain.

2. Quality Oversight and Assurance

A presentation was shared with the Committee outlining the new governance structures for quality across the ICS as well as the key areas of quality that feed into the ICB Quality Assurance Committee. The purpose of this was to provide an understanding of the governance structures in place in relation to reviewing monitoring and addressing quality across the system; how they will feed into this committee and gaps to be addressed.

The slides also provided an overview of the areas of quality and safety that the Nursing and Quality Team review, how the team triangulate the information to identify emerging risks or red flags, and the key areas of focus for the ICB in relation to quality over the next few months.

3. Quality Committee Governance

Policies

The Committee noted six identified Nursing and Quality policies that were ratified at Board on 1st July 2022, on the understanding that any revised Equality Impact Assessment will be undertaken within three months starting from 1st July 2022:

3.1 Complaints & Feedback policy
3.2 CHC Operational policy
3.3 Mental Capacity policy
3.4 Deprivation of Liberty (DoLs) policy
3.5 Safeguarding Adults policy
3.6 Safeguarding children policy

The Committee was asked to provide comments and recommend approval of the Nursing and Quality policies listed below, on the understanding that any revised Equality Impact Assessment will be undertaken within three months for outward facing policies, and six months for inward facing policies starting from 1st July 2022:

3.7 Southend, Essex and Thurrock Procedure for Responding to Deaths in Childhood
3.8 Domestic Abuse Policy for Staff
3.9 Management of Allegations against Staff, Volunteers and People in Positions of Trust who work with Adults and Children
3.10 Safeguarding Supervision Policy
3.11 Management of Serious Incidents Policy

The Committee was informed that on 01.07.2022 the Board delegated interim powers to the commissioning Board and Executive committee to approve policies up to the 27th July 2022; when the Board will reconvene to make a decision on the future approval process of policies. Following clarification, the committee asked to be sighted on those policies that fall within its remit.

Terms of Reference

The Committee discussed the Terms of Reference in detail and provided helpful comments. Members were asked to review and consider the following key areas:

3.12 Membership
3.13 Frequency of meetings
3.14 Quoracy
3.15 Scope
3.16 Any further amendments

4 Quality Escalations Report

The Committee discussed the report which summarised key quality headlines, including current quality oversight and assurance escalations across several providers and functions.

Areas discussed by the Committee included:

4.1 Mental Health for both adults and children and young people, including update on the Essex Mental Health Taskforce
4.2 Maternity and Ockenden progress
4.3 Safeguarding adults and children
4.4 Workforce challenges and impact on staff and patients
4.5 Key escalations within individual providers including progress with required improvement where CQC regulatory action has been taken.

5 Primary Care Quality Report

The Committee discussed the report which provided an overview of recent CQC inspections and findings, current ICB Nursing and Quality Team work to monitor GP practices and provide support where required, and a summary of patient safety and patient experience data available.

A detailed verbal update was provided and discussed regarding one GP practice that has recently been rated as 'Inadequate' by the CQC. This included the areas of concern identified, and action taken by the ICB to mitigate risk and ensure patients receive safe care, and work with the practice to ensure necessary improvements are made. A further update will be provided at the

	September Committee. **6 Continuing Healthcare Report** The Committee discussed the Continuing Healthcare summary report on the work ongoing within the team to align to a single operating model, current performance for reviews as well as KPIs, and current risks and mitigations. **7 ICB Risk Register (Quality Risks)** The Committee discussed and noted that the current quality risks have been carried forward from the CCGs, and work is now required to review and identify the system risks and refine the risk register. Some current risks remain relevant to the ICB at system level, whilst others relating to single providers are historic and can be reviewed with proposal for closure at the next Committee. The Committee will be looking to develop a shared understanding and perception of risk, including risk appetite, which links closely to the recent NQB publication on quality risk response and escalation. The Nursing and Quality Team will also be working with system partners to ensure a shared understanding of current and emerging system risks as well as the mitigation in place. **8 Forward Planning** 1 To develop a system dashboard that will provide oversight of key quality and safety metrics and benchmark position, highlighting areas of focus for the Committee. It was noted this will take time to develop. 2 To look at areas where greater discussion and deeper dives are required, particularly in areas where the Committee feels less assured. 3 Any identified significant risks which are impacting on the ability to deliver, will be escalated to Board. 4 The Committee would like policies that have been reviewed/updated to be brought to the Committee for oversight, scrutiny, and comment. 5 The risk register will be reviewed and refreshed in partnership with colleagues across the system.
Decisions made:	There were no reports presented to the Committee for decision at this meeting.
Risks Identified:	No new risks were identified from the matters discussed at

	the Committee
Escalations to the organisation/Board:	No items were discussed which required escalation to the Board. As agreed, the Terms of Reference have been circulated to Committee members for comment. A revised terms of reference will be presented to Board in September. • As discussed, five Nursing and Quality draft polices listed in para 3 (3.7 to 3.11) above have been circulated to Committee members for comment and recommendation for adoption and approval.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

Committee: **Population Outcomes & Improvement Committee** **Wednesday, 6 July 2022**	
Aims/Remit of the committee:	• The remit of the Committee is to have oversight and assurance that NHS Herts & West Essex ICB and partner organisations are delivering on its strategic commitments to: • Deliver better and equal outcomes for the population • Support personalisation in all aspects of care • Develop a prevention focused approach to improving health inequalities & outcomes • Develop the partnership with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector to support delivery • Ensure that the ICB with its partners will shape and make recommendations to leverage socioeconomic growth, in its communities and workforce.
Key discussion points:	• This was the first meeting of the Committee and it was intended to be a development session to come to a shared understanding of what population health is about and what this Committee is aiming to achieve to inform the Terms of Reference • The Committee received a presentation to explain what population health is about. Clarity was provided on definitions as there is confusion around different terminologies. • Attention was drawn to the difference between population health which is everyone's responsibility and population health management (PHM) which is an approach and methodology that can be applied at different layers of the system and will have an impact on the health of the population. • Terms of reference and scope of the Committee was also discussed. • Terms of reference adopted by the ICB Board at the meeting on 1st July were shared with the Committee. • There was discussion regarding membership and the Committee was asked to consider who is recommended to be a member and who is recommended to be an attendee • Updated terms of reference to reflect discussion will be circulated to the Committee and any further feedback was requested within one week.
Decisions made:	• The Committee recommended that August's proposed meeting is stood down due to a number of colleagues being on leave.

Risks Identified:	• None
Escalations to the organastion/Board:	• None

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document

Committee: **COMMISSIONING COMMITTEE** **THURSDAY 14 JULY 2022**	
Aims/Remit of the committee:	• At this first meeting, members agreed that the group would be called the Commissioning Committee (rather than Board). • The Commissioning Committee is a sub-committee of the ICB Board. It is intended to be a decision making, oversight and assurance body acting in line with the authority and objectives outlined in the Terms of Reference. • The Commissioning Committee has delegated financial authorisation limits as outlined in the ICB Governance Handbook. The Commissioning Committee is able to approve proposals on individual contracts or services of a capital or revenue nature amounting to, or likely to amount to, £1m, or up to £2m if contract exceeds 12 months.
Key discussion points:	• Purpose and orientation of the Commissioning Committee • Terms of Reference • Committee Workplan • Procurement Outcomes Report – St Albans Integrated Care Hub • Community Integrated Musculoskeletal Service Contract Extension South & West Place • Reflections and feedback of the first meeting
Decisions made:	• Terms of Reference agreed, subject to amendments • Recommendations to the Board regarding the St Albans Integrated Care Hub • Recommendations to the Board regarding Community Integrated Musculoskeletal Service Contract Extension South & West Place
Risks identified:	• None at present
Escalations to the organisation/Board:	• St Albans Integrated Care Hub – Recommended to the Board that Bidder A is engaged and commencement of contracts (a report will be presented to the Board) • Community Integrated Musculoskeletal Service Contract Extension South & West Place – Recommended to the Board that the Integrated Musculoskeletal Service (iMSK) is extended to 31 March 2024 (a report will be presented to the Board)