Agenda

East and North Hertfordshire NHS Trust

Meeting: Public Trust Board

Date: Wednesday 11 January 2023 – 10.30am – 12.30pm

Venue: Lister Education Centre, Lister Hospital, Stevenage

Standing Items				
Time	**Item Number**	**Item**	**Item owner**	**Purpose**
10.30	**1**	**Chair's Opening Remarks**	Trust Chair	For noting
	2	**Apologies for Absence**	Trust Chair	For noting
	3	**Declarations of Interests**	Trust Chair	For noting
	4	**Minutes of Previous Meeting**	Trust Chair	For approval
	5	**Actions Log**	Trust Chair	For noting
	6	**Questions from the Public**	Head of Corporate Governance	For noting
10.35	**7**	**Patient Story**	Chief Nurse	For discussion
10.45	**8**	**Chief Executive's Report**	Chief Executive	For discussion
10.50	**9**	**Board Assurance Framework**	Head of Corporate Governance	For discussion
10.55	**10**	**Integrated Performance Report**	All Directors	For discussion
Strategy and Cultural Items				
11.20	**11**	**ICS / HCP Strategy and Performance Report**	Paul Burstow and Jane Halpin	For discussion
11.50	**12**	**Planning Guidance**	Deputy CEO	For discussion
11.55	**13**	**People and Workforce Strategy Annual Progress Report**	Chief People Officer	For discussion
12.00	**14**	**Maternity Benchmarking Update**	Chief Nurse	For discussion

12.10	**15**	**Strategic Transformation Update**	Director of Improvement	For discussion
Assurance and Governance Items				
12.15	**16**	**Remuneration Committee terms of reference**	Head of Corporate Governance	For approval
	17	**Learning from Deaths report**	Medical Director	For noting
Committee Reports				
	18	**Finance, Performance and Planning Committee Report to Board** 29 November 2022 20 December 2022	Chair of FPPC	For noting
	19	**Quality and Safety Committee Report to Board** 30 November 2022 21 December 2022	Chair of QSC	For noting
	20	**Charity Trustee Committee Report to Board** 12 December 2022	Chair of CTC	For noting
	21	**People Committee Report to Board** 28 November 2022	Chair of People	For noting
	22	**Extraordinary Audit Committee Report to Board** 7 December 2022	Chair of Audit Committee	For noting
Other Items				
	23	**Annual Cycle**	Trust Chair	For noting
	24	**Any Other Business**	Trust Chair	For noting
	25	**Date of Next Meeting**	Trust Chair	For noting
12.30	**26**	**Close**		

East and North Hertfordshire NHS Trust

Agenda item: 4

EAST AND NORTH HERTFORDSHIRE NHS TRUST

Minutes of the Trust Board meeting held in public on Wednesday 2 November 2022 at 10.30am in the Lister Education Training Centre, Lister Hospital, Stevenage

Present:	Mrs Ellen Schroder	Trust Chair
	Mrs Karen McConnell	Deputy Trust Chair and Non-Executive Director
	Ms Val Moore	Non-Executive Director
	Dr David Buckle	Non-Executive Director
	Mr Adam Sewell-Jones	Chief Executive Officer
	Mr Martin Armstrong	Director of Finance & Deputy Chief Executive Officer
	Ms Lucy Davies	Chief Operating Officer
	Ms Theresa Murphy	Chief Nurse
	Mr Thomas Pounds	Chief People Officer
	Mr Mark Stanton	Chief Information Officer
	Mr Kevin O'Hart	Director of Transformation
	Mr Kevin Howell	Director of Estates and Facilities
From the Trust:	Mr Stuart Dalton	Head of Corporate Governance
	Ms Julia Smith	Assistant Trust Secretary (Minutes)
Members of the Public:	Mrs Sarah Leigh	Patient Story Presenter

No	Sub-No	Item	Action
22/130		**CHAIR'S OPENING REMARKS**	
	22/130.1	The Chair welcomed the Board to the meeting.	
22/131		**APOLOGIES FOR ABSENCE**	
	22/131.1	Apologies were received from: Jonathan Silver – Non-Executive Director Peter Carter – Non-Executive Director	
22/132		**DECLARATIONS OF INTEREST**	
	22/132.1	Ms Moore informed the Board that she was now the Citizen Lead Role for the Cambridgeshire and Peterborough Adoption of Innovations Hub which was funded by the Health Foundation.	
22/133		**MINUTES OF PREVIOUS MEETING**	
	22/133.1	The minutes of the previous meeting held on 7 September 2022 were **APPROVED** as an accurate record of the meeting subject to	

some minor changes from Mrs Schroder.

22/134 **ACTION LOG**

22/134.1 The Medical Director provided an update on action 22/057.5 which referred to a question from the public regarding the Trust becoming a no smoking site. The Medical Director informed the Board that the aim was to become a no smoking site but if it was a directive at short notice it would encourage people to smoke in corners that may not be suitable. He said a plan was being developed that would take approximately 12 months to implement and would support staff with smoking cessation, implement safe areas to vape and ensure all patients and visitors were given notice of the intention of the Trust.

The Medical Director confirmed the no smoking would be across all Trust sites. He said a full proposal would be developed.

22/134.1 The Board **NOTED** the current Action Log.

22/135 **QUESTIONS FROM THE PUBLIC**

22/135.1 There were no questions from the public.

22/136 **PATIENT STORY**

22/136.1 Mrs Leigh explained to the Board that the patient was her son who had learning difficulties and autism, she said she does a lot of work with the hospital in relation to patient passports.

22/136.2 Mrs Leigh informed the Board that she had faced a lot of barriers when attending the hospital with her son and felt his life was not as valued as that of a child without leaning difficulties or autism. She said on arrival it would be helpful if there was a quiet room but there was very rarely anywhere available, receptionists didn't understand her son's condition and therefore were not understanding.

22/136.3 Mrs Leigh explained to the Board that her son hadn't been examined properly in his last several visits, but every time had been prescribed antibiotics. She highlighted an example of where her son's patient passport had been recognised and used in Radiology and an Anaesthetists adjusted his approached based on the information in the passport which ensured her son had a much more improved experience than he would usually. She said for the majority of visits staff did not use or refer to the passport even though it would make for an easier but more importantly successful appointment for her son.

22/136.4 Mrs Leigh explained that the patient passports would be more successful if they were digitised, she said there were posters up, but staff training would also help. She said a liaison nurse would be invaluable as there was no support for parents of children with

learning disabilities and autism.

22/136.5 Mrs Leigh commented that the children's care record didn't have a flag for learning disability but the adult care record did. Mrs Schroder commented that the flag on the adult care record had made a difference to those patients.

22/136.6 Mrs Leigh highlighted other barriers that had caused issues during her time with her son at the hospital including lack of changing facilities and no safe space. She said there was not one isolated incident as there were multiple issues every time her son was referred to the hospital. She said as the GP only ever referred her son to the hospital rather than examine him at their surgery, they attended the hospital frequently.

22/136.7 The Chief Executive thanked Mrs Leigh for coming and sharing her story. He explained to the Board that he had met her a couple of weeks ago and said the purpose of the item was not for the Board to solve specific issues, it was important to have visibility of the issues faced by patients. The Chief Executive acknowledged there was a lot of support required for both adult and child patients with learning disabilities.

22/136.8 The Chief People Officer commented that staff training on the patient passport, its purpose and how to use it would be invaluable and could be included as part of the mandatory training for receptionists at least. Mrs Schroder confirmed that there were small changes the Trust could make that would make a big difference to some patients.

22/136.9 Ms Moore asked who would be responsible for the digitisation of the patient passport. The Chief Information Officer explained to the Board that it was one of the areas planned for the patient portal and he would follow-up to understand if there were short term items that could be delivered.

22/137 CHIEF EXECUTIVE'S REPORT

22/137.1 The Chief Executive explained to the Board that the CQC had visited the maternity unit as part of their planned national programme. He said the informal feedback had provided some positive feedback as well as highlighting some challenges.

22/137.2 The Chief Executive informed the Board that the staff survey period was at the half-way point and the Trust response rate was 35% which was ahead of the national picture. He said the CQC was one lens of quality and the staff survey another. He commented that there was one service at 100% of completion and encouraged a further push to support more staff to complete their survey.

22/137.3 The Chief Executive noted that the Board development session on civility and kindness was positive and said work would continue to

align to the new values.

22/137.4 The Chief Executive informed the Board that the pressure across the system remained relentless. He said there was good team working across the Trust to ensure good patient care and balance of risks. He said the Executive were mindful of the toll the constant pressure was having on staff and the ED staff were finding the pressures increasingly challenging. The Chief Executive explained that work was underway with the division to support staff. He said the Trust remained driven by not wanting people to wait to for treatment.

22/137.5 The Chief Executive explained to the Board that the new Children's ED had opened, the snagging was underway and safe spaces were in development. On Elective care, he said the Trust was delivering consistently the highest improvement across the region at 106% to 107% of 2019/20 weighted activity. The Chief Executive informed the Board that the new procedure rooms were also live.

22/137.6 The Chief Executive celebrated the Trust's Rheumatology team for winning a national award. He commented that it was pleasing to see them recognised as they often functioned under the radar,

22/137.7 The Chief Executive informed the Board that following the announcement of the Medical Director standing down in 2023 at the end of five years as planned, the role had been advertised. He said that the Medical Director would remain in the Trust and continue with his clinical work as an Anaesthetist.

22/137.8 Mrs Schroder asked for an update on the procedure room at the new QEII. The Director of Finance explained to the Board that the current target was the end of March 2023. He said the facility was being built in a non-Trust facility which had caused delays.

22/137.9 The Chief Operating Officer informed the Board that the Operational consultation had ended and recruitment to the new roles was underway.

22/137.10 The Board **RECEIVED** and **NOTED** the Chief Executive Officer's report.

22/138 BOARD ASSURANCE FRAMEWORK

22/138.1 The Head of Corporate Governance informed the Board that risk 8 had been scored at 16 and there were three red rated risks.

22/138.2 Mrs Schroder confirmed the risks had been reviewed at the Committee meetings and said the detailed review should be carried out by the Committees that owned the risks.

22/138.3 The Board **APPROVED** the consolidated People risks.

22/138.4 Mrs McConnell commented that the risk actions hadn't had time to

embed and therefore the risk scores not reducing was understandable. She said the approach adopted was much improved.

22/138.5 The Board **RECEIVED** and **NOTED** the Board Assurance Framework.

22/139 INTEGRATED PERFORMANCE REPORT

22/139.1 The Deputy Chief Executive and Director of Finance introduced the Month 6 Integrated Performance Report. He said it remained an evolving document to ensure it met the needs of the organisation. He continued that more detailed data was presented to the Committee's with supplementary information provided to Board.

22/139.2 **Safe, Caring and Effective**

The Chief Nurse informed the Board that the fundamental of care were being rolled-out across the Trust. She said the Matrons would be implementing a back-to-basics model which would be good for staff and patients.

22/139.3 The Chief Nurse informed the Board that the IPC team had a watching brief in relation to c.Diff as there was a trajectory of 59 infections year to date, and the Trust was currently seeing an increase. She said the hand hygiene target was low at 80% and the Trust should be aiming for 90% to 95% with a target of 90%.

22/139.4 The Chief Nurse highlighted the inconsistency around the reliability of 1 hour and 4-hour observations. She said there was 36% compliance however all teams would be monitored to ensure they were acting on the right indicators under the fundamentals of care. She said they would also be ensuring digital solutions were being used.

22/139.5 The Chief Nurse explained to the Board that the Sepsis Six compliance was at 58% but the compliance with the application of antibiotics which was where it was most important was at 96%. She highlighted the joint Critical Care Outreach Team for Sepsis for children and adults.

22/139.6 The Chief Nurse informed the Board that VTE was performing well in some areas and not in others. She said there had been good work led by the Chief Pharmacist in producing intelligence and with the new process moving to NerveCentre compliance would improve. She said ensuring the process was right would remain a priority.

22/139.7 The Chief Nurse highlighted to the Board that thematic reviews were being undertaken around mental health patients in the ED and Ophthalmology patients not followed-up. Mrs McConnell commented that the Ophthalmology issue was a concern. The Chief

Nurse explained to the Board that there had been one incident in Ophthalmology with an elderly patient. She said all processes were being checked to ensure they were effective; there had been a change in personnel and Ophthalmology was an area of focus and the Division was being supported. Mrs McConnell explained that the Board had previously been assured that systems and processes were in place, she asked if there was confidence that the follow-up would happen. The Medical Director informed the Board that they couldn't be 100% assured. The Chief Operating Officer recommended that critical friend work was carried out on the Patient Tracking List (PTL).

22/139.8 Mrs Schroder commented that a lot of work had been done to ensure the lists were kept up to date and managed well. She said the PTL was working but commented there was no surveillance within the PTL.

22/139.9 **Well-Led**

The Chief People Officer highlighted to the Board that there had been a sharp increase in the vacancy rate to 9.5%. He said this was multi-faceted including an increase in the Establishment as well as a previous headroom allowance of 22% which had been utilised for bank but was now being substantively recruited to. He continued that the staff in post data was more useful where the month-on-month substantive increase was visible.

22/139.10 The Chief People Officer informed the Board that there had been a positive move in the numbers of Health Care Support Workers due to a targeted recruitment approach and retention schemes which were beginning to deliver benefits.

22/139.11 The Chief People Officer informed the Board that the fill performance was below the level and work was underway to close the vacancy gap. He said sickness rates had driven the overall fill rate and short-notice sickness had been an issue. He commented that there had been less of a willingness to provide additional time as staff needed to rest.

22/139.12 The Chief People Officer informed the Board that the Grow Together reviews were increasing but had not achieved target. He said there was a focus across the whole organisation to achieve 90%.

22/139.13 The Chief People Officer explained to the Board that statutory and mandatory training numbers had plateaued and the additional modules may have had an impact on the compliance rate. He said the system made it easier to access training and there was more transparency of what had been completed.

22/139.14 The Chief Executive commented that the vacancy rate was high. He informed the Board that the intention was to rebase the historic rate

to make the data more useful.

Mrs McConnell asked whether the bank and agency were included in the vacancy rate. The Chief People Officer informed the Board that the agency and bank roles were not included in the vacancy rate.

22/139.15 Mrs Schroder commented on the positive news about Health Care Support Workers and said the Trust had minimally grown the staff group in a number of years. She asked that updates were provided at future Board meetings.

22/139.16 **Effective**

The Medical Director informed the Board that crude mortality remained reasonable and HSMR was being monitored as numbers were rising. He continued that SHMI remained reassuring.

22/139.17 The Medical Director explained to the Board that Length of Stay appeared to be increasing for elective patients. He said pathways and re-admission rates were being reviewed.

22/139.18 The Medical Director informed the Board that the ReSPECT document was being rolled out and it replaced the DNACPR plan. He said it was a portable document and could travel with the patient. He explained that the statutory training for ReSPECT was on the learning academy. He said the training had been targeted as it wasn't necessary for all clinicians initially therefore it had been rolled out to critically important areas.

22/139.19 **Responsive**

The Chief Operating Officer informed the Board that the 4-hour performance had improved in August and it had maintained through September. She said there would be zero tolerance for handovers over three hours and in general handovers had improved.

22/139.20 The Chief Operating Officer informed the Board that there had been a rapid improvement event with ED clinical staff which detailed an action plan that was weekly tracked and had pathways diverted from the ED and a sharper focus on the SDEC area. She was confident that there would be a small-scale delivery of improvement in the ED metrics.

22/139.21 The Chief Operating Officer explained to the Board that there had been some very difficult days in the ED with staff having been assaulted. She said a meeting had been arranged with HPFT to manage the situation.

22/139.22 The Chief Operating Officer informed the Board that informally the cancer waits had moved from tier 1 to tier 2 based on the improvement of a proportion of patients waiting over 62 days. She said there were active plans to reduce the number further over the next 6 to 8 weeks.

22/139.23 The Chief Operating Officer informed the Board that Community Paediatrics and Gastro wouldn't eliminate the 78-week backlog.

She said mutual aid had been identified for Community Paediatrics. She explained that there had been a staff stand-down for Waiting List Initiatives (WLIs), she said if it continued it would impact the 78-week trajectory and a substantive approach was required. The Medical Director commented that bank and agency rates had been aligned across the East of England and agreed that in the long-term substantive recruitment would address the issues.

22/139.24 **Sustainability**

The Deputy Chief Executive and Director of Finance informed the Board that there had been an increase in WLI costs over the year, he said it illustrated that elective work was being carried out but at a premium cost. He confirmed that the increase in costs highlighted the challenge in reinstating the elective capacity and if clinical colleagues continued not supporting there would be an impact.

22/139.25 The Deputy Chief Executive and Director of Finance explained to the Board that the financial position at half year was £3.2m deficit which was in line with the financial plan. He said this had largely been achieved by the use of non-recurrent benefits and measures. The underlying features remained slippage in CIP, medical staffing over spend and emerging inflation.

22/139.26 The Deputy Chief Executive and Director of Finance explained to the Board that it would be significant to not break-even, he said action plans and measures under the financial reset had been implemented which would need to translate into delivery.

22/139.27 The Board **RECEIVED** and **NOTED** the Month 6 Integrated Performance Report

STRATEGY AND CULTURE REPORTS

22/140 INTEGRATED CARE SYSTEM (ICS) BRIEFING AND SYSTEM WORKING

22/140.1 The Chief Executive informed the Board that at the regional Chief Executive meeting the East and North Herts hub was highlighted as an example of good system working that had a positive impact on ambulances being diverted and had supported patients staying out of hospital. He said the hub was resource heavy and it was being reviewed on how it could become sustainable.

22/140.1 The Head of Corporate Governance informed the Board that the Code of Governance was live and within it there was a duty around the system. He said NHSE were also consulting on changing the provider licence which would apply from April 2023.

22/140.2 The Board **RECEIVED** and **NOTED** the Integrated Care System (ICS) Briefing and system Working report.

22/141 STRATEGIC PORTFOLIO UPDATE

22/141.1 The Director of Improvement informed the Board that the Community Diagnostic Centre would increase the number of examinations for MRI, CT, and ultrasound with extended hours at the New QEII.

22/141.2 The Director of Improvement informed the Board that there had been improvement in discharges with newly implemented Board and Ward rounds and a criteria-led discharge process. He said a pilot was required for Obstetrics and Gynaecology before the roll-out of a Trust-wide SOP.

22/141.3 The Director of Improvement informed the Board that Hospital at Home had been successful and early feedback highlighted it had enabled patients to be home sooner and reduced their length of stay.

22/141.4 The Director of Improvement explained to the Board that the Ward staff were starting conversations over issues raised by patients and visitors with the intention of resolving them before they escalated into complaints.

22/141.5 The Director of Improvement informed the Board that in relation to the surgical pathway a recent GIRFT review resulted in metrics that recognised strong performance at the Trust with good workforce modelling.

22/141.6 Ms Moore thanked the Improvement team and asked if in the next report, early KPI's could be captured.

22/141.9 The Board **RECEIVED** and **NOTED** the Strategic Portfolio update.

ASSURANCE AND GOVERNANCE REPORTS

22/142 CHARITY ANNUAL ACCOUNTS AND REPORT

22/142.1 The Chief People Officer highlighted to the Board that the charity had raised £1.3m which in the economic climate and Covid circumstances had made good progress. He said money raised was from a number of fundraising events.

22/142.2 The Chief People Officer explained to the Board that the fundraising was on track without the need to reforecast.

22/142.3 The Board **RECEIVED**, **NOTED** and **APPROVED** the Charity Annual Accounts and Annual Report.

22/143 LEARNING FROM DEATHS REPORT

22/143.1 The Medical Director informed the Board that Covid mortality remained reasonable.

22/143.2 The Medical Director informed the Board that the CHKS report highlighted six areas flagging red and following discussion at the

Mortality Surveillance Committee the Head of Coding would review the data.

22/143.3 The Medical Director explained to the Board that the National Hip Fracture Database the Trust mortality was at 12% which was above the national average, in the following year (to April 2021) there had been a significant improvement in the Trust's mortality to 6.5%. He said this is slightly above the national figure of 5% but work was underway to improve the position further.

22/143.4 The Medical Director informed the Board that the medical examiner team had increased, and the expectation was that the new system ENHance would enable integration. He said the Regional Medical Examiner would review the local system. He added that the mortality review tool would also be rolled out.

22/143.5 Mrs Schroder commented that there was an expectation there would be benefit from the medical examiner role moving to the Trust. She said early communication with bereaved relative would catch any concerns early in the process as well as improved accuracy of death certificates.

22/143.6 The Board **RECEIVED** and **NOTED** the Learning from Deaths Report.

22/144 RESPONSIBLE OFFICER ANNUAL REVIEW

22/144.1 The Medical Director informed the Board that the Trust remained in the recovery phase following the pause during Covid. He said the processes had improved and the completion rate was at 93%.

22/144.2 Mrs Schroder commented on the progress made. The Medical Director explained to the Board that the appraiser's contract would end soon and there may be a need to extend however other providers were being reviewed.

22/144.3 Mrs McConnell commented that aiming for 100% completion of appraisals may raise quality assurance issues. The Medical Director explained to the Board that quality assurance of appraisals had always been carried out.

22/144.4 The Board **RECEIVED** and **APPROVED** the Responsible Officer Annual Review.

22/149 MOUNT VERNON CANCER CARE WARDS 10/11 ASSURANCE REPORT

22/149.1 The Director of Estates and Facilities informed the Board that an independent survey had been undertaken and there was no risk to patients or staff. He said the area would continue to be monitored and Hillingdon would follow-up quarterly, they would also report into

their Board.

22/149.6 The Board **RECEIVED** and **NOTED** the Mount Vernon Cancer Care Wards 10/11 assurance report.

22/150 PATIENT SAFETY AND INCIDENT REPORT

22/150.1 The Chief Nurse informed the Board that 98% of reported incidents had low or no harm.

22/150.2 The Chief Nurse explained to the Board that staff feedback had centred around the challenges in the ED.

22/150.3 The Chief Executive commented that the objective of creating a safe to speak up environment was to increase the number of incidents reported.

22/150.4 The Chief Nurse confirmed there had not been an increase in the overall number of SI's.

22/150.5 The Board **RECEIVED** and **NOTED** the Patient Safety and Incident report.

BOARD COMMITTEE REPORTS:

22/151 FINANCE, PERFORMANCE AND PLANNING COMMITTEE REPORT TO BOARD

22/151.1 The Board **RECEIVED** and **NOTED** the summary reports from the Finance, Performance and Planning Committee meetings held on:

27 September 2022

25 October 2022

22/152 QUALITY AND SAFETY COMMITTEE REPORT TO BOARD

22/152.1 The Board **RECEIVED** and **NOTED** the summary reports from the Quality and Safety Committee meetings held on:

28 September 2022.

26 October 2022

22/153 CHARITY TRUSTEE COMMITTEE REPORT TO BOARD

22/153.1 The Board **RECEIVED** and **NOTED** the summary report from the Charity Trustee Committee meeting held on 12 September 2022.

22/154 PEOPLE COMMITTEE REPORT TO BOARD

22/154.1 The Board **RECEIVED** and **NOTED** the summary report of the People Committee meeting held on 20 September 2022.

22/155 AUDIT COMMITTEE REPORT TO BOARD

22/155.1 The Board **RECEIVED** and **NOTED** the summary report from the Audit Committee meeting held on 11 October 2022.

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22/156 **ANNUAL CYCLE**

22/156.1 The Board **RECEIVED** and **NOTED** the latest version of the Annual Cycle.

22/157 **ANY OTHER BUSINESS**

22/157.1 No other business was raised.

22/158 **DATE OF NEXT MEETING**

22/158.1 The next meeting of the Trust Board will be on 11 January 2023.

Ellen Schroder
Trust Chair
November 2022

	Action has slipped
	Action is not yet complete but on track
	Action completed
*	Moved with agreement

Agenda item: 5

EAST AND NORTH HERTFORDSHIRE NHS TRUST
TRUST BOARD ACTIONS LOG TO 11 JANUARY 2023

Meeting Date	Minute ref	Issue	Action	Update	Responsibility	Target Date
4 May 2022	22/057.5	Question from the Public re smoking within Trust grounds	Review the smoking policy with a task and finish group to include Dr Alex Wilkinson, Occupational Health, expert opinions, staff and patient representatives, Mental Health team and the Ambulance Service	August 2022 update: Medical Director on leave for September Board but will provide an update to the Board in November. November 2022 update: this will be an ongoing project as all the groups work together. The Medical Director will provide a verbal update.	Medical Director	Ongoing

East and North Hertfordshire NHS Trust

Chief Executive's Report

January 2023

Corporate Update

Dr Michael Chilvers, our Medical Director, will be stepping down next spring after 5 years in the role. Michael had had a real impact across the Trust and I am really pleased that he will remain working clinically with us.

We have recently concluded a recruitment process and am pleased to announce the appointment of Justin Daniels, currently Deputy Chief Medical Officer at Barking, Havering and Redbridge University Hospitals Trust. We are in the process of agreeing a start date and further detail will be provided in due course.

Expanded Urgent and Emergency Care Capacity

Following the opening of a new and improved children's emergency department at Lister Hospital in October 2022, the final element of our Emergency Care Estates Programme has now completed with the newly expanded Same Day Emergency Care Unit (SDEC) opening in December.

This Unit will support patients who don't necessarily need admitting to a ward but require more time than appropriate for the Emergency Department. After an initial assessment, patients may be sent for blood tests, radiology and other investigations as appropriate, with a treatment plan then being decided on.

Patients may be referred to SDEC by our emergency department, an outpatient clinic or their GP.

The unit will soon also be taking referrals from the ambulance service and 111. A number of urgent clinic appointments will also run in the unit, including cardiology, oncology, gastroenterology, Deep Vein Thrombosis (DVTs) and cellulitis.

New Procedure Rooms

The opening of the two rooms within the Treatment Centre at the Lister Hospital in Stevenage means local and regional anaesthetic, as well as low complexity procedures, can take place during the day – with no need for an overnight stay.

There is also a dedicated waiting room area, a six-bay admission and discharge suite, and a block room where patients are given regional anaesthetics.

The number of procedures being carried out in these rooms has been increasing over the past month – with the installation of some new theatre lights to further accelerate the number and variety of procedures which can take place.

These include procedures for pain management, orthopaedic hand fractures, emergency hand injury surgery such as tendon and nerve repairs, and varicose vein surgery.

The new facilities have also freed up capacity in the hospital's main theatres, where more operations for inpatients can now be carried out.

Operational Pressures

In keeping with the rest of the NHS, the Herts and West Essex Integrated Care System has remained under significant operational pressure as it strives to reduce waiting times for those awaiting planned treatment, provide rapid access to primary care services, reduce waiting times for ambulance response and hand over at hospitals and manage flow so that patients can return to their place of residence as soon as appropriate.

The integrated performance report shows the progress in these endeavours, and I would like to thank staff who daily demonstrate commitment to outstanding care for our patients, despite challenging circumstances.

Care Quality Commission Inspection of Maternity Services

As part of a national programme, the Trust's Maternity Services were inspected during October 2022 and we anticipate the report will be published before the next Board meeting, at which time the report, and an appropriate action plan in response, will be on the agenda.

Adam Sewell-Jones
Chief Executive

Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	9
Report title	**Board Assurance Framework (BAF) Risks**			**Meeting Date**	11 January 2023
Presenter	Stuart Dalton, Head of Corporate Governance				
Author	Stuart Dalton, Head of Corporate Governance				
Responsible Director	Martin Armstrong, Deputy CEO			**Approval Date**	
Purpose *(tick one box only)* [See note 8]	**To Note**	☐	**Approval**	☐	
	Discussion	☒	**Decision**	☐	

Report Summary:

The BAF risks are enclosed for review (tracked changes show updates since the last Board review), including a Risks Summary; a Heat Map and the Trust's strategic priorities. The following key risk points or changes are highlighted:

- Risk 9 (Trust and system financial flows and efficiency) has increased risk score from 12 to 16 (now red-rated) given the risk of non-payment of Elective Recovery Fund overperformance by the integrated Care Board and NHS England.

- Whilst there are no other risk score changes since last Board, trend-wise over the last 6 months:

  - Positively two Quality and Safety Committee-owned (QSC) risks have reduced from red-rated (Risk 10 Technology, systems and processes to support change and Risk 12 Clinical engagement with change) meaning all four QSC BAF risks are now amber-rated. Equally, there remain high scoring corporate quality and safety risks;
  - Two Finance, Performance and Planning Committee (FPPC) risks have increased (Risk 9 above and Risk 3 Financial constraints – which is the only BAF risk scoring 20) meaning all FPPC-owned risks are now red-rated, reflecting the well-understood financial and performance challenges;
  - People Committee-owned risk scores have not altered scores in this period, with one of the three risks red-rated (Risk 5: Culture, leadership and engagement).

- The most significant risk-reducing development since the last Board is the work on an Improvement Partner which should help mitigate change risks 10 and 11. Whilst the Risk Management Group continues to embed adding a welcome additional internal control mechanism.

Next steps:

- With the finalisation of the ICB's strategy, the Board will need to consider how it wishes to monitor delivery of the elements of the strategy the Trust has a key role in delivering. A meeting is being arranged between the Head of Corporate Governance and the ICB risk lead in January to explore options.
- The 2023-24 BAF will be developed in early 2023 and the Board is asked to start considering whether the current BAF risks remain the top risks to delivering our

strategy or if there are bigger risks to delivering our strategy that are needed on our BAF instead. • The corporate risk team started mapping corporate risks to the BAF in December. This will enable future BAF iterations to triangulate strategic and corporate risks for the first time.
Impact: where significant implication(s) need highlighting
Covered above
Risk: *Please specify any links to the BAF or Risk Register*
N/A - BAF
Report previously considered by & date(s):
Since the BAF was reviewed at November Board, all the BAF risks have been reviewed by their respective lead committees.

Recommendation	The Board is asked to **NOTE** the BAF

To be trusted to provide consistently outstanding care and exemplary service

East and North Hertfordshire NHS Trust

BOARD ASSURANCE FRAMEWORK REPORT

Section 1 - Summary

Risk no	Strategic Risk	Lead(s) for this risk	Assurance committee(s)	Current score	Trajectory
Consistently deliver quality standards, targeting health inequalities and involving patients in their care					
1.	**Workforce requirements**	Chief Nurse (Medical Director) (Chief People Officer)	Quality & Safety	12	⟷
2.	**Population/stakeholder expectations**	Chief Nurse (Medical Officer)	Quality & Safety	12	⟷
3.	**Financial constraints**	Chief Financial Officer	Finance, Performance & Planning	20	⟷
Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability					
4.	**Workforce shortages and skills mix**	Chief People Officer	People	12	⟷
5.	***Culture, leadership and engagement***	Chief People Officer	People	16	⟷
6.	*Combined with risk 5*				
Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners					
7.	**Immature place and system collaborative processes and culture**	Deputy Chief Executive (CFO)	Finance, Performance & Planning	16	⟷
8.	**Improving performance and flow**	Chief Operating Officer	Finance, Performance & Planning	16	⟷
9.	**Trust and system financial flows and efficiency**	Chief Financial Officer	Finance, Performance & Planning	~~12~~16	↑
Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities					
10.	**Technology, systems and processes to support change**	Director of Transformation	Quality & Safety	12	⟷
11.	**Enabling Innovation**	Director of Transformation	People	12	⟷
12.	**Clinical engagement with change**	Medical Director (Chief Nurse)	Quality & Safety	12	⟷

Section 2 Strategic Risk Heat Map

Current risk scores in **black**
Target risk scores in ***grey***

Impact						
	5				3	
	4			1; 11; 12 3; 7; 12	5; 7; 8; 9	
	3			1; 2; 4; 5; 9; 11	2; 4; 10	
	2			8; 10		
	1					
	I x L	1	2	3	4	5
		Likelihood				

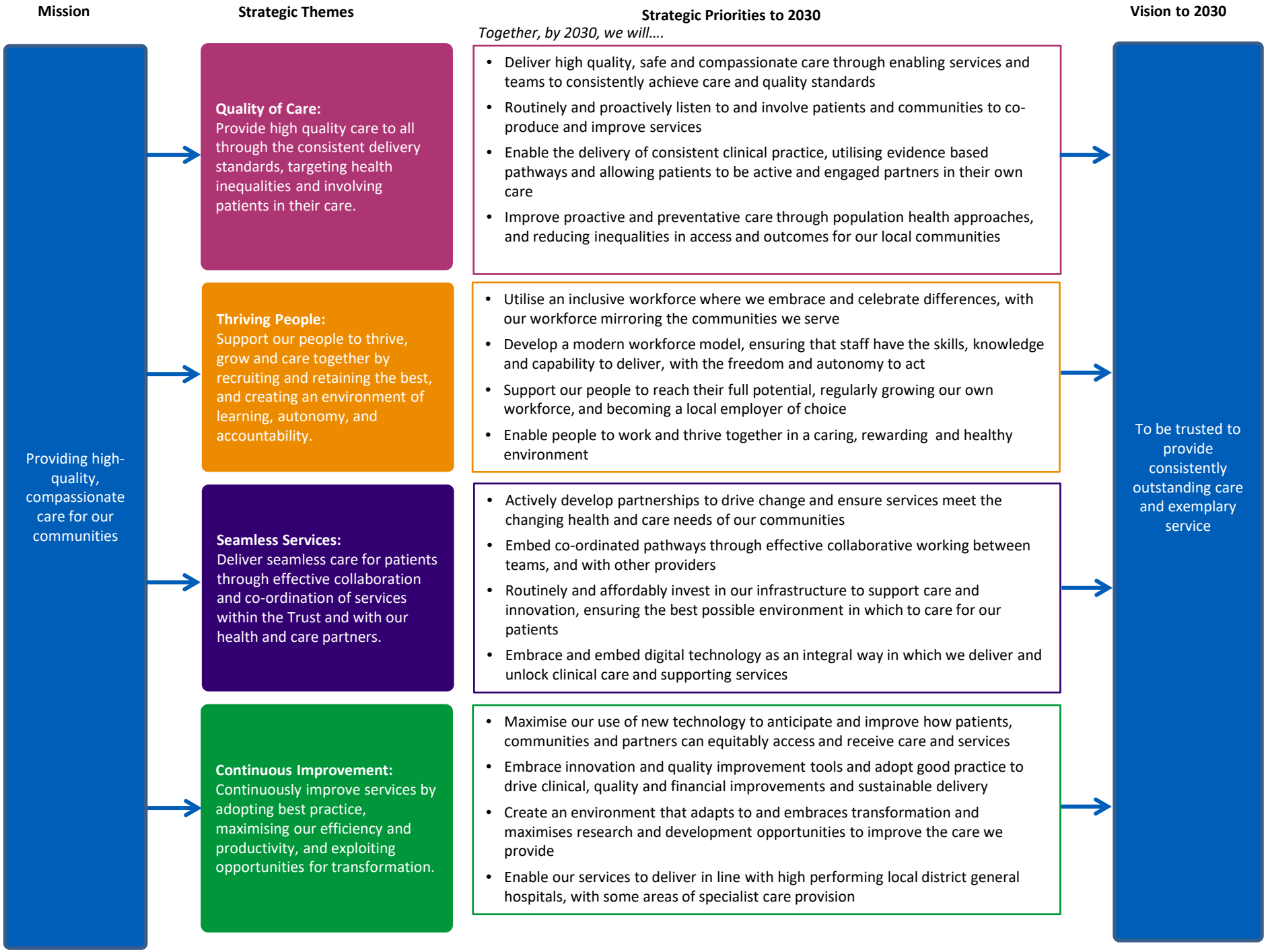
Risk Scoring Guide

Risks included in the Risk Assurance Framework (RAF) are assessed as extremely high, high, medium and low based on an Impact/Consequence X Likelihood matrix. Impact/Consequence – The descriptors below are used to score the impact or the consequence of the risk occurring. If the risk covers more than one column, the highest scoring column is used to grade the risk.

Impact Level	Impact Description	Safe	Effective	Well-led/Reputation	Financial
1	**Negligible**	No injuries or injury requiring no treatment or intervention	Service Disruption that does not affect patient care	Rumours	Less than £10,000
2	**Minor**	Minor injury or illness requiring minor intervention	Short disruption to services affecting patient care or intermittent breach of key target	Local media coverage	Loss of between £10,000 and £100,000
		<3 days off work, if staff			
3	**Moderate**	Moderate injury requiring professional intervention	Sustained period of disruption to services / sustained breach key target	Local media coverage with reduction of public confidence	Loss of between £101,000 and £500,000
		RIDDOR reportable incident			
4	**Major**	Major injury leading to long term incapacity requiring significant increased length of stay	Intermittent failures in a critical service	National media coverage and increased level of political / public scrutiny. Total loss of public confidence	Loss of between £501,000 and £5m
			Significant underperformance of a range of key targets		
5	**Extreme**	Incident leading to death	Permanent closure / loss of a service	Long term or repeated adverse national publicity	Loss of >£5m
		Serious incident involving a large number of patients			

Likelihood	**1 Rare (Annual)**	**2 Unlikely (Quarterly)**	**3 Possible (Monthly)**	**4 Likely (Weekly)**	**5 Certain (Daily)**
Death / Catastrophe 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
None /Insignificant 1	1	2	3	4	5

Risk Assessment	Grading
15 – 25	**Extreme**
8 – 12	**High**
4 – 6	**Medium**
1 – 3	**Low**

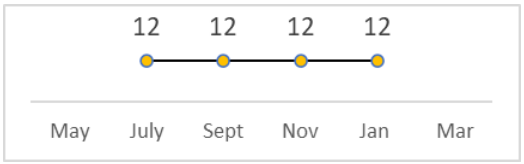

Mission
Strategic Themes
Strategic Priorities to 2030
Together, by 2030, we will….
Vision to 2030
Providing high-quality, compassionate care for our communities
Quality of Care:
Provide high quality care to all through the consistent delivery standards, targeting health inequalities and involving patients in their care.
Deliver high quality, safe and compassionate care through enabling services and teams to consistently achieve care and quality standards
Routinely and proactively listen to and involve patients and communities to co-produce and improve services
Enable the delivery of consistent clinical practice, utilising evidence based pathways and allowing patients to be active and engaged partners in their own care
Improve proactive and preventative care through population health approaches, and reducing inequalities in access and outcomes for our local communities
Thriving People:
Support our people to thrive, grow and care together by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability.
Utilise an inclusive workforce where we embrace and celebrate differences, with our workforce mirroring the communities we serve
Develop a modern workforce model, ensuring that staff have the skills, knowledge and capability to deliver, with the freedom and autonomy to act
Support our people to reach their full potential, regularly growing our own workforce, and becoming a local employer of choice
Enable people to work and thrive together in a caring, rewarding and healthy environment
Seamless Services:
Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our health and care partners.
Actively develop partnerships to drive change and ensure services meet the changing health and care needs of our communities
Embed co-ordinated pathways through effective collaborative working between teams, and with other providers
Routinely and affordably invest in our infrastructure to support care and innovation, ensuring the best possible environment in which to care for our patients
Embrace and embed digital technology as an integral way in which we deliver and unlock clinical care and supporting services
Continuous Improvement:
Continuously improve services by adopting best practice, maximising our efficiency and productivity, and exploiting opportunities for transformation.
Maximise our use of new technology to anticipate and improve how patients, communities and partners can equitably access and receive care and services
Embrace innovation and quality improvement tools and adopt good practice to drive clinical, quality and financial improvements and sustainable delivery
Create an environment that adapts to and embraces transformation and maximises research and development opportunities to improve the care we provide
Enable our services to deliver in line with high performing local district general hospitals, with some areas of specialist care provision
To be trusted to provide consistently outstanding care and exemplary service

Section 3 –Strategic Risks

Strategic Priority: **Consistently deliver quality standards, targeting health inequalities and involving patients in their care**			Risk score 12
Strategic Risk No.1: **Workforce requirements**			
If we fail to recruit and retain sufficient high-quality staff in the right places	***Then*** we will not be able to deliver the needs of the population and standard of care that are required	***Resulting in*** poor performance, poor patient experience; failure to ensure the best possible health outcomes and quality of life; and a loss of trust	

	Impact	Likelihood	Score
Inherent	4	3	12
Current	4	3	12
Target	3	3	9

Risk Trend



Risk Lead	Chief Nurse (Medical Director) (Chief People Officer)	Assurance committee	Quality and Safety

Controls	Assurances reported to Board and committees
Strategies and Plans • Clinical Strategy 2022-2030 • People Strategy • Annual Divisional workforce plans • Thematic review of complaints relating to staffing **Operational Systems and Resources** • Local recruitment and retention plans • Detailed establishment reviews across Nov/Dec 2022 • International recruitment plans • Training needs analysis reviews (capability building) • Fill rates and reviews • GROW appraisal and talent system • Apprenticeship schemes • Change policy and toolkit • Pre and post reg training programs **Governance & Performance Management Structures** • Accountability and Review Meetings (ARM) • People Committee	**Internal Committee-level assurances** • Integrated performance report key indicators • Deep Dive recruitment briefs and reviews reports • Freedom to Speak up prevalence thematic analysis reports • Board members walk rounds • Deep dives for each division to establish staffing plans/budgeted WTE **Third line (external) assurances** • Staff survey results • External benchmarking with Integrated Care Partnership, Integrated Care Board and other partners • Ad hoc feedback: Health Education England / Professional Bodies / Academic body (pre and post reg) partners feedback • Care Quality Commission engagements session feedback reports
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
No substantive care support worker development programme	Redesign of service delivery pathways and development of new roles including 'grow your own' skills/talent - *by end of Q4 2022/23*
• Recruitment and retention plans required for professional groups with identified high vacancy rates, e.g. pharmacy, administration	• Review of establishment in Electronic Staff record to confirm baseline staffing position - *by end of Q4 2022/23* • Specialty specific Recruitment and retention plans - *by end of Q4 2022/23* • CPO and CNO supporting deep dives in safer staffing *across October 2022*
National and local cost of living and employment picture, which may make recruitment more challenging	To be confirmed *[The appropriate action to be discussed with the People team]*

Current Performance - Highlights
The following points are highlighted from the Integrated Performance Report: • Transformation programmes delivering structure and people team changes are planned for delivery in 2022/23 • Vacancy rate overall has decreased slightly from 6.7% to 6.6% (414 vacancies). • Candidate experience rating remains high at 4.7 out of and time to hire is at 11 weeks (against a target of 10 weeks)

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
	To be added once Corporate Risk Register work is complete (this applies to all the BAF risks)	

Strategic Priority: **Consistently deliver quality standards, targeting health inequalities and involving patients in their care**		Risk score 12
Strategic Risk No.2: **Population/stakeholder expectations**		
If we do not meet the expectations of patients and other stakeholders, in the context of unprecedented backlogs	***Then*** population/stakeholder dissatisfaction will grow	***Resulting in*** loss of trust, loss of funding opportunities and regulatory censure, poorer outcomes

	Impact	Likelihood	Score
Inherent	3	4	12
Current	3	4	12
Target	3	3	9

Risk Trend

Risk Lead	Chief Nurse (Chief Medical Officer)	Assurance committee	Quality & Safety Committee

Controls	Assurances reported to Board and committees
Partnership Arrangements • NHSE/I Recovery operational plan • Integrated Care Board agreements • Health watch • Provider collaborative • Elective HUB development / Community diagnostic HUB • Maternity Voices Partnership • **Strategies and Plans** • Quality Strategy • National Patient Safety Strategy • National patient Experience Strategy **Systems and Resources** • QlikView Quality dashboards • Quality Oversight System 'EnHance' **Governance and Performance Management Structures** • Accountability review meetings • Patient and Carer Experience Committee - newly re-established carers forum Nov 2022 • Patient initiated Follow Up programme • Risk management group **Quality Management Processes** • Clinical harm reviews - cancer and non-cancer • Learning from incidents • Triangulation of incidents and complaints at divisional level • Model hospital information on service line and specialty standards **Sharing best practice** Transformation programmes, specifically: • Discharge collaborative • Complaints transformation • Outpatient and theatre transformation • ICS transformation programme	**Internal Committee-level assurances** • Elective recovery programme escalation reports • Cancer board escalation reports • Accountability Review Meetings escalation reports • Integrated performance reports to Board/ Committees • Executive Programme board escalation reports Sub Board Committees – assurance reports to board: • Patient and Carer Experience • Finance and Performance Committee • Audit and Risk Committee **Third line (external) assurances** • NHS Annual specialty patient surveys (ED, cancer) reports • NHS Friends and Family survey results • Care Quality Commission assessment reports • HSIB reviews/reports • NHSE regulator review meeting escalation reports • Peer reviews of selected services
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps

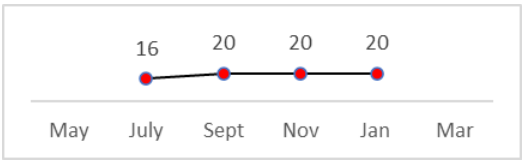
Poor timelines in responding to concerns	Complaints transformation programme – *already in progress*
• Unwarranted variation across specialty booking Follow Up processes • Waiting list initiative payment model	• Establish safety improvement learning collaborative - *by end of Q3 2022/23* • Transition to new a learning from incidents framework - *by end of Q4 2022/23* • Pro-active Communication plan with public and partners – *already in progress* • Moving beyond safe programme for clinical matrons 2022 by end of Q4 2022/23
Unwarranted variation on Clinical Harm Review – non-cancer backlogs	Business case for a digital solution - *in progress for >52weeks incidents by end of Q4 2022/23*
Clearer processes required for harm reviews relating to time waited for procedure	Implement and embed quality assurance framework - *by end of Q4 2022/23*
Delayed in patient information of non-cancer diagnosis	Improvement priorities focusing on clinical outcome letter processes, to be imbedded by end of *Q4 2021/22*
Referral To Treatment (RTT) TIER 1 rating due to long waiting times status	Implementation of intensive recovery plan *by end of Q4 2021/22*

Current Performance - Highlights
The following points are highlighted from the IPR most recent Board report: • On average 94% of complaints are acknowledged within 3 working days • On average 75% of complaint responses are responded to within agreed timeframe • Progress made with patient experience programme and co-design plans

Strategic Priority: **Consistently deliver quality standards, targeting health inequalities and involving patients in their care**		**Risk score 20**
Strategic Risk No.3: **Financial constraints and efficiencies**		
If costs increase significantly and/or far-reaching financial savings are required, and we do not deliver greater efficiencies	***Then*** we will need to make difficult decisions that could have a negative impact on quality and delivery	***Resulting in*** poorer patient outcomes, longer waiting times; reduced staff morale and reputational damage

	Impact	Likelihood	Score
Inherent	5	4	20
Current	5	4	20
Target	4	3	12

Risk Trend



Risk Lead	Chief Financial Officer	Assurance committee	FPPC

Controls	Assurances reported to Board and committees
Strategies and Plans • Approved 22/23 Revenue, Capital, CIP & Activity Plan **Operational Systems and Resources** • Financial Reporting Systems – Finance Qlikview Universe • Detailed monthly CIP performance reporting **Governance & Performance Management Structures** • Monthly FPPC & Exec Committee Reporting • Monthly Divisional Finance Boards meetings • Monthly Capital Review Group • Financial Reset Steering Group – commences Nov-22 • Monthly cost-centre / budget holder meetings • Bi-weekly ICS Director of Finance meetings • Ratified SFI's and SO's, Counter Fraud Policy • Consolidated ICS Procurement Service & Governance • Outturn Variance Protocol to be implemented (Dec) • Triple Lock Investment Review protocol (Dec)	**First and second line (internal) assurances)** • Monthly Finance Report / Key Metrics to FPPC • Financial Reset Programme proposed to and supported by the Trust Board (07/09/22). Monitoring through Board, FPPC, TMG & Financial Reset Steering Group. **Third line (external) assurances** • Financial plan submitted to and approved by NHSE • Monthly financial reporting to NHSE & HWE System • External / Internal audit review of key financial systems and processes • National review of financial sustainability performance (complete in Q3) • Model Hospital / GIRFT / Use of Resources benchmarking
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
• Failure to deliver CIP savings at the level planned, placing financial pressure on the Trust and its system partners	• ~~Implementation of additional CIP project managers within divisions. (Aug)~~ • ~~Review of outlying specialties to identify~~CIP Design and Delivery Framework approved at TMG (Oct) • CIP opportunities ~~for delivery improvement/cost reduction.~~workshop (December) • ~~Financial Reset recommendations to bolster PMO support to support savings delivery~~ • Monthly financial reset meetings with divisions and Financial Reset Steering Group (In Place)
• Gap in delivering Elective Recovery Fund (ERF) planned income and activity levels, creating the risk of revenue claw back	• Financial Reset workstream to review and bolster ERF delivery arrangements (In Place)
• Risk of non-payment of ERF overperformance by ICB and NHSE	• Dispute around terms of ERF payment escalated to SLG (Nov) with potential escalation to Region / National
• Significant overspend against elements of the Trust's workforce establishment.	• Financial Reset – 'Medical Staffing' review to focus on this significant overspending area (In Place)

• Ratification of Medium-Term financial plan (MTFP) and assumptions – both Trust & ICS, triangulation with clinical strategy and improvement / transformation projects.	• Development and implementation of MTFP planning framework with ICS partner organisations. Ongoing work programme intended to complete Q4

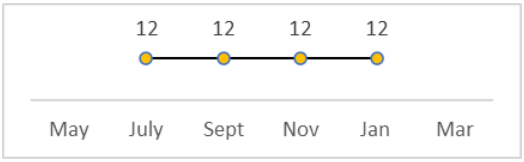
Current Performance - Highlights
The following points are highlighted from the Integrated Performance Report: • Year to date deficit of £3.~~2m~~8m • Reliance upon non recurrent reserves to support plan achievement year to date • £~~2.8m~~3.2m YTD slippage against agreed CIP programme • Medical staffing budgets overspend of £1.~~5m~~4m YTD

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score

Strategic Priority: **Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability**		Risk score 12
Strategic Risk No.4: **Workforce shortages and skill mix**		
If global and local workforce shortages in certain staff groups persist or increase combined with not having the right skill mix	***Then*** the Trust may not have the required number of staff with the right skills in the right locations	***Resulting in*** a negative work experience for staff due to increased work burden

	Impact	Likelihood	Score
Inherent	3	4	12
Current	3	4	12
Target	3	3	9

Risk Trend



Risk Lead	Chief People Officer	Assurance committee	People Committee

Controls	Assurances reported to Board and committees
Strategies and Plans • Data accuracy between ESR and finance systems • Clinical Strategy 2022-2030 • People Strategy • Annual Divisional workforce plans and local Skill mix reviews • GROW and Succession plans • Tailored approach to nursing and medical and administration hotspots, with UK based campaigns supported by international recruitment plans **Learning and Development** • Apprenticeship schemes • Leader and Manager Development programmes **Recruitment and Retention** • Workforce Plans • NHSP and international recruitment • Various return to work schemes e.g. retire and return • Drive for 5% - recruitment and retention steering group • ICS retention pathfinders working groups **Staff Engagement & Wellbeing** • Thank you and engagement interventions • Staff Survey • Absence and referral rates • Take up of wellbeing services **Governance & Performance Management Structures** • Medical establishment oversight working group • Clinical oversight working group • Recruitment and retention group • Workforce reports – time to hire, pipeline reports • Executive Programme Board	**First and second line (internal) assurance** • IPR – to board and People Committee, including vacancy and turnover rates • WDES/WRES reports - to board and People Committee • Recruitment and Retention deep dives and reports – People Committee, ARM, Divisional Boards **Third Line (external) assurances** • Equality data for workforce (WRES/WDES) • Staff survey results
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**

• Capacity to deliver scale of changes alongside day to day service delivery e.g. scaling up agenda 'v' local changes to improve services, rely on same resources to deliver both. • Engagement and motivation to enable changes to be embedded e.g. where a change may mean we no longer deliver something ourselves and its delivered by others • Lack of agreed funding/joint budgets to enable scaling up to work • Capacity of key clinicians and senior leaders to work on the areas of change due to conflicting priorities	• Prioritisation of programmes through board and agreed by executives • People change review report and updates • Funding for large scale change to backfill release of experts to input early

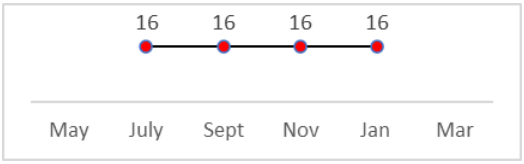
Current Performance - Highlights
The following key performance indicators are highlighted from Integrated Performance Report: • Plans to continue collaboration with the ICS for international nurse recruitment for 22/23 • Virtual training sessions and drop in events continue to take place in April and are set to continue during the appraisal cycle to support GROW conversations

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
6359	Risk that the failure to achieve the Trust target for staff appraisals of 90% compliance will have an adverse impact on staff engagement and on the effective line management of staff.	12
6848	There is a risk that the Trust will fail to develop an effective workforce plan and workforce model for each service that takes account of new/different ways of working and will also fail to make best use of the existing talent pool through developing staff to their full potential and enabling flexible working arrangements.	16

Strategic Priority: **Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability**			Risk score 16
Strategic Risk No.5: **Culture, ~~and~~ leadership and engagement**			
If the culture and leadership is hierarchical and not empowering or compassionate and ~~not compassionate and~~ inclusive and, does not engage or listen to our staff and provide clear priorities and co-ordination	***Then*** staff experience relating to stress, bullying, harassment and discrimination will perpetuate and lead to ambiguity, information overload and staff fatigue.	***Resulting in*** staff disengagement, confused priorities, loss of purpose and low morale plus poorer staff morale and retention and ultimately poorer quality of services and patient outcomes and CQC ratings	
~~***If*** we do not engage with and listen effectively to our staff and prioritise listening and do not provide clear message prioritization and co-ordination~~	~~***Then*** staff will suffer information fatigue and overload or ambiguity~~	~~***Resulting in*** staff disengagement, confused priorities, loss of purpose and low morale~~	

	Impact	Likelihood	Score
Inherent	4	4	16
Current	4	4	16
Target	3	3	9

Risk Trend



Risk Lead	Chief People Officer	Assurance committee	People Committee

Controls	Assurances reported to Board and committees
Strategies and Plans • People Strategy • ENHT Values • People policy reviews • Speak Up approaches • EDI Strategy • Leadership Development Plans **Learning and Development** • Core skill and knowledge programmes (management and Leadership) • Healthy Leadership, care support pyramid • Civility Matters • Mentoring and coaching programmes • Mandatory learning around inclusion, management and development of people • Speak up training **Recruitment and Retention** • Values assessment undertaken at application stage for senior roles and in shortlisting criteria • Pulse surveys • Feedback through local induction processes • Grievance and raising concerns policy and guidance **Staff Engagement & Wellbeing** • Core offer of support available linked to financial, physical, mental, spiritual and social wellbeing for all staff • Annual days to raise awareness of specific topics • Staff networks /Freedom To Speak Up/ Meet the Chief Executive • We have submitted our SEQOHS application for Health@Work services	**First and second line (internal) assurance** • Regular reports on progress against People Strategy • IPR **Third Line (external) assurances** • National staff survey results • WRES/WDES • Published equality data

• Internal communications - all staff briefing, in brief and newsletter **Governance & Performance Management Structures** • People Committee, staff side, Local Negotiating Committee • Divisional boards • Grow together reviews and talent forums • Staff networks	
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
• Capacity to undertake support and development in identified areas to improve leadership practice and engagement • Lack of Organisational engagement in making things happen and embedding change	• Prioritise approaches for service areas and deliver development work by end of Q4. Staff survey action plans support improvements happening locally and results are used to identify priority areas and specific support to low score areas • ~~We have submitted our SEQOHS application for Health@Work services~~ *[Completed – now a Control]*
• Capacity to release staff and leaders to participate in development alongside day to day priorities	• Creative delivery and support to enable release and participation e.g. protected time; forward planned events and team talks • Dedicated agreement organisationally of time to develop e.g. to complete mandatory training
• Ability to resolve staff complaints quickly and easily	• People Policy reviews will be complete by March 2023 and a rolling programme for training ~~for~~ managers in investigation, reports and hosting challenging conversations will follow during 2023/24

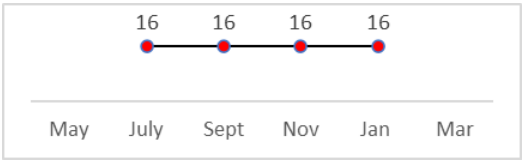
Current Performance - Highlights
The following key performance indicators are highlighted from Integrated Performance Report: • Staff team talks have launched linked to staff survey results and actions collated in early June for monitoring progress later in the Autumn • The increase in time to resolve disciplinaries is in part due to availability of investigation officers time and resource capacity in the system • The time to resolve grievances continues to improve as a direct result of the ERAS team continuing to follow up and encourage early resolution

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
6092	There is a risk that the culture and context of the organisation leaves the workforce insufficiently empowered or enabled, impacting on the Trust's ability to deliver the required improvements and transformation, and impacting on the delivery of quality and compassionate care to the community.	16

Strategic Aim: **Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners**		**Risk score 16**
Strategic Risk No.7: **Immature place and system collaborative processes and culture**		
If the emerging ICS and place-based models do not develop at pace and we are unable to develop mutually collaborative approaches with partners throughout the system	***Then*** collaboration will stall, and partners will not trust us and vice versa	***Resulting in*** not delivering improved ways of working, missing the opportunities to improve health services and patient outcomes system-working offers; regulatory accountability and not achieving the system financial envelope.

	Impact	Likelihood	Score
Inherent	4	4	16
Current	**4**	**4**	**16**
Target	4	3	12

Risk Trend



Risk Lead	Deputy Chief Executive	Assurance committee	FPPC

Controls	Assurances reported **to Board and committees**
Strategies and Plans • Clinical Strategy and Trust objectives • Joint strategic needs assessment **Financial Controls** • Cross System pathway transformation commissioning priorities at PLACE/ICB/ICS **Governance & Performance Management Structures** • ICB Board • ICS Board • Place Board • Scrutiny committee • Health and wellbeing board **Relationships** • Strong networks ~~*[specifics to be clarified - requires a wider Exec discussion around how this could be achieved]*~~around specific subject areas eg. UEC, Cancer etc	**First and second line (internal) assurances** • Escalation reports to: Quality and Safety Committee; People Committee: Clinical Audit & Effectiveness sub-committee • Integrated performance reports to Board/ Committees • Well led framework assessment and review reports • Elective recovery programme escalation reports **Third line (external) assurances** • NHSE Board feedback forums

Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps
• Defined governance frameworks	• ICB/ICS/Place leadership ~~strategy~~ group reports
• Missed opportunities to influence joint strategic needs assessment	• Influencing policy design at ICB and HCP level
• Developing role, responsibilities, and relationships	• Participation in System and Place development groups
• Developing cross systems agreed values and behaviours	• Participation in System and Place development groups

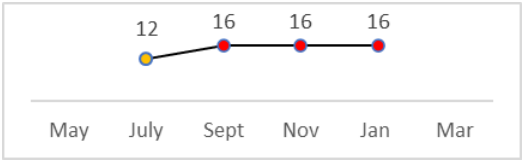
Current Performance - Highlights
The following key performance indicators are highlighted from the Integrated Performance Report: • the IPR does not include any measures that specifically highlight the effectiveness or not of collaborative arrangements

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score

Strategic Aim: **Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners**		Risk score 16
Strategic Risk No.8: **Performance and flow**		
If we do not achieve the improvements in flow within the Trust and wider system	***Then*** the Trust's key performance targets will not be met	***Resulting in*** increased avoidable Serious Incidents, wider health improvements not being delivered and regulatory censure

	Impact	Likelihood	Score
Inherent	4	4	16
Current	4	4	16
Target	4	2	8

Risk Trend



Risk Lead	Chief Operating Officer	Assurance committee	FPPC

Controls	Assurances reported to Board and committees
Strategies and Plans • Recovery plans (Elective, cancer, stroke) • Cancer Strategy and Cancer recovery plan • Stroke recovery plan • System UEC strategy (incl ambulance and discharge flow) • UEC rapid action event (Sept 22), with resulting action plan monitored weekly by Execs • Support from ECIST (Emergency Care Improvement Support Team) – improvement actions and plan agreed **Performance Information Controls** • IPR • Deep dives • Qlikview dashboards – used to provide immediate access to data across a number of domains to enable effective management of performance **Governance & Performance Management Structures** • Operational restructure underway to further develop clinical and operational leadership, clear accountabilities, shared learning, QI approach • Transformation programmes at the Exec Programme Board • ARMs – includes exception reports • Divisional Board meetings • Regular tumour group meetings and improvement workstreams • System-wide Cancer Board chaired by COO • Specialty exception meetings	**First and second line (internal) assurances** • Board (IPR; transformation reports) • FPPC (IPR & deep dives) • Board Seminars (e.g. elective recovery Feb 22) **Third line (external) assurances** • Quality & Performance Review Meeting (chaired by ICS with CQC) • Herts & West Essex ICS UEC Board • ENH performance meeting (chaired by ICS Director of Performance)
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
• New NHSE performance metrics (62 days cancer and 78 weeks waits)	• Further development of IPR – reviewing what metrics are focused on (including use of bed occupancy as a metric) – by Quarter 4 • ARM meetings – a revised format ~~from October 2022~~is currently being developed.
• Scope of validation of Patient Tracking Lists	• Increasing validation of Patient Tracking Lists – by Quarter 4

• Ambulance intelligent conveyancing lack of proactiveness	• System solution to intelligent conveyancing/ambulance intelligence will improve, but not fully address the challenge - ongoing
• Lack of social care and community capacity to support discharge • Utilisation of Hospital at Home not yet optimal – further work being undertaken to increase uptake.	• Extending scope of hospital at home – not matching what we need (taking patients who are awaiting packages of care). This will partially address the challenge of timely discharge for medically optimised patients. - ongoing
• Capacity to increase referrals to cancer pathways	• Review of ARM meetings to ensure effectiveness – by Quarter 4
• Clinical and administrative processes for progressing patients through their pathways	• Increasing MRI insourcing capacity – Additional mobile capacity onsite by quarter 3, further capacity planned for quarter • System being implemented to speed up the process of informing patients they do not have cancer – Quarter 4
• Diagnostic wait times – Access Board, Cancer Board	• Demand and capacity analysis – Quarter 3 • Additional capacity in plan: CT, echo, ultrasound, DEXA, MRI and plain film – Quarter 4

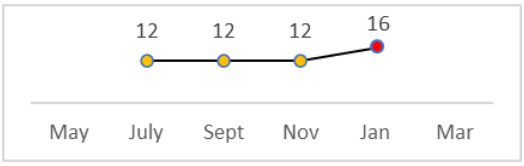
Current Performance - Highlights
The following key performance indicators are highlighted from the Integrated Performance Report: • % of 62 day PTL over 62 days • 62-day/ 31-day cancer performance • 78 weeks RTT • Ambulance handovers • ED 4 and 12 hour performance • Diagnostic waits • 2 week waits • Stroke performance

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score

Strategic Aim: **Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners**		**Risk score** ~~12~~16
Strategic Risk No.9: Trust and system **financial flows and efficiency**		
If finances do not move around the system in recognition of costs incurred in new models of care	***Then*** our and our partner financial positions will deteriorate	***Resulting*** in the inability to fund planned service delivery and regulatory scrutiny

	Impact	Likelihood	Score
Inherent	4	4	16
Current	4	~~3~~4	~~12~~16
Target	3	3	9

Risk Trend



Risk Lead	Chief Financial Officer	Assurance committee	FPPC

Controls	Assurances reported to Board and committees
Strategies and Plans • Signed SLA contracts with ICS commissioners for 22/23 – embedding finance and associated plans. • Clinical Strategy and associated prioritisiation and development framework. Linked to place priorities **Financial Controls** • Monthly ERF & SLA activity reporting schedules **Governance & Performance Management Structures** • Establishment of SFA team to provide strategic finance transformation evaluation support • Bi-weekly ICS System Leaders meeting • Bi-weekly ICS DoFs and DDOFs meeting • Monthly E&N Herts Partnership Board & associated meetings • Elective Surgical Hub, Community Diagnostic Hub, Virtual Hospital and Heart Failure local and regional governance arrangements • PHM reporting mechanism to track changes in patient flows and associated costs and income • PHM steering and development group and link to place and system PHM development activity	**First and second line (internal) assurances** • System and Provider Collaboration reports to Trust Board advising on activity • Monthly project review sessions between Finance & Transformation Team. Transformation activity updates included in FPPC business cycle **Third line (external) assurances** • Consolidated ICS financial performance reports • Share further ICS performance reports as circulated by ICS.
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
• Risk of non-payment of ERF overperformance by ICB and NHSE	• Dispute around terms of ERF payment escalated to SLG (Nov) with potential escalation to Region / National
• Establishment of transparent financial reporting environment across ICS partners	• Q3 – ICS DoFs to work together to develop ICS financial framework for implementation
• Development of ICS financial risk management strategy	• Q3 – ICS DoFs to work together to develop ICS financial framework for implementation
• Determination of place based financial responsibilities	• Q3 – ICS DoFs to work together to develop ICS financial framework for implementation
• Development of long-term financial plan for ICS	• Q3 – ICS DoFs to work together to develop ICS financial framework for implementation

• Acute Provider Collaborative and associated business rules	• Approved by Trust CEOs – Sep 22. ~~To be reviewed System Leaders Group – Oct 22.~~CEOs to review and approve collaborative governance arrangements (Dec). Move to implementation phase
• Further Board dialogue to be facilitated to help develop further metrics that can support assurance	• To be addressed through future Kings Fund and Board Development Sessions

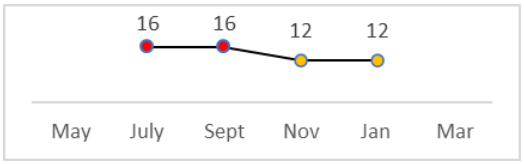
Current Performance - Highlights
The following key performance indicators are highlighted from the Integrated Performance Report: • Performance against ERF income and activity targets • Delivery of CDH activity levels

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score

Strategic Aim: **Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities**		Risk score 12
Strategic Risk No.10: **Technology, systems and processes to support change**		
If staff do not have the technology, systems and processes in place to support change and staff do not engage with or understand new continuous improvement processes and methodologies	***Then*** the pace of transformation delivery will falter	***Resulting in*** failing to improve productivity, deliver efficiencies and performance targets and ultimately the Trust being unable to deliver our strategic ambitions to timescale

	Impact	Likelihood	Score
Inherent	4	4	16
Current	3	4	12
Target	2	3	6

Risk Trend



Risk Lead	Director of Transformation	Assurance committee	QSC

Controls	Assurances reported to Board and committees
Strategies and Plans • Board approved 22/23 Strategic Objectives • 10 Year Integrated Business Plan • Digital Roadmap • Front Line Digitisation **Systems and Resources** • QlikVIew dashboards/ deployment of SPC methodology **Governance & Performance Management Structures** • Executive Programme Board • Clinical Digital Design Authority • GIRFT Board • Programme and project delivery framework • ENH HCP Transformation Delivery Group • Provider collaborative Programme Board **Quality Management Processes** • Here to improve model **Training and Sharing Best Practice** • Trust-wide training and development programme • Learning events, safety huddles and debriefs	**First and second line (internal) assurances** • Monthly Divisional Board and Transformation meetings • Monthly programme reports • Digital programme boards • Key performance metric reporting to Board/Committees • Board and Committee transformation update reports • External /internal audit review of key programmes i.e., transformation portfolio, efficiency and productivity, strategic projects **Third line (external) assurances** • Annual and Pulse staff surveys • National benchmarking reports • NHS Model Hospital Portal • GIRFT programme
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
Control gaps • Single improvement methodology not established across the organisation	**Control treatments** • Procurement process to identify an improvement partner to roll-out a Quality Management System to commence December 22/23.
• Consistency with engagement across all staff groups to support improvement projects	• Roll-out strategic objectives aligned with Grow Together conversations and new Trust values and behaviors
• Ongoing number of trust projects require cultural change and formal organisational redesign approaches	• Formalisation of an organisational development change model and engagement programme to commence December 22/23 as part of Quality Management System preparation.
• Variation in business-as-usual systems and processes	• Adoption of lean thinking in pathway redesign model as part of the new Quality Management System.

• Improvement training compliance is variable across staff groups and levels of seniority	• Review of the current dosing model for improvement skills and training following confirmation of Improvement Partner in Q1 23/24.
• Benchmarking data comparisons not routinely understood to inform improvement priorities	• Development of a new annual benchmarking programme to monitor and evaluate performance and priorities to commence Q4 22/23.
Assurance gaps • Performance data indicates issues with sustaining changes and embedding culture of improvement and learning.	**Assurance treatments** • Review of current processes for aggregated Trust learning and gap analysis plan to be developed by end Q4 22/23.
• Programme milestones and KPIs reflect compliance issues with Trust project management principles	• New strategic project management governance framework established. External audit scheduled Q4 22/23.
• Engagement in the design and adoption of digital systems	• Review of mechanisms to ensure stakeholders have adequate time to engage in design and transformation. • Executive Programme Board to provide oversight and leadership regarding alignment resourcing and decisions
• Alignment of new transformation portfolio digital requirements with overarching Digital Roadmap	• Executive Programme Board to provide oversight and leadership regarding alignment resourcing and decisions

Current Performance - Highlights

- ~~A series of departmental Values Charter pilot sessions have been conducted, cumulating in feedback and agreement of next steps at the Board Development Session on 5 October 2022.~~
- ~~As part of a wider programme of work the Leadership briefing on 18 October explored through a series of breakout discussions how individual senior leaders would take forward specific pledges to improve speaking up in their areas.~~
- ~~The Improvement Partner tender specification has been shared with the executive team for comment with an NHSE consultancy business case scheduled for completion by 28 October 2022.~~
- ~~The first two internal Audits of the Executive Programme Board governance processes and strategic programmes commenced this month; this involves CDC and Hospital at Home.~~
- ~~The Director of Improvement continues to work with the Speaking Up Guardian to design a corporate speaking up strategy and framework.~~
- Improvement Partner business case and tender specification agreed at Trust Management Group on 3rd November with procurement process due to launch 1st December.
- Series of benchmarking data packs incorporating GIRFT and Model Hospital data used to inform progress across Outpatients and Surgical Pathways transformation programmes.
- Internal audit focusing on Hospital at Home to test new programme governance arrangements at Executive Programme Board now complete and draft report issued.

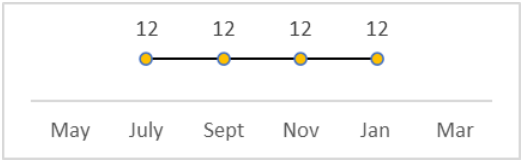
Associated Risks on the Board Risk Register

Risk no.	Description	Current score
6092	There is a risk our staff do not feel fully engaged which prevents the organisation maximising efforts to deliver quality care.	16

Strategic Aim: **Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities**		Risk score 12
Strategic Risk No.11: **Enabling innovation**		
If we do not foster a learning culture where experimentation and questions are encouraged and staff are supported to innovate and do the right thing when mistakes happen	***Then*** there is the risk staff will become disempowered, will not identify solutions, not challenge without fear, not learn from mistakes and managers will hide issues and the culture will be psychologically unsafe.	***Resulting in*** avoidable harm to patients, missed opportunities for improvement and potential regulatory intervention and a culture of uncivil behaviour and lack of trust amongst staff

	Impact	Likelihood	Score
Inherent	5	4	20
Current	4	3	12
Target	3	3	9

Risk Trend



Risk Lead	Director of Transformation	Assurance committee	People

Controls	Assurances reported to Board and committees
Strategies and Plans • Quality / Patient Safety Strategy • EDI strategy **Systems and Resources** • QlikView Quality dashboards • Quality Oversight System 'EnHance' • Change Toolkit and Policy **Governance and Performance Management Structures** • Patient Safety Forum(s) • Collaborative(s) (harm free care/ deteriorating patient) • A just culture guide for evaluating patient safety incidents • Freedom to speak up guardian / network • Mortality review process • Clinical audit programme **Learning from Incidents** • Clinical and serious incident review panels • Schwartz rounds/ quality huddles/ Here for You sessions • After Action Review debriefs **Quality Management Processes** • CQC and compliance preparedness framework • Incident management KPIs • Patient safety specialist role (s) **Training and sharing best practice** • RCN Clinical Leadership Programme • QI Bite size, masterclass & coaching sessions • PDSA / quality improvement in action • Leadership rhythm / bite-size sessions • Human factors simulation training	**First and second line (internal) assurances** • Divisional quality meetings/ structures • Accountability Review Meetings • Key performance metric reporting to Board/Committees • External/ internal audit review programme i.e., BAF & Risk Management, MHPS • CQC peer/ ICB review assessments • Risk Management Group **Third line (external) assurances** • Annual and Pulse staff survey results • Care Quality Commission assessment process • ICB / Place Quality Surveillance Group • NHS patient survey results • NHS clinical incident reporting benchmarking
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
Control gaps • Single improvement methodology not established across the organisation	**Control treatments** Develop and roll-out a Quality Management System with Improvement Partnership support due to commence in Quarter 2 23/24.

• Freedom to Speak up Strategy not launched or imbedded	• Develop leadership and management framework to support freedom to speak up processes as part of BAU in Q4 22/23
• Variation in ward to Board quality governance structures and operational procedures	• Good Governance Institute review. • National Safety Incident Framework ~~launch~~launch in Q1 23/24 in a phased approach.
Assurance gaps • Efficacy of current learning systems ~~Improving evidence of learning~~ from incidents, complaints, audit and wider performance issues where there are reoccurrences of similar themes and outcomes.	**Assurance treatments** • Review of systems to capture and share learning • Develop and launch a refreshed vision for learning and improvement, closely linked to strategic objectives and Trust values to commence Q3 22/23.
• Level of staff absence, survey feedback themes and grievances reported by ~~for~~ staff through FTSU Guardian.	• Review of ward/specialty MDT governance processes - develop MDT ward leadership model • Development of ICB / Place learning network

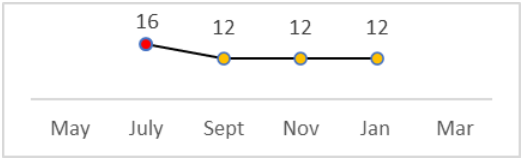
Current Performance - Highlights
• ~~Discussions commenced with agreement to develop HCP improvement and learning network; at ICB level current agreement between ENHT and PAH to explore.~~ • ~~Engagement exercise supported by Procurement Services with Improvement Partner draft tender specification to be complete by end August. This will be a competitive process with a capability assessment at outset.~~ • ~~Improvement support allocated to FTSU and work commenced to develop a leadership and management speaking up framework as part of BAU service delivery~~ • ~~RESET week in August incorporated new agile, PDSA and behavioral change approach, deliberately moving away from historical command and control model, focusing on license to act. AAR feedback demonstrated significant positivity amongst all staff involved toward feelings of trust and empowerment. Work is underway to maintain this momentum.~~ • Improvement Partner business case and tender specification approved at Trust Management Group on 3rd November. • Selection questionnaire and short notice documentation submitted to procurement services with an opening date for the competitive process scheduled to start 1st December. • Risk Management Group established with remedial work to quality control the Corporate risk register underway. • Board development session from October used to develop risk appetite statements for inclusion in the new Risk Management Strategy document.

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
6092	There is a risk our staff do not feel fully engaged which prevents the organisation maximising efforts to deliver quality care.	16

Strategic Aim: **Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities**		Risk score 12
Strategic Risk No.12: **Clinical engagement with change**		
If the conditions for clinical engagement with change and best practice are not created and fostered	***Then*** we will be unable to make the transformation changes needed at the pace needed	***Resulting in*** not delivering our recovery targets or improved clinical outcomes; not building a financially sustainable business model; and being unable to contribute fully to system-wide improvements

	Impact	Likelihood	Score
Inherent	4	4	16
Current	4	3	12
Target	4	2~~3~~	8~~12~~

Risk Trend



Risk Lead	Medical Director; (Chief Nurse)	Assurance committee	QSC

Controls	Assurances reported to Board and committees
Strategies and Plans • Clinical Strategy • Quality Strategy **Information systems and resources** • QlikView Quality dashboards • Life QI • Datix / 'ENHance' **Governance and Performance Management Structures** • Operational committees e.g. Patient Safety Forum Mortality surveillance committee **Learning from Incidents** Key performance SOPs e.g. Incident learning responses: serious incident reports, round tables, restorative culture framework **Quality Management Processes** • CQC and compliance preparedness framework • Safety Incident management framework • Quality Improvement service • Transformation service • Reward and recognition **Training and sharing best practice** • Royal College of Nursing Clinical Leadership Programme • Clinical Directors development Programme • New Consultants development programme • Improvement and transformation capability sessions • Quality Improvement coaching • Leadership and human factors development programmes • Research programmes **Staff engagement and well being** • Here for you health at Work • Values and behaviour programmes • Freedom to speak up guardian / network	**Internal Committee-level assurances** **Sub Board Committees** • Quality and safety Committee report • Education committee escalation report • Clinical Audit and Effectiveness Committee escalation report Safety Culture survey **Third line (external) assurances** • Annual and Pulse staff survey results • Care Quality Commission assessment process • ICB / Place Quality Surveillance Group escalation report • NHS patient survey results • Peer assessment review report and action plan • External/ internal audit programme reports and action trackers • Getting it Right First Time national programme
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps

Control gaps Skills and knowledge within clinical workforce to learn how to drive change	• Combined efforts to drive skills and knowledge by people team, transformation team, quality improvement team and business information's analysts in progress • Engage with and improvement partner *end of Q3 2023/24*
Capacity within clinical roles to apply change methodology	Agreed job planning and rostered time demonstrated through Roster on PA allocation. To be reviewed as part of job planning criteria for 2023, full rollout by Q4 23-24
Unwarranted variation in quality assurance framework	Redesign quality assurance framework *by end of Q3*
Current national safety Incident framework	New safety incident response framework implements *by end of Q4 23-24*
No allocated Medical lead Quality Improvement	~~Agreed job planning and rostered time demonstrated through Roster on PA allocation~~In short term lead identified is Associate Medical Director for Quality and Safety. Appointment of Deputy Medical Director for Quality Improvement scheduled for Q1, 2023-4
Operational pressures, especially throughout Q3 and Q4	Risk based approach to quality improvement and prioritising
Assurance gaps Improving evidence of imbedded sustainable changes following learning from incidents, complaints, audit, and wider performance issues	New national safety incident response framework (PSIRF) to be implement by Q4 23-24 will improve evidence

Current Performance - Highlights
The following are highlighted from the most recent Integrated Performance Report: • Sustained improvement in recognition and management of sepsis • Sustained improvement in incident reporting • Sustained improvements in learning form deaths and mortality outcomes

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score

East and North Hertfordshire NHS Trust

Integrated Performance Report

Month 08 | 2022-23

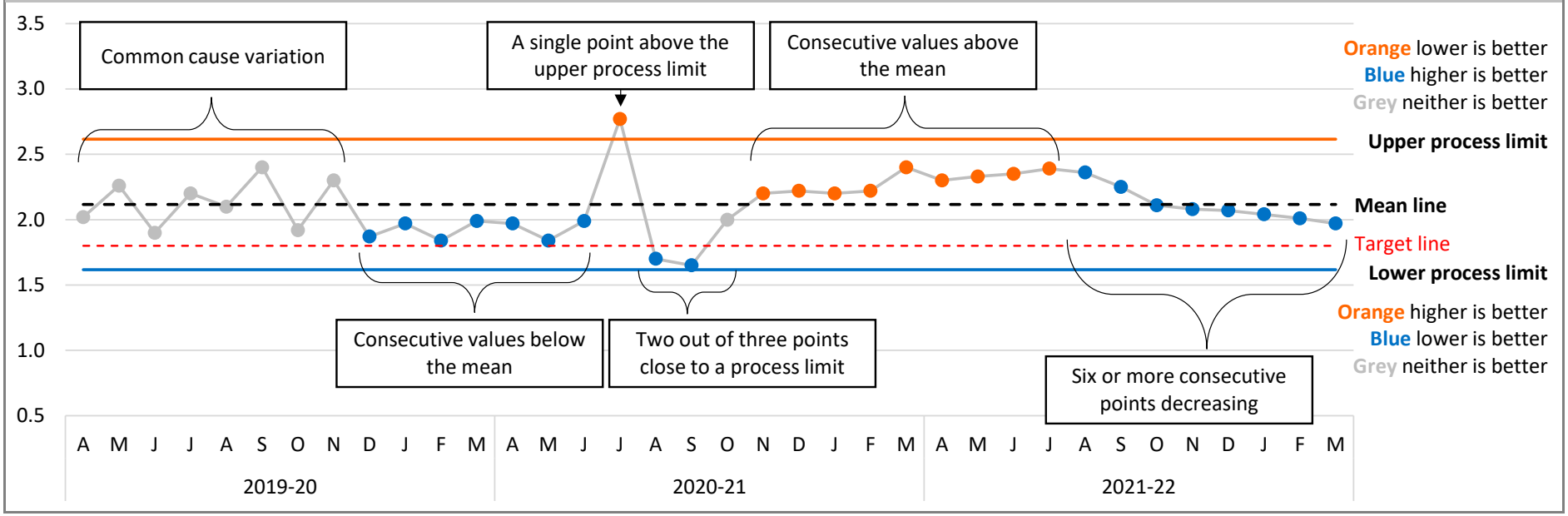
	P	?	F
H	0	5	3
L	4	35	3
H L	2	16	10

Data correct as at 20/12/2022

Integrated Performance Report

East and North Hertfordshire NHS Trust

How to interpret a Statistical Process Control (SPC) Chart



Variation

H L	Special cause variation of **concerning** nature due to **H**igher or **L**ower values
H L	Special cause variation of **improving** nature due to **H**igher or **L**ower 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

Executive Summary

East and North Hertfordshire NHS Trust

Safe Services
- The volume of patient safety incident remains within common cause variation, with 98% of reported incidents being 'low or no harm'.
- The Trust has declared 2 Never Events in November.
- The Trust remains focused upon improving the reliability of inpatient observations and has initiated QI projects to support this improvement.
- Inpatient Sepsis Six bundle compliance has improved significantly in recent months as additional training and compliance support has been provided.
- VTE risk assessment compliance remains an area of concern and focus for the Trust, with a number of action plan responses deployed.

Caring Services
- FFT inpatient & outpatient scores remain consistently strong. However, A&E positive responses have declined significantly in the last 12 months.
- In respect of maternity FFT responses the Trust is reviewing and investigating technical access issues that have limited recent reporting.
- Service transformation activity to improve complaints response timescales and reduce complaints awaiting a response.

Effective Services
- The Trust reports consistent and positive performance against a range of mortality measures - Crude mortality, HSMR and SHMI.
- In November the Trust agreed a revised "Learning from Deaths' strategy that is aligned with its overarching quality strategy.
- An element of the Trust's 'Learning from Deaths' framework has seen the adoption of the SJR plus review format to enhance future reviews.
- Over the last year the Trust has reported a consistent and marked reduction in emergency readmission within 30 days.

Responsive Services
- ED waiting time performance and ambulance handover times remain extremely challenged. RTT 18 week performance remains below national average.
- In response the Trust will introduce a significant portfolio of infrastructural changes and initial winter pressure capacity expansions during December.
- The Trust has been moved from Tier 1 to Tier 2 based on its recent progress in reducing the 62 day pathway backlog.
- Diagnostic Waiting Time performance remains outlying. However, the impact of extra capacity investment will improve the situation in coming months.
- The SSNAP rating for stroke services remains at D for Q2. The Trust has implemented a number of actions to support improvement going forward.

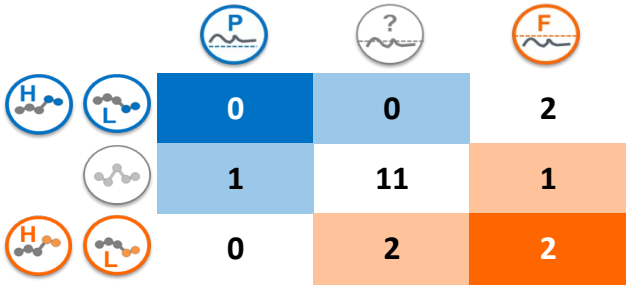
People Services
- The Trust has continued to grow its permanent workforce, with substantive staffing numbers 109 WTE's higher over the last 12 months.
- The Trust vacancy rate is 9.5% at Month 8, increasingly slightly in month as winter establishment posts have come on line.
- Despite the growth in permanent staffing numbers the volume and value of agency and bank used has remained consistent.
- Appraisal compliance rates have improved significant over the last quarter to 64%. Further improvement remains a key focus.
- Statutory & Mandatory Training compliance has averaged around 86% across the year. Targeted action to improve performance is ongoing.

Sustainable Services
- The Trust reports a YTD adverse variance against its financial plan, and has initiated a "financial reset" programme to improve its forecast outturn.
- Performance against savings targets is a particular concern with YTD slippage totalling £3.9m.
- Medical staffing budgets are materially overspent at M9 (£2.0m). The Trust has reviewed its controls for locum and agency approval.
- The Trust has utilised significant non recurrent reserves during YTD in order to support the financial position.
- The Trust has maintained consistent cash balances across the financial year and endeavours to pay all suppliers within 30 days.

East and North Hertfordshire NHS Trust

Safe Services

Month 08 | 2022-23



Safe Services

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Patient Safety Incidents	Total incidents reported in-month	Nov-22	n/a	1,143			Common cause variation No target
	Serious incidents in-month	Nov-22	0	9			Common cause variation Metric will inconsistently pass and fail the target
Infection Prevention and Control	Hospital-acquired MRSA Number of incidences in-month	Nov-22	0	0			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired c.difficile Number of incidences in-month	Nov-22	0	8			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired e.coli Number of incidences in-month	Nov-22	0	5			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired MSSA Number of incidences in-month	Nov-22	0	1			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired klebsiella Number of incidences in-month	Nov-22	0	4			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired pseudomonas aeruginosa Number of incidences in-month	Nov-22	0	2			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired CPOs Number of incidences in-month	Nov-22	0	0			Common cause variation Metric will inconsistently pass and fail the target
	Hand hygiene audit score	Nov-22	80%	87.3%			Common cause variation Metric will consistently pass the target
Safer Staffing	Overall fill rate	Nov-22	n/a	74.9%			Common cause variation No target
	Staff shortage incidents	Nov-22	n/a	42			Common cause variation No target

Safe Services

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cardiac Arrests	Number of cardiac arrest calls per 1,000 admissions	Nov-22	n/a	1.11			Common cause variation No target
	Number of deteriorting patient calls per 1,000 admissions	Nov-22	n/a	0.61			Common cause variation No target
Deteriorating Patients	Reliability of observations (4-hour)	Nov-22	n/a	71.9%			Common cause variation No target
	Reliability of observations (1-hour)	Nov-22	50%	37.8%	L	F	11 consecutive points below the mean Metric will consistently fail the target
Sepsis Screening and Management	Inpatients receiving IVABs within 1-hour of red flag	Nov-22	95%	100.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	Inpatients Sepsis Six bundle compliance	Nov-22	95%	75.0%	H	F	Seven consecutive points above the mean Metric will consistently fail the target
	ED attendances receiving IVABs within 1-hour of red flag	Nov-22	95%	87.9%		?	Common cause variation Metric will inconsistently pass and fail the target
	ED attendance Sepsis Six bundle compliance	Nov-22	95%	84.8%	H	F	Four consecutive points above upper process limit Metric will consistently fail the target
VTE Risk Assessment	VTE risk assessment stage 1 completed	Nov-22	85%	62.3%	L	?	Two points below the lower process limit Metric will inconsistently pass and fail the target
	VTE risk assessment for stage 2, 3 and / or 4	Nov-22	85%	43.2%	L	F	Nine consecutive points below the mean Metric will consistently fail the target
	Correct low molecular weight heparin prescribed and documented administration	Nov-22	85%	92.9%		?	Common cause variation Metric will inconsistently pass and fail the target
	TED stockings correctly prescribed and documentation of fitted	Nov-22	85%	60.5%	L	?	Nine consecutive points below the mean Metric will inconsistently pass and fail the target

Safe Services

Summary

East and North Hertfordshire NHS Trust

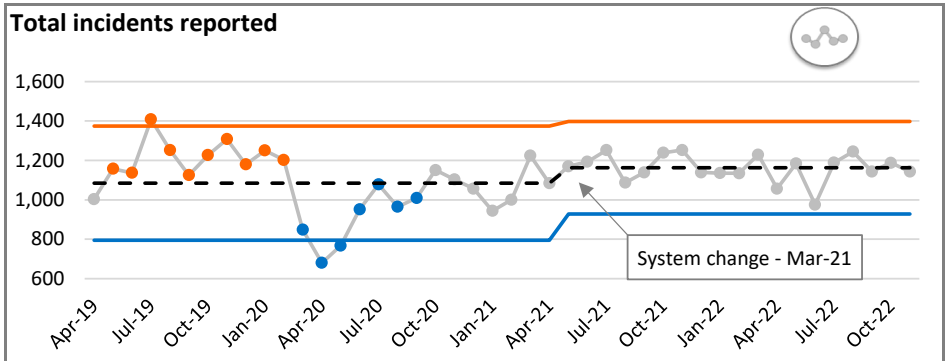
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
HATs	Number of HAT RCAs in progress	Nov-22	n/a	76	H		Eight points above the mean No target
	Number of HAT RCAs completed	Nov-22	n/a	9			Common cause variation No target
	HATs confirmed potentially preventable	Nov-22	n/a	2			Common cause variation No target
PU	Pressure ulcers All category ≥2	Nov-22	0	13		F	Common cause variation Metric will consistently fail the target
Patient Falls	Rate of patient falls per 1,000 overnight stays	Nov-22	n/a	4.3			Common cause variation No target
	Proportion of patient falls resulting in serious harm	Nov-22	n/a	0.0%			Common cause variation No target
Other	National Patient Safety Alerts not completed by deadline	Dec-22	0	0			Metric unsuitable for SPC analysis
	Potential under-reporting of patient safety incidents	Oct-22	6.0%	4.6%			Metric unsuitable for SPC analysis

Safe Services

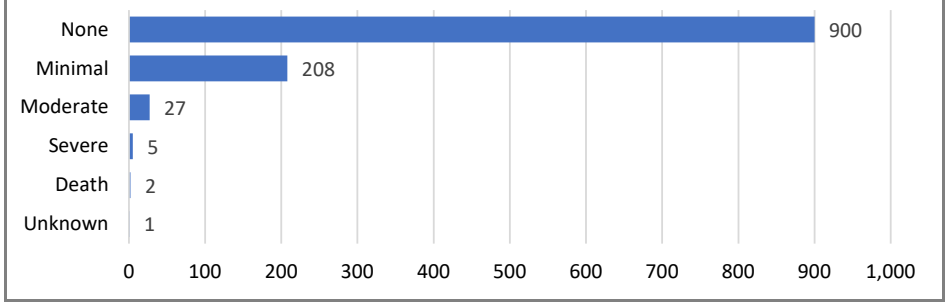
Patient Safety Incidents

East and North Hertfordshire NHS Trust

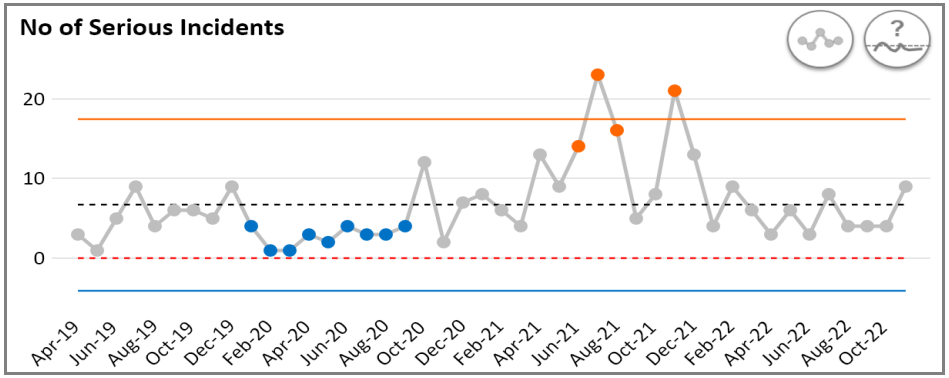
Total incidents reported



Number of incidents by level of harm - Nov-22



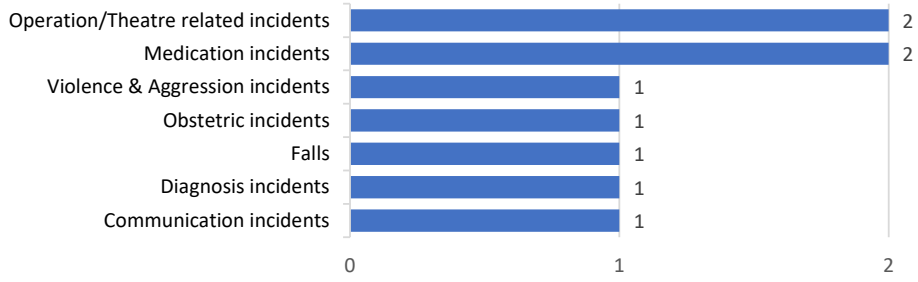
No of Serious Incidents



Key Issues and Executive Response

- Common cause variation in the number of incidents reported.
- Approximately 98% of incidents reported resulted in no or low harm, which is in-line with previous months.
- Common cause variation in the number of SIs declared.
- 2 Never Event SIs declared in November, both relating to Plastics procedures undertaken in the minor ops room on 11A: removal of incorrect lesion and wrong lesion biopsied.

Serious Incidents Themes - Nov-22

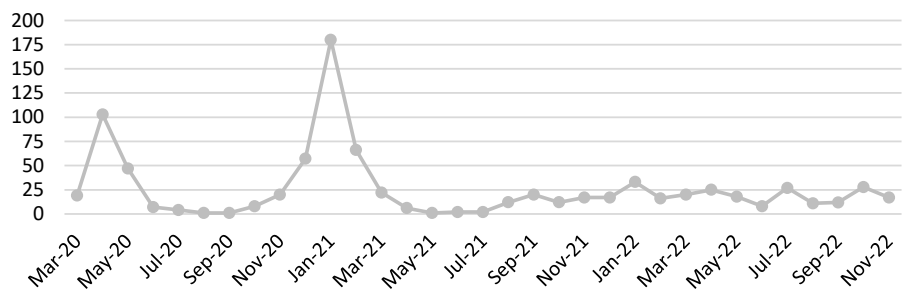


Safe Services

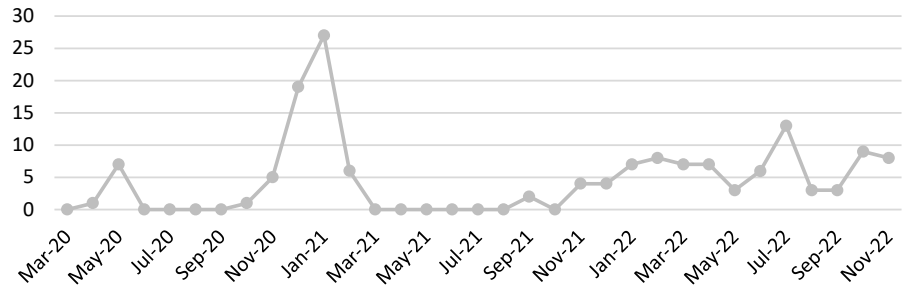
COVID-19

East and North Hertfordshire NHS Trust

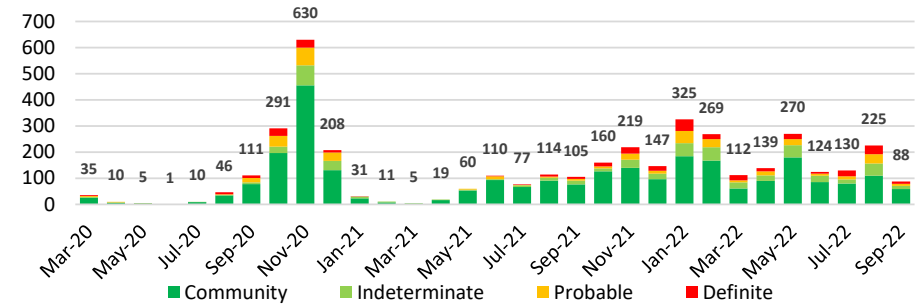
Number of deaths from COVID-19



Number of deaths from hospital-acquired COVID-19



COVID-19 cases by category



Key Issues and Executive Response

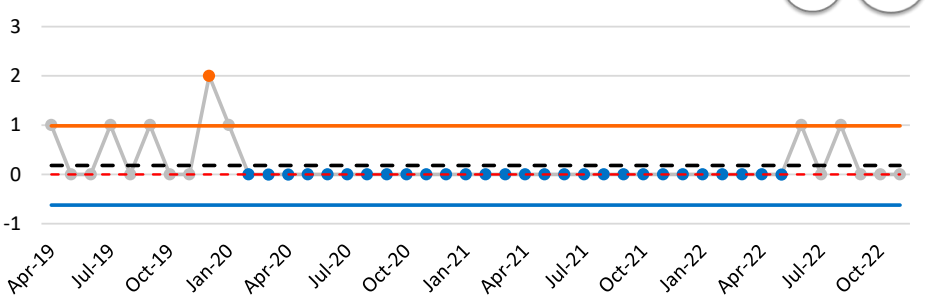
- A slight decrease in COVID cases were seen in November, the total number was 88. Of these cases 8 were contributed to probable or definite hospital-onset COVID.
- Sadly 17 patients died with a diagnosis of COVID in November, and 9 of these cases were related to hospital-onset COVID.
- Structured reviews are undertaken locally to capture learning where a hospital acquired infection has been identified. Where any potential harmful impacts are identified cases shall be represented to serious incident review panel.
- Several areas experienced an increased COVID-19 prevalence in November, and with a monthly total of 25 beds closed due to managing the infection risk.
- The trust continues to deliver a clinical specialist COVID advisory group where all new national and local guidance is reviewed, and plans agreed to implement accordingly.

Safe Services

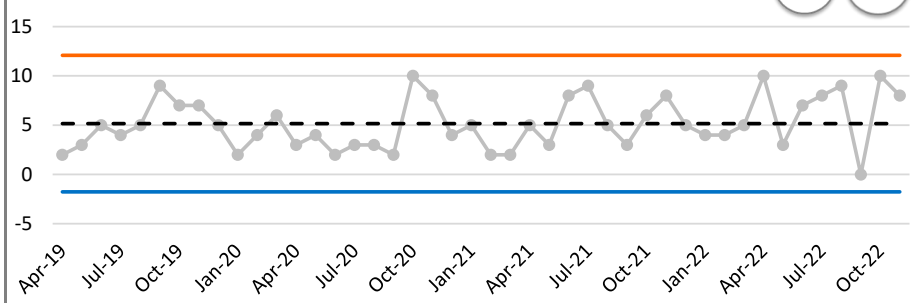
Infection Prevention and Control

East and North Hertfordshire NHS Trust

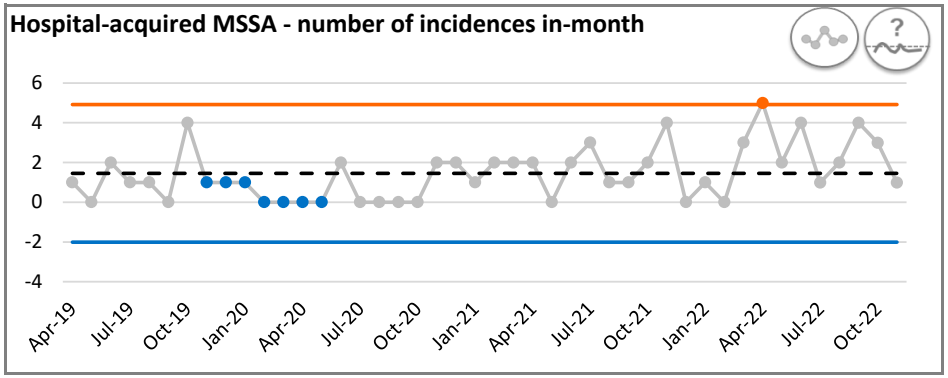
Hospital-acquired MRSA - number of incidences in-month



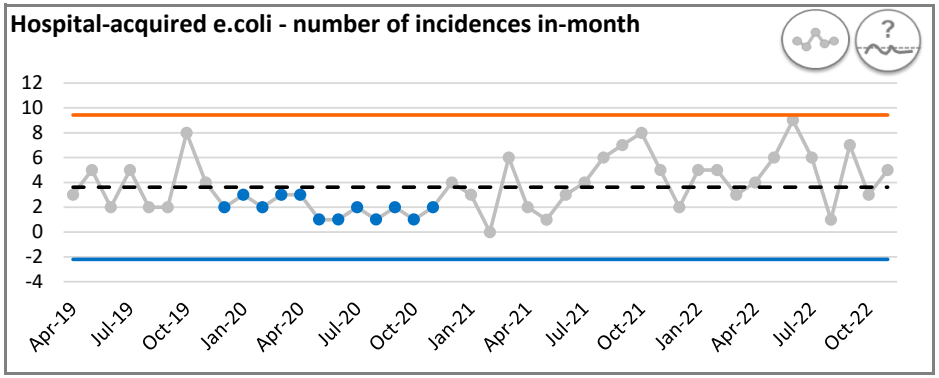
Hospital-acquired c.difficile - number of incidences in-month



Hospital-acquired MSSA - number of incidences in-month



Hospital-acquired e.coli - number of incidences in-month



- A total number of seven healthcare C.diff infections: six are Hospital-Onset, Healthcare-Acquired (HOHA), 1 Community-Onset, Healthcare-Acquired (COHA).
- Six of these patients are 70+ years of age, with likely comorbidities, and as such fall in the high risk group for acquiring C.diff.
- Clinicians should focus on risk factors and antimicrobial stewardship in order to affect the acquisition of C.diff and seasonal enteric infections. This will be highlighted via PIRs, divisional IPC meetings, TIPCOG, and TIPCC throughout the winter.

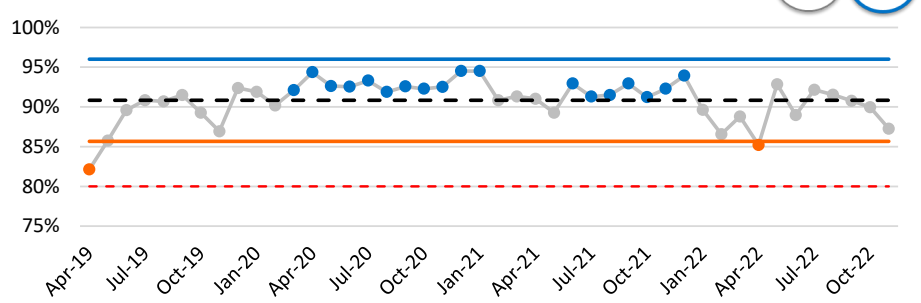
- The IPC winter strategy of teaching and training the 3Cs (Clean hands, Clean equipment, Clean environment) to Trust teams is showing signs of a positive impact on IPC practice, including those that affect Blood Stream Infections (BSIs). This training influences practices such as clean hands in relation to aseptic technique.
- Further work to improve the aseptic technique Trust-wide will continue, along with Integrated Care System (ICS) work, particularly as there is a small variation within the data. This work is further underpinned by Trust participation in the national standardisation of the principles for aseptic technique.

Safe Services

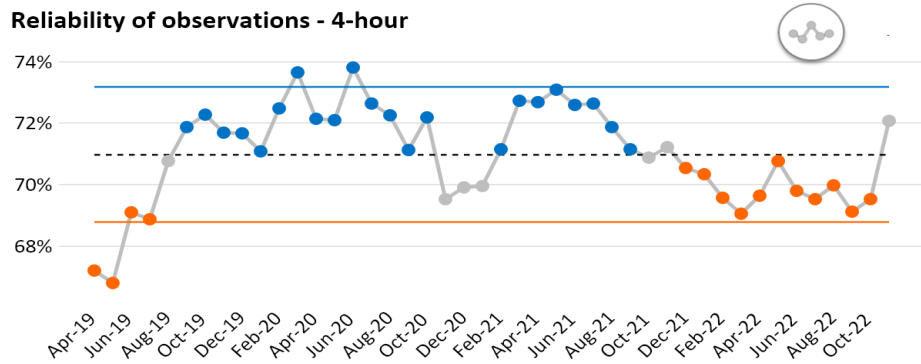
Infection Prevention and Control | Deteriorating Patients

East and North Hertfordshire NHS Trust

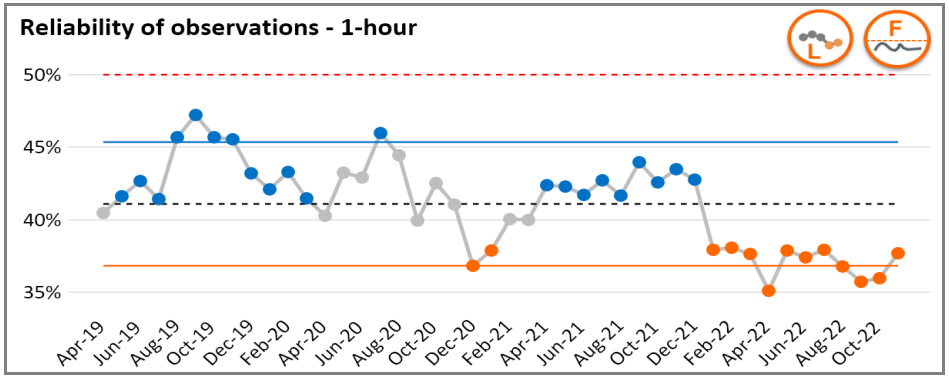
Hand hygiene audit score



Reliability of observations - 4-hour



Reliability of observations - 1-hour



Key Issues and Executive Response

Deteriorating Patients

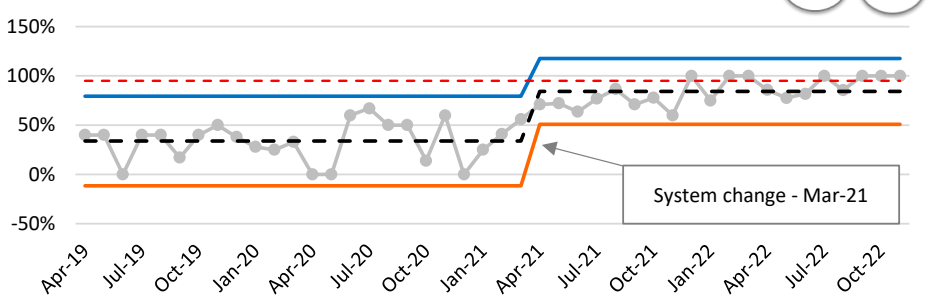
- Slight improvement in reliability of observations this month, despite seeing the continued themes around short staffing versus increased acuity of patients.
- BEACH (Bedside Emergency Assessment Course for Healthcare Staff) launching for new CSWs in January. If successful will roll out to all CSWs Trust-wide.
- QI project commencing to look at task prioritisation/delegation which is hoped will support improved timeliness of observations on ward 7A. Learning from this will be rolled out across Divisions.
- MVCC starting to roll out Physiological Observation Competency assessments, supported by the Critical Care Outreach Team (CCOT). The aim is to support reliability of observations on ward 10/11.

Safe Services

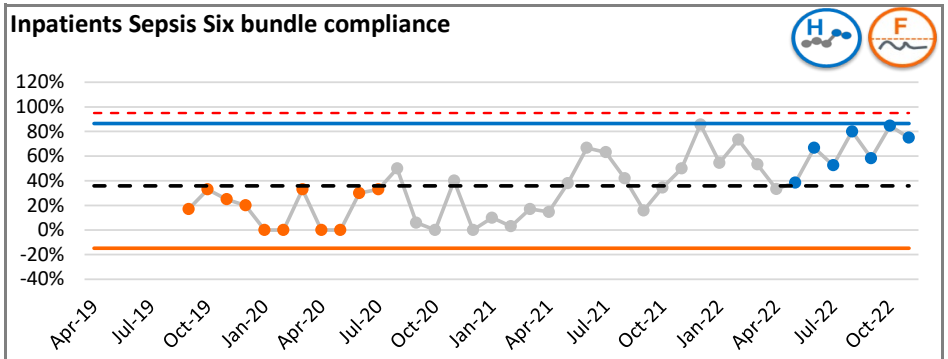
Sepsis Screening and Management | Inpatients

East and North Hertfordshire NHS Trust

Inpatients receiving IVABs within 1-hour of red flag



Inpatients Sepsis Six bundle compliance



Themes

Sepsis IP	2021-22				2022-23							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Oxygen	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Blood cultures	85%	70%	79%	75%	55%	93%	82%	89%	92%	86%	82%	83%
IV antibiotics	100%	75%	100%	100%	86%	83%	82%	92%	86%	92%	100%	100%
IV fluids	100%	71%	67%	80%	50%	90%	86%	50%	100%	75%	86%	100%
Lactate	85%	70%	62%	55%	50%	86%	76%	67%	89%	70%	83%	88%
Urine measure	82%	67%	58%	50%	42%	60%	74%	73%	87%	76%	100%	88%

Key Issues and Executive Response

Themes

- No significant change in compliance of blood culture collection.
- Urine output measurement has declined from 100% in Oct down to 88% in Nov, leading to an overall decrease in compliance of the Sepsis 6.
- IV fluid and IV antibiotic administration compliance has remains at 100% with an average time of 41 minutes and 24 minutes respectively.
- Lactate measurement has slightly improved, going from 83% in Oct to 88% in Nov.
- Noted decline from 85% to 75% for the overall Sepsis 6 compliance.

Response

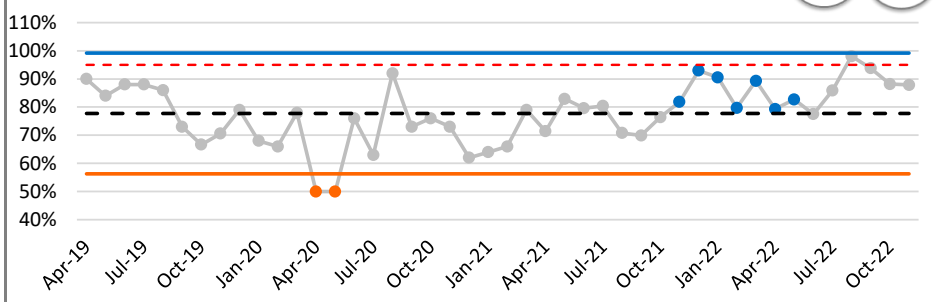
- The Sepsis Team continues to provide teaching; both at the bedside and via Microsoft Teams.
- Sepsis E-Learning has now gone live on the ENH Academy, requiring all clinical staff in the Trust (Nurses, CSWs, TNAs etc.) to complete the videos and e-assessment.
- The team continues on a journey of collaborative work with the Deteriorating Patient Committee (DPC), CCOT, Resus, Acute Kidney Injury (AKI) team, and allocated Practice Development Teams for both planned and unplanned care to improve fluid balance monitoring and documentation.
- The team continues to visit the inpatient areas and offer support and education at the bedside.

Safe Services

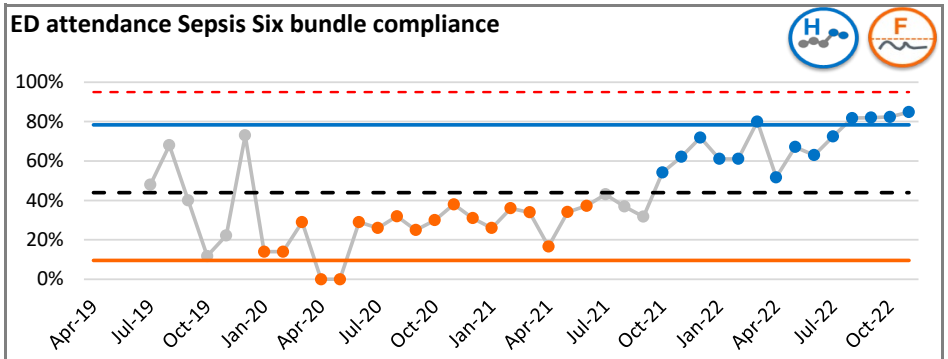
Sepsis Screening and Management | Emergency Department

East and North Hertfordshire NHS Trust

ED attendances receiving IVABs within 1-hour of red flag



ED attendance Sepsis Six bundle compliance



Themes

Sepsis ED	2021-22				2022-23							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Oxygen	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Blood cultures	95%	88%	93%	90%	86%	89%	91%	87%	98%	93%	88%	94%
IV antibiotics	93%	91%	80%	89%	79%	83%	76%	86%	98%	92%	88%	88%
IV fluids	98%	98%	86%	90%	95%	86%	80%	93%	96%	96%	93%	90%
Lactate	93%	100%	87%	98%	87%	97%	95%	67%	98%	97%	100%	97%
Urine measure	76%	61%	76%	90%	69%	79%	77%	84%	81%	84%	88%	94%

Key Issues and Executive Response

Themes

- Improvement in blood culture collection which is up to 94% compliance in November, almost reaching the 95% target.
- Administration of Oxygen within the one-hour target remains at 100%.
- IV antibiotic administration compliance remains static at 88% with the average time to antibiotic administered improving from 43 mins to 27 mins.
- Slight decrease in IV fluid compliance within the one-hour target, going from 93% to 90% however time to administration has improved, going from 44 mins to 25 mins.
- Urine output measurement has improved, with compliance rising from 88% to 94%.
- Overall Sepsis 6 compliance has improved from 82% in Oct to 85% in November.

Response

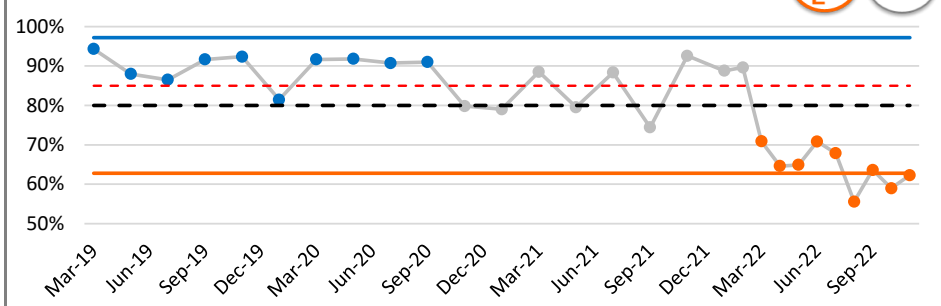
- ENH academy training for Sepsis is now live.
- Monitoring compliance with training with high staff turnover in the ED.
- The Sepsis team has been continuously supporting ED by being clinically visible when a Septic patient is identified, providing support and bedside education to newer/junior staff.
- The team assists the staff in completing the Sepsis 6 within an hour where possible. Successful recruitment achieved to vacancy of permanent Sepsis nurse post and one secondment.

Safe Services

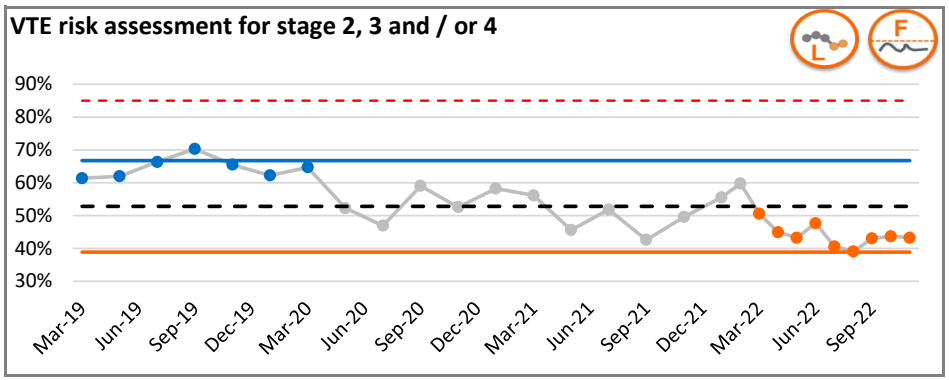
VTE Risk Assessment

East and North Hertfordshire NHS Trust

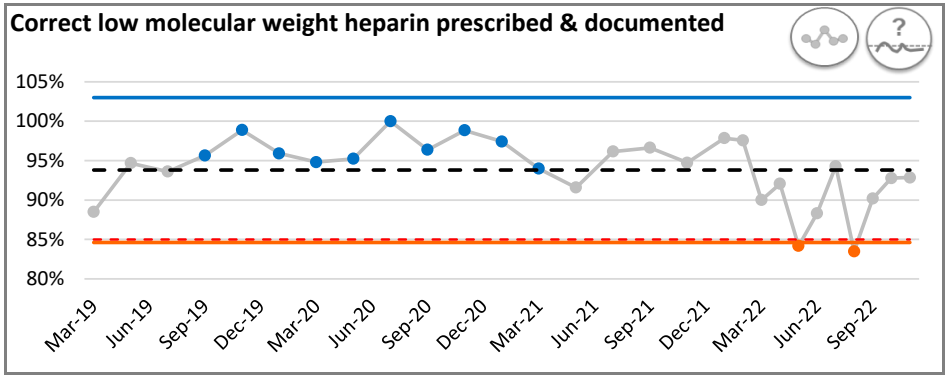
VTE risk assessment stage 1 completed



VTE risk assessment for stage 2, 3 and / or 4



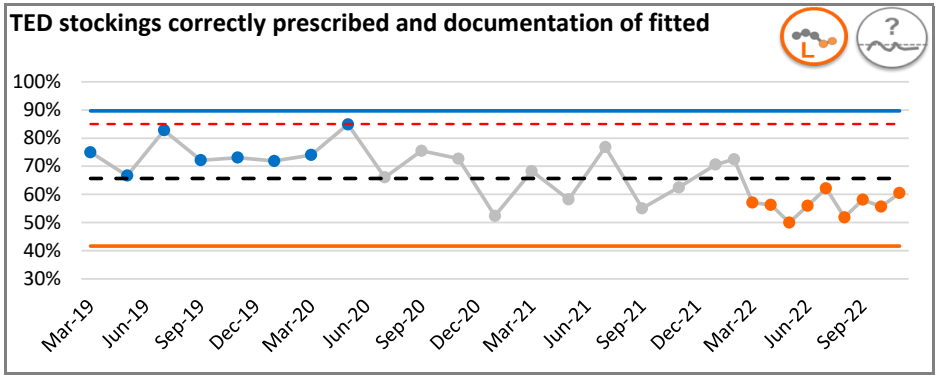
Correct low molecular weight heparin prescribed & documented



Key Issues and Executive Response

- ePMA rolled out across all adult in-patient medical and surgical wards during March 2022. From April 2022 data demonstrates full impact of the roll out on VTE risk assessments and prescribing.
- New Nerve Centre VTE risk assessment to be trialled before the end of the year 2022 then rolled out start of 2023.
- Work with BI to obtain reporting from Nerve Centre for when it's rolled out.
- Lorenzo reporting functionality being scoped to provide daily oversight in meantime.
- Obtained a consultant for VTE in Planned Care.
- Implemented semi-regular VTE update/HAT case presentation sessions with FY1/FY2 (next in December).
- Continue regular clinical engagement to share VTE data, improvement work and learning from HATs.
- Continue to monitor training figures for VTE standards and report the results at Thrombosis Action Group.
- Continue to improve patient engagement and review VTE patient information during admission and on discharge.

TED stockings correctly prescribed and documentation of fitted

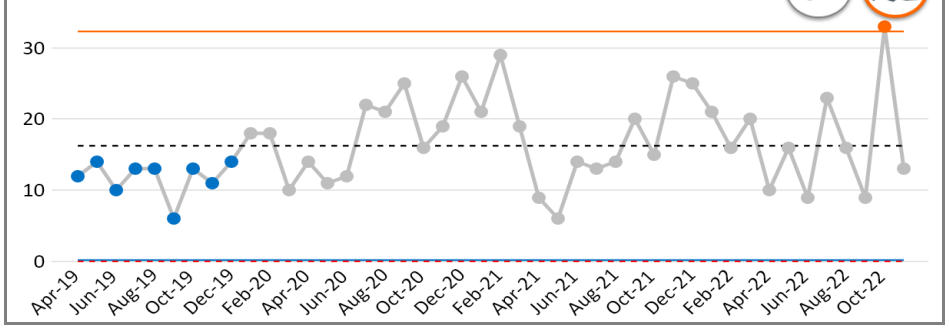


Safe Services

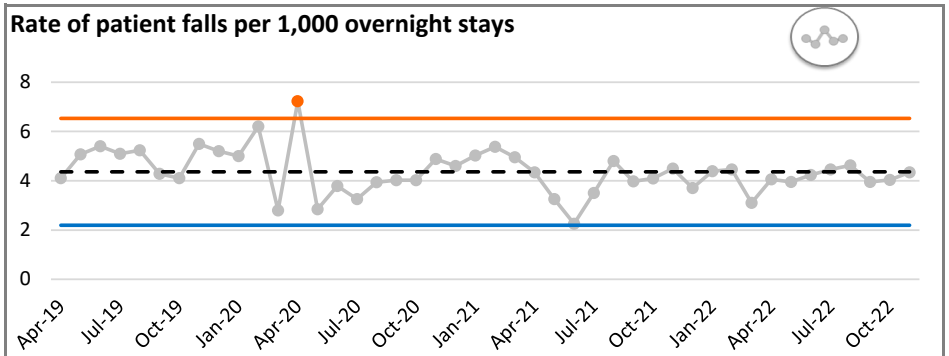
Pressure Ulcers | Patient Falls

East and North Hertfordshire NHS Trust

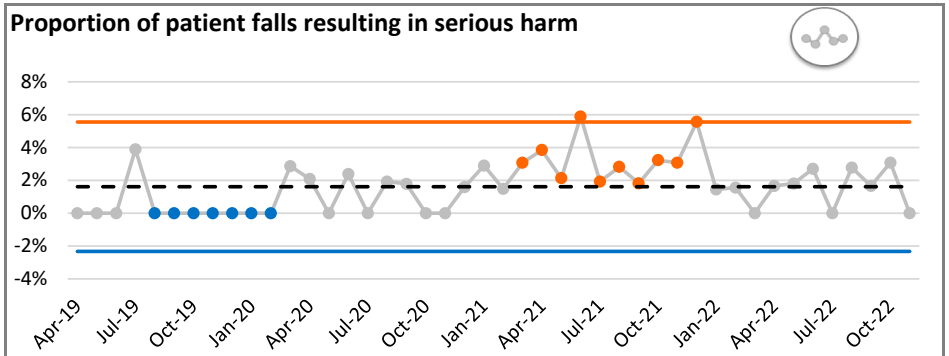
Number of hospital-acquired pressure ulcers



Rate of patient falls per 1,000 overnight stays



Proportion of patient falls resulting in serious harm



Key Issues and Executive Response

Pressure ulcers

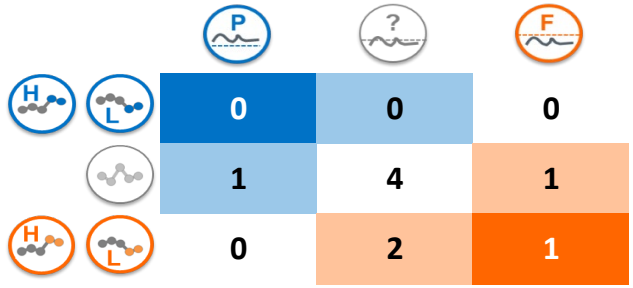
- Completion of digital waterlow assessment within 6 hours of admission is an improvement priority.
- Lack of skin inspection and repositioning as main themes of learning reviews. Tissue Viability Nurse (TVN) to work on improving skin inspection and repositioning regimes following digitisation. TVN able to review assessment dashboard and focus training on areas showing red.
- TVN-related assessments and care plans now live in Nerve Centre and across all adult inpatient areas. This, alongside increased use of WABA app allows for TVN to have greater oversight of skin issues within ward areas.
- TVN auditing staff knowledge of pressure ulcer prevention, focusing on wards with highest number and then expanding to other areas. Work ongoing to address gaps in knowledge.
- TVN attending ward team time focusing on some of the issues identified.

Patient falls

- Inpatient falls data continues to show common cause variation.
- No Falls with serious harm incident recorded for the month of November.
- Trust falls training will be amended early next year to reflect falls documentation digitisation.
- Training to medical staff were provided in November. Positive feedback on completed QI projects was received, which reflects good outcome.

Caring Services

Month 08 | 2022-23



Caring Services

Summary

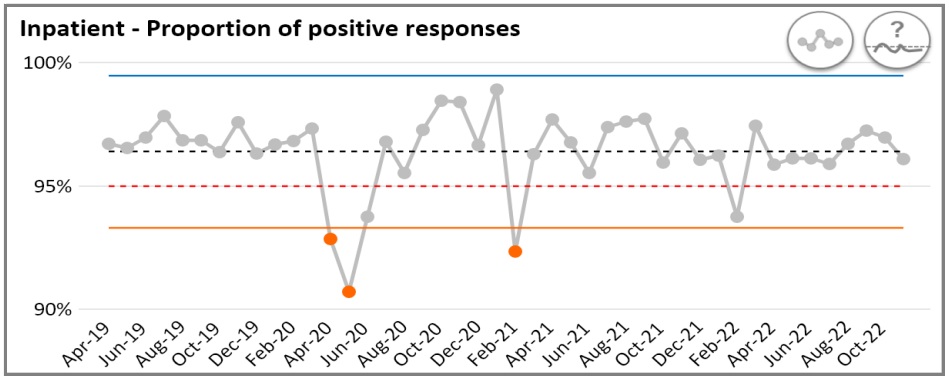
East and North Hertfordshire NHS Trust

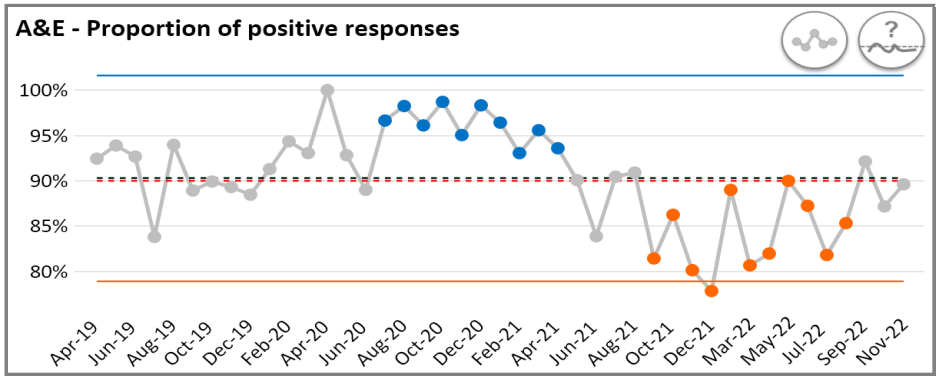
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Friends and Family Test	Inpatients positive feedback	Nov-22	95%	96.1%		?	Common cause variation Metric will inconsistently pass and fail the target
	A&E positive feedback	Nov-22	90%	89.6%		?	Common cause variation Metric will inconsistently pass and fail the target
	Maternity Antenatal positive feedback	Nov-22	93%	0.0%	L	?	Four points close to lower process limit Metric will inconsistently pass and fail the target
	Maternity Birth positive feedback	Nov-22	93%	85.7%		F	Common cause variation Metric will consistently fail the target
	Maternity Postnatal positive feedback	Nov-22	93%	62.5%		?	Common cause variation Metric will inconsistently pass and fail the target
	Maternity Community positive feedback	Nov-22	93%	0.0%	L	F	Two points below the lower process limit Metric will consistently fail the target
	Outpatients FFT positive feedback	Nov-22	95.0%	96.1%		?	Common cause variation Metric will inconsistently pass and fail the target
PALS	Number of PALS referrals received in-month	Nov-22	n/a	213		-	Common cause variation No target
Complaints	Number of written complaints received in-month	Nov-22	n/a	25		-	Common cause variation No target
	Number of complaints closed in-month	Nov-22	n/a	33		-	Common cause variation No target
	Proportion of complaints acknowledged within 3 working days	Nov-22	75%	97.8%		P	Common cause variation Metric will consistently pass the target
	Proportion of complaints responded to within agreed timeframe	Nov-22	80%	34.2%	L	?	Two consecutive points below lower process limit Metric will inconsistently pass and fail the target

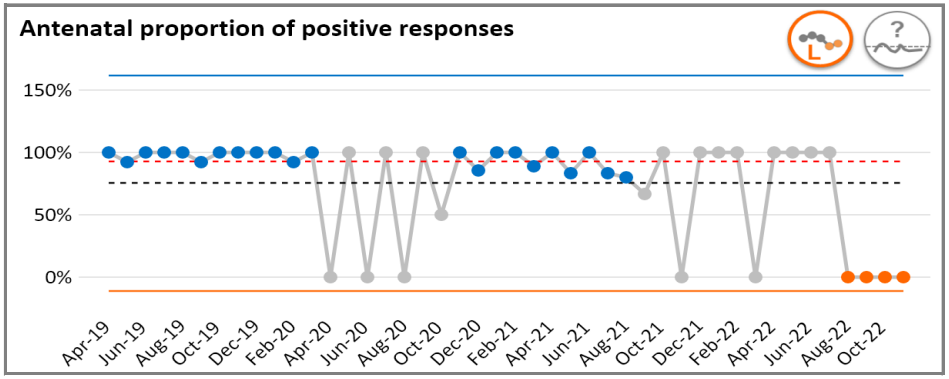
Caring Services

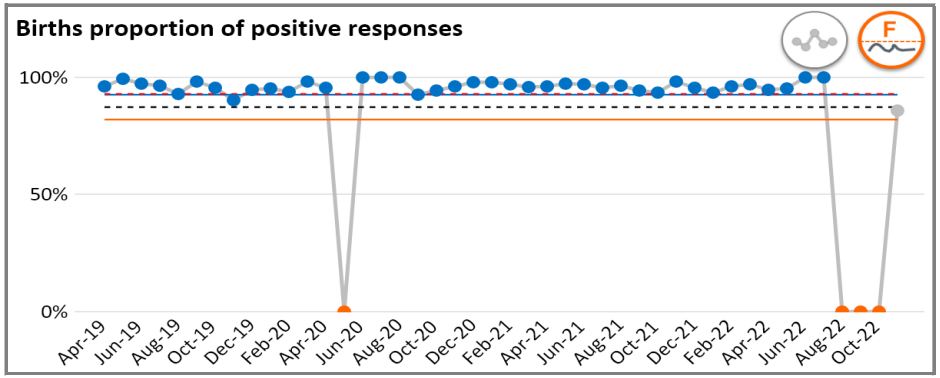
Friends and Family Test

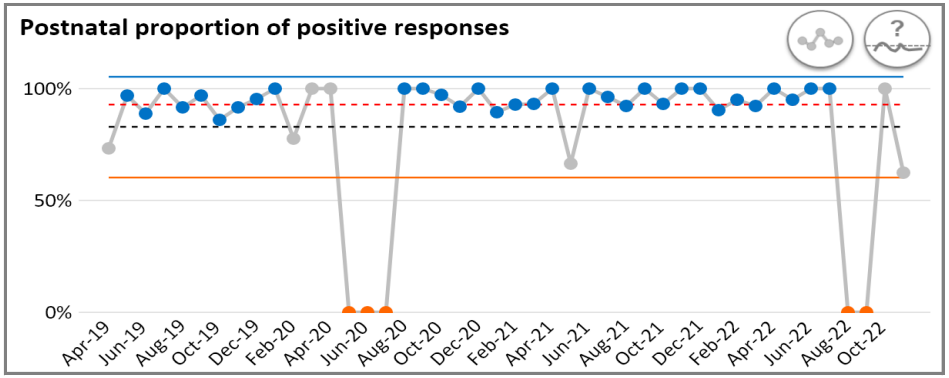
East and North Hertfordshire NHS Trust

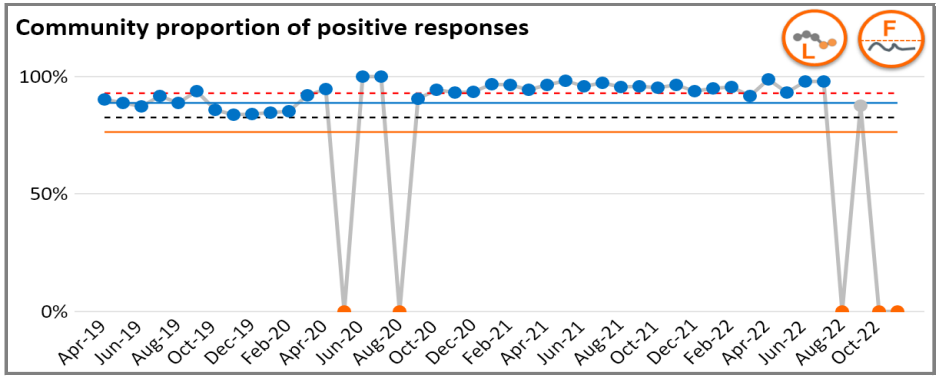








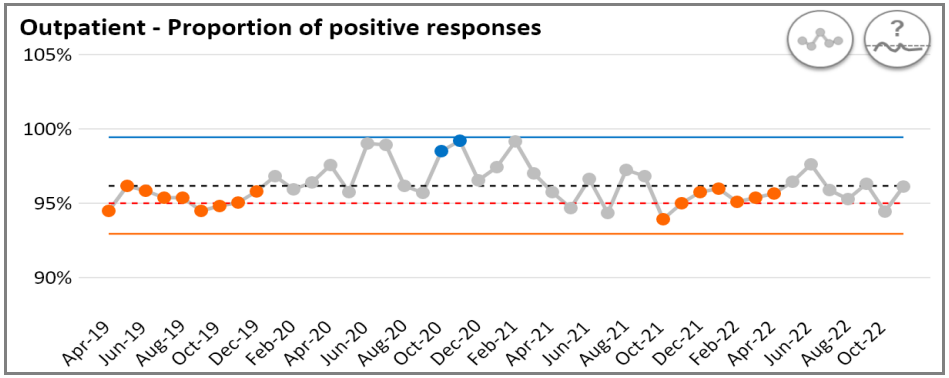


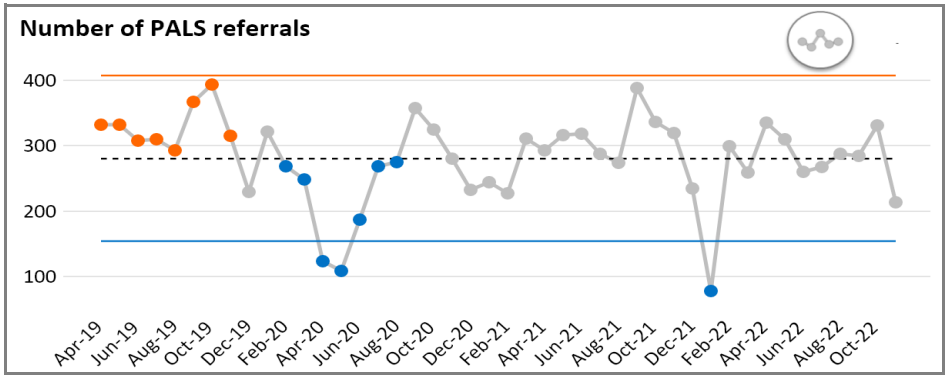


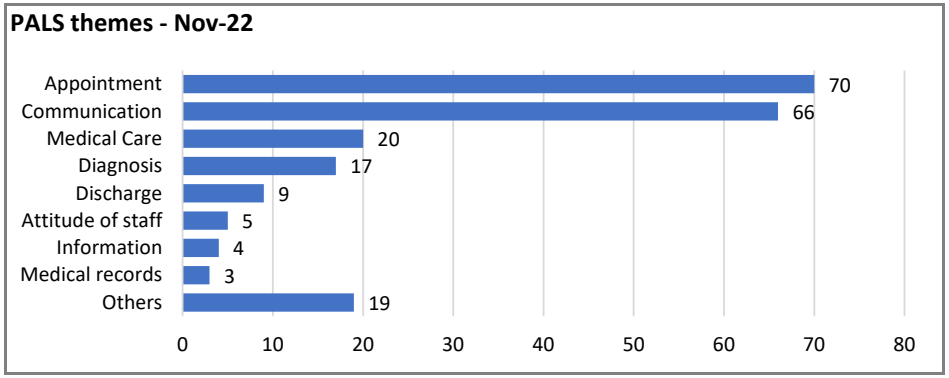
Caring Services

Friends and Family Test | Patient Advice and Liaison Service

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

Friends and Family Test

Challenges

- Maternity leads have been contacted to review and comment on the poor response on the birth and postnatal surveys. Currently looking into this further to ensure there are no access issues.

Actions

- Patient Experience Team have offered support to input paper surveys and have offered guidance on how to expand with the usage of QR codes, e.g., printing off, sending home with patient, etc.
- Continue to work with ENHance to ensure that all functions and reporting systems are in place.

Patient Advice Liaison Service

Excellence

- Continue to work on the backlog on enquiries

Challenges

- Unable to manage the amount of traffic in generic inbox. 14 -21 working days has been set as a response time and has been included in the automatic email response.

Actions

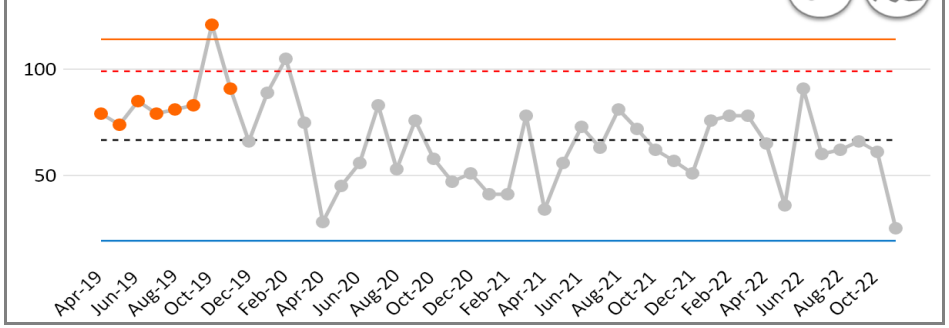
- Continue to work towards the Complaints and PALS transformation programme.

Caring Services

Complaints

East and North Hertfordshire NHS Trust

Number of written complaints received



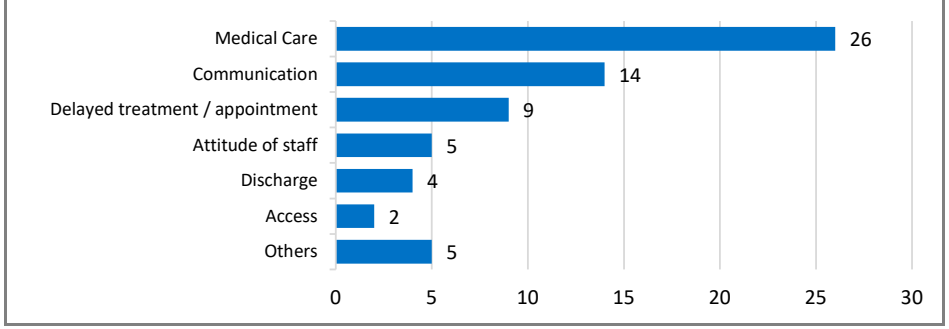
Excellence

- Continuing to reach the Trust benchmark on acknowledging complaints within 3 days.
- Complaint reset month has started (22nd November - 22nd December) with the aim to reduce the amount of complaint responses significantly within the month. 44 complaints have been drafted already during this time.

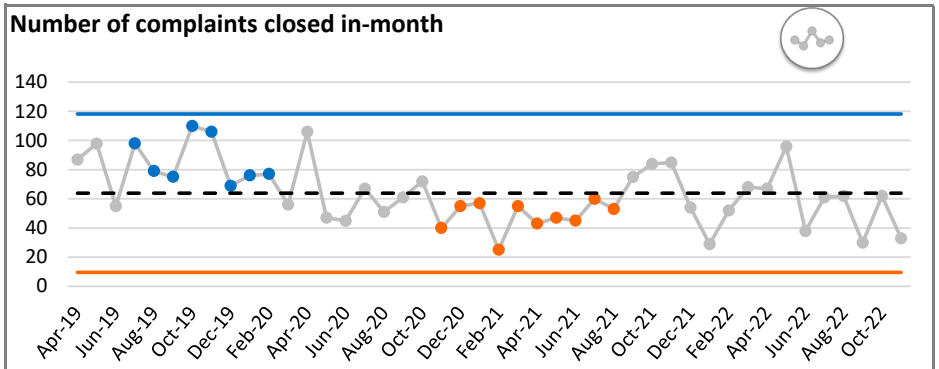
Actions

- Continue to work towards the Complaints and PALS transformation programme.

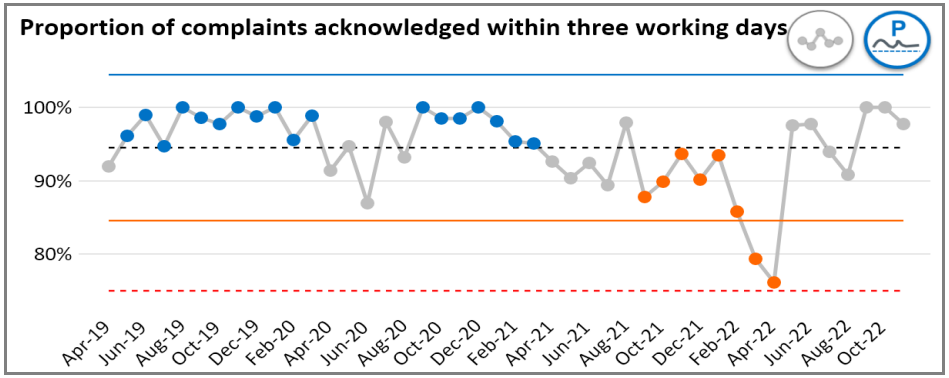
Complaints themes - Nov-22



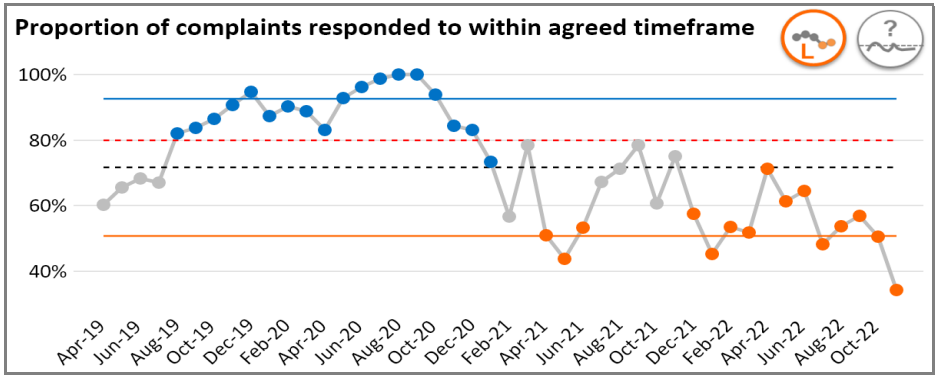
Number of complaints closed in-month



Proportion of complaints acknowledged within three working days



Proportion of complaints responded to within agreed timeframe



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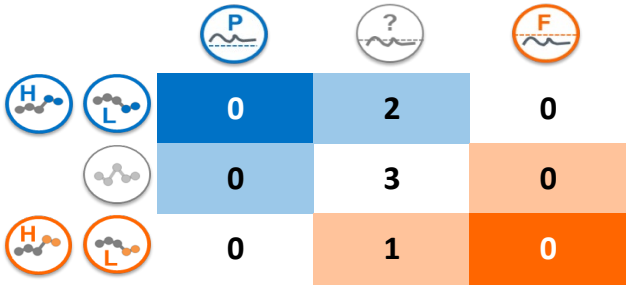
Effective Services

Month 08 | 2022-23



Effective Services

Summary

East and North Hertfordshire NHS Trust

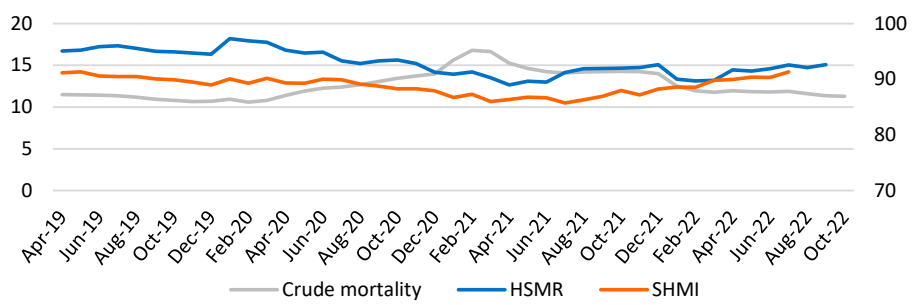
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Mortality	Crude mortality per 1,000 admissions In-month	Nov-22	12.8	10.3			Ten consecutive points below the mean Metric will inconsistently pass and fail the target
	Crude mortality per 1,000 admissions Rolling 12-months	Nov-22	12.8	11.3			Rolling 12-months - unsuitable for SPC
	HSMR In-month	Sep-22	100	100.5			Common cause variation Metric will inconsistently pass and fail the target
	HSMR Rolling 12-months	Sep-22	100	92.6			Rolling 12-months - unsuitable for SPC
	SHMI In-month	Jun-22	100	94.2			Common cause variation Metric will inconsistently pass and fail the target
	SHMI Rolling 12-months	Jul-22	100	91.3			Rolling 12-months - unsuitable for SPC
Re-admissions	Number of emergency re-admissions within 30 days of discharge	Aug-22	n/a	613			12 consecutive points below the mean No target
	Rate of emergency re-admissions within 30 days of discharge	Aug-22	9.0%	6.1%			One point below the lower process limit Metric will inconsistently pass and fail the target
Length of Stay	Average elective length of stay	Nov-22	2.8	2.5			Common cause variation Metric will inconsistently pass and fail the target
	Average non-elective length of stay	Nov-22	4.6	4.8			17 consecutive points above the mean Metric will inconsistently pass and fail the target
Palliative Care	Proportion of patients with whom their preferred place of death was discussed	Nov-22	n/a	87.0%			Common cause variation No target
	Individualised care pathways	Nov-22	n/a	28			Eight consecutive points below the mean No target

Effective Services

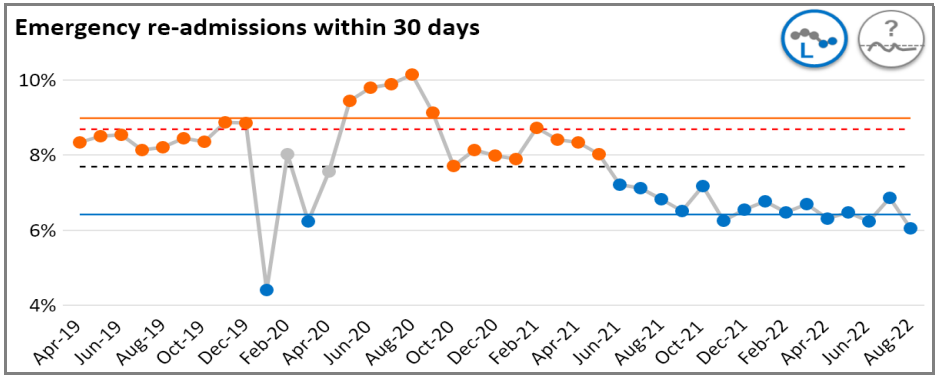
Mortality Summary | Emergency Re-admissions

East and North Hertfordshire NHS Trust

Mortality metric comparison - rolling 12-months



Emergency re-admissions within 30 days



Key Issues and Executive Response

COVID-19

- To date CHKS analysis of our COVID-19 mortality has shown the Trust to well-placed in comparison to the national peer group with mortality tracking below the national trend.
- COVID-19 activity continues to be excluded from the SHMI by NHS Digital.

Learning from Deaths

- Reforms continue regarding the Trust's learning from deaths framework, including the adoption of a Structured Judgement Review (SJR) Plus format, developed by NHSE/I's 'Better Tomorrow' platform which commenced on 1 July 2022. Reforms will include the reduction in the number of reviews undertaken, with the focus being on gaining richer learning from the process.
- From 19 December the on-line SJR+ tool is migrating from the NHSE ORIS platform to NHS Apps.
- The SJR Plus review format, adopted by the Trust in July, is very different to our existing review tool. Its adoption provides an opportunity to revisit our broader learning from deaths processes, to take into account recent and imminent changes in the fields of scrutiny, quality, and governance, including the introduction of the Medical Examiner function and the forthcoming introduction of the new Patient Safety Incident Response Framework (PSIRF) approach to patient safety.
- To provide additional clarity and focus, a Learning from Deaths Strategy has been developed which will align with the Trust's overarching strategy and the Quality strategy. The strategy was approved by the Mortality Surveillance Committee in November 2022.

Re-admissions

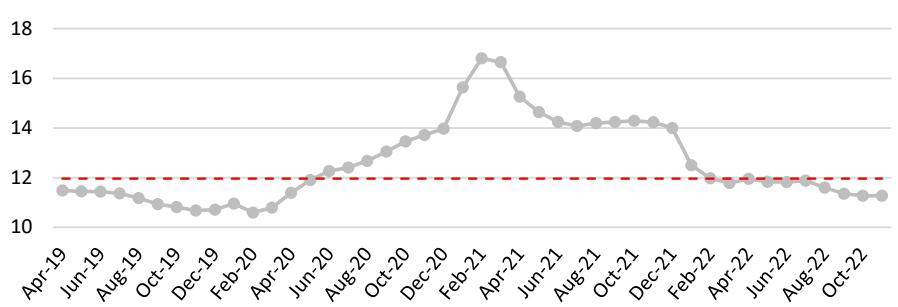
- Recent months have seen re-admissions performance improve, with the Trust consistently tracking below the national average (13 consecutive months below the mean for the number of readmissions within 30 days and 15 consecutive months below the mean for the rate of readmissions within 30 days).
- The Trust's performance is well positioned in comparison to national and our Model Hospital peer group.

Effective Services

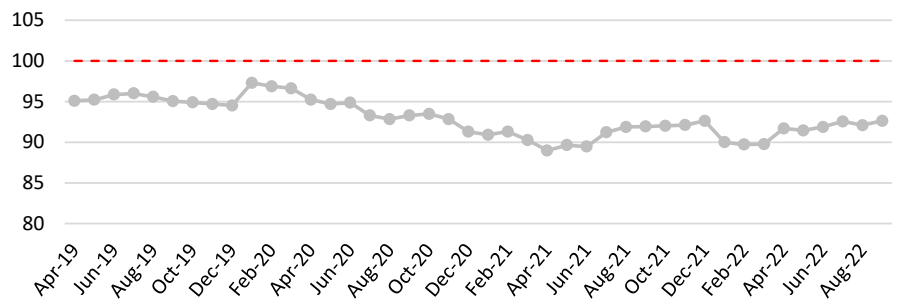
Mortality

East and North Hertfordshire NHS Trust

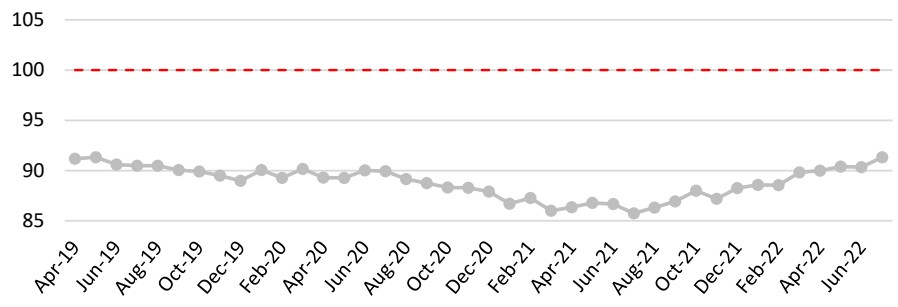
Crude mortality per 1,000 admissions - rolling 12-months



HSMR - rolling 12-months



SHMI - rolling 12-months



Key Issues and Executive Response

- Crude mortality is the factor which usually has the most significant impact on HSMR. The exception has been during the COVID pandemic, when the usual correlation has been weakened by the partial exclusion of COVID-19 patients from the HSMR metric.
- The general improvements in mortality prior to the COVID-19 resulted from corporate level initiatives such as the learning from deaths process, focussed clinical improvement work. Of particular importance has been the continued drive to improve the quality of our coding.
- While the COVID-19 pandemic saw peaks in April 2020 and January 2021, most of the intervening and subsequent periods have seen us positioned below, or in line with, the national average. Recently rolling 12-month crude mortality has consistently tracked below the national mean for 10 consecutive months.
- There has been an upward trend in in-month HSMR since December 2021. This contrasts with a downward trend in crude mortality for the same period, which is unusual as HSMR tends to follow the crude metric. The reason for this is not clear but is being monitored.
- Despite this, our rolling 12-month HSMR data to August 2022 shows the Trust has remained well positioned compared to our Model Hospital Peer group and is currently in the first quartile of trusts nationally.
- Latest published rolling 12-month SHMI to July 2022 showed an increase from 90.35 to 91.31.
- This positions the Trust just outside the 'lower than expected' band, comfortably in the top quartile of trusts nationally. Despite the upward trend in SHMI, our position relative to peer has seen little change, indicating that the upward trend has also been seen nationally.

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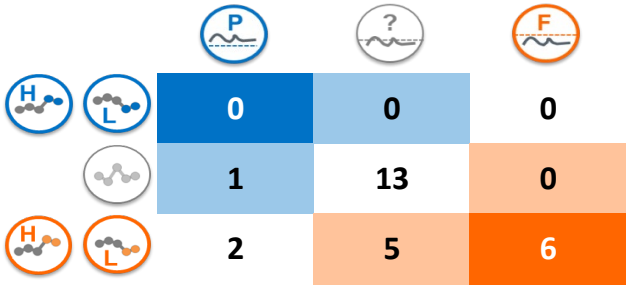
Responsive Services

Month 08 | 2022-23



Responsive Services

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Urgent and Emergency Care	Patients waiting no more than four hours from arrival to admission, transfer or discharge	Nov-22	95%	61.2%	L	F	13 consecutive points below the lower process limit Metric will consistently fail the target
	Patients waiting more than 12 hours from arrival to admission, transfer or discharge	Nov-22	2%	10.5%	H	F	14 consecutive points above the upper process limit Metric will inconsistently pass and fail the target
	Percentage of ambulance handovers within 15-minutes	Nov-22	65%	3.5%	L	F	16 consecutive points below the lower process limit Metric will consistently fail the target
	Time to initial assessment - percentage within 15-minutes	Nov-22	80%	53.4%	L	F	19 consecutive points below the mean Metric will consistently fail the target
	Average (mean) time in department - non-admitted patients	Nov-22	240	228.6	H	P	Ten consecutive points above the upper process limit Metric will consistently pass the target
	Average (mean) time in department - admitted patients	Nov-22	tbc	653.2	H		14 consecutive points above the upper process limit No target
	Average minutes from clinically ready to proceed to departure	Nov-22	tbc	403			Insufficient data points for SPC analysis
	Critical time standards	Nov-22	tbc				Pending data
RTT & Diagnostics	Patients on incomplete pathways waiting no more than 18 weeks from referral	Oct-22	92%	54.1%	L	F	2 consecutive points below the lower control limit Metric will consistently fail the target
	Patients waiting more than six weeks for diagnostics	Oct-22	0%	46.5%	H	F	11 consecutive points above the upper process limit Metric will consistently fail the target

Responsive Services

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cancer Waiting Times	Two week waits for suspected cancer	Oct-22	93%	93.5%	L	?	Seven consecutive points below the mean Metric will inconsistently pass and fail the target
	Two week waits for breast symptoms	Oct-22	93%	95.9%		?	Common cause variation Metric will inconsistently pass and fail the target
	28-day faster diagnosis	Oct-22	75%	71.5%	L	?	12 consecutive points below the mean Metric will inconsistently pass and fail the target
	31-days from diagnosis to first definitive treatment	Oct-22	96%	97.6%		?	Common cause variation Metric will inconsistently pass and fail the target
	31-days for subsequent treatment - anti-cancer drugs	Oct-22	98%	100.0%		P	Common cause variation Metric will consistently pass the target
	31-days for subsequent treatment - radiotherapy	Oct-22	94%	85.8%	L	P	Two points below the lower process limit Metric will consistently pass the target
	31-days for subsequent treatment - surgery	Oct-22	94%	95.6%		?	Common cause variation Metric will inconsistently pass and fail the target
	62-days from urgent GP referral to first definitive treatment	Oct-22	85%	80.7%		?	Common cause variation Metric will inconsistently pass and fail the target
	Patients waiting more than 104-days from urgent GP referral to first definitive treatment	Oct-22	0	10.5	H	?	One point above the upper process limit Metric will inconsistently pass and fail the target
	62-days from referral from an NHS screening service to first definitive treatment	Oct-22	90%	62.5%		?	Common cause variation Metric will inconsistently pass and fail the target
	62-days from consultant upgrade to first definitive treatment	Oct-22	n/a	69.4%			Common cause variation No target

Responsive Services

Summary

East and North Hertfordshire NHS Trust

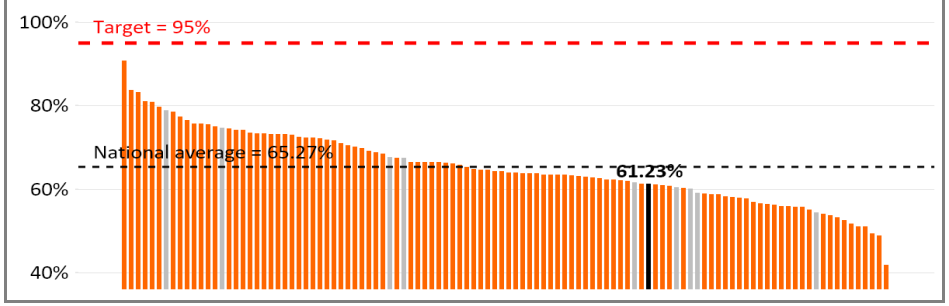
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Stroke Services	Trust SSNAP grade	Q2 2022-23	A	D			
	% of patients discharged with a diagnosis of Atrial Fibrillation and commenced on anticoagulants	Nov-22	80%	100.0%			Common cause variation Metric will inconsistently hit and miss the target
	4-hours direct to Stroke unit from ED	Nov-22	63%	14.5%			Three points below the lower process limit Metric will inconsistently hit and miss the target
	4-hours direct to Stroke unit from ED with Exclusions (removed Interhospital transfers and inpatient Strokes)	Nov-22	63%	13.2%			Three points below the lower process limit Metric will inconsistently hit and miss the target
	Number of confirmed Strokes in-month on SSNAP	Nov-22	n/a	58			Common cause variation No target
	If applicable at least 90% of patients' stay is spent on a stroke unit	Nov-22	80%	81.0%			Common cause variation Metric will inconsistently hit and miss the target
	Urgent brain imaging within 60 minutes of hospital arrival for suspected acute stroke	Nov-22	50%	53.4%			Common cause variation Metric will inconsistently hit and miss the target
	Scanned within 12-hours - all Strokes	Nov-22	100%	98.3%			Common cause variation Metric will inconsistently hit and miss the target
	% of all stroke patients who receive thrombolysis	Nov-22	11%	16.1%			Common cause variation Metric will inconsistently hit and miss the target
	% of patients eligible for thrombolysis to receive the intervention within 60 minutes of arrival at A&E (door to needle time)	Nov-22	70%	88.9%			Common cause variation Metric will inconsistently hit and miss the target
	Discharged with JCP	Nov-22	80%	78.6%			Common cause variation Metric will inconsistently hit and miss the target
	Discharged with ESD	Nov-22	40%	55.0%			Common cause variation Metric will inconsistently hit and miss the target

Responsive Services

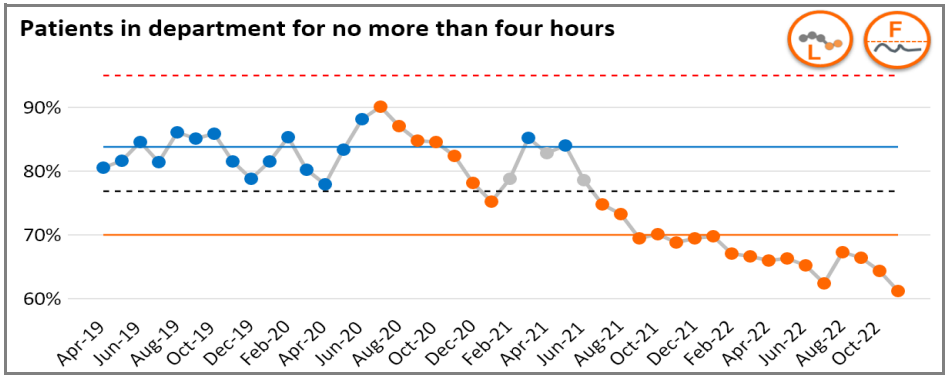
Urgent and Emergency Care

East and North Hertfordshire NHS Trust

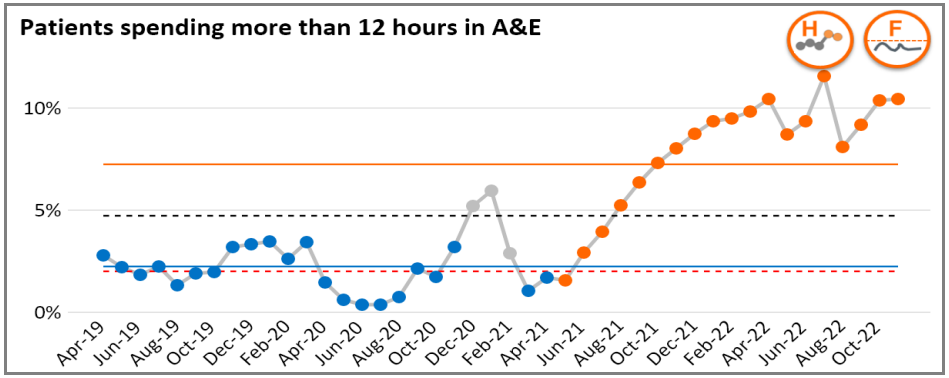
Patients waiting no more than 4-hours in ED peer distribution - Nov-22



Patients in department for no more than four hours



Patients spending more than 12 hours in A&E



Key Issues and Executive Response

Actions

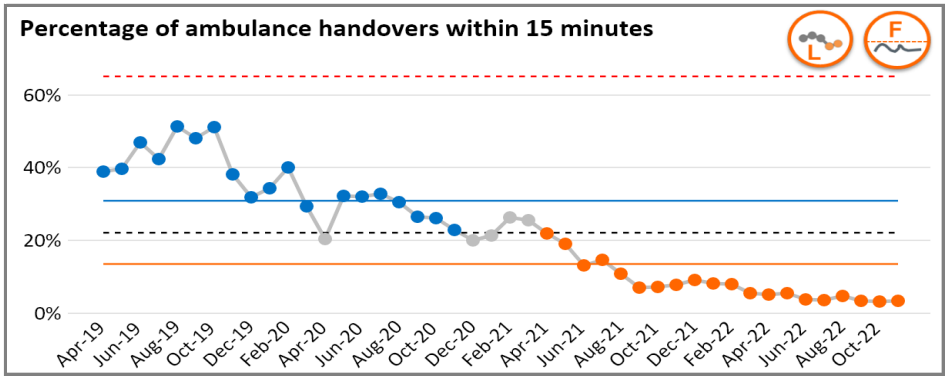
- Workstreams continue as part of the UEC Transformation action plan including the opening of the new enlarged Same Day Emergency Care (SDEC) area which has encountered some unexpected delays. Introducing the Pull for Safety model which is currently being worked up.
- Zero tolerance to excess handover delays: threshold reduced from 3 hours to 2.5 hours. Whilst still a challenge, actions are being taken to sustain this including continued joint working with the East of England Ambulance Service to implement a new handover SOP with the aim to eliminate >60min offloads, we have also put measures in place to reduce the missed handover time recording.
- There are plans to open a temporary Ambulance Handover Unit in late Dec to support improved handover and patient experience for patients being conveyed to hospital and those in the community.
- Using SDEC as escalation space overnight has increased this month, having a negative impact on utilisation the following day.

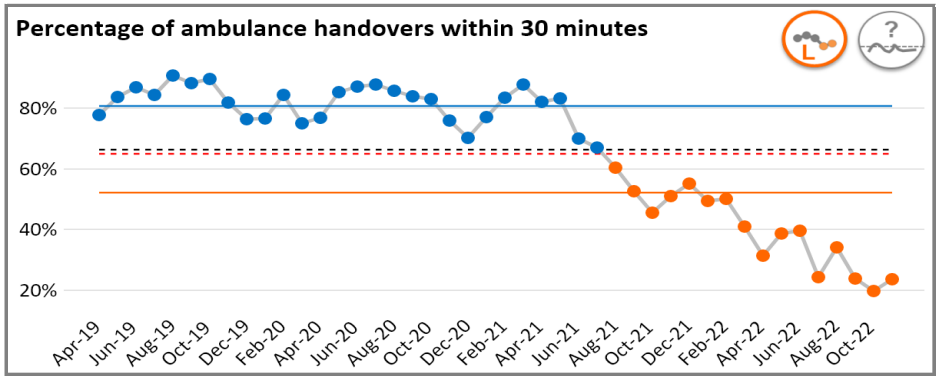
Challenges

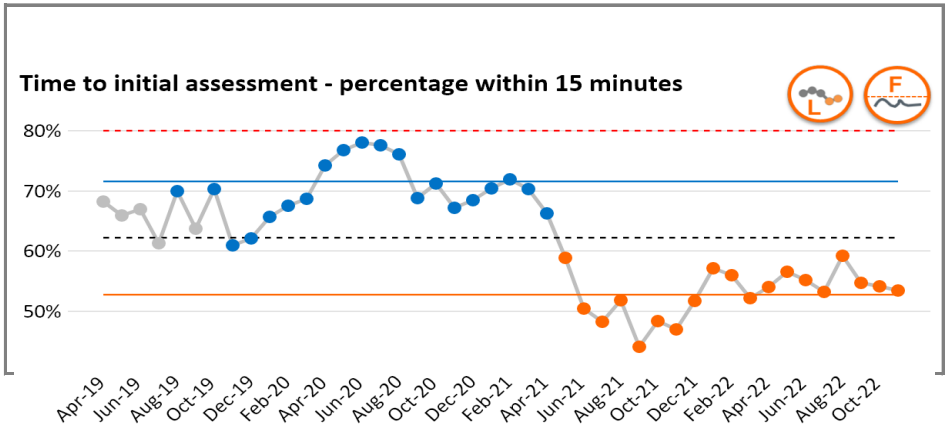
- Attendances and acuity continue to remain high.
- Average time in the department for non-admitted patients increased for the 4th consecutive month. This is explained by the lower admission rates with more patients being reviewed and discharged from ED with a Decision to Admit (DTA) in place, increased Mental Health activity and a significant increase in demand in the Type 3 attendances (UTC QEII).
- Unfortunately, SDEC demonstrated a decrease in activity which is the impact of it being regularly bedded overnight.
- Ambulance attendances have seen an increase, and handover times remain below the required standard.
- Bed days for patients Not Meeting the Criteria to Reside (NMCTR) are shifting up to the highest levels in the last 2.5 years, negatively impacting on UEC flow.

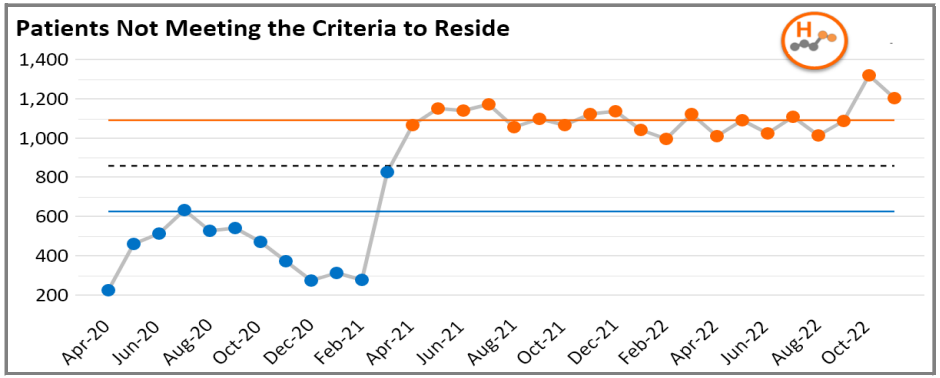
Responsive Services

Urgent and Emergency Care | New Clinical Standards







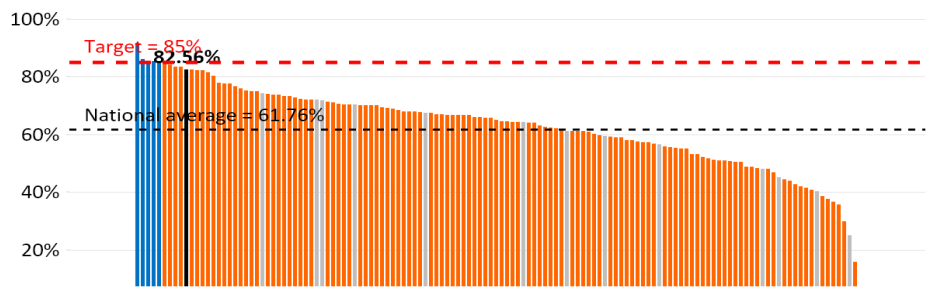


Responsive Services

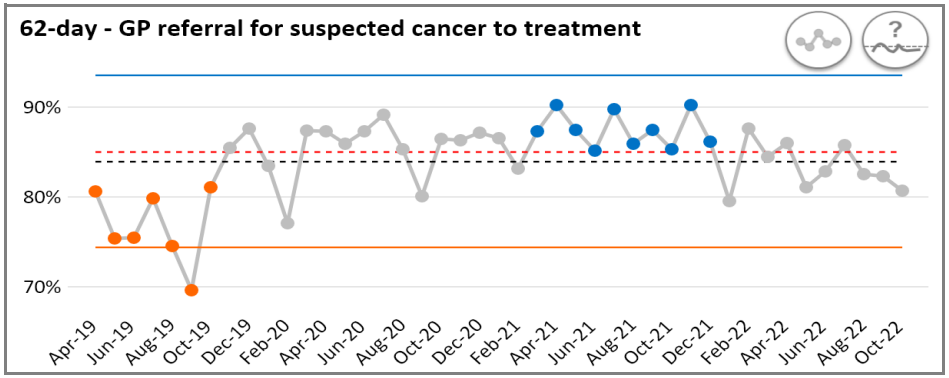
Cancer Waiting Times

East and North Hertfordshire NHS Trust

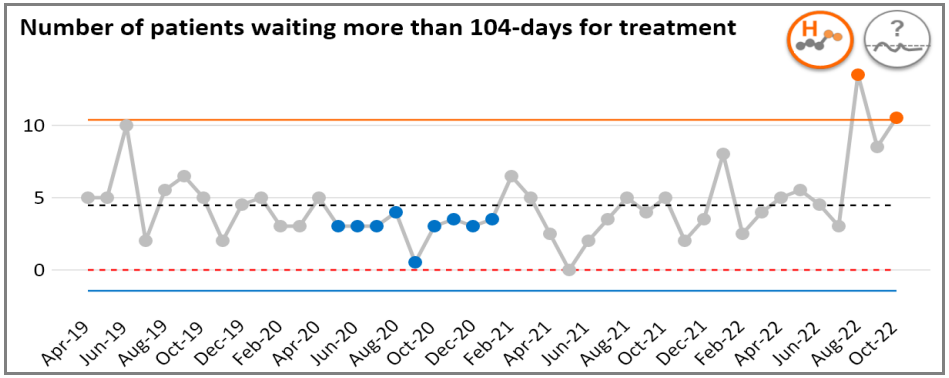
62-days GP referral to treatment peer distribution - Oct-22



62-day - GP referral for suspected cancer to treatment



Number of patients waiting more than 104-days for treatment



Key Issues and Executive Response

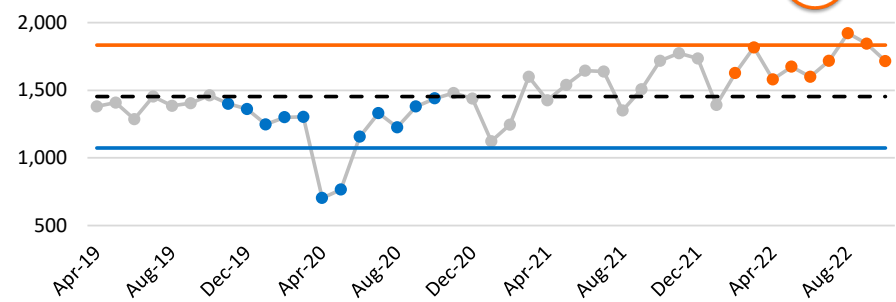
- The Trust has been moved from Tier 1 to Tier 2 based on progress so far in reducing the 62-day pathway backlog.
- Tier 1 Action plan remains in place with Skin, Upper and Lower Gastrointestinal, MDT Tracking team, Histopathology and Radiology to improve MDT follow-up, reporting and more timely communication of diagnosis and next steps, particularly for patients who after diagnosis do not have cancer.
- However, Breast Radiology continues to face major issues with capacity and staffing, likely to affect 62-day cancer performance and backlog for coming months.
- In addition, staffing shortages remains an issue for the Anaesthetic department which will affect cancer performance for the coming months.
- Deep dives for tumour sites continue. Additional scrutiny and support leading to improved performance.
- Timed pathways now in place for all Tumour sites to improve and sustain 62-day standard. Work continues to improve and deliver the Faster Diagnosis Standard performance.
- Achieved 5 of the 8 national targets in October: 2ww GP referral, 2ww Breast symptoms, 31-day first treatment, 31-day subsequent for Surgery, and 31-day second or subsequent treatment for chemotherapy.
- 31-day performance for Radiotherapy has been affected in September and October due to staffing issue: unable to recruit Band 6 staff.
- The Trust has not achieved the 31-day second or subsequent treatment for radiotherapy, 62-day referral to treatment for Screening and all cancers for September due to Endoscopy, Radiology and Histopathology delays, Surgical capacity issues and patient delaying the diagnostic pathway.
- Radiology and histopathology continue to prioritise cancer patients to avoid delays.

Responsive Services

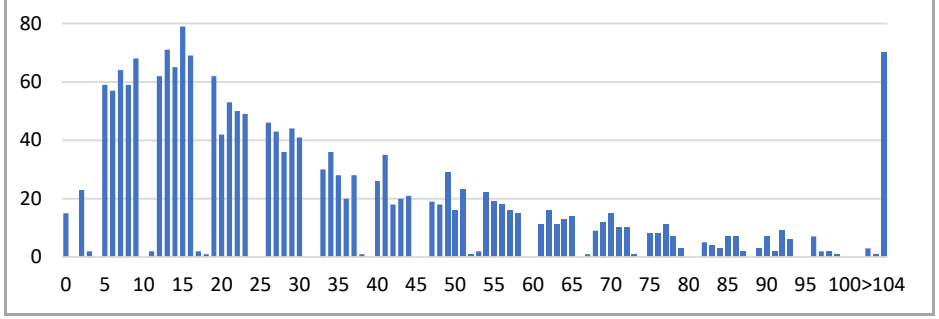
Cancer Waiting Times | Supporting Metrics

East and North Hertfordshire NHS Trust

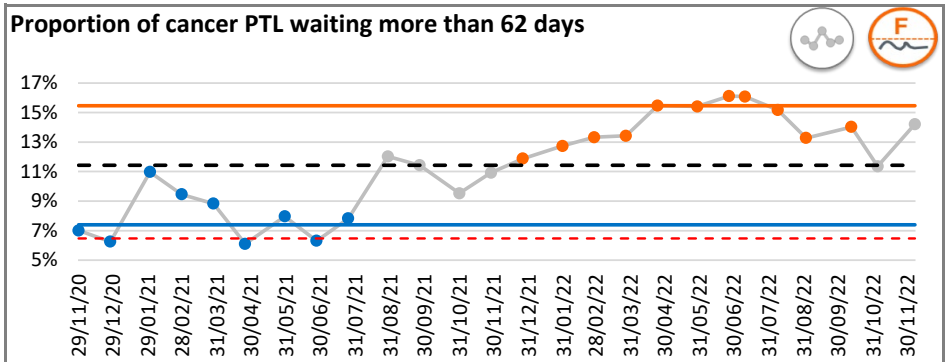
Suspected cancer referrals



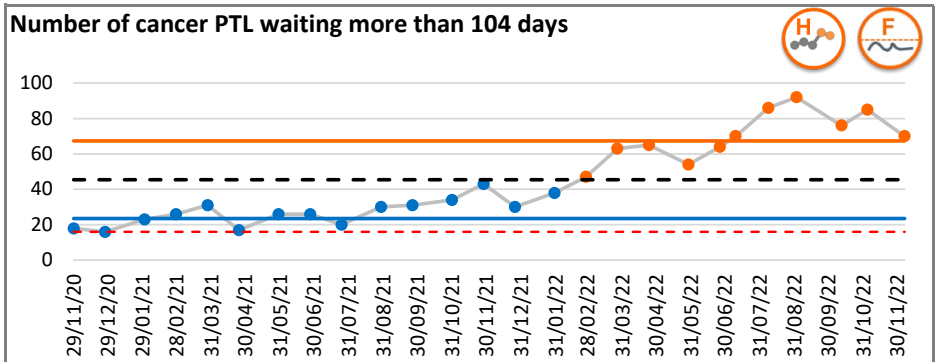
62-day PTL as at 07/12/2022



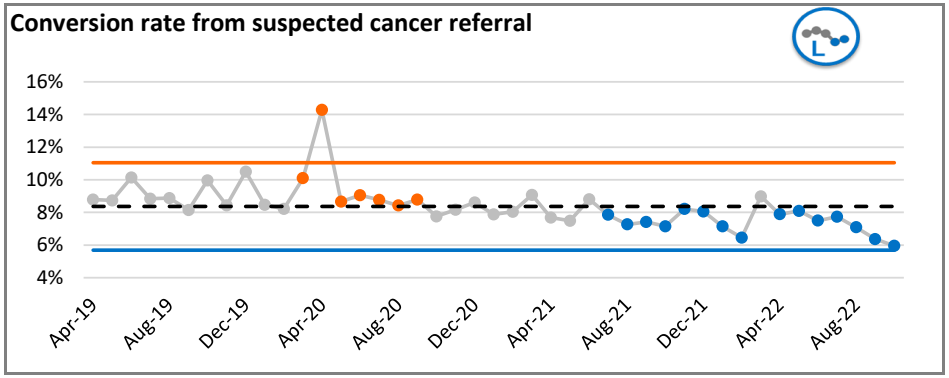
Proportion of cancer PTL waiting more than 62 days



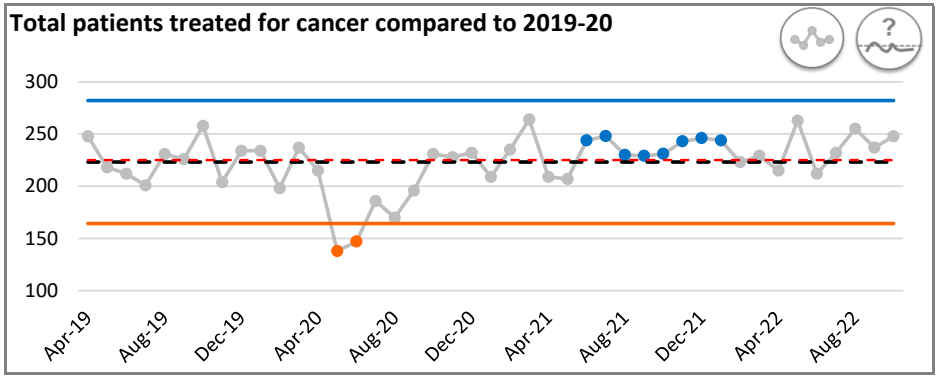
Number of cancer PTL waiting more than 104 days



Conversion rate from suspected cancer referral



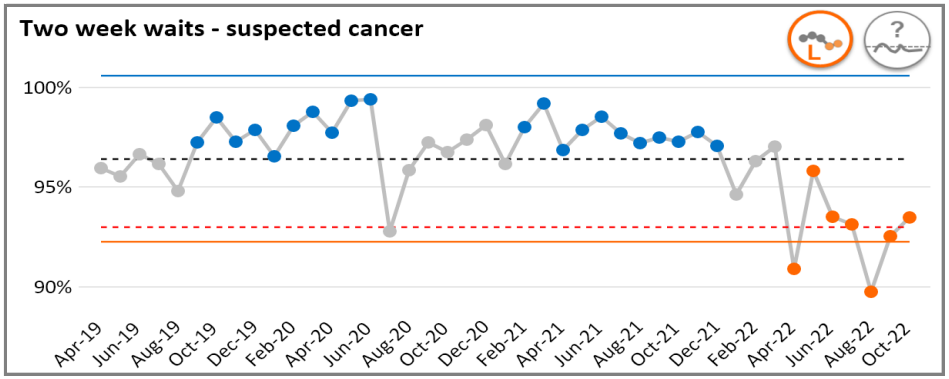
Total patients treated for cancer compared to 2019-20

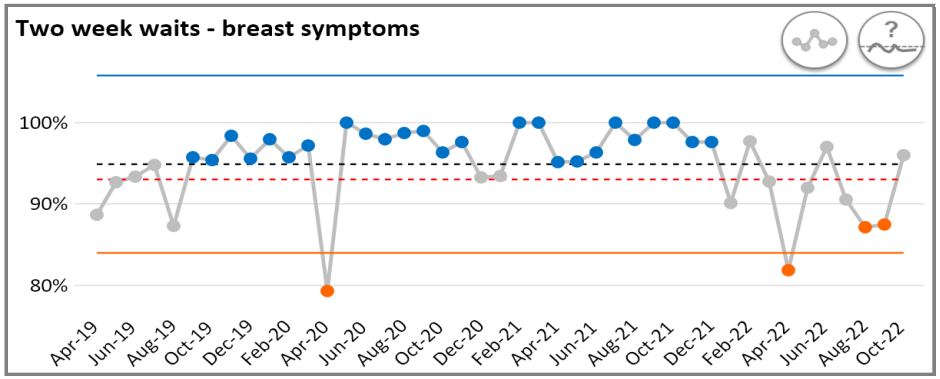


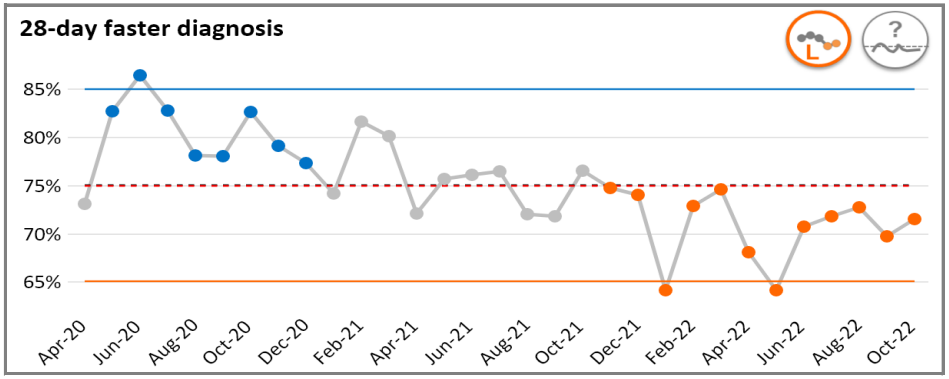
Responsive Services

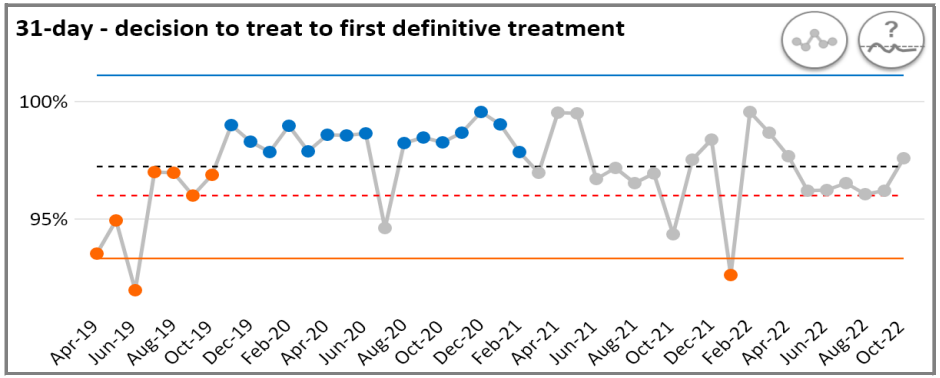
Cancer Waiting Times

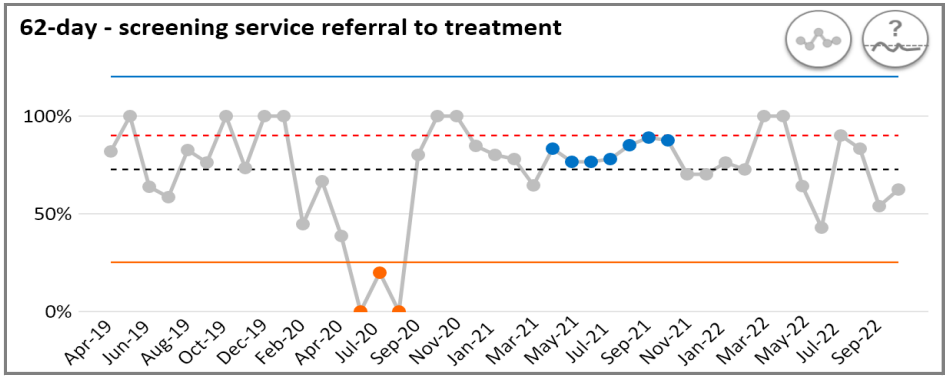
East and North Hertfordshire NHS Trust









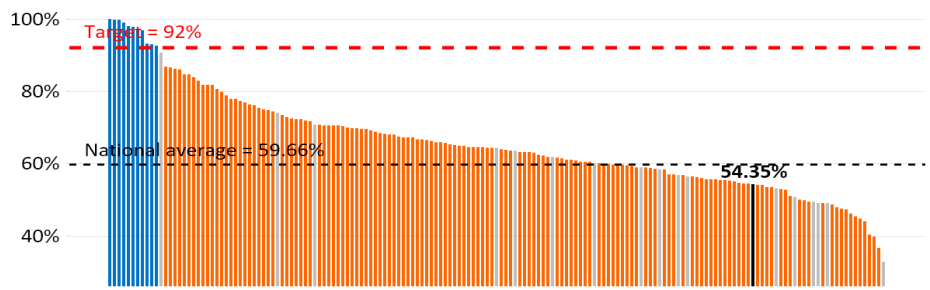


Responsive Services

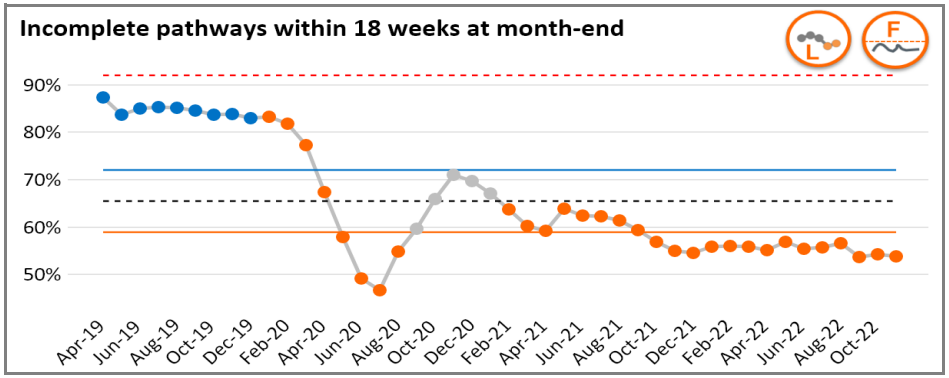
RTT 18 Weeks

East and North Hertfordshire NHS Trust

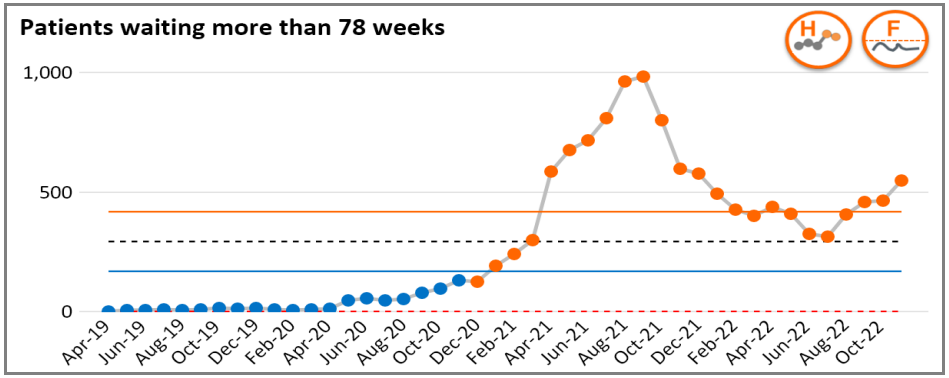
Incomplete pathways peer distribution - Oct-22



Incomplete pathways within 18 weeks at month-end



Patients waiting more than 78 weeks



Key Issues and Executive Response

RTT Performance

- 78+ week waiters: The number of patients waiting 78+ weeks for an appointment is 0.92% of total RTT PTL.
- There are currently 2,368 patients on the incomplete PTL who will need to be treated by the end of March 2023 to meet the 78-week target. 86% non-admitted; 14% admitted; a 23% reduction from last month (723 patients).
- At the end of November, performance was ahead of trajectory by; 55 patients for the 78+ weeks patient cohort at the end of March, and 42 patients for in month performance against trajectory.
- 104+ week waiters: 3 patients were waiting more than 2 years at the end of October – one was clinically complex awaiting equipment delivery confirmation, two chose to delay treatment (1x TCI 5/12, 1 x TCI 30/12).

Data Quality

- To ensure the PTL is as accurate as possible, validation is focussed on all pathways over 52 weeks having an updated comment in the last 90 days.
- Validation resource continues to focus a proportion of time on the front end of the pathway to try and address the higher number of potential DQ errors and reduce the overall PTL size.
- All patients waiting 78 weeks+ are validated and actively managed with the services.
- Plans to contact all patients without an appointment over 52 weeks via text message to confirm an appointment is still required are being finalised.

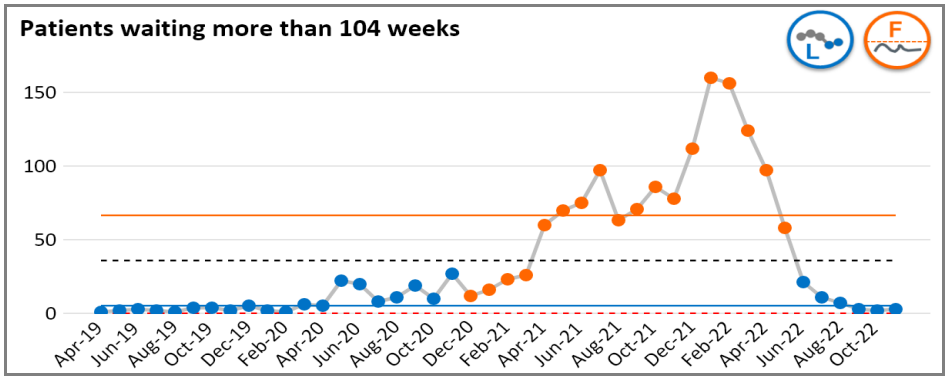
Activity

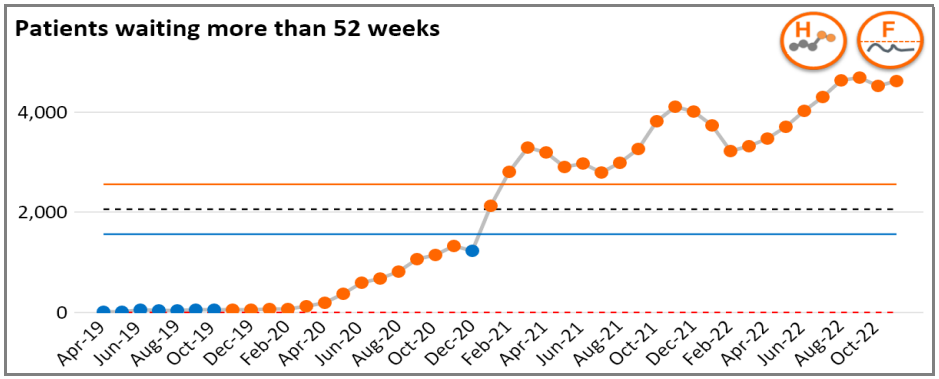
- Referrals received has remained above the mean since Sep-21.
- Outpatient, Day Case and inpatient activity have remained stable, with Follow up attendances increasing in month.
- Patient Initiated Follow Up (PIFU) episodes have continued to increase in month above the Upper Process Limit.
- Advice and Guidance remains stable on the Upper Process Limit.
- Theatre cases per list have dipped below the mean.
- Did Not Attend (DNA) rate has reduced.
- New to follow-up ratio has increased to the Lower Process Limit.

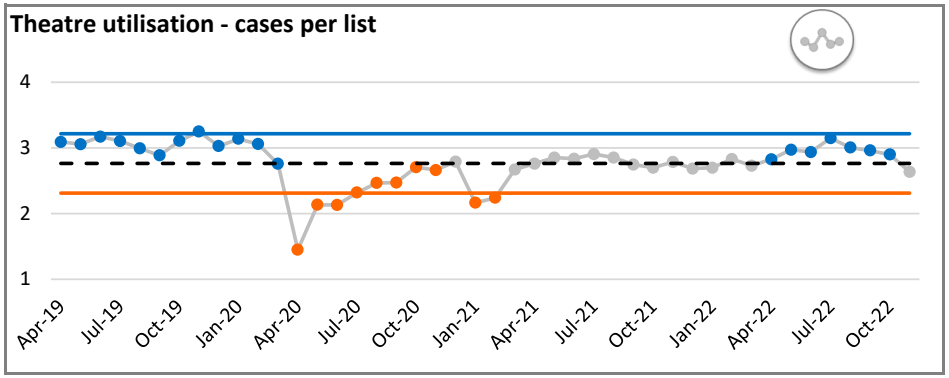
Responsive Services

RTT 18 Weeks Supporting Metrics

East and North Hertfordshire NHS Trust





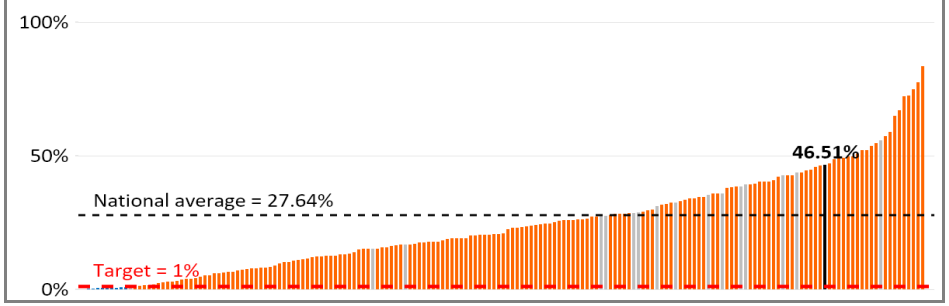


Responsive Services

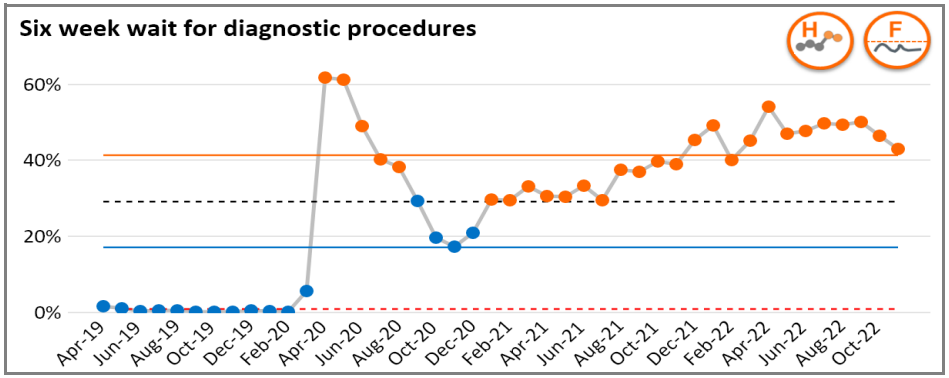
Diagnostics Waiting Times

East and North Hertfordshire NHS Trust

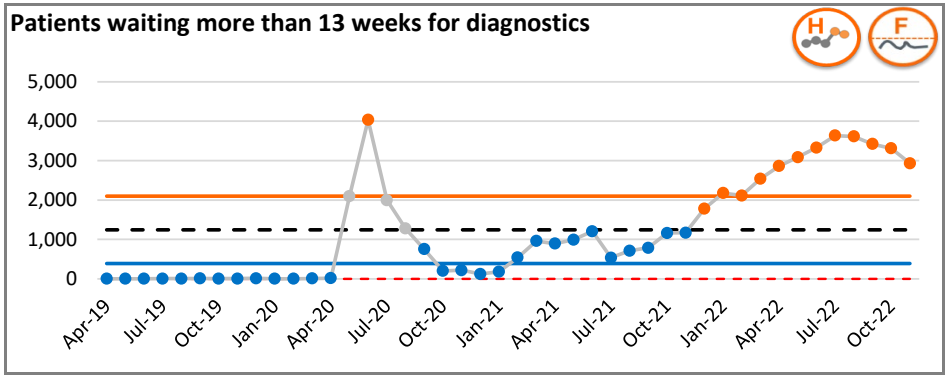
Diagnostics waiting times peer distribution - Oct-22



Six week wait for diagnostic procedures



Patients waiting more than 13 weeks for diagnostics



Key Issues and Executive Response

Improvements

- DM01 Imaging position improved overall, noticeable in CT and US.
- Static MRI position for DM01 linked to increased demand month on month.
- Slight reduction in acute demand in Nov for imaging.
- Community Diagnostic Centre (CDC) activity continues to meet trajectory or overdeliver for imaging with positive patient feedback.
- Plan to open 6th Endoscopy room in place from Mar-23 due to nursing.
- ECHO over 13wks position ongoing reduction.
- CDH ECHO activity commenced for backlog management via Insourcing capacity - Insourcing contract ends beginning Feb-23.

Challenges

- Continued sustained increase in cancer demand for CT, MRI & US, impacting ability to regain compliance with diagnostic waits within 6 weeks (DM01) at a faster pace.
- Ongoing staffing challenges within Endoscopy booking team due to sickness and vacancies and junior skill mix within nursing team.
- Increase in Endoscopy 62-day pathway patients resulting in increased waits for routine patients.
- ECHO Backlog position waiting times slightly increased to 8 weeks, due to increased demand on the service. The trajectory has been revised to achieve compliance by the end of Feb-23.
- Risk to echo compliance due to long-term implementation of 7-day services due to 4 WTE vacant post.

Actions

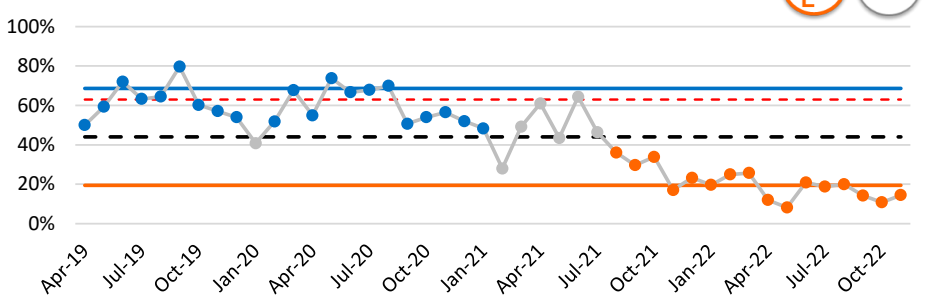
- Implementing new model for stroke into imaging to reduce turnaround times and improve efficiencies.
- Further MRI/CT radiographer interviews taking place to support increased activity and cover of lists.
- New Endoscopy Dashboard in place. Focus on efficiency improvements.
- Plans for Direct Access ECHO pathway February 2023 - pending staffing position and shortfall.
- ECHO recruitment escalation and action plans in place. ECHO review of the referral criteria and increase of demand - clinical review underway.

Responsive Services

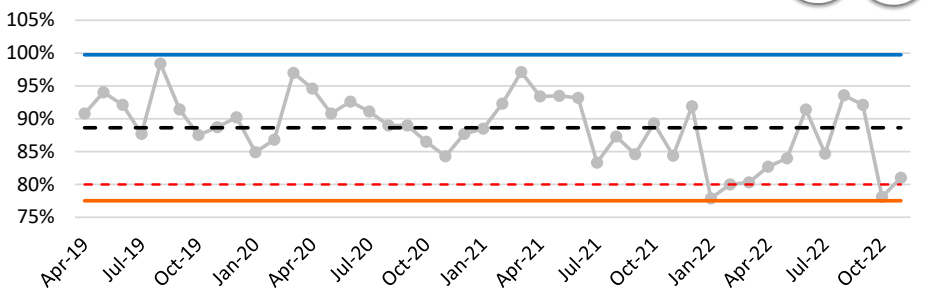
Stroke Services

East and North Hertfordshire NHS Trust

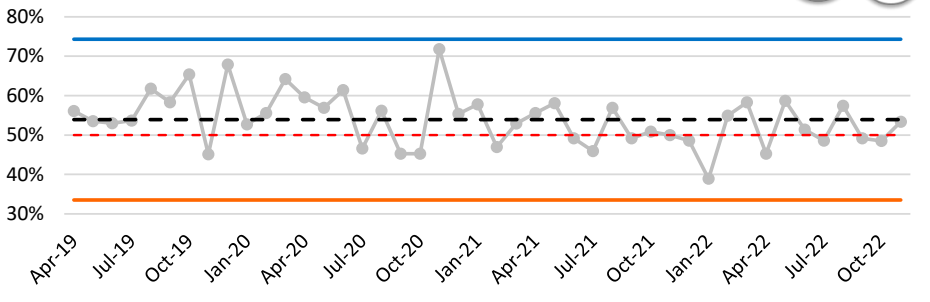
4-hours direct to Stroke unit from ED



If applicable at least 90% of patients' stay is spent on a stroke unit



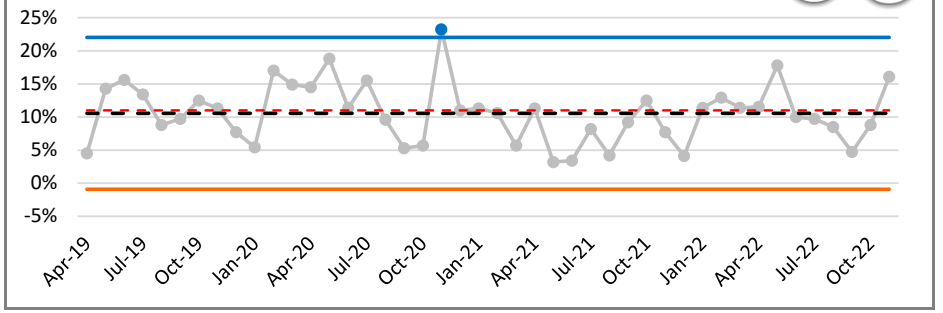
Urgent brain imaging within 60-mins for suspected acute stroke



Key Issues and Executive Response

- SSNAP ratings for Q2 2022-23 remained at D rating - all domains not fully meeting the standards, however with action plans in place.
- Admission directly from ED to the stroke unit remains an area where performance is not at the required standard, which is also recognised as a national issue as per the feedback from the Integrated Stroke Delivery Network. Due to recent Covid outbreaks within the stroke unit impacting on the service, the department has reverted back to using point of care swabs. Action taken where possible for side room capacity to be available for patients awaiting PCR results to wait then move into bay bed space. Trust implementation of new swabbing policy from January 2023.
- Capacity issues and operational pressures across the organisation also contributed to performance against this standard, particularly ambulance handover delays, despite stroke nurses assessing patients whilst still in the ambulance. System wider review with key stakeholders on alternative models of care to manage the issues system wide.
- EEAST and Stroke team working in collaboration on communication approach to support crews on site and awareness of patients attending ED, with aim to reduce any further delays to the patient pathway.
- Ringfenced stroke beds capacity increased to 4. Daily and monthly monitoring of adherence to this, and analysis of bed utilisation.

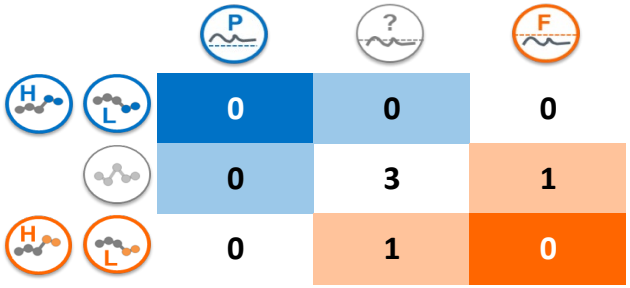
% of all stroke patients who receive thrombolysis



East and North Hertfordshire NHS Trust

People

Month 08 | 2022-23



People

Summary

East and North Hertfordshire NHS Trust

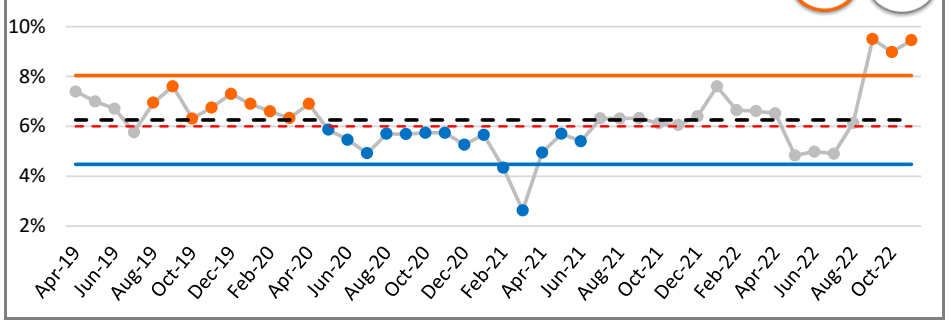
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Work	Vacancy rate	Nov-22	6%	9.5%	H	?	Three points above upper process limit Metric will inconsistently pass and fail the target
	Bank spend as a proportion of WTE	Nov-22	10%	9.3%		?	Common cause variation Metric will inconsistently pass and fail the target
	Agency spend as a proportion of WTE	Nov-22	4%	4.3%		?	Common cause variation Metric will inconsistently pass and fail the target
Grow	Statutory and mandatory training compliance rate	Nov-22	90%	85.7%		F	Common cause variation Metric will consistently fail the target
	Appraisal rate	Nov-22	90%	63.6%	L	F	28 consecutive points below the mean Metric will consistently fail the target
Thrive	Turnover rate	Nov-22	12%	12.2%			Metric unsuitable for SPC analysis
Care	Sickness rate	Nov-22	3.8%	5.9%		?	Common cause variation Metric will inconsistently pass and fail the target

People

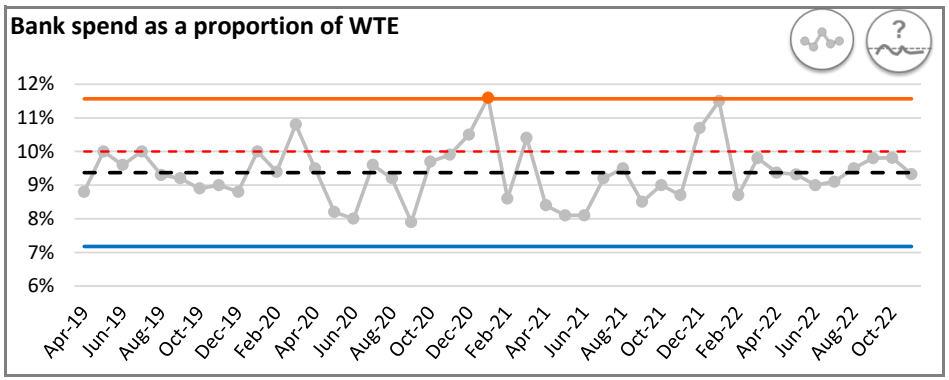
Work Together

East and North Hertfordshire NHS Trust

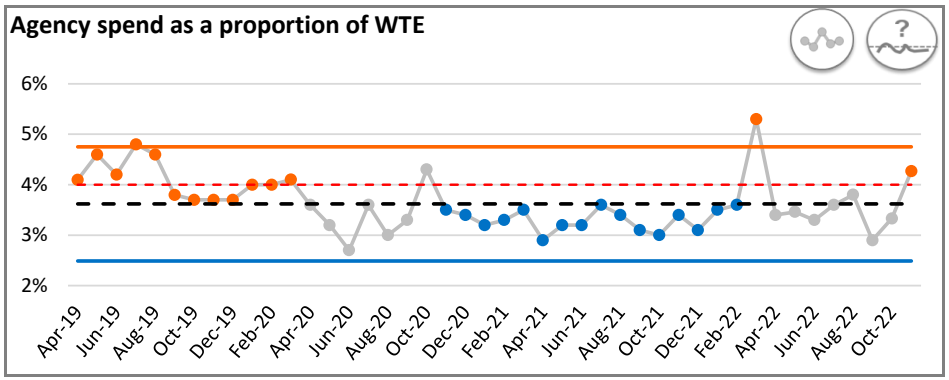
Vacancy rate



Bank spend as a proportion of WTE



Agency spend as a proportion of WTE



Key Issues and Executive Response

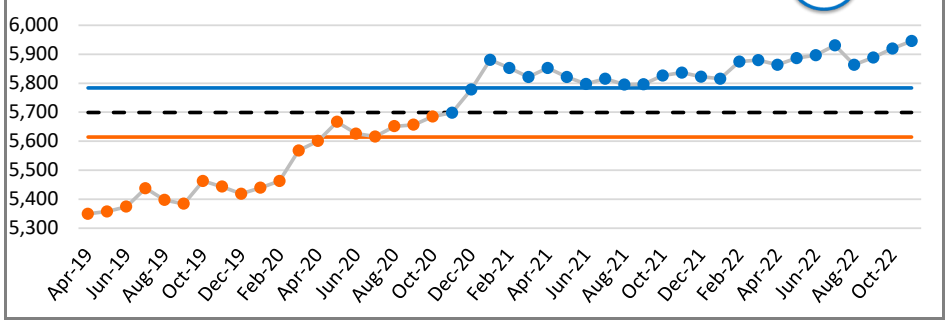
- Vacancy rate overall has increased to 9.5% (620 vacancies). The main reason for this is an increase in establishment in month of 61 WTE, the increase sits largely in Unplanned Care wards for registered and unregistered nursing (+12.9 WTE and +48 WTE respectively) and is due to the removal of CIPs from the budget line.
- Despite the increase in overall vacancy rate, there are 25 WTE more people in post this month compared to last month and 109 WTE more people in post than there was a year ago. Resourcing team remain actively engaged with departments to tackle recruitment hotspots
- 8 CSWs started in month, with a further 51 in pipeline – vacancy rate for this staff group has increased from 14.6% to 19.5% (144 WTE vacancies). This is mainly due to an increase in establishment of 48 WTE since last month. Intense work to fill these vacancies continues, including initiatives with Job Centre Plus and other local recruitment events, both independently and ICS-wide.
- Recruitment of international nurses continues with 64 arrived since month 1, and a steady plan for arrivals to March 23.
- Month 8 saw the highest numbers of Nursing & Midwifery qualified staff at the Trust (1832), numbers of Medical staff in post have been consistently improving since August 22 (now 919)
- Agency Spend increased in M8, 3 of 10 high cost spend areas were within Corporate areas - the increase was also consistent with numbers of agency price cap breaches (N&M, Medical and Admin) and NHSI agency ceiling target increasing (+118k from Month 7).
- E-Roster roll out for Clinical Staff improved to 86% (4% off national target) and remains on track. Work remains underway with Clinical areas to improve the time to publish rosters (approval >6 weeks) supporting NHSE/I plans linked to improving levels of attainment.

People

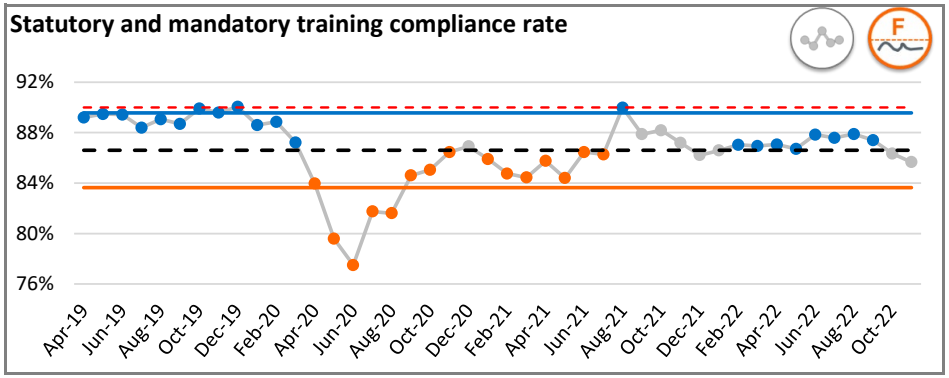
Work Together | Grow Together

East and North Hertfordshire NHS Trust

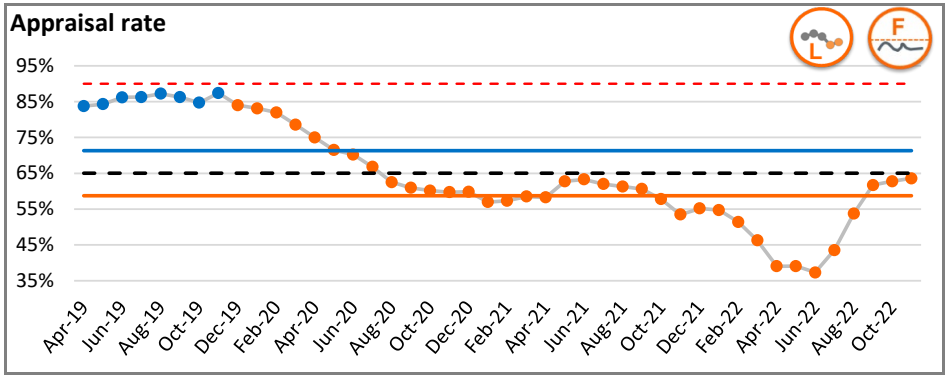
Total WTE in-post



Statutory and mandatory training compliance rate



Appraisal rate



Key Issues and Executive Response

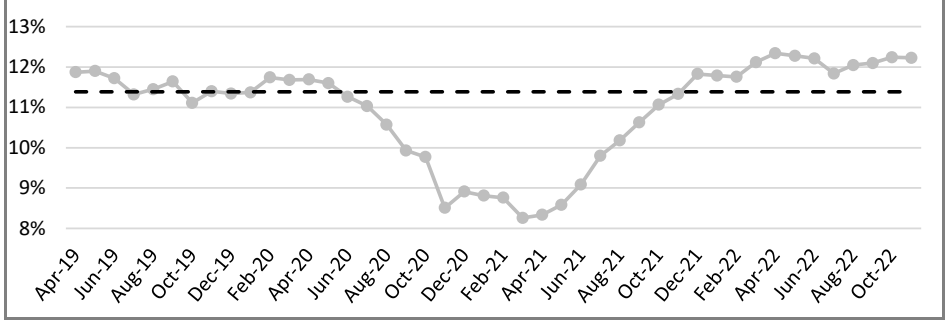
- A lower than expected increase in GROW together reviews has been seen this month, since the last report (0.79% Increase). Planned Care and Cancer division are however both showing improvements, with compliance rates of over 70%, which is positive.
- With the Trust's overall Grow Review compliance rate at 63.59%, more worked is required to secure further improvements, ongoing reminders at Trust briefing and targeting low compliance departments continues. Our focus from January 2023 will include training for new staff, refreshers for existing staff and managers, increased Trust wide communication, and preparation for the new appraisal window due to Launch in April 2023.
- Mandatory training has shown a further slight decline this month. Compliance rates are now being discussed in much more detail at relevant divisional meetings including Accountability Review Meetings. The Trust's Statutory Mandatory Steering group is ensuring that new role essential modules are not being introduced (except in exceptional cases), until core mandatory targets are reached.
- Targeted action continues to be taken with regards to Adult and Children's safeguarding training, with lists of non-compliant medical staff being provided to the Trust's Medical Director.
- Early access to mandatory training and the automated inter-authority transfer of mandatory training records from other Trusts is part of an ongoing induction and onboarding project which commenced in October 2022, expected to conclude in quarter 1 of 23/24. This should secure further improvements in our compliance rates and reduce manual input of data.
- The Trust's annual training needs analysis to identify planned training needs for both clinical and non-clinical staff is in progress, with all divisions now contacted to finalise their training plans for 23/24. Deadline for submission of all plans is end December 2022, which will determine funding expenditure plans in the coming year.

People

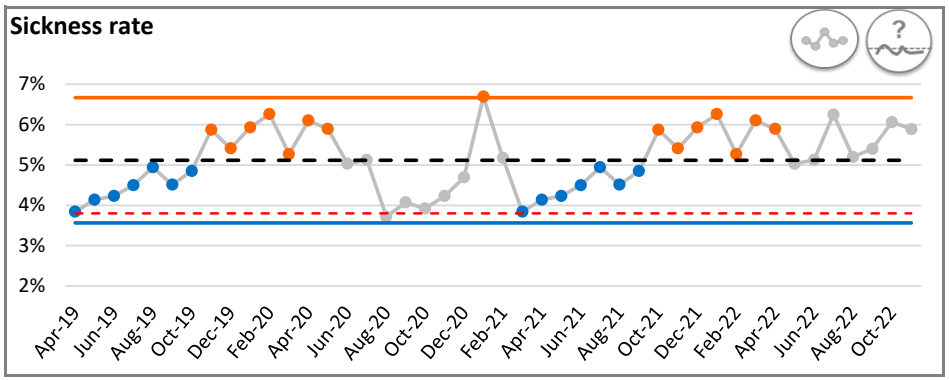
Thrive Together | Care Together

East and North Hertfordshire NHS Trust

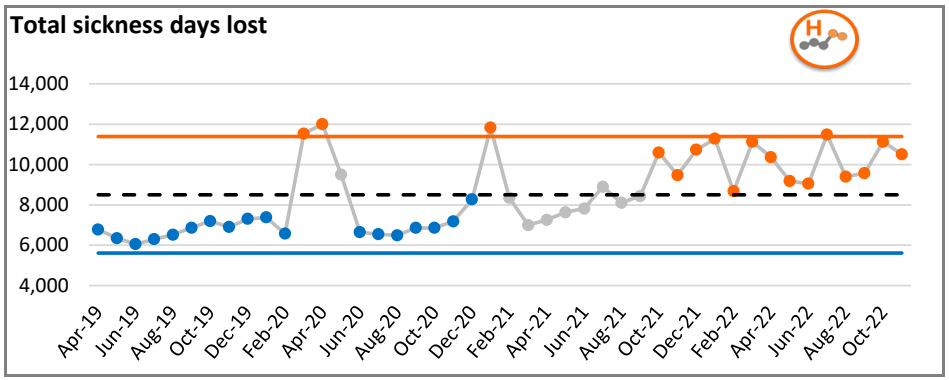
Turnover rate



Sickness rate



Total sickness days lost



Key Issues and Executive Response

Thrive Together

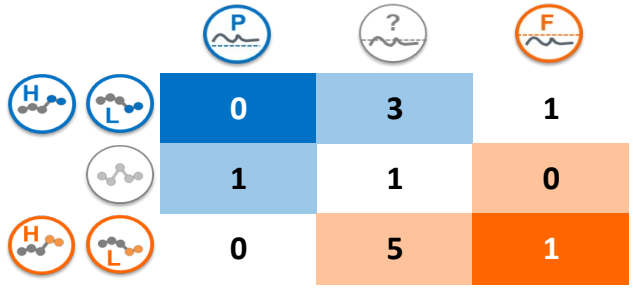
- Winter Wellbeing Make a Wish scheme open for requests for small one-off items in team areas scheme closes January 15 and a panel will review requests to maximise allocation of funding.
- A free food voucher for all staff working at the Lister on Christmas Day, Boxing Day and New Year's Day and a free food gift box made available for all staff based at New QEII and MVCC working the same.
- Work continues to focus on long-term sickness absence cases and divisions undertaking deep dives into data to ensure staff and managers are supported to enable successful returns to work.
- Staff values charters are being completed locally and support will continue through to March 2023.

Care Together

- Early staff survey data shows an increase in completion by 5% indicating increased levels of engagement, data is embargoed and will be released in January 2023.
- Continue to see a reduction in time taken to complete formal disciplinary case work, focus will remain and commence on grievance with full review and update of these policies by March 2023.
- Vaccination take up has increased slightly to 43.9%, 7 day clinics have ceased and appointments and roaming vaccinations continue across our sites.

Sustainable Services

Month 08 | 2022-23



Sustainable Services

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Summary Financial Position	Surplus / deficit	Nov-22	-2.4	-1.07			Common cause variation Metric will inconsistently pass and fail the target
	CIPS achieved	Nov-22	1,245	912			Common cause variation No target
	Cash balance	Nov-22	77.9	58.2	H	F	16 consecutive points above the mean Metric will consistently fail the target
Key Financial Drivers	Income earned	Nov-22	45.3	48.9	H		Seven consecutive points above the mean Metric will inconsistently pass and fail the target
	Pay costs	Nov-22	29.5	30.5	H		Three points above the upper process limit Metric will inconsistently pass and fail the target
	Non-pay costs (including financing)	Nov-22	15.5	19.5	H		11 consecutive points above the mean Metric will inconsistently pass and fail the target

Sustainable Services

Summary

East and North Hertfordshire NHS Trust

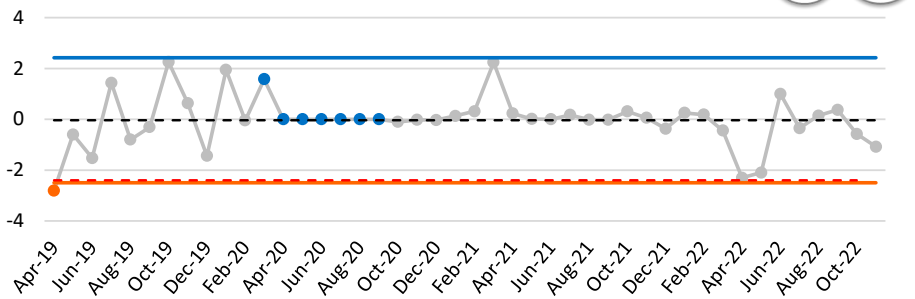
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Key Payroll Metrics	Substantive pay costs	Nov-22	24.9	26.4	H	?	Four points above the upper process limit Metric will inconsistently pass and fail the target
	Average monthly substantive pay costs (000s)	Nov-22	0.9	4.6	H	F	15 consecutive points above the mean Metric will consistently fail the target
	Agency costs	Nov-22		1.2			Common cause variation No target
	Unit cost of agency staff	Nov-22		10.9			Common cause variation No target
	Bank costs	Nov-22	3.7	2.9		P	Common cause variation Metric will consistently pass the target
	Overtime and WLI costs	Nov-22	0.5	0.7	H	?	Two points above the upper process limit Metric will inconsistently pass and fail the target
Other Financial Metrics	Elective Recovery Fund income earned	Nov-22	1.1	2.1	H	?	Seven consecutive points above the mean Metric will inconsistently pass and fail the target
	Drugs and consumable spend	Nov-22	2.8	3.4	H	?	Seven consecutive points above the mean Metric will inconsistently pass and fail the target
	Private patients income earned	Nov-22	0.4	0.4	H	?	One point above the upper process limit Metric will inconsistently pass and fail the target

Sustainable Services

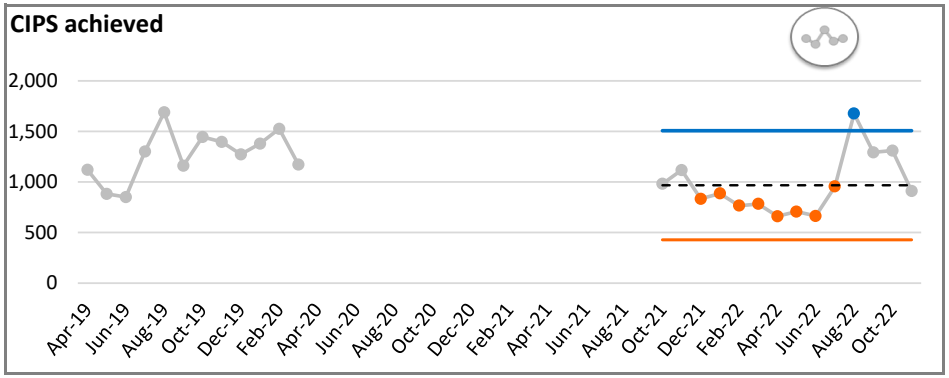
Summary Financial Position

East and North Hertfordshire NHS Trust

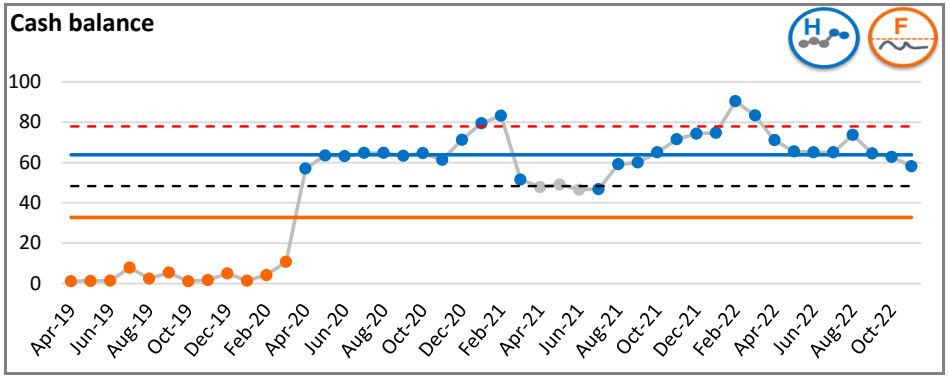
Surplus / deficit



CIPS achieved



Cash balance



Key Issues and Executive Response

- The Trust reports M8 financial performance against the breakeven plan that it agreed and submitted in June 22.
- The Trust reports a monthly deficit of £1.1m in November, and a YTD deficit of £4.9m. This represents an adverse variance of £2.8m against the YTD plan. It is important to note that there has been a significant commitment of non-recurrent reserves to achieve this position.
- The delivery of the Trust financial plan is at significant risk based on present performance. The Trust has initiated a range of financial reset activities in response.
- The Trust's elective activity plan assumes a significant increase in delivery as the year progresses and additional activity comes online. The YTD position assumes full receipt of planned Elective Recovery Funds (ERF).
- Delivery against the Trust's CIP target remains a concern, with a YTD undershoot of £3.9m reported at M8.
- Significant overspends against medical staffing budgets are reported at M8. These are concentrated in both Planned & Unplanned Divisions.

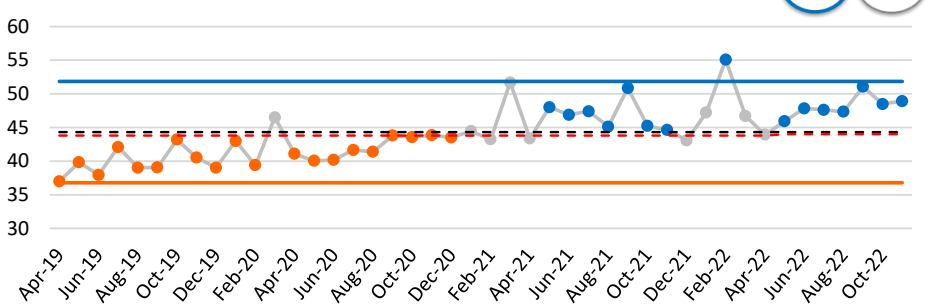
	Annual Budget £m	Budget YTD £m	Actual YTD £m	Variance YTD £m
Income	543.2	361.7	363.4	1.8
Pay	-353.0	-235.7	-236.9	-1.1
Non Pay	-183.3	-123.2	-127.7	-4.5
EBITDA	**6.9**	**2.7**	**-1.2**	**-3.9**
Financing Costs	-32.4	-21.8	-21.4	0.4
Retained Deficit exc. PSF	**-25.5**	**-19.1**	**-22.6**	**-3.5**
Top-Up Payments	10.0	6.7	7.3	0.7
Systems Funding	15.5	10.4	10.4	0.0
Surplus / Deficit (excl Fin Adj's)	**0.0**	**-2.1**	**-4.9**	**-2.8**

Sustainable Services

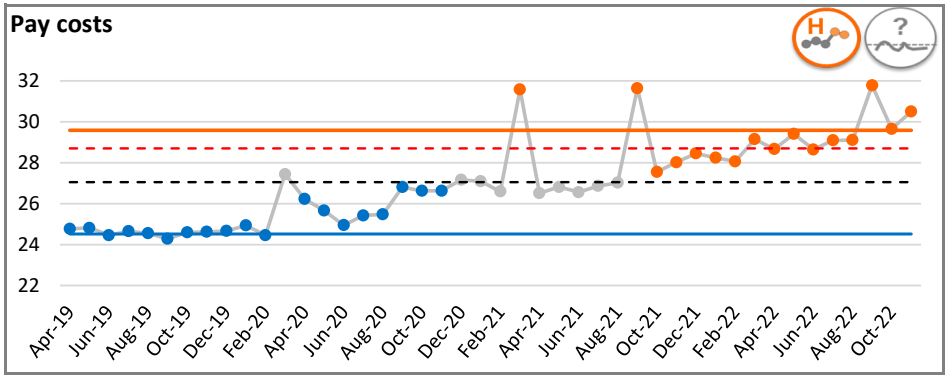
Key Financial Drivers

East and North Hertfordshire NHS Trust

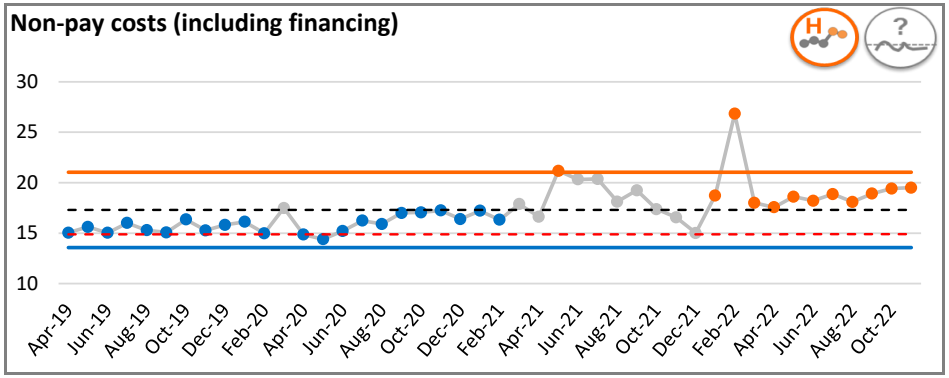
Income earned



Pay costs



Non-pay costs (including financing)



Key Issues and Executive Response

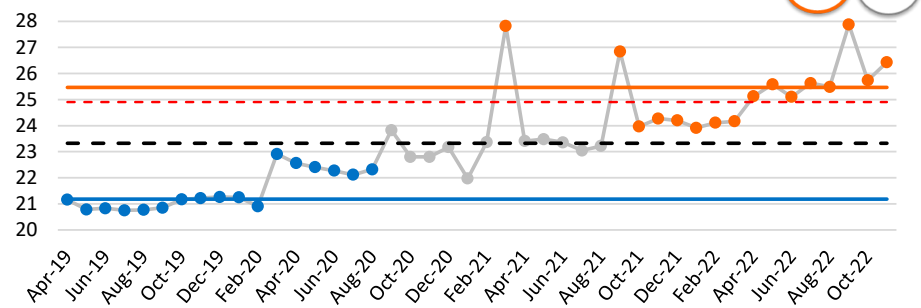
- YTD financial performance is off plan and represents a significant challenge for the Trust. A number of key risk items jeopardise the delivery of the financial plan. The Trust is reviewing its anticipated year end position within the context of recently issued NHSE Outturn Variance Protocol Guidance.
- It is important to highlight that significant utilisation of non-recurrent reserves funding has been required in order to mitigate financial performance to date. This opportunity will not be available over the remainder of the financial year, therefore plans to reset the Trust's underlying spend run rate are urgently required.
- Slippage against CIP targets (£3.2m YTD) represents a major concern at the M8 reporting point. Divisional capacity to support effective project and delivery arrangements remains a concern that requires redress.
- Levels of overspending against medical staffing budgets - totalling £2.0m across the YTD are significant. This is driven by a combination of issues including UEC pressures and a variety of sickness and unavailability issues resulting in higher costs.
- The delivery of additional volumes of elective activity are an important part of the Trust's plan for 22/23, both in terms of delivery waiting list improvements and also achieving financial efficiencies. Full ERF income is assumed in the YTD position.
- A significant risk has emerged to forecast elective delivery in the remainder of the year as a product of a dispute around enhanced working rates for medical staff. The Trust is working to quantify the impact of this dispute.
- The Trust continues to monitor the impact of levels of inflation upon its financial plan. Particular pressures in respect of drugs and utility costs have already begun to emerge.
- Given a range of significant risk items that potentially compromise the delivery of the financial plan, the Trust has initiated a programme of 'Financial Reset'. This encompasses a number of work streams that target the improvement of the present run rate. The activities of the programme are overseen by an Executive Steering Group and supported by divisional reset meetings.

Sustainable Services

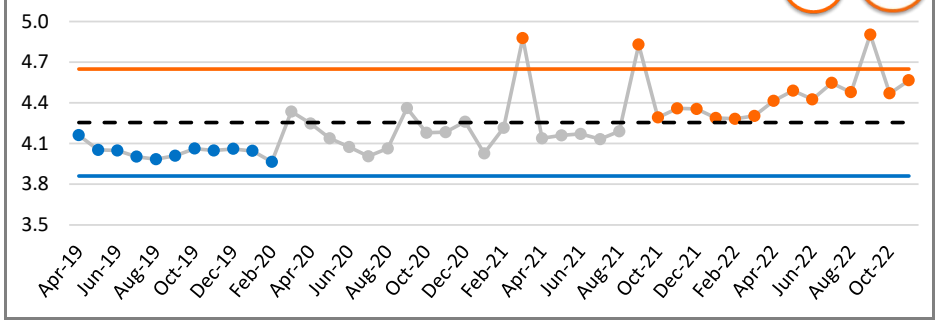
Other Financial Indicators

East and North Hertfordshire NHS Trust

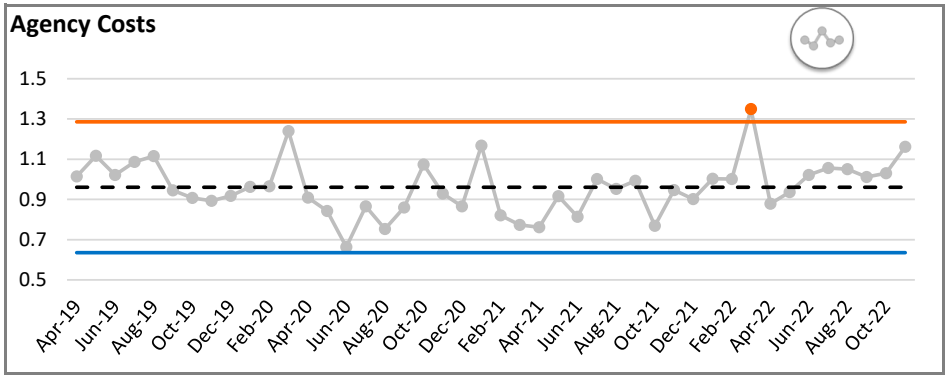
Substantive pay costs



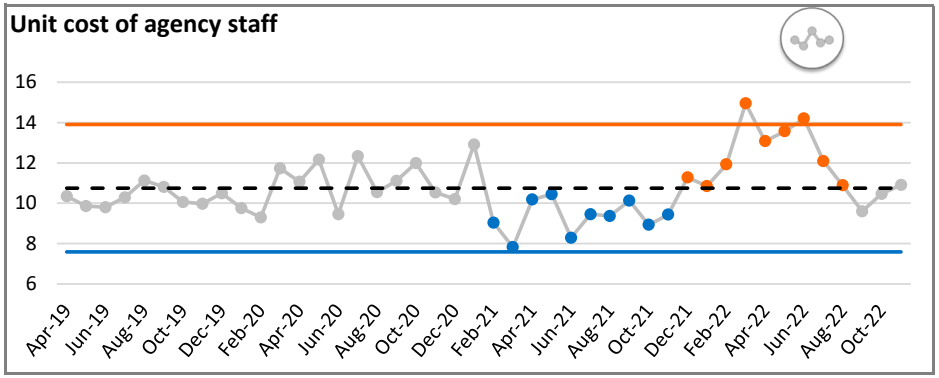
Average monthly substantive pay costs



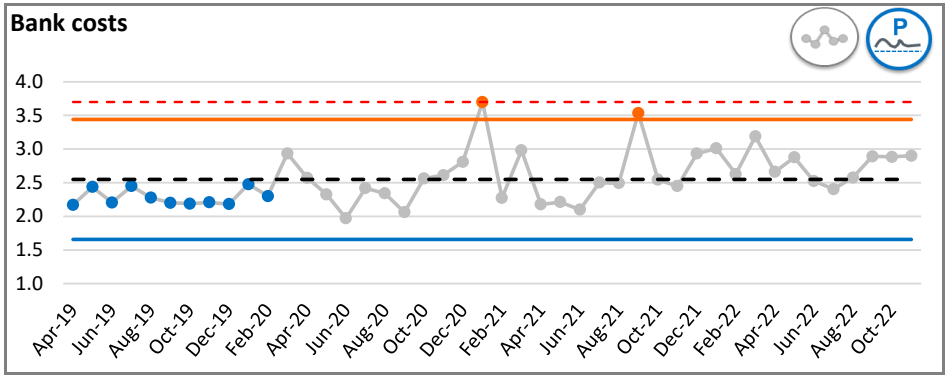
Agency Costs



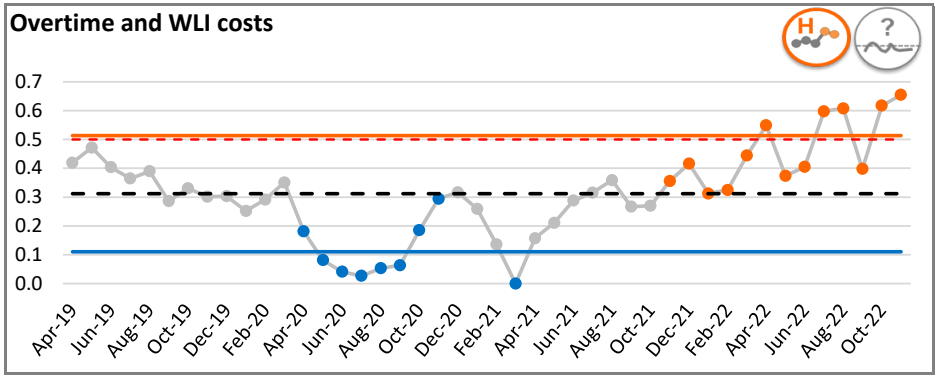
Unit cost of agency staff



Bank costs



Overtime and WLI costs



Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board		**Agenda Item**	11
Report title	ICS Monthly Performance Report		**Meeting Date**	11-01-23
Presenter	Martin Armstrong - Deputy CEO			
Author	Herts and West Essex – Integrated Care System			
Responsible Director	Martin Armstrong - Deputy CEO		**Approval Date**	02-12-22
Purpose	**To Note**	☐	**Approval**	☐
	Discussion	☒	**Decision**	☐

Report Summary:

The report attached is produced by Hertfordshire and West Essex integrated care system and sets out performance against a range of access dimensions across the system and it's constitute organisations.

Impact: where significant implication(s) need highlighting

Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal
Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability
CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources

The board is asked to note system performance issues and challenges, within the context of ENHT delivery.

Risk: *Please specify any links to the BAF or Risk Register*

NA

Report previously considered by & date(s):

NA

Recommendation	The Board/Committee is asked to review and comment upon the report.

To be trusted to provide consistently outstanding care and exemplary service

Hertfordshire and West Essex Integrated Care System Performance Report November 2022

Hertfordshire and West Essex Integrated Care System

Essex County Council

Hertfordshire

NHS

Executive Summary

URGENT CARE, Slides 6-11:

- Decline in 111 performance and call volumes answered within 60 seconds with major disruption resulting from Adastra outage impacting;
- Ambulance response times remain of concern and continued high number of handovers over 60 minutes remain of significant concern;
- ED 4 hour position saw improvements over the last 2 months however performance remains low, with attendances continuing above historical averages. Although remaining high, an improvement was also seen in the % of patients spending more than 12 hours in department in August;
- Data does not yet suggest plans are delivering consistent overall improvement for UEC; improvement trajectories for priority metrics are being agreed, aligned to the UEC Action Plan.

CANCER, Slide 17-18:

- Continued high number of 2 week wait referrals following significant spike in May;
- Improvement in 62 day first position however performance remains low with breaches in line with mitigating action plans to treat the longest waiting patients;
- The number of patients waiting >62 days has improved but remains high and behind operational plan trajectory. HWE ICS remains ahead of regional (13%) and national (11.7%) performance for proportion of 2 week waits over 62 days at 10.4% however. ENHT have been de-escalated from Tier 1 to Tier 2 in line with performance improvements, with WHTHT also being recommended for de-escalation;
- Continued improvement against 28 day Faster Diagnosis Standard, with mitigating actions across pathways improving performance.

PLANNED CARE, Slide 13-15:

- Delivery of 104 week recovery plan meeting the target of zero capacity breaches by end of August;
- System is now focused on reducing the number of patients waiting over 78 weeks and has agreed a revised operational plan trajectory; although currently ahead of plan, concerns remain in T&O, Gastro and Community Paediatrics which is not anticipated to meet 0 by March 23. ENHT have been de-escalated from Tier 1 to Tier 2 for 78 wk recovery with assurance plans in place, however WHTHT remain in Tier 1;
- The number of patients waiting over 52 weeks continues to increase and is of concern.

DIAGNOSTICS, Slide 16:

- The number of patients waiting over 6 weeks for a diagnostic test remains fairly static and performance continues below standard;
- A system wide improvement plan is being finalised including trajectories to deliver the March 2023 position and return performance to target.

MENTAL HEALTH, Slide 20-26:

- Dementia diagnosis remains challenged in Hertfordshire together with the number of patients accessing IAPT;
- Pressure for Mental Health Assessments and acute beds continues, with Out of Area Bed placements remaining high;
- CYP eating disorder performance continues to decline in-line with the treatment of long waiting patients in Herts; referrals have stabilised however and all CYP have an initial appointment booked by early Nov;
- Further details on MH demand, complexity of need and acuity across the ICS have now been included in this report.

PRIMARY CARE AND CONTINUING HEALTHCARE, Slides 22-23:

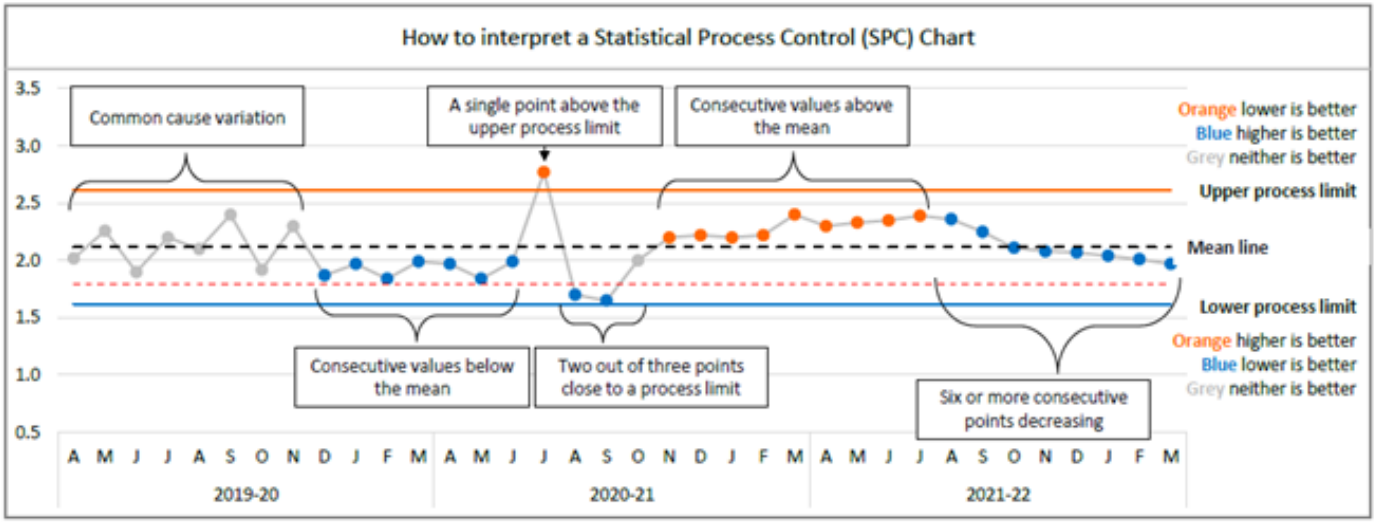
- Total number of GP appointments remain higher than pre-pandemic levels;
- Proportion of face to face appointments continue to increase, reaching 67% in August;
- The number of CHC assessments completed within 28 days remains a challenge, driven by South West Herts.

Executive Summary – Performance Overview

Metric	Latest month	Measure	Variation	Assurance	Mean	Lower process limit	Upper process limit
A&E - 4 Hour Standard	Sep 22	65.9%			68.6%	63.7%	73.6%
A&E - % spending more than 12 Hours in Dept	Aug 22	8.9%			6.2%	4.7%	7.6%
A&E - ED Average Attendance	Sep 22	38865			40124	34170	46079
Trolley Waits	Sep 22	184			159	-23	342
2 Hour Community Response	Aug 22	84.5%			83.4%	64.1%	102.7%
14 day LOS	Sep 22	14.3%			12.3%	10.2%	14.5%
Ambulance - Handover >60 Mins	Aug 22	1205			873	566	1179
EEAST: Cat 1 - Mean (<7min)	Aug 22	00:10:05			00:09:24	00:07:39	00:11:09
EEAST: Cat 2 - Mean (<18 Mins)	Aug 22	00:51:09			00:48:30	00:19:58	01:17:02
RTT - 18 Weeks	Aug 22	56.8%			62.4%	59.2%	65.5%
RTT - 52 Week Waits	Aug 22	10043			8219	6571	9868
RTT - PTL Size	Aug 22	196381			160645	149526	171764
RTT - 104 weeks	Aug 22	4			89	54	124
Diagnostics - 6 Week Wait	Aug 22	66.2%			70.4%	64.1%	76.8%
Diagnostics - PTL Size	Aug 22	37991			35714	28950	42478
Cancer - 2 Week Wait Standard	Aug 22	76.2%			80.3%	70.5%	90.1%
Cancer - 2 Week Wait Referrals	Jul 22	5876			5049	3895	6203
Cancer - 62 Day Standard	Aug 22	68.7%			72.7%	65.3%	80.2%
Cancer - 62 Day Total Waiting	Sep 22	630			612	378	847
Cancer - 104 Day Total Waiting	Sep 22	158			147	90	204
Cancer - 28 Day Faster Diagnosis Standard	Aug 22	68.8%			69.5%	60.6%	78.4%
Mental Health - Out of Area Placements	Aug 22	893			808	481	1135
Mental Health - Dementia Diagnosis	Aug 22	62.5%			61.4%	60.9%	61.9%
Mental Health - IAPT Entering Treatment	Aug 22	2319			2419	1784	3053

A Dashboard including Place and Trust based performance is included within Appendix A of this report

Statistical Process Control (SPC)



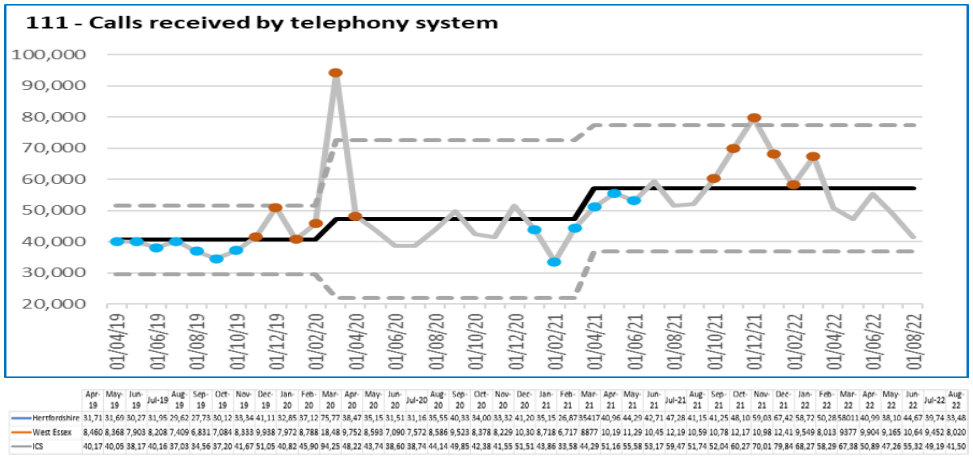
Variation	
H L	Special cause variation of concerning nature due to Higher or Lower values
H L	Special cause variation of improving nature due to Higher or Lower values
	Common cause variation No significant change

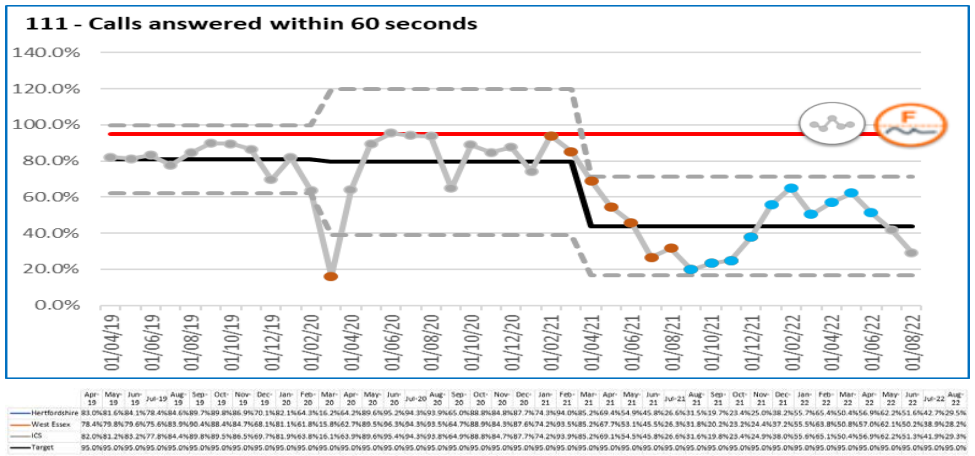
Assurance	
F	Consistent Failing of the target Upper / lower process limit is above / below target line
P	Consistent Passing of target Upper / lower process limit is above / below target line
?	Inconsistent passing and failing of the target

4

Performance by Work Programme

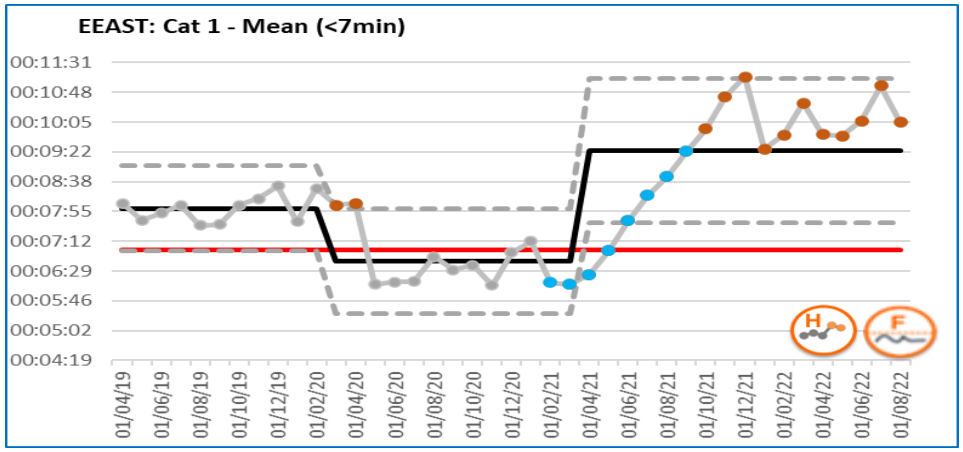
NHS 111

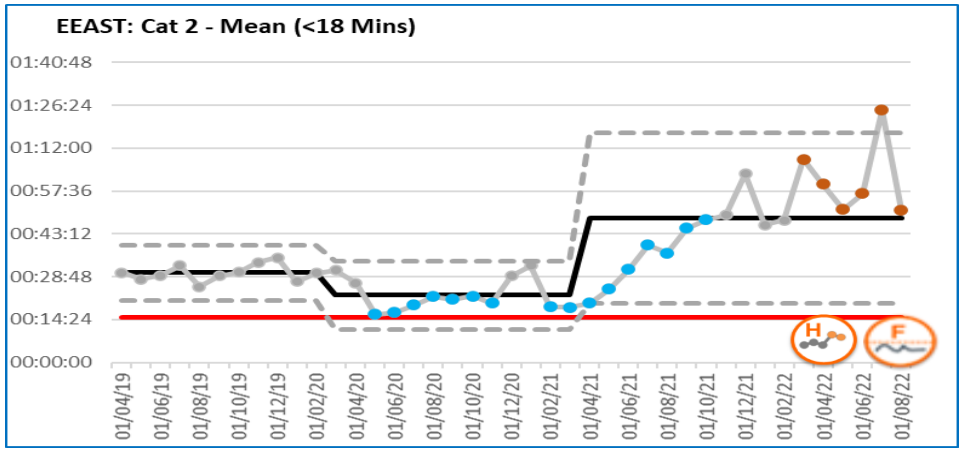


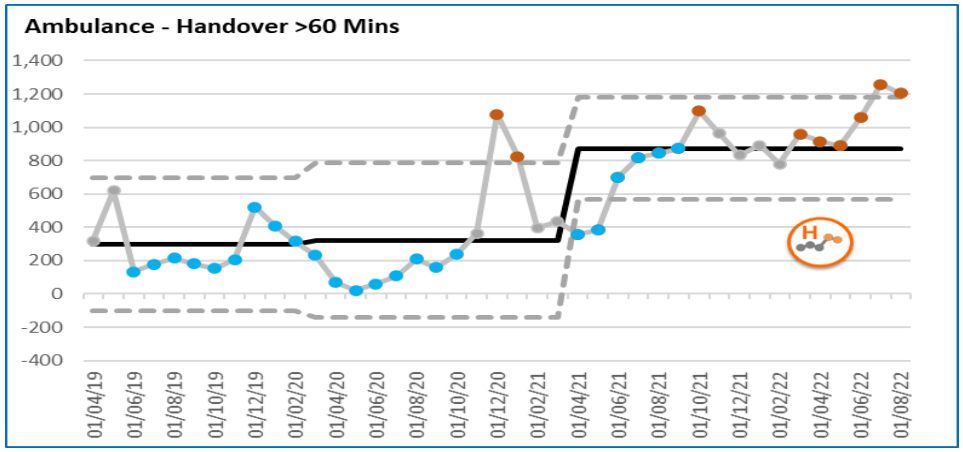


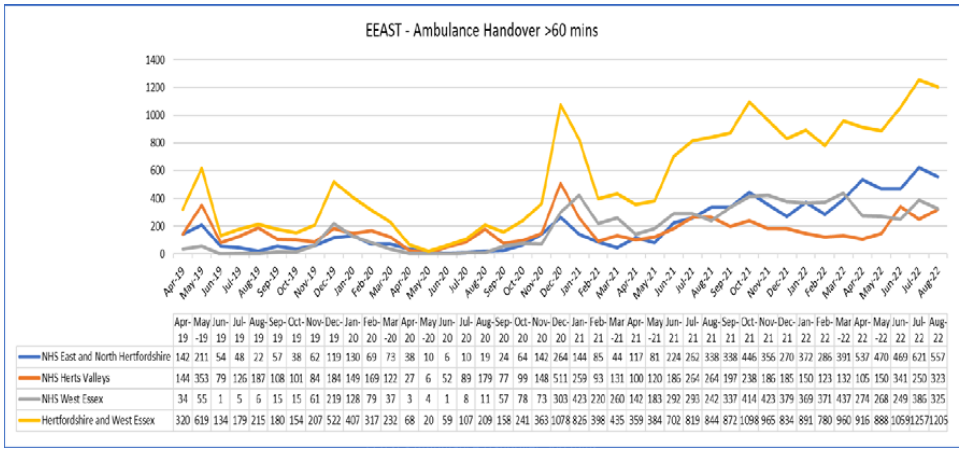
ICB Area	What the charts tell us	Issues	Actions	Mitigation
HUC	• Decline in call volumes in Q2 (122k calls v. 130k in Q1) • Calls answered within 60 seconds deteriorated over the quarter • 19% of calls were abandoned, against the 3% expected standard • Performance was directly impacted by the Adastra (IT system used by HUC) outage, following the national cyber attack in August	• Major disruption resulting from Adastra outage • Patients notes made on paper during the outage • Rectified in early September for NHS11, but Out of Hours remains in contingency as Adastra reconnected only in certain bases • Sickness rates, number of leavers, and recruitment of clinical staff	• HUC footprint Task & Finish Group in place to address challenges and actions across three ICBs (HWE, BLMK, C&P) • Only Tier 1 Out of Hours bases open in August in response to Adastra outage (other clinical staff supporting form Call Centres, including GPs) • Ongoing work to ensure that patient notes are communicated to GP Practices (high number of paper notes to be added to the system). The most urgent cases have already been communicated • New version of Adastra was produced and implemented for NHS111 element of the service • Commissioners have agreed for HUC to proceed with implementation of new Adastra in the Out of Hours bases. HUC actively talking to IT Providers of the individual sites to implement the new system as soon as possible • Weekly IUC Overview Reports from the Provider with monthly updates on workforce • Two recruitment companies engaged to support with vacancies • Range of staff support and welfare measures in place	• Business Continuity Plan (BCP) enacted throughout August • Patient safety maintained and no SIs declared during the Adastra outage • Provider reached 50% target for calls receiving clinical input (56% on average in Q2)

UEC - Ambulance Response Times



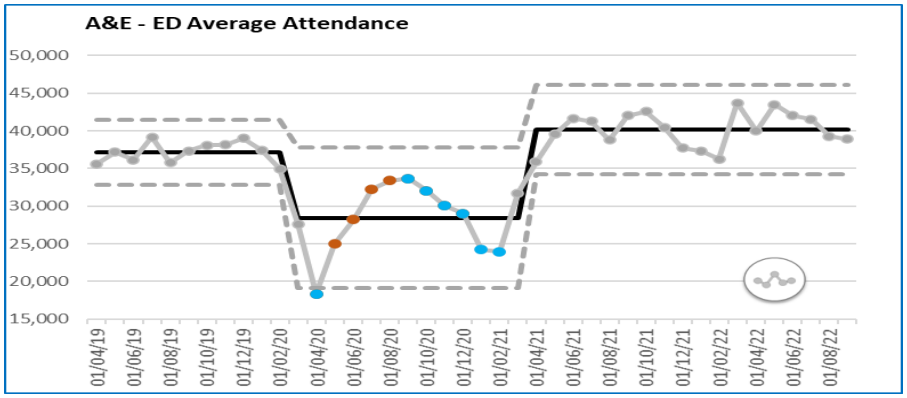


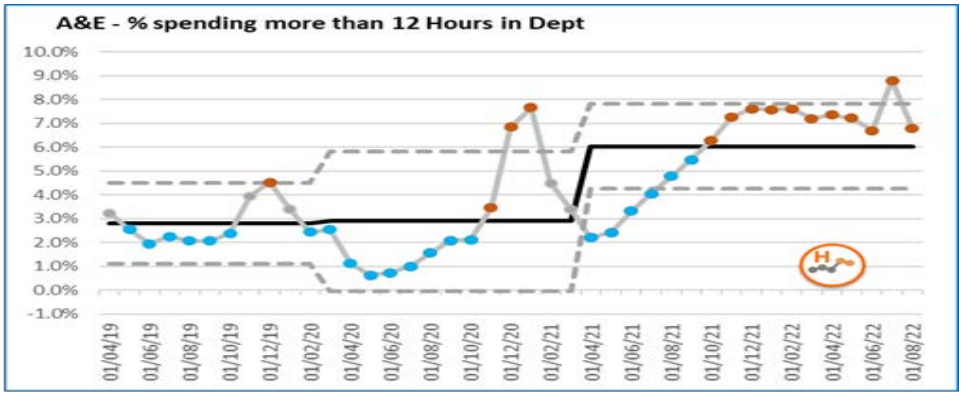


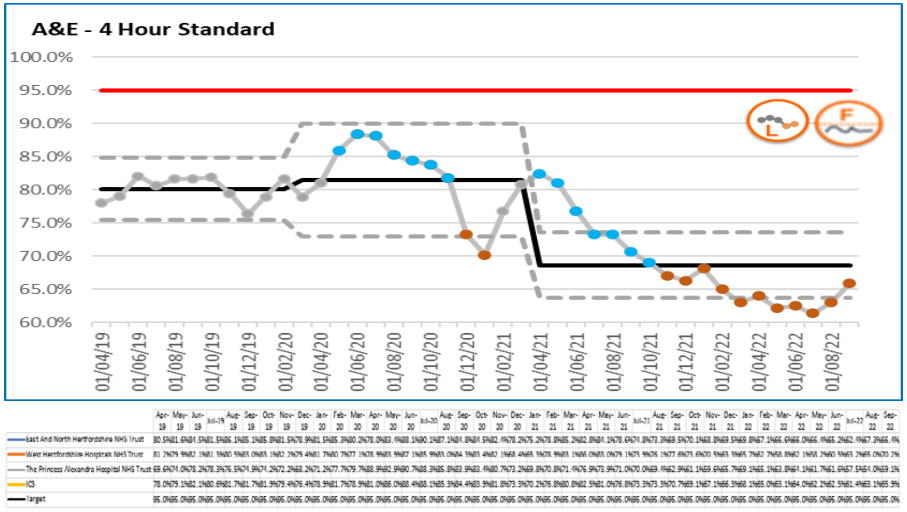


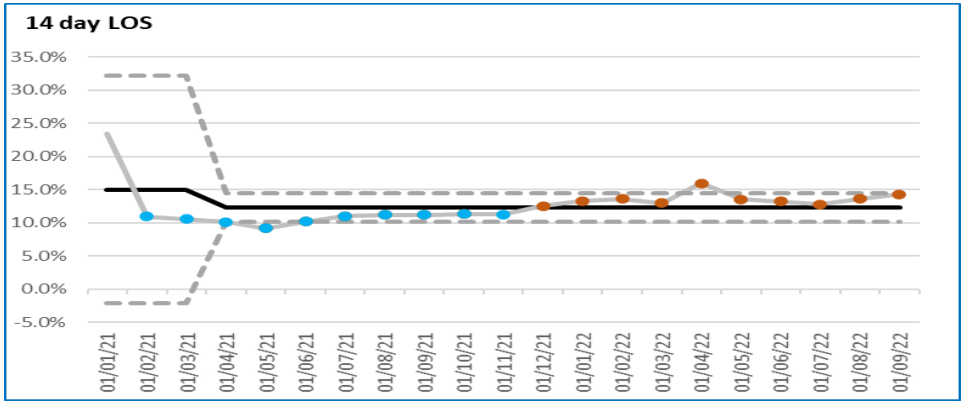
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
NHS East and North 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	470	469	621	557
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	185	264	264	197	238	186	185	150	123	132	105	150	341	250	323
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	268	249	386	325
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	888	1059	1257	1205

Urgent & Emergency Care (UEC)









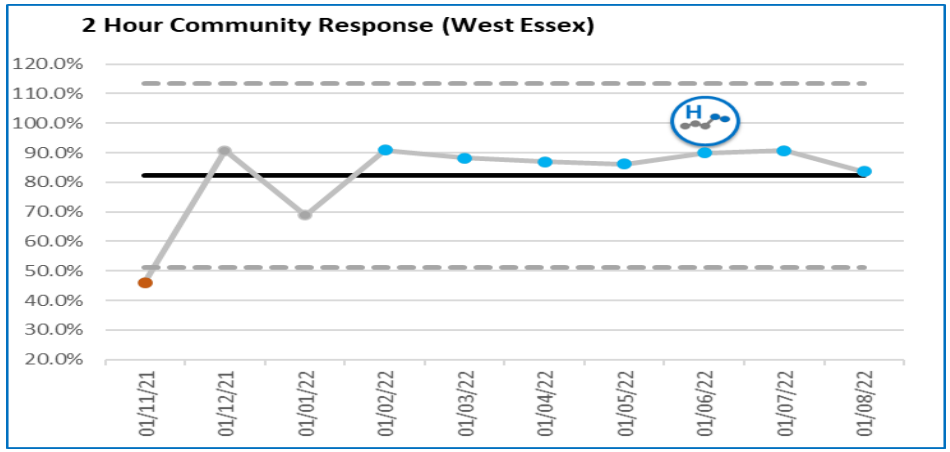
Urgent & Emergency Care (UEC)

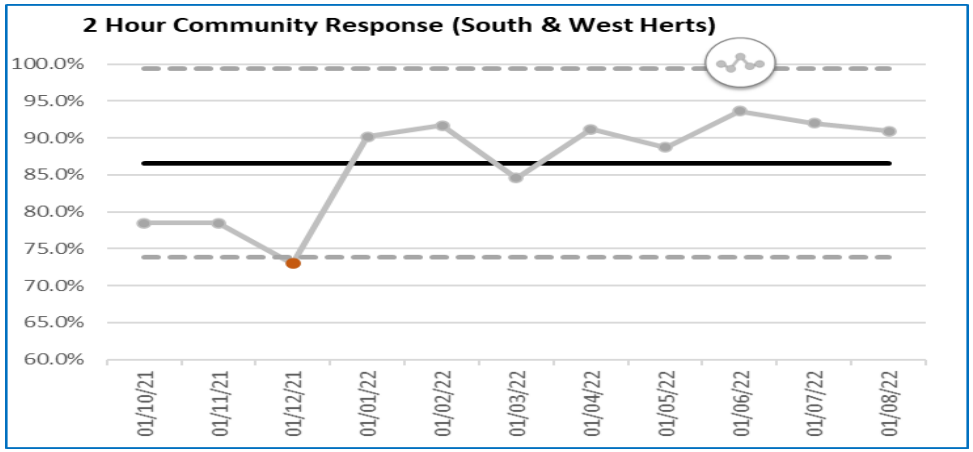
ICB Area	What the charts tell us	Issues	Actions
ICB	• Category 1 & 2 ambulance response times improved in August but remain of concern; • The numbers of ambulance handovers over 60 minutes also remain high and of significant concern; • ED attendances have remained consistently above historical averages over the last 12mths coinciding with a continuing deterioration in performance against the 4hr standard; attendances have seen a decline since May however; • 4-hour performance remains of concern however has seen an improvement in the last two months; • The percentage of patients spending more than 12 hours in the ED department remain high however saw a decline from the peak position reported in July ; • 14 day LoS remains consistently higher than historical average and has increased over the last two months; • Above data points suggest EDs are experiencing exit block due to issues with discharge from wards.	• Continued high demand for UEC services • Continued increased 111 demand • Acute capital build in some areas impacting on the management of current and future demand • Increased Covid admissions • Workforce availability and impact of Covid on the UEC workforce • MH assessment delays and bed shortages	**Alternatives to ED/reducing attendances:** • 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 has commenced with support to EEAST Ambulance service (East of England Ambulance service); the HARIS proof of concept week was successful in reducing ambulance conveyance and demonstrated a related improvement in 30 & 60 minute handover times. **System Strategy:** • Participation in the integrated Urgent and Emergency Care (iUEC 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; • Development of Winter Action Plan and performance improvement trajectories against Board Assurance Framework priority metrics. New UEC Performance report to monitor delivery against trajectories with further supporting metrics covering the 8 Winter Domains; • Strengthening of ICB and CCG oversight and assurance arrangements linked to local escalation surge plans, and quality and performance frameworks • Currently developing plans to increase HWE bedbase by 141 beds in preparation for Winter • Each acute provider has its own internal Urgent care improvement plan.

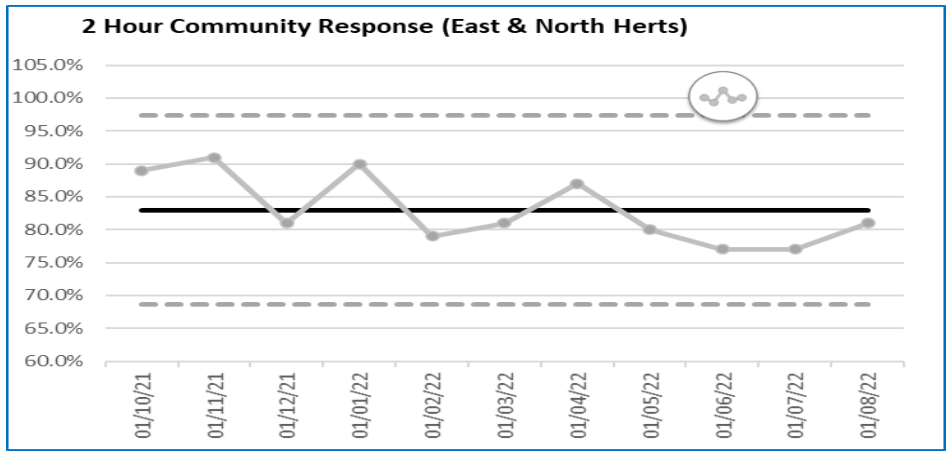
Urgent & Emergency Care (UEC)

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• High number of patients presenting at ED, but comparable to recent months • The number of patients arriving by ambulance at PAH and waiting over 60 minutes to be transferred to ED remains high, but in line with the last 12 month average • 13.8% of patients >12 hours in ED in August, continuing a 12 month above average trend • The number of patients treated, admitted or discharged in under 4 hours improved by 5% in September, but remains low at 59.1%	• Continued high attendances • Ambulance Handover Delays • ED staffing, vacancies and sickness • Covid patients within the Trust and contact beds closed impacting capacity and flow • MH assessments and bed shortages (national issue) • Estate footprint and size of department	• Daily joint working with all system partners to create ED capacity aligned to local oversight arrangements • Daily calls and CCG support with discharges and Transport • Daily calls with EEAST to review pressures across local Trusts and enact "load levelling" • Nightingale Ward (18 beds) available as per escalation plans and staffing availability • Continue with established safety huddles and harm review arrangements • System recovery plan and trajectories in development for 6 national winter priorities • System reporting and oversight against the 8 national winter planning domains, including pre and post hospital metrics • National, regional & internal discharge programmes to improve flow and length of stay • Refresh of Ambulance Handover recovery plan and trajectory	Actions in place to ensure that patient safety is maintained. HWE selected for National IUEC Transformation Programme SRG work plans agreed in line with NHSE planning guidance
South West Herts / WHTHT	• Following a peak in May and June there has been a small decrease in attendance between July (14,800) and September (14,100) • The number of patients treated, admitted or discharged in under 4 hours has shown a steady improvement from July to September going from 63.2% to 70% respectively • 12 hour total time in ED – improved from 5% in July to 3.6% in August	• High number of patients conveyed by ambulance, with ambulance demand being 22% of overall ED attendances • A continued high number of mental health presentations, both in ED and on the wards.MH bed shortages (national issue). Workforce issues across all providers . Regularly having 0+ surge beds open at WHTHT. Business Continuity being declared more frequently and for longer.	• Availability of EAU as assessment to divert all GP referrals to EAU • Working closely with UTC providers to ensure patients are streamed early and into the appropriate pathway. St Albans Integrated Urgent Care Hub opening on 31st October with bookable appointments from NHS 111 and primary care. This will add capacity for channel shift of minor injury and minor illness away from ED/UTC • Continued British Red Cross support of flow out of Watford, with NHSE additional funding to Red Cross to increase capacity at Watford over winter. • All patients assessed by senior decision maker on arrival in ED and treatment commenced if handover delayed. Participating in the #handover at home care coordination programme • Senior review/oversight of decisions to admit. • Review EAU usage and pathways in time of surge areas being required • VH additional pathways coming on line in October 22	
East & North Herts / ENHT	• Handover delays over 60 minutes remain at increased levels • Continued reduction in number of ED attendances following spike in May, however remain at increased levels • ED 4 hour performance remains at similar levels, sitting at 66.4% in September • The % of patients spending more that 12 hours in the department saw an improvement in August at 7.4%	• Continued high demand in number of attendances • Handover delays • ED staffing, sickness and isolation • Covid patients within the Trust and contact beds closed. impacting capacity and flow • MH assessments and bed shortages	• Ophthalmology re-direction pathway implemented; • EPU ED avoidance pathway implemented; ED attendance will be by exception; • IPC process amended for stroke patients. POCT used for high risk patients as per Trust policy; • DTA process from OP reiterated – will not direct to ED unless clinically indicated; • Ambulance offload process mapped and number of recommendations prepared - MADE week, publication of Live ambulance waits across Trust for greater visibility & improved utilisation of space within Majors 4; • Reverse Boarding protocol and triggers being reviewed for update/cascade to support flow; • A review of predictive analytics is taking place to see how this is best utilised within Site; • SDEC/Assessment space due to mobilise from 17th Nov to facilitate direct referrals from EEAST and GPs; • Minors streaming (soft UTC) pilot aiming to launch from 28th November which will seek to cohort minors with wrap around workforce to manage low acuity, high volume.	

UEC - Urgent 2 Hour Community Response







Activity	Apr-22	May-22	Jun-22	Jul-22	Aug-22
West Essex	289	353	468	465	428
East & North Herts	94	145	166	160	195
South & West Herts	147	142	157	162	165

ICB Issues, escalation and next steps

ICB:

- Improving or Common Cause Variation – no areas of concern
- 80% being achieved in all three Places
- System work underway to understand the variances between Essex and Hertfordshire activity, and to ensure consistent data capture and reporting
- Consistency of data is being reviewed against volumes of 2hr response

Community Waiting Times

- Analysis of community service waiting times, and waiting lists is not currently provided within this report
- Reporting consistently across the System is a challenge for a number of reasons:
    - Community provision varies in each Place in terms of the services and standards commissioned
    - There are six core providers delivering community care to Hertfordshire & West Essex patients, meaning there is significant variation in recording and reporting
- Work has commenced with the System's providers of community services to agree a core dataset to commence reporting and analysis of community waiting times
- Reporting will be split by adult and children's services
- The dataset will develop and be expanded over time, but will initially include:
    - % of waiting list < 18 weeks
    - Longest waits and numbers exceeding key recovery milestones – e.g. 52 weeks, 78 weeks etc.
    - Total waiting list size
- Autistic Spectrum Disorder (ASD) services have particular challenges in terms of access and reporting. Specific reporting and assurance for ASD will be included, but separate to the core community services

Performance v. 22/23 Operational Plans

Herts and West Essex Providers (please see Appendix B, slide 30 for performance by Place)

Baseline	22/23 Activity Plan	22/23 M1-5 Activity Plan
246,604	330,131	118,661
	+34%	
N/A	0	2
N/A	0	799
6,109	6480	7200
956,620	890,984	379,580
	-7%	
N/A	1%	0%
8%	25%	24%
N/A	6	6
417,182	448,818	183,688
	+8%	
289	267	485
69%	69%	71%

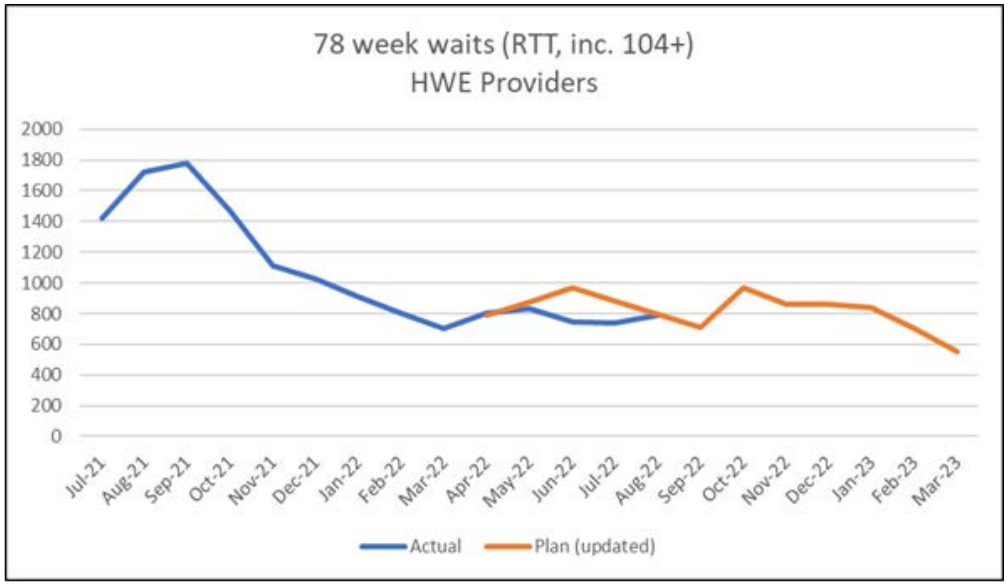
Area	Target
Activity	10% elective activity increase (19/20 levels RTT pathway)
Waitlist	104 week waits eliminated by Jul 22 (waitlist, end of Jun 22)
	Eliminate 78 week waits by Apr 23 (waitlist, end of Mar 23)
	52 week waits trending down across 22/23
Outpatients	25% reduction in outpatient follow-ups by 2023
	5% of outpatients moved or discharged to PIFU
	25% of consultations via video/telephone
	16 specialist advice requests per 100 outpatient firsts
Diagnostics	20% increase in diagnostic capacity against 19/20 levels
Cancer	Reducing cancer 62+ day waitlist to pre-pandemic levels
	Reduction in missed 28 day cancer decisions *(Measure is % decisions delivered in 28 days or less)*

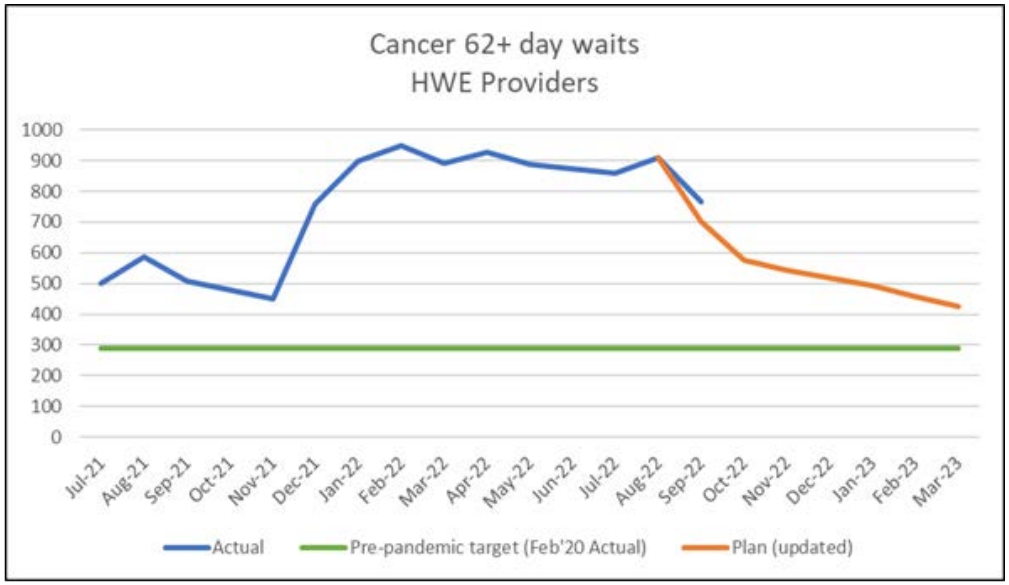
	M1-5 Actual					
	April	May	June	July	August	Total
Plan	16,815	19,497	22,586	30,620	29,143	**118,661**
Actual	16,815	20,581	19,866	18,336	18,833	**94,431**
Variance	0	1,084	-2,720	-12,284	-10,310	**-24,230**
Actual	124	77	35	15	9	**9**
Actual	806	829	748	741	792	**792**
Actual	6484	6804	7472	7988	8615	**8615**
Plan	72,089	76,682	73,718	82,239	74,852	**379,580**
Actual	70,194	79,345	72,502	71,370	71,652	**365,063**
Variance	-1,895	2,663	-1,216	-10,869	-3,200	**-14,517**
Actual	1%	1%	1%	1%	1%	**1%**
Actual	23%	22%	23%	23%	22%	**23%**
Actual	26	27	29	31	32	**29**
Plan	33,749	36,708	35,018	39,879	37,842	**183,196**
Actual	30,029	33,868	31,968	32,034	33,068	**160,967**
Variance	-3,720	-2,840	-3,050	-7,845	-4,774	**-22,229**
Actual	928	887	875	860	911	**911**
Actual	61%	62%	66%	68%	68%	**65%**

ICB Issues and escalations

- Activity significantly off planned levels for both elective and diagnostics (as seen across the country);
- Revised recovery trajectories agreed with NHSE/I and planning submissions updated;
- Good delivery against reduction to the number of patients waiting over 104 and 78 weeks, but 52 week waits are increasing, which is a risk;
- Overall, on track with the Out Patient programmes of work;
- Cancer backlogs are reducing, however further work required to reduce the 62 day backlog to the agreed March 23 ambition of 427.

Performance v. 22/23 Operational Plans





ICB Issues and escalations

- Activity significantly off planned levels for both elective and diagnostics (as seen across the country);
- Revised recovery trajectories agreed with NHSE/I and planning submissions updated;
- Good delivery against reduction to the number of patients waiting over 104 and 78 weeks, but 52 week waits are increasing, which is a risk;
- Overall, on track with the Out Patient programmes of work;
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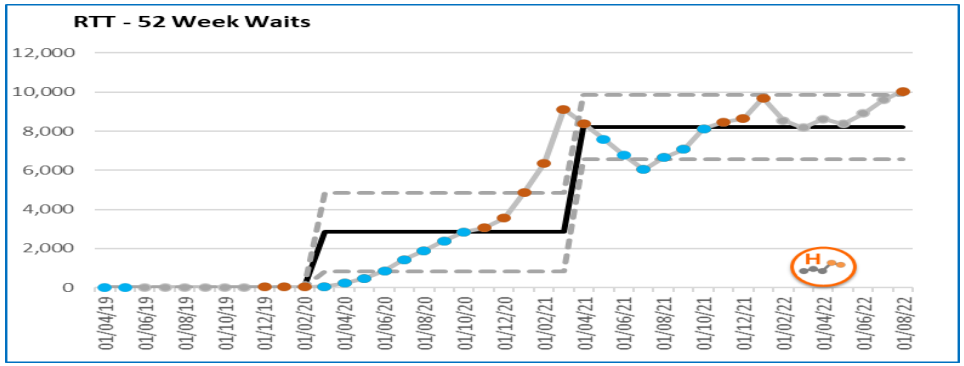
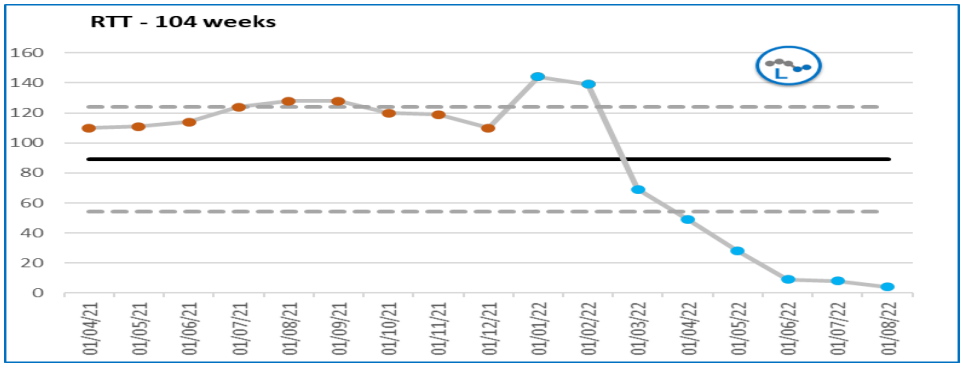
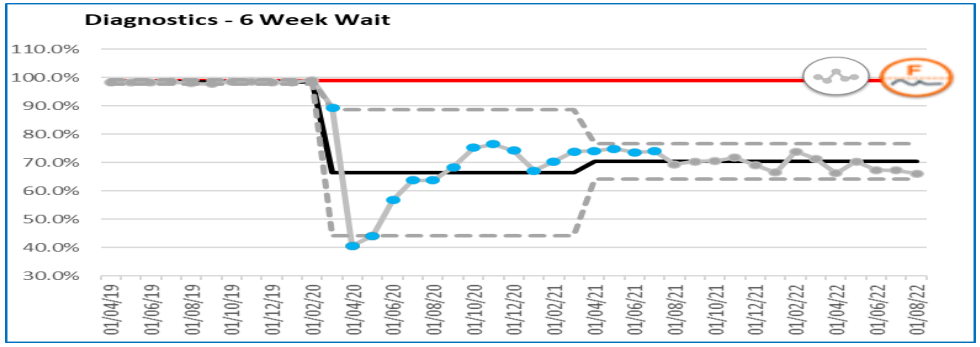
Planned Care – 52 & 104 Week Breaches

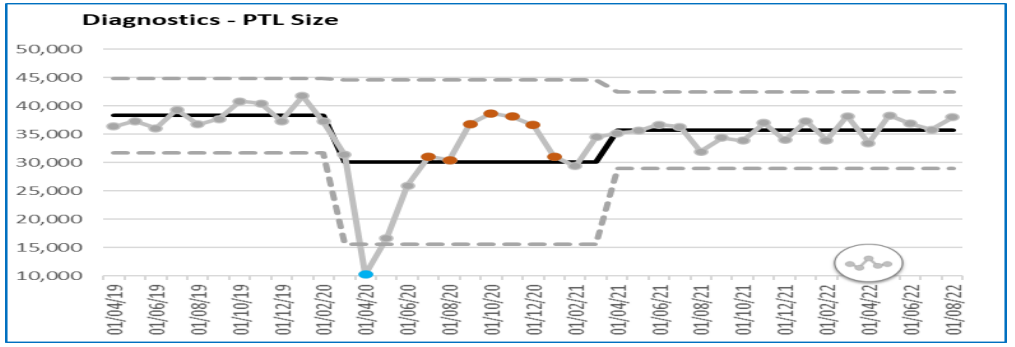




ICB Area	What the charts tell us	Issues	Actions	Mitigation
HWEICB	• Continued improvement and reduction in number of patients waiting over 104 weeks • The latest data for 104+ week waits shows 0 capacity breaches across the ICS, meeting the delivery target. There are 3 breaches due to patient choice and clinical complexity. • The number of patients waiting over 52 weeks has continued to increase reaching a concerning level in August.	• Whilst we have been successful in the reduction of the longest waiting patients and are meeting the asks in the 22/23 operating plan, we are not delivering enough activity to get on top of our backlog • "Pop-ons" of long waiting patients identified through increased validation • High referral volumes in early 21/22 now reaching their 52 week wait • UEC pressures impacting operating and bed capacity • Trauma and Orthopaedics, Gastroenterology and Community Paediatrics remain the main areas of pressure for long waiters • Staffing remains a challenge, particularly around anaesthetics	**Management of waiting lists:** • The systems focus is now on reducing the number of patients waiting over 78 weeks, with national oversight and focus; • WHTHT are currently in Tier 1 for 78 week recovery, receiving the highest level of regional NHSEI support; • Recovery plans and refreshed trajectories are in place by specialty to track and deliver 78 week improvements; • Validation and robust PTL management in place. **Increasing Capacity and Improving productivity:** • National ISP capacity support; • Community Paediatrics escalated regionally and nationally for mutual aid to support recovery; • Business case being developed for a system high volume low complexity elective hub to add elective capacity from 24/25; • Mapping of elective programme in the UEC Winter Plan; • Theatre Utilisation Programmes in place • Anaesthetist recruitment	• Actions delivering reductions in long waiting patients • 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.

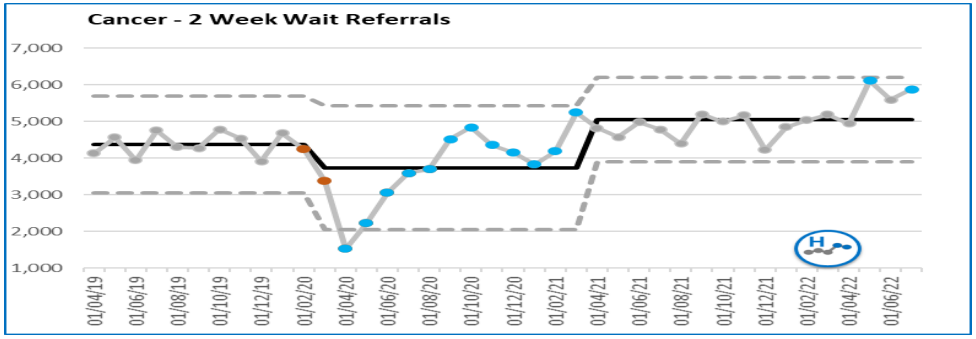
Planned Care – Diagnostics

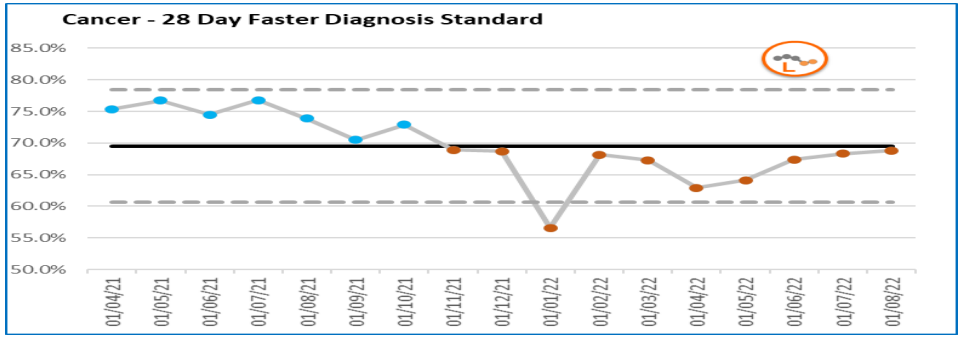




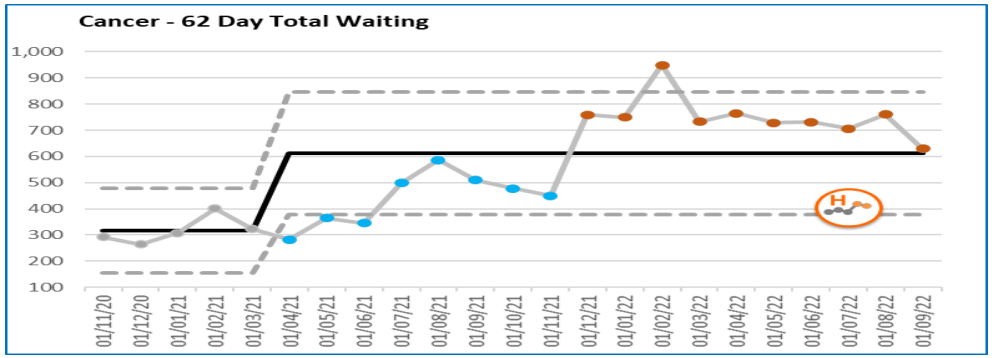
ICB Area	What the charts tell us	Issues	Actions	Mitigation
HWEICB	• The number of patients waiting more than 6 weeks remains higher than the target • The biggest waits are within physiological measurements (ECHO, urodynamics and audiology) • Imaging waits continue to be high for DEXA (WHTH and ENHT), CT and MRI (ENHT), NOUS (PAH and ENHT) • The total number of patients on the waiting list remains high but activity is above 2020 levels indicating an increase in demand.	• The biggest challenge remains workforce particularly for DEXA, US and ECHO • It is felt there has been an increase in urgent/ 2WW referrals and a review is being undertaken to understand if these are appropriate referrals • There is no additional revenue funding available for mobile units • ENHT have had issues in terms of estate and staffing for mobilising the CDC DEXA service • Staffing challenges has meant that the CDC NOUS service has not delivered the expected activity at the New QEII • Despite successful international recruitment of radiographers at ENHT and PAH it takes time for onboarding and training to take place	• ENHT have found an interim DEXA solution which will see activity increase in the Autumn 2022. WHTHT are looking at insourcing and mobile options and will share this with ENHT to see if can be shared across the Trusts • ENHT have reprofiled the activity for NOUS at the CDC and a step change in activity is expected over the autumn. PAH have recruited to a fixed term post and additional agency sonographers. They will also review and offer from PML of additional capacity if required. • Urgent/ 2 WW referrals are being reviewed to ensure appropriate. • WHTHT are working through internal governance processes to offer ENHT mutual aid for MRI. • The system-wide diagnostic improvement plan is being submitted in early November to NHSEI. This includes recovery trajectories for all challenged modalities. All modalities are expected to be DMO1 compliant by March 23 with exception of following challenged areas with longer recovery trajectories: Audiology, Non-Obstetric Ultra Sound, MRI (ENHT), ECHO (WHTH) and DEXA (WHTH and ENHT). • ENHT have commenced ECHO CDC services using an insourcing company, there has been an issue with reporting but that has been resolved. This should see an impact on the backlog and waiting times. • There have been initial system-wide conversations regarding audiology. There is a plan to follow this up once a national benchmarking exercise has been released. This review will include looking at the service that is being offered across the system and the criteria. • Once the LOAs and MOUs for the CDCs have been received mobilisation can commence but as PAH and WHTHT will not be operational until late 23/24 this will not have an immediate impact. ENHT are due to submit a further business case for additional MRI at the CDC in 23/24.	• CDC at ENHT is starting to see an impact on waiting times but the service remains challenged due to staffing • WHTH are flexing their operational hours for each modality as and when required • PAH is using an MRI mobile unit on an ad-hoc basis to try and manage waiting times • System wide improvement plan being finalised including trajectories to get to the March 2023 position.

Cancer

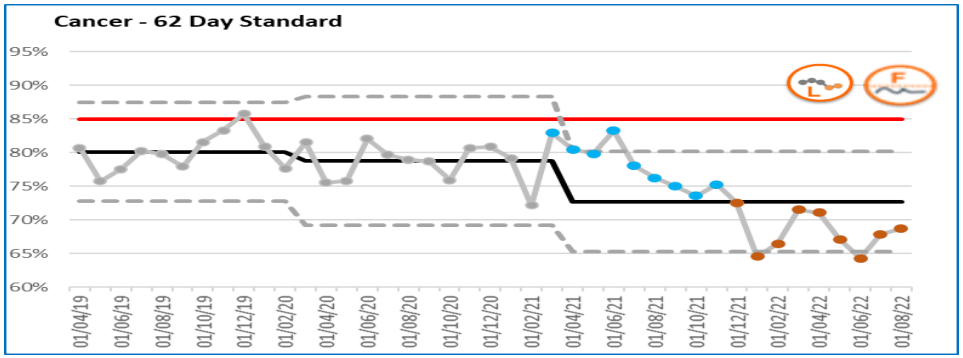




	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	72.1%	75.6%	76.2%	76.7%	72.0%	71.8%	76.5%	74.8%	74.1%	64.2%	72.9%	74.6%	68.0%	64.3%	70.6%	71.7%	72.6%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.3%	79.8%	81.4%	82.1%	77.8%	77.2%	77.7%	71.9%	64.7%	47.0%	59.2%	54.6%	51.3%	57.7%	59.6%	60.3%	60.2%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	72.3%	74.6%	66.8%	77.1%	75.9%	62.9%	69.1%	60.6%	66.8%	50.9%	69.6%	69.3%	64.1%	65.9%	74.3%	72.3%	72.8%
ICS	75.6%	76.9%	75.4%	78.9%	75.5%	71.1%	73.8%	69.5%	68.9%	54.4%	67.5%	65.6%	60.8%	62.4%	66.4%	67.5%	68.5%



	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	Jun-22	Jul-22	Aug-22	Sep-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	297	277	270	257
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	128	125	162	152
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	306	304	329	221

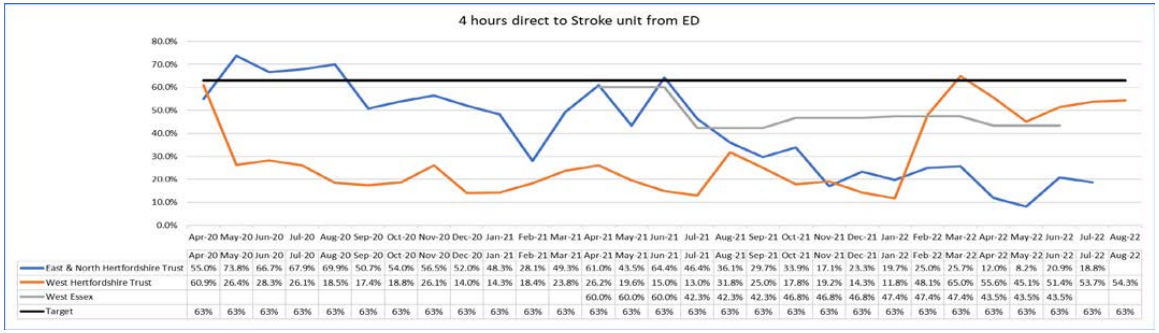


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	80.6%	75.4%	75.5%	79.8%	74.5%	69.6%	81.1%	85.4%	87.6%	83.5%	77.0%	87.4%	87.3%	85.9%	87.1%	89.2%	85.3%	90.1%	86.9%	86.6%	87.0%	86.9%	83.4%	87.4%	91.1%	88.2%	85.0%	90.3%	86.1%	87.5%	86.1%	89.9%	86.2%	79.3%	87.6%	84.1%	86.0%	86.1%	82.4%	86.0%	82.6%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	77.8%	83.3%	81.2%	72.8%	81.7%	86.7%	78.2%	78.9%	81.9%	83.0%	76.0%	80.0%	68.8%	73.9%	86.4%	74.7%	85.7%	83.7%	80.2%	80.1%	81.1%	63.1%	73.4%	84.5%	84.9%	75.0%	86.8%	80.1%	79.2%	87.0%	79.4%	75.7%	83.2%	57.5%	73.6%	62.5%	72.6%	60.2%	61.4%	66.1%	58.8%	59.6%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	78.7%	74.7%	76.5%	82.6%	78.9%	85.2%	85.3%	87.2%	77.3%	76.7%	79.7%	79.6%	81.1%	63.1%	67.5%	67.5%	70.9%	59.3%	66.3%	65.4%	59.4%	67.3%	66.8%	63.1%	68.9%	67.8%	64.9%	56.1%	58.4%	69.8%	67.4%	64.1%	62.5%	53.8%	47.7%	61.4%	68.1%	61.7%	69.2%	65.0%	66.8%	61.2%
ICS	79.3%	77.6%	77.9%	77.8%	77.6%	77.8%	81.0%	83.3%	85.5%	82.0%	76.6%	79.6%	83.2%	76.5%	77.9%	78.4%	79.6%	80.6%	79.9%	77.3%	78.1%	75.8%	80.8%	80.7%	79.2%	78.2%	78.3%	78.0%	78.5%	78.0%	77.9%	77.7%	79.0%	76.7%	77.2%	76.7%	76.1%	74.4%	74.4%	72.8%	68.0%	66.5%	68.8%	69.6%
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%

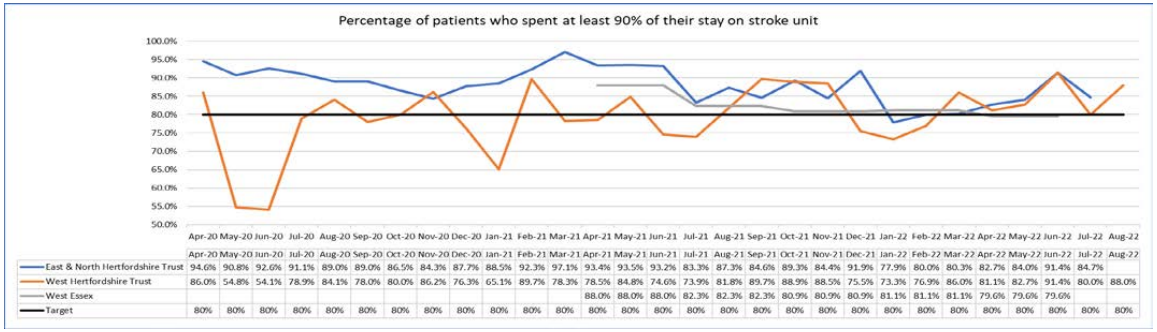
Cancer

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• 2 week wait cancer referrals remain high • May to July saw the highest cancer referral volumes since pre-Covid • 28d FDS performance continues to slowly improve • Improvement in the 62 day backlog position in September. Now at the lowest level since 2021. As at week ending 2nd October, the number of urgent 2 week wait patients waiting over 62 days as a proportion of the total PTL across HWE ICS was 10.4% compared to an EoE Regional position of 13% and an England position of 11.7%. • Further work required to reduce the 62 day backlog to the agreed March 23 ambition of 427 • 62 day performance remains low, but this is a positive indication that the longest waiting patients are being treated	• Continued high referral levels • Recruitment to key cancer posts • Cancer management, tracking and coding capacity • Tele-dermatology start date still to be confirmed • Urology, Breast, Skin & Gynaecology capacity • Notable proportion of longest waiters are at tertiary centres	• Substantive Head of Cancer now in post; Cancer Programme Lead appointed – start date TBC • Remaining tracking and coding posts to be filled by Nov. • Revised nurse led Tele-dermatology service nearing launch • Rotational programme of intensive daily cancer tracking	• System support and oversight in place with bi-weekly meetings • Weekly Key Lines of Enquiry (KLOE) process in place with Cancer Alliance • Cancer Harm Review process in place
South West Herts / WHTHT		• Demand continues to outstrip capacity; remains a challenge to manage new demand and the backlog particularly in breast and skin • Increase in demand, slow diagnostic pathways, delays for some OPA appointments, delays in partner providers and delay in availability of letters all contributing factors • Some difficulty with patient engagement (making contact and holiday season) slowing the whole pathway including those waiting over 104 days • Cancer Lead left position in September	• Provision of adhoc clinics, switching routine OPA slots to 2WW slots and outsourcing. • Recruitment of Locum Breast and Radiology Consultant , and developing breast pain only clinic. • New A&G skin lesion pathway and Nurse led Dermatology imaging clinics commenced. • All services have actions to improve pathway management as part of Trust's improvement plan • Patient-level scrutiny for long waiters is part of weekly Cancer Long Waiters' meeting . Work is starting to enable services to have a validated PTL to prevent the tip-ins (days 49 to 62). • Tier 1 assurance and support in place with de escalation of Tier 1 process triggered due to improved position.	• Weekly Key Lines of Enquiry (KLOE) process in place with Cancer Alliance • All patients on the PTL are tracked • WHTHT have implemented clinical harm reviews for those that have to wait >28 days and are diagnosed with cancer • Clinical review is requested by MDT trackers as they track patients and escalated as necessary
East & North Herts / ENHT		• Increase in 2 week wait referrals and growth in PTL • Diagnostic imaging and histopathology challenges • Delays in communication of non-cancer diagnosis • Challenges with late referrals to ENHT as a tertiary centre impacting PTL waits >62 days	• Radiology and histopathology prioritising cancer patients from urgent and routine to avoid delays and also offering WLI work to increase capacity • 'Negative letter' process being implemented • Revised recovery plans and trajectory in place which are delivering to plan – Trust has been de-escalated from Tier 1 to Tier 2 with improvement in performance • MRI and CT capacity to increase across next few months • Histopathology plan in place - online ICE request started with Urology, using specialty doctors to free up consultant time • Work with Cancer Alliance on tertiary pathways	• Weekly Key Lines of Enquiry (KLOE) process in place with Cancer Alliance • Robust weekly PTL management in place; clinical and operational review of patients waiting >62 and 104 days with clinical harm reviews in place

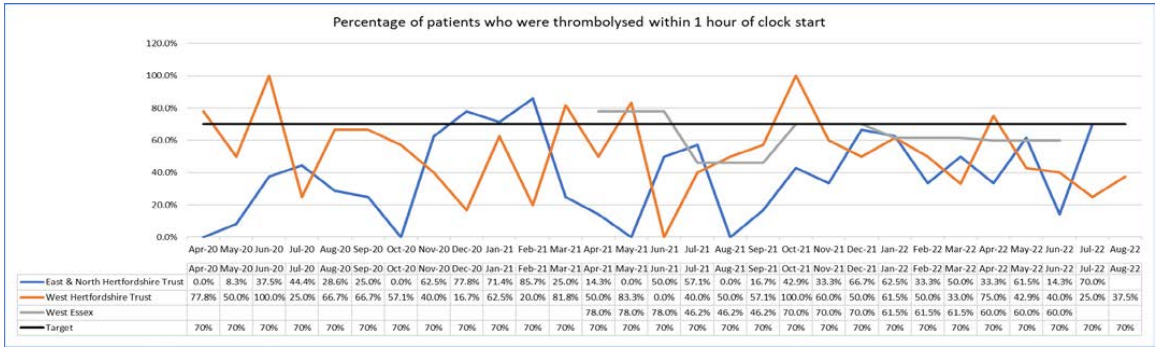
Stroke



	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	May-22	Jun-22	Jul-22	Aug-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%	8.2%	20.9%	18.8%	
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%	55.6%	45.1%	51.4%	53.7%	54.3%
West Essex													60.0%	60.0%	60.0%	42.3%	42.3%	42.3%	46.8%	46.8%	46.8%	47.4%	47.4%	47.4%	43.5%	43.5%	43.5%		
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%	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	May-22	Jun-22	Jul-22	Aug-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%	84.0%	91.4%	84.7%	
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%	81.1%	82.7%	91.4%	80.0%	88.0%
West Essex													88.0%	88.0%	88.0%	82.3%	82.3%	82.3%	80.9%	80.9%	80.9%	81.1%	81.1%	81.1%	79.6%	79.6%	79.6%		
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%



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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%	61.5%	14.3%	70.0%	
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%	42.9%	40.0%	25.0%	37.5%
West Essex													78.0%	78.0%	78.0%	46.2%	46.2%	46.2%	70.0%	70.0%	70.0%	61.5%	61.5%	61.5%	60.0%	60.0%	60.0%		
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%	70%	70%	70%	70%

ICB Issues, escalation and next steps

Barking, Havering and Redbridge Trust (BHRT) is the main provider of Stroke for West Essex patients. Reporting remains on a quarterly basis via the national SSNAP database. Q1 results show that the Trust's overall rating has improved from a D to a C since the last quarter.

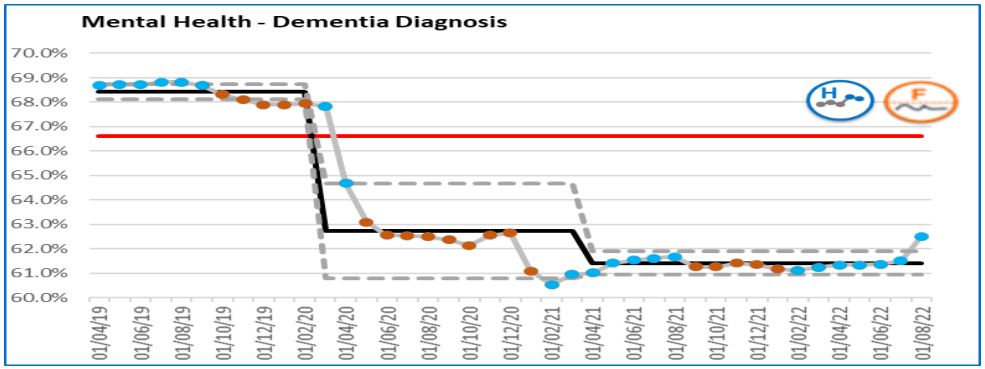
- Task and Finish group established to review the pathway between PAH and Queens
- West Essex Stroke Association contract in place. Tender planned for community out of hospital service
- Tele-Medicine pilot in place with East of England Ambulance to facilitate patients getting to the right place, at the right time

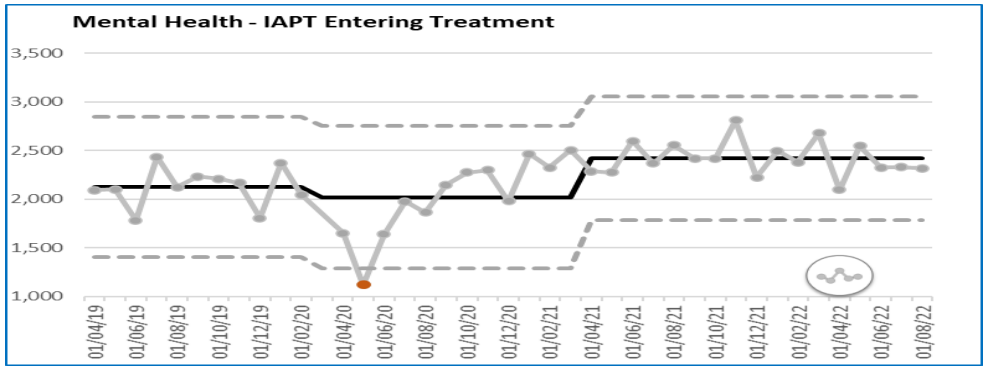
Performance across Herts continues to meet target for the percentage of patients who spent at least 90% of their stay on a stroke unit. ENHT data is awaited for August. Performance remains below standard against the percentage of patients who were thrombolysed within 1 hour of clock start with WHTHT achieving 37.5% in August. ENHT achieved a significant improvement from 14.3% in June to 70% in July with August data awaited. Both Trusts also continue below standard for 4 hours direct to stroke unit from ED, with ENHT performance declining to 18.8% in July. WHTHT have seen an improvement in performance at 54.3% in August.

Next Steps:

- Direct to Stroke unit within 4 hours is a priority for review and action plan development. Assurance that patients continue to receive stroke consultant input and specific recommendations for their care while they await admission and lateral flow devices are being implemented in ENHT RAG green patients.
- High number of breaches due to limited bed and side room capacity; ringfencing of Stroke bed capacity is being reviewed. ENHT continue to ringfence Stroke beds and monitor adherence;
- WHTHT have developed a SSNAP improvement plan focusing on improving KPIs; access to MRI, reporting of CT Angio and workforce issues;
- ENHT action plan includes improvements to CT to improve door to needle time;
- Ongoing monthly reviews for all domains are supported with improvements plans.

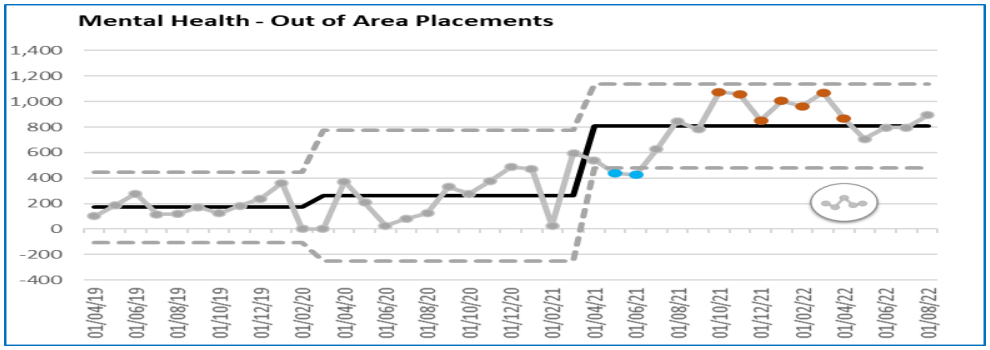
Mental Health – Dementia Diagnosis and IAPT





ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• Diagnosis of patients with Dementia remains compliant with the national standard • The number of patients accessing IAPT in August was the highest this year	• Ongoing under-establishment within the core IAPT service and some resignations • High levels of patient cancellations and non-attendance of booked appointments (DNAs) • Therapist sickness and cancellations • IAPT Recovery rates are not at the expected 50% standard	• Use of third-party IAPT resource to support assessments • Ongoing recruitment programme • Diversion of resource from other regional IAPT services • Focus on improving wait to assessment – now down to 17 days • Recovery rates have been investigated. Causes, mitigating and corrective actions have been identified and implemented, and further improvement is expected going forward	• The IAPT 6 week and 18 week waiting time standards both continue to be routinely achieved • Recovery rates improved by 7.9% in August and are now approaching compliance
Herts	• In Sept, the Dementia Diagnosis rate for Herts was 59.7% remaining significantly below National Target • Access remains low in the number of IAPT patients entering treatment over period	• The current recovery plan and actions have not fully commenced therefore the true impact is yet to be realised • IAPT referrals into service are reducing. Internal IT issue impacting access to EPR system leading to delay in first contact , access and waits	Actions plan: • Enhanced Commissioning Framework (ECF) for GPs to complete coding exercise to capture true diagnosis rate. Admin role in Primary Care Diagnosis Service to free Nurse Specialists . Practice Data reviewed monthly to target support. Focus on physical LTC - respiratory, MSK and older people; • Communication plan in place & public engagement events. Review of GP websites to enable patient direct access . Review and update of primary care materials and distribute new materials. Service to deliver increase in step 3 interventions where vacancies cannot be recruited.	• Continue with current actions to increase access to Dementia Diagnosis and IAPT services • Bring Recovery Action Plans into one forum to ensure central oversight • IAPT HPFT To ensure ICT internal issue is mitigated and commissioners updated on progress

Mental Health – Out of Area Placements and CYP Eating Disorders



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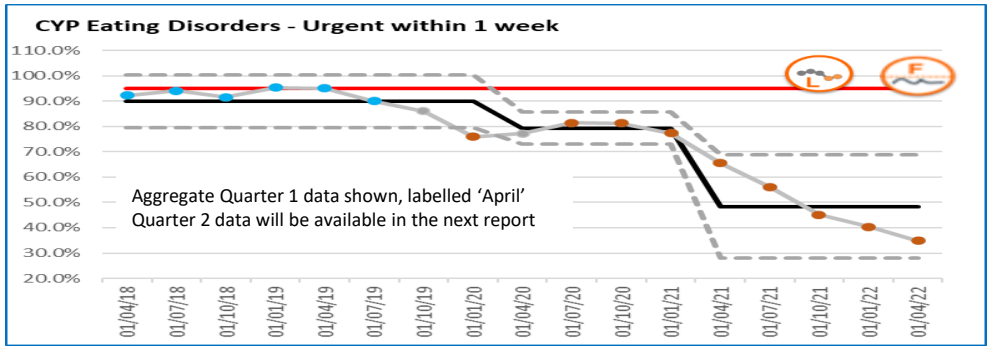
Hertfordshire	100	185	277	114	118	172	124	182	239	360			372	207	26	83	125	331	277	376	486	471	26	596	452	337	336	574	834	759	936	745	674	779	830	987	767	691	775	757	817
Hertfordshire Target	66	132	200	58	116	175	50	100	150	42			33	33	34	20	20	20	10	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WECCG																									86	102	90	51	12	22	140	314	177	225	134	83	100	16	21	38	76
WECCG Target																																									



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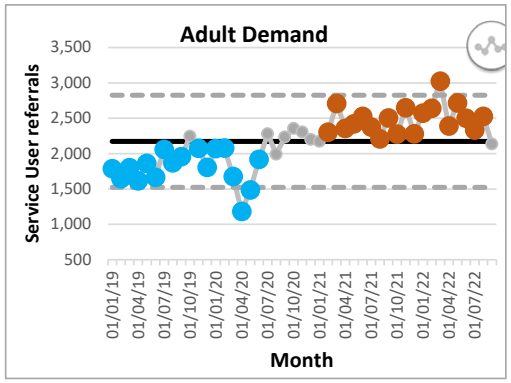
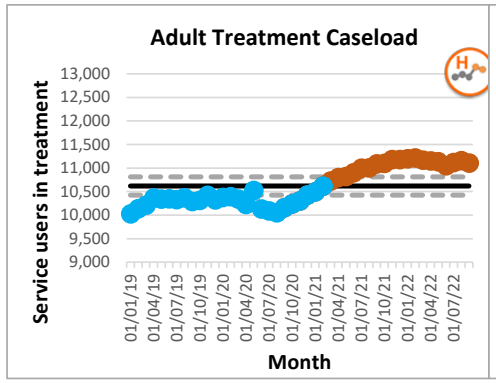
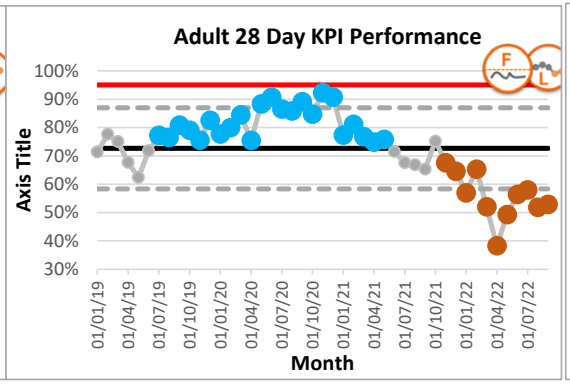
NHS East and North Hertfordshire CCG	100.0%	100.0%	92.9%	92.9%	90.9%	78.6%	78.6%	76.9%	71.4%	81.3%	75.0%	65.6%	56.8%	51.3%	45.7%	44.8%	36.0%
NHS Herts Valleys CCG	92.9%	95.7%	94.4%	100.0%	94.1%	92.9%	90.5%	76.0%	81.5%	85.0%	85.0%	77.3%	57.9%	41.5%	30.0%	25.0%	21.8%
NHS West Essex CCG	71.4%	81.8%	86.7%	92.3%	100.0%	100.0%	86.7%	75.0%	75.0%	73.7%	81.3%	95.2%	96.0%	100.0%	94.4%	93.8%	91.7%
ICS	92.2%	94.0%	91.5%	95.2%	95.0%	90.0%	86.0%	75.0%	77.2%	81.3%	81.3%	77.3%	65.5%	56.1%	45.1%	40.4%	34.8%
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%

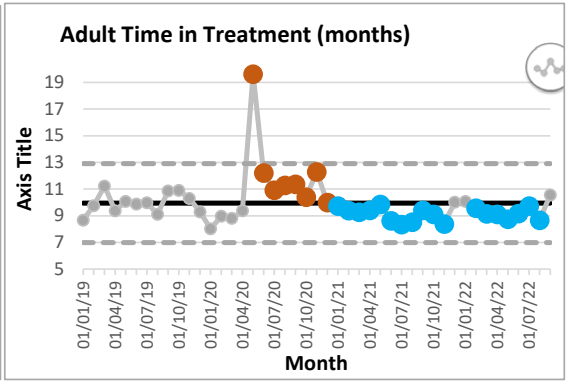
ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• Out of Area Bed Days for West Essex have increased over Quarter 2 but remain comparatively low • 91.7% of patients referred for urgent eating disorders were seen within 1 week in Qtr 1 (to June 22)	• Pressure for Mental Health 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**: MADE methodology implemented to support discharge and repatriate OAPS. NHSEI support for OOA bed pressures engaged. Bring Recovery Action Plans into one forum for central oversight. Review of Herts bed base numbers. **CYP Eating Disorders**: Early Help ED service commissioned to support the CYP Community ED team, reduce the waiting list and provide safe step down to improve throughput. All CYP will have been seen by 2nd Nov 2022, the new Early Help Service has opened to referrals from across the system.
Herts	• Continuing increased levels of Out of Area Beds compared to last year, although a reduction has been seen since March. • Further decline of CYP ED performance in Qtr 1, reflective of backlog being treated. The number of CYP being referred for support has now stabilised and the Community ED Team have allocated all CYP on the waitlist an initial appointment by Wednesday 2nd November.	• DTOC challenges. Higher admissions to discharges. Increased use of MHA • Refurbishment of bedrooms has begun with 3 rooms at time being decorated – planned end mid-December 2022. • The number, complexity and acuity of CYP presenting with ED and staffing continues to impact on patient throughput and slow performance. • Access re specialist beds due to co-morbidities (wait times have improved)	• Reduce admission through gatekeeping • Adopt purposeful Inpatient Admission Model • Daily OAP reviews /dedicated clinical ownership for OAPs • Reviewing what other areas are doing I.e. voluntary service input to pathways. Review community demand and capacity, to avoid admissions • Share agreed actions with PCN leadership linked to neighbourhood level MDT development. • New Early Help ED Service Commissioned. HPFT recovery plans in place. Medical Monitoring service implemented to support primary care and also offer brief interventions.	

Mental Health – Adult Services



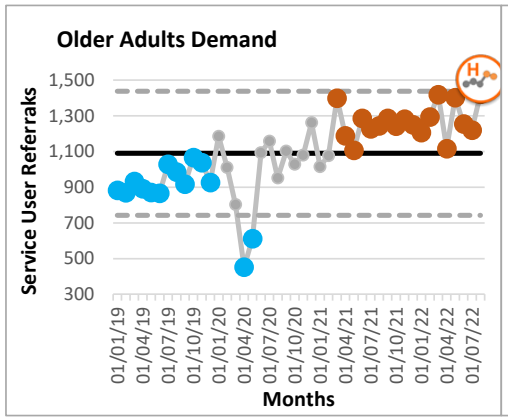


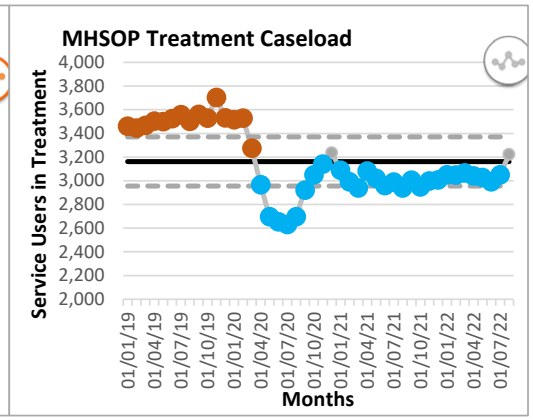


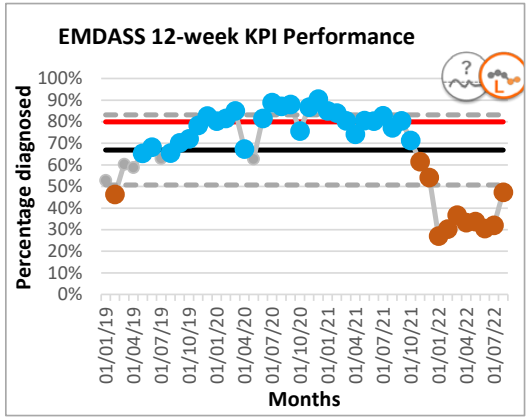


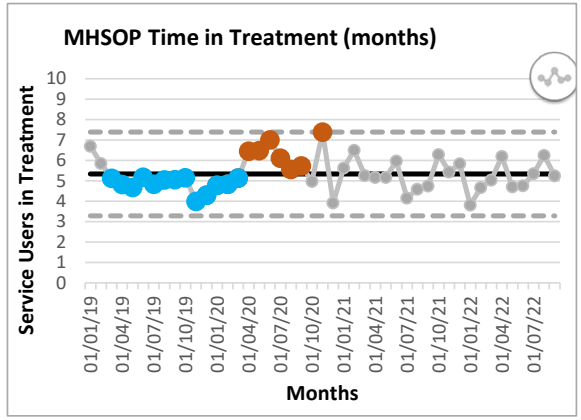
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Adult Community Mental Health Services	Referral demand has been on a continuous upward trajectory in the post pandemic period. There are 800 more service users in treatment now than there were at the start of the pandemic. The time it takes from referral to assessment has increased in line with high referral volumes and caseloads. In May and June 2020, EPUT undertook a major case review which resulted in discharging 400+ people who had been on caseloads for longer than 40 weeks	Sustained high demand has resulted in a waiting list for initial assessments, with high levels of vacancies in some teams, where recruitment is particularly challenging. In Sept 95% of service users were assessed within 56 days of referral.	Agency staff recruited, who are currently undertaking additional assessments every week. Administrative support extended to community mental health teams Commissioned external process efficiency consultant (LEAN) to optimise current processes Out of hours clinics to provide extra capacity from substantive staff and make access easier for service users	Flow continues across the adult community pathways with 95% of service users being seen within 56 days. Community Transformation continues to see more service users in primary care. Recovery for performance is expected in Q4 2022.

Mental Health – Older Adults Services



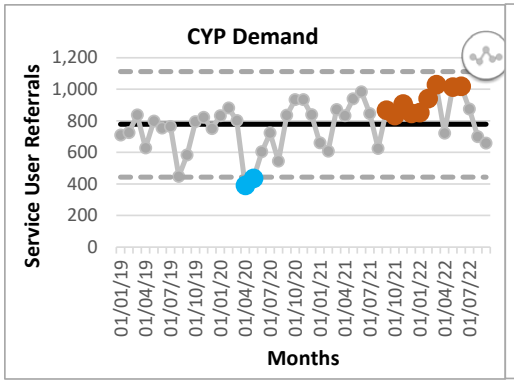


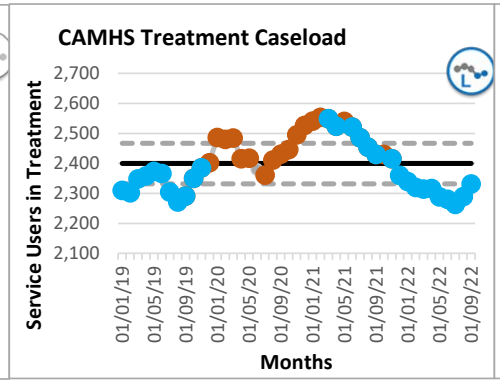


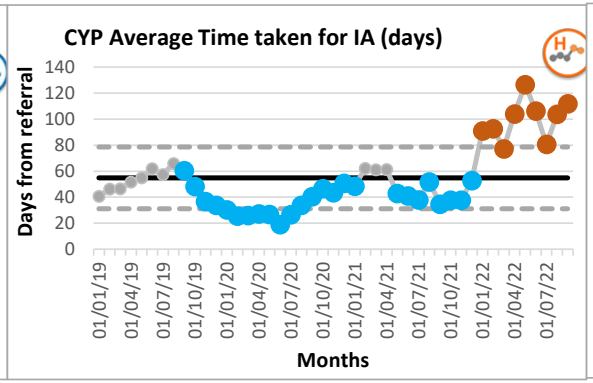


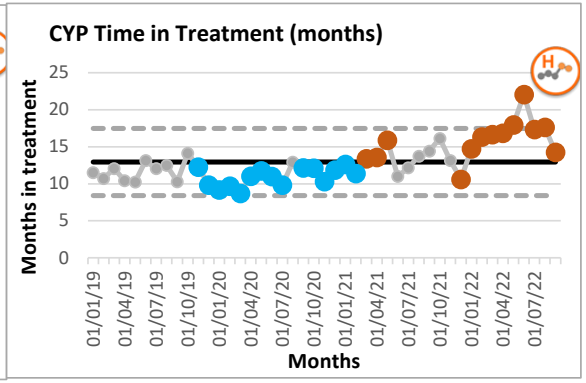
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Older Adult Community Mental Health Services	Increase in referral demand since Jan 2021 was initially due to suppressed demand during COVID and has continued to remain high. Increase in older population in Harlow + Uttlesford compared to national data. New partnership working arrangements with Alzheimer's UK has led to a reduction in overall caseloads in MHSOP in Herts. In Herts the EMDASS service was temporarily halted due to re-deployment of staff over the winter in 2021-2 which led to a backlog of diagnosis. Overall time spent on treatment pathways has stayed the same.	Not meeting access standards for referral to diagnosis for Dementia (EMDASS) Recruitment vacancies for Consultants, Registered Nurses, OT's in West Essex – impact Occupational Therapists Access to specialist brain imaging/scanning in West Essex	Recovery programme activity for EMDASS diagnosis service – expected to recover in Q3 West Essex International Recruitment programme to address vacancies Future expansion of community diagnostic capacity across ICB	Risk review and prioritisation for service users who have been waiting Additional clinics for evening and weekends to improve waiting times Primary care dementia diagnosis nurses improving activity with a focus in West on care home population. EMDASS recovery is expected in Q3 2022

Mental Health – CAMHS Services



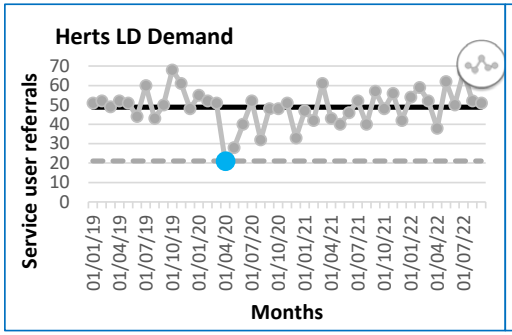


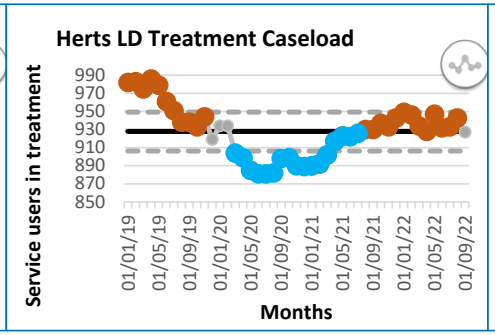


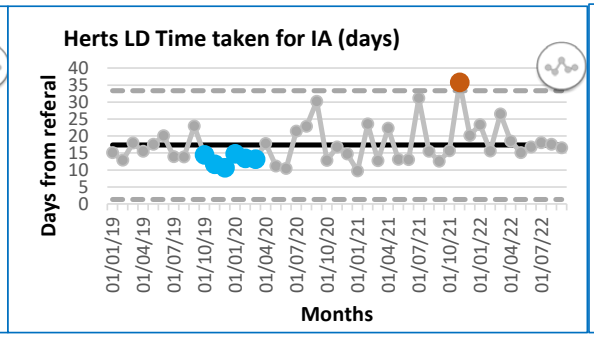


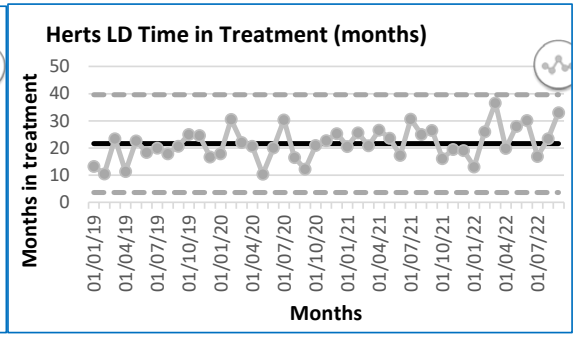
ICB Area	What the charts tell us	Issues	Actions	Mitigation
CAMHS (Herts only)	Referrals into CAMHS have passed 1,000 per month over the last 12 months (20% up from pre-pandemic levels). This has translated to pressure on initial assessments but has not yet converted into increased caseloads in CAMHS. From Jan 2022 we have not met the performance KPI for initial assessments (Choice) Length of time from referral to discharge has grown by 5 months over the last year from a mean of 12 months to 17 months. This may be an indication of increased acuity.	Referral demand has led to an increase in the number of initial assessments we need to provide. ADHD referral caseloads grew to over 1,000 due to a long term commissioning gap in diagnostic services Some services have seen unexpected demand (e.g. Tier 3 Specialist CAMHS ED, Crisis, and Looked after children).	Recovery programmes in place for CAMHS ie 28 days, CAMHS ED, CAMHS Crisis – due to recover in Q3 Business case approved for ADHD service – 15 month recovery of CAMHS backlog	SPA Triage Tool improved to meet 5 day pass on to teams Job planning to continue in all quadrants to ensure qualitative approach Demand and capacity review underway to assess post-covid requirements. Recovery for referral to assessment times to 28 days expected in Q3 2022

Mental Health – Learning Disabilities Services



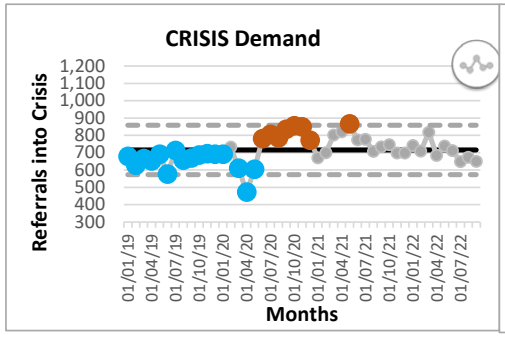


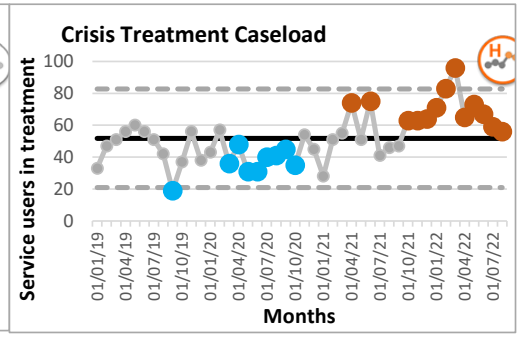


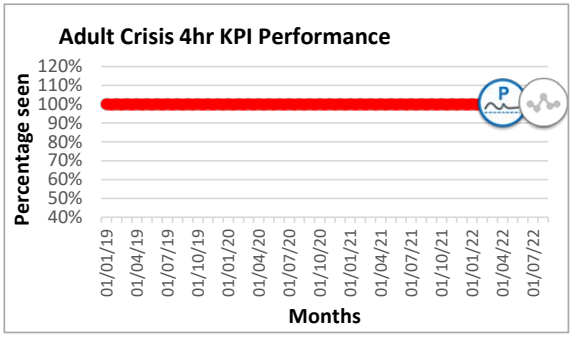


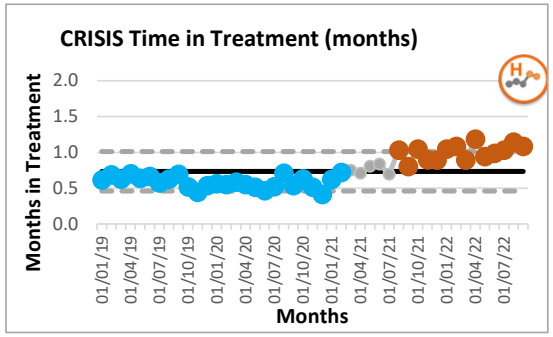
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Learning Disabilities Service Herts only	Referrals and caseloads services dropped during Wave 1 and Wave 2 of the pandemic but have returned to pre-pandemic levels. Service Users are seen consistently within 28 days of referral and the average time it takes from referral to a completed assessment is 17 days	None to report Successful re-integration of LD services in Essex enabling further opportunities for integrated learning and service delivery.	New service user and carer engagement and involvement programme aimed at improving care planning, service delivery and outcomes for LD service users across Herts and Essex.	Focus on reducing secondary waits and care co-ordination and risk management during wait periods. Working with commissioners ensure that GPs are aware and know how to refer directly into LD services.

Mental Health – Crisis Services



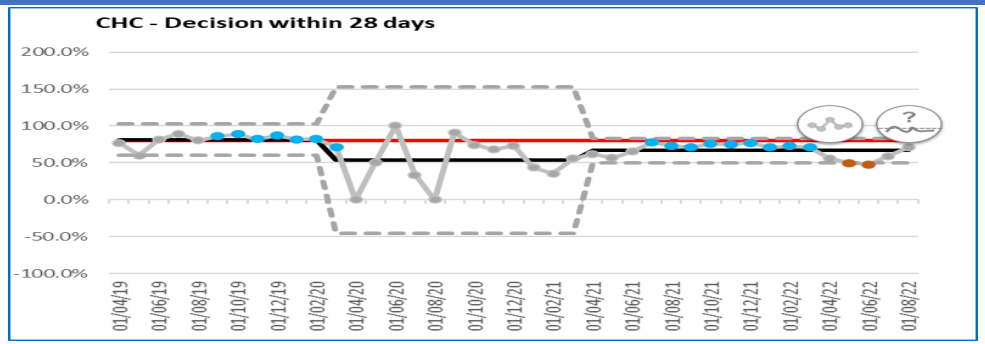


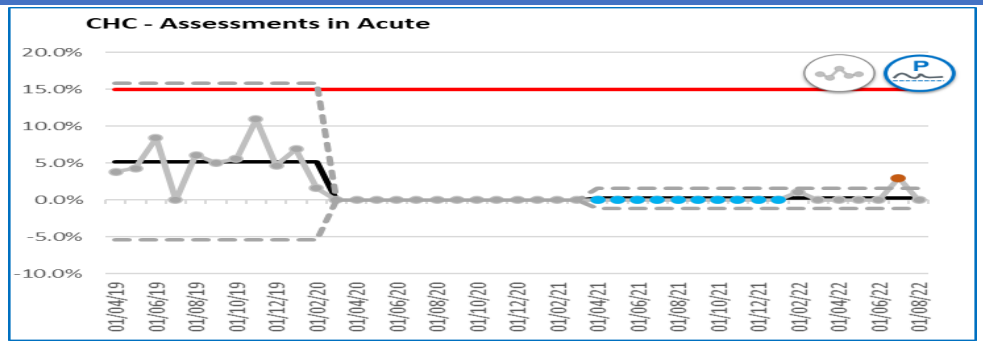


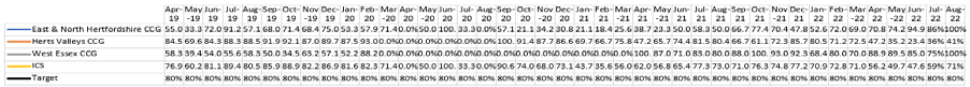


ICB Area	What the charts tell us	Issues	Actions	Mitigation
Crisis Services – Adults and Older Adults Herts only	Crisis demand peaked in the 6 months following Wave 1 and Wave 2 of the pandemic but have returned to pre-pandemic levels. Caseloads are on high against historical baselines which reflects an increase in case complexity. Service Users are seen consistently within 4 hours of referral and the average time under caseload management in the Crisis and Home Treatment Team is 1 month Note: In Essex, Crisis teams do not own team caseloads in favour of being an extension of the community team	High turnover on the Crisis and Home Treatment Team (CRHTT) led to pressure on the service.	Rolling recruitment and training for CRHTT.	Agency support for Community Team releasing staff stepping up into CRHTT roles. Crisis teams expected to be fully recruited by end of Q4 2022.

Continuing Health Care (CHC)

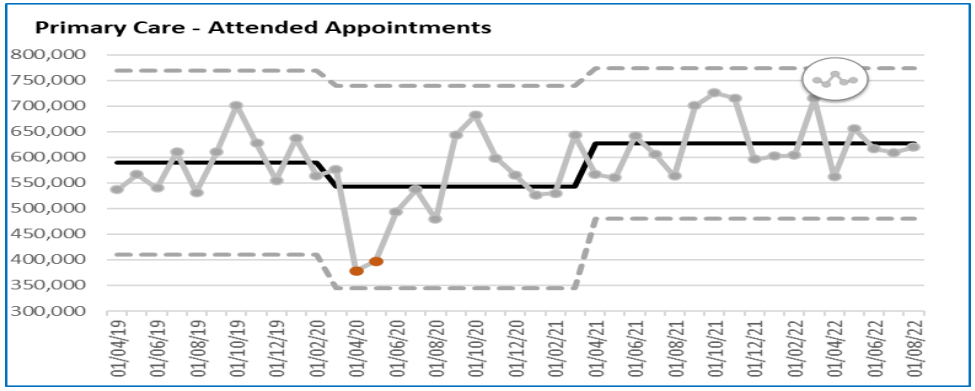


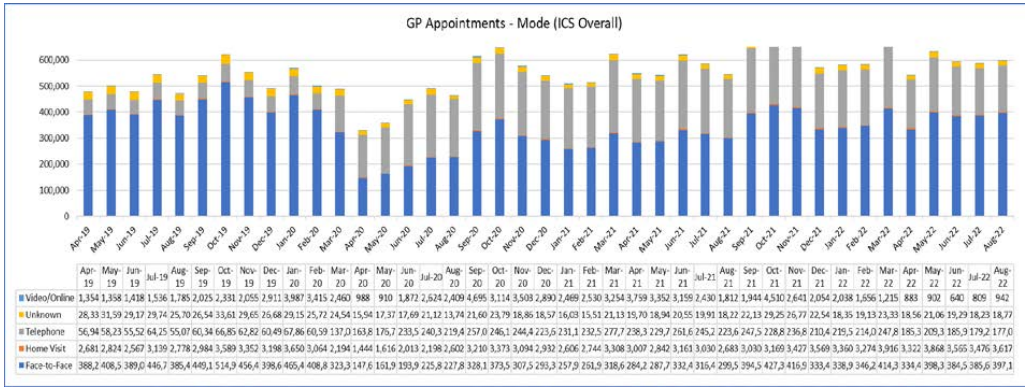




ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• 100% of CHC referrals in West Essex resulted in a decision within 28 days, surpassing the standard of 80% • No patients received assessments in an acute setting	• Performance in November is expected to deteriorate as a result of staffing issues in the Community Teams and staff vacancies within the CHC team. • Delayed allocations of Social Workers from out of area, particularly from London Boroughs. • Ongoing backlog of CHC, FT and FNC reviews due to prioritising new assessments.	• The West Essex CHC Team continues to work alongside EPUT to provide additional resource and support. • The teams are confident that Quarter 3 performance will be achieved, despite an expected decline in reaching decisions within 28 days forecasted. • Recruitment for vacancies ongoing.	• SWH action plan in place, supported by NHSEI • Performance standards continue to be monitored, issues escalated and risks mitigated • Agency cover requested for vacancies whilst recruitment continues • Setting trajectory and drive on clearing cases over 28 days
South West Herts / WHTHT	• SWH remain an outlier with performance against decisions within 28 days not achieved; however there has been a steady improvement in recent months, reaching 41% in August. • No patients received assessments in an acute setting	• Workforce issues, recruitment • Ongoing backlog of CHC & FNC reviews due to prioritising new DSTs. • Referrals numbers continue to be high • Workforce issues including long term sickness absence in place-based senior leadership.	• Recruitment drive continues, interim cover in place to support the gaps • Prioritisation of fast track and 1:1 reviews. • Allocation and weekly tracking of 28 day assessments remains a priority • Case management in place for all cases over 6 weeks • Collaborative working with system partners; weekly meetings with LA • Face to face Nursing needs assessments are completed and evidence is gathered at this time. • Support/cover from senior leaders within the other two place areas	
East & North Herts / ENHT	• 100% of CHC referrals in East & North resulted in a decision within 28 days. • No patients received assessments in an acute setting	• Workforce issues such as sickness and annual leave • Ongoing delays receiving signed assessment paperwork from community, particularly Mental Health, may impact performance going forward	• The Team is confident that Quarter 3 performance will be achieved. • Weekly tracking of referrals over 28 days by caseload and CHC manager • Performance levels expected to be achieved in July	

Primary Care





ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	• Total number of GP appointments decreased slightly in June and July, likely reflecting seasonality, however remained higher than pre-pandemic levels. Total appointments increased in August. • Proportion of face to face appointments continue to increase, reaching 67% of total attended appointments in August.	• General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal.	• 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 a tailored plan to support the improvement of access. • Follow up visits and monitoring of action plans underway in areas of high risk/poor access. • An MDT group has been established to review the National GPPS data and to develop an access framework and work programme. • Primary Care Commissioning Committee has approved ICB funding to support additional capacity in general practice over winter - funding level same as last year at £1.43 per weighted patient. • There is national repurposing of IIF indicator funding to support additional capacity. • ICB is completing a high level framework to assess the needs of practices/PCNs to prioritise resources where they are most needed. • PCNs currently reviewing and refreshing their ARRS workforce plans to maximise utilisation of the ICB allocation.	• 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. • PCCC and PC Board oversight of the GPPS results and action plan developed through the Access MDT Group. • Recruitment & Retention of Primary Care Workforce – a number of initiatives are offered to the Primary Care Workforce to support recruitment and retention and is supported by the HSE ICB Training Hub.

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Appendix A – Performance Dashboard

August 2022

Herts & West Essex ICS (Commissioner)

Area	Activity	Target	Latest published data	Data published	Trend *	Variation	Assurance
111	Calls answered < 60 seconds	95%	29.3%	August 22	-43.35%		
	Calls abandoned after 30 seconds	5%	35.0%	August 22	58.01%		
A&E	% Seen within 4 hours	95%	65.9%	September 22	4.20%		
	12 Hour Breaches	0	184	September 22	15.22%		
Cancer	2ww All Cancer	93%	76.2%	August 22	-0.40%		
	2ww Breast Symptoms	93%	91.9%	August 22	21.27%		
	31 day First	96%	94.2%	August 22	-0.29%		
	31 day Sub Surgery	94%	no data	August 22	0.00%	N/A	N/A
	31 day Sub Drug	98%	97.8%	August 22	-2.21%		
	31 day Sub Radiotherapy	94%	90.0%	August 22	-7.93%		
	62 day First	85%	68.7%	August 22	1.26%		
	62 day Screening	90%	70.2%	August 22	-12.86%		
	62 day Upgrade	85%	70.4%	August 22	9.26%		
RTT	Incomplete Pathways <18 weeks	92%	56.8%	August 22	-0.30%		
	52 weeks	0	10,043	August 22	4.42%		
Diagnostics	6 week wait	1%	33.8%	August 22	3.34%		

Individual Trust

ICS Aggregate Provider	Trend	ENHT	Trend	PAH	Trend	WHTHT	Trend
29.3%	-43.35%	See individual CCG performance in the table below					
35.01%	58.01%						
65.86%	4.20%	66.42%	-1.33%	59.13%	8.71%	70.21%	7.49%
184	15.22%	45	28.89%	139	10.79%	0	0.00%
75.18%	-0.29%	90.58%	-2.69%	68.01%	-13.84%	65.04%	11.06%
66.99%	-10.71%	87.14%	-3.90%	94.96%	12.80%	12.37%	-6.36%
94.14%	-1.22%	96.08%	-0.04%	89.81%	-1.84%	93.99%	-2.03%
82.26%	-8.43%	77.78%	-8.57%	75%	-33.33%	88.89%	-7.14%
98.70%	-1.32%	98.91%	-1.10%	94.44%	-5.88%	100%	0.00%
95.44%	-2.49%	95.44%	-2.49%	N/A		N/A	
69.61%	1.48%	82.56%	-4.19%	61.24%	23.57%	59.56%	1.32%
77.55%	-1.80%	83.33%	-8.00%	75%	0.00%	75.86%	4.55%
65.54%	3.64%	83.33%	3.33%	55%	0.83%	65.00%	8.42%
53.42%	-0.51%	56.61%	1.43%	51.55%	0.88%	50.97%	-3.55%
8,615	7.28%	4,628	7.22%	1,909	-0.10%	2,078	14.20%
39.66%	2.37%	49.42%	-0.64%	26.03%	18.70%	31.67%	-1.72%

Herts & West Essex ICS (Commissioner)

Area	Metric	Target	Latest published data	Data published	Trend *	Variation	Assurance
111	Calls answered < 60 seconds	95%	29.3%	August 22	-43.35%		
	Calls abandoned after 30 seconds	5%	35.0%	August 22	58.01%		
Mental Health	Dementia Diagnosis rate	66.6%	62.5%	August 22	1.50%		
	OOA placements	0	893	August 22	10.97%		
CHC	% of eligibility decisions made within 28 days	80%	71.0%	August 22	16.22%		
	% of assessments carried out in acute	15%	0.0%	August 22	0.00%		

Individual CCGs

ICS Aggregate Provider	Trend	East & North Herts	Trend	South & West Herts	Trend	West Essex	Trend
N/A		29.50%			-44.64%	28.24%	-37.62%
		34.36%			59.29%	37.67%	53.19%
		60.93%	2.94%	61.21%	0.95%	67.67%	0.03%
		817			7.34%	76	50.00%
		100%	13.64%	41.30%	12.57%	100%	25.00%
		0%	0.00%	0%	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*

Appendix B: Performance v. 22/23 Operational Plans by Place

East and North Herts Trust

Baseline	22/23 Activity Plan	22/23 M1-5 Activity Plan
104,880	138,641	52,705
	+32%	
N/A	0	0
N/A	0	487
3313	2914	3401
400,242	359,706	162,332
	-10%	
N/A	2%	0%
0%	26%	26%
N/A		
180,261	184,372	79,804
	+2%	
87	87	205
75%	74%	74%

Area	Target
Activity	10% elective activity increase (19/20 levels RTT pathway)
Waitlist	104 week waits eliminated by Jul 22 (waitlist, end of Jun 22)
	Eliminate 78 week waits by Apr 23 (waitlist, end of Mar 23)
	52 week waits trending down across 22/23
Outpatients	25% reduction in outpatient follow-ups by 2023
	5% of outpatients moved or discharged to PIFU
	25% of consultations via video/telephone
	16 specialist advice requests per 100 outpatient firsts
Diagnostics	20% increase in diagnostic capacity against 19/20 levels
Cancer	Reducing cancer 62+ day waitlist to pre-pandemic levels
	Reduction in missed 28 day cancer decisions

	M1-5 Actual					
	April	May	June	July	August	Total
Plan	7,816	8,554	11,535	12,112	12,688	**52,705**
Actual	7,816	9,494	9,139	8,072	8,241	**42,762**
Variance	0	940	-2,396	-4,040	-4,447	**-9,943**
Actual	96	56	21	9	7	**7**
Actual	439	408	324	312	407	**407**
Actual	3473	3699	4027	4294	4628	**4628**
Plan	33,377	33,990	31,737	34,856	28,372	**162,332**
Actual	30,904	34,899	31,661	31,545	32,053	**161,062**
Variance	-2,473	909	-76	-3,311	3,681	**-1,270**
Actual	1%	1%	1%	1%	1%	**1%**
Actual	26%	26%	26%	27%	25%	**26%**
Actual	24	24	25	25	26	**25**
Plan	14,839	16,359	16,071	16,432	15,611	**79,312**
Actual	11,414	13,529	13,068	12,957	13,040	**64,008**
Variance	-3,425	-2,830	-3,003	-3,475	-2,571	**-15,304**
Actual	377	327	366	368	415	**415**
Actual	68%	64%	71%	72%	73%	**69%**

Appendix B: Performance v. 22/23 Operational Plans by Place

PAH

Baseline	22/23 Activity Plan	22/23 M1-5 Activity Plan
70,011	75,816	30,481
	+8%	
N/A	0	0
N/A	0	243
1737	3,059	3,036
225,486	271,151	110,503
	+20%	
N/A	1%	1%
4%	27%	27%
N/A		
110,523	117,630	48,666
	+6%	
121	75	75
61%	73%	75%

Area	Target
Activity	10% elective activity increase (19/20 levels RTT pathway)
Waitlist	104 week waits eliminated by Jul 22 (waitlist, end of Jun 22)
	Eliminate 78 week waits by Apr 23 (waitlist, end of Mar 23)
	52 week waits trending down across 22/23
Outpatients	25% reduction in outpatient follow-ups by 2023
	5% of outpatients moved or discharged to PIFU
	25% of consultations via video/telephone
	16 specialist advice requests per 100 outpatient firsts
Diagnostics	20% increase in diagnostic capacity against 19/20 levels
Cancer	Reducing cancer 62+ day waitlist to pre-pandemic levels
	Reduction in missed 28 day cancer decisions

	M1-5 Actual					
	April	May	June	July	August	Total
Plan	5,317	5,941	6,678	6,643	5,902	**30,481**
Actual	5,317	6,088	5,911	5,646	5,644	**28,606**
Variance	0	147	-767	-997	-258	**-1,875**
Actual	14	12	10	3	0	**0**
Actual	223	266	281	296	248	**248**
Actual	1818	1674	1785	1911	1909	**1909**
Plan	19,736	22,231	23,018	23,120	22,398	**110,503**
Actual	19,754	22,354	19,593	18,917	18,352	**98,970**
Variance	18	123	-3,425	-4,203	-4,046	**-11,533**
Actual	1%	1%	1%	1%	1%	**1%**
Actual	27%	27%	28%	28%	27%	**27%**
Actual	5	5	6	6	7	**6**
Plan	9,258	9,852	9,852	9,852	9,852	**48,666**
Actual	9,258	9,793	9,073	9,604	10,193	**47,921**
Variance	0	-59	-779	-248	341	**-745**
Actual	252	220	178	177	199	**199**
Actual	64%	66%	74%	72%	72%	**70%**

Appendix B: Performance v. 22/23 Operational Plans by Place

West Herts Teaching Hospitals Trust

Baseline	22/23 Activity Plan	22/23 M1-5 Activity Plan
71,713	115,674	35,475
	+61%	
N/A	0	2
N/A	0	69
1059	507	763
330,892	260,127	106,745
	-21%	
N/A	1%	1%
8%	25%	20%
N/A		
126,398	146,816	55,218
	+16%	
81	105	205
72%	69%	66%

Area	Target
Activity	10% elective activity increase (19/20 levels RTT pathway)
Waitlist	104 week waits eliminated by Jul 22 (waitlist, end of Jun 22)
	Eliminate 78 week waits by Apr 23 (waitlist, end of Mar 23)
	52 week waits trending down across 22/23
Outpatients	25% reduction in outpatient follow-ups by 2023
	5% of outpatients moved or discharged to PIFU
	25% of consultations via video/telephone
	16 specialist advice requests per 100 outpatient firsts
Diagnostics	20% increase in diagnostic capacity against 19/20 levels
Cancer	Reducing cancer 62+ day waitlist to pre-pandemic levels
	Reduction in missed 28 day cancer decisions

	M1-5 Actual					
	April	May	June	July	August	Total
Plan	3,682	5,002	4,373	11,865	10,553	**35,475**
Actual	3,682	4,999	4,816	4,618	4,948	**23,063**
Variance	0	-3	443	-7,247	-5,605	**-12,412**
Actual	14	9	4	3	2	**2**
Actual	144	155	143	133	137	**137**
Actual	1193	1431	1660	1783	2078	**2078**
Plan	18,976	20,461	18,963	24,263	24,082	**106,745**
Actual	19,536	22,092	21,248	20,908	21,247	**105,031**
Variance	560	1,631	2,285	-3,355	-2,835	**-1,714**
Actual	1%	1%	1%	1%	1%	**1%**
Actual	14%	13%	13%	13%	13%	**13%**
Actual	48	50	54	61	61	**55**
Plan	9,652	10,497	9,095	13,595	12,379	**55,218**
Actual	9,357	10,546	9,827	9,473	9,835	**49,038**
Variance	-295	49	732	-4,122	-2,544	**-6,180**
Actual	299	340	331	315	297	**297**
Actual	51%	58%	56%	60%	60%	**57%**

Glossary of Acronyms

>104 days	Cancer backlog greater than 104 days
>104 weeks	Elective Care backlog greater than 104 weeks
>62 days	Cancer backlog greater 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	Department for Work & Pensions

EAU	Emergency Assessment Unit
ECHO	Echocardiogram
ED	Emergency Department
EEAST	East of England Ambulance Service NHS Trust
EMIS	Supplier of GP Practice systems and software
ENHCCG	East & North Herts Clinical Commissioning Group
ENHT	East & North Herts NHS Trust
EPR	Electronic Patient Record
EPUT	Essex Partnership University NHS Foundation Trust
F2F	Face-to-Face
FHAU	Forest House Adelescent Unit
FNC	Funded Nursing Care
GP	General Practice
HALO	Hospital Ambulance Liaison Officer
HCA	HealthCare Assistant
HCT	Hertfordshire Community Trust
HEG	Hospital Efficiency Group
HPFT	Hertfordshire Partnership NHS Foundation Trust
HVCCG	Herts Valley Clinical Commissioning Group
IAG	Inspection Action Group
IAPT	Improving Access to Psychological Therapies
ICP	Integrated Care Partnership
ICS	Integrated Care System
IPC	Infection prevention and control
IS	Independent Sector
IUC	Integrated Urgent Care

JSPQ	Joint Service, Performance and Quality Review Meeting
LA	Local Authority
LAC	Look After Children (team)
LD	Learning Disability
LeDeR	Learning Disability Mortality Review Programme
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
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	Tool to reduce patient flow delays on inpatient wards
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 (To Take Away)
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
WHHT	West Herts Hospital Trust
WW	Week Waits

Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	12
Report title	Business Planning			**Meeting Date**	11 January 2023
Presenter	Martin Armstrong – Chief Finance Officer				
Author	Laura Moore - Associate Director of Planning Crista Findell - Deputy Director of Finance				
Responsible Director	Martin Armstrong – Chief Finance Officer			**Approval Date**	29 December 2022
Purpose *(tick one box only)* [See note 8]	**To Note**	☐	**Approval**		☐
	Discussion	☒	**Decision**		☐

Report Summary:

The paper sets out the Trust approach to planning for 23-24 and is based upon national guidance received during December.

The report sets out:

- The targets that the Trust will need to plan deliver across 23/24 in respect of urgent care, elective recovery and cancer services.
- Anticipated financial challenges that the Trust will need to address in planning for 23/24.
- Areas of focus during the planning round.
- The need to focus upon robust demand and capacity modelling, to inform investment decisions and prioritisation of what available capacity is used to deliver.
- Suggested approaches and governance.

Impact: where significant implication(s) need highlighting
Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal
Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability
CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources

The business planning framework and approach will have an impact upon all areas of the organisation as it will set the structure within which the organisation will be able to conduct its business in the coming year.

Risk: *Please specify any links to the BAF or Risk Register*

N/A

Report previously considered by & date(s):

NA

Recommendation	The approach set out the report has been reviewed and approved by both the TMG and the FPPC. The Board is asked to note the contents of the report.

To be trusted to provide consistently outstanding care and exemplary service

Business Planning Framework 23/24

East and North Hertfordshire NHS Trust

Martin Armstrong – Deputy CEO

Trust Board – 11th January 2023

Business Planning Structure and Environment

Rationale

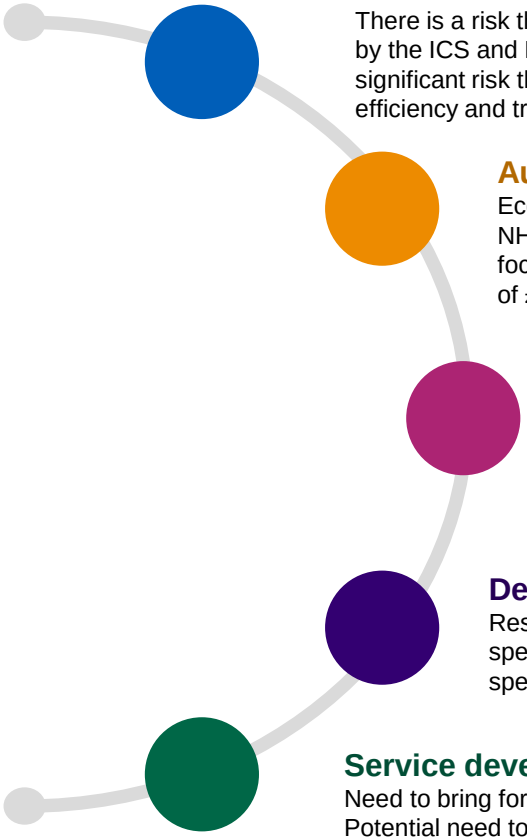
- The Trust is committed to operating a robust, annual business planning process, to help develop it's clinical, financial and operational sustainability.
- In summary form this Business Planning Framework sets out basic principles and a clear process for holistic annual planning, detailing the time-frames and steps involved and roles and responsibilities of key stakeholders.
- The Business Planning Framework seeks to operate in line with national operational planning. Significant further guidance is expected, however strong existing signals of direction already exist.
- The Trust seeks to integrate priorities identified in local business plans into a single annual plan. The Plan will set out how the Trust will continue to progress its longer-term strategic agenda whilst also focusing on meeting national and system requirements, tackling any identified performance issues and ensuring short-term resilience.

Purpose

The purpose of this Business Planning Framework is to:

- Establish a clear and transparent process for business planning. Ensure continuous delivery of high quality and high performing services.
- Enable the development of co-ordinated and structured Trust, Divisional and Corporate business plans.
- Result in an overall Trust-wide annual plan.
- Meet the requirements of national and local system and place plans.
- Respond to relevant external demands.
- Support delivery of the Trust's vision, values and strategic objectives.
- Support delivery of the Trust's longer term strategic direction.
- Ensure that a coherent and holistic plan of activity can be communicated across the Trust's services and business functions.

Context



Deviation from Financial Plan in 22/23

There is a risk that the Trust will be deviating from its plan to break even in 22/23. This would result in tighter controls being enforced on the Trust by the ICS and NHS E, with significant restrictions on the autonomy to make financial decisions on revenue investments >£50k. There is also a significant risk that the Trust will enter 2023/24 in an underlying deficit position, requiring a critical focus on achieving significant savings through efficiency and transformation. National guidance states that any system overspend will be repayable in 2024/25.

Autumn Statement

Economy to shrink by 1.4% in 2023, inflation expected to be 7.1% in 2023/24
NHS will not be subject to spending cuts, but will continue to receive an additional £3.3bn in each of the next two years, but with a focus on efficiency and reducing waste. Real-term allocations will be flat once adjusted for inflation. Increase in social care funding of £2.8bn and £4.7bn in next two years.

Operational Challenges

The drive to reduce waiting lists will continue, with a need to balance the different pulls on capacity (emergency demand, Referral to Treatment Time (RTT) reduction, Cancer improvements, non-RTT delivery). Workforce challenges and availability will be key areas of focus, alongside reducing reliance on premium rates of activity delivery, and achieving recommended levels of productivity.

Delegation

Responsibility for commissioning pharmacy, ophthalmology and dentistry to be delegated to ICBs from April 2023. Delegation of specialist services delayed until April 2024, however, statutory joint committees of ICBs and NHS E to oversee commissioning of specialist services across multi-ICB areas from April 2023. ICBs expected to transform at least three key specialist pathways.

Service developments and business cases

Need to bring forward consideration of key service developments and business cases, in order to secure potential ICS funding for these. Potential need to balance system transformation with internal transformation, with expectation that the Trust delivers the priorities in the ICB's 5 year joint forward plan (to be published by end of March 2023).

National Operational Planning Guidance 2023/24

1

Recovering our core services & productivity

Key priorities:

- Improve ambulance response and A&E waiting times;
- Reduce elective long waits and cancer backlogs, and improve diagnostic performance;
- Make it easier for people to access primary care.

These priorities are to be delivered through a focus on productivity (increasing day case rates and theatre utilisation); an increase in physical capacity (in beds, intermediate care, diagnostics, ambulance capacity and the permanent workforce); and addressing our workforce challenges (improve retention and attendance). Throughout, there needs to be a focus on reducing health inequalities in access, outcomes and experience.

2

Deliver the ambitions in the Long Term Plan (LTP)

Key priorities:

- Deliver commitment to improve mental health services & services for people with a learning disability and autistic people;
- A focus on prevention and the effective management of long-term conditions;
- Creating workforce sustainability;
- Improving digital infrastructure and connectivity.

These priorities are to be delivered through continuation of the Mental Health Investment Standard, a focus on mental health & learning disability inpatient services; delivery of the NHS Long Term Workforce Plan (to be published in 2023); a focus on reducing inequalities; a focus on our workforce (improved retention and experience, accelerating new roles); digital first option for the public and delivery of core digital capability.

3

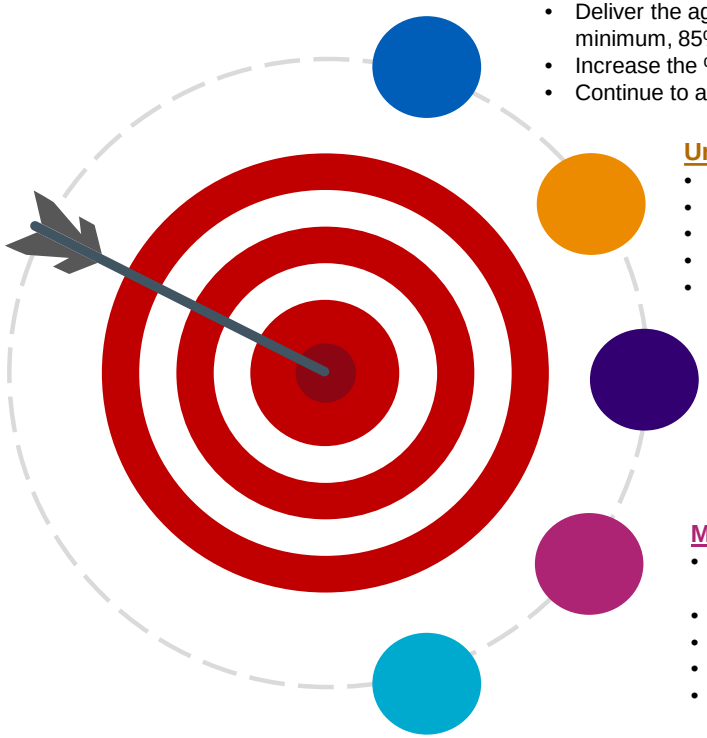
Continue transforming the NHS for the future

Key priorities:

- A focus on continuous improvement;
- Enabling ICBs to set local objectives based on their knowledge of the local population through agreeing a 5 year Joint Forward Plan for the system.

NHS England will develop a national improvement offer to support local improvement approaches, and will also look to increase local empowerment and accountability of ICS's, including through taking forward recommendations from the Hewitt Review in terms of transparency and assurance mechanisms for ICSs. The NHS Oversight Framework will accordingly be reviewed and revised. ICBs will be expected to identify and progress the transformation of three key priority pathways where integrated commissioning can support transformation.

National Objectives and Priorities 2023/24



Elective and Diagnostic Care:

- Eliminate waits of over 65-weeks for elective care by March 2024;
- Deliver the agreed system-specific activity target (to be confirmed during the planning process), appropriate reduction in follow ups and meet as a minimum, 85% day case rates and 85% theatre utilisation;
- Increase the % of patients receiving a diagnostic test within 6 weeks, in line with national target of achieving 95% by March 2025;
- Continue to address health inequalities and deliver the Core 20 plus 5 approach and priorities.

Urgent and Emergency Care:

- Improve ED waiting times so that no less than 76% of patients are seen and treated within 4 hours by March 2024;
- Improve Cat 2 ambulance response times to an average of 30 mins across 2023/24;
- Reduce adult general and acute bed occupancy to 92% or below;
- Permanently sustain increased physical capacity (equivalent to 7,000 additional beds nationally);
- Utilisation of virtual wards to be 80% by end of September 2023.

Cancer:

- Continue to reduce the number of patients waiting over 62 days;
- By March 2024 achieve the faster diagnosis target of 75% of patients urgently referred by GP for suspected cancer being diagnosed or have cancer ruled out within 28 days;
- Increase the % of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028;
- Increase diagnostic and treatment capacity by an expected 25% and 13% respectively.

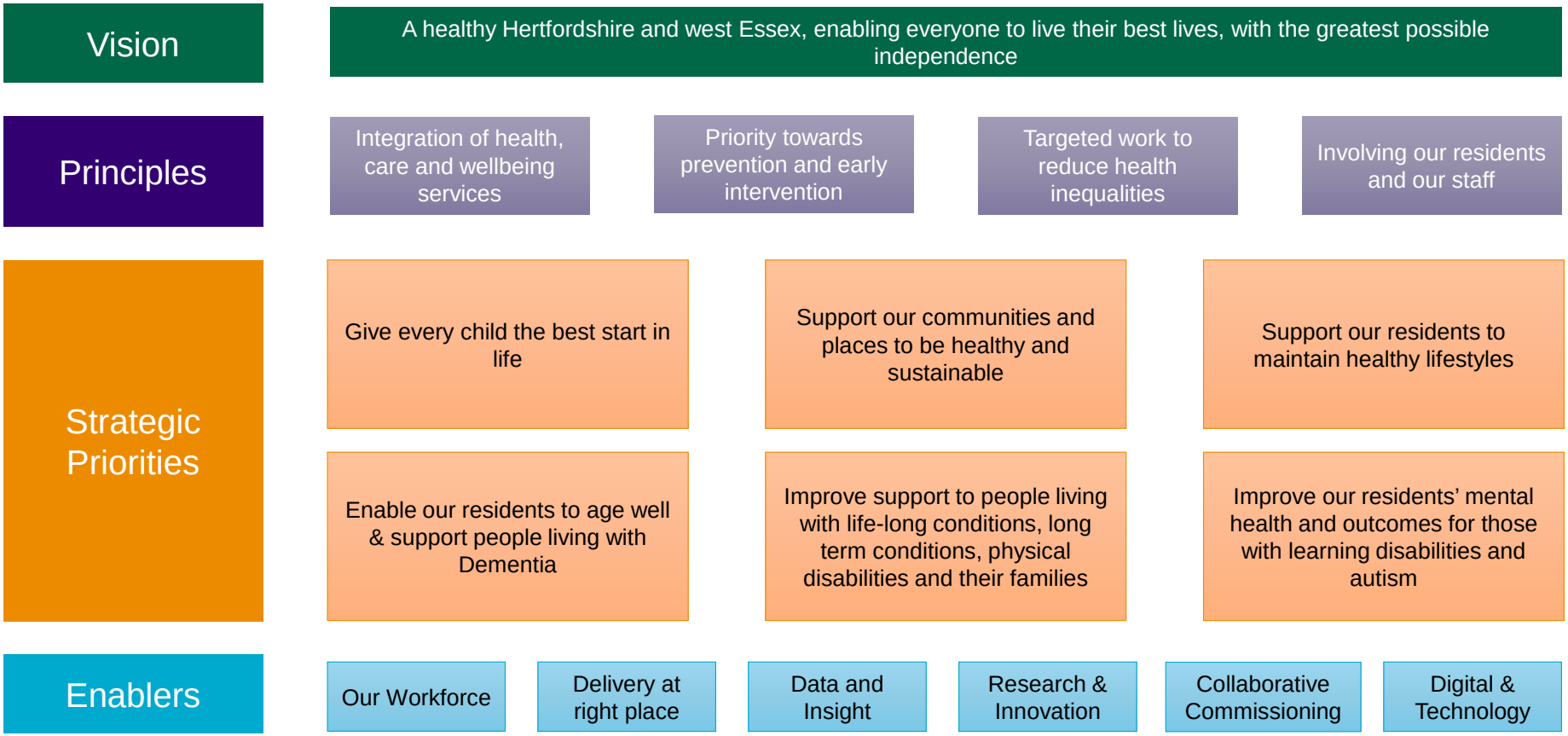
Maternity:

- Demonstrate progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury;
- Improve access to perinatal mental health services;
- Deliver the actions from the final Ockenden report and the single delivery plan for maternity and neonatal services;
- Every woman to have a personalised care plan;
- Increase fill rates against funded establishment for maternity staff.

Workforce and Finance:

- Improve retention and staff attendance through a systematic focus on delivering the NHS People Promise;
- Reduce agency spending to 3.7% of total pay bill in 2023/24;
- Deliver a balanced net system financial position for 2023/24 and general efficiency target of 2.2%.

Integrated Care Partnership Strategic Priorities

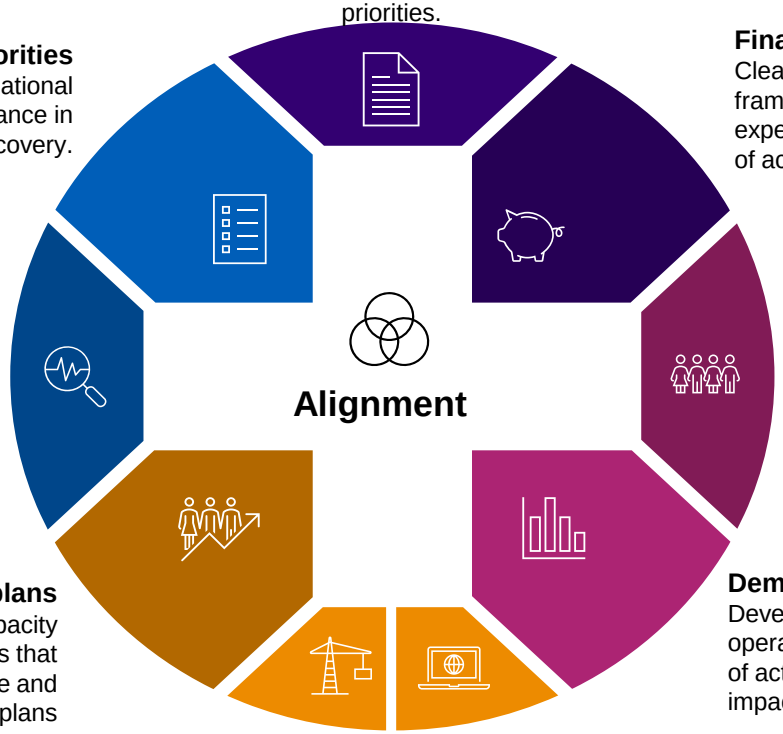


2023/24 Business Planning – Building Blocks

Key Trust Strategic Objectives & Priorities
Development & negotiation of key business cases and changes that support delivery of our strategic priorities.

National priorities
Plans will need to ensure that they respond to any national priorities set out in relevant planning guidance, for instance in terms of elective recovery.

Finance Plan
Clear budget setting, capital planning and external financial framework to be developed and negotiated, with expectations agreed with Commissioners as to what level of activity the financial envelope supports.



Health Care Partnership (HCP) and ICS priorities
Assess the contribution to, and impact of, key system priorities, especially the Integrated Care Partnership Strategy and Integrated Care Board 5 year plan.

Workforce Plan
Establish clear baseline and then key dimensions of change for our workforce during 23/24. Review of establishment in light of demand and capacity/operational plan and develop clear plans that align to the activity and the finance plans.

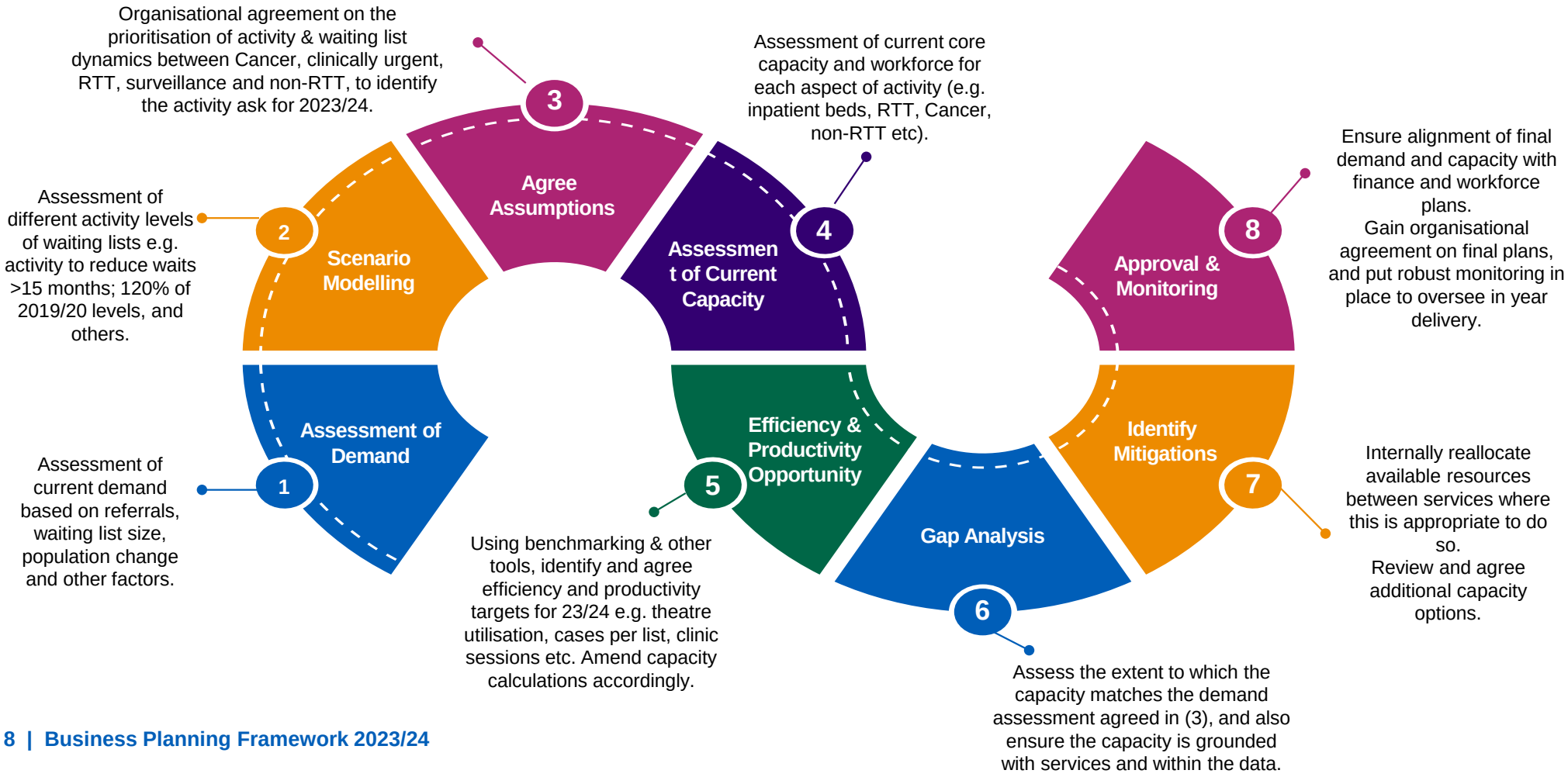
Efficiency and Improvement plans
Agreement of Cost Improvement Plans, capacity improvements, and key transformation projects that enable delivery of the finance, operational, workforce and activity plans

Demand and Capacity / Operational Plan
Development of a demand and capacity model and activity and operational plan for 23/24. Set clear expectations as to the level of activity required to meet key planning targets and assess the impact on waiting lists, matched to the available capacity.

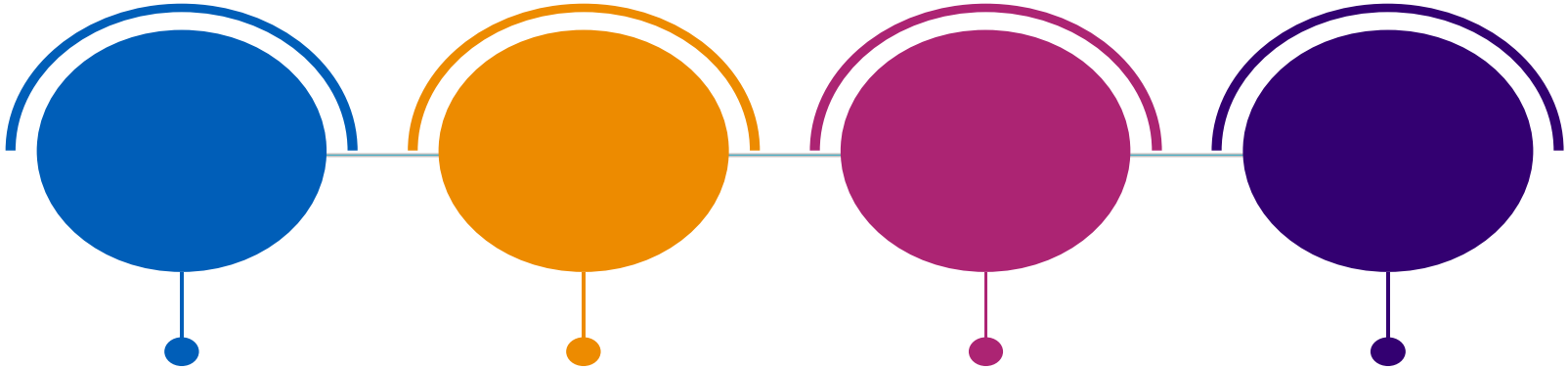
Estates Plan
Key estates projects that support the overall delivery of the business plans to be agreed, with a clear capital plan that supports delivery.

Digital Plan
Development of a digital plan that supports the overall delivery of the business plans and also considers EPR replacement, new technology requirements and linked into capital planning.

Demand and Capacity (D&C) Approach



Contracts for 2023/24



Minimum 1 year contract (flexibility to agree longer term), with all contracts to use the Aligned Payment and Incentive (API) format except for where the value is £0.5m or less. For the Trust, this means retaining 2 key contracts (1 x ICS and 1 x Spec Comm).	Two year revenue allocations to be published by NHS England (for 2023/24 and 2024/25), supported by a two-year payment scheme. Expectation that Specialist Commissioning baseline will be set on the baseline reset values from August 2022. Key area of negotiation will be the baseline for the fixed element of the ICS Contract.	Each commissioner will be set an individual elective activity target that recognises the level of activity delivered in 2022/23. Those commissioners that delivered the least elective activity in 2022/23 will be expected to deliver greater year-on-year improvement in 2023/24.	Financially, Contracts to be based on a fixed price for all activity except for elective activity (excluding outpatient follow ups) which will be paid on a full Payment by Results basis. There will be some other variable elements (e.g. certain high cost drugs).

The Ongoing Opportunity of Elective Recovery

The focus upon elective recovery provides the Trust with significant opportunities

Focus on Efficiency

- The requirement to deliver additional activity at scale forces a robust dialogue in respect of opportunities to promote significant steps to improve productivity and efficiency within our theatre & outpatient environment. Progress on this challenge during 22/23 was limited.
- Whilst the availability of additional funding will undoubtedly translate into extra workforce and physical resources this alone with bridge the gap to target. An emphasis upon transformation and improvement of our existing resources is key.

Workforce Transformation

- The Trust has made considerable strides forward in 22/23 in delivering additional activity, however, this has largely been achieved through utilizing existing premium working time arrangements (Waiting List Initiatives (WLI) / Locum / Agency). This is not sustainable.
- Closely linked to D&C planning work, the Trust will in 23/24 need to identify & act upon requirements to expand its existing substantive workforce, consider the growth of new roles and explore alternative working pattern arrangements.

Waiting Time Reduction

- The volume of patients placed on Trust waiting lists and the average duration of their wait has increased significantly during the course of the pandemic. Challenging waiting time trajectories have also been set.
- Furthermore, there is a reasonable expectation that further latent demand is still to present. The requirement to expand capacity to 130% of pre-pandemic levels will provide a significant opportunity to make inroads into this backlog.

Demand & Capacity Planning

- For the Trust to robustly and coherently plan for the delivery of expanded levels of activity over 23/24 and beyond, will require its current approach to Demand & Capacity modelling and subsequent planning to be further embedded.
- This will allow service lines to have clear sight of the scale of gaps to delivery and to explore options to bridge those gaps in a planned and proactive fashion.

Risk Management

- Whilst the total elective recovery funding envelope for 23/24 is still to be confirmed (and the mechanism by which it will be distributed / earned), it will be considerable.
- Whilst negotiations around distribution are pending it would be expected that a significant proportion would flow to the Trust.
- The delivery of this work at a margin represents a key means by which the Trust can mitigate the loss of COVID funding.

Financial Planning Landscape

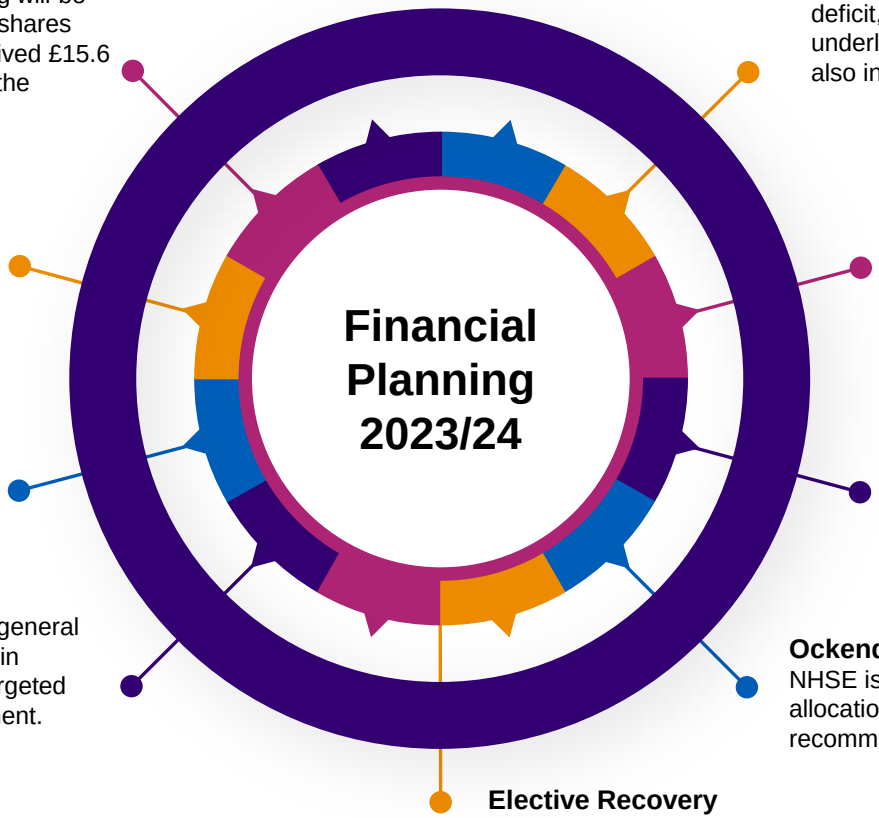
COVID Funding
In 23/24 there will be no separately badged allocation for addressing COVID related costs. Instead the funding will be included within general system allocations on a fair shares basis for distribution. This is a risk as the Trust received £15.6 in 22/23, a higher value than other organisations in the system.

Convergence Reduction
As a system HWE ICS is overfunded compared to fair share allocation. As per 22/23 a convergence funding reduction will be applied to the system funding envelope. Expected system reduction **c.£16.5m**

Capital Costs
23/24 capital funding will be increased by £300m above previously notified levels. To be accessed by systems planning and achieving financial balance. Funding will also be made available to continue the roll out of Community Diagnostic Capacity.

CIP Levels
Providers should prepare to plan on the basis of an general efficiency target of between 2.2%. (**£11.0m)**. This is in addition to underlying deficit recovery. NHSE has targeted savings across a number of areas to drive achievement.

- Reduce agency spend to 3.7% of pay-bill
- Reduce corporate back office costs
- Reduce Procurement and Supply Chain Costs
- Improve inventory management and medicine purchase costs



Trust's & System Underlying Deficit
There is a risk that the Trust will exit 22/23 with a reported deficit, and therefore start 23/24 with a significant underlying deficit. The underlying position of ICS providers also indicate very significant deficits moving into 23/24.

Allocations / Funding Levels
System allocations for 23/24 are intended to protect real term funding against the impact of inflation. Naturally this will to a large extend depend upon actual inflation levels vs planning assumptions. The 23/24 pay award is funded at 2%, with an expectation that any variation will be addressed centrally.

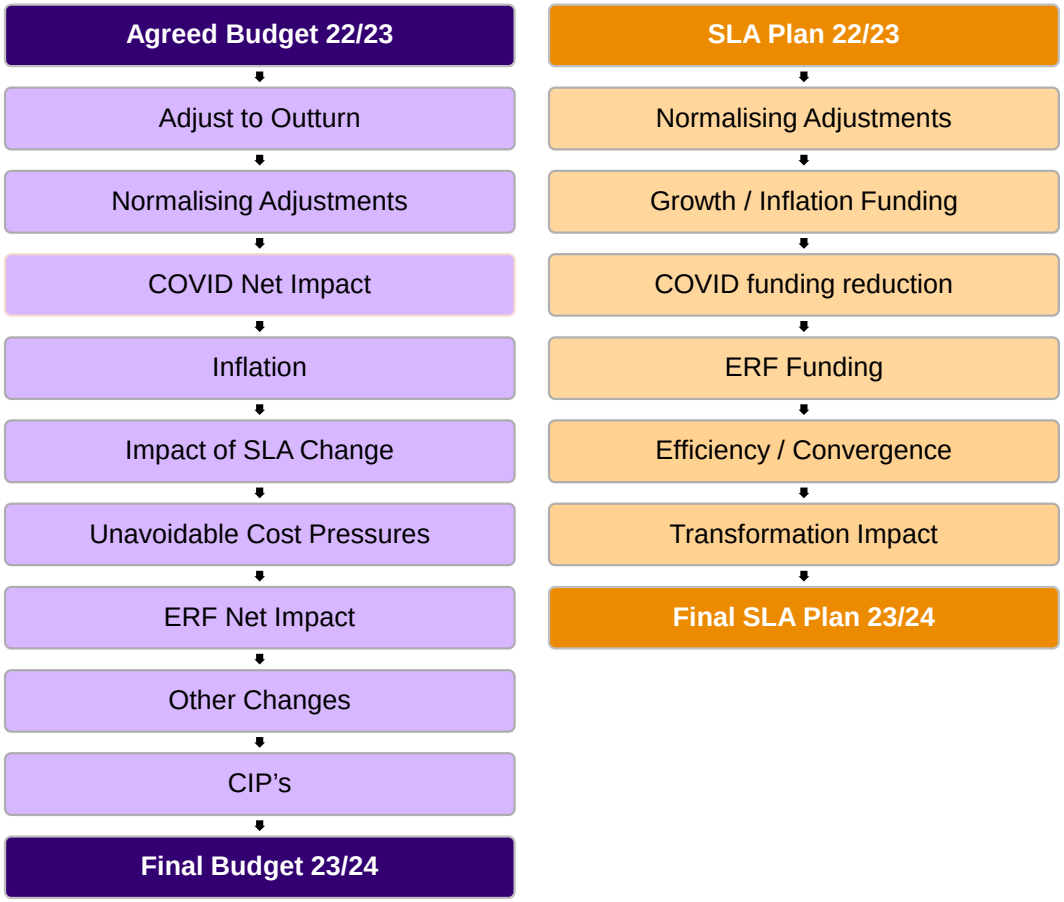
Winter Pressure Capacity
An additional £1bn of funding has been made available in 23/24 to ensure that extra bed capacity brought on line this winter can be maintained across the new financial year.

Ockenden
NHSE is investing a further £72m above existing baseline allocations to enable the further roll out of Ockenden Report recommendations.

Elective Recovery
NHSE will allocate £3bn of elective recovery funding to systems on a share shares basis to support the delivery of planned care recovery targets. This will be supported by a payment by results (PbR) style / unit price mechanism of reimbursement.

Building Up the Baseline Financial Plan

- The build up of the financial plan for 23/24 will follow a traditional budget construction process. This is set out in the schematic flow attached in the diagram to the right.
- The finance team will lead in the calculation and construction of the methodology set out, working with divisional leaders and other corporate departments as required.
- The linkage of the financial plan to the negotiation of the SLA contract, demand and capacity modelling, CIP development work and the National, Local and Trust priorities set out in the opening slides of the presentation is crucial to ensure that the Trust finance plan and supporting planning schedules are credible both internally and externally and are aligned to strategic and operational objectives.



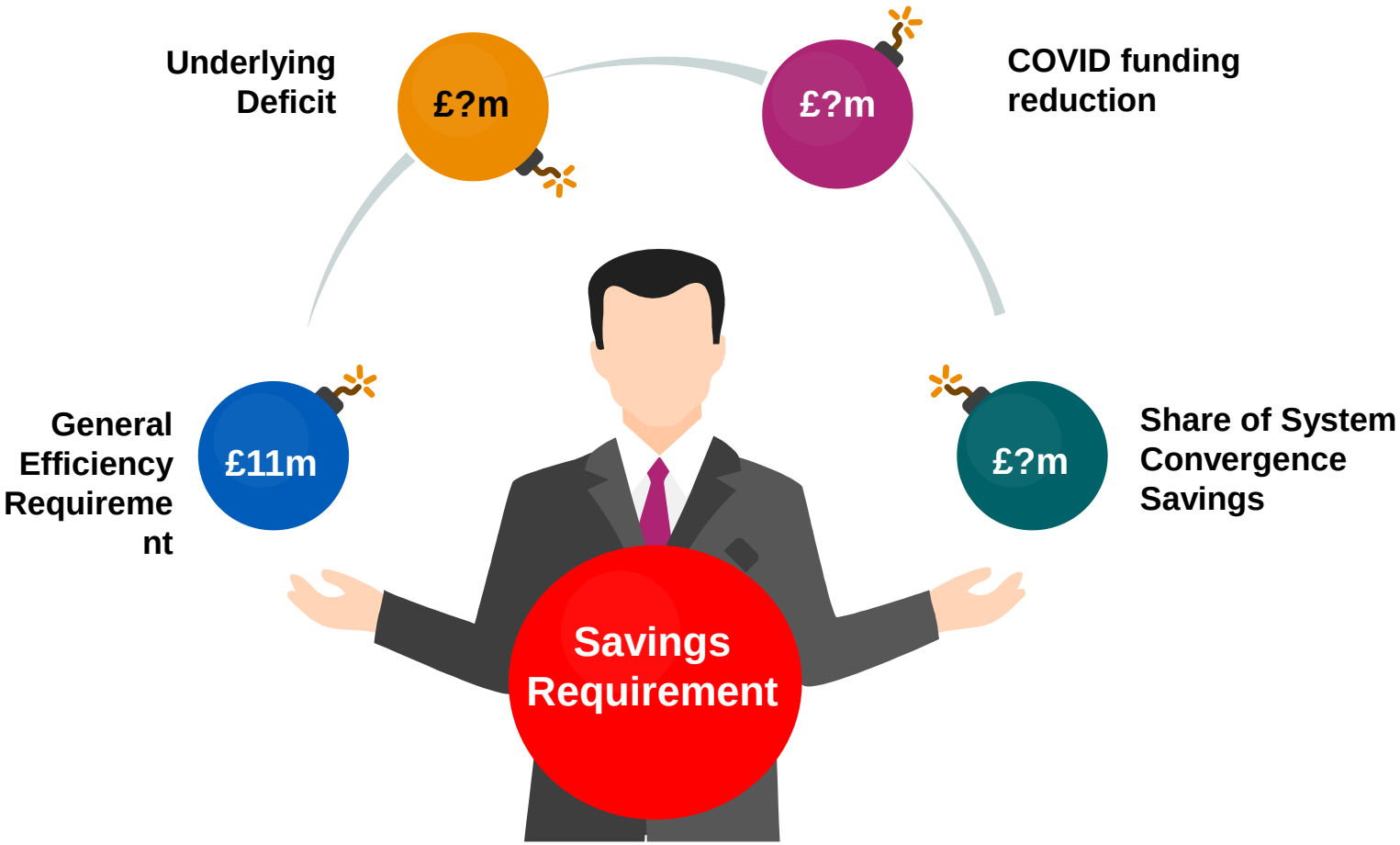
Financial Risk and Savings Requirement

The Trust faces a significant range of financial challenges moving into the new financial year.

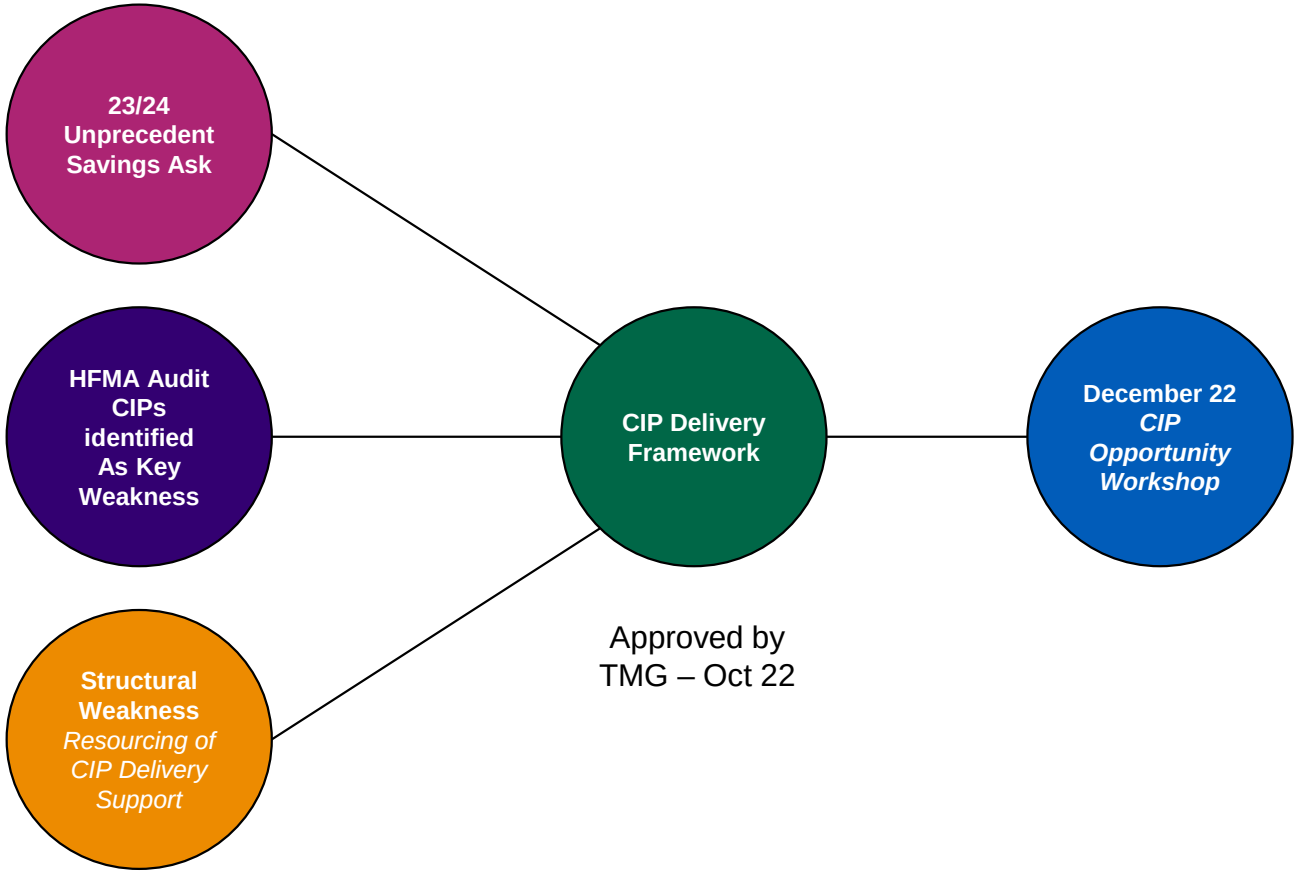
Whilst specificity around the exact scale of a number of issues will emerge as a product of final planning guidance and subsequent negotiations, sufficient certainty exists to determine reasonably accurately the scale of the cost reduction / efficiency and productivity challenge that the Trust faces.

It is important to stress that this position excludes the impact of any local cost pressures that the Trust may face outside of the scope of national funding.

The challenging financial climate for the Trust suggests that the opportunity to self fund a range of service developments and unfunded investments would be extremely limited / non-existent.



Savings Planning 2023/24



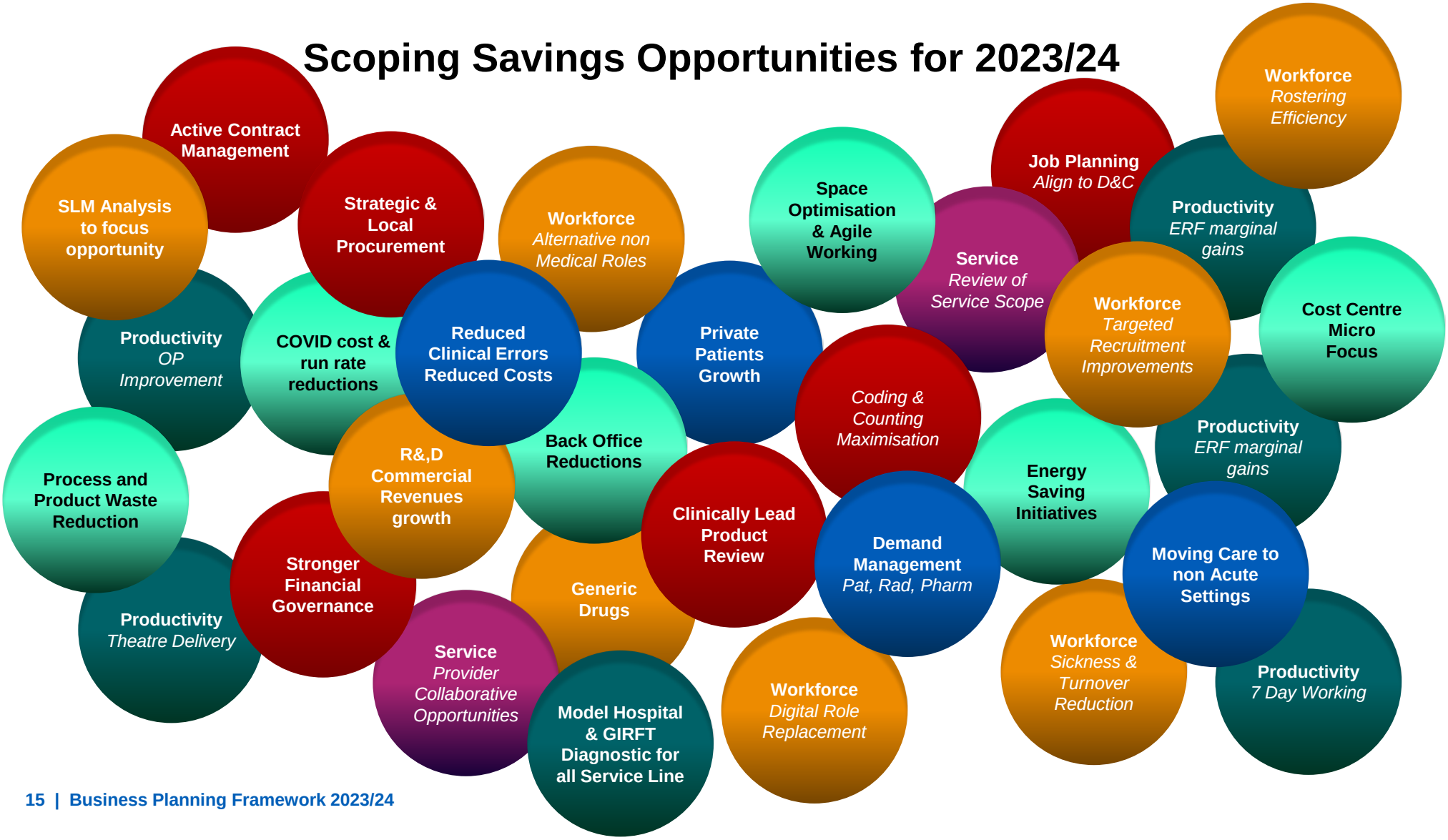
Building a Consensus

- Need to build an understanding across the leadership team & Trust of the context and the challenge.
- Build a collaborative and consensual view of the areas where we have the opportunity to improve economy, efficiency and effectiveness
- Use data and real world experiences to test and agree those opportunities
- Establish a joint narrative and commitment to focus on these areas in the 23/24 CIP plan

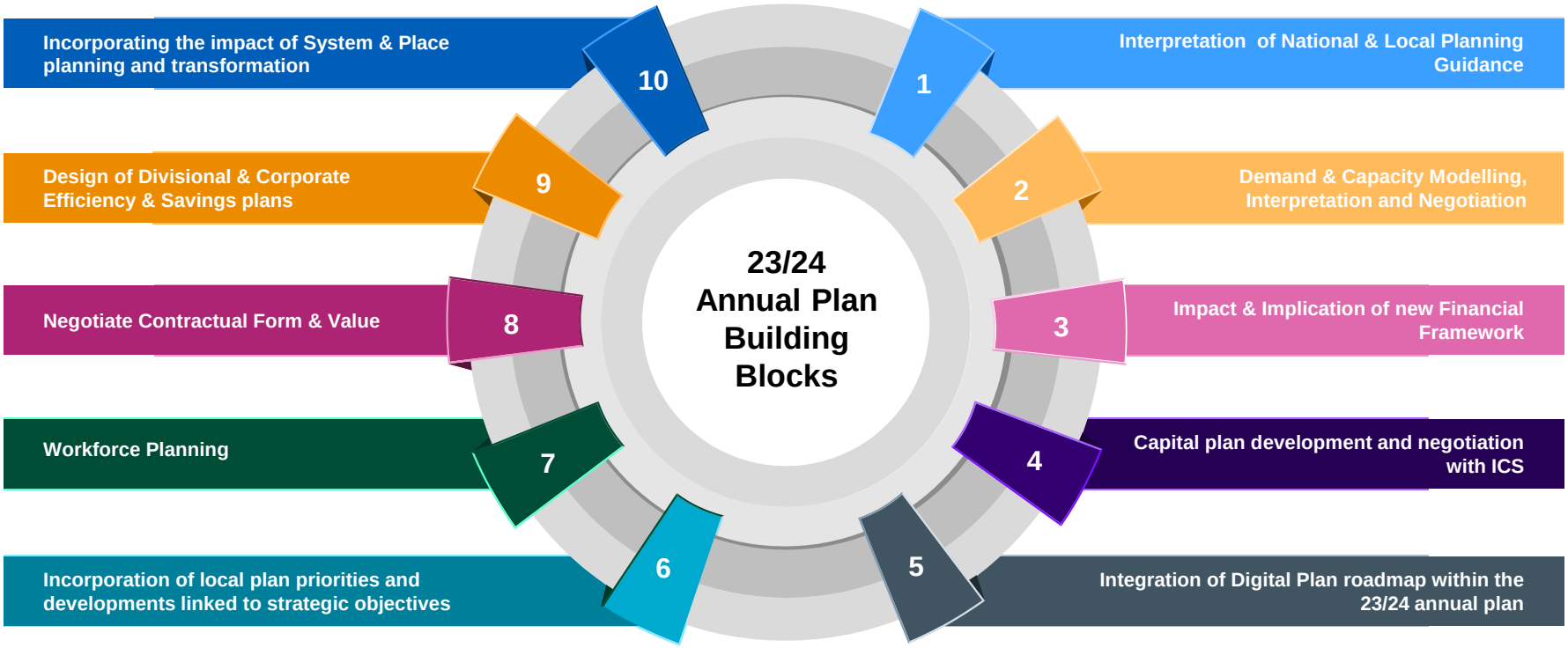
Workshop

- Opportunity workshop in December
- Jointly led by DoF / DoI
- Senior Ops, Clinical and Corporate Leaders
- Guided opportunity scoping session
- Drawing in data and benchmarking to frame opportunity areas and size
- Building a consensus around scale, priority, difficulty
- Leading onto a separate session around how opportunities will be delivered and leadership / resource required

Scoping Savings Opportunities for 2023/24

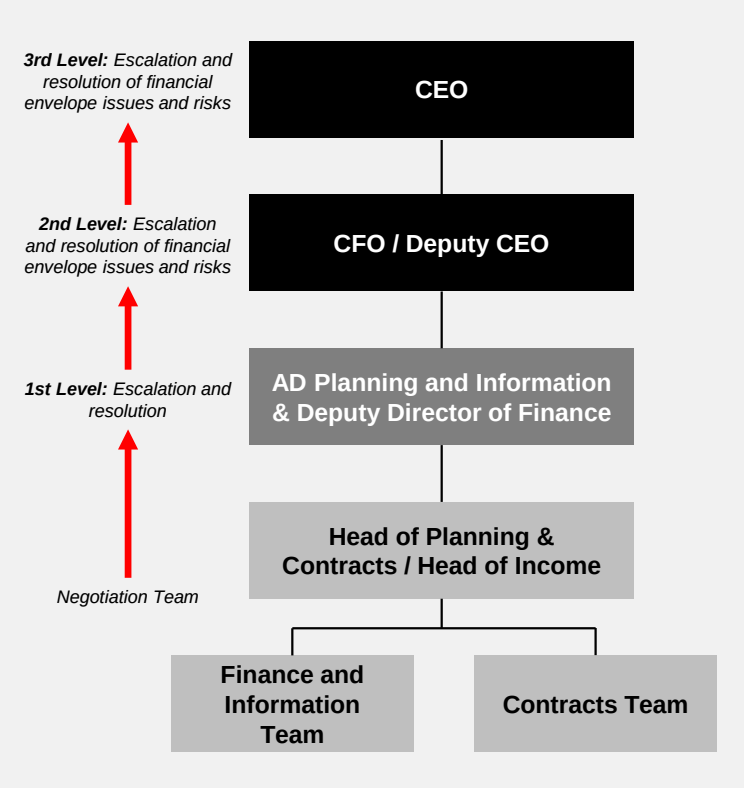


Planning Structure – Key Processes

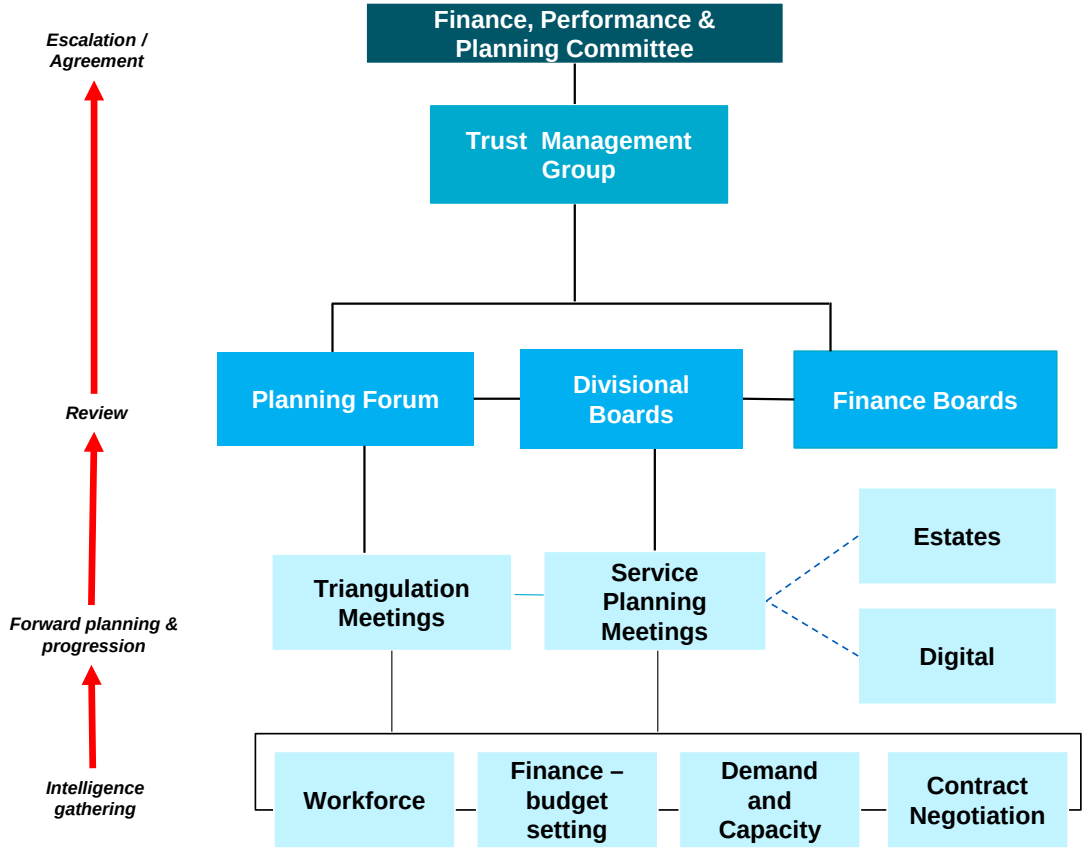


Internal & External Business Planning Structure

External Contract Negotiation & Escalation Points



Internal Business Planning



*Forums will be updated in line with the divisional restructure, existing forums will be used until such time

Planning Timeline

Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
NATIONAL DEADLINES				
	• Integrated Care Partnership strategy to be in place		• **23rd Feb**: Draft planning submissions	• **30th Mar**: Final planning submission • **31st Mar**: Signed contract • 31st Mar: Integrated Care Board 5 year plan to be in place
NATIONAL PUBLICATIONS				
• Autumn Statement	• Planning guidance • Tariff/Contract Consultations	• Recovery plans for urgent and emergency care and primary care • Planning templates	• NHS E review of draft submissions • Final national tariff and contract published	
INTERNAL PLANNING				
• Assessment of demand for 2023/24	• Work up of expected capacity templates • Efficiency and productivity opportunity identification	• Technical financial baseline produced and budget baseline signed off • Review of capacity, productivity impact and the remaining gap	• Review of mitigation plans to close any capacity gap • Final prioritisation of service developments and investments	• **28th Mar:** FPPC sign off 23/24 budget and operational plan
• Financial/workforce/activity/capacity exit run-rate assessment • Baseline work-up for finance/activity/workforce		• Triangulation and alignment of planning assumptions and submissions • Formal contract negotiations with Commissioners		
• Work up and review of business cases and service developments				
	• Work up of CIP, transformation programme and capital programme			

Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board		**Agenda Item**	13
Report title	People and Workforce Strategy Annual Progress Report		**Meeting Date**	11 January 2023
Presenter	Thomas Pounds – Chief People Officer			
Author	Thomas Pounds – Chief People Officer			
Responsible Director	Thomas Pounds – Chief People Officer		**Approval Date**	
Purpose *(tick one box only)* [See note 8]	**To Note**	☐	**Approval**	☐
	Discussion	☒	**Decision**	☐

Report Summary:

This report provides a summative update on the progress of the People Strategy.

Impact: where significant implication(s) need highlighting

Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal
Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability
CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources

Risk: *Please specify any links to the BAF or Risk Register*

Report previously considered by & date(s):

Recommendation	The Board is asked to note the contents of the report.

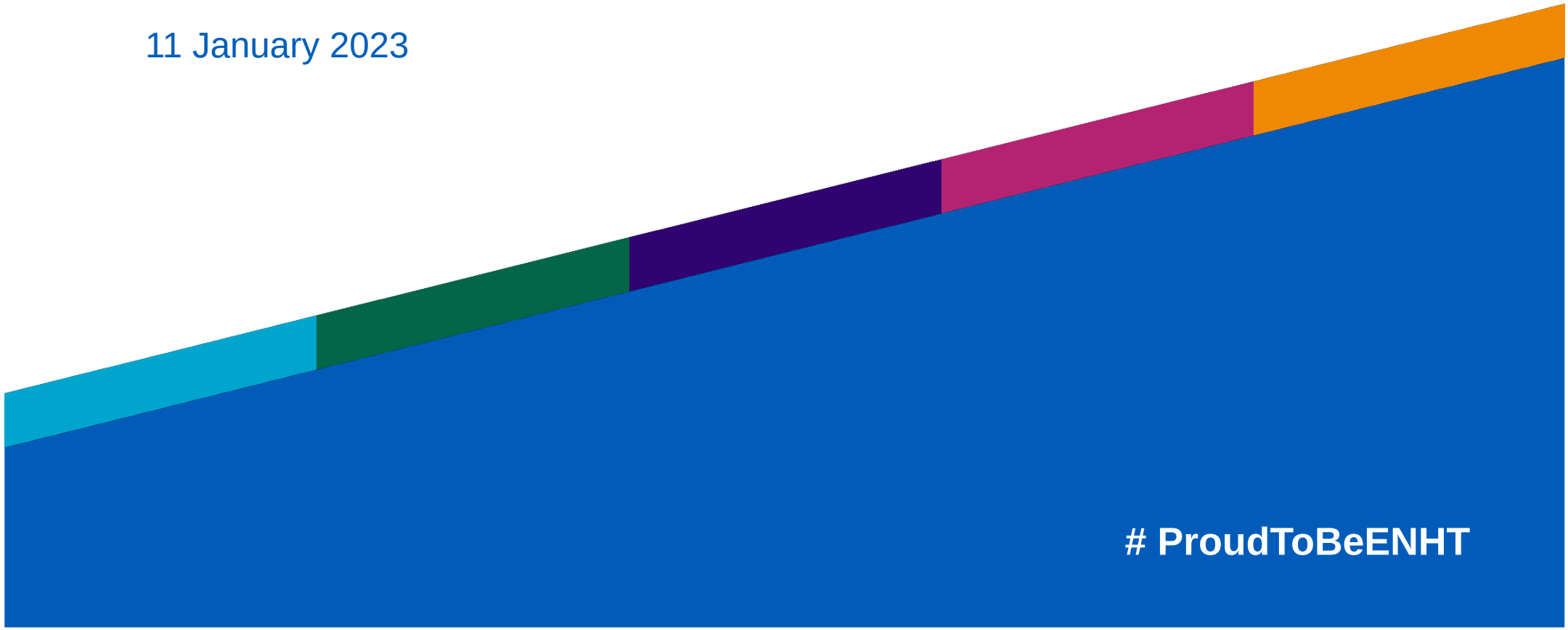
To be trusted to provide consistently outstanding care and exemplary service

People Strategy Update

Thomas Pounds, Chief People Officer

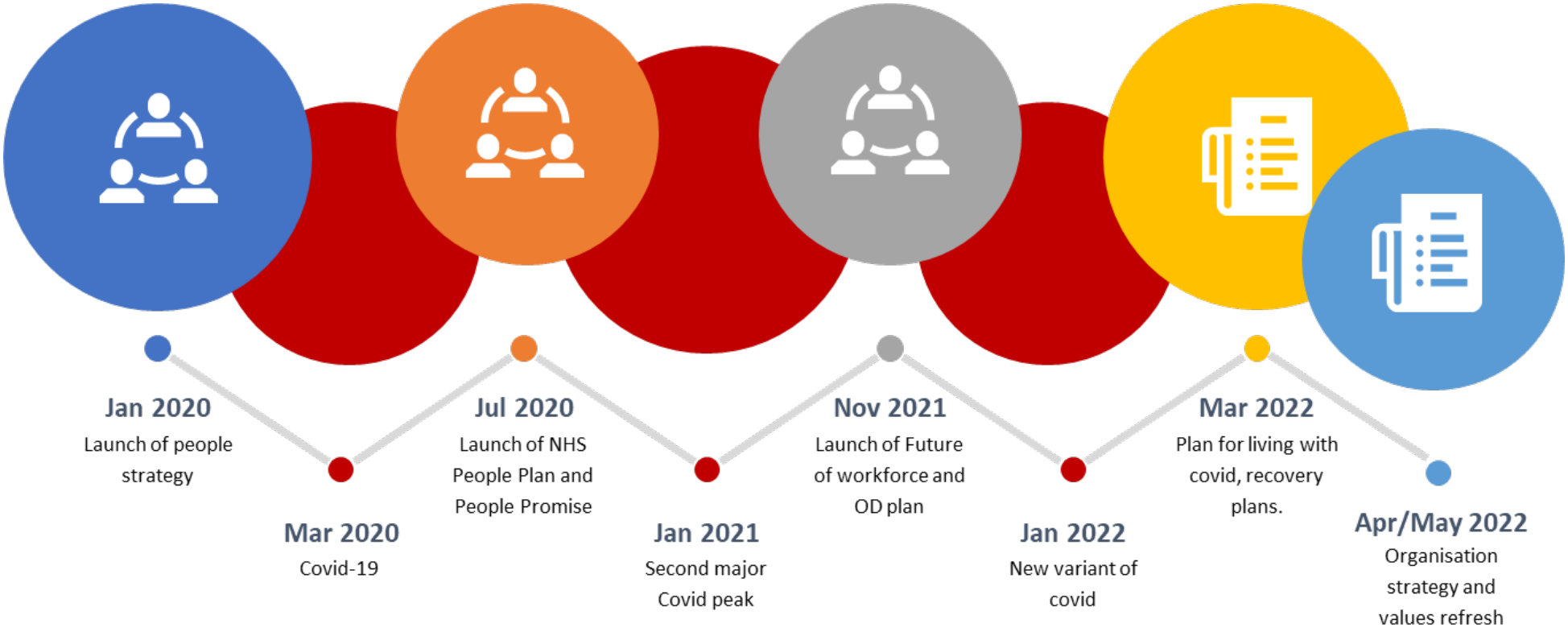
11 January 2023

East and North Hertfordshire NHS Trust



Background and context

NHS
East and North Hertfordshire
NHS Trust



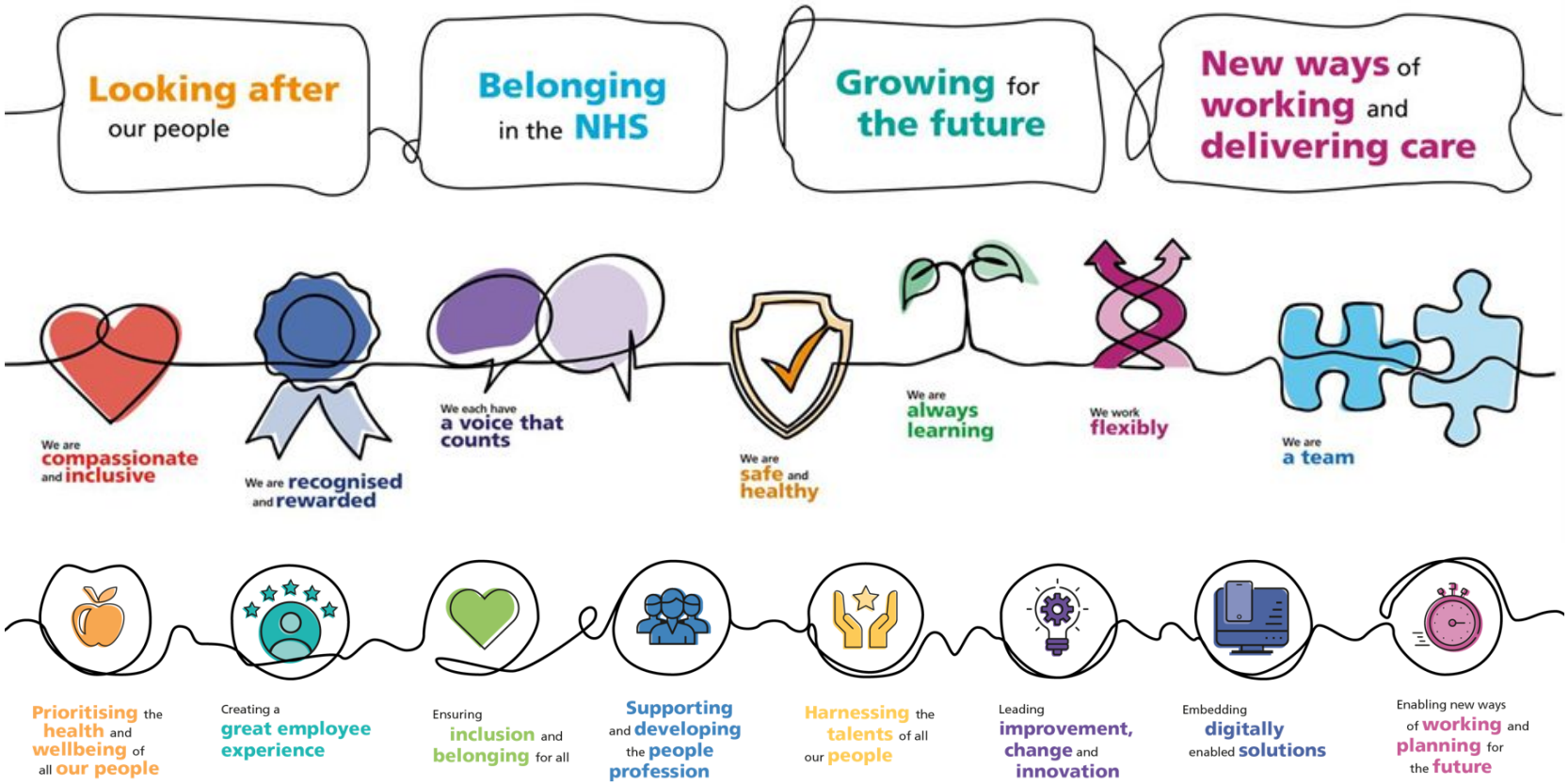
Background and context

East and North Hertfordshire NHS Trust

A PLACE WHERE EVERYONE CAN WORK, GROW, THRIVE AND CARE TOGETHER, FOR OUR PATIENTS

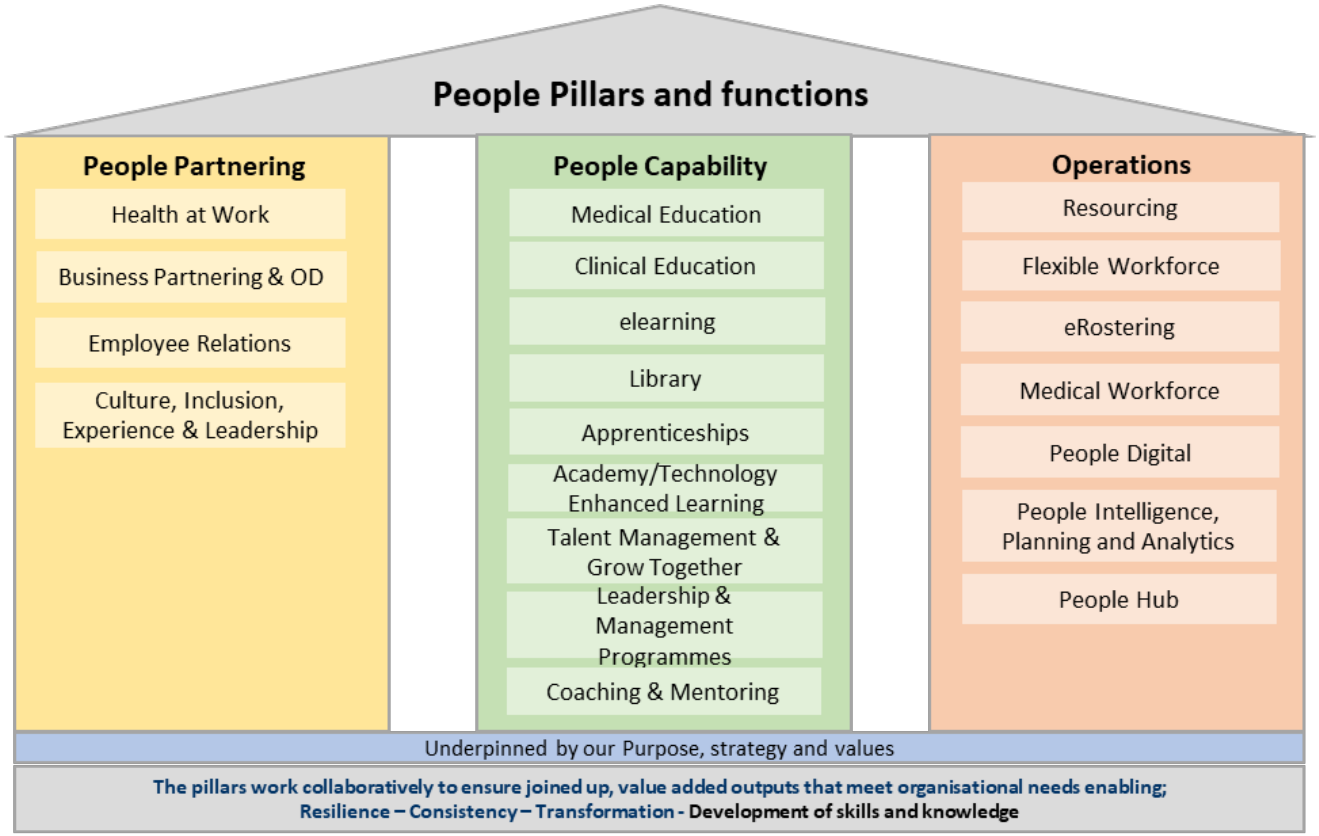
Background and context

NHS
East and North Hertfordshire
NHS Trust



People Team Structure

East and North Hertfordshire NHS Trust



- Three pillars working vertically and horizontally to deliver the people strategy
- Recruitment to senior roles completed Jan 22
- Roles and structure finalised September 22
- Increased investment in people partnering to support culture change and workforce transformation
- Consolidation of people capability functions to ensure that there is multi disciplinary learning and education delivery, career pathways and a suite of learning tools
- Developing and improving customer experience and becoming more efficient through digital capabilities
- Ready for 'future of workforce and OD' progamme

Our Values

NHS
East and North Hertfordshire
NHS Trust

Include

We value the diversity and experience of our community, colleagues and partners, creating relationships and climates that provide an opportunity to share, collaborate and grow together

Respect

We create a safe environment where we are curious of the lived experience of others, seek out best practice and are open to listening and hearing new ideas and change

Improve

We are committed to consistently delivering excellent services and continuously looking to improve through a creative workforce that feels empowered to act in service of our shared purpose

- Spring 2022 – 'Refresh Our Values Project' – engagement of around 500 individuals and teams across the organisation identifying behaviors that matter and the values that drive them
- Final draft shared on the leadership forum and final version produced in Summer 2022
- Teams began building of their own 'team charter' – this is a recognized technique in team building in which teams agree the behaviors that they will all hold themselves, and each other, accountable for
- Led by the OD and Business Partnering team all areas will have develop their team charter by the end of the financial year
- Board team charter was developed in November with final version to be shared

Work Together:
Developments and key achievements

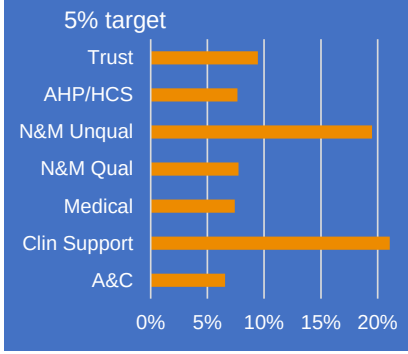
East and North Hertfordshire NHS Trust

Improved process and methodology for attraction and selection	The Resourcing team has significantly improved in international recruitment offer, recruiting more oversees workforce that ever before. ENHT have provided the model for international recruitment across the ICS and has become the lead provider.
	Increase focus on inclusive recruitment practice with development on inclusion ambassador (IA) programme. There are now 26 IAs and the role has been developed to work at each stage of the recruitment process. The remit has been expanded ensure inclusive recruitment for all protected characteristics and is now being rolled out across the ICS.
	Working with the ICS the Trust has expanded its reach and developed the brand with regular open days and events being held. Careers pages on the Trust website have been refreshed to increase attraction and experience at each interaction of the early onboarding stage continues to be strong.
Transformation of roles and organisation structure to deliver 21st century care	Detailed workforce plans have been developed by service line as part of the clinical strategy refresh. Following a review of how the service needs to transform over the next 5 to 10 years a review of the workforce requirement and transformation opportunities has been developed.
	New job planning software has been implemented and a programme for team job planning initiated. A new virtual assistant as a single entry point of 'HR admin' requirements
Develop infrastructure and leadership to support working flexibly	Since Oct 21, the Trust has participated in the 'flex for the future' timewise workshop to support trust wide engagement and develop a comprehensive plan. This has led to the development of principles and approach to agile working which is being trialed at Wiltron and Avenet House, a review of leave policy and a self rostering pilot.
	Rostering continues to be rolled out across clinical and nonclinical departments, including the implementation of a new rostering system for doctors which has improved functionality. Part of the implementation is to consider how erostering can be used to allocate and deploy more flexible and effectively.

Work together:
Performance against key measures

East and North Hertfordshire NHS Trust

Reducing vacancy factor

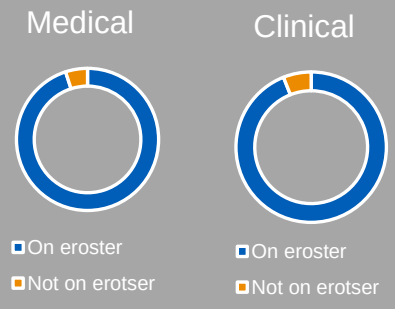


The overall vacancy rate is the same as it was at the start of the year at 9.4%. However, there has been an increase in staff in post of 82 WTE since the start of the year. Although not on the ambitious target of 5%, most staff groups are close with the exception of non-clinical support roles where significant improvement is required.

The latest staff survey shows the Trust as above average for flexible working. The has also been an upward trend in positive scores in the Pulse survey before it changed to the national mandated pulse questions. The scores are less favorable when it relates to the line managers support for flexible working.

Flexible working

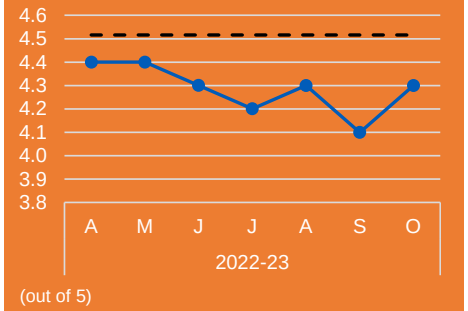
Utilising workforce deployment systems



The Trust has a target for 90% of all clinical staff to be utilising eroster. The utilisation levels have improved throughout the year and the Trust expects to hit the 90% target. The Trust recently procured new software for medical rostering which has improved functionality.

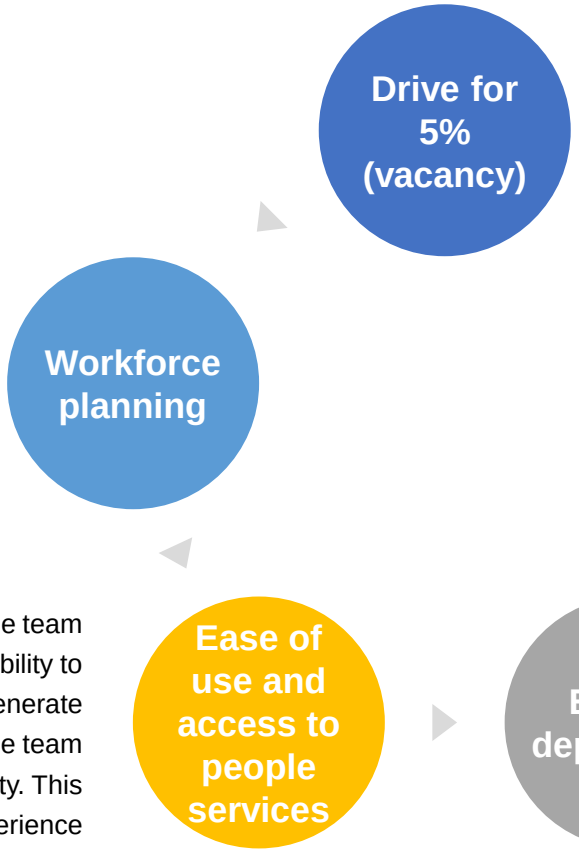
Customer experience of the recruitment team remains good but slightly off target. Time to hire has been on target 8 times in the last 12 month and has only marginally missed the target in the last two months.

Resourcing quality indicators



Work together: Priorities and next steps

NHS East and North Hertfordshire NHS Trust



Increase the challenge to be at a maximum of 5% vacancy by the end of the year and ensure this is in place for each staff group. This requires significant improvement for non-qualified clinical roles, improve workforce planning and retention rates.

Measured by a further improvement in staff survey scores the Trust will work to deliver a compressive programme of work to improve the experience of flexible working.

The trust will expand the roll out to hit 90% of all clinical staff on eroster as well as support non-clinical teams to be set up. This will be implemented as a key enabler to a more flexible approach to work, with greater autonomy with the employee to plan the lives.

Develop and enhance people team processes and use digital capability to improve user experience and generate efficiency to enable to the people team to work at the top of their capability. This will be measure by user experience scores.

Develop a workforce plan which supports and underpins the clinical strategy. This will enable a case to be made for future investment in new roles and ensure we are developing key skills to deliver the long-term plan.

Grow together:
Developments and key achievements

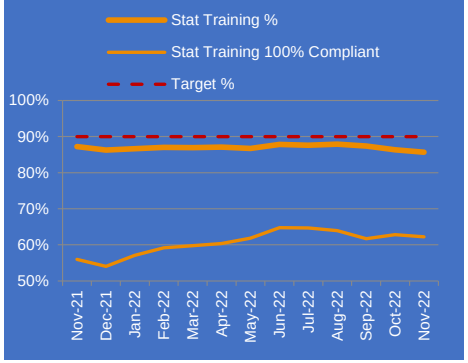
East and North Hertfordshire NHS Trust

Build foundations and fundamentals to support learning	The introduction of a learning management system and a technology enhanced learning (TEL) team has ensured access to learning and education through a virtual platform has vastly improved the experience for many people. It has meant that the Trust has accurate recording of all statutory and mandatory training, additional training which is essential to role can be access and the quality for learning material has a quality check approach.
Consolidation of learning, education and development function	People capability function has been established with new talent introduced to develop the services including an AD of People Capability to develop in implement the overall strategy. Through bringing the teams together there is a start to a multi-disciplinary approach to learning and the formation of the education board. Further service enhancements has ensured that we maximise the potential for funding and use of funds is more equitably and effectively allocated.
Develop Trust-wide approach to talent management	Implemented new grow together (appraisal) reviews and established this within ENH academy. The review focuses on what matters to the individual, a supportive career conversation and setting objectives. It also enables the capture of regular 1 to 1 conversations.
	Introduced the grow together cycle which sets out the flow from grow together review, into talent forum and the support and development planning. The first talent review forums we held and tested ready to be implemented across the organisation.
	The Trust has enabled access to a wider range of leadership and management development programmes to support nurturing and developing talent.
	Development of graduate managmet trainee scheme and implemented a new portal and set up a process to offer compressive work experience
	Implementation of telent programmes focused on inclusion and increasing diversity from band 3 up to aspiring directors

Grow together:
Performance against key measures

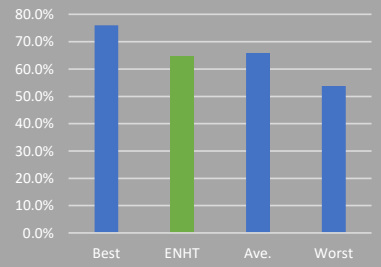
East and North Hertfordshire NHS Trust

Stat and man Training



The Trust implemented a new appraisl system and process at the start of the year which is where compliance rates fall away. However, as adoption for the new system increase compliance has improved each month since June

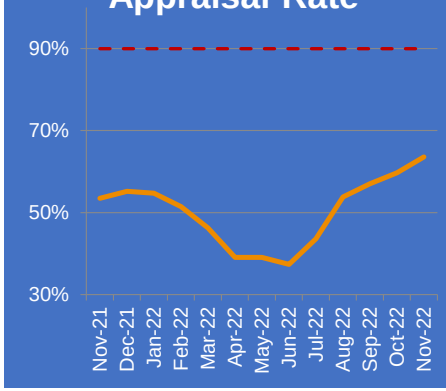
I have opportunity to improve my knowledge and skills



As a measure of the quality of appraisals the staff survey asks how it has helped people do their job. The score along with other quality questions shows the Trust is significantly above average. Where the Trust is below average is the consistency of receiving an appraisal which will be addressed as part of the grow together cycle.

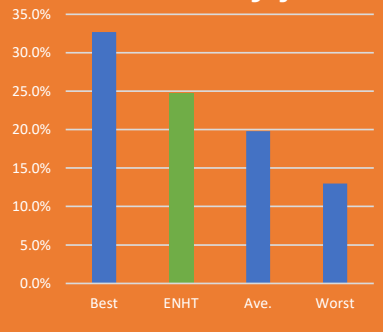
Since the full implementation of ENH Academy, compliance rates for statutory and mandatory training are consistently performing better, however at 86% we are still off target. It is also reassuring that more people are at 100% compliance with their training.

Appraisal Rate



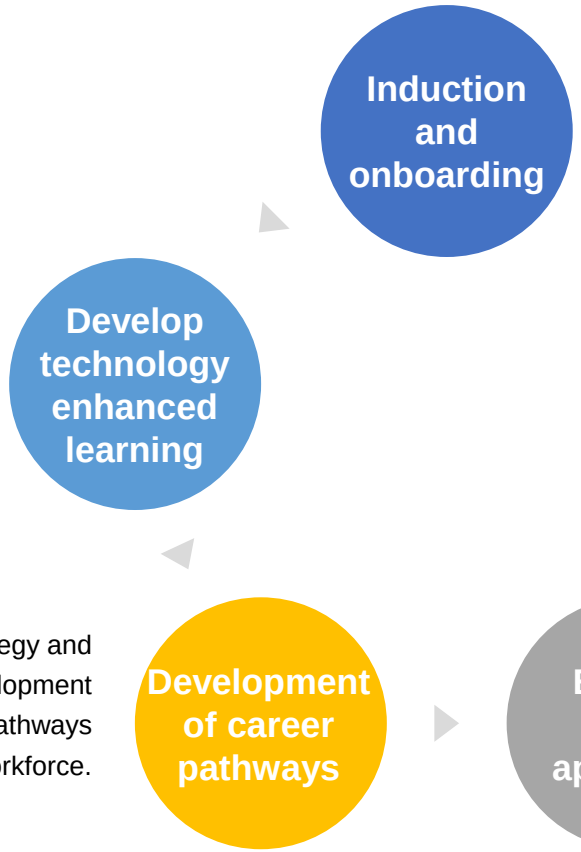
Due to the change in the pulse survey and staff survey there is not consistent a measure to assess trend however the above demonstrates the trust current position compared to other Trusts concerning access to learning. The Trust is below average for this, and it is consistent with other questions related to learning and development.

(My appraisal) Helped me to do my job



Grow together: Priorities and next steps

NHS East and North Hertfordshire NHS Trust



The trust will complete the redesign of the of the induction and set out a comprehensive framework for how to welcome and on-board staff from day one to the end of the first year in employment at the Trust.

The `trust will expand its reach to engage a wider workforce to support the local and domestic recruits, supporting to become an anchor institution. This will be demonstrated by increased work experience, volunteering and placements.

Achieve 90% appraisal rate by September through implementation of ‘grow together cycle’ and ensure everyone has a high-quality career conversation.

In line with the clinical strategy and workforce plan, ensure the development of education and development pathways to support transformation of workforce.

Enhance the range of learning materials based on training needs analysis to support specific roles to work at the top of their capability.

Thrive together:
Developments and key achievements

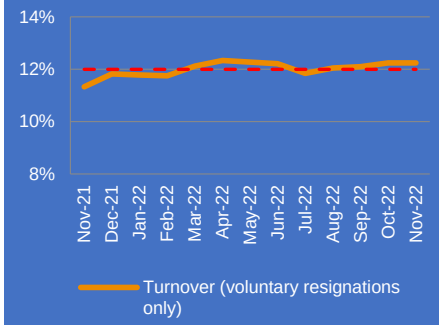
East and North Hertfordshire NHS Trust

Development of Leadership, management programmes	The Trust has developed its gateway process for identifying and allocating staff to both external and internal leadership programmes. Working closely alongside the 'Pathways to Excellence' staff have been supported on both the Florence Nightingale and RCN clinical leadership programmes amongst others. In addition, 291 delegates have attended the internal senior leadership development programme.
Development of a compassionate leadership behaviours	The delivery of the healthy leadership and teams model is structured around compassionate leadership skills. It provides a practical and structure approach with a strong focus on health and wellbeing and inclusion. Over the year 471 people have attended the bitesize sessions as well as 258 team/coaching interventions.
	Trust-wide engagement on trust values and development of team charters
	'Team-talk' session set up to explore themes and develop action plans against the staff survey information
Harnessing our individuality	The Trust has supported the networks to grow and thrive. The networks jointly went through a development programme to clarify purpose and objectives and are increasing able to influence on key strategic issues and policy development.
	Trust is engaging in cultural intelligence programme starting with extensive training for the executive and senior leadership team
	Key transformational work included the development of the inclusion ambassador role which has helped to improve the recruitment and selection policy and process and increase equity.
	The Trust has celebrated the diversity of its people in all its forms from staff Iftar, international nursing day, black history month, Hertfordshire pride, disability history month, international womens day to name just a few.

Thrive together:
Performance against key measures

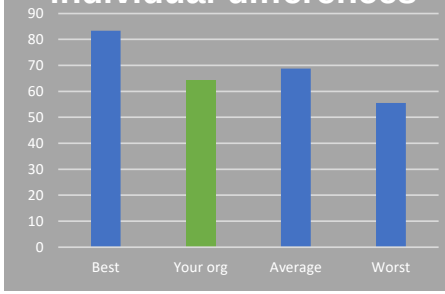
East and North Hertfordshire NHS Trust

Turnover rates



It is important that our most senior roles are representative of or our wider workforce and there was an under representation of staff from a BAME background. With increased focus, creating more equity and developing a more inclusive culture, the % of BAME staff at 8a and above has gone from 16.% to 21.2% against a target of 33%.

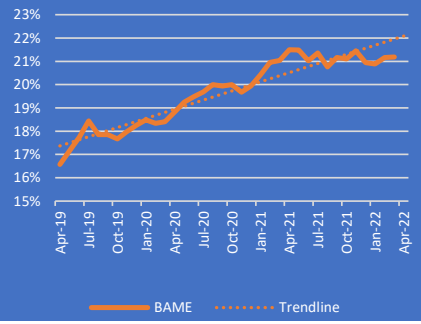
I think that my organisation respects individual differences



Bullying, harassment and abuse is an areas the trust has performed poorly in over the last 4 years. It is positive to see that the Trust improved slightly in the last year while the average trust has got worse, however being below average represents more progress is needed.

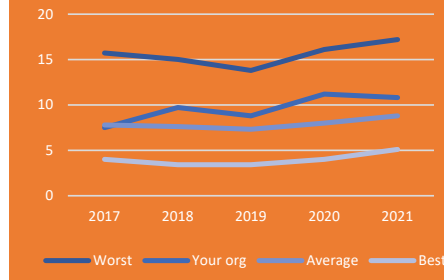
Levels of turnover have increased significantly from the previous year. However, when you break it down to where people have left for 'voluntary' reasons it has returned to pre-pandemic levels and is lower than the rates in 2018. The voluntary reason that has increase the most is work/life balance which alludes to the 'burn out' effect.

BAME Staff as % of Total Workforce for Band 8A+



Key to the output of the healthy teams programme is a culture of civility and respect. This survey metric is a key measure for the progress of the work. As this is a new question, there is no trend analysis however the trust is some way off the benchmark average and is targeting to be in the upper third therefore more progress is required.

In the last 12 months have you personally experienced discrimination (colleagues)



Thrive together: Priorities and next steps

NHS East and North Hertfordshire NHS Trust

The trust will complete the redesign of the of Complete values refresh and ensure these are embedded within the organisation and inform how we behave, recruit and develop.

Re-design key policies to ensure they are people centered, support a just and learning culture and are ease to access and easy to use.

Healthy teams will evolve to connect each of the culture improvement programmes to maximise the impact and become embedded in the way we work. It will also develop a targeted approach using a range of cultural indicators.

Launch a reciprocal mentoring programme for a minimum for 20 pairs of people to develop connections, build cultural awareness and support development.

We will continue to develop the way we celebrate our people, embracing our diversity, recognise achievements and show value for contribution at all levels.

Care together:
Developments and key achievements

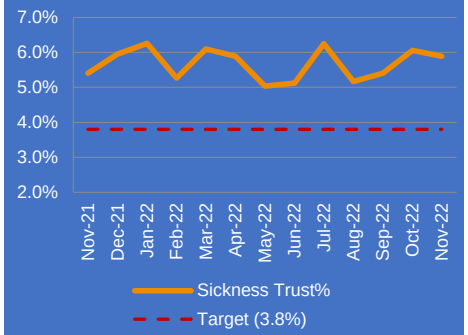
East and North Hertfordshire NHS Trust

Creation of ‘joy at work’ and recognition schemes	The trust has developed and implemented a range of recognition schemes over the last 12 months including the Daisy award, ‘hug in a mug’ scheme, thank you cards and length of service badges. In addition, it reintroduced the staff awards, provided an afternoon tea and ran a ‘thank you’ week including food and wellbeing events.
Improved physical and mental health and wellbeing in the organisation	Focus on the implementation of schemes to support financial wellbeing including the set up of a community shop, financial wellbeing support and information packs, enhanced financial support for community staff, toy and coat swap shops, reimbursement of blue light cards, concessions for parking and food.
	The Trust launched its flagship and award winning ‘Here for you’ service providing 24/7 expert support in dealing with the phycological impact of the environment. It has enabled a series of reflective space sessions where people can come together and share their experience and deal with the emotional impacts of work.
	The Health at work team have supported a significant increase in calls and referrals supporting staff. This has enabled referrals to support and therapy including physiotherapy, counselling, trauma support and long covid clinics.
Improved staff engagement	New structure embedded for freedom to speak up (FTSU) process including the appointment of a full time and dedicated Freedom To Speak Up Guardian, FTSU forum with a range of ambassadors across all staff groups
	Wide engagement with the development of the new Trust values
	A range of mediums for engaging with the workforce have been implemented including the leadership forum, all staff briefing, specialist topic briefings via glisser. The ask Adam email has been instated encourage ideas and feedback.
	Increased presence within wards and departments from senior leaders

Care together:
Performance against key measures

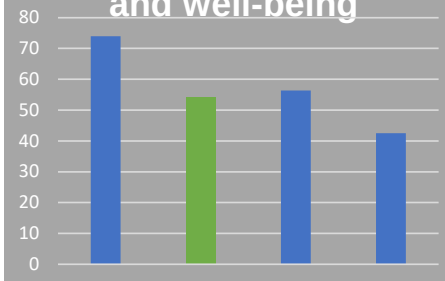
East and North Hertfordshire NHS Trust

% sickness absence



The measure of the impact of our wellbeing initiative has been the comparission of mental health related absence. For the first part of the year, it has larglu matched but in the last quarter there was a significant improvement, and it is currently ahead of the improvement trajectory.

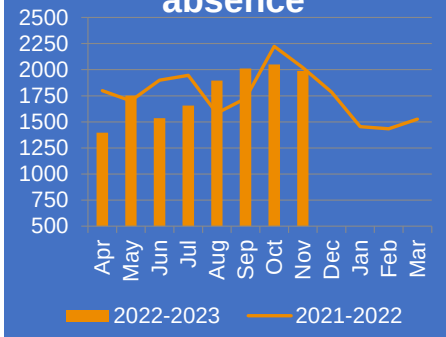
My organisation takes positive action on health and well-being



Investment into Freedom to speak up and work on creating phycological safety around raising concerns has been demonstrated through a more positive response to people reporting incidents of bullying, harassment and abuse.

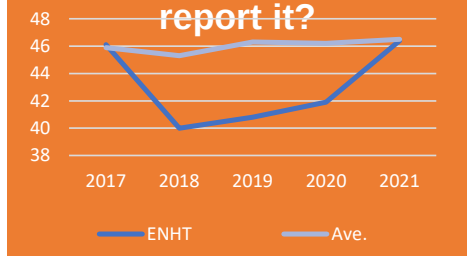
Sickness absence has been consistently high with various peeks over the last 12 months related to waves of Covid. In January 2023 we are likely to see higher than average sickness levels dues to a combination of covid, flu and other viruses that are in circulation.

Mental health related absence



The data in the staff survey demonstrates that the Trust is below average compared to other NHS organisation and is a significant way off the best. As much as the Trust can demonstrate a service of robust actions they are not being felt by a significant proportion of people across the organisation.

The last time you experienced harassment, bullyingor abuse at work, did you or a colleague report it?



Care together:
Priorities and next steps

East and North Hertfordshire NHS Trust

Support delivery of FTSU action plan

With the establishment of a full time Freedom to speak up guardian it must deliver against a nationally set goals. The people team play a key part in this, and it must align to the range of facilities for raising concerns.

Establish routine Schwartz rounds

Schwartz rounds along with reflective spaces have been in place for the last 2 years. However, they need to become more routine and utilized more widely by the workforce.

Continue to embed hygiene factors

Focus on hygiene factors are key to the improvement of wellbeing for the most amount of people. The people team must work alongside estates and finance team for the delivery of programmes that improve staff experience.

Implement financial wellbeing initiatives

The current financial climate is putting increasing pressure on people lives and the organisation needs to demonstrates its recognition of this and support staff in any way it can.

Increase reach of Care Support Pyramid

The Care Support Pyramid is a model developed by ENHT which what enables teams to plan and demonstrate what positive action they are taking to support health and wellbeing.

East and North Hertfordshire NHS Trust

Key priorities: Thriving people

1 Drive for 5% (vacancy)
Increase the challenge to be at a maximum of 5% vacancy by the end of the year and ensure this is in place for each staff group. This requires significant improvement for non-qualified clinical roles, improve workforce planning and retention rates.

2 Flexible Working programme
Measured by a further improvement in staff survey scores the Trust will work to deliver a compressive programme of work to improve the experience of flexible working.

3 Induction and onboarding
The trust will complete the redesign of the of the induction and set out a comprehensive framework for how to welcome and on-board staff from day one to the end of the first year in employment at the Trust. This includes management and leadership skills for people moving into new roles.

4 Ease of use and access to people services
Develop and enhance people team processes and use digital capability to improve user experience and generate efficiency to enable to the people team to work at the top of their capability. This will be measure by user experience scores.

5 Embed our values
Complete values refresh and ensure these are embedded within the organisation and inform how we behave, recruit and develop.

Governance and reporting structure

NHS
East and North Hertfordshire
NHS Trust

Summary and conclusions

East and North Hertfordshire NHS Trust

- Despite the changing background and environment in which we are operating, the people strategy set out at the start of 2020 is still fit for purpose and is a key enabler for the Trust in delivering its strategic priorities.
- The operating model for the people team needs to evolve rapidly and we need to continue to build internal capability, improve systems and operational delivery and invest in the resources to support the development of the workforce. It also must develop to be in the right shape for future development plans for the integrated cares system and health and care partnership.
- The Trust has demonstrated its delivery against the objectives and plans previously set out but the data shows, particularly within the staff survey where there is more to do.
- It is proposed that the progress of the priorities highlighted continue to be monitored by the People committee and through to the Trust board.
- The performance reports are currently under review but the People directorate will ensure these remain reflective of the people strategy objectives.

Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board		**Agenda Item**	14
Report title	CQC Benchmarking update		**Meeting Date**	January 2022
Presenter	Theresa Murphy – Chief Nurse			
Author	Amanda Rowley - Director of Midwifery			
Responsible Director	Theresa Murphy - Chief Nurse		**Approval Date**	
Purpose *(tick one box only)* [See note 8]	**To Note**	☒	**Approval**	☐
	Discussion	☒	**Decision**	☐

Report Summary:

Following ongoing review and improvements to our Maternity services the service has reviewed their benchmarked position against Trusts in national comparator groups for key Clinical Quality Improvement metrics from the national maternity dashboard and are assured that these are within normal parameters.

Additional assurance is evidenced through predicted compliance with all ten safety standards of year 4 of the maternity incentive scheme.

Impact: where significant implication(s) need highlighting
Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal
Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability
CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources

- Above the national average for some key MBRRACE quality indicators
  - Babies who were fully or partially breast fed at 6-8 weeks
  - Babies with first feed of breast milk
  - Women in RG5* having C-section with at least one previous birth
- Ongoing compliance and achievement with Maternity Incentive Scheme (MIS) quality indicators
- Staffing recruitment – improving midwifery vacancy gap against agreed recruitable establishment
- Ongoing improvement actions for Ockenden recommendations compliance

Risk: *Please specify any links to the BAF or Risk Register*

- Risk ID 7050 The risk to women, their babies and staff in relation to staffing levels that fall below establishment
- Risk ID 6077 Risk that the safety of women and babies will be compromised as staff may not be released for mandatory training

Report previously considered by & date(s):

N/A

Recommendation	The Board/Committee is asked to [See note 13]

To be trusted to provide consistently outstanding care and exemplary service

East and North Hertfordshire NHS Trust

Maternity Service benchmarking review

Trust Board

December 2022

Amanda Rowley, Director of Midwifery

Review of Maternity benchmarking indicators

East and North Hertfordshire NHS Trust

These indicators form part of our assurance process and demonstrate national and regional performance comparisons.

Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE)

NHS
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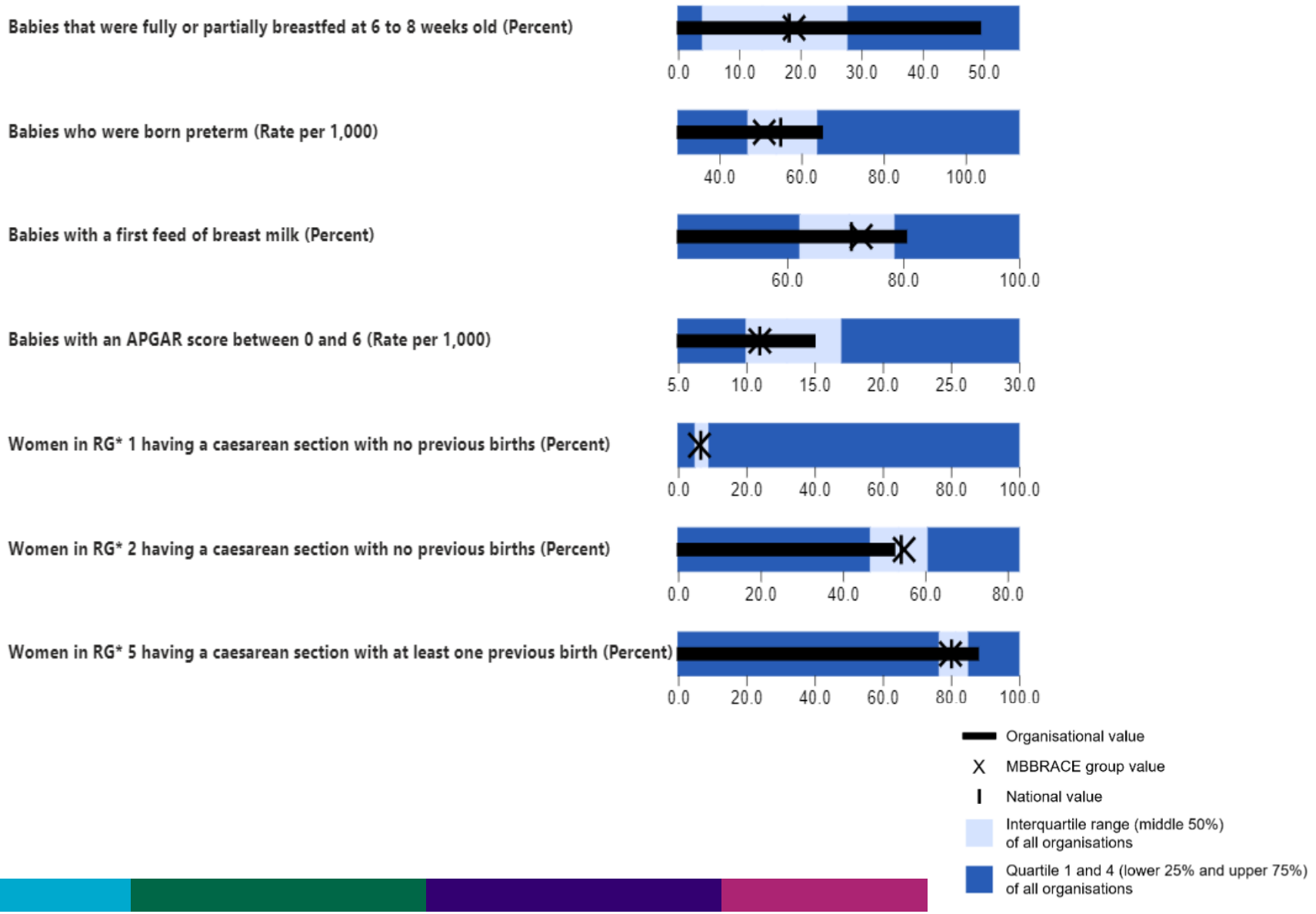
A national report on stillbirth rates for individual Trusts against other trusts within comparator groups.

Nationally, reductions in stillbirths are considered to be on track to meet the national ambition to reduce the rate of stillbirth by 50% by 2025 with a national rate of 4.1 per thousand live births reported by the Office for National Statistics.

Published and ratified data for 2020 showed the Trust's stillbirths at 2.5 per thousand births, this was below the group comparator average UK wide.

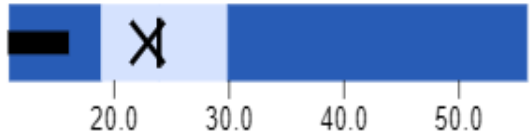
MBRAACE Clinical Quality Indicators

East and North Hertfordshire NHS Trust



East and North Hertfordshire NHS Trust

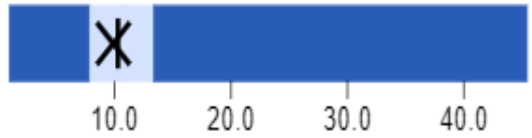
Women who had a 3rd or 4th degree tear at delivery (Rate per 1,000)



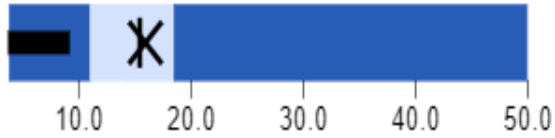
Women who had a PPH of 1,500ml or more (Rate per 1,000)

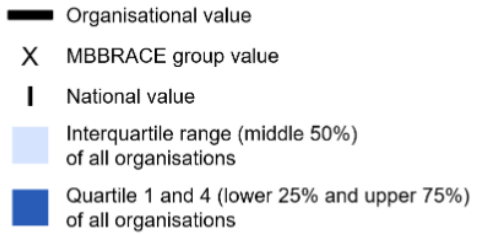
Women who were current smokers at booking appointment (Percent)

Women who were current smokers at delivery (Percent)



Women with a vaginal birth following a caesarean section (Percent)

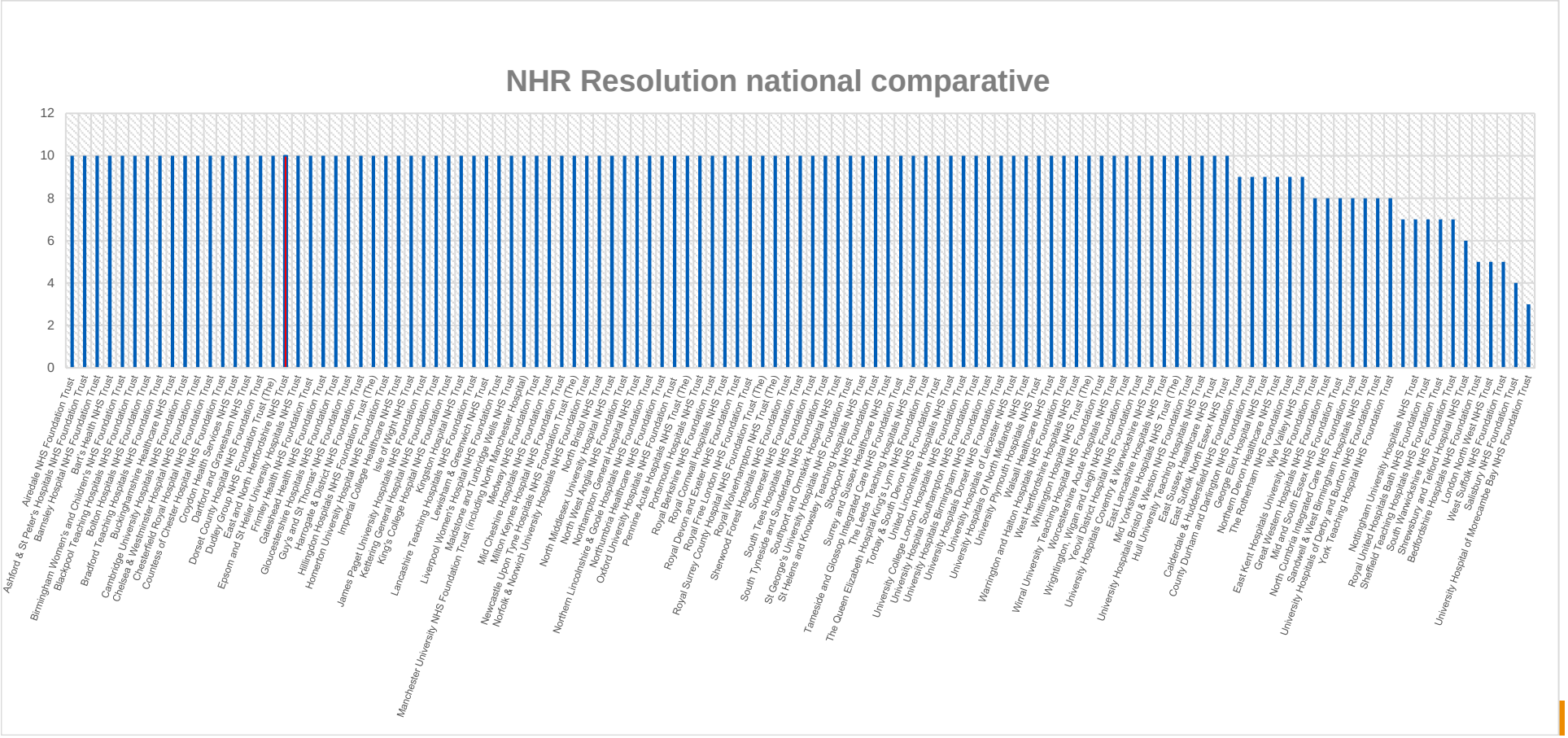




Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care.

East and North Hertfordshire NHS Trust

The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST. East and North Hertfordshire NHS Trust has maintained compliance with all 10 safety standards to reduce clinical risk.



CNST Maternity Incentive Scheme (MIS) year 4

East and North Hertfordshire NHS Trust

- The service are currently collating final evidence for year 4 of the MIS. The Trust can evidence compliance with the required 'Evidence of Compliance' against all 10 Safety standards. All evidence has been presented to and scrutinised by the Quality and Safety Committee.

- Of particular note is that the Trust is compliant with all 5 elements of the 'Saving Babies Lives' care bundle and have met the 90% training trajectory for all staff groups to meet standards 6 and 8.

PROMPT	Registered midwives	91%
	Maternity Support Workers	90%
	Theatre staff	100%
	Obstetric Consultants	100%
	Obstetric doctors	90%
	Anaesthetic Consultants	95%
	Anaesthetic doctors	100%
Fetal Monitoring	Registered midwives	95%
	Obstetric Consultants	100%
	Obstetric doctors	90%
NBLS	Registered midwives	90%
	Neonatal Nurses	95%
	Neonatal Consultants	100%
	Neonatal Doctors	90%

10 Steps-to-safety Year 4		
1	Perinatal review tool	
2	MSDS	
3	ATAIN	
4	Medical Workforce	
5	Midwifery Workforce	
6	SBLCB	
7	Patient Feedback	
8	Multi-professional training	
9	Safety Champions	
10	Early notification scheme	

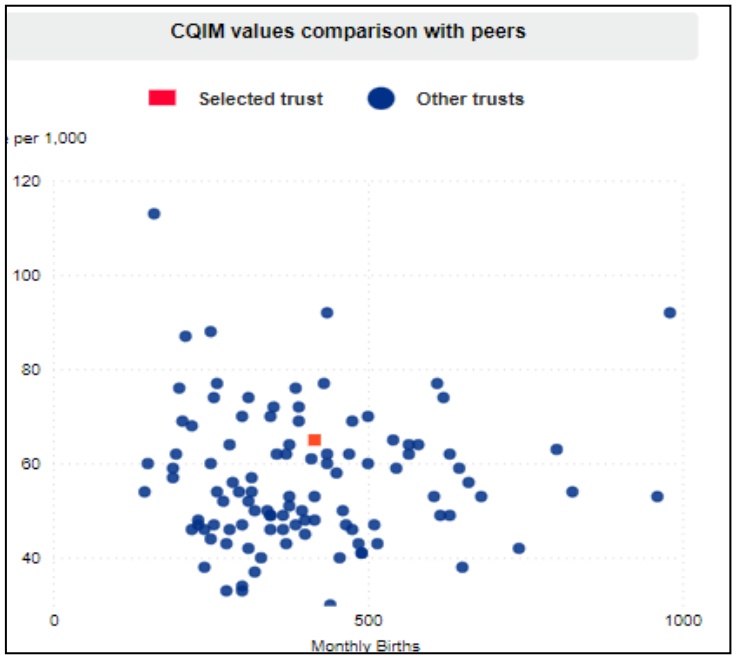
National Benchmarking against National Ambition and Service Requirements

East and North Hertfordshire NHS Trust

Pre term Birth:

The National maternity and Perinatal Audit (NMPA) target for all pre term births (24 weeks to 36+6 weeks) is an annual rolling rate of ≤6%. For November the rate at the Trust was 4.9% with a rolling rate of 6.65%.

- The Clinical Quality Improvement Metrics (CQIM) values as reported on the National Maternity dashboard are within the normal parameters and not an outlier within our comparator group.



Regional Insight
Visit Review of Ockenden Immediate and Essential Actions.

April 2022

IEA	i	ii	iii	iv	v	vi	vii	viii
1) Enhanced safety								
2) Listening to women and families	N/A	N/A						
3) Staff training and working together								N/A
4) Managing complex pregnancy							N/A	N/A
5) Risk assessment throughout pregnancy					N/A	N/A	N/A	N/A
6) Monitoring fetal well-being						N/A	N/A	N/A
7) Informed consent							N/A	N/A
Workforce Planning					N/A	N/A	N/A	N/A
Guidelines		N/A	N/A	N/A	N/A	N/A	N/A	N/A

Regional Workforce

NHS
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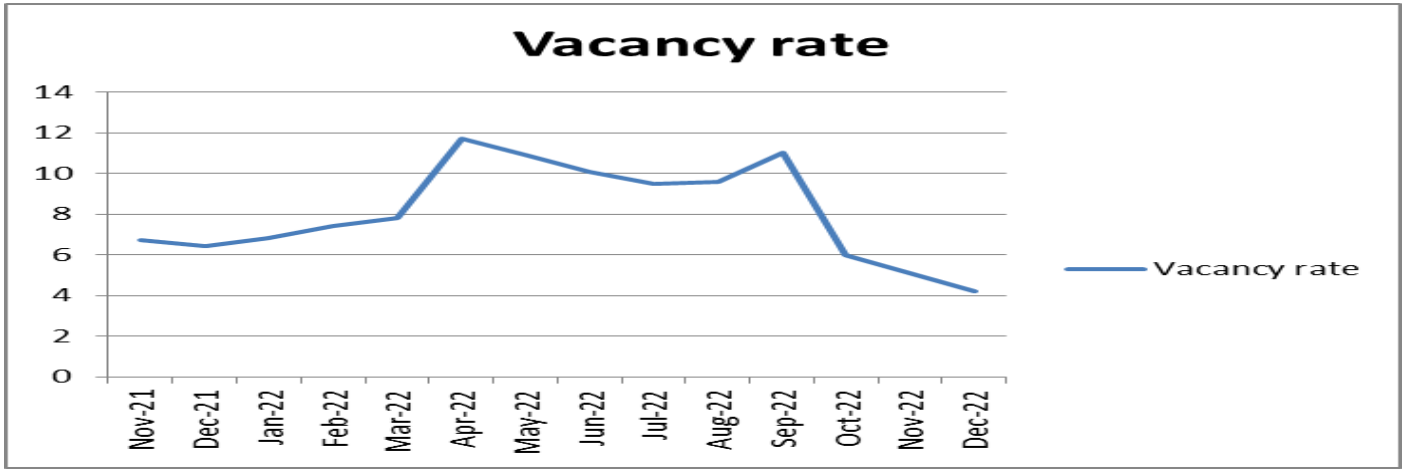
NHS Trust

Birthrate plus is a national workforce planning and decision making system for assessing the needs of women for midwifery care throughout pregnancy, labour, and the postnatal period both in hospital and community settings.

A robust recruitment and retention plan for maternity is in place supported by the associate people business partner for maternity services. We have seen a significant reduction in our Midwifery vacancy rate since April 2022 as demonstrated on the graph below.

The Trust's Midwifery Vacancy rate:
Currently 5.87% (Nov 2022) with 13.7 WTE vacant against establishment.



The Trust's Birthrate ratio is 1:25, which is in the average of Birthrate plus ratios for all Trusts in the East Of England.

East and North Hertfordshire NHS Trust

Thank you

Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	15
Report title	Strategic Transformation Update			**Meeting Date**	11 January 2023
Presenter	Kevin O'Hart, Director of Improvement				
Author	Kevin O'Hart, Director of Improvement				
Responsible Director	Kevin O'Hart, Director of Improvement			**Approval Date**	20 October 2022
Purpose *(tick one box only)* [See note 8]	**To Note**	☐	**Approval**		☐
	Discussion	☒	**Decision**		☐

Report Summary:

This report provides a summative update from the Executive Programme Board; this governance platform coordinates the development, oversight, and delivery of key internal and external strategic transformational priorities and objectives.
The portfolio is managed using a robust, standardised project and programme management model, supported by the transformation team.
This new model incorporates an executive SRO allocated to each programme who is accountable for delivery. Specific SRO allocations reflect a new, collective executive approach to strategic objective delivery.

Impact: where significant implication(s) need highlighting
Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal
Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability
CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources

There are several areas within the portfolio where success requires underlying changes in historical ways of working both internally and across the system. The necessary cultural changes in behaviours are currently limiting progress across a number of objectives. It will take time to bring all stakeholders forward together with a shared purpose, within a safe, continuous improvement environment. This journey will be supported and accelerated via the Improvement Partner proposal scheduled to commence in 2023/24.

Risk: *Please specify any links to the BAF or Risk Register*

Risk 11 Innovation
Risk 10 Technology, systems and processes

Report previously considered by & date(s):

Executive Programme Board 8 December 2022

Recommendation	The Board is asked to note the contents of the report.

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Strategic Transformation Portfolio Report

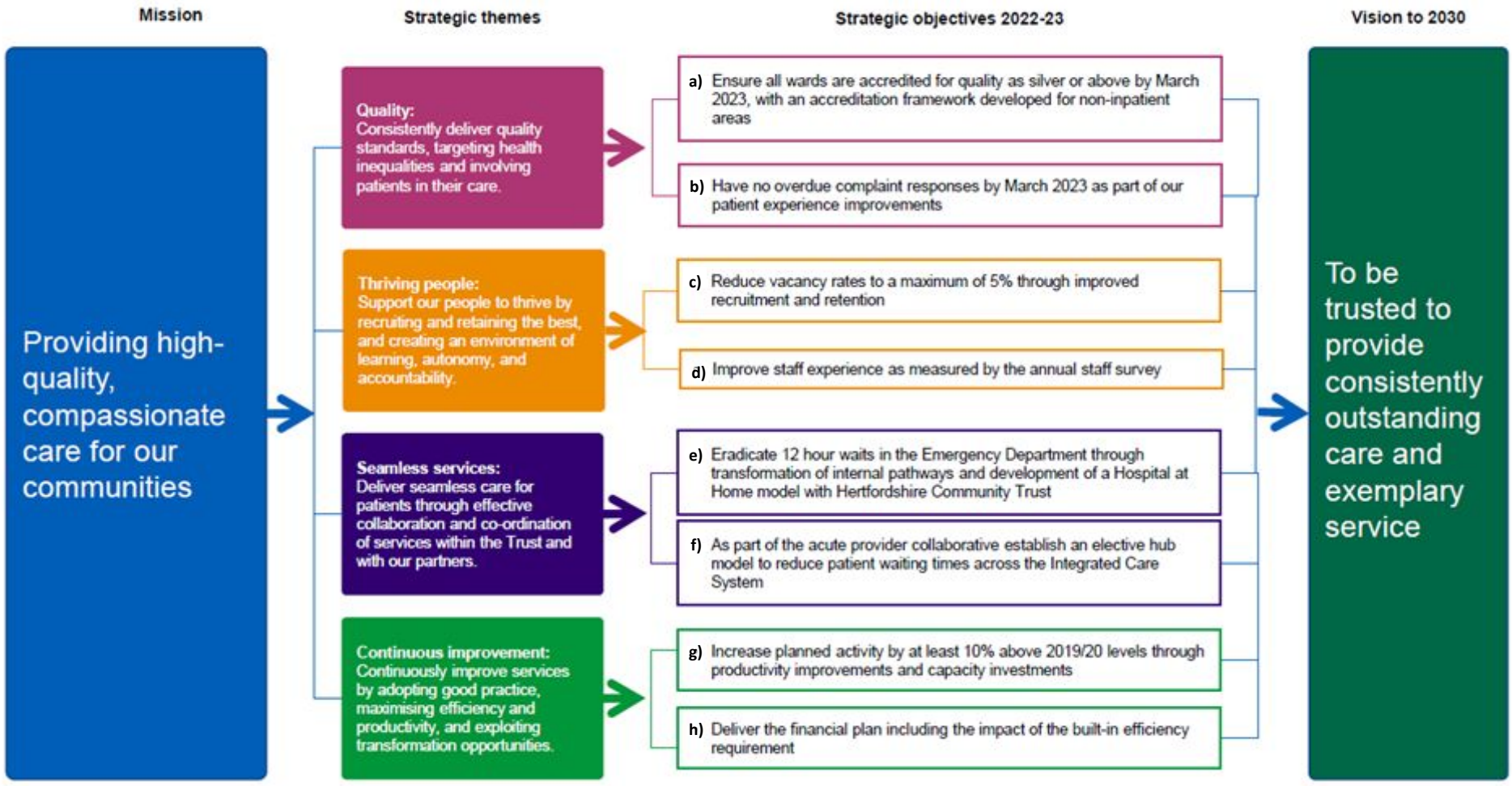
East and North Hertfordshire NHS Trust

Trust Board
11 January 2023

Kevin O'Hart, Director of Improvement

Strategic Objectives 2022 - 23

East and North Hertfordshire NHS Trust



Executive Programme Board Updates

East and North Hertfordshire NHS Trust

Strategic Theme Seamless Services - Care Closer to Home	Milestones	KPIs
SRO – Kevin O'Hart, Director of Improvement		

A task and finish group was established in August with the request from ENH Partnership Board to develop a Care Closer to Home ENH HCP Strategy. During a series of stakeholder sessions over the last few months we have subsequently built and agreed the main component parts for this joint document. This has included the development of a new service model blueprint which is people centred, targeted at locality level and promotes local, joint, multi-disciplinary services. The aim is to bring together services covering prevention, self-management, chronic management, exacerbations, acute management and reablement under a single point of access model that will target and support the most vulnerable 'high impact' people from our communities.
We are now in the process of mapping our initial Population Health Management (PHM) analysis with the cohort of people that are accessing services from all Providers most regularly so interventions can be targeted at those in most need, and therefore where greatest impact will be felt . It has been agreed the care of these patients will be at a local level as this reflects the most well-established, universally recognised boundaries that are contiguous with district and borough councils etc.
The strategy document was provisionally approved at December's Partnership Board, and the group is now developing a project plan to run a proof-of-concept pilot across one locality during Quarter 4. Learning from this process will then inform the wider scaling up and spread of the final model. There are no intended investment requirements for this work; this is about how we improve and redesign the deployment of our current resource to better meet people's needs.

Strategic Objective G - Community Diagnostic Centre	Milestones	KPIs
SRO – Kevin O'Hart, Director of Improvement		

The CDC programme continues to overperform against revised trajectory by 6%; an additional 8,920 examinations have been completed since 1st April. There are a further 8,193 tests to be completed by 31st March though these increases are now supported with a fully staffed, expanded rota establishment. The successful implementation of the first phase of the Community Diagnostic Centre programme has resulted in radiology being transferred to business as usual, with the associated documentation approved at the CDC Board in December. Timelines for handover of the other first phase specialties; cardiology and gastroenterology will be agreed in January 2023. The Fibroscan pathway is open to GP referrals. ECHO activity funded through the CDC programme has significantly reduced the backlog to 7 weeks. Further NHSE funding has been approved for the mobilisation of a respiratory diagnostic and Direct Access Holter

Executive Programme Board Updates

East and North Hertfordshire NHS Trust

pathway from April 2023, as part of Phase two of the programme. A bid is being developed for an additional MRI at the New QEII Hospital although it is likely NHSE capital funding will be deferred until 2024/2025.

Strategic Objective E - Discharge Improvement	Milestones	KPIs
SRO – Theresa Murphy, Chief Nurse		
Increased urgent and urgency care pressures necessitates the need to improve patient flow and efficient, safe discharge processes for patients. Significant digital changes have been made to increase the visibility of actions and tasks agreed during board and ward rounds, to support the achievement of the standards outlined in the Board and Ward Rounds SOP. As part of the implementation process, Ward Managers completed a self-assessment of their practice against the SOP and a further in-depth gap analysis was completed by Senior Divisional Nursing teams to identify areas for additional support and focus. Some areas may also require changes to consultant job plans in order to enable consistent early morning presence, and the Medical Director's Office have confirmed that job planning will be completed by April 2023 which will support this. To support the further roll out of Criteria-led Discharge, a nursing competency framework has been written and approved by the Clinical Skills Committee. This will enable the finalisation of the SOP and will support further roll out across specialties. ENT specialty commenced a criteria-led discharge pilot on 12/12/22 led by competent trained nurses, with clinical oversight from an ENT Consultant. This pilot will help inform the continuing development of the SOP and inform future pilots. The next pilot area will be with Gastroenterology. It is anticipated that criteria-led discharge will have a positive impact on both the time of day that discharges happen, and enable an increased level of weekend discharges. An additional piece of work is ongoing to review the use of the Discharge Lounge and the SOP which supports this. An engagement exercise is underway with nursing colleagues to identify any potential barriers to use, opportunities to increase the scope of activity, and opportunities to increase utilisation. Increased use of the Discharge Lounge earlier in the day will support improved flow into wards and contribute towards improving performance within urgent and emergency care flows.		

Strategic Objective E - Hospital at Home	Milestones	KPIs
SRO – Michael Chilvers, Medical Director		
The post-operative remote monitoring pilot within the Trauma and Orthopaedics specialty has now completed, with 12 patients		

Executive Programme Board Updates

East and North Hertfordshire NHS Trust

participating. Internal evaluation showed that for patients on the pilot the average length of stay was 2.2 days, compared to 3.6 days for the control group. A more detailed evaluation is underway with the support of the Academic Health Science Network and these findings will be used to inform additional improvement opportunities with surgical patients nationally. Media interest includes a Sky news report and a case study on the NHSE Transformation Perioperative Digital Playbook. The Planned Care Division and Transformation Team will be working together to expand this offer and scale up across additional surgical specialities in early 2023. Work is ongoing to identify other patient groups who currently reside within Acute beds at the Lister whose care could be provided by Hospital at Home, with pilots in planning phase (for example for patients with Acute Kidney Injury). The Handover at Home trial continues and led by HCT to pull suitably identified patients from the ambulance list into Hospital at Home. Current activity averages approximately 7 fewer patients per day being brought into Emergency Departments. Hospital at Home also presents an opportunity to support other patients with long term conditions which might exacerbate and require acute-level input, such as heart failure. As such Hospital at Home is being built into the target operating model for a proposed new place-based Integrated Heart Failure Service. Key features of the model include: secondary and primary care joint MDTs, a peripatetic specialist workforce, a Single Point of Access, a Service Lead to ensure cohesion across organisations, integration with Hospital at Home, and Community Diagnostics. A business case has been agreed in principle by Partnership Board, though at this stage the source of funding remains unconfirmed.

Strategic Theme Continuous Improvement - Improvement Partnership	Milestones	KPIs
SRO – Kevin O'Hart, Director of Improvement		

This programme will coordinate improvement work to co-design and roll-out a new ENHT Management System; this requires consistent patterns of collective activity through which the organisation systematically generates and modifies its operating routines in pursuit of improved effectiveness. This model will apply across all functions, all levels, and all pathways and services with the goal to foster a sustainable culture of continuous improvement capability across the organisation.
Adopting a lean methodology as our management system involves the whole organisation working together to enhance 'value' from the perspective of the patient, improving quality and safety of service delivery, and embedding a sustainable culture of continuous improvement. As an organisation we struggle with inefficient processes and unwarranted variation, lean offers a tailored solution to resolve these issues.
This programme requires an improvement partner with proven, subject matter expertise in the co-design and successful large scale deployment of a management system across NHS organisations. The procurement process commenced via a Selection Questionnaire process on 1 December; if approved the timeline would confirm the successful supplier by May 2023, with a commitment to mobilisation by early Quarter 3.This work will run over three years with a gradual incremental reduction in support as internal capability is established.

Executive Programme Board Updates

East and North Hertfordshire NHS Trust

Strategic Objective G – Outpatients (PIFU & Follow-Up)	Milestones	KPIs
SRO – Mark Stanton, Chief Information Officer		

This programme continues to support the NHSE Planning Guidance target to move or discharge 5% of outpatient attendances to patient-initiated follow-up pathways (PIFU) by March 2023. PIFU pathways give patients and their carers the flexibility to self-manage their follow up appointments but require a different new way of working for teams which has posed a challenge to implementation nationally across all providers. Due to Trust's slow progress with roll out, the PIFU Relaunch plan started in September with targeted engagement led by Clinical Directors to increase PIFU activity in each area. This has had a positive impact on Trust performance with improvement from 0.87% in Sept to 1.36% in Dec 22 (part month). There were 9 specialties live on PIFU in September and now there are 12 specialties with live PIFU pathways in December. Breast surgery and respiratory physiology are leading the way at over 10% of all patients on PIFU, neurology and trauma and orthopaedics exceeding the 5% target and work with remaining twelve specialties is ongoing. PIFU Inpatients is due to go live in February 2023 , and PCFU (A NHSE mandated PIFU pathway for cancer patients) due to go live in January 2023. Discussions are underway with NHS Intensive Care Support Team (IST) regarding launch of PIFU for DNAs process. Targeted communication plan has been developed to support with raising awareness and increased uptake through clinic walkabouts, posters in clinical areas, rolling half day presentations and daily news stories.
Outpatient strategy workshop was held on 23rd November 2022 and has signalled the beginning of the development and design of the Trust Outpatient strategy and transformation plan. The aim of the workshop was to agree a plan for delivery of outpatients services to meet increasing demand in the most efficient way, in an appropriate setting through the most effective utilisation of systems and processes. The event has been attended by over 30 senior leaders across clinical and operational teams and seen great participation. Output of the day has seen key broad themes for improvement emerging around processes, patient communication, waiting list management and integrated pathways all of which will be scoped further fully with senior stakeholders, led by transformation and digital teams, over the coming months and will feed into Outpatient strategy and transformation plan.

Strategic Objective A – PALS & Complaints	Milestones	KPIs
SRO – Kevin O'Hart, Director of Improvement		

Our new PALS and Complaints Programme is focusing on improving our internal processes both within the corporate team and the Divisions to reduce response delays and improve the quality of our correspondence ensuring all concerns are fully addressed. We also

Executive Programme Board Updates

East and North Hertfordshire NHS Trust

aim to increase triangulation of themes and improvement actions to embed learning across the organisation and increase training and upskilling of our staff to empower everyone to resolve concerns at the earliest opportunity.
The programme continues to have excellent engagement and passion from the Complaints and PALS Teams, however progress and pace has been a challenge, therefore December was an agreed "reset" month whereby additional support was deployed to assist complaints department in drafting formal responses with an aim to accelerate reduction of backlog. 46 complaints have been sent out to corporate and unplanned care departments. The reset month has seen a very positive engagement across the Trust with at least 21 members of staff being involved. Improvement work using small tests of change has started in pilot specialities, trauma and orthopaedics and obstetrics and gynaecology, where we currently see challenging response times to agree a series of actions and improvement trajectories. New processes and complaints grading matrix has been developed to determine the route of investigation based on its complexity, reduced timelines for each stage of our complaints process and revised escalation protocols with associated accountability actions linked to specific named roles to unlock delays. Latest achievements also include a QlikView dashboard refresh to add visibility of the status of complaints and improved information breakdown. A comprehensive communications plan has also been developed including routine PALS presence on wards, complaints awareness training as part of core induction and "you said, we did" articles will be published on the Trust website.

Strategic Objective H – Surgical Pathways	Milestones	KPIs
SRO – Martin Armstrong, Director of Finance & Deputy Chief Executive		

A new Theatres ICB group will monitor theatre improvement, provide collective support, sharing best practice and levelling up performance across the system. Theatre leads are invited to a new monthly meeting; the inaugural session took place in December. GIRFT will join every other month with the intention to hold the ICB to account for GIRFT theatre metrics.
Clinical Networks are now in place for MSK, Ophthalmology, Urology, Gynaecology. These are clinically led bringing Trusts together as a system. Networks will be responsible for their theatre, outpatients' elements, provider collaboration development, High Volume Low Complexity (HVLC) work and compliance with GIRFT standards.
The system wide sharing of Theatre efficiency learning continues with colleagues from PAH joining ENHT 642 meetings in January. Senior Operations team members have visited Guys and St Thomas NHS Trust to learn from their experiences and were pleased to be able to share some of the success and best practice implemented at ENHT.
The staff consultation is complete, and the lead manager role has been recruited to commence mid- January. Individual meetings have resulted in the nursing leadership reviewing some additional options for the training and development model.

Executive Programme Board Updates

East and North Hertfordshire NHS Trust

Changes to how we pay non contracted work out of hours has resulted in a drop in uptake of additional sessions, and priority for theatre lists being given to those with the greatest clinical need. An interim timetable has been produced to commence in January to help mitigate this and enable each session available to be fully utilised. An audit of Suggested Theatre Allocation Times (STAT) booking tool performance will commence once the timetable is live and run for 8 weeks. The first phase of the new theatre system 'Bluespier' is live and working well. The next stage, introducing handheld devices to enable real time reporting will commence in the new year, this will provide more accurate insight into areas of opportunity for improvement.
Following on from the data review and reset of the Surgical Pathway programme, three specialities have been identified as having the greatest opportunity for improvement and resources redirected to support these. 1) Trauma and Orthopaedics, 2) Ophthalmology, and 3) Oral. There has been strong multidisciplinary engagement to identify key areas of improvement that can be tested via PDSA cycles to increase the average case per list and return performance to 19/20 levels.
A full review of the end-to-end process within the surgical pathway has been completed, and round table MDT sessions are booked in January to agree areas of opportunity that impact all specialities and actions / PDSA cycles to improve performance.

Strategic Objective E – Urgent & Emergency Care	Milestones	KPIs
SRO – Lucy Davies, Chief Operating Officer		

We continue to experience increasing and sustained non-elective pressure, leading to performance challenges with regards to ambulance handover delays, and length of stay in ED. Whilst the Trust is reactive to the demands, a shift to a more proactive approach needs to occur to ensure stability and safety within urgent and emergency care pathways. This new programme aims to improve UEC performance in four key areas: patient flow from ED into the wider hospital; increase the proportion of patients streamed to minors to improve how quickly they can be treated and discharged; reducing delays in ambulance handovers; and supporting paediatric ED to respond to significant and increasing pressures. In the short term the programme aims to make rapid improvements to support winter delivery, and ensure alternative UEC access points are well utilised to reduce pressure on services. In the longer term the programme will also progress towards the new mandate to have an Urgent Treatment Centre co-located with the ED on the Lister site. It will also review how we can make better use of the Trust's innovative predictive analytics tool to support improved delivery. Early actions have been taken to formalise and agree a new 'reverse boarding' protocol to enable ED to move patients into inpatient wards faster when a bed is becoming available, and the ambulance handover pathway has been process mapped with recommendations made. Next steps will include refreshing the 'full capacity protocol', making improvements to ambulance handover processes, and agreeing a 'Pull for Safety' model to ensure risk is appropriately spread throughout the organisation and improve patient experience and safety within ED.

Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	16
Report title	**Remuneration Committee Terms of Reference changes**			**Meeting Date**	11 January 2023
Presenter	Stuart Dalton, Head of Corporate Governance				
Author	Stuart Dalton, Head of Corporate Governance				
Responsible Director	Martin Armstrong, Deputy CEO			**Approval Date**	
Purpose *(tick one box only)* [See note 8]	**To Note**	☐	**Approval**		☒
	Discussion	☐	**Decision**		☐

Report Summary:

Revised Terms of Reference for the Remuneration Committee are enclosed for approval, with tracked changes showing the proposed changes following Remuneration Committee review to ensure compliance with the new Code of Governance's remuneration requirements.

The significant proposed change to highlight is the role of Remuneration Committee being expanded to cover the Code of Governance expectation that Remuneration Committee "monitor the level and structure of remuneration for senior management below Executive Directors."

Impact: where significant implication(s) need highlighting

Compliance with the Code of Governance remuneration requirements.

Risk: *Please specify any links to the BAF or Risk Register*

N/A

Report previously considered by & date(s):

Remuneration Committee considered and agreed the changes in November 2022.

Recommendation	The Board is asked to **APPROVE** the revised Terms of Reference.

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Appendix 3

East and North Hertfordshire NHS Trust

REMUNERATION AND APPOINTMENTS COMMITTEE (EXECUTIVE)

TERMS OF REFERENCE

1. Purpose

To approve, on behalf of the Board, the appropriate remuneration and terms of service for the Chief Executive and other Executive Directors and those staff that are not covered by Agenda for Change or Medical and Dental Terms and Conditions; to monitor and evaluate the performance of Executive Directors and to oversee contractual arrangements, including proper calculation and scrutiny of termination payments. To monitor the level and structure of remuneration for senior management below Executive Directors.

2. Status and Authority

The Committee is constituted as a standing committee of the Trust Board and derives its powers from the Board of Directors (the Board) and has no executive powers, other than those specifically delegated in these terms of reference. The Committee is authorised:

a) To seek any information it requires from any employee of the trust in order to perform its duties;
b) To obtain, at the Trust's expense, outside legal or other professional advice on any matter within its terms of reference; and
c) To call any employee to be questioned at a meeting of the Committee as and when required.

The Committee shall adhere to all relevant laws, regulations and policies in all respects including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate executive directors and senior staff whilst remaining cost effective.

3. Membership

The Committee shall be made up of the Chair of the Trust and all non executive directors.

Only members of the Committee have the right to attend Committee meetings.

Other individuals such as the Chief Executive, Chief People Officer, Trust Secretary, the Chair or Managing Director of the subsidiary and external advisers may be invited to attend for all or part of any meeting, as appropriate.

The Board of Directors (the Trust Board) shall appoint the Committee chair. The Committee chair shall be a~~n independent~~ Non-Executive Director who ideally is a member with relevant experience of remuneration matters.

In the absence of the Committee chair and / or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting who would qualify under these Terms of Reference to be appointed to that position by the Board.

4. Quorum

The quorum necessary for the transaction of business shall be 3 ~~independent~~ non executive directors. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

5. Frequency of Meetings

The Committee shall meet at least twice a year and otherwise as required. Ordinarily the Committee will plan to meet four times throughout the year, however if remuneration decisions are required for new appointments or there are other urgent matters for the Committee to consider then additional meetings may be held.

In exceptional circumstances when an urgent decision is required and it is not possible to schedule an additional meeting of the Committee, with the agreement of the Chair, decisions may be made by virtual correspondence.

Notice of meetings
Meetings of the Committee shall be summoned by the secretary of the Committee at the request of the Committee Chair or any of its members. Meetings for the year should be scheduled at the start of the financial year.

Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, and any other person required to attend, no later than 5 working days before the date of the meeting. Supporting papers will be sent to Committee members and to other attendees, as appropriate, at the same time.

Minutes of meetings
The secretary shall minute the proceeding and resolutions of all Committee meetings, including the names of those present and in attendance.

6. Duties

The Committee shall:

a) Determine and agree the framework or broad policy for remuneration and terms of service of the Trust's Executive Directors and other staff that are not covered by Agenda for Change or Medical and Dental Terms and Conditions;
b) In determining such policy, take into account all factors which it deems necessary. The objective of such policy shall be to ensure that Executive Directors of the Trust are provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the long term success of the trust;
c) Design remuneration policies and practices to support strategy and promote long term sustainable success, with executive remuneration aligned to the Trust's purpose and values, clearly linked to the successful delivery of the Trust's strategy;

d) Review the ongoing appropriateness and relevance of the remuneration policy, taking into account its relationship and relativity with remuneration policies and terms and conditions in place for other staff groups;
e) Ensure that any contractual terms on termination (termination of Executive Directors is reserved to the Board), and any payments made, are fair to the individual and the Trust, aligned with the interest of the patients, that failure is not rewarded and that the duty to mitigate loss is fully recognised;
f) Within the terms of the agreed policy and instructions issued by NHS England/Improvement (NHSE/I), and in consultation with the chair and/or chief executive, as appropriate, determine the total individual remuneration package of each Executive Director including but not limited to bonuses, incentives and other payments such as relocation expenses;
g) Oversee succession planning within the Trust and review the succession planning and talent map annually;
h) Receive assurance regarding the selection criteria, selecting, appointing and setting the terms of reference for any remuneration consultants who advise the Committee, and to obtain reliable, up-to-date information about remuneration in other Trusts.
i) Receive assurance regarding the process for the appointment / removal of the Chief Executive and Executive Directors.
j) Receive assurance regarding the ~~Authorise the use of an~~ Appointment Panel process~~, as required,~~ for Executive appointments. Assurance may be provided after the Appointment Panel process.
~~j)~~k) To monitor the level and structure of remuneration for senior management below Executive Directors.

Regarding a subsidiary:

~~k)~~l) Agree the framework or broad policy for remuneration for Directors of the subsidiary
~~l)~~m) Approve Director appointments to the subsidiary Board;
~~m)~~n) Within the terms of the agreed policy, determine the total individual remuneration package of each subsidiary Director including but not limited to bonuses, incentive payments and other awards such as pension.

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Other matters

The Committee shall:

a) Have access to sufficient resources in order to carry out its duties, including access to the trust secretariat for advice and assistance as required;
b) Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members;
c) Give due consideration to all relevant laws and regulations, NHSE/I guidance and the provisions of the Code of Governance;
d) Ensure that no director or senior manager shall be involved in any decisions as to their own remuneration outcome,
e) Work and liaise as necessary with other board committees, ensuring the interaction between committees and with the board is reviewed regularly.

7. Reporting arrangements

The Committee chair shall report formally to the Board, following each Committee meeting held and at least bi-annually, on its proceedings on all matters within its duties and responsibilities.

The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.

An annual statement of the Trust's remuneration policy and practices which will form part of the Trust's Annual Report and register of attendance.

8. Process for review of Committee's work including compliance with terms of reference

The committee shall:

a) Ensure that a periodic evaluation of the committee's own performance is carried out.
b) At least annually, review its terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

9. Support

The Trust Secretary or their nominee shall act as secretary of the Committee.

Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Trust Board – Public session			**Agenda Item**	17
Report title	Summary Learning from Deaths Report			**Meeting Date**	11 January 2023
Presenter	Medical Director				
Author	Mortality Improvement Lead				
Responsible Director	Associate Medical Director for Reducing Unwarranted Variation			**Approval Date**	14 December 2022
Purpose *(tick one box only)* [See note 8]	**To Note**	☒	**Approval**		☐
	Discussion	☐	**Decision**		☐

Report Summary:

Reducing mortality remains one of the Trust's key objectives. This quarterly report summarises the results of mortality improvement work, including the regular monitoring of mortality rates, together with outputs from our learning from deaths work that are continual on-going processes throughout the Trust.

It also incorporates information and data mandated under the National Learning from Deaths Programme.

Impact: where significant implication(s) need highlighting

Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal
Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability
CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources

1. **Trust Strategic Objectives:**

Quality: Consistently deliver quality standards, targeting health inequalities and involving patients in their care

Thriving people: Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability

Seamless services: Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners

Continuous improvement: Continuously improve services by adopting good practice, maximising efficiency and productivity and exploiting transformation opportunities.

2. **Compliance with Learning from Deaths National Quality Board (NQB) Guidance**
3. **Potential impact in all five CQC domains**

Risk: *Please specify any links to the BAF or Risk Register*

Please refer to page 5 of the report

Report previously considered by & date(s):

Mortality Surveillance Committee – 14 December 2022
Quality & Safety Committee – 21 December 2022

Recommendation	The Board is invited to note the contents of this Report.

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This report provides a summary of the information contained in the detailed Learning from Deaths report which has been considered both by the Mortality Surveillance Committee and the Quality and Safety Committee. This summary is provided to the public Board meeting in line with NQB Learning from Deaths national reporting requirements.

1. Key mortality metrics

Table 1 below provides headline information on the Trust's current mortality performance.

Table 1: Key mortality metrics

Metric	Headline detail
Crude mortality	Crude mortality is 1.12% for the 12-month period to October 2022 compared to 1.30% for the latest 3 years.
HSMR: (data period Sep21 – Aug22)	HSMR for the 12-month period is **92.79, 'First quartile'.**
SHMI: (data period Jul21 – Jun22)	Headline SHMI for the 12-month period is **90.35, 'as expected' band 2.**
HSMR – Peer comparison	ENHT ranked 3rd (of 11) within the Model Hospital list* of peers.

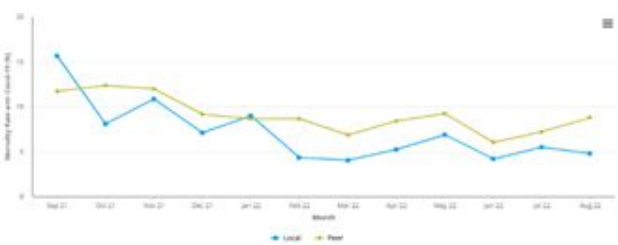
* We are comparing our performance against the peer group indicated for ENHT in the Model Hospital (updated in 2022), rather than the purely geographical regional group we used to use.

2. COVID-19

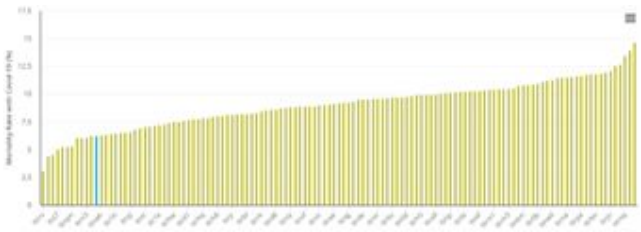
The following charts provided by CHKS show how the Trust's mortality rate for Covid compares with our national peers.

Fig 1: Covid-19 Peer Comparison: Sep21 to Aug22

Mortality Rate with Covid-19 (Peer: National)



Mortality Rate with Covid-19 National peer comparison



3. Mortality alerts

3.1 Rolling 12-month 3 standard deviation outlier CUSUM alerts

The latest release from CHKS showed one Hospital Standardised Mortality Ratios (HSMR) cumulative sum (CUSUM) red alert which constituted a rolling 12-month 3 standard deviation outlier, for the year to August 2022. The agreed joint Coding/Cardiology initiative whose work will include monitoring this diagnosis group, suffered some setbacks due to Cardiology consultant capacity. It is now in place and will provide an update to the Mortality Surveillance Committee in February 2023.

Table 2: HSMR CUSUM Alerts September 2021 to August 2022

	Relative Risk	Observed Deaths	Expected Deaths	"Excess" Deaths
101 - Coronary atherosclerosis and other heart disease	306.86	6	2	4

Source: CHKS (CUSUM alerts coloured)

The CHKS report also indicated 3 Summary Hospital-Level Mortality (SHMI) CUSUM red alerts for the period to May 2022 which constituted rolling 12-month 3 standard deviation outliers, as detailed in the table below. These were discussed at November Mortality Surveillance Committee. A coding review of Ill-defined heart disease has already been undertaken and coding reviews are underway for the skin infection/disorder groups.

Table 3: SHMI Outlier Alerts June 2021 to May 2022

	SHMI	Observed Deaths	Expected Deaths	"Excess" Deaths
61 - 104: Other and ill-defined heart disease	758.45	2	0	2
107 - 197: Skin and subcutaneous tissue infections	176.78	29	16	13
108 - 198, 199, 200: Skin disorders	243.77	25	10	15

3.2 External alerts

National Hip Fracture Database (NHFD) mortality alert (August 2019)

As previously reported, in June 2021 we received notification from the NHFD that in the forthcoming annual report we would be showing as a 3 standard deviation outlier. Following significant delays to the publication of mortality data from the National Hip Fracture Database, 30-day mortality data has finally been updated.

For the period to December 2020, 30-day mortality stood at 12.0%, significantly above the national average. The latest data to July 2022 shows a significant improvement to 6.7%, compared to a national figure of 5.2%. As remedial work continues, delays to theatre access remain a key barrier to improvement. Discussions between the service and Chief Operating Officer to work on supporting initiatives continue.

4. Focus areas for improvement

Table 4: Focus Areas for Improvement

Diagnosis group	Summary update
Acute Myocardial Infarct	Following an initial six-month joint Cardiology-Coding initiative to review MI, the work to monitor the cardiology basket of diagnoses is continuing with an update to the Mortality Surveillance Committee due in February 2023.
Sepsis	HSMR performance relative to national peer remains well placed. There has been some improvement regarding achievement of sepsis targets with the exception of ED Sepsis 6 Bundle compliance.
Stroke	Latest SSNAP rating remains D. April to July 2022 has seen HSMR steadily increasing. Following the national set up of Integrated Stroke Delivery Networks (ISDNs), collaborative work via the East of England South network has led to the set-up of local meetings to monitor performance and provide support.
Emergency Laparotomy	Focussed improvement work remains on-going. Positive news includes the ongoing engagement with the consultant palliative care lead, enabling better consideration as to whether End of Life care would be in the best interest of the patient. Continuing delays to the re-establishment of the Surgical Assessment Unit/Surgical SDEC, the lack of a dedicated emergency theatre for general surgery and lack of timely access to CT for reporting of abdomen, continue to present challenges to improvement.

5. Learning from deaths data

5.1 Mandated mortality information

The Learning from Deaths framework states that trusts must collect and publish certain key data and information regarding deaths in their care via a quarterly public board paper. This mandated information is provided below for Q2 2022-23.

Table 5: Q2 2022-23: Learning from deaths data

	Apr-22	May-22	Jun-22
Total in-patient deaths	99	111	99
Deaths with SJR completed to date (at 29.11.22)	32	33	29
SJRs resulting in Datix incident report (by month of death)	10	6	5
Concluded ACONs (2021-22 deaths): possibly avoidable (≥50%) due to problem in care	0	0	0
Learning disability deaths	3	2	0
Mental illness deaths	0	1	2
Stillbirths	1	1	1
Child deaths (including neonats/CED)	2	0	2
Maternity deaths	0	0	0
SIs declared regarding deceased patient	1	2	0
SIs approved regarding deceased patient	4	4	1
Complaints regarding deceased patient	7	0	7
Requests for a Report to the Coroner	10	5	9
Regulation 28 (Prevention of Future Deaths)	0	0	0

5.2 Learning from deaths dashboard and outcomes summary

The National Quality Board provided a suggested dashboard for the reporting of core mandated information. This dashboard has previously been provided in this report. However, the current transition from our old in-house mortality review tool to using the SJR*Plus* tool and approach, part way through the 2022-23 reporting year presents a reporting challenge, as the data aligns differently. In the short term, while the transition is made, the dashboard will not be used. It is proposed that from Q1 2023-24 either it, or an alternative contextual dashboard created by the NHSE Making Data Counts team, will be reintroduced.

5.2.1 Concluded Areas of Concern (ACONs)

In the meantime, until all ACONs raised up to 30 June 2022 are completed, both ACONs – with their outcomes, and new Datix escalations with theirs, will be reported. Every effort is being made to close legacy ACONs as quickly as possible. In the longer term, the new SJR process will make reporting easier, as the preventability of death is indicated by the reviewer at the point of the initial review, not on completion of the ACON process, which will reduce the current time lag.

It should be noted that for cases where ACONs are raised, the current lapse in time between the death and completion of Stages 1, 2 and 3 of the review process means that the avoidability of death score may not be decided in the same review year. Therefore, for the sake of transparency and robust governance this report details ACONs relating to all deaths which have been concluded during the quarter in question where the Mortality Surveillance Committee agreed an avoidability of death score of 3 or less (irrespective of the year in which the death occurred). Table 6 below details relevant cases concluded in Q2.

Table 6: Q2 2022-23 Concluded ACONs: Avoidability Score ≤3

ID	Year of death	Serious Incident	Avoidability score	Avoidability definition
-	-	-	1	Definitely avoidable
-	-	-	2	Strong evidence of avoidability
534	20/21	No	3	Possibly avoidable: more than 50-50

5.2.2 SJR Datix escalations since 1 July 2022

Since the start of Q2 mortality reviews are now undertaken using the SJR*Plus* format and methodology.

For deaths in Q2 which have been subject to an SJR, 21 cases have been escalated as potential patient safety incidents on Datix. When we adopted the SJR format and revisited our internal quality and governance processes, it was agreed with our Patient Safety team, that where a reviewer indicated there was any evidence of preventability, the case should be raised as a Datix incident, ensuring thorough review and discussion of the case at Specialty/Divisional level. As a result, new Datix escalations do not directly correlate to prior cases raised as ACONs. They will include cases involving a lower level of concern, but which still provide valuable opportunities to learn.

Table 7: Q2/2022-23 SJRs resulting in Datix Incident

Escalations for deaths in month	Jul	Aug	Sep	Total
Datix Escalations from SJRs	10	6	5	21

Learning from concluded Datix investigations will be collated and added to themes and trends identified in SJRs to inform future quality and improvement work.

6. Learning and themes from concluded mortality reviews

Historically, throughout the year emerging themes have been collated and shared across the Trust via governance and performance sessions and specialist working groups. The information has also been used to inform broad quality improvement initiatives. With the advent of a new approach to mortality review, the ways in which learning is shared and the methods for assessing its impact are being revisited.

7. Current risks

Table 8 below summarises key risks identified:

Table 8: Current risks

Risks	Red/amber rating
Medical Examiner Integration & Community expansion	
Mortality review reform: Using the new review tool for reporting	

3.0 Options/recommendations

The Board is invited to note the contents of this Report.

Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board		Agenda Item	18
Report title	Finance Performance and Planning Committee		Meeting Date	11/01/2023
Presenter	Finance Performance and Planning Committee Chair			
Author	Corporate Governance Officer			
Responsible Director	FPPC Chair		Approval Date	
Purpose (*tick one box only*) [See note 8]	To Note	☒	Approval	☐
	Discussion	☐	Decision	☐

Report Summary:

To apprise the Trust Board of the decisions made and significant items discussed at the Finance Performance and Planning Committee held on 29 November 2022.

Impact: where significant implication(s) need highlighting

Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal
Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability
CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources

Risk: *Please specify any links to the BAF or Risk Register*

The discussions at the meetings reflect the BAF risks assigned to the FPPC.

Report previously considered by & date(s):

N/A

Recommendation	The Board is asked to note the report.

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FINANCE, PERFORMANCE AND PLANNING COMMITTEE MEETING
29 NOVEMBER 2022

SUMMARY TO THE TRUST BOARD MEETING HELD ON 11 JANUARY 2023

The following Non-Executive Directors were present:
Karen McConnell (Chair), Ellen Schroder (Trust Chair) and Jonathan Silver (Non-Executive Director).

The following core attendees were present:
Martin Armstrong, Lucy Davies, Kevin O'Hart, Crista Findell, Alison Gibson, Mark Stanton and Michael Chilvers.

Medical Staffing Spend

The Committee received and noted the report which set out the current situation and context related to medical staffing spend, including actions and mitigations against the current year forecast as well as medium to longer term actions to improve financial delivery in future years.

The Committee heard that the Medical Establishment Oversight Working Group was the decision making forum for medical workforce issues. In the short term, the group will be reviewing high cost locums and focussing on efficiency and productivity. In the medium term they will be reviewing recruitment plans, particularly relating to attracting international staff. Job plans and budgetary controls were discussed and how these will be improved going forward. The underlying reasons for the growth in the medical workforce and whether the right resources were in the right place was also discussed. The Committee recognised the importance of maintaining focus on the longer-term transformational opportunities for the workforce.

Although the Committee were assured that useful steps were being taken around roster and absence management, medical and dental recruitment activity, job planning and new ways of working, it was not assured that all steps had been taken to understand and mitigate the medical staffing costs. This is being addressed as a matter of urgency by the executive directors involved.

Finance Report Month 7

The Committee received and noted the finance report for month seven in respect of the Trust's performance against its key financial duties and targets.

The Committee were advised of a deficit of £600k in month seven and a £3.8m deficit in the year to date. A large part of the year to date position has been underpinned by non-recurrent items and the use of reserves and it is clear the Trust has a significant underlying deficit. CIP delivery continues to be a challenge with £2.3m slippage year to date, medical staffing overspends were £1.5m as at month 7 although some reductions in expenditure have been achieved in recent months and there is some uncertainty over whether there will be full receipt of ERF funding.

The financial reset should improve the Trusts underlying position for 2023/24 which is expected to be an extremely challenging year.

The Committee discussed progress against the capital programme. The key controls and work being undertaken to keep the programme on track was noted.

Variance of Forecast Protocol

The Committee were advised that during November 2022 NHS England (NHSE) set out the detailed protocol for providers and systems requesting a variance to agreed plans for their 2022/23 financial outturn position. A summary of key reflections and the impact of the protocol was discussed. The Committee noted the actions the Trust needed to complete prior to Outturn Variance approval and the role of the ICS in validating the actions. It is expected that the Trust would declare the variance request in month nine.

The protocol also set out a range of controls and improvements that the Trust will be required to implement in response to an approved variance including how to signal a financial problem and what the consequences are once this has been declared. The Committee were advised of the requirements the Trust would need to meet and discussed the implications for future financial management and decision making arrangements.

Outturn Forecast and Financial Reset

The Committee received and noted the outturn forecast report which sets out the scale of the anticipated year end deficit, the key drivers behind the forecast position and changes since the last reporting period. The Committee were advised of a range of outturn outcomes and consequences for the Trust. The report provided an update on the implementation of financial reset activities which are reviewed monthly at divisional reset meetings to track progress and mitigation achievements.

The significant opportunity in better usage of theatres was discussed.

Pathology Business Case Approval

The Committee were presented with the final business case for the formation of a Pathology Network covering the three Hertfordshire and West Essex ICS Acute Trusts and the GP Testing required by GP practices to deliver high quality, responsive and financially sustainable pathology services. The Committee were asked to support the full business case and recommend it is presented to the Trust Board.

The Pathology business case will involve the transfer of the Trust's pathology staff to HSL as the new commercial entity.

The Committee supported the recommendation of the business case being presented to Trust Board on 7th December 2022 for approval.

Performance Report Month 7

The Committee received and noted the performance report. The Committee were advised that the Trust was the third worst in the country for ambulance handovers. Although this was based upon a snapshot in time of one week when the Trust was particularly challenged, the very real pressures being faced by the Trust was acknowledged. A detailed discussion took place of the issues contributing to this position and the steps being taken internally and working with partners to reduce the handover times and mitigate the risks.

The FPPC noted that strike action by nurses would not be taking place at East and North Hertfordshire NHS Trust on 20 December 2022, however the Trust would need to plan five days in advance for strike action taking place elsewhere to be prepared to receive a greater number of patients than usual during that time.

The Committee were assured there has been focus on improving performance in ED.

Tiering for Cancer and RTT

The Committee were advised the Trust had moved to Tier 2 for Referral To Treatment (RTT) and cancer. Fortnightly meetings continue to ensure there is ongoing focus on these areas.

Winter Planning

The Committee were advised of a number of schemes to increase capacity to respond to expected winter pressures. These have been shared with the ICS including proposals for additional inpatient beds.

The Committee recognised that medically optimised patients who reside in hospital beds was an ongoing challenge.

Procurement Update

The Committee received and noted the quarterly procurement update and post project evaluation of the business case benefits realisation review of the creation of the Hertfordshire and West Essex ICS Procurement Shared Service which went live in August 2021. The Committee were pleased to see that the evaluation concluded the benefits of the business case were being delivered and the new service is well placed to develop, building on improvements made to date.

The Committee were advised that the main challenges have been supplier disruption and an increase in the inflation rate.

Board Assurance Framework

The Committee received and noted the latest version of the Board Assurance Framework and the risks that had been assigned to the Committee. It was noted that four of the five highest risks sat within the FPPC.

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Karen McConnell
Finance, Performance and Planning Committee Chair
January 2022

Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	18
Report title	Finance Performance and Planning Committee 20 December 2022 highlights report			**Meeting Date**	11 January 2023
Chair	Karen McConnell				
Author	Debbie Collins – Corporate Governance Officer				
Quorate	**Yes**	☒	**No**		☐

Agenda:

- PTL Update
- Performance Report Month 8
- ENH Place Hospital at Home Business Case
- Population Health Update
- Business Planning Framework
- Surgical Pathways Programme
- Elective Recovery
- IT/ Digital Update
- Finance Report Month 8
- Outturn and Financial Reset Update
- Capital Programme Update
- Board Assurance Framework

Alert:

- There will continue to be a reduction in theatre sessions over the next few months due to staffing challenges. The programme is performing well against national benchmarks but data analysis highlights the need for a stronger focus on and alignment of productivity, income and benchmarking to achieve improvement in support of elective recovery and the financial position.
- £10m has been awarded for a three year period for front line digitisation using Dedalus. However, £3.7m of this is required to be spent in 2022/23.Delays in approval of the business case by treasury and the requirement that procurement has to be undertaken through the LPP framework as a full market engagement means that no contract award can take place in 22/23. The total fund available to invest in an EPR is therefore reduced from £10m to £6.3m.
- The Financial risk and efficiency and savings requirements for 2023/24 are substantial. This will have an impact on all areas of the organisation.

Advise:

- The new Same Day Emergency Care (SDEC) is now operational.
- £2.5m winter funding has been allocated to the Trust.
- It was noted that cancer patient referrals have increased.
- The Committee approved the Hospital at Home programme.
- The Committee were advised of how population health is being developed and tested including close working with Public Health to develop targeted intervention and apply behaviour change science. Work with partners on ED frequent attenders and also on

diabetes were highlighted together with ongoing developments on health inequalities and drug and alcohol services.

- Formal planning guidance has not yet been received for the Business Planning Framework. It is expected that the Trust will be required to achieve120% of 19-20 activity levels in 23-24 and elimination of RTT waits over 15 months.
- It is expected that there will be a significant increase in patients awaiting treatment by March 2023. It has been agreed to transfer 100 patients per month to Ramsay Healthcare.
- E-Consent went live in early December. 70% of patients who took the survey gave a positive response to using e-Consent. In the future, letters will be delivered to patients via the portal which will also provide other functionality.
- The Trust was reporting a deficit of £1.1m at the end of month 8 and a £4.9m deficit in the year to date.
  Financial reset meetings continue to take place however the effectiveness in responding is generally compromised by the bandwidth available given other priorities and the need to put in place coherent local governance to organise and implement actions.

Assurance:

- Although there continues to be challenges with ambulance handover times, a portable unit adjacent to the ED and the new SDEC area will help to reduce handover times.
- It was noted that the Trust continues to have a Stroke SSNAP rating of D. The hospital trialled admitting stroke patients directly to the stroke unit, however there had been a number of Covid outbreaks in that area. As a result, patients are only being transferred to stroke beds after point of care swabs have been carried out. FPPC were assured that review of Stroke performance was being undertaken by the Quality and Safety Committee.
- The Committee asked for assurance that there was engagement across the organisation to control costs and had concern that the recruitable establishment had increased without an increase in activity. The Committee were assured by the quality of the analysis undertaken but were not yet assured as to the actions to be taken to address the issues raised.
- Phase one of Bluespear has been launched to assist with surgical pathways. The project is now closely aligned with the operational and transformational teams.
- The Committee were advised that the Trust has successfully moved from Tier 1 to Tier 2 for cancer and RTT.
- Over 500 pieces of IT equipment have been delivered to clinical areas in the last year. All doctors now have smart phones and nursing devices have increased. There is now the right amount of kit to support the Trust's systems and usage.
- The Committee recognised steps being taken to improve the management of the capital programme.

Important items to come back to committee (items committee keeping an eye on):

- Provide remodelled ED workforce/staffing figures in March 2023 along with the post project evaluation.
- Provide a Hospital at Home post project review at the end of 2023/24.
- Provide a front-line digitisation business case in January/February 2023.

Items referred to the Board or a committee for a decision/action:

- Health Inequalities to be discussed by the Quality and Safety Committee.
- The FPPC remains concerned about the scale of 2022/23 outturn position. An updated report will be presented to the Trust Board for further discussion in January 2023.

Recommendation	The Board is asked to **NOTE** the Finance Performance and Planning Committee report

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Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	19
Report title	Quality and Safety Committee 30 November 2022 highlights report			**Meeting Date**	11 January 2023
Chair	Peter Carter				
Author	Julia Smith – Assistant Trust Secretary				
Quorate	**Yes**	☒	**No**		☐

Agenda:

- ITU Peer Review
- Risk Management Update
- Board Assurance Framework
- Quality and Safety Report Month 7
- Clinical Harms Review Options Appraisal
- Maternity

Alert:

- ITU Peer Review – The report highlighted a diluted skill mix with a lot of junior staff; there was also issues with Hertfordshire County Council providing speech and language therapists due to resource issues. Action plans are in place and where appropriate issues have been recorded on the risk register.
- Quality and Safety Month 7 Report – VTE compliance remained low and 3 serious incidents had been declared. Work was underway to understand where the process breaks down and moving the assessment to NerveCentre would support improvement.
- CQC – The CQC planned inspection highlighted maintenance, equipment, environment, facilities and infection control as areas for concern and expect a response to their concerns by 18 January 2023. An improvement plan has been developed which addresses all CQC concerns.

Advise:

- The BAF risks remained high and require further work to continue driving them down.
- The average care hours per patient day had marginally reduced due to a drop in overall fill rate across registered and non-registered staff and an increase in occupancy on the wards. The areas reporting the highest number of Datix due to staffing were critical care, children's emergency department and maternity.
- A proposal to address the clinical harm review backlog by taking a sample from the last three months and compare sets of data. The Lorenzo process was expected to be live by mid-December. The committee approved the proposal for a new way to manage the clinical harm reviews.
- A review of the key findings of the "Reading Signals, Maternity and Neonatal Services in East Kent" had been undertaken and would be incorporated into the Trust's maternity improvement plan.

Assurance:

- The Risk Management Group had introduced new governance processes for the management of risk and reports into the Audit and Risk Committee.
- Mortality remained good and although Crude mortality had increased, no specialties were signalling issues.

• The new Director of Midwifery is now in post. • There was a robust plan in place to address the impact of reduced midwifery and medical staffing in maternity services.	
Important items to come back to committee (items committee keeping an eye on):	
• ED Staffing deep dive. • Major Trauma and Stroke updates. • Clinical Harm reviews progress,	
Items referred to the Board or a committee for a decision/action:	
N/A	
Recommendation	The Board is asked to **NOTE** the Quality and Safety Committee report

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Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	19
Report title	Quality and Safety Committee 20 December 2022 highlights report			**Meeting Date**	11 January 2023
Chair	Dr Peter Carter – Committee Chair and Non-Executive Director				
Author	Julia Smith – Assistant Trust Secretary				
Quorate	**Yes**	☒	**No**		☐

Agenda:

- Risk Management Update
- Board Assurance Framework
- Quality and Safety Report Month 8
- Learning from Deaths Report
- Major Trauma Update
- Stroke Update
- PALS & Complaints Improvement Board Update
- Litigation Annual Report
- Maternity Assurance Report
- Maternity Digital Strategy
- Obstetric Medical Workforce

Alert:

- Following an increase in the number of Cardiac Arrests a deep dive will be carried out to understand the detail.
- Compliance on recording of urine output levels had reduced by 10%.
- Recruitment of Speech and Language Therapists is challenging for the Trust and Hertfordshire Community Trust which is creating an element of risk for certain groups of patients.

Advise:

- The water and air hygiene safety group had been refreshed as there was limited assurance for water safety and decontamination.
- Area of concern for the Stroke team is compliant with patients being admitted to the Stroke unit within four hours. It was noted this was a national issue with no Trusts achieving higher than a C rating.
- Although the numbers of open complaints had increased, progress had been made on closing overdue complaints. A new process for managing new complaints would be piloted over the next three months.
- Themes for litigation cases included failure to diagnose and treat and follow-up arrangements. A time lag for learning from claims due to the time lag and the claims investigation timeline was highlighted.

Assurance:

- 20 risks were closed in month and 123 risks were in the process of being reviewed and a trajectory for completion implemented. Work on aligning the Corporate Risk Register and the Board Assurance Framework had begun.
- Duty of Candour was carried out with all families of patients with hospital onset Covid and staff remained vigilant to manage all patients and treatment plans.

• Learning from Deaths continued to report stable mortality levels. A working group had been created to provide additional support to emergency Laparotomy patients. • Key Performance Indicators for Stroke that are not measured in The Sentinel Stroke National Audit Programme (SSNAP) were performing well including mortality. • Maternity Services achieved 11 out of 11 on the scorecard for the Clinical Negligent Scheme for Trusts (CNST) data set.	
Important items to come back to committee (items committee keeping an eye on):	
• Staffing	
Items referred to the Board or a committee for a decision/action:	
N/A	
Recommendation	The Board is asked to **NOTE** the Quality and Safety Committee report

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Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	20
Report title	Charity Trustee Committee 12 December 2022 highlights report			**Meeting Date**	11 January 2023
Chair	Dr David Buckle – CTC Chair and Non-Executive Director				
Author	Julia Smith – Assistant Trust Secretary				
Quorate	**Yes**	☒	**No**		☐

Agenda:

- Approvals in Excess of £5,000
- Charity Highlight Report
- Charity Finance Report Month 7
- Charity Annual Report and Accounts
- Investment Portfolio Report
- Major Project Update
- Benchmarking Report
- Charity Governance and Strategy

Alert:

- Major Project Update – the recommended plans and costs for the staff and ITU outdoor spaces were presented. The costs for all options exceeded the funds raised by the sunshine appeal. It was agreed the Director of Estates and Facilities would revisit the plans and represent at the next meeting. It was noted that the donors were keen to receive a progress report.
- Investment Portfolio – The quarterly performance of the fund was slightly below the benchmarked position and the fund holders hadn't achieved what had been expected.

Advise:

- The Committee approved the following applications over £5,000.

Area	Project	Cost
Cancer - LMCC	Scalp cooling machine	£23,718
Butterfly service	Continuation of current charity funded Butterfly service assistant post	£12,772.80
Cancer (MVCC)	A 12-month pilot, in partnership with The Centre of Sustainable Healthcare (CSH), of their "Green Scholars" initiative. It will seek to recruit 2 members of current MVCC staff to the CSH "Green Scholars" scheme to identify, scope and deliver projects that will improve the environmental sustainability of MVCC.	£40,850 inclusive of 12-month training costs for 2 scholars and staff backfill costs
Quality and safety	Forget me not dementia volunteer coordinator role	£39,240
Women's and Children's	Hospital Youth Support Worker £36,320	£36,320
Cancer MVCC	Salary for part-time, Band 6, Complementary Therapy Lead post, job-share	£20,320

• Charity Annual Accounts had been approved and a nil return will be filed with the Charity Commission by the beginning of January 2023. • Benchmarking Report – a review of Charity running costs had benchmarked similarly against other similar sized charities.
Assurance:
• Charity Finance Report Month 7 – It was noted that the income for month 7 was ahead of plan and the position of cautiously returning to normal was reported. • Charity Highlight Report – the Committee were assured by the level of return on investment for fundraising activity as well as the press coverage that had been received including a piece on the BBC news about the Therapy Ponies. • Charity Governance and Strategy – it was noted that the strategy was being worked towards and included positive news such as the Trust Lottery which was generating approximately £1000 per month.
Important items to come back to committee (items committee keeping an eye on):
• Major project Update • Benchmarking Report
Items referred to the Board or a committee for a decision/action:
N/A

Recommendation	The Board is asked to **NOTE** the Quality and Safety Committee report

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Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	21
Report title	People Committee Report to Board			**Meeting Date**	11/01/2023
Presenter	Chair of People Committee				
Author	Corporate Governance Officer				
Responsible Director	Chair of People Committee			**Approval Date**	
Purpose *(tick one box only)* [See note 8]	**To Note**	☒	**Approval**		☐
	Discussion	☐	**Decision**		☐

Report Summary:

To apprise the Trust Board of the decisions made and significant items discussed at the People Committee held on 28 November 2022.

Impact: where significant implication(s) need highlighting

Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal
Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability
CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources

Risk: *Please specify any links to the BAF or Risk Register*

The discussions at the meetings reflect the BAF risks assigned to the People Committee.

Report previously considered by & date(s):

N/A

Recommendation	The Board is asked to Note the report.

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PEOPLE COMMITTEE MEETING – 28 NOVEMBER 2022

SUMMARY TO THE TRUST BOARD MEETING HELD WEDNESDAY 11 JANUARY 2023

The following Non-Executive Directors were present:

Val Moore (Chair), Ellen Schroder (Trust Chair) and Jonathan Silver

The following core attendees were present:

Thomas Pounds, Amanda Harcus, Richard Hammond, Celina Mfuko

Divisional Staff Survey and Team Talk Feedback

The People Committee received and noted a presentation from the planned care division on the key findings from the 2021 staff survey and a range of indications to develop workforce plans, schemes and initiatives that will positively impact staff experience and improve engagement, motivation, morale and retention. The division achieved 37% equating to 398 responses. This year's survey results have achieved 43% which is an improvement on 2021.

The Committee were advised about the themes of concerns arising from team talks and the key initiatives.

Voice of our people – LGBTQ+ Network

The Committee were provided a presentation on behalf of the LGBTQ+ network who meet monthly and who have been raising issues on behalf of the LGBTQ+ community. A number of events throughout the year were highlighted and it was noted that trans gender services within the Trust will be reviewed.

It was agreed that those involved with the networks, particularly the chairs, should be provided with protected time to carry out duties relating to the networks.

There was some concern that although there was a large number of email addresses for LGBTQ+ individuals and allies, that only a small number of people have attended the meetings. It was agreed that network awareness and social events have been well attended, but more could be done to develop the way of working overall.

Learning and Education Strategy

The Committee received and noted an update on the learning and development strategy which has been put in place to ensure individuals who come to work for the Trust have a good development programme to assist in progressing their careers.

The focus has been on stabilising the learning and development team and completing the people team restructure including filling longstanding vacant posts. The new learning and development team has now been established.

In most cases, key actions for 2021/22 have been met, however early access to mandatory courses has still not been achieved. There has been a review on how to use ENH Academy learning system more effectively.

The Committee were advised of improvements made, including induction and onboarding, better defined priorities for clinical and medical education and an increase in apprenticeships across the Trust.

Guardian of Safe Working Hours

The Committee received a report on safe working hours for doctors in training which the Board is required to be made aware of on a quarterly basis.

The Committee were advised that there has been a higher number of reports which is the positive affect arisen from encouraging doctors to report their hours. It was also noted the junior doctor forum has had a much better attendance recently.

The People Committee noted the report on behalf of the Trust Board.

Employee Relations

The Committee received and noted a reset and update report on the Trust's employee relations casework over the past 12 months. It outlined the challenges in the team, improvement plans to be implemented with a trajectory of continued improvement on how cases are handled.

Equality data had been included in the report for the first time. There has been an increase in case work of approximately 29% in the last year. This is primarily due to sickness cases. The team have been spending 30% of their time supporting managers.

Due to Covid, there has been a delay in updating policies. However, all 60 People policies will be updated by March 2023.

Resourcing

The Committee received and noted the quarterly review of resourcing activities, performance and outcomes for both general and medical recruitment. It was noted there has been a reduction in vacancies for some staff groups, although overall there had been a spike in the vacancy rate. The reasons were understood and the plans have been adjusted for bank and agency usage. There were indications that the inclusion ambassador scheme had contributed to an improved representation of BAME staff at band 8A and above. Targeted recruitment campaigns and engagement with divisions have started to have an effect on numbers of staff in post.

The resourcing team have been reviewing onboarding process to ensure new employees are start date ready when they join the Trust.

Medical Workforce

The Committee were advised this had been the first time a full medical workforce review had been carried out. This involved a reset of processes and reviewing targets, goals and visions, pay awards and waiting list initiatives.

Induction and Onboarding International recruits

The Committee received and noted the update which provided an overview of issues raised by international nursing staff about their onboarding experience early in 2022 along with support and remedial actions taken and the impact of interventions. The Committee were advised of achievements so far and noted a working group had been established to ensure ongoing improvements are made.

It was acknowledged that good onboarding was a determinant of staff experience and engagement and part of the People strategy as well as the Trust's Strategic Priority of Thriving people.

Equality Diversity System (EDS3) Guidance

The People Committee received an update on changes introduced and measures in place in the equality and diversity system and looking at equality and inclusion and protected characteristics. The system is designed to make a difference to people with protected characteristics, vulnerable groups and those for whom health inequalities exist. A report will be produced by the end of February 2023 to outline our status in this first development year.

Board Assurance Framework

The Committee received and noted the latest version of the Board Assurance Framework and the risks that had been assigned to the Committee.

Val Moore
People Committee Chair
January 2023

Report Coversheet

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	22
Report title	Extraordinary Audit Committee 7 December 2022 highlights report			**Meeting Date**	11 January 2023
Chair	Karen McConnell – Deputy Audit & Risk Committee Chair and Non-Executive Director				
Author	Julia Smith – Assistant Trust Secretary				
Quorate	**Yes**	☒	**No**		☐

Agenda:

- HFMA Sustainability Audit

Alert:

- The audit had generated two recommendations:
  - To ensure all budget holders sign their budget within an agreed timeframe-agreed by the Trust going forward.
  - To provide evidence of the required Executive approval of the self-assessment -subsequently taken to Trust Management Group with the draft internal audit report.

Advise:

- There would be a release of inflationary funding on completion of a series of conditions, one of which was to undertake the audit process to demonstrate financial governance and control arrangements. This had been assessed by the Trust's Internal Auditors, TIAA.

Assurance:

- To ensure the self-assessment was robust, evidence was provided by the Trust and where a 1-3 score resulted, an action plan to address the issues had been developed.
- The Trust's Internal Auditor concluded full compliance against 72 questions having selected 12 areas for discussion and further testing.

Important items to come back to committee (items committee keeping an eye on):

Items referred to the Board or a committee for a decision/action:

N/A

Recommendation	The Board is asked to **NOTE** the Extraordinary Audit Committee report

To be trusted to provide consistently outstanding care and exemplary service

Board Annual Cycle 2022-23

Notes regarding the annual cycle:

The Board Annual Cycle will continue to be reviewed in-year in line with best practice and any changes to national scheduling.

Items	April 2022	4 May 2022	June 2022	6 Jul 2022	Aug 2022	7 Sept 2022	Oct 2022	2 Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Standing Items												
Chief Executive's Report		X		X		X		X		X		X
Integrated Performance Report		X		X		X		X		X		X
Board Assurance Framework		X		X		X		X		X		X
Data Pack		X		X		X		X		X		X
Patient Testimony (Part 1 where possible)		X		X		X		X		X		X
Employee relations (Part 2)		X		X		X		X		X		X
Elective Recovery		X		X		X		X		X		X
Board Committee Summary Reports												
Audit Committee Report		X		X		X		X				X
Charity Trustee Committee Report		X		X				X		X		
Finance, Performance and Planning Committee Report		X		X		X		X		X		X
Quality and Safety Committee Report		X		X		X		X		X		X
Strategy Committee final meeting July 2022 before moving to Board Development		X		X								
EIC moving to People Committee		X		X		X		X		X		X
Strategy												
Planning guidance										X		
Trust Strategy refresh and annual objectives										X		
Strategic transformation update				X				X				X
Integrated Business Plan						X						

Board Annual Cycle 2022-23

Items	April 2022	4 May 2022	June 2022	6 Jul 2022	Aug 2022	7 Sept 2022	Oct 2022	2 Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Annual budget/financial plan		*(X) from 2023*										
Long-term strategic infrastructure						X						X
System Working & Provider Collaboration (ICS and HCP) Updates		X		X		X		X		X		X
Mount Vernon Cancer Centre Transfer Update				X		X		X		X		X
Other Items												
Audit Committee												
Annual Report and Accounts, Annual Governance Statement and External Auditor's Report – Approval Process		X										
Value for Money Report						X						
Audit Committee TOR and Annual Report								X				
Review of Trust Standing Orders and Standing Financial Instructions								X				
Charity Trustee Committee												
Charity Annual Accounts and Report								X				
Charity Trust TOR and Annual Committee Review												X
Finance, Performance and Planning Committee												
Finance Update (IPR)		X		X		X		X		X		X
FPPC TOR and Annual Report								X				
Quality and Safety Committee												
Complaints, PALS and Patient Experience Report		X				X				X		
Safeguarding and L.D. Annual Report (Adult and Children)				X								

Board Annual Cycle 2022-23

Items	April 2022	4 May 2022	June 2022	6 Jul 2022	Aug 2022	7 Sept 2022	Oct 2022	2 Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Staff Survey Results		X										X
Learning from Deaths		X		X				X		X		
Nursing Establishment Review				X						X		
Responsible Officer Annual Review								X				
Patient Safety and Incident Report (Part 2)		X		X				X				X
University Status Annual Report						X						
QSC TOR and Annual Review								X				
Strategy Committee – move to Board Development in September												
Digital Strategy Update				X								
People Committee & Culture												
People & workforce strategy annual progress report										X		
Trust Values refresh				X								
Freedom to Speak Up Annual Report								X				
Staff Survey Results		X										
Equality and Diversity Annual Report and WRES						X						
Gender Pay Gap Report		X										
People Committee TOR and Annual Report								X				
Shareholder / Formal Contracts												
ENH Pharma (Part 2) shareholder report to Board				X								