

Public Trust Board

Mount Vernon Cancer Centre, Rickmansworth Road, Northwood HA6 2RN



17/01/2024 10:30

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| | For noting | | |
| 21. | Any Other Business | Trust Chair | |
| | For noting | | |
| 22. | Date of Next Meeting | Trust Chair | |
| | Wednesday, 6 March 2024 at the Lister Education Centre. | | |

Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	1a
Report title	Trust Outturn Forecast Submission		Meeting Date	17 January 2024
Presenter	Martin Armstrong – Chief Finance Officer			
Author	Katrina Doyle – Head of Group Finance			
Responsible Director	Martin Armstrong – Chief Finance Officer	Approval Date	09 January 2024	
Purpose <i>(tick one box only)</i>	To Note	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>The Trust submitted a revised outturn financial forecast in November following a national rapid replanning exercise co-ordinated by NHSE. The Trust Board approved an outturn deficit projection at this point of £0.7m.</p> <p>However, the exercise did not envisage any further industrial action. As a result, all providers and systems are now being asked to resubmit their forecast for year-end incorporating the estimated impact of industrial action period experienced in December and January. This report sets out the Trusts valuation of this additional pressure and asks the Trust Board to approve a revised outturn projection of £3.3m.</p>				
<p>Impact: where significant implication(s) need highlighting <i>Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal</i> <i>Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability</i> <i>CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources</i></p>				
<p>The delivery of key financial duties and responsibilities are an important element of the Trust's and the Systems statutory obligations.</p> <p>Failure to achieve these duties compromises the systems and organisation's ability to deliver sustainable services.</p>				
<p>Risk: <i>Please specify any links to the BAF or Risk Register</i></p> <p>The structure and substance of the report provides support to the Trusts ability to proactively manage financial constraints and deliver efficiencies.</p>				
Report previously considered by & date(s):				
N/A				
Recommendation	The Board is asked to APPROVE the revised outturn forecast projection.			

To be trusted to provide consistently outstanding care and exemplary service.

Trust Board Meeting

17 January 2024

Trust Outturn Forecast Confirmation

1. Background

On the 8th of November 2023 NHS England released guidance to providers and commissioners in respect of arrangements to both manage the impact of Industrial Action (IA) during the financial year to date, and to set out clear financial delivery expectations for the remainder of the year.

The guidance set out the scale of additional funding allocations that systems and providers would be able to access and also detailed flexibilities in respect of the NHS financial framework that would be available to assist in the delivery of financial plans.

NHSE set a clear expectation that systems should use the guidance to submit revised outturn projections by the 22nd of November 2023, and that these submissions should aim to deliver approved financial plans for 23/24. It was expected that these plans would be revised and signed off by Provider and System Boards.

2. November Outturn Submission

During the two-week financial replanning exercise in November the Trust worked with system partners to reflect the impact of this guidance and allocation changes upon its outturn forecast projections and place them within the context of overall system achievement.

This work was summarised within a ' ENH financial delivery plan 23/24 ' document that was presented to and reviewed by the Trust Board at its meeting on the 21st November 2023.

This expansive document covered background context and history in respect of the Trust's past financial delivery, as well performance during the YTD and then incorporated a revised outturn forecast that included notified allocation changes. Finally, the report set out a range of delivery actions that the Trust would implement and deliver to support outturn forecast delivery. The report set out an expected outturn deficit of £0.7m compared with an original plan deficit of £2.5m. The Trust outturn projection was based on the explicit national assumption that no further Industrial Action would take place over the remainder of the year.

The Trust Board reviewed the document and approved the submission of the revised outturn projection. In summary, the system also submitted a balanced financial forecast at year end. Although the overall system submission acknowledged that further mitigations to the value of £7.6m still needed to be identified in order for this position to be achieved.

The Trust together with other system financial representatives met with Regional and National NHSE colleagues on the 29th November to review the system submission. This balanced plan position was reviewed and accepted by NHSE.

3. Further Industrial Action Impact

As noted above the November financial replanning exercise was undertaken on the basis there would be no further Industrial Action over the remainder of the year. This assumption was subsequently undermined by confirmation and delivery of two further periods of IA by junior doctors at the end of December and the beginning of January.

As a consequence of the material financial impact of these two further periods of IA, NHS providers and systems have been asked by NHSE to adjust their previously submitted and approved November outturn forecasts. These revised outturn projections are now expected to be resubmitted at the Month 9 reporting point. These submissions are scheduled for the 12th January 2024. It is expected that the revised outturn projections are approved by Trust Boards.

At present there is no confirmed expectation that these additional IA costs will be reimbursed to providers.

The Trust has assessed the financial impact of the latest rounds of industrial action, setting out actual additional costs incurred and estimates of activity / income lost. This assessment has been undertaken using the same methodology employed to assess impacts across earlier episodes of IA. The impact is set out in table 1 below, and estimates an additional adverse pressure upon the outturn forecast of £2.6m.

Table 1 – Impact of Further Industrial Action

	December Impact £'000	January Impact £'000	Total Impact £'000
Summary - Cost of Cover	235	470	705
Summary - On the day costs avoided	(99)	(198)	(297)
Summary - Lost Efficiency	196	0	196
Summary - Impact of reduction in elective activity	565	1,416	1,981
TOTAL	897	1,688	2,585

4. Revised Trust Outturn Forecast

The Trust has incorporated this additional IA impact pressure within its overall forecast projection. This assessment includes the impact of actual Month 9 financial performance which has now been reported since the point of the last forecast.

Other than the impact of the unexpected IA, the Month 9 actual reporting position is in alignment with the forecast position for Month 9. As such the revised outturn forecast position that the Trust Board is asked to approve varies only by the IA projection. The overall outturn forecast moving from a £0.7m deficit to a deficit of £3.3m. This is compared to an original approved deficit plan of £2.5m. Again, it is important to note that this forecast assumes no further periods of Industrial Action in the remaining weeks of 23/24

The table below sets out the revised outturn forecast change.

Table 2 – Revised Outturn Forecast Submission

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Forecast agreed at November	-3,421	-1,399	-1,468	-694	1,049	-1,054	142	5,937	789	-488	-765	691	-680
Proposed Changes to Forecast:													
Industrial Action:													
Industrial action - loss of income									-566	-1,415			-1,981
Industrial action - efficiency impact									-196				-196
Industrial income - cost of cover									-136	-272			-408
Total Industrial Action									-898	-1,687	0	0	-2,585
Other Changes:													
Month 9 variance from forecast									108				108
Radiotherapy recruitment									-102	-40	-40	-40	-222
Urology robot maintenance									-111	-12	-12	-12	-147
Depreciation - Q4 additions										-33	-33	-33	-99
Release of provisions												360	360
Total Other Changes									-105	-85	-85	275	0
Revised Forecast at Month 9	-3,421	-1,399	-1,468	-694	1,049	-1,054	142	5,937	-214	-2,260	-850	966	-3,265

5. Conclusion

The Trust Board is asked to approve the submission of the revised outturn projection set out in the paper.

Martin Armstrong
Chief Finance Officer
East & North Herts NHS Trust

January 2024.

EAST AND NORTH HERTFORDSHIRE NHS TRUST

**Minutes of the Trust Board meeting held in public on Wednesday, 1 November 2023 at 10.30am
in the Lister Education Training Centre, Lister Hospital, Stevenage**

Present:

Mrs Karen McConnell	Acting Trust Chair
Dr David Buckle	Non-Executive Director
Dr Peter Carter	Non-Executive Director
Mr Jonathan Silver	Non-Executive Director
Ms Val Moore	Non-Executive Director
Mr Adam Sewell- Jones	Chief Executive Officer
Mr Martin Armstrong	Director of Finance & Deputy Chief Executive Officer
Mr Justin Daniels	Medical Director
Ms Lucy Davies	Chief Operating Officer
Mrs Mel Gunstone	Deputy Chief Nurse
Mr Kevin Howell	Director of Estates and Facilities
Mr Kevin O'Hart	Director of Improvement
Mr Thomas Pounds	Chief People Officer
Mr Mark Stanton	Chief Information Officer

From the Trust:

Mr Namdi Ngoka	Associate Director People Capability (item 23/077)
Mr Stuart Dalton	Head of Corporate Governance
Mrs Debbie Okutubo	Deputy Company Secretary (Board Secretary - minutes)

No	Item	Action
23/071	CHAIR'S OPENING REMARKS The Chair welcomed everyone to the meeting and declared the Public Trust meeting open.	
23/072	APOLOGIES FOR ABSENCE Apologies were received from: Ms Nina Janda, Associate Non-Executive Director and Ms Theresa Murphy, Chief Nurse.	
23/073	DECLARATIONS OF INTEREST There were no new declarations of interest made.	
23/074	MINUTES OF PREVIOUS MEETING The minutes of the previous meeting held on 6 September 2023 were APPROVED as an accurate record of the meeting.	

23/075 ACTION LOG

The Board **NOTED** the action log.

23/076 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

23/077 STAFF STORY

Eunice Assah an international midwife and Chukwuemelie Kanu an international nurse presented their story and were supported by Namdi Ngoka, Associate Director People Capability.

Eunice qualified in 2019 and wanted to be a specialist midwife rather than a general midwife, hence the urge to travel abroad. She particularly liked the one-to-one support, advanced technology and support from her manager. She welcomed the training and learning on the job.

The challenges she faced related to her accommodation because the cohort she belonged to was given eight weeks in staff accommodation which she found challenging as she did not know the neighbourhood well enough to know where or how to start searching for new accommodation.

Another challenge was getting bank shifts which were restricted for midwives, and she felt this should be allowed as the extra shifts would add to learning and help financially.

In response to a question, it was noted that both Eunice and Chukwuemelie would encourage others to travel to work here as their experience has been positive.

Chukwuemelie is a registered nurse in the emergency department (ED) and she found her onboarding journey smooth. She arrived months after Eunice by which time extra support had been put in place. From arrival to preceptorship, she found it supportive.

In terms of pastoral care, it was suggested that the package sent had some information but not everything and examples of missing information included registering with a GP and a dentist.

Associate Director People Capability suggested that there have been a few developments since these international staff members started with us including an app which has more information. Also, having a buddy /mentor assigned to them when they arrive. There is now a pastoral team in place.

It was suggested that it might be worth investing in resource so that there is a physical person taking international staff members to complete the various standard things, like going to the nearest

bank, registering with a GP and dentist and other related practicalities.

It was suggested that there should be a universal policy for all international staff arriving. The example was given of new international staff having their fees refunded but this was not the case with all including Chukwuemelie.

Also, the offer of staff accommodation should be longer so people have enough time to do the conversion exams and focus on that.

Members commented that they felt reassured as to how well supported the international staff felt by their managers and very heartened by the feedback.

In response to a question, it was noted that only one of the international staff members had experienced racism but did not complete an incident form as she felt that the issue was resolved.

The Chair thanked them for being open and very clear about their experiences and wished them a wonderful career. She commented that there were a number of issues for the Trust to consider and in particular that there should be consistency of approach.

The Trust Board **RECEIVED** and **NOTED** the staff stories.

23/078 CHIEF EXECUTIVE'S REPORT

The Chief Executive presented his report. He outlined some of the highlights since the last board meeting under the four strategic priorities.

Quality

The Chief Executive commented that the CQC report had been received and it would be available publicly on Friday, 3 November 2023. Members were assured that as a Trust we would work through the action plan as part of our improvement journey.

Members were also advised that the Endoscopy team, at the end of September, had no outstanding urgent referrals. This meant that patient referrals would have their procedure done within 2 weeks.

Thriving People

Following the report published by the Working Party on Sexual Misconduct in Surgery, the Trust responded to this by holding forums with leaders and staff to discuss the wider issue of sexual safety at work. Also, a clear statement that sexual misconduct

must be rooted out and appropriately dealt with in the Trust was issued.

The Chief Executive commented that on a positive note, it was now becoming a theme for our staff to receive national awards and we were very proud of them.

Seamless service

Collaborative work was ongoing with NHS England and Hertfordshire Partnership NHS Foundation Trust Chief Executives to provide better help for patients who were presenting at emergency department with mental health crisis. There were initiatives in place and the ICB had approved that mental health patients not having any physical ailments could be redirected.

Continuous improvement

Our work with the Virginia Mason Institute (VMI) was progressing. The Trust Guiding Team went to Seattle and spent time with the VMI team and we are now working towards achieving what we witnessed over there and would like to implement here.

The cultural readiness assessment was now on the intranet and one major theme from the assessment was that staff felt good working at the Trust.

The Board **RECEIVED** and **NOTED** the Chief Executive's report.

23/079 BOARD ASSURANCE FRAMEWORK (BAF)

The Head of Corporate Governance presented this item. Risks ranking above 16 were reviewed regularly and as a Trust we are making good progress on the rest of the risks.

The Board **RECEIVED** and **NOTED** the BAF.

STRATEGY AND CULTURAL ITEMS

23/080 DIGITAL STRATEGY UPDATE

The Chief Information Officer presented this item and gave an update on where we were with the digital deliverables. Members were advised of progress on developing a business case to upgrade EPR.

On the digital patient hub, the Patient Engagement Portal (PEP) was live and up to 20,000 patients have logged on to use the technology.

Members asked if there was any learning. The Chief Information

Officer responded that the wording around the text sent via the PEP led to numerous calls to the switchboard, we have learnt from that and adjusted the wording to make it clearer.

Members commented that some patients were now accustomed to dealing with primary care digitally and using the NHS app maybe the Trust could learn from this too.

The Board **RECEIVED** and **NOTED** the digital strategy update.

23/081 GREEN PLAN

The Director of Estates and Facilities presented this item. It was noted that the update on the Green Plan was presented at the FPPC committee in September.

Members were advised that the work on the green plan had plateaued due to resourcing issues. However, progress had been made on our vehicle fleet.

Members commented that the Sustainability Impact Assessments should be pursued, much like Equality Impact Assessments, as this could be captured as part of good governance when business cases and strategies were proposed and approved.

The Director of Improvement commented that we have started looking at outpatient programmes and carrying out sustainability impact assessments.

The Medical Director commented that clinicians were keen to move quicker and faster and were pushing for LED lights for example. They also wanted more work done to reduce the impact of disposables. The Medical Director asked if we could start on capital projects.

The Director of Estates and Facilities commented that there was limited capital funds therefore we might not be able to move as quickly as we would like to.

Following a discussion, it was agreed that green plan expenditure needs to be within the current budget and projects could not be agreed in isolation.

Members welcomed and gained assurance on progress to date, noted the risks and that a further update would be provided later in the financial year. It was suggested that the green plan should form part of our job advertisements as a lot of people are attracted to sustainability issues.

The Board **RECEIVED** and **NOTED** the green plan.

23/082 STRATEGIC TRANSFORMATION UPDATE

The Director of Improvement presented this item.

It was noted that despite strong performance against agency expenditure reduction, we are struggling around bank pay which is currently at 11.16% of the pay bill against a target of 8.5%.

Members suggested that the appropriate balance in controls relating to the Resource Control Panel for the temporary workforce panel needs to be in place. The Chief People Officer commented that we already have a panel but it was not working as well as it should.

The Chair suggested that this could be explored further in the People Committee.

CPO

The Board **RECEIVED** and **NOTED** the Strategic transformation update.

ASSURANCE AND GOVERNANCE ITEMS

23/083 AUDITORS VFM REPORT

The Deputy Chief Executive and Director of Finance presented this item.

Members were advised that as part of the annual audit of the Trust financial accounts and governance arrangements, the Trust appointed external auditors BDO, who are required to undertake an assessment of whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of its resources.

It was noted that this report went to the Audit and Risk Committee who recommended it to the Board for noting.

The Board **RECEIVED** and **NOTED** the Auditors VFM report.

23/084 LEARNING FROM DEATHS

The Medical Director presented this item. It was noted that the Medical Examiner's role would become a statutory role from April 2024.

Members noted the work to monitor cardiology and commented that it was thorough and provided appropriate assurance.

It was further stated that this item was discussed at the Quality

and Safety committee meeting in October.

The Board **RECEIVED** and **NOTED** the learning from deaths report.

23/085 MANAGEMENT OF COMPLAINTS AND CONCERNS POLICY

The Deputy Chief Nurse presented this item.

Members were advised that the Quality and Safety Committee received this at their October meeting and recommended it to the board.

The Board **RECEIVED**, **ADOPTED** and **APPROVED** the management of complaints and concerns policy.

PERFORMANCE

23/086 INTEGRATED PERFORMANCE REPORT

The Executive Directors gave an update on their respective areas.

The Board **RECEIVED** and **APPROVED** the Integrated performance report.

23/086a MATERNITY

The Divisional Medical Director Women's and Children's Services and the Head of Midwifery presented this item.

Members were reminded that Maternity Services was required to provide assurance to the Board based on a number of core data sets in response to national reviews.

From the Maternity Incentive Scheme, the areas below were discussed with the board to provide assurance:

- Safety Action 1 – quarter 2 Perinatal Mortality Review report
- Safety Action 2 – Maternity Services data set compliance
- Safety Action 4 – Anaesthetic Workforce
- Safety Action 9 - update on Perinatal leadership and culture programme.

It was noted that four members of the leadership team attended the Perinatal Quadrumvirate Culture and Leadership Development programme. They are the Director of Midwifery, the Clinical Director for Obstetrics, the General Manager for Women's and Children's and the Matron for neonatal unit and that they had

completed module 1 of the programme. Members were advised that the next stage of the programme would run over the next 6 months.

Members commented that improvements in maternity was very heartening, and bookings completed by 9+6 weeks gestation was commendable.

The Board **REVIEWED** and **APPROVED** the evidence of CNST to comply with Year 5 CNST.

23/087 SYSTEM PERFORMANCE REPORT

The Deputy Chief Executive and Director of Finance presented this item and commented that it was for information.

The Board **RECEIVED** and **NOTED** the system performance report.

BOARD COMMITTEE REPORTS

23/088 AUDIT AND RISK COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the Audit and Risk Committee meeting held on 10 October 2023.

23/089 FINANCE, PERFORMANCE AND PLANNING COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the Finance, Performance and Planning Committee meeting held on 26 September and the verbal update from the meeting held on 31 October 2023.

23/090 QUALITY AND SAFETY COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary reports from the Quality and Safety Committee meetings held on 27 September 2023 and 25 October 2023.

23/091 PEOPLE COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the People Committee meeting held on 12 September 2023.

23/092 CHARITY TRUSTEE COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the Charity Trustee Committee meeting held on 11 September 2023.

23/093 ANNUAL CYCLE

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

23/094 ANY OTHER BUSINESS

No other business was raised.

23/095 DATE OF NEXT MEETING

The next meeting of the Trust Board will be on 17 January 2023.
At Mount Vernon Hospital, Rickmansworth Road, Northwood,
Middlesex, HA6 2RN.

Mrs Karen McConnell
Acting Trust Chair
November 2023

EAST AND NORTH HERTFORDSHIRE NHS TRUST

**Minutes of the extraordinary Trust Board meeting held in public on
Wednesday, 6 December 2023 at 9am in the Lister Education Training Centre,
Lister Hospital, Stevenage.**

Present:

Mrs Karen McConnell	Non-Executive Director – Acting Trust Chair
Mr Jonathan Silver	Non-Executive Director
Ms Val Moore	Non-Executive Director
Dr Peter Carter	Non-Executive Director
Mrs Nina Janda	Associate Non-Executive Director
Mr Kevin O'Hart	Director of Improvement
Mr Adam Sewell-Jones	Chief Executive Officer
Mr Martin Armstrong	Director of Finance and Deputy Chief Executive
Dr Justin Daniels	Medical Director
Mr Kevin Howell	Director of Estates and Facilities
Mrs Theresa Murphy	Chief Nurse
Mr Thomas Pounds	Chief People Officer
Mr Mark Stanton	Chief Information Officer
Mrs Lucy Davies	Chief Operating Officer

Also in attendance:

Mr Stuart Dalton	Head of Corporate Governance
Miss Chloe Milton	Committee Secretary (minute taker)

No	Item	ACTION
23/096	APOLOGIES FOR ABSENCE Apologies received from Dr David Buckle.	
23/097	DECLARATION OF INTEREST No declarations of interest were made.	
23/098	CHARITY ANNUAL ACCOUNTS The Board APPROVED the charity annual accounts subject to minor amendments such as a change of the wording Chairman to Chair, the correct date added and the change from Mrs Schrodgers' signature to Mrs McConnell.	
23/099	ICS URGENT CARE STRATEGY CONSULTATION The Chief Operating Officer presented the consultation documents and sought Board feedback. The strategy had evolved to meet the requirements of the population and provide more individualised care so that people receive care	

when they need it, with an emphasis on mental health, children and young people.

The Medical Director stated that the strategy appeared to sit in isolation from primary care and felt it would benefit from setting out a more joined up approach with primary care.

Mrs Val Moore queried the level of engagement with patient groups.

Overall, Board members agreed that the strategy was welcome but felt that it was unlikely to lead to a step change in urgent care provision and that there was scope for more innovation.

The Chief Operating Officer stated that she would take the feedback back to the ICS.

The Board **NOTED** the ICS urgent care strategy consultation.

23/100 ANY OTHER BUSINESS

There was no other business.

	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 1 November 2023**

Meeting Date	Minute ref	Issue	Action	Update	Responsibility	Target Date
5 July 2023	23/040	Inviting the Chair and Chief Executive Officer of the ICB to the September meeting.	The Trust Chair to liaise with the Integrated Care Board (ICB) and invite them to the meeting.	The ICB Chair and CEO are scheduled to attend the February 2024 board seminar	Trust Chair	December 2023 Completed

Board



**East and North
Hertfordshire**
NHS Trust

Chief Executive's Report

January 2024

I outline some of the highlights from within the Trust since the last board meeting under our key strategic themes below.

Quality

Last month at Lister Hospital we launched a new 24/7 service which helps ensure patients, relatives and carers can get a second opinion if they are concerned about a patient's care when in hospital.

The Call 4 Concern service is a patient safety initiative which recognises that relatives and carers know their loved ones the best and will be able to tell when their condition is changing for the worse. When a patient, relative or carer uses Call 4 Concern, they'll be asked to provide information which will allow a separate team of clinicians to visit the patient to assess them and discuss the concerns raised.

The Trust has invested £10million in three new state-of-the-art radiotherapy machines, providing faster treatment with improved accuracy and convenience for patients receiving treatment at the Mount Vernon Cancer Centre (MVCC) in Northwood.

The new machines are able to image and treat cancer patients faster, delivering high-quality image-guided radiotherapy with advanced technology. It is expected that the three new linear accelerator machines will be on site and operational by April 2024.

Thriving people

Industrial action has continued to take place over the Christmas and New Year period.

As I write this report, junior doctors are taking industrial action from 7am on Wednesday 3 January until 7am on Tuesday 9 January.

Our main priority during the industrial action is to ensure that patients receive emergency and life-saving care when needed. Thanks to the efforts of other clinical and administrative staff we were able to maintain safe services during this period as well as continuing with as much planned activity as we could, however it was sadly inevitable that some planned activity had to again be cancelled.

The Trust has this month launched our new monthly values awards. Staff are invited to nominate colleagues and teams who have gone above and beyond in demonstrating one of our values of Include, Respect and Improve. Each month we will celebrate the nominees and announce the winners. All winners will be entered into, and invited to, the annual staff awards.

This is just another way to shine a light on those who are truly living our values.

Over the last weeks we have seen many across the Trust winning awards for amazing work – including:

- A number of FAB NHS awards (the QI team, Mirriam Makumba, and Elizabeth Hale)
- Dr Oscar Swift winning a National Institute for Health and Care Research and Royal College of Physicians award for research
- Sue Norris being awarded a Silver Chief Midwifery Officer Award
- Our hospitals' charity and Butterfly Service winning the Chamber of Commerce Community Champion Award
- Akeem Fernandez winning the Preceptor of the Year Nursing Times Workforce Award
- Our security team winning an award from Carlisle Support Services

Seamless services

A new elastomeric pump pathway has been launched for patients across East and North Hertfordshire who are part of the [Hospital at Home programme](#).

The new pathway is suitable for certain patients on short-term and long-term antibiotics, as well as for patients with heart failure, and will aim to ease [winter pressure](#) on acute services by supporting patients to be discharged earlier – or potentially avoid hospital admission altogether.

For those on antibiotics, the elastomeric device allows nurses to administer antibiotics through just one visit a day – cutting the amount of nursing visits by half.

A whole dose can be administered over 24-hours, and the device can be carried by the patient in a bag worn on their body. For patients with heart failure, this will allow them to get monitored closer to home and they will benefit from earlier identification, diagnosis and management of their condition.

Once a patient has been correctly identified for this pathway by their clinician, a nurse will visit their home and set the patient up with their elastomeric pump and ensure it is functioning correctly – and return every 24 hours while they are receiving the antibiotics.

Continuous Improvement

In keeping with much of the NHS, the Trust has continued to experience significant pressure through its urgent and emergency care (UEC) pathway, meaning delays in releasing ambulances following handover, longer waits in ED, delays in transfer to a bed in the hospital or other trust and extended waits for discharge of patients to another service or their home. Whilst many patients continue to receive rapid and high-quality care, we want to make this the experience for all.

The UEC Transformation Programme has delivered a number of its most significant changes this month with the new Urgent Treatment Centre opening this week, modelled on the existing centre at the New QEII Hospital and the opening of a new Surgical Assessment Unit at Lister.

The Trust has further developed its work in partnership with the Virginia Mason Institute as it implements the ENH Production System. The roles in the new Kaizen Promotion Office (KPO) have been appointed to and training of that expert team has commenced. Members of the Board will receive executive training from February 2024 and a schedule of staff training and improvement activity for the first 18 months has been scoped and signed off.

Adam Sewell-Jones
Chief Executive

Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	10
Report title	Strategic Transformation Update		Meeting Date	17 January 2024
Presenter	Kevin O'Hart, Chief Kaizen Officer			
Author	Kevin O'Hart, Chief Kaizen Officer, Emma Hollingsworth, Head of PMO			
Responsible Director	Kevin O'Hart, Chief Kaizen Officer		Approval Date	12 October 2023
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>This report provides a quarterly summary update from Executive Programme Board detailing improvement plans behind the Trust's core 2023/ 24 strategic objectives. The objectives were disseminated across the organisation and during quarter one, each department and team was asked to develop their own aligned objectives as part of Grow Together conversations which reflect everyone's individual and collective role in organisational delivery of this portfolio.</p>				
<p>Impact: where significant implication(s) need highlighting <i>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</i></p>				
<p>Considerable progress has been achieved in our UEC programme with plans on track for our new Urgent Treatment Centre on the Lister site to open from 15 January. This new service, along with significant revenue investment in nursing and medical staffing, is anticipated to materially improve our Trust performance against the four-hour ED standard. Ongoing NHSE performance data indicates ENHT is currently 8th nationally in terms of delivered elective activity compared to pre-pandemic levels, with internal estimates for November suggesting this could rise to 123%. Improvements across a range of recruitment and retention activities continue to demonstrate a positive reduction in the bank and agency expenditure percentage of the total pay bill, despite a challenging backdrop and ongoing industrial action. However, the initial Trust stretch reduction target of 8% is unlikely to be met and will be discussed in January FPPC.</p>				
Risk: <i>Please specify any links to the BAF or Risk Register</i>				
Risk 11 Innovation				
Risk 10 Technology, systems and processes				
Report previously considered by & date(s):				
TGT 7 December and FPPC 19 December 2023				
Recommendation	The Board is asked to note the contents of the report.			

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Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	11
Report title	Nursing and Midwifery Establishment Review		Meeting Date	17 January 2024
Presenter	Theresa Murphy, Chief Nurse			
Author	Emily Watts Lead Nurse for Workforce, Sandra Kirkham Strategic Nursing Program Manager			
Responsible Director	Theresa Murphy, Chief Nurse		Approval Date	
Purpose (<i>tick one box only</i>) [See note 8]	To Note	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>The initial Nursing Establishment Review was undertaken in May 2023 reviewing Actual Worked Staffing hours, Patient Acuity/Dependency Data, and quality indicators. This triangulated approach used the Safer Nursing Care Tool (SNCT) for Safer Staffing collected over a 20-day period on all inpatient wards. The data was then analysed using current validated frameworks, professional judgement, quality, and safety indicators, benchmarking with other Trusts using NHSI Model Health system [Appendix 1] and National Guidance for Safe Staffing.</p> <p>In Addition, a second Establishment Growth Review was undertaken in November 2023 for all inpatient wards within Unplanned and Planned Care which also included all Emergency and Assessment areas throughout the ED Complex.</p> <p>This review is underwritten by a bottom-up triangulation approach involving all clinical Divisional Nursing Directors and their Deputies, finance, and senior nurses throughout each area. A zero-based budget approach was used for each area, along with SNCT Safer Staffing Data and the latest National Safer Staffing Guidelines for each speciality. This was accompanied by a collaborative professional judgement through a clinical check & challenge of each establishment, matching each areas clinical needs within an agreed financial budget.</p> <p>The urgent and emergency care establishments (UEC / UTC) were finalised in December 2023.</p> <p>Key Recommendations:</p> <ul style="list-style-type: none"> • Complete Alignment of Budgets to Rosters • Review the funding for backfilling training posts • Consider increasing headroom to support training and development 				
Impact: where significant implication(s) need highlighting				
<p>The most significant impact of this review is that of major organisational investment into developing safer staffing establishments across all areas of Emergency Care throughout Adult and Paediatric ED, AMU 1 and 2. The development and introduction of SAU, medical SDEC and UTC will transform the treatment of Emergency Care patients throughout the organisation within an agreed financial envelope. This is coupled with supporting the Trust wide commitment to fill existing vacancies and further reduce the reliance on high-cost bank/agency against the backdrop of meeting the multifaceted needs of the clinical service</p>				

<p>within a viable financial environment.</p> <p>The financial re-alignment of these nursing establishments to meet the clinical needs of each area would have the positive financial advantage in reducing the reliance of temporary staffing to meet the service needs, whilst, potentially positively affecting the ongoing sickness rates making the KPI parameters easier to achieve. Subsequently, new controls on the bank/ agency usage have been initiated and are underway.</p>	
<p>Report previously considered by and date(s):</p> <p>Quality and Safety Committee on 20 December 2023</p>	
<p>Recommendation</p>	<p>Due to the re-configuration of Clinical Establishments and because of the review thus far, the board is asked to discuss and identify any changes to the approach they may have.</p>

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Introduction

The NQB Guidance (2016) requires Trust Boards to ensure there is sufficient and sustainable staffing capacity and capability to always provide safe and effective care to patients, across all care settings. In addition, boards should ensure that there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach that takes account of all healthcare professional groups and is in line with financial plans.

The RCN (2019) Workforce standards highlight that a lack of nursing leadership and relevant support structures within organisations impacts on safety, quality of care and patient mortality, as well as the mental health and general wellbeing of the nursing workforce. It is well documented that having good leadership and enough skilled trained staff will be key to the safe and effective restoration of healthcare services and will support staff wellbeing and recruitment and retention within the organisation. The recommendations in this review will support current workforce challenges and enhance the development of the new UTC pathway within Emergency care.

Establishment Review methodology

To undertake the establishment review, various national guidance validation tools were used to help with this calculation:

- Current assumptions and validation
- Care Hours Per Patient Day
- Safer Nursing Care Tool
- Professional Judgement
- National Benchmarks

The review consisted of having full clinical engagement involving Ward Managers, Matrons, Divisional Nursing and Quality Directors / Deputies, the people team, and financial colleagues, ensuring robust clinical discussions and appropriate context were captured. Appendix 2 shows the summary of proposals for each inpatient area.

Current assumptions – Skill Mix and Registered Nurse to bed ratio

The nurse-to-patient ratio describes the number of patients allocated to each registered nurse. Nurse patient allocations are based on the acuity or needs of the patients on the ward. In critical care the ratio may be 1:1 for the sickest patients or 1:2 or 1:3 for patients who are acutely ill but stable. On general wards the nurse-to-patient ratio is higher, for example 1:6 or 1:8 depending on the type of service delivered and the needs of the patients. This type of nurse patient ratio is based on guidelines from professional organisations and accreditation bodies, but also reflects the needs of the individual patients at a given point in time.

A full ward breakdown of the service model skill mix and the actual worked skill mix for the reference period can be found in Appendix 2

Care Hours per Patient Day (CHPPD)

At ENHT care hours per patient day (CHPPD) is a productivity model that has been used, in triangulation with other methods, to set the nursing establishments. The review of NHS productivity, chaired by Lord Carter, highlighted CHPPD as the preferred metric to provide NHS Trusts with a single consistent way of recording and reporting deployment of staff working on inpatient wards.

CHPPD is used prospectively to identify the likely care time required for expected patient type for a service. This is then compared to the required CHPPD for actual patients using the service, then comparing the actual CHPPD provided by staff on the ward to assess if wards were appropriately staffed for actual patients.

To note the Cancer division comprises of ward 10 and shows that they are over on CHPPD (table 1) and SNCT (table 2). This ward is a stand-alone unit at Mount Vernon and requires a minimum staffing level for patient safety. It also has ambulatory ward attenders that are not captured in the data sets. During the data collection period the ward also closed over a number of nights due to industrial action so the data is not reflective.

Table 1 below shows the summary of the three dynamics of the continuous linear CHPPD cycle per Division. A full breakdown per ward can be seen in Appendix 3

Table 1

Division	Service Model CHPPD	Required CHPPD SafeCare	Actual worked CHPPD
Unplanned	6.87	7.17	7.45
Planned (Excluding Critical Care)	5.66	5.96	6.05
Cancer	6.15	5.85	15.50

Safer Nursing Care Tool (SNCT)

The SNCT is an evidence-based tool developed to help NHS hospitals measure patient acuity and dependency to inform decision making on staffing and workforce. The tool enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity/ dependency terms. SNCT is NICE approved as an effective evidence-based staffing tool.

The process involves using the acuity tool over a period of 20 days on each inpatient ward to establish patient need and dependency. The tool is based on 4 levels of care, defined by National guidance.

The SNCT multipliers are based on dependency, workload literature and empirical data. The Trust uses the licensed software to gain this information. There is now a refreshed version of the tool with 2 additional levels of care included. The new licences have been applied for and these will be implemented in the New Year.

Table 2 below shows the occupancy information for each division for the sample period, with the SNCT recommended establishment (whole time equivalent - WTE), current funded establishment and the variance between the two metrics. The table shows the cumulative divisional position. Other factors that should be considered would be.

- Clinical speciality
- Ward size and layout (evidence suggests the tool does not work well in small wards)
- Wards that have a higher number of side rooms
- Staff capacity, skill mix, competence, and leadership
- Organisational support and support roles
- Ward manager supervisory time

Table 2

Division	Bed Occupancy %	CHPPD Bench Marking Data		SNCT Recommended Data	
		Total Funded Est. based on occupancy	Total Funded Establishment (21% Headroom)	SNCT recommended WTE (22% Headroom)	Variance of Total Funded Est. based on occupancy to SNCT recommended
Unplanned	108%	36.33	41.41	34.14	2.40
Planned (Excluding Critical Care)	94%	35.18	37.27	36.31	0.96
Cancer	58%	18.11	31.50	19.56	11.94

Professional Judgement

All Ward Managers, Matrons, Divisional Nursing and Quality Director / Deputies, Finance, workforce leads, and the E-roster team met with the Deputy Chief Nurse to review all the above data and triangulate associated quality indicators, incidents and themes, and red flag events. The recommended adjustments to shift plans are based on the data review and robust discussions with all present. This process added specific clinical context to the discussions and provided an evidence-based bottom-up approach ensuring Ward Managers, Matrons and Divisional Nursing and Quality Directors were engaged and took ownership of their clinical areas.

National Benchmarks

The latest available March 2023 data was taken as a benchmark which compares local peers with the NHSI Model health system. ENHT was rated in the lowest quartile for CHPPD for total nursing (Appendix 1).

Data Validation

The following actions were taken to validate the data collection from the SNCT specifically for the establishment review:

- SNCT training was delivered throughout April 2023 – this was to ensure that the SNCT data was validated, and consistent, inter-rater reliability exercises were undertaken with the nursing teams to ensure consistent application of the acuity multipliers.
- Comparing recommended establishment for both CHPPD and SNCT
- Senior Nurse Acuity Audits - throughout the data collection period, senior nurses trained and competent in the SNCT, peer audited wards to validate data inputs. Any discrepancies in the acuity data scoring were corrected and senior nurses worked with wards to ensure consistent application of the tool. It should be noted that further training is required with SNCT scoring in areas below 90% accuracy (prior to validation and correction). Ongoing workshops continue and the wards acuity scoring closely monitored daily.
- There has been no manipulation of the data to maintain the reliability and validity of the tool, and this allows for benchmarking.
- External benchmarking with other organisations using the NHS Improvement (NHSI) Model health system.
- Professional Judgement
- Review and discussion at ward board rounds and quality huddles

Nursing and Midwifery Quality Indicators

The Trust uses information and statistical tools to examine indicators of care. These indicators include pressure ulcer prevalence, complaints, patient falls, drug administration errors, Clostridium-difficile rates, MRSA rates. Standardising these metrics by occupancy and length of stay creates a statistical tool that highlights outlying areas whose indicators are higher than anticipated.

Any indicator triggering above established threshold is subject to detailed root cause analysis and an action plan developed where appropriate to improve patient safety and experience.

Monitoring and Governance

The Trust has a robust system of reviewing daily staffing utilising the RL Datix Safe Care system and E roster. Staffing is reviewed 4 x day and risks mitigated across the divisions. Due to the current situation regarding the CSW bank spend all current bank shifts booked at short notice and those booked for the following day are reviewed and approved where appropriate each day at the 12.30 staff review meeting. In addition to this, each roster and its clinical effectiveness is closely monitored at the daily, weekly staffing review and a monthly roster KPI review meetings which are attended by the ward managers, matrons, deputy

divisional directors of nursing, finance, and recruitment to ensure information is shared and actions put in place for safe staffing and cost effectiveness.

Establishment Growth reviews

In October and November all inpatient wards went through an establishment growth review except for the UEC areas. This involved all the rotas being set to standard parameters and then flexed to reflect complexity, acuity, environment etc following examination with the deputy chief nurse, divisional nursing directors, matrons, and ward managers. The full review data set and narrative can be seen in Appendix 4.

Maternity

Birth-rate Plus® (BR+) is a validated and widely used method for assessing midwifery staffing needs for women throughout pregnancy, labour and the post-natal period, in both hospital and community settings. This method uses available activity and acuity data to calculate and recommend the number and skill-mix of midwives and unqualified staff to meet current standards and models of care. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG. A systematic midwifery workforce review was undertaken in May 2023 utilising Birthrate plus®. The previous review was performed in November 2021. The results are based on case-mix data from April 22 – March 2023. A process of validation and factual accuracy has occurred, and a final report was published on Thursday 26th October 23. The analysis and recommendations do not include:

- Any additional provision for staffing of theatres and recovery over and above midwifery care (Scrub and recovery nursing).
- The staffing model and provision for theatres and recovery sites outside of Birthrate Plus® methodology and analysis.

Clinical and specialist midwifery establishment

The activity results within birthrate plus is based on the number of births between 1st April 2022 and 31st March 2023. The acuity data was based on case mix data obtained for the same reporting. The total clinical establishment as produced from Birth-rate Plus® with 21.00% uplift is 214.24 WTE. The current funded establishment for clinical roles is 208.86 WTE, meaning a variance of -5.39 WTE. An investment proposal has been submitted to meet the clinical shortfall identified within the report that includes a timeframe for implementation. In addition to the clinical staffing requirements, 25.71 WTE is recommended for the above roles which equates to 10%. The current funded establishment for specialist roles is 22.05 WTE, meaning a variance of -3.66 WTE. This does not account for a number of externally funded posts that are in pipeline including the Quality Improvement lead post in response to the CQC recommendations. This will equate to 10% of the midwifery workforce. Shift plans have been reviewed for all areas. Included for Gloucester and Dacre are housekeeper hours consistent with other areas across the trust which represents a cost pressure. A business plan will be put forward by the division to support the investment required.

Nurse and Midwifery Education

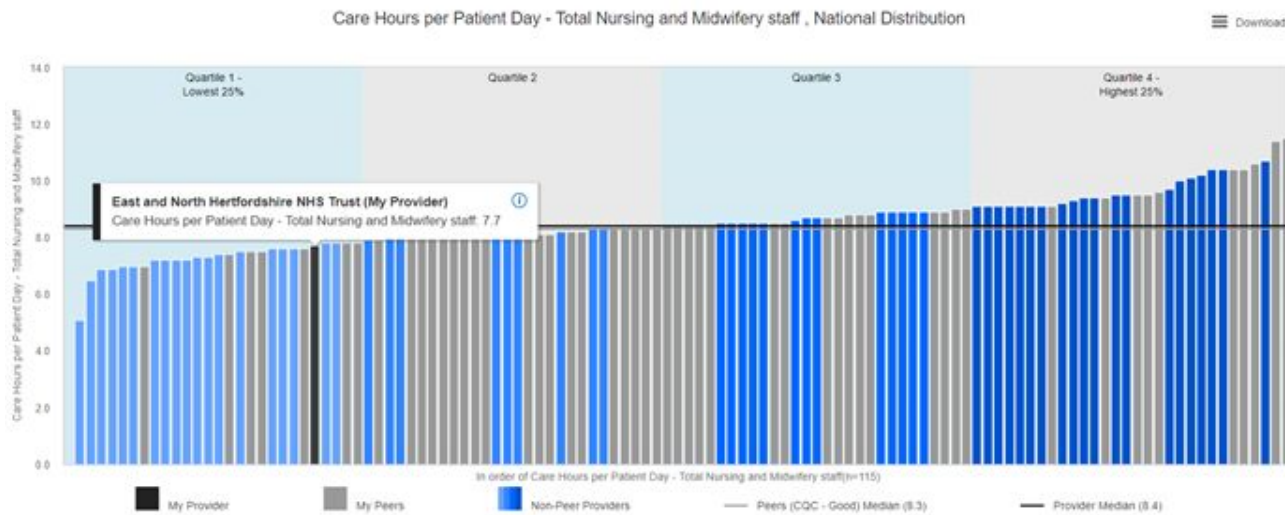
The Trust has continued international nurse recruitment and grow your own programmes such as the student nurse associate, top up degree and the 4 year degree apprenticeship. It is recognised that our study leave is above the 2% headroom threshold in most inpatient wards and will continue to be so next year to support these initiatives which will push wards and departments over their budgeted headroom allowance. For example, a newly qualified registered nurse requires 34 hours mandatory training. The 2% headroom allowance equates to 39 hours per year per 1 WTE, there is no adjustment of allowance for part time staff that will require the same time. This leaves very few hours to meet revalidation requirements, specialist training for specific services and future growth and development of our staff. Work is currently ongoing looking at streamlining study leave processes and supernumerary

<p>time allocated. The proposed way to manage the study leave allocation is if there is some degree of flexibility with the use of % headroom that is applied for 'training'. It would then be up to departmental managers to determine their priorities for staff training/CPD release, depending on the overall needs within each department, e.g. it might be that not all staff can be supported to do courses in the same year/period.</p> <p>Decreasing the Annual leave level within the current Headroom from 17% to 15% would support our managers to keep within budgets and flexibility when allocating study leave.</p> <p>Temporary Staffing Controls</p> <p>The trust has undertaken a significant drive to reduce vacancies through both International and domestic recruitment. However, Temporary Staffing costs have not reduced in line with this substantive recruitment.</p> <p>Therefore, additional controls within the E-Rostering System have been put in place in December to restrict certain groups of staff able to send shifts through the NHSP interface. All bank shifts will now require a second level approval from the Senior Nursing & Midwifery team prior to being released to the NHSP booking system.</p> <p>Permission to add Other Leave (paid and unpaid leave as per the Special Leave policy) has been restricted to Band 7s and above. Special Leave must have the approval of the Deputy Divisional Director of Nursing (DDoN) or Midwifery.</p> <p>Summary</p> <p>This establishment review has considered and analysed the data relating to shift plans and actual staffing requirements to continue to deliver safe and effective care to our patients using evidence-based tools and safer staffing guidance and worked through with the divisional directors of nursing and finance.</p> <p>Recommendations for Board</p> <ul style="list-style-type: none"> • Continue to work with divisions and finance to align budgets to rosters. • Continue to invest and fund appropriately the nursing and midwifery staffing budgets in line with bed base and service demand considering national guidance and safer staffing reviews. • Review funding for study leave and placement backfill for budget planning 2024/25. Trust to explore investment for staff completing top up degree programmes, with possible central budget. Should not be a cost pressure on the wards. 	
<p>Risk: <i>Please specify any links to the BAF or Risk Register</i></p> <p>The Trust acknowledges the challenges and pressures faced by its inpatient services in terms of financial constraints, recruitment, and retention of staff along with acuity and dependency of patients and high sickness and maternity leave. There are also challenges to back fill staff in training and apprenticeship posts which increases the reliance on temporary staffing. This is evidenced through the monthly Safer Staffing Reports and the continuation of the Trust to report red rated shifts and red flag events. There are several initiatives in place to develop the approach to staffing levels such as the Recruitment and Retention Improvement initiatives, sickness management training, and supernumerary standardisation review and staff wellbeing initiatives.</p>	
<p>Report previously considered by & date(s):</p> <p>At the Quality and Safety Committee on 20 December 2023.</p>	
<p>Recommendation</p>	<p>The Board/Committee is asked to agree the recommendations and note the report.</p>

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Appendix 1 NHSI Model Health system

Chart 1 Model Hospital Care Hours per Patient Day - Total Nursing, Midwifery and AHP staff Latest data set (September 2023)



Appendix 2 Full ward breakdown of the service model skill mix and the actual worked skill mix for the reference period

The table below shows the available staff on shift as per the agreed shift plan and the Registered Nurse to bed ratio

Div	Speciality	Ward	Number of Beds	Available Shifts (Reg + Unreg)						Registered staff to Bed Ratio			Actual Registered to patient ratio per day
				Early Reg	Early Unreg	Late Reg	Late Unreg	Night Reg	Night Unreg	Early	Late	Night	
Unplanned	Respiratory	11A	29	4	4	4	4	4	3	1/7	1/7	1/7	1:7.48
		11B RSU*	12	3	2	3	2	3	2	1/4	1/4	1/4	1:4.39
	Oncology	10A*	15	2	2	2	2	2	1	1/7	1/7	1/7	1:7.58
		10B	30	5	5	4	5	4	3	1/6	1/7	1/7	1:7.48
	Renal	6A	30	5	4	4	4	4	2	1/6	1/7	1/7	1:7.24
		6B	24	5	3	5	3	4	1	1/5	1/5	1/6	1:5.67
	General / Renal	8A	30	5	4	4	4	4	2	1/6	1/7	1/7	1:6.83
		9A	30	4	5	4	5	4	3	1/7	1/7	1/7	1:7.82
	Care of the Elderly	9B	30	4	5	4	5	4	3	1/7	1/7	1/7	1:8.00
		ACU	22	4	3	4	3	4	3	1/5	1/5	1/5	1:5.11
	Cardiology	AMU1	44	9	9	9	9	9	8	1/5	1/5	1/5	1:4.52
		AMU2*	16	4	2	4	2	4	2	1/4	1/4	1/4	1:4.65
		SSU	15	4	3	4	3	3	2	1/4	1/4	1/5	1:5.92
	Frailty	Ashwell	24	4	4	4	3	3	3	1/6	1/6	1/8	1:6.68
		Barley	24	4	4	4	3	3	3	1/6	1/6	1/8	1:6.98
	Stroke	Pirton	22	5	2	5	2	3	2	2/9	2/9	1/7	1:4.64
		Bluebell	16	5	1	5	1	4	1	1/3	1/3	1/4	1:3.16
	Planned	General Surgery & Vascular	7A	29	4	4	4	3	4	2	1/7	1/7	1/7
7B			30	5	4	4	4	4	2	1/6	1/7	1/7	1:7.29
Urology & Colorectal		5A	30	5	4	4	4	4	2	1/6	1/6	1/7	1:6.96
		5B	30	5	4	4	4	4	2	1/6	1/7	1/7	1:7.42
T&O & NoF		Swift	26	4	3	4	3	4	3	1/6	1/6	1/6	1:6.44
		ATCC	18	14	3	14	3	14	2	7/9	7/9	7/9	1:1.32
Cancer	Oncology	Ward 10	22	4	3	4	3	3	2	1/5	1/5	1/7	1:2.79

*Note 11B RSU funded to 6 beds and open to 12 beds, 10A funded for 10 beds and open to 15 beds, AMU2 funded for 12 beds and open to 16 beds.

Appendix 3 Care Hours per Patient Day (CHPPD)

The table below shows Care Hours per Patient Day service model, required and actual worked

Div	Speciality	Ward	Service Model CHPPD	Required CHPPD SafeCare	Actual worked CHPPD
Unplanned	Respiratory	11A	5.83	6.62	6.09
		11B RSU	9.41	7.44	9.53
	Oncology	10A	5.31	7.45	7.17
		10B	6.22	6.07	6.19
	Renal	6A	5.50	7.28	6.20
		6B	6.43	5.62	6.72
	General / Renal	8A	5.61	6.67	6.26
		9A	6.03	6.68	6.10
	Care of the Elderly	9B	6.01	7.31	6.15
		ACU	7.18	6.75	8.77
	Cardiology	AMU1	8.95	8.60	10.82
		AMU2	8.49	7.56	9.18
		SSU	9.00	6.85	7.01
	Frailty	Ashwell	6.37	7.91	7.14
Barley		6.29	7.31	6.35	
Stroke	Pirton	6.19	7.14	7.50	
	Bluebell	7.91	8.63	9.39	
Planned	General Surgery & Vascular	7A	5.10	5.28	5.86
		7B	5.46	5.29	6.11
	Urology & Colorectal	5A	5.74	5.46	5.84
		5B	5.51	7.25	5.89
	T&O & NoF	Swift	6.48	6.51	6.55
		ATCC	21.06	19.22	19.60
Cancer	Oncology	Ward 10	6.15	5.85	15.50

Appendix 4 Establishment Growth Review

Summary of proposed shift plan baseline models vs current funded establishments by each ward.

Nursing and Clinical Support Staff only*

Division	Speciality	Ward Name	Bed Base	Budget			Proposed			Difference			Comments	19/20 M01 funded WTE	23/24 draft WTE*	Growth WTE	Growth = adj proposals
				WTE	WTE	WTE	WTE	WTE	WTE	Annual £900	Annual £900	Annual £900					
Planned Care	Critical Care	ITU / HDU	30	103.28	95.38	-7.90	-5,029	-4,828	402	5.3 LD and 4.2 N - BT moved to 3 days mgmt	89.78	103.28	13.50	5.60			
Planned Care	Ear Nose and Throat	Ward 5A	30	39.56	36.42	-3.14	-1,608	-1,494	114	Without vascular uplift	36.19	39.56	3.37	0.21			
Planned Care	General Surgery	Ward 7A	29	35.00	36.42	1.42	-1,500	-1,542	-42		36.19	35.21	-0.98	0.42			
Planned Care	Plastic Surgery	11B South Clincs		6.52	6.52	0.00	-188	-198	0	Not to include - no change							
Planned Care	Trauma and Orthopaedics	Swift Ward	26	36.36	36.42	0.06	-1,594	-1,605	-11	BT moved to 3 days mgmt, 4.3 LD and night	30.15	36.56	6.41	6.47			
Planned Care	Trauma and Orthopaedics	Ward 5B	30	37.78	39.94	2.16	-1,548	-1,618	-70	4.3 LD and 4.2 N - BT moved to 3 days mgmt	39.42	38.06	-1.42	-0.26			
Planned Care	Urology	Ward 7B	30	37.64	36.42	-1.22	-1,561	-1,508	53	4.4 LD and 4.2 N - BT moved to 3 days mgmt	35.74	37.64	1.90	0.66			
Planned Care Total			145	296.14	286.43	-9.71	-13,069	-13,582	493		287.47	290.27	22.80	13.09			
Unplanned Care	Cardiology	Acute Cardiac Unit	23	38.81	38.88	0.07	-1,823	-1,823	-6		31.14	38.81	5.67	5.74			
Unplanned Care	Diabetes and Endocrinology	Ward 10B	30	42.84	42.88	0.04	-1,841	-1,830	11		37.43	42.84	5.41	5.45			
Unplanned Care	Div Mgmt - Unplanned Care	Discharge Lounge		8.71	7.92	-0.79	-344	-337	7		8.93	9.71	0.80	0.11			
Unplanned Care	Elderly Medicine	Ward 9A Elderly Care	30	41.53	41.58	0.05	-1,840	-1,842	-2		36.90	41.53	4.73	4.78			
Unplanned Care	Elderly Medicine	Ward 9B Elderly Care	30	41.37	41.48	0.11	-1,803	-1,803	0		35.90	41.37	5.47	5.58			
Unplanned Care	Elderly Medicine	Frailty Assessment		10.09	10.09	0.00	-620	-620	0	Additional request - to be through divisional PID process	4.00	10.09	6.09	6.09			
Unplanned Care	Gastroenterology	Endoscopy Unit Libera		53.10	53.22	0.00	-2,254	-2,254	0	They are within budget so do not offer a service at the CWI on a Friday but are established to do so. Further recruitment and staff completing training required	52.28	50.70	-1.58	-1.58			
Unplanned Care	Gastroenterology	Ward 8A	30	37.42	37.46	0.04	-1,839	-1,838	1		34.37	37.42	3.05	3.09			
Unplanned Care	Renal Medicine	Ward 6A	30	37.94	37.99	0.05	-1,850	-1,842	7		37.91	37.96	0.05	0.10			
Unplanned Care	Renal Medicine	Ward 6B	24	35.37	35.56	0.19	-1,689	-1,680	9		38.02	35.37	-2.65	-2.45			
Unplanned Care	Stroke	Berley	24	34.72	34.82	0.10	-1,528	-1,525	3		32.46	34.72	2.26	2.56			
Unplanned Care	Stroke	Pilton NAGU	22	31.71	31.79	0.08	-1,515	-1,508	7		31.28	31.71	0.43	0.47			
Unplanned Care Total			243	413.61	413.32	-0.29	-16,340	-16,306	32		380.40	410.23	29.83	29.24			
Women's and Children's Paediatrics - Acute	NICU			66.04	66.04	0.00	-3,614	-3,614	0		61.38	65.54	4.16	4.16			
Women's & Children's Total			0	66.04	66.04	0.00	-3,614	-3,614	0		61.38	65.54	4.16	4.16			
				773.79	765.86	-7.93	-35,623	-34,506	1,117		709.25	766.04	56.79	46.88			

* Excludes the wards / departments reviewed as part of MEC

* Growth (+65): Adults ED (+80), Paeds ED (+15), Renal satellite units (+10), Ward 11 (RSU) (+18), maternity - Ockendon funded (+17)

East of North Hertfordshire NHS Trust
Nursing Establishment Review 2023/24

Division	Speciality	Ward Name	Bed Base	Budget			Baseline				Proposed				Differences				Comments	
				WTE	WTE	WTE	Long Day		Night		Long Day		Night		Long Day		Night			
Planned Care	Critical Care	ITU / HDU	30	103.28	95.38	95.38					13	2	13	2						Reduction of supervisors cover - review of request for skill mix
Planned Care	Ear Nose and Throat	Ward 5A	30	39.56	35.70	36.42														Discussion on having 3 at night for Trachy patients - not inc. Will request if needed rather than build in
Planned Care	General Surgery	Ward 7A	29	35.00	35.70	36.42	5	3	4	2	5	3	4	2	0	0	0	0	0	Quality - additional RN - to review occupancy at weekends (reduce RN) 4+4
Planned Care	Plastic Surgery	11B South Clincs		6.52	6.52	6.52														Audit TRC for numbers
Planned Care	Trauma and Orthopaedics	Swift Ward	26	36.36	28.12	36.42	4	2	3	2	4	3	4	3	0	1	1	1	1	no change to funded establishment
Planned Care	Trauma and Orthopaedics	Ward 5B	30	37.78	35.70	38.54	5	3	4	2	4	5	4	2	-1	2	0	0	0	Ward layout, isolated ward (influenza beds - Orthopaedic patients (infection control))
Planned Care	Urology	Ward 7B	30	37.64	35.70	36.42	5	3	4	2	4	4	4	2	-1	1	0	0	0	Reduced RN, increase CSW due to patient dependency
				296.14	171.83	286.43														Reduced RN, increase CSW
Unplanned Care	Cardiology	Acute Cardiac Unit	23	38.81	28.12	38.88														4-6 instead of 4-2 - 23 beds - frequent at 28 beds Additional CSW 24/7 + 1 additional RN during night
Unplanned Care	Diabetes and Endocrinology	Ward 10B	30	42.84	35.70	42.88	5	3	4	2	5	5	4	3	0	2	0	1	1	Patient group has changed - complex patients, Cardiac monitored beds
Unplanned Care	Div Mgmt - Unplanned Care	Discharge Lounge		8.71	7.92	7.92					2	1								Additional at night to cover PPI
Unplanned Care	Elderly Medicine	Ward 9A Elderly Care	30	41.53	35.70	41.58	5	3	4	2	4	5	4	3	-1	2	0	1	1	Acuity and complexity of patients - CSW increase
Unplanned Care	Elderly Medicine	Ward 9B Elderly Care	30	41.37	35.70	41.48	5	3	4	2	4	5	4	3	-1	2	0	1	1	Additional CSW at night - data around falls pressure ulcers
Unplanned Care	Elderly Medicine	Frailty Assessment		10.09	10.09	10.09					6	0								CSW rather than RN on wards on shift plan
Unplanned Care	Gastroenterology	Endoscopy Unit Libera		53.12	53.12	53.12														CSW 24/7 in establishment since 18/20. SACT tool recommendation
Unplanned Care	Gastroenterology	Ward 8A	30	37.42	35.70	37.46	5	3	4	2	4	5	4	3	-1	2	0	1	1	Additional CSW at night - data around falls pressure ulcers
Unplanned Care	Renal Medicine	Ward 6A	30	37.94	35.70	37.99	5	3	4	2	5	4	4	2	0	1	0	0	0	CSW rather than RN on wards on shift plan
Unplanned Care	Renal Medicine	Ward 6B	24	35.37	28.12	35.56														CSW 24/7 in establishment since 18/20. SACT tool recommendation
Unplanned Care	Stroke	Berley	24	34.72	28.12	34.82	4	2	3	2	4	4	3	3	0	2	0	1	1	CSW rather than RN on wards on shift plan
Unplanned Care	Stroke	Pilton NAGU	22	31.71	28.12	31.79	4	2	3	2	5	2	3	2	1	0	0	0	0	CSW 24/7 in establishment since 18/20. SACT tool recommendation
				413.61	291.08	413.32														no change to funded establishment
																				Patient safety incidents/pressure ulcers Eating disorder patients. Complexity-enhanced care needs
																				CSW on early - due to bed changes / renal dialysis / complexity
																				Referrals from renal - other hospitals transfers
																				Non cancer nurse chemo - done by band 6 - help out 6A
																				have patients come at night - managed by 6B staff
																				band 3 - extra skills in assisting dialysis per shift day + night
																				Patient safety falls and pressure ulcers. High dependency
																				NAGU - need extra qualified due to high dependency

Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	12
Report title	Summary Learning from Deaths Report		Meeting Date	17 January 2024
Presenter	Medical Director			
Author	Mortality Improvement Lead			
Responsible Director	Associate Medical Director for Reducing Unwarranted Variation	Approval Date	13 December 2023	
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>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.</p> <p>It also incorporates information and data mandated under the National Learning from Deaths Programme.</p>				
<p>Impact: where significant implication(s) need highlighting <i>Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal</i> <i>Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability</i> <i>CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources</i></p>				
<p>1. Trust Strategic Objectives:</p> <p>Quality: Consistently deliver quality standards, targeting health inequalities and involving patients in their care</p> <p>Thriving people: Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability</p> <p>Seamless services: Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners</p> <p>Continuous improvement: Continuously improve services by adopting good practice, maximising efficiency and productivity and exploiting transformation opportunities.</p>				
<p>2. Compliance with Learning from Deaths NQB Guidance</p>				
<p>3. Potential impact in all five CQC domains</p>				
Risk: <i>Please specify any links to the BAF or Risk Register</i>				
Please refer to page 3 of the report				
Report previously considered by & date(s):				
Mortality Surveillance Committee – 13 December 2023				
Recommendation	The Board is invited to note the contents of this Report.			

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1. Executive Summary

1.1 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.

1.2 Impact

1.2.1 Strategic ambitions

The Trust has developed a framework of strategic objectives to support and drive continuous improvement. These are detailed on the front cover of this report.

Additionally, a set of mortality focussed objectives have been developed to echo and support the overarching Trust’s strategic ambitions, in the current 2022-24 Learning from Deaths Strategy.

1.2.2 Compliance with Learning from Deaths NQB Guidance

The national Learning from Deaths guidance states that trusts must collect and publish certain key data and information regarding deaths in their care via a quarterly public board paper. This paper provides this information for Q2 2023-24. An in-depth Learning from Deaths Report covering the same period was provided to both the Quality & Safety Committee, and Mortality Surveillance Committee in December 2023.

1.2.3 Potential impact in all five CQC domains

At the heart of our learning from deaths work are the questions posed by the CQC’s five domains of care, whether through the conduct of structured judgement reviews and clinical thematic reviews, through the monitoring and analysis of mortality metrics and alerts or invited service review. Whatever the approach taken, in all domains of care we seek to identify and reduce unwarranted variation in the care we provide and the associated outcomes for our patients.

Figure 1: Learning from deaths and CQC domains of care



1.3 Risks

The following represent the current key risks identified by the service:

Table 1: Current risks

Risks	Red/amber rating
<p>Ovarian Cancer SACT 30 Day Mortality: External review findings</p> <p>In the 2017-20 national Systemic Anti-Cancer Therapy (SACT) audit, the Trust was identified as an outlier for 30 Day Mortality. Following discussion at Mortality Surveillance an external peer review was commissioned. This identified a lack of integrated care at MVCC.</p> <p>Further internal and external specialist review of patient care is ongoing, overseen by an external governance expert. Both NHSE and the ICB have been made aware of the findings and are involved with the ongoing investigation and assurance work. As a high probability has been identified that harm has been caused, the Trust has declared a Serious Incident. The SI Panel was satisfied that to date, there has been clear evidence of good assurance as demonstrated by the actions so far taken. To date 4 cases requiring Duty of Candour have been identified, with 2 family meetings proposed for December.</p>	
<p>Cardiology: recurrent HSMR and SHMI alerts (especially AMI)</p> <p>Following recurrent MI mortality alerts and a report by the Cardiology Clinical Director, Cardiology committed to a joint initiative with Coding to review all cases with an admitting diagnosis, or cause of death, of acute MI, to identify and exclude 'coding error' cases and ensure appropriate learning. This work remains ongoing with regular updates provided to the Mortality Surveillance Committee, as initial findings indicated that a mis-match between clinical activity and coding in a significant percentage of cases.</p>	
<p>ENHance: Using the system for escalation, reporting and learning and sharing</p> <p>There have been delays and significant issues experienced regarding the transfer of other Trust systems onto ENHance. Until these have been fully resolved, it will not be possible for the ENHance programme team to focus on working with us to understand the reporting and learning/sharing potential of the system for our learning from deaths work.</p>	
<p>Implementation of the Patient Safety Incident Response Framework (PSIRF)</p> <p>While we are working closely with the PSIRF implementation programme, until the fine detail of that implementation has been developed, the precise details of changes required to our SJR process will not be known. As the implementation is rolled out, close collaboration will remain ongoing.</p>	
<p>Medical Examiner Integration & Community expansion</p> <p>The Medical Examiner office is continuing to hold regular meetings with Community stakeholders regarding the roll-out of scrutiny of Community deaths. While the statutory deadline for implementation has been delayed to April 2024, progress is being made regarding the associated need to scrutinise GP records. It should be noted that the service has been complimented by the Hertfordshire Coroner on how well the process has been set up and is working.</p>	
<p>Using the SJRPlus review tool for reporting & learning</p> <p>The reporting tools associated with the NHS Apps structured judgement review tool were created by the NHSE Making Data Counts team. With the loss of funding for the Better Tomorrow team for the FutureNHS workspace, it is more difficult to get the support and traction we sometimes need. Following the transfer of the Better Tomorrow team to Aqua, it is not yet clear how robustly supported the framework will be, although recent discussions have provided some assurance.</p>	

2. Context

Rich learning from deaths requires the triangulation of information from multiple sources, including mortality metrics, medical examiner scrutiny, structured judgement reviews, patient safety incident investigation outcomes, together with detail from other Trust quality and governance processes. This quarterly report provides a summary of key relevant activity, which has been reported in full to the Quality and Safety Committee.

2.1 Headline mortality metrics

Table 2 below provides headline information on the Trust’s current mortality performance.

Table 2: Key mortality metrics

Metric	Headline detail
Crude mortality	Crude mortality is 1.08% for the 12-month period to October 2023 compared to 1.21% for the latest 3 years.
HSMR: (data period Sep22 – Aug23)	HSMR for the 12-month period is 94.77, ‘Mid-range’ .
SHMI: (data period Jul22 – Jun23)	Headline SHMI for the 12-month period is 91.70, ‘as expected’ band 2 .
HSMR – Peer comparison	ENHT ranked 3rd (of 11) within the Model Hospital list* of peers.

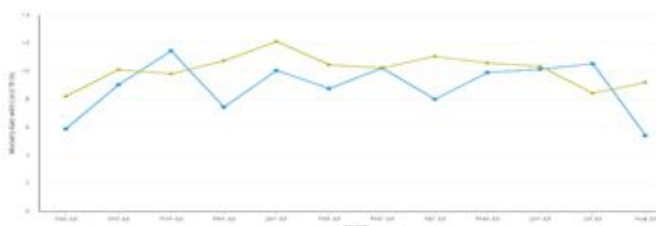
* We are comparing our performance against the peer group indicated for ENHT in the Model Hospital (updated in 2022), rather than the purely geographical regional group we used to use.

2.2 COVID-19

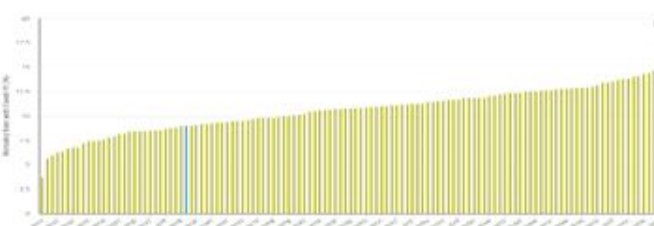
The following charts provided by CHKS show how the Trust’s mortality rate for Covid compares with our national peers.

Figure 2: Covid-19 Peer Comparison: September 2022 to August 2023

Mortality Rate with Covid-19 (Peer: National)



Mortality Rate with Covid-19 National peer comparison



2.3 Mortality alerts

2.3.1 CQC CUSUM alerts

There have been no CQC alerts in Q2.

2.3.2 HSMR CUSUM alerts

The latest release from CHKS showed four HSMR CUSUM red alerts which constituted a rolling 12-month 3 standard deviation outlier, for the year to August 2023: Acute Myocardial infarction (AMI), Urinary Tract Infections (UTI), Chronic ulcer of skin and Non-infectious gastroenteritis. Understanding what underpins the recurrent AMI alerts remains the focus of the ongoing joint Coding/Cardiology initiative. Following a coding review of the UTI deaths, which did not identify errors, a clinical review of a selection of the deaths is underway to see if there are any areas for improvement. Non-infectious gastroenteritis is a continuing alert underpinned by a small number of deaths. As the coding has been checked and found to be correct with no concerns flagged regarding clinical care, no further action is proposed. A coding review of Chronic ulcer of skin has been requested.

Table 3: HSMR CUSUM Alerts September 2022 to August 2023

	Relative Risk	Observed Deaths	Expected Deaths	“Excess” Deaths
100 - Acute myocardial infarction	159.61	53	33	20
159 - Urinary tract infections	152.41	53	35	18
199 - Chronic ulcer of skin	213.16	16	8	8
154 - Noninfectious gastroenteritis	498.50	3	1	2

Source: CHKS (CUSUM alerts coloured)

2.3.3 SHMI CUSUM alerts

The CHKS report also indicated five SHMI CUSUM red alerts for the period to May 2023 which constituted rolling 12-month 3 standard deviation outliers, as detailed in the table below.

Table 4: SHMI Outlier Alerts June 2022 to May 2023

	SHMI	Observed Deaths	Expected Deaths	“Excess” Deaths
107 - 197: Skin and subcutaneous tissue infections	188.74	25	13	12
100 - 156, 158: Nephritis; nephrosis; renal sclerosis, Chronic renal failure	232.32	20	9	11
90 - 146, 147: Digestive, anal and rectal conditions	245.48	12	5	7
132 - 241, 242, 243: Poisoning	374.50	9	2	7
58 - 101: Coronary atherosclerosis	283.68	9	3	6

The skin and subcutaneous tissues infections group has recently been reviewed with information regarding patients admitted to hospital with pressure ulcers shared with the safeguarding team and the Community. A recent coding review of the Poisoning diagnosis group showed no errors or clinical concerns. Collaborative work remains ongoing between Coding and the relevant services regarding the Nephritis diagnosis group and Coronary atherosclerosis. A coding review of the Digestive, anal and rectal conditions deaths has been requested as this has not previously alerted.

2.3.4 Other external alerts

There are no current active external alerts.

2.3.3 Key Learning from Deaths Data

2.3.3.1 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 2023-24.

Table 5: Q2 2023-23: Learning from deaths data

	Jul-23	Aug-23	Sep-23
Total in-hospital deaths (ED & inpatient)	117	101	85
Deaths with SJR completed to date (at 23.11.22)	23	33	22
Patient safety incident escalation from SJR (by month of death) (at 19/10/23)	6	7	5
SJR: Deaths more likely than not due to problem in care ($\geq 50\%$)	0	1	0
Learning disability deaths	4	1	0
Mental illness deaths	1	2	0
Stillbirths	0	1	1
Child deaths (including neonats/CED)	1	1	0
Maternity deaths	0	0	0
SIs declared regarding deceased patient	1	5	8
SIs approved regarding deceased patient	2	1	0
Complaints regarding deceased patient	2	1	1
Requests for a Report to the Coroner	9	4	3
Regulation 28 (Prevention of Future Deaths)	0	0	0

2.3.3.2 Learning from deaths dashboard

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 recent 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 completed, the dashboard will not be used. Now that we have 12 months of data on the new system, work will commence to develop a new contextual dashboard.

3.0 Scrutiny to SJR

3.1 Medical Examiner Scrutiny

Table 6: Medical Examiner scrutiny data: Q2 2023-24

Scrutiny detail	Jul	Aug	Sep	Q2 total
Number of ENHT deaths scrutinised by ME	95	85	86	266
Number of MCCDs not completed within 3 calendar days of death	11	6	2	19
Number of ME referrals to Coroner	17	29	9	55
Number of deaths where significant concern re quality of care raised by bereaved families/carers	4	4	2	10
Number of patient safety incidents notified by ME office as a result of scrutiny	2	0	1	3
Number of ME referrals for SJR	26	23	20	69

3.2 Structured Judgement Reviews

3.2.1 SJR process and methodology

Adoption of the FutureNHS/Better Tomorrow SJR Plus mortality review format and e-review tool successfully went ahead on 1 July 2022, with supporting standard operating procedure, Qlik Sense mortality report and Mortality Support intranet page.

In addition to ensuring use of the new tool and processes become robustly embedded, the focus is now on developing supporting documentation and appropriate reporting tools for the new methodology.

3.2.2 SJR and deaths YTD headline data

Table 7: 2023-24 Deaths and SJR headline data to the end of Q2

Data count	Jul	Aug	Sep
Total in-patient deaths	110	95	79
Total ED deaths	7	6	6
SJR completed on in-month deaths (at 23/11/2023)	23	33	22

The above table shows that to date, 27% of hospital deaths have received a formal structured judgement review. As our overall completion rate last year was in the region of 30%, this represents a slightly slow start to the year against our expectations. At the same time, it should be noted that in discussions, the Better Tomorrow/FutureNHS team has suggested that our review numbers were higher than needed for robust learning, with many trusts reviewing between 15-20% of deaths.

3.2.3 Learning beyond SJR

3.2.3.1 SJR patient safety incident escalations

Table 8: Year to end of Q2 Patient Safety Incidents reported following SJR

Escalations for deaths in month (at 19/10/2023)	Apr	May	Jun	Jul	Aug	Sep	Total
Patient Safety Incident Escalations from SJRs	2	9	6	6	7	5	35

3.2.3.2 Mortality reviews undertaken prior to 1 July 2022

There are still a number of legacy ACONs being progressed that relate to deaths before 1 July 2022. Every effort is being made to close these cases identified via the Trust's previous mortality review tool, as quickly as possible. As these cases are concluded key outcomes will be reported for the sake of transparency and completeness.

For existing ACONs, it should be noted that the current lapse in time between the death and completion of the ACON 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 9 shows that there were no relevant cases matching these criteria in Q2.

Table 9: 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
-	-	-	-	Possibly avoidable: more than 50-50%

3.24. 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 the new approach to structured mortality review; the introduction of the new ENHance platform for patient safety incident monitoring; together with the imminent implementation of PSIRF, we are aware that further development is required regarding the ways in which learning is shared and regarding the methods to be used for assessing its impact and effectiveness.

4.0 Improvement activity

4.1 Focus areas for improvement/monitoring

Table 10: Focus Areas for Improvement

Diagnosis group	Summary update
Ovarian Cancer	<p>External peer review in response to findings from an ovarian 30 day post Systemic Anti-Cancer Therapy (SACT) dataset in March 2021.</p> <p>The peer review identified a lack of integrated care at MVCC. Following the review, a further internal and external specialist review of patient care is ongoing. Harm has been identified in four cases, with two family meetings scheduled for December. An external governance expert is overseeing and supporting the Duty of Candour process.</p> <p>NHSE are aware and involved as are the ICB who are involved with pathway changes. The findings have resulted in the Trust declaring a Serious Incident.</p> <p>To provide ongoing robust monitoring of tumour sites, the newly established cancer division mortality review committee now reviews all the 30-day post-Systemic Anti-Cancer Therapy on a quarterly basis to identify areas of good practice, learning or inadequate care. From the beginning of 2024, a regular update will also be provided to the Mortality Surveillance Committee.</p>
Cardiology diagnoses	<p>Following recurrent MI mortality alerts and a report by the Cardiology Clinical Director, the joint initiative between the service and Coding remains ongoing. An update was provided to the Mortality Surveillance Committee in October.</p> <p>The Clinical Director of Cardiology committed to continuing monthly reviews of Cardiology deaths in conjunction with the Head of Coding in an attempt to embed the changes required to the recording of clinical information and coding in order to improve the accuracy of data going to NHS England which will result in mortality statistics better reflecting clinical outcomes.</p>
Sepsis	<p>HSMR performance relative to national peer remains well placed. There has been some improvement regarding achievement of sepsis targets, but this has not been consistent or sustained, with some poor performance seen in Q2 regarding sample sizes for audit and Sepsis 6 compliance.</p>
Stroke	<p>Latest reported SSNAP rating covering April to June 2023 has improved to C. Following an upward trend in both HSMR and SHMI, reductions have been seen from January 2023. 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.</p>
Emergency Laparotomy	<p>Focused improvement work remains on-going. Trust's estimated Mortality currently stands at 9.9% which is under the target of 10% (but with the caveat that this figure is based on in-hospital mortality and not at 30-day). 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.</p> <p>The long-anticipated re-establishment of the Surgical Assessment Unit is due to take place on 15 January 2024. This should improve emergency surgical patient flow, thereby significantly reducing the time from the front door to theatre. The service considers this to be the most important outstanding step needed to improve the care of both NELA and general emergency surgical patients, resulting in better patient experience and outcomes.</p>

5.0 Avoidable deaths

Currently we are here referring to those deaths that have been judged more likely than not to have been preventable on the basis of an SJR. It must be remembered that the question of the preventability of a death is the subjective assessment of an individual reviewer on basis of SJR desktop review. While not definitive, the assessment by them that the death was more likely than not due to a problem in healthcare (more than 50:50 preventable) provides an invaluable, powerful indication that further in-depth investigation of the case is required using the Trust's Patient Safety Incident processes.

The table below provides Q1/Q2 deaths/SJR/Preventability data (detailing SJRs conducted up to 23 November 2023). The outcome of investigations and actions relating to these deaths will be discussed by the Mortality Surveillance Committee.

Table 11: 2023-24 SJR preventable deaths data to the end of Q2

Data count (at 23/11/2023)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Total
Hospital deaths (ED & inpatient)	110	114	92	117	101	85	619
SJR's completed on in-month deaths	27	36	26	23	33	22	167
% of deaths subject to SJR to date	25%	32%	28%	20%	33%	26%	27%
Deaths judged more likely than not to be due to a problem in healthcare	0	0	1	0	1	0	2
% SJRs assessed ≥50:50 preventable	0%	0%	4%	0%	3%	0%	1%

6.0 Options/recommendations

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

Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	13
Report title	ENH HCP Development Update		Meeting Date	17 January 2024
Presenter	Kevin O'Hart, Chief Kaizen Officer			
Author	Kevin O'Hart, Chief Kaizen Officer			
Responsible Director	Kevin O'Hart, Chief Kaizen Officer		Approval Date	16 November 2023
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
	Discussion	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>This report provides a progress update regarding ENH HCP activity, including an overview of exploratory discussions for how each of the four Hertfordshire and West Essex HCPs might develop and take on new accountabilities from the ICB Board regarding finances, leadership, and governance. If progressed and approved, this new approach might see some initial changes commence during 2024/25, with wider considerations and implementation then planned for 2025/26.</p>				
<p>Impact: where significant implication(s) need highlighting <i>Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal</i> <i>Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability</i> <i>CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources</i></p>				
<p>Proposed devolvement of accountabilities regarding finances, leadership, performance, and governance from ICB Board to HCPs during 2024/25 could present significant opportunity across the system in support of improving patient pathways, services and outcomes. This work would require significant exploration and agreement involving multiple partners and across a range of areas to ensure regulatory implications, accountabilities and risks are clearly defined and understood in advance of any changes.</p>				
<p>Risk: <i>Please specify any links to the BAF or Risk Register</i></p>				
<p>Risk 7 immature place and system collaborative processes and culture</p>				
Report previously considered by & date(s):				
<p>FPPC 28 November 2024</p>				
Recommendation	<p>The Board is asked to note the contents of the report.</p>			

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ENH HCP Development Report Quarterly Update

Trust Board

Agenda Item 14

17 January 2024



East and North
Hertfordshire
NHS Trust

Kevin O'Hart, Chief Kaizen Officer

ProudToBeENHT

ENH HCP Development Update

HCP Quarterly Development Update

The Care Closer to Home Steering Group has refreshed its purpose, terms of reference and work plan. The group is now chaired by Dr Dami Adedayo (HCT) and Dr Alison Jackson (PCN). This group maintains strategic oversight and responsibility for the coordination and roll-out of the integrated neighbour team pilots.

A deep dive into urgent and emergency care improvement work across the HCP and ICS was held at the December joint Clinical Professional Group / Transformation Group meeting. Work is subsequently underway to ensure this programme integrates more closely within the HCP portfolio. In addition a follow-up workshop has been scheduled to agree the work plan to deliver the initial children's and young peoples priorities, with plans finalised for how the drug and alcohol misuse priority will be delivered.

The HCP Development Network was originally established with the remit to lead the strategic design, planning and implementation of the underlying target operating model at place. This includes how these changes align with the ICS, where the fundamental model is evolving for how commissioners and providers collaborate in new ways, to share responsibility for improving services and outcomes.

Within the network there is an agreed appetite to deliver sustainable and faster change on a number of transformation priorities and issues – HCPs will make this possible by working both on the implementation of Hertfordshire and West Essex wide models of care and pathways, and through designing local interventions most suitable for the population they cover, or for the needs of a single community or locality. It has therefore been decided where there is strong argument for consistency and/or equity the model 'blueprints' will be designed at the ICS level via strategic advisory groups (SAGs). These groups comprise of appropriate clinicians and professionals represented from all health and care partnerships. These models will then be delegated to local delivery groups within each HCP to review, test, and deploy according to local needs.

It is envisaged there will remain areas of work best organised and delivered across Hertfordshire and West Essex, for example, elective recovery and cancer services improvement. The ICS will also continue to contract directly for HWE wide contracts, and will continue to hold major contracts for services with organisations, with HCPs possibly engaging in commissioning and management of local contracts and the services within them.

The 2024/25 HCP annual work programmes will also need to reflect the whole system's priority areas with HCPs expected to confirm how their teams will participate in both Hertfordshire and West Essex wide programmes of work as well as the HCP portfolio.

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ENH HCP Priorities

HCP Quarterly Development Update

In addition exploratory discussions have taken place at the December Partnership Board to consider how the four HWE HCPs might take on new accountabilities if delegated to them from the ICS Board during 2024/ 25. Collaboration through HCP is the preferred way of working to deliver the scale of change that is required to meet local population health and care needs. An initial series of minimum requirements to start the process of formalising HCPs from April 2024 have been identified and broadly fall under three themes: leadership, finance, and governance. It is anticipated HCPs will gain greater autonomy, functions, and responsibilities incrementally over time, as our system adapts, changes, and matures. Key features of the operating model for evolving HCPs might include:

- Accountable Officers for each partnership
- Senior leadership teams for each partnership, supported by ICB place teams
- Devolved budgets to HCPs to enable local investment and/or reallocation, and
- Streamlined ICB governance to simplify lines of accountability

Any proposed changes first need to consider and identify an agreed model of governance that maintains individual organisational sovereignty and regulatory requirements. However, any new approach would provide significant opportunity at a system level:

- There is a need to deliver sustainable and faster change on an agreed number of NHS transformation priorities – this requires HCPs enabled with the appropriate authority and infrastructure to facilitate the necessary changes
- Changes would develop HCPs as Accountable Business Units for NHS business, accountable for financial sustainability, performance improvement, quality and safety standards, and transformation delivery
- Proposals would align with a changing ICB operating model with a desire to distribute accountability for delivery of outcomes to partnerships operating flexibly at place, county, locality and within population cohorts
- New arrangements would support the move away from the provider-purchase split in regards problem solving, design and delivery
- Removal of potential duplication taking place across different levels of the system; there is also an opportunity, through increased clarity of roles and responsibilities, to reduce areas of waste.

Discussions remain in very early stages, as there is still considerable detail to be understood. Therefore under each domain a facilitator from the HCP Development Network has been identified to lead ongoing discussions and possible options with all partners.

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Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	14.1
Report title	Trust Position on Maternity Incentive Scheme year 5.		Meeting Date	17 January 2024
Presenter	Douglas Salvesen - Clinical Director Amanda Rowley – Director of Midwifery Kate Fruin – Clinical Director for Operations			
Author	Amanda Rowley, Director of Midwifery			
Responsible Director	Theresa Murphy - Chief Nurse		Approval Date	
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
	Discussion	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Executive Summary:				
<p>NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care. To be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution by 12 noon on 1 February 2024. The relevant period is from 30th May 2023 until 7th December 2023. MISyear5-update-July-2023.pdf (resolution.nhs.uk)</p> <p>As part of the Year 5 Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme, the Trust is required to demonstrate compliance with ten maternity safety standards.</p> <p>The purpose of this report is to provide assurance that the Trust is on track to achieve full compliance with all ten of the CNST standards.</p> <p>Action required by the Board of Directors: The Board is asked to:</p> <ul style="list-style-type: none"> Review and note the content of the report. Specifically note that the service have dedicated fetal monitoring and midwifery and obstetric lead roles in place and recruited into monitoring in post to provide expertise and champion best practice in fetal monitoring (safety action 6, SBLCBv3 element 4)). Note that all required evidence has been reviewed at the Womens and Childrens Divisional Triumvirate demonstrating achievement of the 10 maternity safety actions as set out in the safety actions and technical guidance document. Note that associated evidence was reviewed and approved by the Quality and Safety Committee at its meeting on 20th December 2023. Confirm that it is satisfied that the evidence has been provided to meet all 10 safety standards prior to the Chief Executive Officer Sign off of the Trust Board Declaration and final submission to NHS Resolution (appendix 1) by 1st February 2024 Note that all evidence is available on request. 				

To be trusted to provide consistently outstanding care and exemplary service

Main Report

1.0 Purpose/issue

Maternity Services at East and North Hertfordshire NHS Foundation Trust are required to evidence the provision of safe, effective, responsive, caring and well-led services, in line with the Fundamental Standards of Care, as outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In line with these regulatory requirements and the maternity transformation programme, Maternity Services engage with a series of externally mandated quality improvement programmes including the national Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme operated by NHS Resolution. As part of the latter, the Trust must demonstrate compliance with all ten maternity safety actions (see appendix 2).

2.0 Background

2.1 The Clinical Negligence Scheme for Trusts (CNST) is a scheme for handling clinical Negligence claims against NHS trusts. 60% of this cost is related to maternity services.

2.2 The Trust pays an annual premium to the CNST scheme, plus an additional 10% towards the Maternity Incentive Scheme (MIS).

2.3 Trusts that can demonstrate that they have achieved all ten safety actions in full recover the additional 10% of the maternity contribution charged under the scheme.

2.4 Trusts that are not compliant with all ten safety actions will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help them make progress against actions they have not achieved.

2.5 ENHT is compliant with all ten safety actions in year 5 of the scheme.

2.6 To be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution (nhsr.mis@nhs.net) by 12 noon on Thursday 1st February 2024.

2.7 The Board declaration form must be signed and dated by the Trust's Chief Executive Officer (CEO) to confirm that:

- The Trust Board must be satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required safety actions' sub-requirements as set out in the safety actions and technical guidance document included in this document.
- There are no reports in relation to the provision of maternity services that provides conflicting information to ENHT declaration (e.g. Care Quality Commission) inspection report, or Maternity and Newborn Safety Investigation program (MNSI formerly known as HSIB).
- The service have been open and transparent with NHR in years 4 and 5 of the scheme in respect of the short notice CQC inspection of maternity services in October 2022 (as detailed in the year Board Board Declaration and associated action plan) and the unannounced reinspection in June 2023 leading to the closure of our safety improvement notice and the improved rating of "requires Improvement" (CQC, 2023).

3. Discussion

- 3.1 The evidence to support compliance with each aspect of the maternity safety actions was collated by designated accountable leads for each safety action and monitoring through fortnightly divisional CNST meetings chaired by the Director of Midwifery.
- 3.2 The evidence has been reviewed in full by the Women's and children's Triumvirate leadership team with representation from HWE ICB who have accepted the submitted evidence and made a recommendation of approval to the SRO of HWE ICB and representative from LMNS.
- 3.3 All evidence has been submitted to the Trust Quality and Safety Committee throughout the year 5 reporting period as part of the maternity assurance report. A final position report evidencing compliance with all 10 safety standards was received and supported by the committee on 20th December 2023.

4.0 Summary position against the 10 maternity safety actions

4.1 Safety Action 1: National Perinatal Mortality Review

This refers to the use of Perinatal Mortality Review Tool (PMRT) to review and report perinatal deaths. The Trust Quality and Safety Committee receive quarterly reports from the PMRT leads.

In the MIS year 5 reporting period, the Trust notified all perinatal deaths to MBBRACE within 7 working days. The trust has a local process of monitoring evidence of compliance with all elements of the requirements.

4.2 Safety Action 2: Maternity Services Data Set (MSDS)

This refers to the submission of data to Maternity Services Data Set (MSDS) to the required standard. The Trust is compliant with all requirements.

The Trust has passed ten out of eleven Clinical Quality Improvement Metrics (CQIMs) to the data quality criteria in the "Clinical Negligence Scheme for Trusts in July 2023. Final data for July 2023 was published in October 2023 demonstrating ENHT compliance with July 2023 data containing valid ethnic category (Mother) for at least 90% of women booked in the month (Appendix 3).

There are two people working for the Trust that are registered to submit the MSDS data. The trust has therefore passed the associated data quality criteria in MIS year 5.

4.3 Safety Action 3: Avoidable Term Admission in Neonatal Unit/ transitional care

This tab refers to the transitional care services in order to Avoid Term Admissions into Neonatal units (ATAIN). The Trust is compliant with all requirements which include:

Pathways into transitional care at ENHT have been agreed jointly by the maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care. All admissions to the neonatal unit of babies equal to or greater than 37 weeks are reviewed at the monthly ATAIN meetings and inform our action plan. Progress against the ATAIN action plan was discussed and supported by QSC in December 2023.

ENHT captures transitional care activity using Badgernet reporting. A further data recording process for babies transferred to the Neonatal Unit but not admitted, regardless of length of stay has been set up manually and is included within the NICU operational policy.

The Trust has an agreed guideline for transitional care unit and neonatal pathways that is audited. Findings are shared at local ATAIN group meetings, and with the safety champions via the divisional womens and neonatal quality and safety committee (TWNQSC). Audit findings are also shared with the LMNS at the Operational Delivery Group and then submitted by the LMNS to the Integrated Care System (ICS) quality surveillance meeting each quarter.

4.4 Safety Action 4: Clinical workforce planning

The Trust is fully compliant with the MIS Obstetric Medical Workforce requirements. The Trust provides 125 hours of consultant presence on the labour ward and for the remaining hours a consultant is on call and available to attend within 30 minutes when required. The Trust is compliant with the requirement for out of hours consultant attendance at specific RCOG clinical triggers. The Trust is compliant with the RCOG short and long term locum standards and has implemented a locum guideline. Although the Trust is not fully compliant with the RCOG compensatory rest recommendations, the Trust is compliant with the MIS standards as a guideline has been implemented and there is standard operating procedure in place to support the provision of compensatory rest after out of hours on call. There is an action plan in place to work towards full compliance with the RCOG compensatory rest standards.

The trust is compliant with the MIS Anaesthetic Medical Staffing Standards, with there being a duty anaesthetist available on the labour ward 24 hours per day.

The neonatal unit does not fully meet the latest British Association of Perinatal Medicine (BAPM) National standards of medical staffing. However, the Trust is compliant with the MIS neonatal medical staffing standards having demonstrated progress on the associated action plan working towards compliance. Since our last MIS submission, the Trust has become compliant with the middle grade staffing requirements and has appointed a 6th Consultant. To become fully compliant with the BAPM standards the only outstanding action is the need for a 7th Consultant. Unavailability of Obstetric, Anaesthetic and Neonatal medical staff is audited, monitored, and reported and discussed through our governance processes including at maternity safety champion meetings.

4.5 Safety Action 5: Midwifery Workforce

This tab refers to demonstrating an effective system of midwifery workforce planning to the required standard. The Trust is fully compliant with all the requirements as detailed in the maternity assurance reports submitted to Trust Board on 23rd January and 6 September 2023 and to QSC on 29 November 2023.

Midwifery workforce has been calculated using Birth rate plus tool and the trust can evidence biannual board submission to discuss midwifery staffing. There is an agreed maternity escalation and daily situation reporting huddles. Our recruitment and retention program is ongoing to close gaps in vacancy.

A business case in response to the recommendations of the birth rate plus report and the CQC that includes a timeline for implementation has been submitted for consideration.

The service has been utilising the birthrate plus live acuity app since April 2023 to capture staffing red flags. These are discussed at the weekly staffing meetings and reported within the bi-annual staffing report. This includes one to one care in labour, and supernumerary status of the band 7 coordinator are 100%. The Trust can demonstrate evidence of full compliance with this standard.

4.6 Safety Action 6: Saving Babies Lives Care Bundle V3

ENHT can provide assurance to the Board that the implementation of SBLCB version 3 is on track for full implementation by March 2024. Evidence to support the current level of implementation of each element has been inputted into the new national implementation tool to track compliance. The Trust has self-assessed compliance of 86% of interventions across all 6 elements. MIS requires 50% compliance with implementation of each element and 70% compliance overall.

In MIS year 5 the Trust has held 3 quality improvement discussions with the ICB, using the new national implementation tool to discuss implementing SBLCB v3 by March 2024.

The LMNS has reviewed all submitted evidence and the implementation tool has been updated to reflect validated compliance and recommendations for further improvement. All evidence to support compliance has been submitted, and is available to view, within the evidence log portal within the NHS futures platform.

The table below evidences our self-assessed and LMNS validated compliance which meets the minimum evidential requirements needed for MIS compliance in year 5 of the scheme.

Implementation Progress						
Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Fully implemented	100%	Partially implemented	80%	CNST Met
Element 2	Fetal growth restriction	Partially implemented	90%	Partially implemented	70%	CNST Met
Element 3	Reduced fetal movements	Partially implemented	50%	Fully implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Partially implemented	80%	Partially implemented	60%	CNST Met
Element 5	Preterm birth	Partially implemented	81%	Partially implemented	74%	CNST Met
Element 6	Diabetes	Partially implemented	83%	Partially implemented	67%	CNST Met
All Elements	TOTAL	Partially implemented	86%	Partially implemented	73%	CNST Met

For element 4, intervention reference 4.5 the service requires confirmation from Trust Board that dedicated Midwifery and Obstetric fetal monitoring roles are in place and have been recruited into to provide expertise to focus on and champion best practice in fetal monitoring. The service confirms that both these roles are in place and meet the minimum WTE stipulated within national guidance).

4.7 Safety Action 7: Maternity and Neonatal Voices Partnership

In line with the NHS three-year single delivery plan, ENHT has reviewed Maternity Neonatal Voices Partnership (MNVP formerly known as MVP) workplan to include listening to women using both neonatal and maternity services. The evidence of reviews of themes and subsequent actions are monitored by local safety champions. The Trust’s MNVP co-chairs have an agreed job description that includes appropriate remuneration and reimbursement of all expenses and training.

The MNVP meets formally, quarterly. Meetings are minuted, demonstrating how service users are listened to, with actions forming part of the MNVP work plan (agreed at the MNVP meeting and LMNS board). The Trust provides assurance to the board via perinatal quality surveillance model that maternity and neonatal services listen to women, and families and use co-production to respond to any concerns or feedback raised. Actions from maternity governance meetings, including complaints response processes, trends and themes are shared with the MVP.

The MVP prioritises hearing the voices of Black, Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation through:

- Recruitment posters for coproduction group advertised in family centres and Trusts.
- LMNS coproduction group set up meetings to coproduce operational guidance.
- Inclusion built in to posters and communications.
- A shared social media group set up to hear voices of minority ethnic women.
- Increasing diversity in membership.
- MNVP designed bespoke patient experience survey.
- Free carparking for parents of babies in NICU.

4.8 Safety Action 8: Local training plans and 'in-house', one day multi professional training MDT training.

The service has a local training plan in place for implementation of version 2 of the core competency framework. The plan has been agreed with the Quadrumvirate and the LMNS/ICB. Monthly training compliance is reported through the monthly maternity assurance report to QSC. The Trust can show evidence of compliance with at least one emergency skills/drills in a clinical area within the reporting time.

90% of all relevant staff groups have attended PROMPT, Fetal Monitoring and NBLS starting from the launch of MIS year five as evidenced in the QSC December maternity assurance report.

4.9 Safety Action 9: Safety Champions

The Trust has a process to provide assurance to the Quality and Safety Committee and the Trust Board via Maternity and Neonatal Safety champions on maternity and neonatal safety and quality issues. Safety intelligence is shared through LMNS and through the Perinatal Clinical Quality Surveillance Model. Women's and Children's Quadrumvirate (Quad) have commenced on the NHS England perinatal culture program and the SCORE culture has been undertaken and is under review by the Quad leadership team. The trust can evidence that the Board Safety Champions have met with the Perinatal 'Quad' leadership team quarterly (a minimum of two in the reporting period). The Board level executive director, non-executive director and maternity safety champions are members of the womens and neonatal quality and safety committee (QSC) where escalations and feedback from local walkarounds are discussed.

4.9 Safety Action 10: Early Notification (EN) Scheme

ENHT has reported all qualifying cases to HSIB/ MNSI in the MIS year 5 and can evidence 100% compliance with Duty of Candour (DOC). DOC compliance is in line with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The families involved have received information on the role of HSIB/MNSI and NHS Resolution's Early Notification Scheme. All HSIB / MNSI and SI reports have been shared with the Quality and Safety Committee for oversight as per Ockenden and MIS year 5 requirements.

5.0 Submission

The ENHT Board declaration form must be signed and dated by the Trust's CEO to confirm that:

- The Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions in MIS year 5.
- There are no reports related to the provision of maternity services that may provide conflicting information to the Trust's declaration.
- The ICB CEO has approved the MIS safety actions evidence and declaration form.

- The Board declaration form must be signed by both CEO of the Trust and ICB as proof of evidence that they are both fully assured and in agreement with the compliance submission to NHS Resolution.

6.0 Recommendation

The Trust Board is asked to:

- Review and note the content of the report.
- Specifically note that the service have dedicated fetal monitoring and midwifery and obstetric lead roles in place and recruited into monitoring in post to provide expertise and champion best practice in fetal monitoring (safety action 6, SBLCBv3 element 4)).
- Note that all required evidence has been reviewed at the Women's and Children's Divisional Triumvirate demonstrating achievement of the 10 maternity safety actions as set out in the safety actions and technical guidance document.
- Note that associated evidence was reviewed and approved by the Quality and Safety Committee at its meeting on 20th December 2023.
- Confirm that it is satisfied that the evidence has been provided to meet all 10 safety standards prior to the Chief Executive Officer Sign off of the Trust Board Declaration and final submission to NHS Resolution (appendix 1) by 1st February 2024
- Note that all evidence is available on request.

Maternity / Perinatal Update for Trust Board January 2024

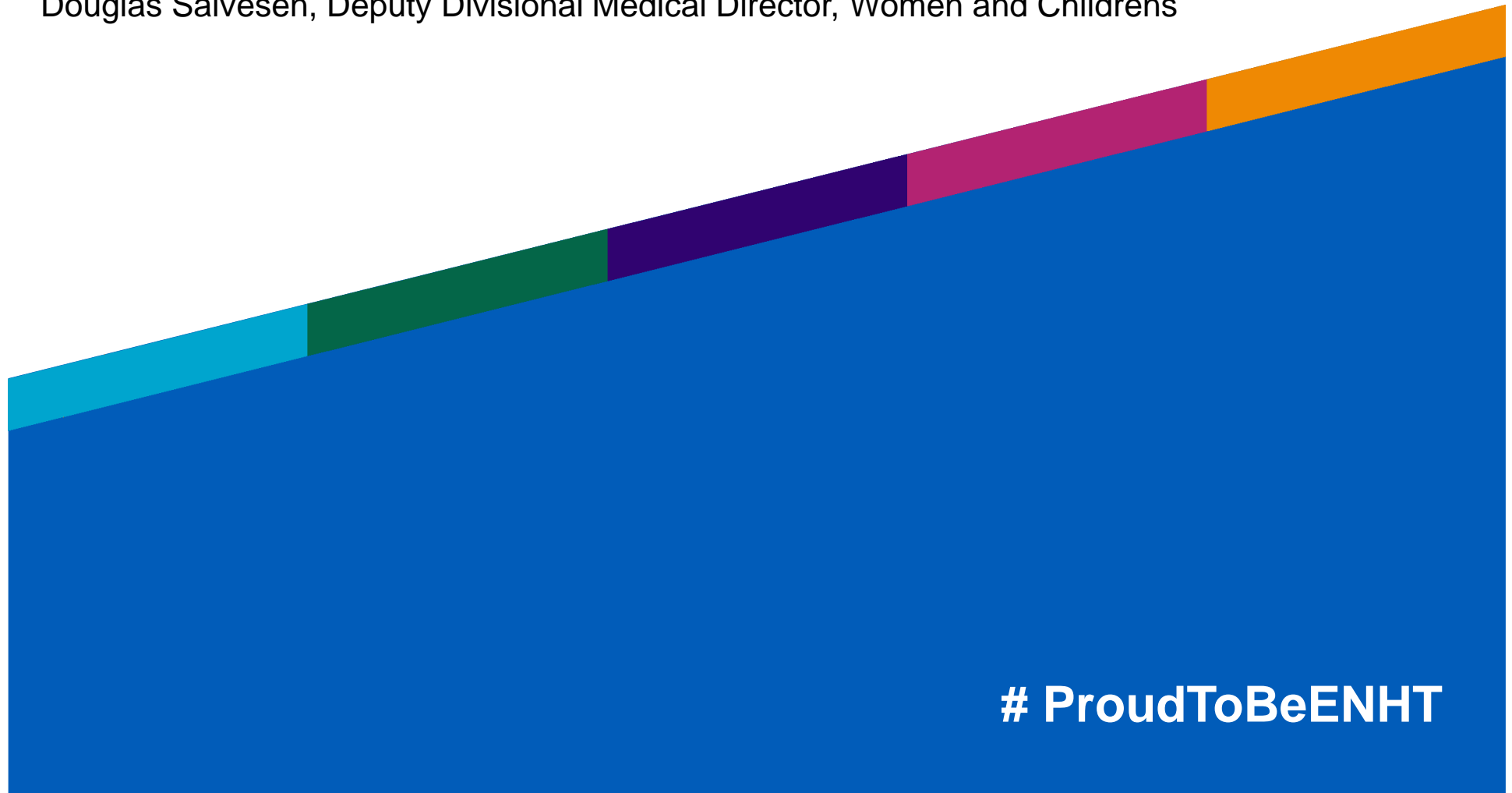


East and North
Hertfordshire
NHS Trust

Amanda Rowley, Director of Midwifery

Kate Fruin, Divisional Director of Operations

Douglas Salvesen, Deputy Divisional Medical Director, Women and Childrens



ProudToBeENHT

Executive Summary

Safety & Quality :

Perinatal Quality Surveillance Framework: Incidents graded as moderate harm or above in obstetrics November 2023

- 2 potential PSII (Patient Safety Incident Investigation) were declared within this reporting period.

Maternity and Newborn Safety Investigations (MNSI) (previously HSIB) and Trust Serious Incident (SI) Investigations:

- There has been one referral to MNSI in this reporting period. This case was rejected as there were no family or Trust safety concerns.
- There are currently two open investigations with improvement plans in progress.
- There are currently two Serious Incident reports in progress.

Maternity Incentive Scheme:

NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care. To be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution by 12 noon on 1 February 2024. The relevant period is from 30th May 2023 until 7th December 2023.

The evidence to support compliance with each aspect of the maternity safety actions was collated by designated accountable leads for each safety action and monitoring through fortnightly divisional CNST meetings chaired by the Director of Midwifery.

The evidence has been reviewed in full by the Womens and childrens Triumvirate leadership team with representation from HWE ICB who have accepted the submitted evidence and made a recommendation of approval to the SRO of HWE ICB and representative from LMNS.

All evidence has been submitted to the Trust Quality and Safety Committee throughout the year 5 reporting period as part of the maternity assurance report. A final position report evidencing compliance with all 10 safety standards was received and supported by the committee on 20th December 2023.



Dashboard 1

		Updated/unchanged Goal	Updated/unchanged Red Flag	Data Source	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep 23	Oct 23	Nov 23	Exception Reporting
Scheduled Bookings	No of women EDD 4 months hence (projected births 4 months ahead)	5500(458 to 539)	<458/ >540 per month	CMIS	408 (Apr)	463 (May)	402 (June)	420 (July)	425 (Aug)	402 (Sep)	409 (Oct)	412 (Nov)	358 (Dec)	394 (Jan)	378 (Feb)	363 (Mar)	The number of births in the UK has been decreasing for the fifth consecutive year and is at its lowest level since 2002. The current birth rate for the UK in 2023 is 11.267 births per 1000 people, a 0.49% decline from 2022.
Bookings in month	The number of women booked in month	≥5760/480	≤5760/480 or ≥6600/550	CMIS	442	537	479	517	406	488	482	463	465	438	469	456	As above.
Bookings by 9+6 weeks gestation	The gestation at which women booked in month	≥50.5%	<50.5%	CMIS	71.50%	61.06%	70.00%	76.25%	67.57%	69.03%	75.20%	74.08%	77.27%	76.00%	80.00%	78.40	
Bookings < 12+6 weeks gestation	The gestation at which women booked in month		<80%	CMIS	90.50%	87.07%	89.00%	91.31%	90.09%	90.98%	88.75%	88.76%	92.21%	88.00%	91.04%	92.90	
IOL	Total rate	≤34%	>36%	CMIS	32%	37%	29%	33%	33%	35%	32%	36%	33%	33%	33%	37	
Births (mothers birthing)	Benchmarked to 5500 per annum including home birth	5500(458)	>490	CMIS	397	363	335	438	387	417	404	381	411	390	389	361	
Births (babies born)	Number of babies born in month	No target		CMIS	401	367	338	449	394	429	410	387	417	398	400	363	
Born before arrival (BBA's)	Births not attended by a midwife	<0.2%	>1%	CMIS	0.50%	1.10%	1.20%	1.10%	0.50%	0.70%	1.20%	0.00%	0.50%	0.76%	0.51%	1.10	
Home births	Percentage of women birthing at home	≥2%	<1%	CMIS	2.30%	0.80%	1.20%	1.60%	2.10%	1.50%	1.70%	1.84%	1.50%	1.79%	1.50%	0.55	
MLU Births	Benchmarked to 1500 per annum	≥15%	<12.5%	CMIS	7.10%	11.00%	15.10%	14.20%	14.20%	14.10%	13.60%	14.20%	11.40%	9.70%	11.00%	12.70	One occasion when MLU diverted women to CLU in this reporting period. Each case is recorded as an incident on enhance.
MLU transfer to CLU	Primip	≤ 40% per month	>45% per month	CMIS	40.00%	43.70%	24.00%	30.50%	26.50%	33.30%	48.70%	50.00%	50.00%	56.00%	46.60%	47.0	
MLU transfer to CLU	Multip	≤ 13% per month	>15% per month	CMIS	0.00%	7.40%	3.00%	11.90%	10.00%	9.30%	12.20%	5.30%	15.00%	14.80%	9.10%	8.5	
Midwife Led Births	Combined homebirth and MLU Births	≥17%	≤13.5% per month	CMIS	9.40%	11.80%	16.30%	15.80%	16.30%	15.60%	15.30%	16.04%	12.90%	11.49%	TBA	13.25	The midwife led births are impacted by the reduced number of women having home and MLU births.
Spontaneous Vaginal Births	Maintain Vaginal Birth rate	≥56.4%	<53%	CMIS	50%	50%	51%	47%	49%	48%	52%	47%	46%	47%	49%	47	The vaginal birth rate continues to be impacted by caesarean section as choice of mode of birth.
Vaginal births after previous LSCS	Percentage of VBAC of women with a previous caesarean section who had avaginal birth.	59.10%	<50%	CMIS	45.00%	63%	45%	62%	42%	63%	50%	42%	67%	50%	50%	62	
CLU births (including theatres)	All births occurring within the CLU	≤85.5%	>85.50%	CMIS	91%	87%	82%	83%	83%	83%	83%	83%	87%	87%	87%	85	As above regarding midwife led births

Reporting

Dashboard 2

		Updated/ unchanged Goal	Updated/ unchanged Red Flag	Data Source	Dec- 22	Jan- 23	Feb- 23	Mar- 23	Apr- 23	May- 23	Jun- 23	Jul-23	Aug- 23	Sep 23	Oct 23	Nov 23	Exception Reporting
Instr. Vag Del	Ventouse & Forceps	10%-15%	<8% or >16%	CMIS	9.80%	9.90%	10.10%	13.21%	9.80%	10.60%	9.65%	12.07%	12.04%	12.05%	8.74%	10.80	
C- Section	CS of Robson category 1 Nulliparous women with singleton cephalic pregnancy at term in spontaneous labour			CMIS	15%	22%	15%	12%	18%	11%	16%	26%	11%	21%	27%	12	
	CS of Robson category 2 Nulliparous women with singleton cephalic pregnancy at term with induced labour or CS before labour			CMIS	50%	41%	55%	63%	57%	55%	52%	54%	60%	58%	53%	56	
	CS of Robson category 5 (Multiparous women with a singleto cephalic pregnancy at term with a previous CS)			CMIS	88%	82%	88%	81%	89%	86%	87%	88%	90%	87%	96%	86	
Maternity staffing	Funded midwife/birth ratio with skill mixing Against YTD births	1:29 (from March 14)	>1:33	HOM	1:22	1:22	1:24	1:24	1:24	1:24	1:24	1:24	1:24	1:27	1:24	TBc	
	Funded midwife only ratio Against YTD births	1:32	>1:33		1:23	1:23	1:23	1:24	1:24	1:24	1:24	1:24	1:24	1:26	1:24	TBC	
	Actual midwife only ratio Against activity in month	1:32	>1:33		1:24	1:21	1:22	1:26	1:24	1:26	1:26	1:24	1:26	1:27	1:25	TBC	
	1:1 care in labour excluding BBAs			CMiS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.72	Birthrate Plus is reviewed and staff are encouraged to incident report any cases where 1:1 care in labour is not provided to enable validation of data on BR+
	Midwifery vacancy rate	TBC	TBC		7.73	9.44	11.57	28.16	28.16	21.90	19.52	24.78	23.03	23.44	TBA	TBA	
Weekly hours of CLU Consultant cover	125	<125		125	125	125	125	125	125	125	125	125	125	125	125	125	
Morbidity	ITU Admissions in Obstetrics	<8 per annum	≥10 per annum	Datix	2	0	0	2	0	0	1	0	1	0	1	0	
	Post partum Hysterectomies	<3 per annum	3 per annum	Datix	0	0	0	2	0	0	0	0	0	0	0	0	
	Number of cases of meconium aspiration	2 per month	>4 per month	SEND	1	0	2	2	1	0	0	0	3	1	2	2	
	Number of cases of hypoxic encephalopathy (Grades 2&3)	1 per month	>2 in 2 months	SEND	1	1	0	0	0	0	1	0	0	0	2	1	Both cases have been referred to MNSI – no immediate learning identified
Term admissions to NNU	<6%	≥6%	Badger	5.70%	5.30%	6.40%	4.90%	6.30%	5.90%	4.60%	5.10%	5.60%	4.12%	8.45%	6.40	July 2023 amended from 5.6% to 5.1%	
Mortality	Maternal deaths (direct)	0	≥1 a year	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
	Pre-labour IUDs	14 per annum	>14 per annum	Bereavement M/W	2	0	1	1	0	1	0	0	1	0	1	2	
	Intrapartum IUDs	0	>1 a year	Bereavement M/W	0	0	0	0	0	0	0	0	0	0	0	1	
	Early Neonatal deaths	1 per month	>1 per month	Bereavement M/W	0	0	0	0	0	0	0	0	1	0	1		

Dashboard 2

		Updated/unchanged Goal	Updated/unchanged Red Flag	Data Source	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep 23	Oct23	Nov 23	Exception Reporting
Risk management	Number of Sis (to include duty of candour)	≤2/2 months	>6 per annum	Risk Lead	1	1	1	0	0	0	1	0	1	0	2	1	MNSI referrals
	Cases declared to HSIB for investigation and accepted	≤2/2 months	>6 per annum		0	2	0	0	0	0	0	0	0	0	2	0	
	Open datix that are overdue >30 days (awaiting or being reviewed)	TBC	TBC	Datix	76	66	13	50	39	55	63	47	72	84	64	81	
	Never events	0	1	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
	Massive PPH ≥1500ml MOH:	≤2.9%	>3.0%		0.60%	2.10%	2.30%	3.30%	2.10%	2.64%	2.23%	2.89%	2.90%	1.80%	0.28%	2.69	
	MOH >2000ml	<2%	≥2.5%	CMIS	0.50%	1.10%	1.19%	1.83%	0.78%	1.44%	1.49%	1.58%	1.46%	0.25%	0.26%	1.38	
	3rd/4th degree tears	<3.5%	≥ 5%	Risk Lead	3.50%	1.00%	4.60%	2.70%	1.40%	2.80%	1.20%	1.80%	1.80%	1.79%	3.40%	2.0	
3rd/4th degree tears (sustained at instrumental birth)	6.80%	NA		8.10%	0.00%	2.90%	7.30%	2.90%	6.81%	5.30%	2.30%	2.00%	4.25%	6.70%	2.6		
3rd/4th degree tears (sustained at SVD)	2.80%	NA		2.60%	1.10%	4.90%	1.50%	1.10%	2.10%	0.50%	1.80%	1.70%	2.74%	2.80%	1.9		
Episiotomy rate (instrumental)	86.70%	NA		87.20%	83.30%	79.40%	91.20%	94.70%	84.10%	89.70%	89.10%	90.00%	83.00%	87.50%	92.3		
Episiotomy rate (SVD)	8.30%	NA		7.10%	8.90%	4.70%	5.90%	9.00%	5.00%	5.20%	3.90%	4.80%	5.49%	7.38%	8.87		
Complaints	No. of complaints opened in month	3	5	Datix	5	2	7	4	3	5	2	3	7	6	6	4	
Closures	Number of times the unit closed for admission	<1/month	>3/month	Risk Lead	0	0	0	1	1	0	0	0	0	1	1	0	
Saving Babies	Smoking at booking	≤12.5%	≥12.6%	CMIS	7%	7%	7%	6%	5%	7%	5%	6%	4%	5%	5%	3	
Lives Care Bundle	Smoking at delivery	≤6%	≥8%	CMIS	6%	6%	5%	6%	5%	5%	3%	3%	4%	4%	4%	3	
	Births>23+6 -36+6 weeks	<6% per month/year	≥7.5% in year	CMIS	7.50%	6.80%	7.70%	8.09%	7.60%	6.90%	7.30%	8.29%	6.00%	8.54%	11.00%	6.2	
	Births>23+6 -26+6 weeks	TBC	TBC		0.00%	0.00%	0.00%	0.00%	0.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.83	
	Steroid administration 2 doses < 7 days before birth	>55%	<40%	CMIS/records	88%	57%	67%	25%	29%	47%	50%	50%	100%				Data and parameters changed to reflect updated MIS/SBLCB V3 parameters from Aug 2023 One woman received the full course. See column below
	Steroid administration 1 dose administered (% of cases occurring)Case reviews to take place to identify learning	No target	No target	CMIS/records	12%	29%	22%	50%	57%	14%	25%	25%	0%	30%	50%	33	
	Steroid administration 2 doses> 7 days before birth (% of cases occurring)	No target	No target	CMIS/records	0%	14%	11%	25%	14%	29%	25%	25%	0%	10%	0%	33	
	Magnesium Sulphate	80%	<80%	CMIS/records	0/0	100% (1/1)	0/0	100% (1/1)	100% (1/1)	0% (0/1)	0/0%	0/0%	0/0%	00%	3/3 100%	2/3 66.66	
	Fetal monitoring training compliance	≥90%	<80%	CG training report	89%	89%	92%	93%	86%	93%	95%	94%	94%	91%	92%	TBA	
	Babies with low birthweight (<10th centile)	<9%	>10%	CMIS	2.00%	3.30%	1.70%	3.30%	0.90%	1.40%	2.20%	1.20%	1.60%	0.75%	TBA	TBA	
	SGA detection rate <10th centile	>49.8%	<29.8	GAP	34.50%			39.50%			37.80%			41.70%			
Breast feeding	Breast feeding initiated	≥72.7%	<72.7%	CMIS	78%	78%	79%	76%	79%	79%	79%	77%	72%	77%	76%	81	
	Breast feeding at discharge	≥72%	<72%	CMIS	77%	78%	78%	75%	77%	77%	75%	78%	71%	76%	73%	79	As above

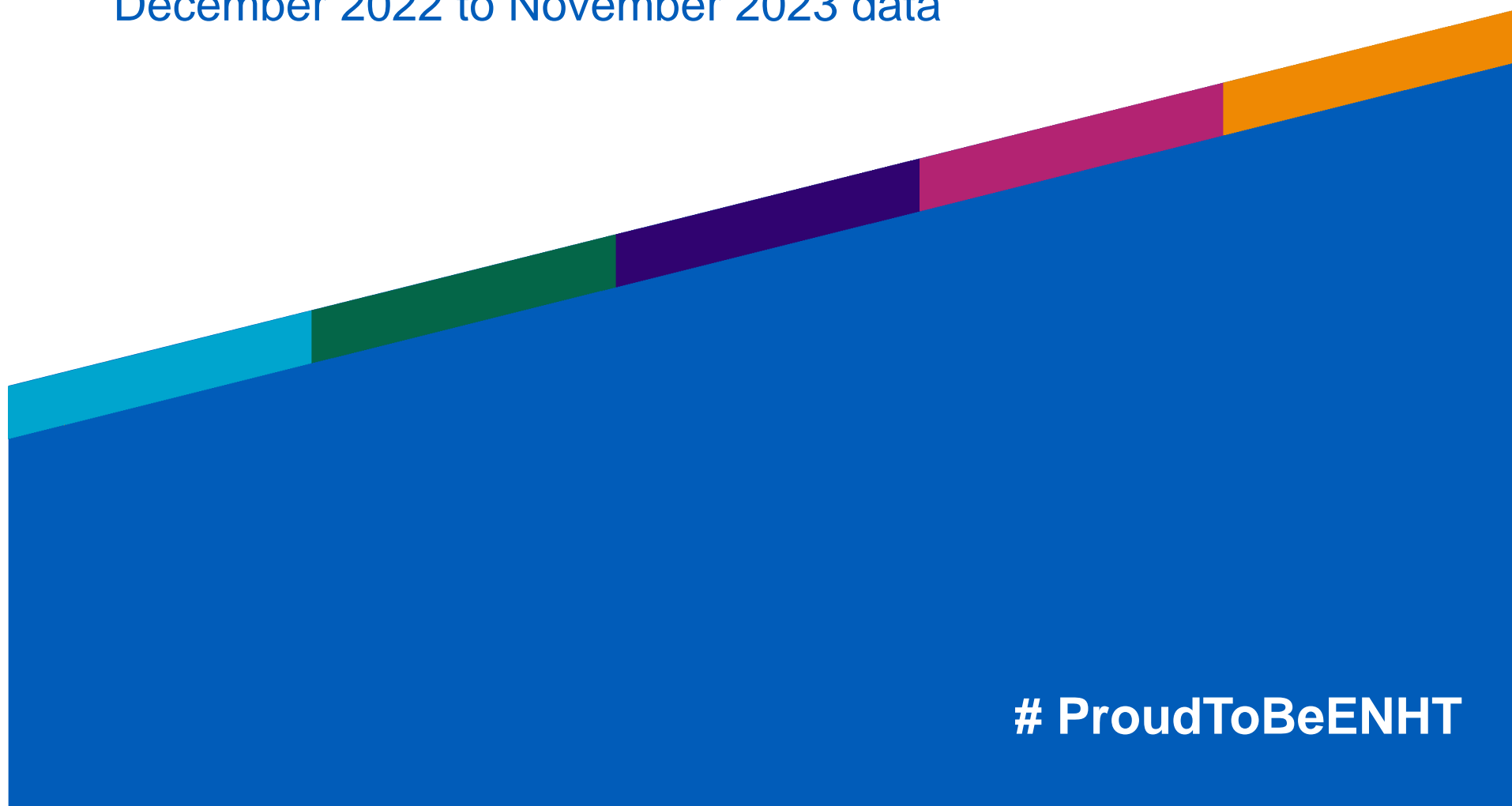


East and North
Hertfordshire
NHS Trust

Division - Women's Services

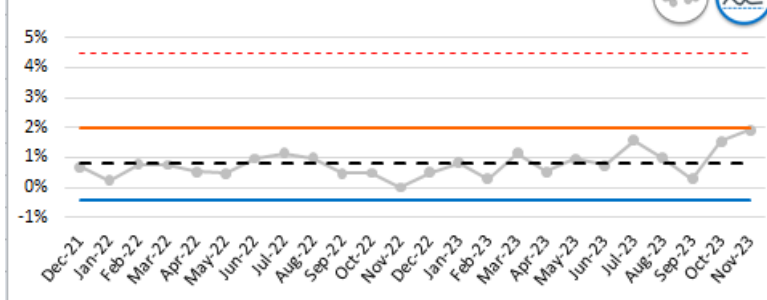
Dashboard and Exception Report December 2023

December 2022 to November 2023 data

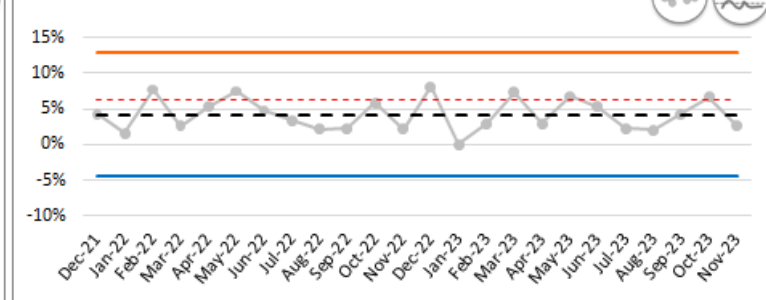


Maternity Integrated Performance Report 2

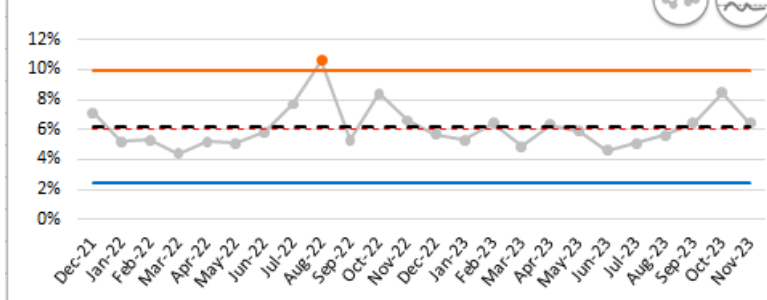
Massive obstetric haemorrhage >1500ml LSCS



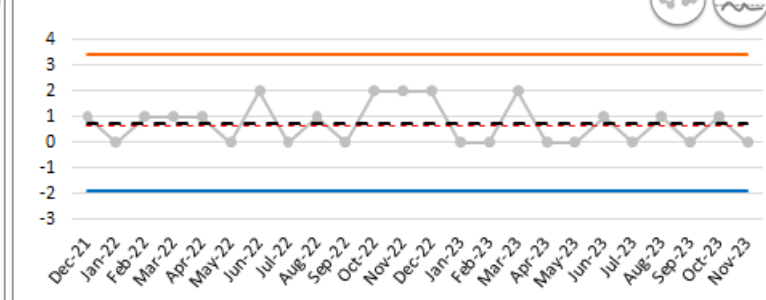
3rd and 4th degree tear instrumental



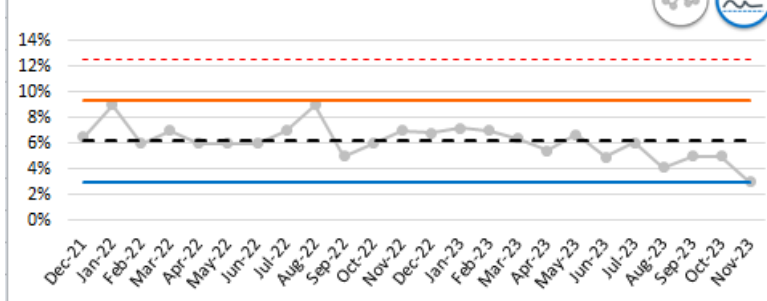
Term admissions to NICU



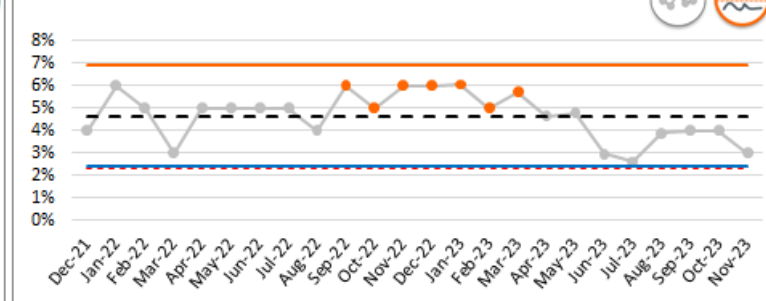
ITU admissions



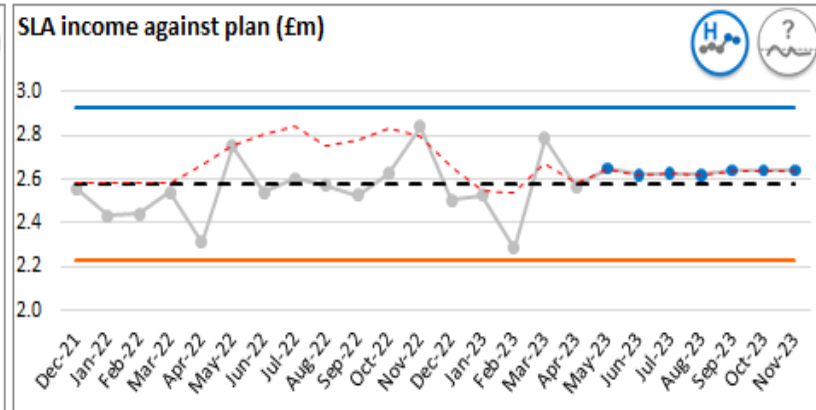
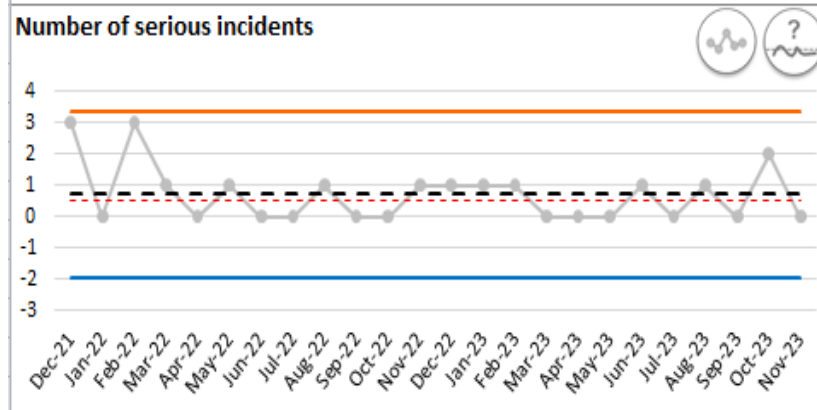
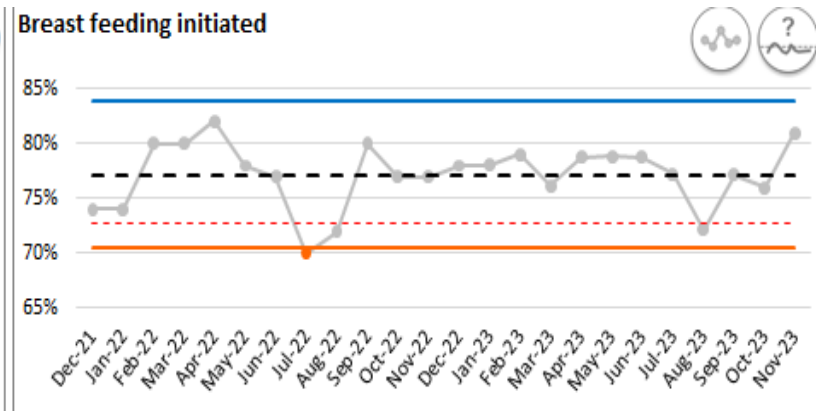
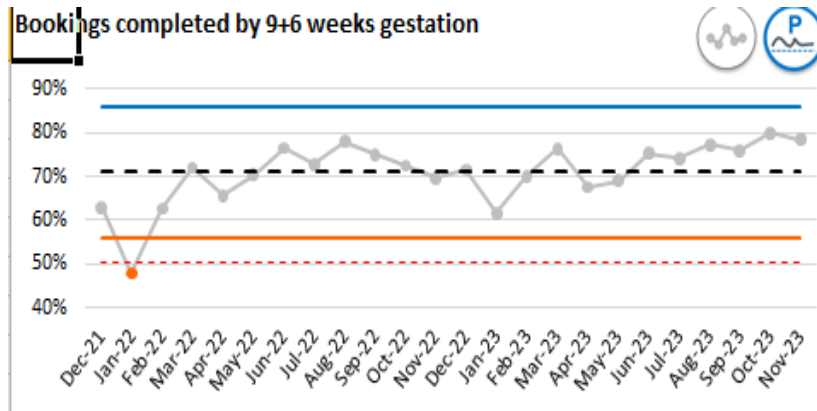
Smoking at time of booking



Smoking at time of delivery



Maternity Integrated Performance Report 3



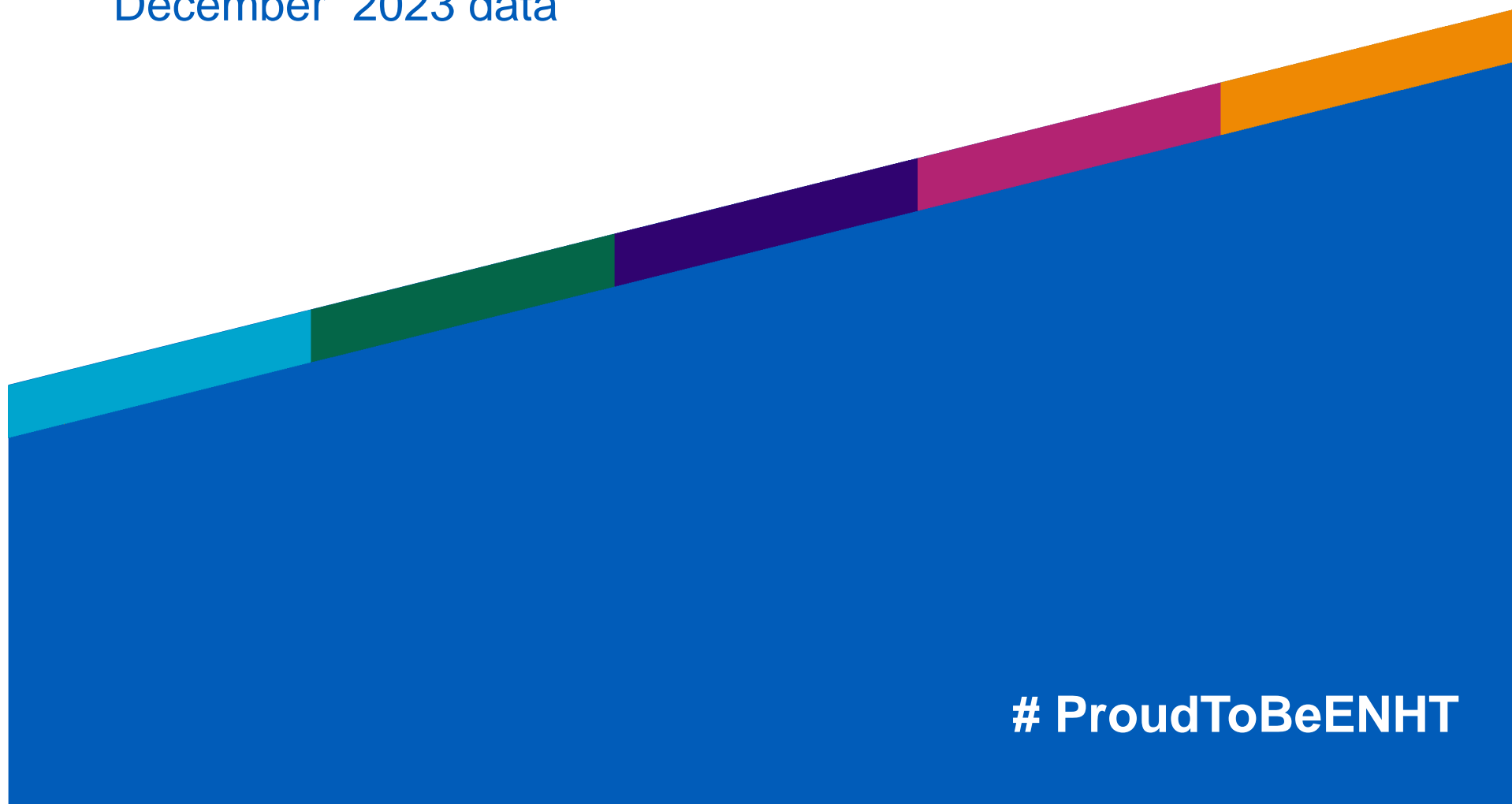
Division – Maternity Services

Perinatal Quality Surveillance Model Tool

December 2023 data



East and North
Hertfordshire
NHS Trust





East and North Herts NHS Trust Perinatal Quality Surveillance Tool Highlight Report/Regional Perinatal Quality Oversight Group Highlight Report

Reporting Period: October 2023

KEY: CQC DOMAINS
Outstanding
Good
Requires Improvement
Inadequate

REGULATORY BODIES

CQC DOMAINS						
Maternity unit rating: Requires Improvement (Oct 2023)						
S - Safe E - Effective C - Caring R - Responsive W - Well led	S	E	C	R	W	Action Plan Status: To commence Progressing Completed
Rating (RI)						

External stakeholder concerns (please give brief reason)	
NMC concerns	None
GMC concerns	None
RCM concerns	None
HEE concerns	Yes slide 26
HSIB concerns	None
CQC concerns	None
Total number of stakeholder concerns	1

CQC Maternity survey results (2021)	
CQC Maternity survey overall rating - improvement since previous year (N)	Statistically significant increase -0 No statistical change – 35 Statistical decrease 11 Overall rating - N
Survey scores:	
Start of your care during pregnancy	4.3 worse than expected
Antenatal check ups	7.7 somewhat worse
During your pregnancy	7.8 worse
Your labour and birth	6.6 worse
Staff caring for you	7.4 worse
Care in hospital after birth	5.8 worse
Feeding your baby	7.6 worse
Care at home after birth	7.5 about the same

CQC alerts (active alerts & year)	None
CQC warning notice (29a)	Removed (Sept 23)
Regulatory letters from coroner (28)	None
Maternity Safety Support Programme (Date of entry / stage)	January 2023

CNST MIS Safety Actions achieved (out of 10)				Ockenden investment (Total allocation)
Yr 1 (2019/20)	Yr 2 (2020/21)	Yr 3 (2021/22)	Yr 4 (2022/23)	
10	10	10	8	£482, 419

Other surveys	
GMC survey results (2023) overall satisfaction	77.78%

Clinical Outcome Measures



East and North

KPI (see final slide for detail)	Measurement / Target		Trust Rate (current reporting period)
			ENHT
Massive Obstetric Haemorrhage ≥ 1500 mls (as per NMPA descriptor, slide 8)	Vaginal birth	3.3%	4.0%
	Caesarean	4.5%	5.0%
3rd & 4th degree tear (as per NMPA descriptor, slide)	SVD (unassisted)	Unassisted 2.5%	1.90%
	Instrumental (assisted)	Assisted 6.3%	2.60%
Caesarean section (%age) (see guidance document)			
(primip, singleton , ceph, over 37/40, spontaneous labour)	Robson Group 1	N/A	12%
[primip, singleton, over 37/40, who had labour induced (2a) or LSCS prior to labour (2b)]	Robson Group 2	2	45%
		2a	54.83%
(Multip, at least 1 uterine scar, singleton, ceph, over 37/40)	Robson Group 5	N/A	85.71
Smoking at time of delivery	≤ 6%		2.8%
Preterm birth rate	≤36+6 weeks (over 24+0/40)	≤6% annual rolling rate (Total PTB all babies 24-36+6))	
			7.7%

KPI (see final slide for detail)	Measurement / Target	Trust Rate (current reporting period)	
		x	
Term admissions to NNU Reviews should now include all neonatal unit transfers or admissions regardless of their length of stay and/or admission to BadgerNet.	<6% (of total live term births)	6.44%	
	%age of total admissions that were avoidable	0	No avoidable cases
Antenatal optimisation			
Right place of birth (≤27/40, 28 /40 with multiple or EFW<800g outside a maternity unit with a L3 NICU)	Number of births = 0		
Magnesium Sulphate Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior to birth.	80% (CNST)	66.66%	2/3
Antenatal steroids Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth.	80% (CNST)	33.3%	2/6
Percentage of singleton live births (less than 34+0 weeks) occurring more than seven days after completion of their first course of antenatal corticosteroids	ND (indicator should be as low as possible)	33.3%	2/6
MBRRACE stabilised & adjusted mortality rates per 1000 births			
Stillbirth	Neonatal Death term baby < 7/7	Extended perinatal	
3.04	0.99	4.02	

Transformation & Incident reporting



East and North

KPI	Measurement / Target	Trust Rate (current reporting period)	% of women (booking) – Black, Asian, mixed Black & Asian / 10% most deprived decile (IMD1)*	Ethnicity data quality (%)	Post code data quality (%)	Request for Internal divert / Maternity deflect (if applicable)	Divert outside organisation
CONTINUITY OF CARER							
Percentage of women placed on CoC pathway (at 29 weeks)	% women placed on continuity of carer pathway at 29 weeks gestation	7.69%	NA	100%	100%	1	0
Percentage of women on CoC pathway :Black, Asian / Mixed Black and Asian / areas of deprivation IMD1) (at 29 weeks)	Black, Asian, mixed Black and Asian Most deprived 10% (IMD1) of neighbourhoods	15%					

Incident Reporting

LMNS confirmation of SI oversight

Datix		Moderate harm and above incidents in month	Maternity Serious Incidents	Maternity Never Events	PMRT compliant (Ockendon IEA 1.4)	HSIB Cases (new)	Still Births			HIE cases (grade 2 or 3)	Neonatal deaths		Maternal Mortality	
Unactioned (no / % forms received)	Open > 30 days (no / % of all incidents)						All	Term	Intrapartum		Early	Late	Direct	Indirect
0	109 (oldest Jan 23)	4 (2 r/v)	3 potential	0	Yes	0	2	0	0	1 (ref)	1	0	0	0
0%	67% (109/161 x 100/1)													

StEIS Incidents reported 20/21 (by qtr)					StEIS Incidents reported 21/22 (by qtr)					StEIS Incidents reported 22/23 (by qtr)					StEIS Incidents reported 23/24 (by qtr)				
Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
0	3	0	1	4	1	7	5	4	17	1	1	3	2	7	1	1	0		2

Workforce / Births

Leadership and Specialist Roles

DoM in post	HoM in Post	Deputy HoM in post	Obstetric lead in post	Consultant Midwife in post	Retention Lead in Post	Lead PMA in post	MVP chair in post	Non exec director in post	Number of leadership & Specialist Roles not in place	Safety champions in place				Number of PMA's (no / WTE)
Yes	Yes	NA	Yes	Yes x2	Yes	Yes	Yes	Yes		0	Mat	Obs	Neo	
Yes	Yes	NA	Yes	Yes x2	Yes	Yes	Yes	Yes	0	Yes	Yes	Yes	Yes	No=10

Total births (mth / YTD)	Predicted annual births	Total bookings (mth / YTD)	LW co-ordinator supernumerary (%)	One to one care in labour (%)	BR+ completed in last 3 yrs (please give date)	Full assessment (Yes/ No)	BR+ recommended ratio	Actual ratio	Midwife vacancy no's	%age of total staff	Summary of gaps	Obs Consultant cover
363 / 4752	4835	456/5641	100% (see exception report)	100% (see exception report)	November 2023	Yes		1:22	10.67 WTE	5.34%	Ongoing recruitment. 9 staff in pipeline due to start by January 2024	125 hours/week

Assessed compliance with CNST MIS 10 Safety Actions		Y5
---	--	----

Key (current position)	
Compliant with all aspects of element	
On track to achieve	
Working towards (MIS & SBLCB) / Partially compliant (Ockendon)	
Not compliant/ At risk	

1	Perinatal Mortality review tool	
2	MSDS	
3	ATAIN	
4	Clinical workforce planning	
5	Midwifery Workforce planning	
6	SBLCB V3	
7	Service user feedback / Maternity Voice Partnership	
8	Core competency framework / Multi-prof training	
9	Board level assurance	
10	HSIB /Early notification scheme	
	Repayment of CNST (since introduction) Y/N and MIS yr	

Evidence of SBLCB V3 Compliance

Element		
1	Reducing smoking	
2	Risk assessment , prevention & surveillance of pregnancies at risk of fetal growth restriction	
3	Reduced Fetal Movements	
4	Effective Fetal monitoring during labour	
5	Reducing pre-term birth	
6	Diabetes	

Assessment against Ockenden Immediate and Essential Actions (IEA) – to achieve full compliance will all elements of each IEA

IEA1 : Enhanced Safety	
IEA2: Listening to Women & Families	
IEA3: Staff training & Working Together	Potential risk due to industrial action
iEA4: Managing complex pregnancy	
IEA5: Risk Assessment Throughout pregnancy	
IEA6: Monitoring Fetal wellbeing	
IEA7 Informed consent :	
• Fully compliant (self assessment)	

Training & Competency

Staff group	PROMPT	Fetal Monitoring	NBLS	ABLS	CCF
Obstetric Consultant	95%	90%			95%
Obstetric Doctors	97%	91%			91%
Obstetric Anaesthetic Consultants	96%				
Obstetric Anaesthetic Doctors	100%				
Midwives	93%	96%	91%	91%	92%
Maternity Support Workers	92%				
Neonatal and Obstetric Nurses	NA	NA	93%	97%	NA
Overall	95.5%	92.3%	92%	94%	93%

Section A : Please choose your trust in the Guidance tab

Action No.	Maternity safety action	Action met? (Y/N)	Met	Not Met	Info	Check Response	Not filled in
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	Yes	10	0	0	0	0
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Yes	6	0	0	0	0
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	Yes	7	0	0	0	0
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Yes	13	0	0	0	0
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes	5	0	0	0	0
6	Can you demonstrate that you are on track to fully implement all elements of the Saving Babies' Lives Care Bundle Version Three?	Yes	4	0	0	0	0
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users	Yes	8	0	0	0	0
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	Yes	27	0	1	0	0
9	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	Yes	12	0	0	0	0
10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?	Yes	8	0	0	0	0

MATERNITY INCENTIVE SCHEME MEETING YEAR 5

SAFETY ACTIONS

<p>SAFETY ACTION 1 Are you using the National perinatal Mortality Review Tool to review perinatal deaths to the required standard?</p>
<p>SAFETY ACTION 2 Are you submitting data to the maternity Services Data Set (MSDS) to the required standard?</p>
<p>SAFETY ACTION 3 Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?</p>
<p>SAFETY ACTION 4 Can you demonstrate an effective system of clinical workforce planning to the required standard?</p>
<p>SAFETY ACTION 5 Can you demonstrate an effective system of midwifery workforce planning to the required standard?</p>
<p>SAFETY ACTION 6 Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three? (SBLCBv3)</p>
<p>ACTION 7 Listen to women, parents and families using maternity and neonatal services and coproduce services with users.</p>
<p>SAFETY ACTION 8 Can you evidence the 3 elements of local training plans and 'in-house', one day multi professional training.</p>
<p>SAFETY ACTION 9 Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?</p>
<p>SAFETY ACTION 10 Have you reported 100% of qualifying cases to Resolution's Early Notification (EN) Scheme from 30 May 2023 to 7 December 2023?</p>



Hertfordshire and
West Essex Integrated
Care System

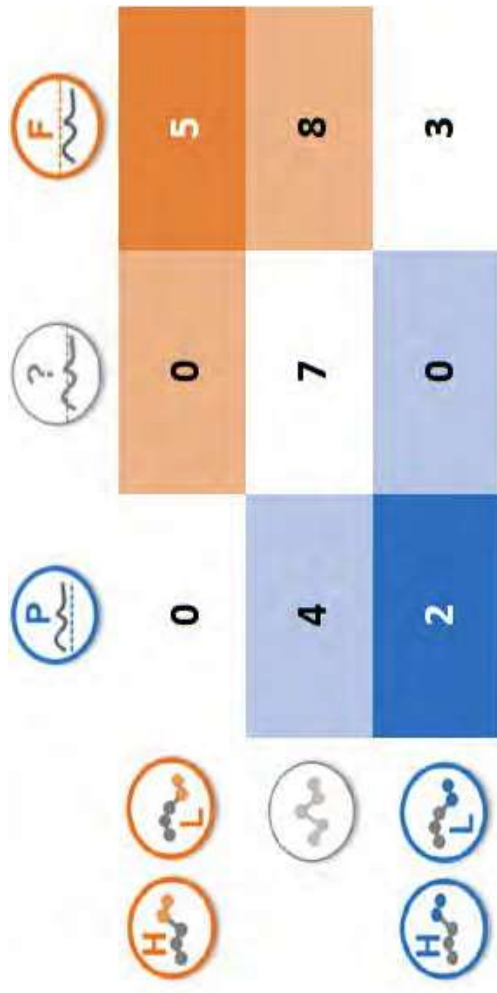
Presentation to: HWE Performance Committee HWE ICS Performance Report

November 2023

Working together
for a healthier future



Executive Summary – KPI Risk Summary



Highest Risk	Programme
ED 4 Hour Standard	UEC
RTT 78 Week Waits	Elective
RTT 65 Week Waits	Elective
RTT 52 Week Waits	Elective
Community Waits (Children)	Community

Lowest Risk	Programme
Learning Disability (LD) Health Checks	Primary Care
2 Hour Urgent Community Response	Community
CHC Assessments in Acute	Community

Low Risk	Programme
2 Hour UCR	UEC
Adult Crisis 4 Hour	Mental Health
Mental Health EIP	Mental Health
Community Waits (Adults)	Community

Variable Risk	Programme
GP Appointments	Primary Care
Dementia Diagnosis	Primary Care
NHS 111 Calls Abandoned	UEC
No Criteria to Resite (NCTR)	UEC
90% Stroke Unit	Stroke
28 Day Faster Diagnosis	Cancer
Out of Area Bed Days	Mental Health
62 Day Backlog	Cancer
HPFT Early Memory Diagnosis (EMDASS)	Mental Health
CHC Assessments < 28 Days	Community

High Risk	Programme
Ambulance Response Times	UEC
Ambulance Handovers	UEC
% in ED > 12 Hours	UEC
4 Hour Stroke Unit	Stroke
Thrombolysed < 1 Hour	Stroke
62 Day Standard	Cancer
Adult 28 Day Standard	Mental Health
6 Week Waits	Diagnostics

Moved to lower risk category
 Moved to higher risk category
 No change to risk category

Executive Summary

URGENT CARE, Slides 8-13 **4 Hour Performance** **Region: HWE worse than average** **National: HWE worse than average**

- 111 percentage of calls abandoned showed good improvement to August, but local data for September / October shows a decline in performance;
- Average category 2 ambulance response times were 51 mins in September. This is the worst performance since Mar-23 and is not meeting the recovery trajectory of 41 mins;
- Hours lost to handover increased to 1713 hours in September. This is an increase, but notably ahead of the 22/23 position. However, the recovery trajectory of 1604 is not being achieved;
- Performance against the 4 hour ED standard was 67% in September, which is just ahead of the recovery target.

CANCER, Slides 29-30 **28 Day FDS / 62 Day** **Region: HWE better than average** **National: HWE better than average**

- 28 Day Faster Diagnosis Standard (FDS) performance slipped slightly to 72.2%. Performance is below target, but remains ahead of the national average;
- Patients waiting >62 days remains stable, below the historic mean, but behind recovery trajectory. On-going industrial action continues to impact recovery;
- Performance against 62 day standard remains below target as providers continue to treat the longest waiting patients, however performance remains above both regional and national positions.

PLANNED CARE, Slides 25-26 **18 Week RTT** **Region: HWE better than average** **National: HWE worse than average**

- The number of patients waiting >78 weeks has been increasing since March and all HWE acute trusts had breaches at the end of August. The remaining 78 week backlog is predominantly in Community Paediatrics at ENHT, as well as an increased number at PAH;
- The 65 weeks recovery trajectory is no longer being achieved with numbers increasing since March. On-going industrial action continues to impact;
- ENHT have been de-escalated from Tier 1 to Tier 2 management for elective recovery

DIAGNOSTICS, Slide 27 **6 Week Waits** **Region: HWE worse than average** **National: HWE worse than average**

- Slight dip in diagnostic performance between June and August but remains within common cause variation limits. Performance remains below regional and national positions, with PTL remaining static;
- System-wide diagnostic improvement plan in place, with 23/24 operational plan building on existing work to increase activity levels and decrease waiting times.

COMMUNITY, Slides 14-21

- The percentage of adults waiting less than 18 weeks remains strong and betters the national average. The total number of children on waiting lists remains very high, but there were small reductions in August in all three Places. 18 week performance remains of concern; inequality in access to services between adult and children continues to widen;
- Longest wait for children remains at 101 weeks (66 for adults), with pressures predominantly in Community Paediatrics, as well as therapies and Audiology services;
- Autism Spectrum Disorder (ASD) services have seen some overall improvement in waiting times and children waiting. However, this is generally expected over the summer months through reduced demand, and discharges of children transitioning to adult services. Demand will likely increase as we move through Autumn.

MENTAL HEALTH, Slides 33-40

- Demand remains high in Adult, Older Adult and CAMHS services with some KPIs remaining below standard. Vacancies and recruitment remain the key challenges;
- Mental Health (MH) out of area bed days continue to improve and have been moved to variable risk, from high risk. HPFT Early Memory Diagnosis (EMDASS) service continues to improve and achieved the 12 week 80% KPI for the first time since 2021. Access to community MH services however remains challenged and high risk.

PRIMARY CARE AND CONTINUING HEALTHCARE, Slides 41-42

- Total number of GP appointments are variable but remain higher than pre-pandemic levels. Appointments in 2023 are highest since 2019;
- Face to face appointments are similar to pre-covid; telephone appointments have almost tripled;
- The percentage of CHC assessments completed within 28 days remains challenged in SWH and has deteriorated for the last two months. SWH action plan in place, supported by NHSE.

Executive Summary – Performance Overview (1)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
A&E - 4 Hour Standard	Sep 23	67.0%	76.0%			68.7%	64.0%	73.4%
A&E - % spending more than 12 Hours in Dept	Sep 23	11.6%	-			9.9%	7.3%	12.5%
A&E - ED Attendances	Sep 23	45341	-			43482	36781	50183
Trolley Waits	Sep 23	130	-			165	-50	379
2 Hour Community Response	Aug 23	81.1%	-			83.2%	70.3%	96.0%
14 day LOS	Sep 23	26.5%	-			25.1%	21.4%	28.7%
Ambulance - Handover >60 Mins	Sep 23	975	-			976	608	1344
EEAST: Cat 1 - Mean (<7min)	Sep 23	00:09:22	00:07:00			00:09:31	00:07:54	00:11:09
EEAST: Cat 2 - Mean (<18 Mins)	Sep 23	00:50:49	00:15:00			00:52:27	00:16:54	01:28:00
CHC - Decision within 28 days	Aug 23	77.5%	100.0%			69.2%	53.7%	84.7%
CHC - Assessments in Acute	Aug 23	0.0%	0.0%			0.2%	-0.8%	1.1%
111 - Calls received by telephony system	Aug 23	40173	-			53964	31411	76517
111 - Calls answered within 60 seconds	Aug 23	77.7%	100.0%			47.9%	14.8%	80.9%

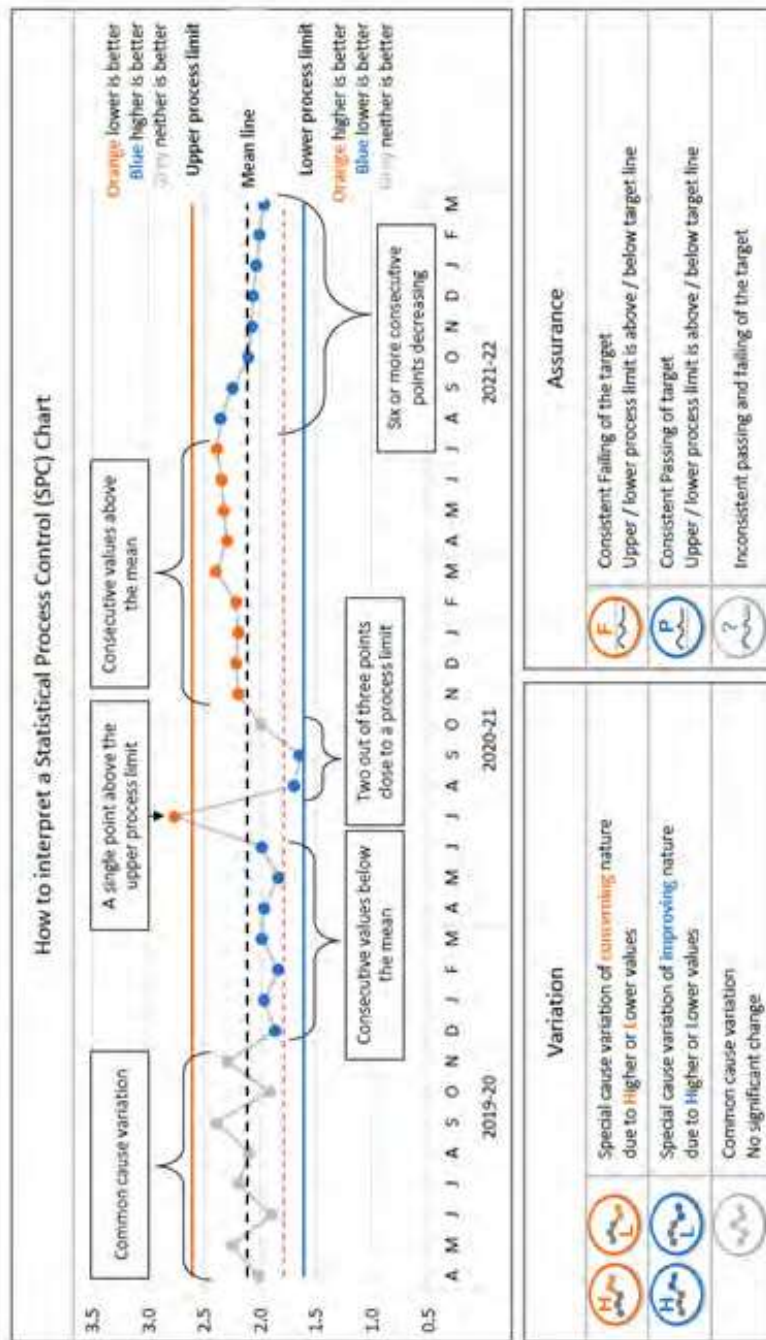
A Dashboard including Place and Trust based performance is included within Appendix A of this report

Executive Summary – Performance Overview (2)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
RTT - 18 Weeks	Aug 23	60.6%	92.0%			56.7%	52.9%	60.5%
RTT - 52 Week Waits	Aug 23	11116	-			7840	6426	9253
RTT - PTL Size	Aug 23	155654	-			127718	120486	134950
RTT - 78 weeks	Aug 23	757	-			907	585	1229
RTT - 65+ weeks	Aug 23	3425	-			2910	2320	3501
Cancer - 2 Week Wait Standard	Aug 23	80.1%	93.0%			81.0%	68.7%	93.4%
Cancer - 2 Week Wait Referrals	Aug 23	6832	-			7000	3290	10709
Cancer - 62 Day Standard	Aug 23	70.6%	85.0%			72.4%	61.3%	83.4%
Cancer - 62 Day Total Waiting	Aug 23	522	-			585	382	787
Cancer - 104 Day Total Waiting	Aug 23	167	-			157	104	210
Cancer - 28 Day Faster Diagnosis Standard	Aug 23	72.2%	75.0%			70.5%	60.2%	80.7%
Cancer - 31 day diagnosis to 1st definitive treatment	Aug 23	93.9%	96.0%			95.3%	91.1%	99.5%
Diagnostics - 6 Week Wait	Aug 23	63.6%	99.0%			64.7%	57.3%	72.1%
Diagnostics - PTL Size	Aug 23	26316	-			25053	20164	29942
Primary Care - Attended Appointments	Aug 23	654484	-			646978	483106	810850
Primary Care - Routine Referrals	Aug 23	22363	-			24949	11873	38024
Primary Care - Urgent Referrals	Aug 23	5037	-			5401	2633	8169
Mental Health - Out of Area Bed Days	Aug 23	925	-			961	607	1315
Mental Health - Recorded >65s Dementia Diagnosis	Aug 23	64.2%	66.6%			61.9%	61.2%	62.7%
Mental Health - IAPT Entering Treatment	Aug 23	2156	-			2396	1427	3366
Early Intervention in Psychosis	Aug 23	82.6%	60.0%			81.6%	59.2%	104.0%

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

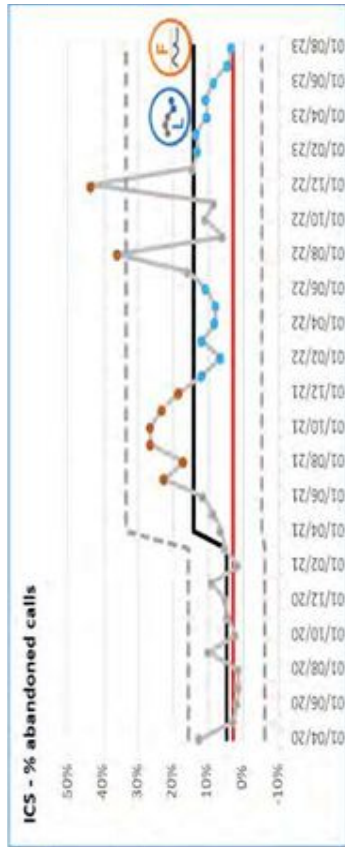
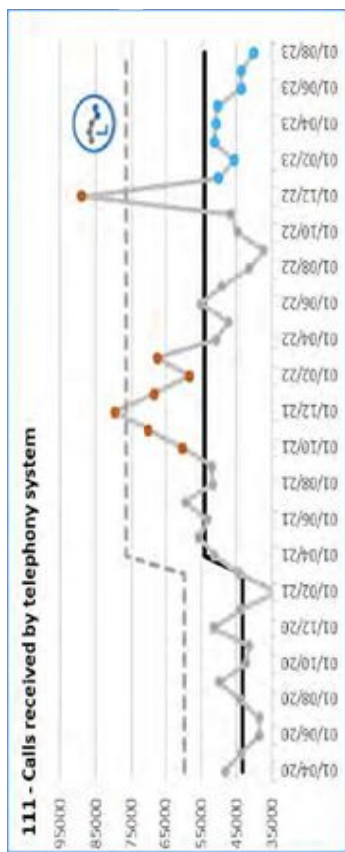
Statistical Process Control (SPC)



Performance by Work Programme

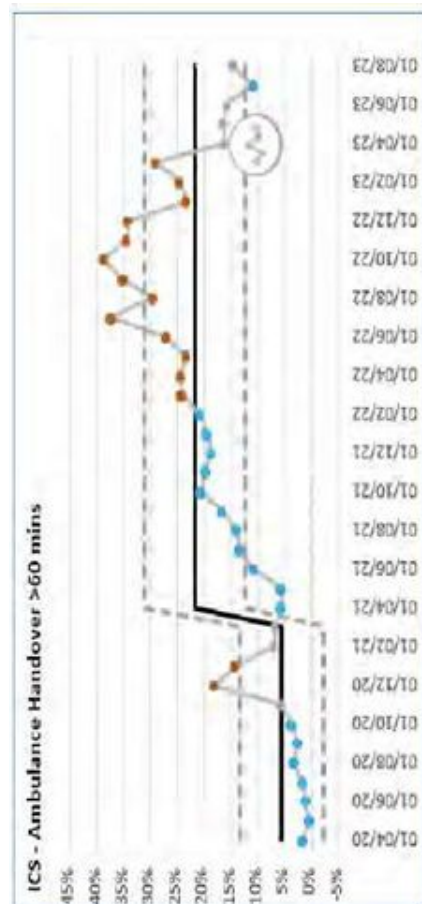
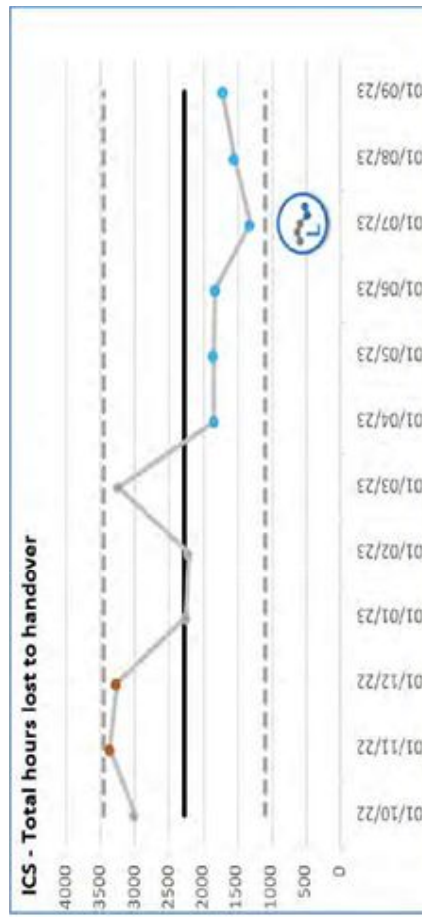
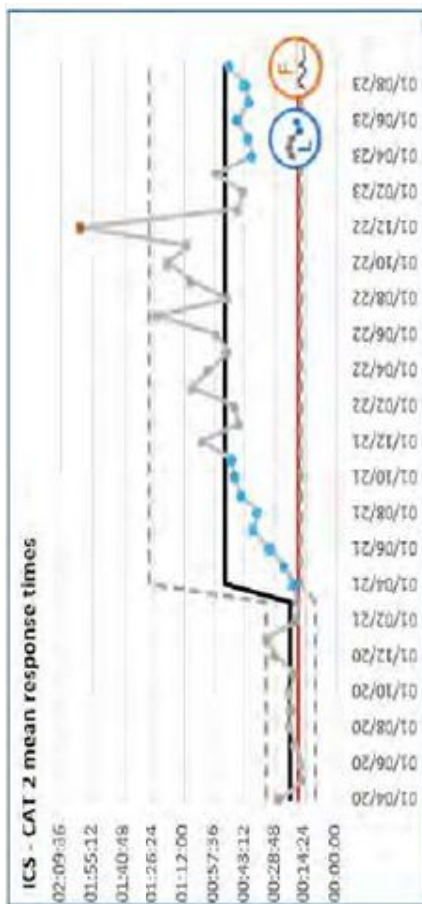
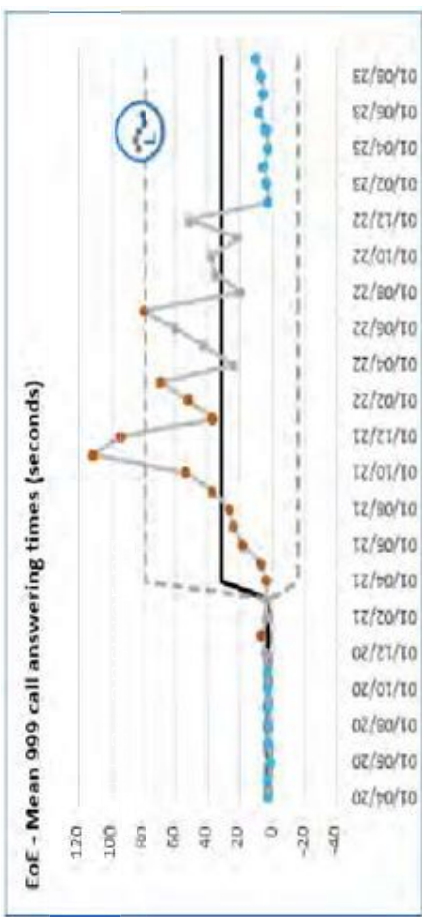
- Slide 8: NHS 111
- Slide 9: Urgent & Emergency Care (UEC)
- Slide 13: Urgent 2 Hour Community Response
- Slide 14: Community Wait Times
- Slide 18: Community Beds
- Slide 20: Integrated Care Teams
- Slide 22: Autism Spectrum Disorder (ASD)
- Slide 25: Planned Care PTL Size and Long Waits
- Slide 27: Planned Care Diagnostics
- Slide 28: Planned Care Theatre Utilisation
- Slide 29: Cancer
- Slide 31: Performance against Operational Plan
- Slide 32: Stroke
- Slide 33: Mental Health
- Slide 41: Continuing Health Care
- Slide 42: Primary Care
- Slide 43: Appendix A, Performance Dashboard
- Slide 44: Appendix B, Commissioned Community Services
- Slide 46: Glossary of Acronyms

NHS 111

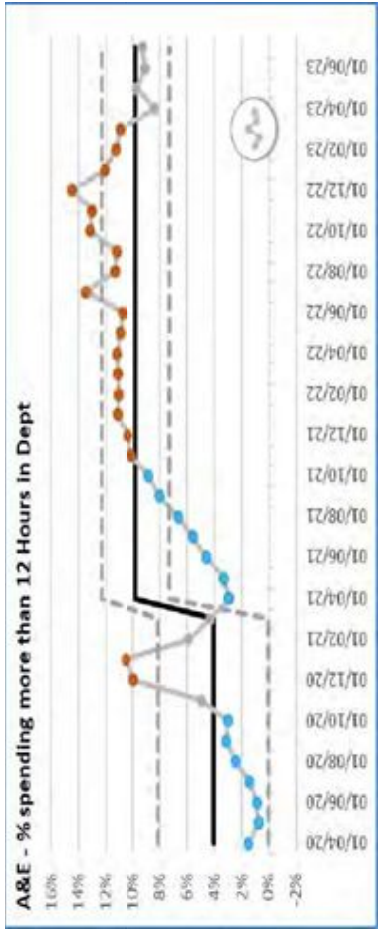


ICB Area	What the charts tell us	Issues	Actions	Expected Outcomes
HUC	<ul style="list-style-type: none"> Call volumes have been trending below the historic mean for the last 7 months Abandoned calls have improved significantly in recent months and are now just 0.3% from target The historic variation between Hertfordshire and West Essex is no longer an issue Latest available data for abandoned calls shows a significant increase in October 	<ul style="list-style-type: none"> Length of safeguarding calls Recruitment challenged in the Welwyn Garden City site Recruitment challenged – Out of Hours (OOH) base vacancies High attrition rates and short notice sickness Clinical call-back time performance (against KPIs) CAS (Clinical Assessment Service) productivity 	<ul style="list-style-type: none"> Safeguarding pilot project in place to monitor and improve the length of calls Variety of measures and initiatives in place to support newly appointed staff and improve the recruitment process Offsetting recruitment issues at WGC with higher levels of recruitment in other areas Health and Wellbeing Lead meeting with staff to understand how to help reduce the attrition rates and short-terms sickness HUC to initiate staff consultation and utilise bank staff to fill some rota gaps in the interim. Also reviewing how Unscheduled Care GP Support Staff can provide dedicated resource for OOH clinicians Review of current patient triage process as well as the direct booking into bases to improve KPIs Clinical Navigators monitoring callers about to breach their call back time; initiatives being trailed including booking patients into bases and focusing on productivity of individual GPs and other clinical staff 	<ul style="list-style-type: none"> Initial assessment of the safeguarding pilot brings positives outcomes so far; aim to reduce length of calls Improved recruitment process, with lower attrition rates; reducing short-term sickness (affecting rotas) Improved KPI performance (local and national)

UEC - Ambulance Response and Handover

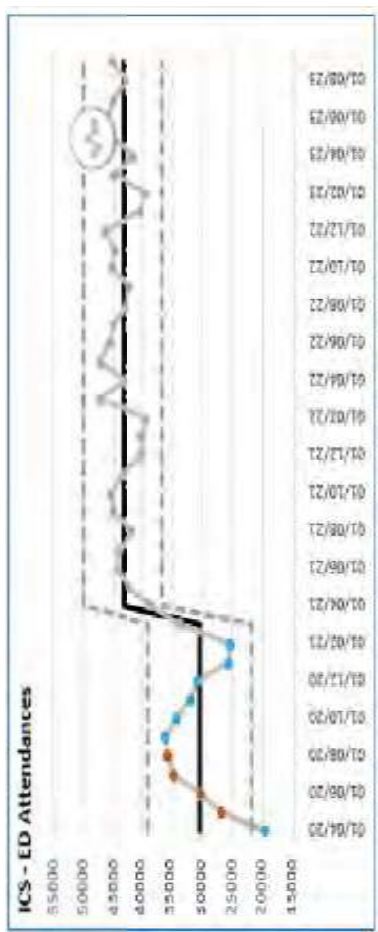
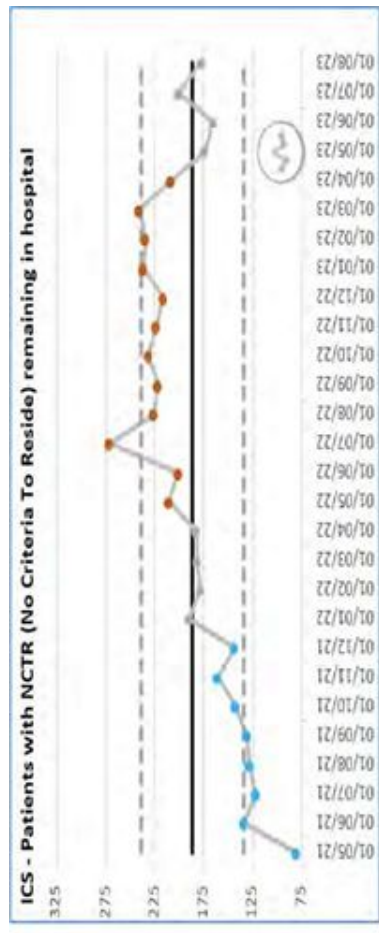


Urgent & Emergency Care (UEC)



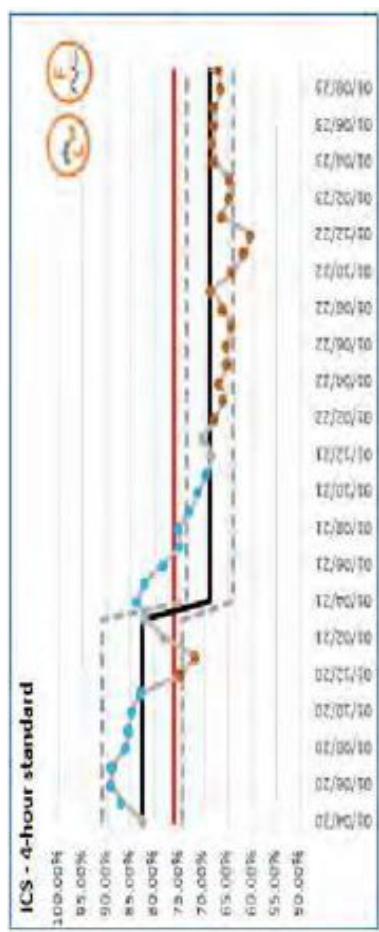
ICU - Patients with NCTR (No Criteria To Reside) remaining in hospital

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	128	135	145	155	165	175	185	195	205	215	225	235
2021	138	148	158	168	178	188	198	208	218	228	238	248
2022	148	158	168	178	188	198	208	218	228	238	248	258
2023	158	168	178	188	198	208	218	228	238	248	258	268



ICS - 4-hour standard

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	75	80	85	90	95	100	105	110	115	120	125	130
2021	80	85	90	95	100	105	110	115	120	125	130	135
2022	85	90	95	100	105	110	115	120	125	130	135	140
2023	90	95	100	105	110	115	120	125	130	135	140	145

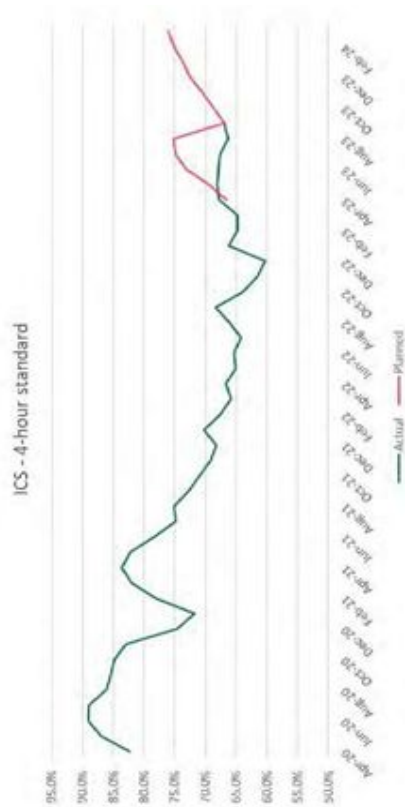


ICS - 4-hour standard

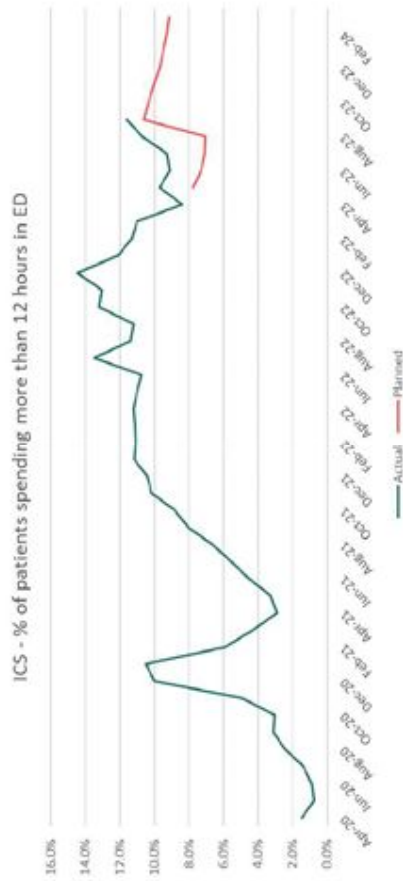
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	75	80	85	90	95	100	105	110	115	120	125	130
2021	80	85	90	95	100	105	110	115	120	125	130	135
2022	85	90	95	100	105	110	115	120	125	130	135	140
2023	90	95	100	105	110	115	120	125	130	135	140	145

Urgent & Emergency Care (UEC) Improvement Trajectories

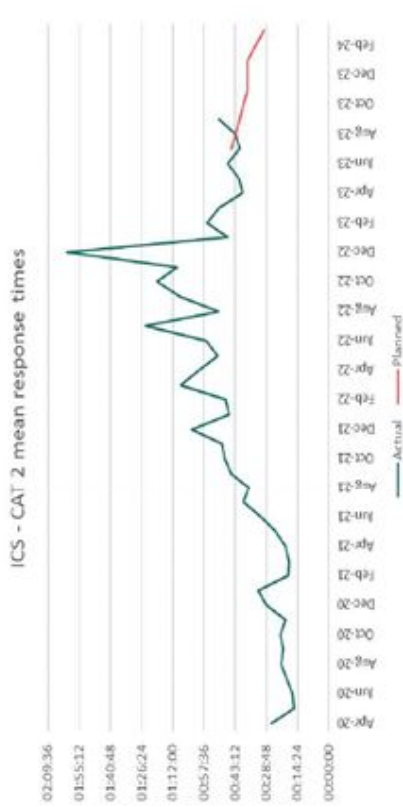
4 Hour Standard



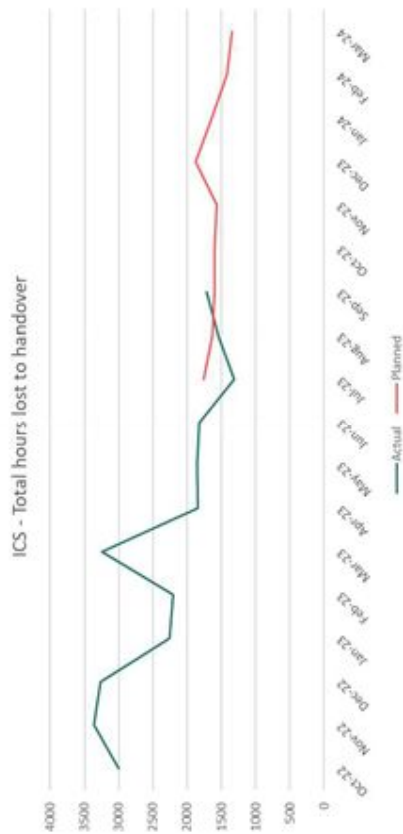
% of Patients Spending > 12 Hours in ED



Ambulance Category 2 Mean Response Times



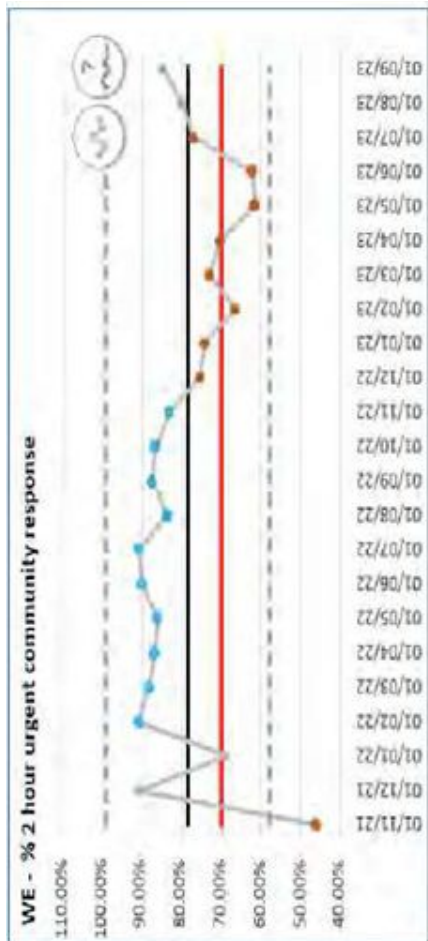
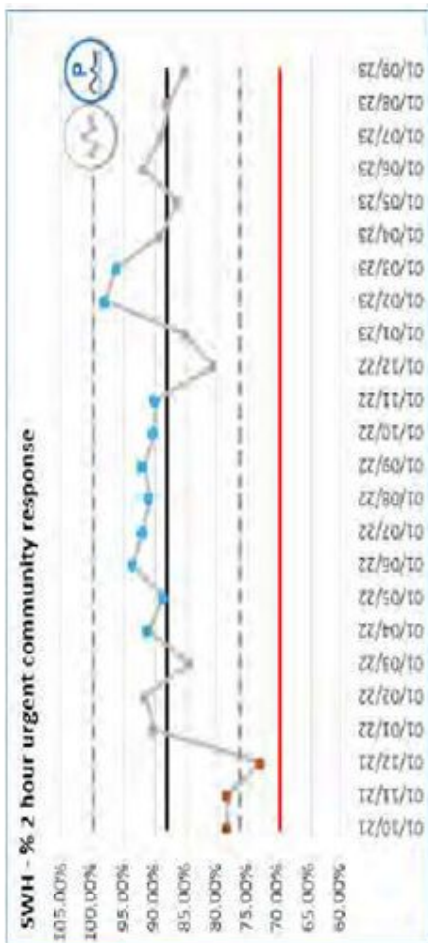
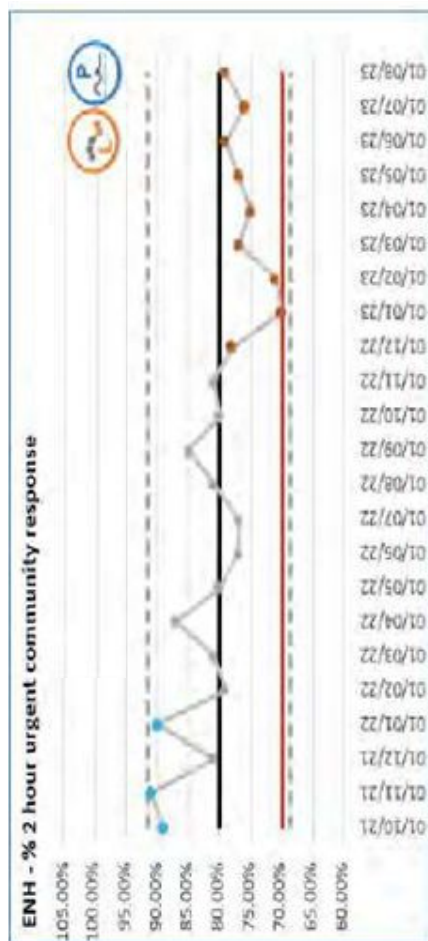
Hours Lost to Handover



Urgent & Emergency Care (UEC)

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> 999 call answering times have remained low with an average of 10 seconds in September. This is the 9th consecutive month with performance between 2 and 10 seconds Average category 2 ambulance response times were 51 mins in September. This is the worst performance since Mar-23 and is not meeting the recovery trajectory of 41 mins. The target is to reach 30 mins by Mar-24 At an ICS level, hours lost to handover increased to 1713 hours in September. This is an increase compared to July and August, and as a system we are no longer meeting our recovery trajectory Performance against the 4 hour ED standard was 67% in September. New recovery trajectories were agreed for the 4 hour standard as part of the winter plan submission. 67% is just ahead the recovery target for September There remains considerable variation at a place level for performance against the 4 hour standard in September: <ul style="list-style-type: none"> SWH = 69.9% ENH = 70.8% WE = 57.1% Across the ICS, the average patients per day with NCTR remaining in hospital reduced from 178 in August to 163 in September. This is ahead of the recovery trajectory of 176 for September 	<ul style="list-style-type: none"> Continued high demand and high acuity of patients requiring UEC services. However, ED attendances across the health system are similar in FY2324 as they were in FY2223 Across the ICS, ambulance conveyances to ED were 13% higher in Apr23-Sep-23 compared to Apr-22-Sep22 Ongoing industrial action across various staffing groups has impacted recent performance Staffing vacancies – e.g. c.80 vacancies at EEAST; 18 medical vacancies in PAH ED; 40% of staffing at St Albans Integrated Urgent Care Hub are agency Mental Health presentations at ED remain high, coupled with a shortage of beds / assessment space. Analysis suggests that mental health patients are more likely to wait >12 hours in ED At PAH, potential inconsistency in children’s streaming hub coding may improve 4 hour performance Low utilisation of virtual wards in West Essex – however, there is notable improvement in the most recent data Hospital flow remains very challenging with high occupancy rates, especially at PAH where average bed occupancy in September was 97% 	<p>ICB</p> <ul style="list-style-type: none"> Access-to-stack / call-before-convey continues. Since June, EEAST paramedics have physical presence in Robertson House to pass patients to community providers. In September there was an average of 23.4 patients per day passed from the stack to community providers. This compares to 12.7 patients per day in May-23. The number of ambulance conveyances to ED reduced in September; it remains to be seen if this is the start of a trend HUC conducting a 3 month test phase for a single call queue across a number of providers. Anticipated that this should further reduce call waiting times and call abandonment % <p>East and North Herts</p> <ul style="list-style-type: none"> Continued delivery of six UEC workstreams at ENHT Forthcoming Here4Patients initiative to re-focus on the importance of the 4-hour standard in ED Proposal to mobilise a surgical assessment unit and surgical SDEC was approved at the Sep-23 UEC Board. Plans for co-located UTC on the Lister site are progressing <p>West Essex</p> <ul style="list-style-type: none"> 2 additional ambulance assessment bays established week commencing 16-Oct Full capacity protocol Workshop on 31-Oct – scoping conversations have taken place with teams Team of clinical champions agreed to provide proactive challenge to referrals / discharge to virtual ward Prism stakeholder workshops took place on 12th and 19th October <p>South West Herts</p> <ul style="list-style-type: none"> Community first dose IV antibiotics - due live beginning of November WHHT trialling ED consultant in SDEC Recent increase in ED medical workforce Business case for slow stream neuro capacity drafted
ICB			

UEC - Urgent 2 Hour Community Response

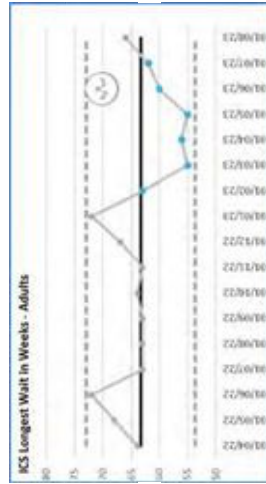
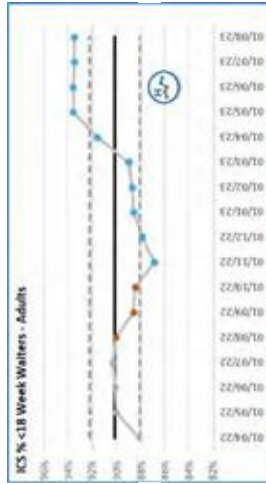
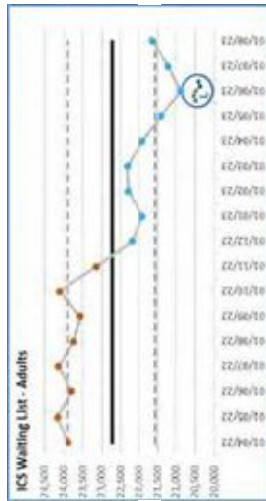
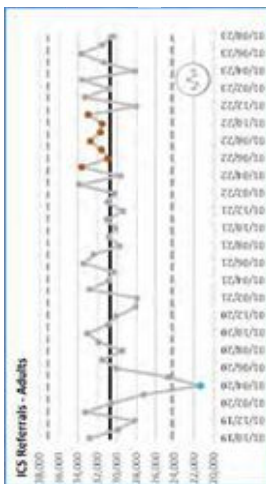


Activity	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
West Essex	337	451	519	395	403	442	466	376	348	472	430	448
East & North Herts	327	336	305	396	512	459	471	454	545	545	636	587
South & West Herts	124	163	139	165	154	103	136	203	222	106	232	159

ICB Issues, escalation and next steps

- All three Places are now consistently achieving the 70% standard
- SWH activity is still comparatively low however, indicating that the service is managing less patients than the other two places. Further investigative work is ongoing to understand the data and ensure that it is correct. Workforce data / capacity across all places, and what is counted are to be reviewed. For example, in SWH, planned care also respond to same day urgent requests which are not currently included in the above data

Community Waiting Times (Adults)



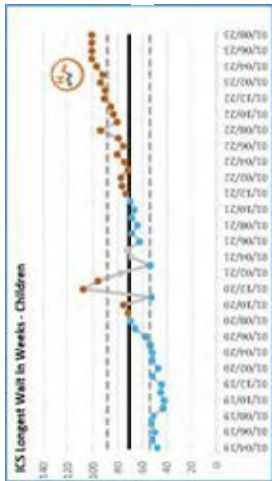
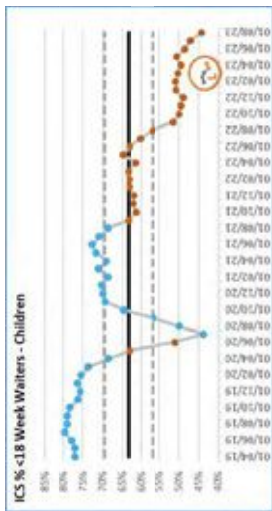
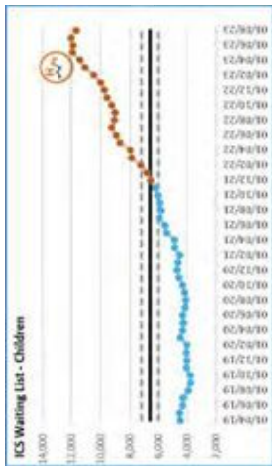
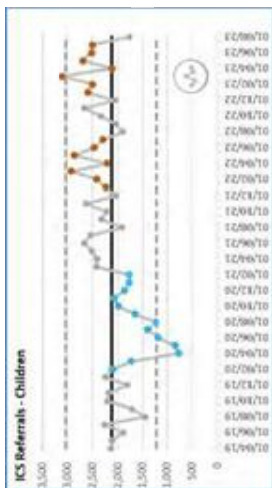
Place	Age	Referrals		Patients Waiting		% waiting <18 weeks		Longest wait (weeks)		Latest data
		Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	
ICS	Adults	31515	30434	21205	21645	93.48%	93.48%	62	66	August
ENH	HCT	8677	7932	8429	8288	90.54%	90.47%	59	59	August
ENH	AJM/Millbrook	157	164	374	451	83.42%	87.58%	45	43	August
ENH	All	8834	8096	8803	8739	90.24%	90.32%	59	59	August
SWH	Provider	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Latest data
SWH	C.GH	6258	6138	2543	2839	91.70%	93.48%	62	66	August
SWH	Connect	3803	3614	5673	5853	97.30%	96.87%	52	52	August
SWH	HCT	996	1021	1116	1088	94.27%	91.54%	49	40	August
SWH	AJM/Millbrook	155	141	460	494	79.57%	81.17%	39	42	August
SWH	All	11212	10914	9792	10274	94.67%	94.62%	62	66	August
WE	Provider	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Latest data
WE	EPUT	11357	11337	2482	2524	100.00%	95.52%	17	25	August
WE	EPUT - Wheelchairs	112	87	128	108	99.22%	95.07%	23	28	August
WE	All	11469	11424	2610	2632	99.96%	95.51%	23	28	August

Community Waiting Times (Adults)

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

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> Referrals are variable but within expected common cause variation The % of patients waiting less than 18 weeks remains strong. Current performance is 93.5%, compared to the national average of 83.0% The total number of adults waiting on waiting lists increased during June – August, but continues to show special cause variation of an improving nature Longest waits within CLCH services in South & West Hertfordshire increased from 62-66 weeks Consultant led 18 week RTT performance: <ul style="list-style-type: none"> ENH Skin Health – 90.3% SWH Respiratory – 92.6% WE Podiatric Surgery – 100% 	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Referrals have increased by 12% compared to 2019/20, although overall waiting within target performance continues to be more favourable compared to the pre-pandemic baseline. Forecasting for the next twelve months suggests that further improvements will be seen <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Slight dip in overall referral numbers Overall number of patients on waiting list have increased slightly. This is mainly due to annual leave and sickness Longest waiter currently within the Neuro Rehab service. This is a patient on Parkinson's (PD) nursing caseload Long waits within the Respiratory and Bladder and Bowel services have reduced and are now within target <p>West Essex (WE)</p> <ul style="list-style-type: none"> Reduced capacity / workforce gaps in MSK and Pulmonary Rehab Small numbers of wheelchair breaches due to supplier delays and ordering of bespoke equipment 	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> All waits are closely monitored and are subject to robust internal governance Detailed productivity analysis underway with service leads Forecasting imbedded. Forecasting of September adult contacts generated in June shows only a 0.05% variance <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Continue to review Neuro Rehab (PD and MS nursing) long waits External provider now sourced to provide PD nursing support. Service has also recruited to substantive post. Both were in place from end of September Division specific recruitment plan now underway which includes developing videos to compliment adverts and targeting social media channels. A number of recruitment fairs have also been held On going discussions with internal divisions and system partners to look how resilience can be built for Neuro Rehab Trajectories now in place for all services where there are waiting times concerns. These are reviewed and monitored weekly <p>West Essex (WE)</p> <ul style="list-style-type: none"> All vacant MSK posts now filled with start dates from November Pulmonary Rehab recruitment progressing well – October interviews successful. Improvement in wait times expected from Jan 24 Wheelchair temporary equipment supplied where impact from supplier delays and bespoke equipment delays

Community Waiting Times (Children)



Place	Age	Referrals		Patients Waiting		% waiting <18 weeks		Longest wait (weeks)		Latest data			
		Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month				
ICS	Children	↓	1762	↓	12015	↓	47.05%	↓	101	↑	101	↔	August
Place	Provider	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	377	244	1002	935	↓	79.84%	↓	50	↓	46	↓	August
ENH	AJM/Millbrook	28	29	114	114	↔	75.44%	↔	41	↑	45	↑	August
ENH	ENHT Community Paeds.	326	148	4704	4669	↓	26.30%	↓	101	↓	101	↔	August
ENH	All	731	421	5820	5718	↓	36.48%	↓	101	↓	101	↔	August
Place	Provider	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Month Change	Latest data
SWH	HCT	1301	959	5301	5073	↓	50.27%	↓	75	↓	77	↑	August
SWH	AJM/Millbrook	28	36	109	106	↓	83.49%	↓	41	↑	45	↑	August
SWH	All	1329	995	5410	5179	↓	50.94%	↓	75	↓	77	↑	August
Place	Provider	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Month Change	Latest data
WE	EPUT - WPA&IChairs	22	22	34	31	↓	100.00%	↓	15	↓	21	↑	August
WE	H-CMG / Virgin	415	334	751	728	↓	98.54%	↓	52	↓	18	↓	August
WE	All	437	356	785	759	↓	98.60%	↓	52	↓	21	↓	August

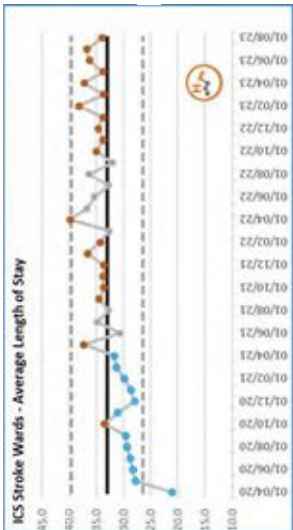
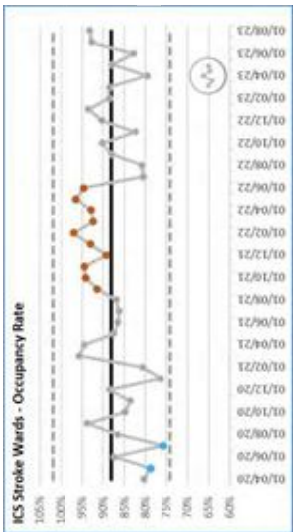
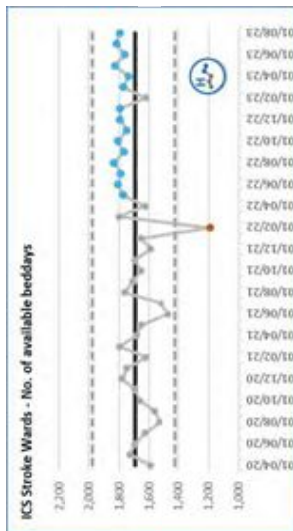
NOTE: ENHT Community Paediatrics data is included above to give a full picture for Children's Services, but is also included in the Planned Care position described in Slides 25 & 26

Community Waiting Times (Children)

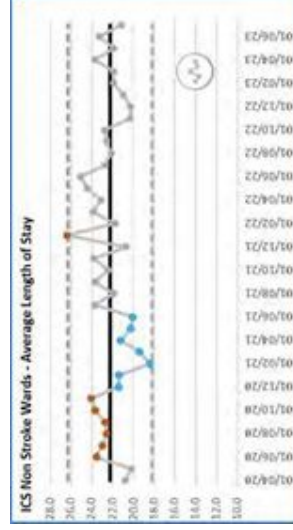
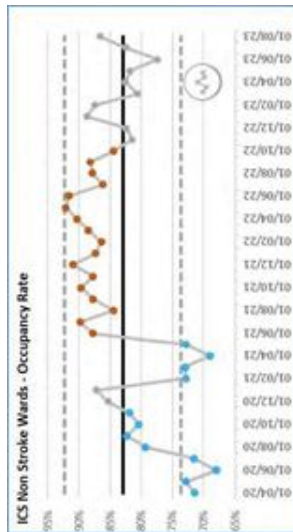
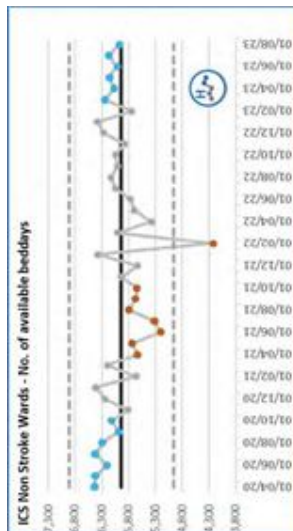
The NHS 18 week Referral to Treatment (RTT) standard only applies to consultant led services. For Children's community services this include Community Paediatrics (ICS wide) and Children's Audiology (SWH). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services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

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> Referrals are variable, but generally trending above the historic mean The total number of children on waiting lists remains very high, but there were small reductions in August in all three Places The % of children waiting less than 18 weeks remains of concern and continues to deteriorate. Performance in August was 44.3%, compared to the national average of 61.5% The longest waits are within the ENHT Community Paediatrics Service at 101 weeks. There are also long waits of up to 77 weeks within HCT services in South & West Hertfordshire Consultant led 18 week RTT performance: <ul style="list-style-type: none"> SWH Community Paediatrics – 48.7% SWH Children's Audiology – 31.6% ENH Community Paediatrics – 22.8% WE Community Paediatrics – 97.8% The ENHT Community Paediatrics position is described within the Planned Care and ASD slides of this report 	<p>Hertfordshire</p> <ul style="list-style-type: none"> Referrals to children's specialist services have increased by more than 35% YTD compared to 2019/20, with the majority of services seeing a marked increase in demand Waiting times in the SWH HCT Community Paediatrics service are improving, with a decreasing number of long waiters. Service productivity shows clear improvement since 2019/20, but referrals have increased by c.40% There is a continued rise in longer waits for Paediatric Audiology in SWH. The service is also currently supporting ENHT newborn hearing pathways Waiting times across Herts for Children's Therapies (OT, Speech & Language and Physiotherapy) remain under pressure, including in particular, the Education, Health & Care Plan (EHCP) element, although there are some improvements in this area <p>West Essex (WE)</p> <ul style="list-style-type: none"> The volume of children on the Community Paediatrics waiting list has stabilised in recent months following a trend of steady increase There are a small number of Community Paediatrics >18 week patients due to clinical illness Community Paediatrics consultant vacancy 	<p>Hertfordshire</p> <ul style="list-style-type: none"> Community Paediatrics working with NHSE Elect to optimise waiting list management Key focus on avoiding 78 and 65 week waits, with clear improvement now being seen Community Paediatrics in SWH is receiving non-recurrent additional investment, increasing workforce capacity and introducing new specialist nursing posts. Risk remains on recruitment to these roles. Transformation Programme Group established to take forward service redesign Paediatric Audiology in SWH is focusing on higher priority appointments, especially follow ups, and signposting to interim advice whilst awaiting assessment. Analysis for workforce business case has resulted in increased capacity with recruitment of two posts. Recruitment has been successful although postholders are yet to start Children's Therapies – increasing capacity through recruitment, waiting list initiatives and outsourcing HCT has established BI forecasting which will be further developed in coming months to integrate with variable demand and capacity measures Current waiting time performance is better than forecast, although the longer-term outlook remains challenging <p>West Essex (WE)</p> <ul style="list-style-type: none"> WE Community Paediatrics Business Case: Additional in year funding and annual growth for future years now agreed, although not at the requested levels. Process of prioritisation underway Clinical illness in Community Paediatrics resolved – breaches expected to be quickly cleared Out to recruitment for vacant consultant Community Paediatrics post

Community Beds (Stroke & Non-Stroke)



Stroke Wards	Number of available beddays			Occupancy Rate			Average length of stay (days)				
	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	744	744	↔	94.76%	94.62%	↓	40.2	34.3	↑	August
SWH	CLCH	611	620	↑	89.36%	90.81%	↑	32.4	33.4	↑	August
WE	EPUT	465	434	↓	94.19%	94.01%	↓	No discharges	34.1	↔	August
ICS	All	1820	1798	↓	92.80%	93.16%	↑	34.7	28.6	↓	August

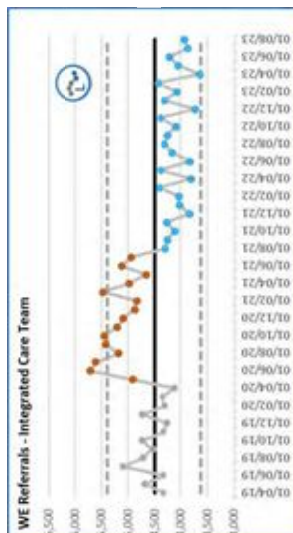
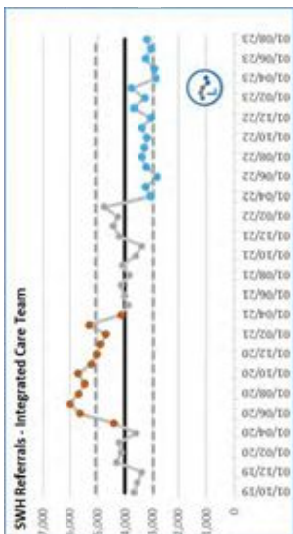
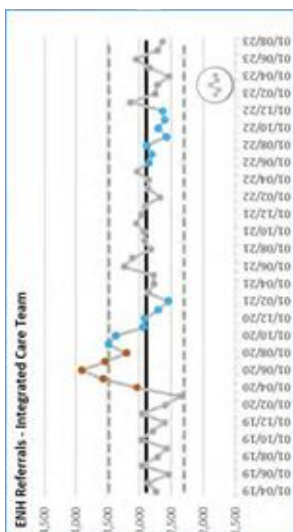


Non-Stroke Wards	Number of available beddays			Occupancy Rate			Average length of stay (days)				
	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	1705	1669	↓	85.28%	75.25%	↓	27.9	29.2	↑	August
SWH	CLCH	2265	2041	↓	75.32%	86.18%	↑	22.4	22.9	↑	August
WE	EPUT	2201	2263	↑	87.64%	95.45%	↑	15.1	T8C	↔	August
ICS	All	6171	5973	↓	82.47%	86.64%	↑	20.9	T8C	↔	August

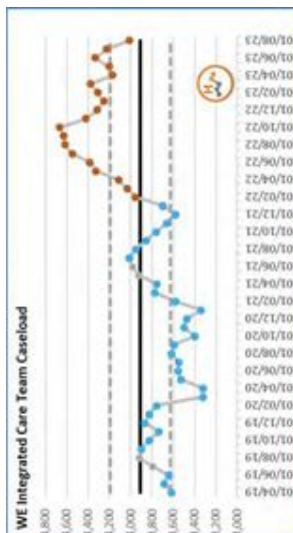
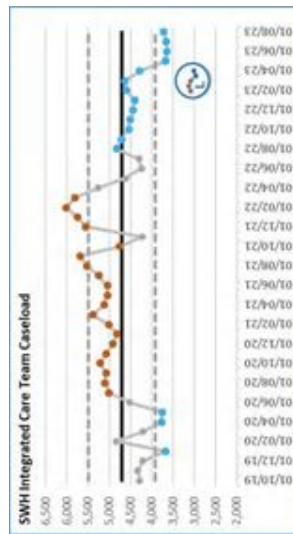
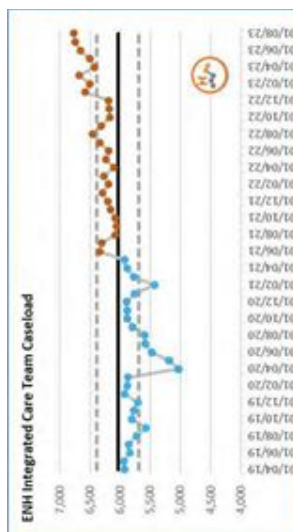
Community Beds (Stroke & Non-Stroke)

ICB Area	What the charts tell us	Issues	Actions
<p>Stroke Beds Days</p> <ul style="list-style-type: none"> Available stroke bed days reduced slightly across the system, primarily in West Essex, but remain higher than the historic mean Overall occupancy rates are variable but remain within common cause variation limits. There variation between the 3 Places has reduced to less than 4% Overall length of stay reduced in August, driven by a large reduction in West Essex. Length of stay is now consistent across our three Places 	<p>Stroke Beds Days</p> <ul style="list-style-type: none"> Available stroke bed days reduced slightly in August, but the overall trend is still of an improving nature Overall occupancy rates across the system are within common cause variation limits, but there remains notable variation across the 3 Places. HCT occupancy in August was 75.3%, with EPUT at 95.5% HCT and CLCH length of stay was broadly unchanged Overall length of stay could not be reported due to EPUT data issues. This should be resolved in next reporting 	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Bed occupancy remains the highest at Danesbury (Stroke and Neuro) with an average of 92% over the past two years. Herts & Essex and QVM have an average occupancy of 82% and 82% respectively Average length of stay for Herts & Essex has an average of 23 days. For QVM and Danesbury, there has been an increase since April 2023, following a period of a lower trend from July 2022. QVM are currently at 24 days, and Danesbury 32 days Admissions show no significant change in trend to recent years. Danesbury has the least admissions with an average of 17 a month, with QVM averaging 21, and Herts & Essex 32 <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Increase in number of stroke beds available. However, small decrease in number of general rehab beds available due to ongoing estates work Although increase in occupancy levels in both stroke and general rehab beds, internal targets not achieved <p>West Essex (WE)</p> <ul style="list-style-type: none"> High levels of referrals and admissions resulting in high occupancy rates Two long stay stroke patients > 6 weeks High volume of Discharge to Assess (D2A) patients awaiting Care Homes; 1 long stay patient > 3 months IPC controls in place following MRSA outbreak in 1 ward at St Margaret's Community Hospital 	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Safe staffing measures now fully configured in PowerBI Introduction of Discharge Medicines Service (DMS) is being taken forward <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Daily assurance calls remain in place with HCC with clear escalation process in place Currently reviewing all processes to manage patients in and out of wards In collaboration with system partners, action plan agreed to support flow and winter plan also drafted In collaboration with system partners, SPOC review completed, and action plan agreed <p>West Essex (WE)</p> <ul style="list-style-type: none"> All patients awaiting Care Homes reviewed on daily social care escalation call Lack of specialist dementia nursing placements
<p>Non-Stroke Beds Days</p> <ul style="list-style-type: none"> Available bed days reduced slightly in August, but the overall trend is still of an improving nature Overall occupancy rates across the system are within common cause variation limits, but there remains notable variation across the 3 Places. HCT occupancy in August was 75.3%, with EPUT at 95.5% HCT and CLCH length of stay was broadly unchanged Overall length of stay could not be reported due to EPUT data issues. This should be resolved in next reporting 			

Integrated Care Teams (ICT)



Place	Provider	Age	Referrals			Referral Rate per 1,000 Population		
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change
ENH	HCT	All	2725	2642	↓	4.3	4.2	↓
SWH	CLCH	All	3072	3213	↑	4.5	4.7	↑
WE	EPUT	All	3865	3927	↑	11.7	11.9	↑
ICS	All	All	9662	9782	↑	5.9	6.0	↑



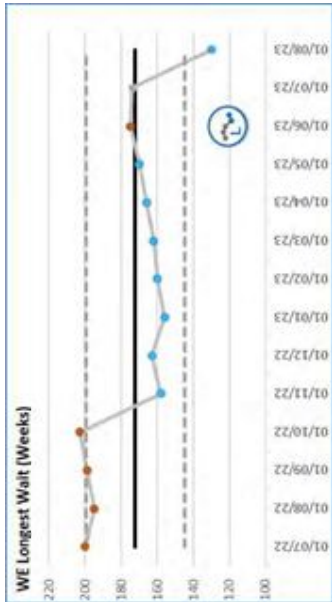
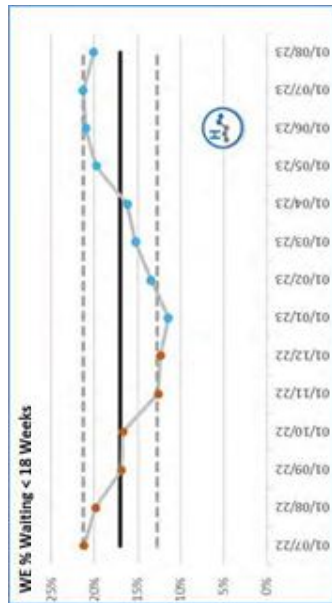
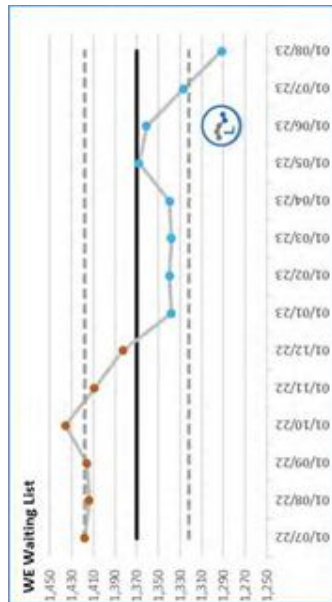
Place	Provider	Age	Caseload			Caseload per 1000 population		
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change
ENH	HCT	All	6753	6769	↑	10.8	10.8	↑
SWH	CLCH	All	3658	3731	↑	5.4	5.5	↑
WE	EPUT	All	4275	4016	↓	12.8	12.2	↓
ICS	All	All	14636	14516	↓	8.9	8.9	↓

Integrated Care Teams (ICT)

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> Overall referral volumes to Integrated Care Teams have been consistently reducing since the restoration of services post-Covid West Essex referral volumes appear disproportionately high given the relative population size Integrated Care Team caseloads in East & North Hertfordshire remain high and increasing; West Essex are also high, but reducing back towards the historic mean; South & West Hertfordshire are notably below the historic mean South & West Hertfordshire caseload appears disproportionately low given the relative population size 	<ul style="list-style-type: none"> The 3 Providers BI teams are undertaking a review of service lines and unique patient volumes to try to identify the reasons behind the referral and caseload variances <p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Overall, referrals show a small increase compared to pre-pandemic, although this differs at Locality level Increasing patient complexity has driven an increasing caseload and an increasing first to follow up ratio Service and staff are under growing pressure <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Slight increase in number of referrals from previous month Further work required to understand why referrals and caseload numbers are so different to ENH and ensure correct numbers are captured and services are being measured like for like <p>West Essex (WE)</p> <ul style="list-style-type: none"> High numbers of Diabetes Type 2 patients dependent upon insulin injections impacting ICT capacity 	<ul style="list-style-type: none"> Community services review underway across HWE to reduce variation and shift to reporting outcomes and impact, to compliment the activity driven data that exists <p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> A comprehensive support programme in place focused on workforce, wound care and diabetes management with the ICT <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Review of workforce and criteria with ENH to understand differences. Ensure like for like comparisons between providers. Providers are also reviewing number of unique patients and workforce <p>West Essex (WE)</p> <ul style="list-style-type: none"> Specialist Diabetes Community Team providing support with self-injection to reduce demand on ICTs

Autism Spectrum Disorder (ASD) – West Essex

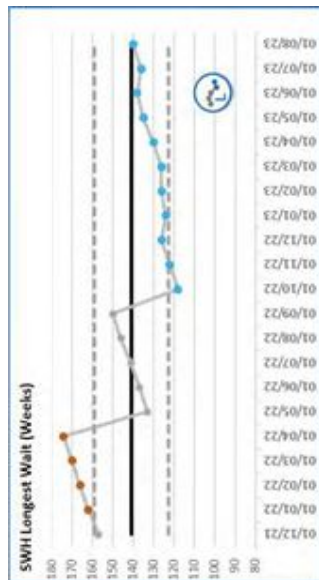
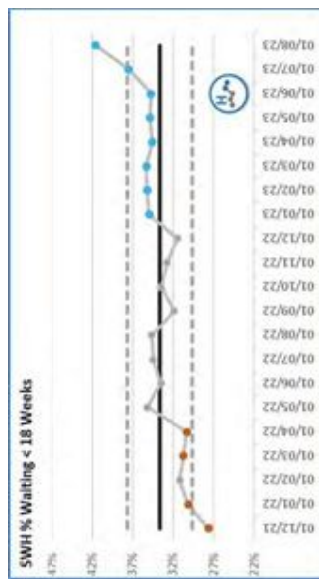
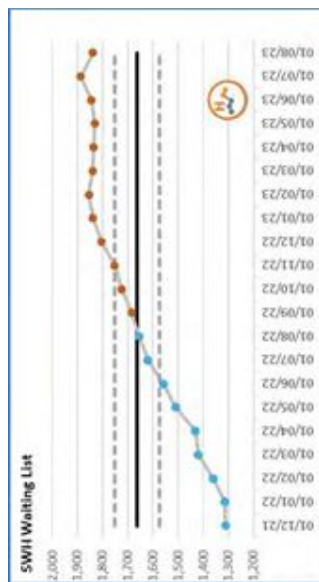
Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)		
			Current Month	Previous Month	Month Change	Current Month	Previous Month	Month Change	Current Month	Previous Month	Month Change
WE	HCRG	Children	1289	1327	↓	20.17%	21.33%	↓	130	174	↓



ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none"> The ASD waiting reduced for the third consecutive month. Whilst not meeting the agreed recovery trajectory, the gap has closed to 129 The % of ASD waiters < 18 weeks dipped slightly in August, but the trend remains of an improving nature Longest waits in the service improved significantly in August as the small number of longest waiting children have now completed their pathways 	<ul style="list-style-type: none"> Reconciliation of backlog funds against activity to date is estimating current funding is now exhausted Referral rate has been within core commissioned capacity during August and September, but is expected to grow in line with the annual profile (e.g. as schools settle into the new academic year) Further 31% projected demand increase by 2026 Prescribing costs have increased by 188% since the start of the contract (17/18), mainly driven by ASD/ADHD medications, creating a £60k cost pressure Cost and capacity pressure also exists as a result of ADHD medication supply incident. Community Paediatrician time required for medication reviews and high cost of medications available 	<ul style="list-style-type: none"> Business case submitted to increase core capacity for sustainable delivery and address prescribing gap not supported due to available funding Recruitment to recent Community Paediatric vacancy 'Waiting well' workshop continues with local partners at place, led by HCRG, also linking in with Essex wide joint commissioning initiatives Working with Herts partners on applying a Neurodiversity Segmentation Model, although this is similar to that already in place under the WE JADES model and requires additional resource to be effective. Therefore, likely limited impact for WE and does not address the significant financial pressures in prescribing

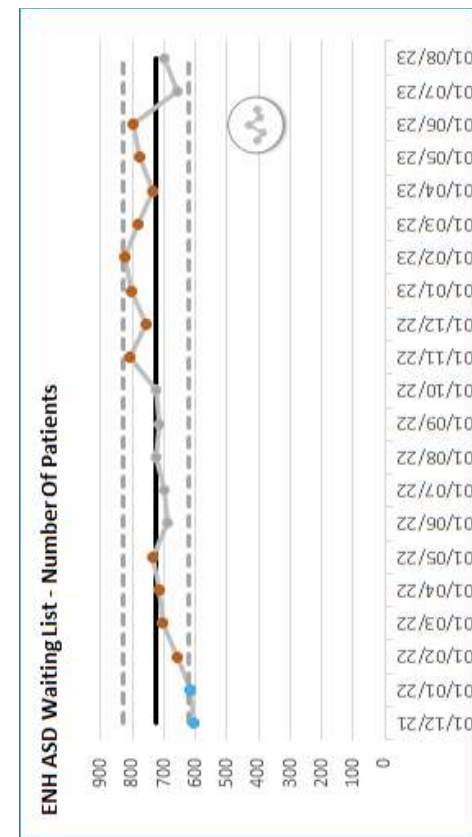
Autism Spectrum Disorder (ASD) – South & West Hertfordshire

Place	Provider	Age	Patients Waiting		% waiting < 18 weeks		Longest wait (weeks)		Latest data
SWH	HCT	Children	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	August
			1839	1887	41.60%	37.47%	140	136	↑



ICB Area	What the charts tell us	Issues	Actions
South & West Herts	<ul style="list-style-type: none"> The overall waiting list is relatively stable following the sharp increase seen during 22/23, but remains notably above the historic mean The % of ASD waiters < 18 weeks has notably improved in the last two months The longest waits have been slowly increasing over the last year, with the longest now at 140 weeks 	<ul style="list-style-type: none"> Capacity in existing services does not meet demand Further increases in demand predicted Funding for outsourcing additional diagnostic assessments to reduce the waiting list is due to end in December 2023 	<ul style="list-style-type: none"> Significant additional diagnostic assessments have been delivered through outsourcing. The Owl Centre Ltd outsourcing is continuing at pace with increased face to face assessments for CYP aged 5 and 6. Current funding ends in December 2023 There is some additional internal capacity and processes have been improved significantly Learning Disabilities, Mental Health and Autism Collaborative continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with autism and / or ADHD Funding has been agreed until March 2025 for the Neurodiversity support centre EPs allocated to clinics with SLTs for quality check assessments Clinicians have agreed future best practice Neurodiversity Segmentation Model for Hertfordshire, this is being signed off through the HCT clinical governance and this is due to be reviewed by operational teams to plan staff model and capacity required

Autism Spectrum Disorder (ASD) – East & North Hertfordshire



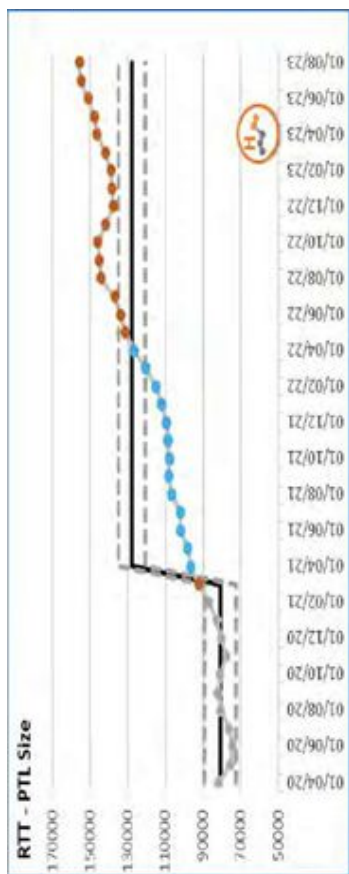
- In East and North Hertfordshire patients have a first appointment with Community Paediatrics. If the clinician then considers that the patient requires an ASD assessment then they are added to the ASD waiting list.
- Data is available on the waiting times for the first community paediatrics appointments and also for ASD assessments once a patient has been added to the ASD assessment waiting list. However, data is not available for both pathways combined
- The chart opposite shows the trend in the number of patients waiting for an ASD assessment once they have been referred by a community paediatrician
- The table below summarises how long patients on the ASD waiting list have been waiting (as of Jul-23):

Waiting list bucket	Number of patients (Aug-23)	Number of patients (Oct-23)
<18 weeks	153	202
18 – 65 weeks	344	344
66 – 78 weeks	75	35
>78 weeks	126	139

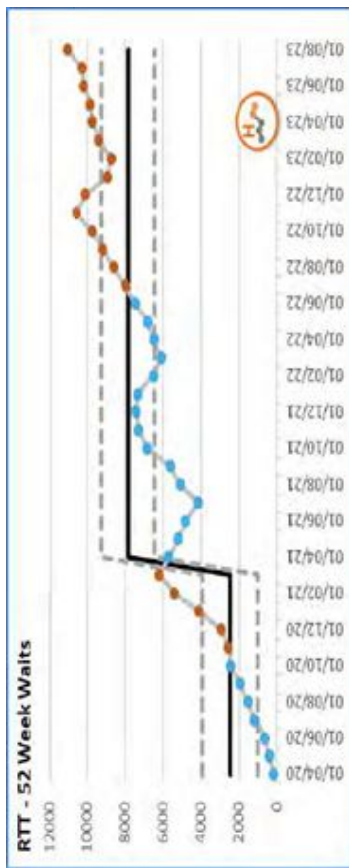
Summary of ENHT ASD assessment waiting list

ICB Area	What the charts tell us	Issues	Actions
East & North Herts	<ul style="list-style-type: none"> • The ASD waiting list continues to fluctuate within the normal range of 600-800 patient • However, overall number of waiters for July and Aug were below the historic mean • The number of patients waiting >65 weeks has reduced from 201 in August to 174 at most recent count (12th October) • The waiting list shown above does not include patients waiting for their first community paediatrics appointment, even if they have been referred by their GP as query ASD. It only shows patients who have been assessed by a community paediatrician and referred for a detailed ASD assessment 	<ul style="list-style-type: none"> • Data not currently reportable on the same basis as the other two ICB Places • ENHT is currently subject to fortnightly Tier 2 Oversight and Scrutiny meetings for Community Paediatrics with NHSE/1 as a result of increasing >78 week waiters • Backlog funding will end December 2023. Without additional investment, ASD waiting lists will return to a position of growth • Further increases in demand predicted 	<ul style="list-style-type: none"> • ENHT and HWE ICS are currently implementing a recovery plan for the community paediatrics service in ENH. Actions from this plan relating to ASD include: <ul style="list-style-type: none"> • Clinicians have agreed future best practice Neurodiversity Segmentation Model across Hertfordshire. This model makes increased use of the MDT • There will be a single point of access for community paediatric services across Hertfordshire • Potential for additional outsourcing ASD diagnostic assessments • For those with suspected ASD over age of 7yrs, exploring new pathways direct from primary care to OWL to undertake the assessment from initial appointment to discharge • Learning Disabilities, Mental Health and Autism Collaborative continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with autism and / or ADHD • Funding has been agreed until March 2025 for the Neurodiversity support centre.

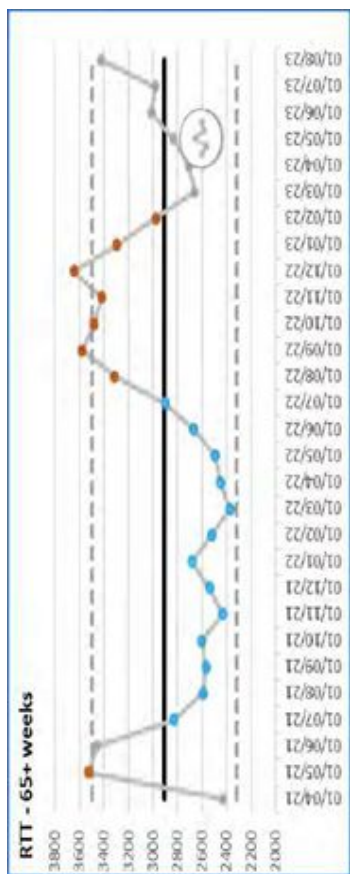
Planned Care – PTL Size and Long Waits



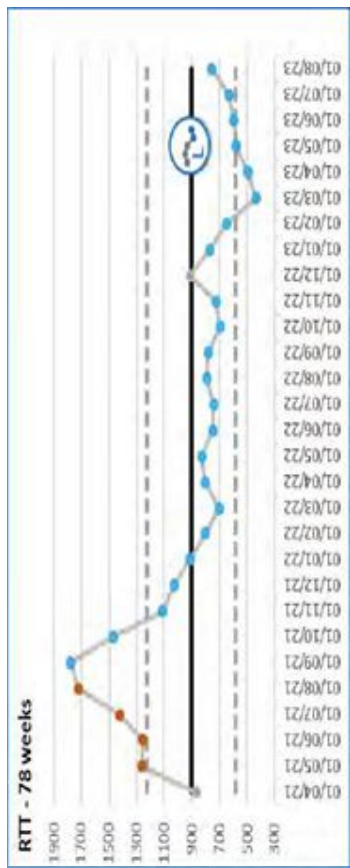
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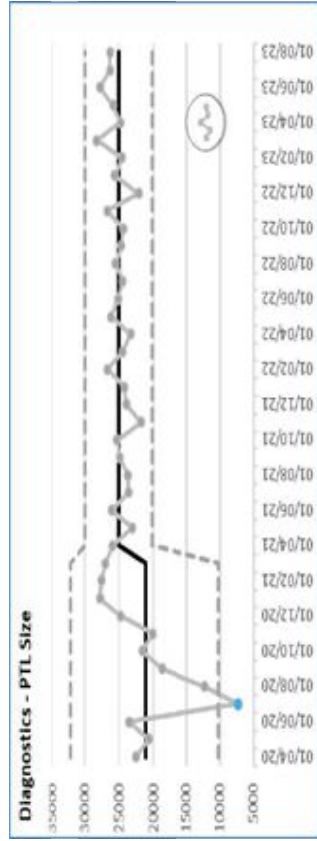
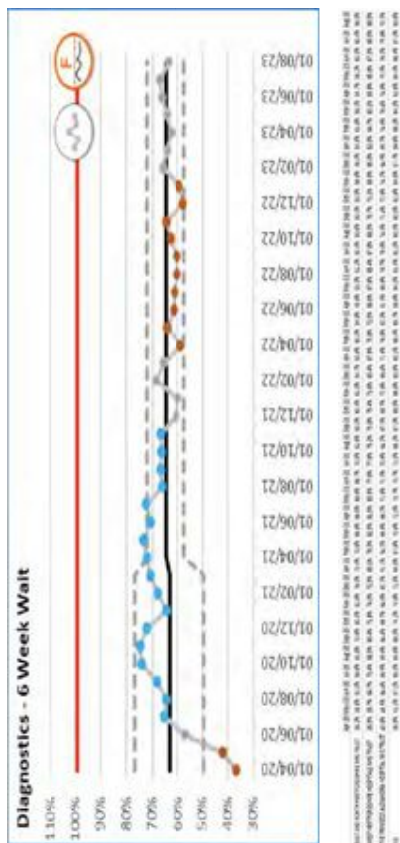


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Planned Care – PTL Size and Long Waits

ICB Area	What the charts tell us	Issues	Actions	Mitigation
HWE	<ul style="list-style-type: none"> The overall PTL size has been steadily increasing since December 2022. WHTH and ENHT has been increasing month on month whereas PAH remained steady until July & August 2023, since when it has significantly increased. The key driver for the growth in the PTL is outpatients July saw an increase in number of patients waiting >78 weeks, and August a significant increase again. The increases were driven by ENHT & PAH, whilst WHTH has remained both steady and low The number of patients waiting >65 weeks increased significantly in August and is now off plan The number of patients waiting over 52 weeks has seen a consistent increase since February 2023 and therefore remains an area of high concern 	<ul style="list-style-type: none"> Not enough activity is being delivered to manage the backlog effectively Staffing remains a challenge, particularly Anaesthetics & Community Paediatrics at ENHT ENHT 78 week waits is primarily in Community Paediatrics PAH 78 week waits have been increasing steadily although there was a notable increase in August as the IA has had a significant impact Trauma and Orthopaedics (T&O) and Community Paediatrics remain the main areas of pressure T&O recovery has also been impacted by the unexpected death of a PAH consultant. A locum consultant has recently been appointed - start date TBC The impact of on-going industrial action is seen in the increasing waiting lists and deviance from 78ww plans, although Trusts have robust plans in place The latest 78ww forecast for the end of October (as of 18/10) is 1,008 for the system (ENHT 875 / WHTH 13 / PAH 120) 	<p>Management of waiting lists</p> <ul style="list-style-type: none"> System focus on reducing number of patients waiting >78 weeks and >65 weeks, with regional and national oversight Demand, capacity & recovery plans are in place to monitor 78 & 65 weeks Weekly KLOEs in place with NHSE to track 104/78/65 week positions Fortnightly performance meetings with each of the three acute Trusts are in place with NHSE support Validation and robust PTL management in place ENHT has been moved out of tier 1 for elective recovery and into tier 2 <p>Increasing Capacity and improving productivity</p> <ul style="list-style-type: none"> Pro-active identification of pressured specialities with mutual aid sought via local, regional & national processes Outpatients has a full programme of work to increase productivity including PIFU (patient initiated follow up), reducing follow ups including discharging where appropriate, and increasing take up of advice & guidance Maximising use of ISP capacity and WLIs where possible Theatre Utilisation Programmes in place including an ICB wide programme Anaesthetist recruitment PAH “Hot Week” scheduled for w/c 30th October – only Cancer and >78 week operating <p>Community paediatrics ENHT</p> <ul style="list-style-type: none"> Hertfordshire wide single service model for community paediatrics has been developed. Not all elements have been agreed with all providers yet. Once in place, the new service model will improve RTT performance through: <ul style="list-style-type: none"> ADHD pre-screening service will increase the number of patients referred into a more appropriate service and reduce demand on community paediatrics Increased use of the MDT will free-up Consultant time for the most complex patients and reduce the number of pathways which are Consultant-led Ongoing monitoring of ADHD patients outside of an acute setting will increase Consultant capacity for new patients at ENHT 	<ul style="list-style-type: none"> Actions delivering overall reductions to 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 System wide Community Paediatrics plan in development

Planned Care – Diagnostics



ICB Area	What the charts tell us	Issues (DM01 figures given are % of patients waiting over 6 weeks, June data)	Actions	Mitigation
HWEICB	<ul style="list-style-type: none"> 6 week wait performance across the system deteriorated by 2.8% between June and August There was a small improvement at WHTH, but slippage at ENHT & PAH Demand continues to increase, but the overall PTL remains within common cause variation limits 	<ul style="list-style-type: none"> Workforce remains the key area of concern DEXA continues to be a key risk area at ENHT and WHTH; this is mainly a staffing issue at ENHT, but also WHTH has a scanner down awaiting a part MRI performance at ENHT also remains challenged, as does Echos and Audiology performance at WHTH Audiology and Endoscopy (esp. Cystoscopy) are the key challenges at PAH PAH have also had issues covering a staffing gap for Echos which has impacted waiting times. Position is now improving 	<ul style="list-style-type: none"> Focus remains on DEXA - the recovery trajectory is ahead of plan in the August position PAH Audiology funding approved from NHSE for additional CDC activity being used for insourcing. This activity has commenced Working with PAH and WHTH on mobilisation of the CDCs and endoscopy unit PAH CDC is live for MRI and ultrasound extended access using insourcing and existing facilities Workforce lead for diagnostics has been appointed and expected to start in November, subject to HR checks Diagnostic strategy finalised Recovery trajectories are in place and monitored through the performance meetings and diagnostic programme 	<ul style="list-style-type: none"> Continued use of insourcing / outsourcing where funding permits Use of mutual aid Validation of lists Continue to apply for NHSE funding opportunities to support additional capacity Workforce lead appointed

Planned Care – Theatre Utilisation

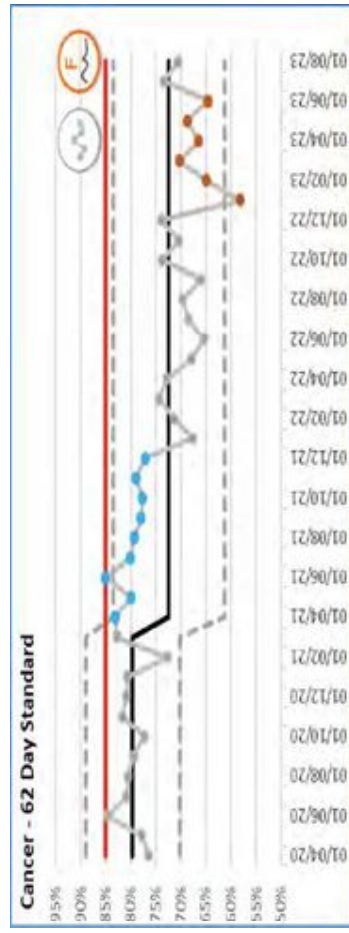
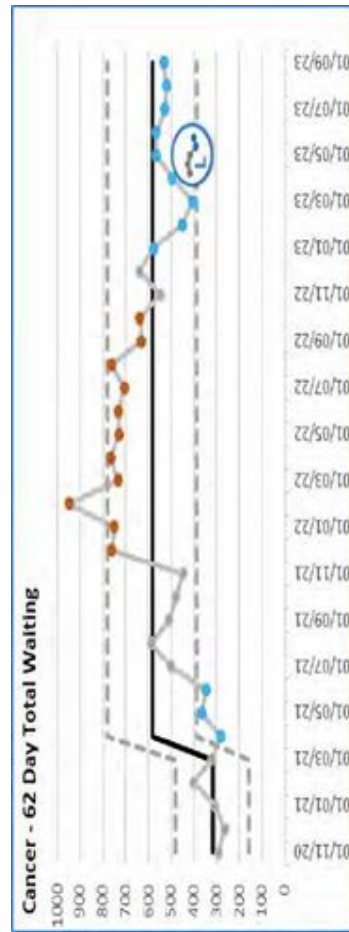
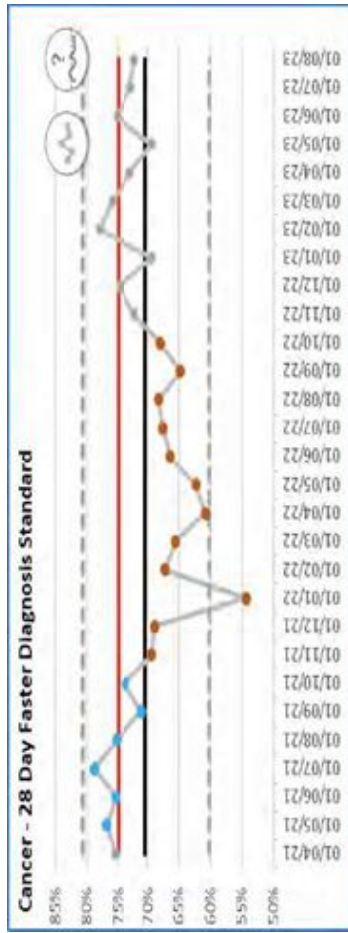
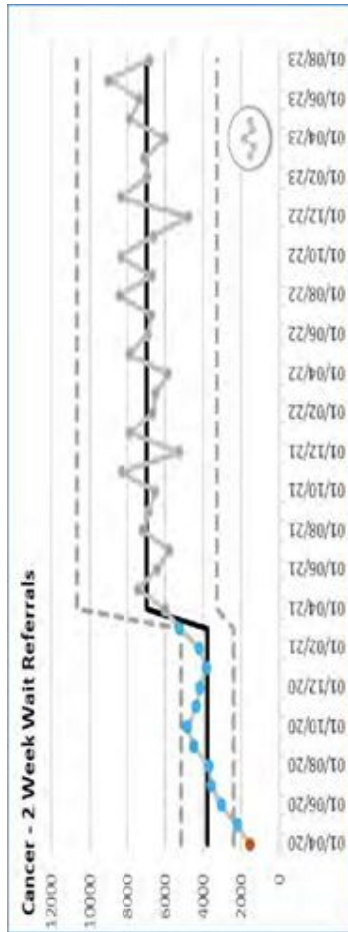
Site data	
St Albans City	Watford
188	99
2.7	1.7
80.7%	73.4%
24	32
9	27
76	89
34	120
0.0%	7.1%

	ENH	PAH	W Herts
Theatres	419	181	287
Number of cases*	2.6	1.9	2.2
Average cases per 4 hour session*	81.1%	69.2%	77.3%
Utilisation – Capped	23	51	28
Average late starts (Minutes) †	17	14	14
Average inter case downtime (Minutes)	63	76	82
Average early finish (Minutes) †	41	62	77
Average unplanned extensions (Minutes) †	1.4%	0.0%	2.4%
% Emergency cases on elective lists *	83.8%	74.5%	77.2%
BADS Day Case	7.0%	19.0%	11.0%
Conversion from day case to inpatient			

* no national target
 † where list started late / finished early /extended time

ICB Area	What the charts tell us	Issues	Actions
HWEICB	<ul style="list-style-type: none"> Comparison of Model Health System theatre utilisation data. Presentation supplied by NHSE (October 23) Theatre data w/e 10/9/23 Day case metrics April - June 23 	<ul style="list-style-type: none"> ENHT – although overall good performance, capped utilisation has yet to achieve the national target of 85%. The average inter case downtime has decreased slightly PAH – consistently high conversion from day case to inpatient rate, alongside a low day case rate WHTH – lower efficiency and increased emergency surgery rate on Watford site. Although capped utilisation rates and average cases per hour have improved overall 	<p>GIRFT High Value Low Complexity Targets (HVLG):</p> <ol style="list-style-type: none"> Theatres Capped Touch time Utilisation = 85% BADS Day Case Rates = 85% <ul style="list-style-type: none"> A series of reviews of DQ issues and solutions have taken place with Trusts through the GIRFT theatre programme team Learning session to be planned for the Autumn to allow Trusts to share areas of good practice and look at challenges

Cancer



01/04/20 01/06/20 01/08/20 01/10/20 01/12/20 01/02/21 01/04/21 01/06/21 01/08/21 01/10/21 01/12/21 01/02/22 01/04/22 01/06/22 01/08/22 01/10/22 01/12/22 01/02/23 01/04/23 01/06/23 01/08/23

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<h1 style="font-size: 2em; margin: 0;">Cancer</h1>				
ICB Area	What the charts tell us	Issues	Actions	Mitigation
<p>ICB Area</p>	<ul style="list-style-type: none"> 2 week wait referrals decreased in August 28 Day Faster Diagnosis Standard(FDS) performance declined in both July and August, and is below target PAH achieved the 75% FDS standard in September Performance remained stable for the number of patients waiting >62 days, in July, August and September Performance against the 62 day standard remains below standard showing an overall declining pattern with particular challenges at PAH 	<p>ENHT</p> <ul style="list-style-type: none"> >62 day backlog increased during August but has started to come down again during September and October The increased backlog was caused by: <ul style="list-style-type: none"> patient choice (especially Skin, Urology and Head & Neck pathways); Upper GI patients waiting for EUS at Royal Free; TP biopsy capacity; annual leave and IA over the summer; delayed transfers to ENHT In August, four out of nine performance standards were met. Of those which were missed, all were within five percentage points of the standard <p>WHTH</p> <ul style="list-style-type: none"> Increase in demand and insufficient capacity for diagnostics and clinical support, particularly in CT guided biopsy and histopathology Dermatology Service continues to be significantly challenged Although cancer patients were prioritised during the recent industrial action, overall capacity is compromised Delays in results being reviewed by clinicians <p>PAH</p> <ul style="list-style-type: none"> Ongoing Industrial Action. The Trust's good progress to date on 62 day backlog reduction faltered in September due to the joint Junior Doctor and Consultant action 62 day % performance is low as a direct impact of continued focus on treating the longest waiting patients Urology capacity and workforce. This service accounts for 56% of the total backlog 	<p>ENHT</p> <ul style="list-style-type: none"> Saturday radiotherapy sessions done through June, July and August whilst there have been radiographer vacancies. Vacancies now recruited to TP biopsy capacity increased to 5 per list Colonoscopy outsourcing capacity has commenced, and new FIT guidelines started Additional theatre capacity introduced for RALP Increased regularity of meetings with leads at Watford, Hillingdon, Luton and Northwick Park <p>WHTH</p> <ul style="list-style-type: none"> Cancer Improvement Program Board now established and overseeing service level improvement plans and service development Breast Pain pathway live from September 2023 and clinics commenced Benign diagnosis project underway, aimed at increasing efficiency in communication of benign diagnosis directly from MDT, as well as a review of results and virtual clinic processes Review of Urgent Cancer Referral Forms continuing, Dermatology Form reviewed, now focusing on Gynae and Urology Hoping to repurpose Cancer SDF to support Dermatology Pathway with additional Dermoscopy clinics and consideration of outsourcing <p>PAH</p> <ul style="list-style-type: none"> Complete refresh of Cancer Improvement Plans at service level – end October “Hot Week” scheduled for w/c 30th October – only Cancer and >78 week operating Dedicated Cancer PTL management Event 1st November Urology recruitment successful for all vacant registrar posts – start dates TBC On commencement of new Urology appointments, the service will be at full staffing aside from one consultant on restricted duties PAH 62 day backlog recovery faltered during September, but the trend is still positive. As of 22/10/23 the gap to March 24 plan is just 41 patients All cancer MDTs maintained during latest industrial action 	<p>ENHT</p> <ul style="list-style-type: none"> Starting EUS service at Lister New Urology Consultant starting in November Skin WLIs <p>WHTH</p> <ul style="list-style-type: none"> All patients who are treated after Day 62 will be subject to a Clinical Harm Review Clinical review is requested by MDT trackers as they track patients and escalated as necessary using new escalation process. Any patient found to have cancer will be subject to a clinical harm review after treatment Dermatology FDS performance now under scrutiny as part of the EOE Cancer Alliance RCAT project <p>PAH</p> <ul style="list-style-type: none"> System support and oversight in place, with Cancer Alliance & NHSE attendance Cancer “Real-time” Harm Review process Safety netting in place to review any patient cohorts remaining on PTL inappropriately

Performance v. 23/24 Operational Plans

POD	Description	M5 Only				Year To Date					
		Plan	Actual	Actual vs Plan %	Change	Performance	Plan	Actual	Actual vs Plan %	Change	Performance
EM13	Number of attendances at all type A&E departments	40,492	39,141	-3.34%	-1,351	↓	213,159	202,931	-4.80%	-10,228	↓
EM11a	Number of specific acute non-elective spells in the period with a length of stay of zero days	3,438	2,748	-20.07%	-690	↓	17,610	14,690	-16.58%	-2,920	↓
EM11b	Number of specific acute non-elective spells in the period with a length of stay of one or more days	6,229	6,650	6.76%	421	↑	30,859	33,307	7.93%	2,448	↑
EM10a	Elective day case spells	8,798	9,728	10.57%	930	↑	42,310	47,070	11.25%	4,760	↑
EM10b	Elective ordinary spells	1,143	876	-23.36%	-267	↓	5,473	4,282	-21.76%	-1,191	↓
EM32g	Outpatient attendances (all TFC; consultant and non consultant led) - First attendance	43,071	42,089	-2.28%	-982	↓	211,172	203,469	-3.65%	-7,703	↓
EM32h	Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance	50,393	62,247	23.52%	11,854	↑	257,524	312,257	21.25%	54,733	↑
EB20	The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 65 weeks or more	2,303	3,425	48.72%	1,122	↑	13,165	14,962	13.65%	1,797	↑

ICB issues and escalations

- Urgent care activity and zero day length of stay are within plan; 1+ day length of stay is above plan
- Elective recovery and activity in all areas continues to be impacted by the ongoing Junior Doctor and Consultant Industrial Action
- Elective inpatient activity is below plan; day cases are significantly above plan; net total activity is up

Stroke

ICB Issues, escalation and next steps

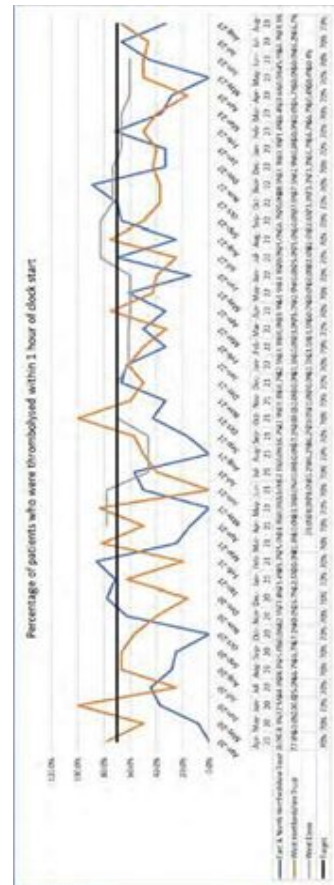
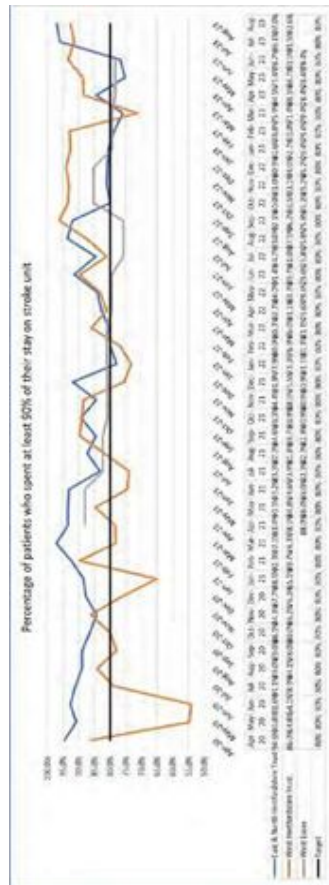
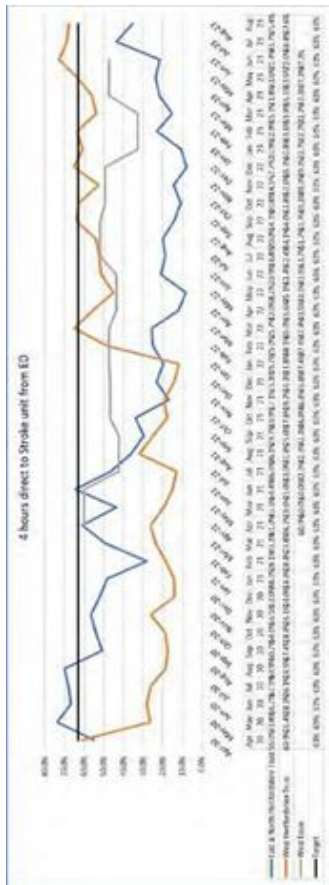
- West Essex:** Barking, Havering and Redbridge Trust (BHRT) is the main provider of Stroke for WE patients; reported quarterly via SSNAP. BHRT overall 23/24 Q1 SSNAP rating is C. At the time of writing 23/24 Q2 is yet to be published
- Increase in LOS due to increased decision to admit demand of out of area patients
 - TIA is a concern due to high waiting times. Working with NEL to move from a 5 day per week to a 7 day service
 - Pre-Hospital Video Pilot –working well and direct to CT has commenced at Queens. Concerns raised by ISDN for further funding of the pilot. Evaluation / next steps to be agreed
 - Exploring PAH Cardiology Team undertaking diagnostic testing to reduce DNAs at Queens
 - Stroke Passport designed by Stroke Association is being used at rehabilitation level 3. Looking at how to expand further within the teams

ENH

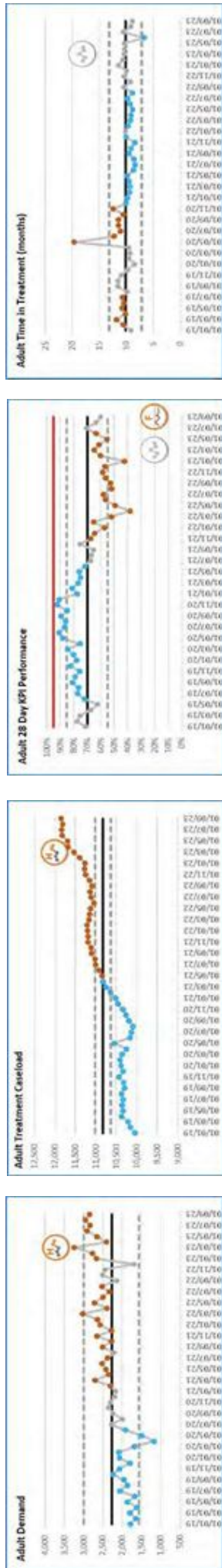
- The ENHT SSNAP performance for Q1 FY2324 improved from a D to a C rating
- New ED to stroke unit in-hours and out of hours transfer pathway trial implemented to support '4hr direct to stroke unit' standard and ED flow. Performance improved in July (43.7%) and Aug (35.4%); ongoing audit to measure impact of trial
- In July 23 and Aug 23, >96% of patients spent over 90% of their stay on a stroke unit. This is above the national standard of 80%. Four ring-fenced stroke beds remain in place, and planning to increase to ten
- In Aug 23, 33.3% of eligible patients were thrombolysed within 1 hour of arrival in ED
- All 20 stroke monitors have been upgraded to detect Atrial fibrillation (AF). This will support early diagnosis and management of patient pathway
- Upcoming Neuro Rehab Therapy workforce vacancies; expected knock-on impact to OT/PT service pressure at ENHT

S&W Herts

- Overall SSNAP performance is at a B rating, attributed to pressures on the system and challenges in the therapy workforce
- The % thrombolysed within 1 hour improved in August 2023 to 67%, which is above the local standard of 50%
- 4 hours direct to stroke unit remains consistently below national standard (90%) at 68%. This is however above the local standard of 60%. Patients receive stroke consultant input for their care while waiting for admission to the stroke unit
- WHHTT have been accepted to take part in the EOE Ambulance Video Triage pilot. It is hoped that this will have a positive impact on patients' movement through ED and time to Thrombolysis
- Rehab gym continues to be used as a bed capacity surge area (Aug & Sept 32/62 days occupied), which impacts the whole rehabilitation pathway
- TIA performance noted to have recovered to above 75% local standard at 78% in August. Ongoing industrial action and cancellation of clinics has created challenges in meeting this standard. Plans to meet with Trust Team around GP education and optimising referrals
- ESD, NETT and Community Stroke Service performance continues to be impacted by increased referrals and workforce issues. Current wait time for ESD is around 7 days. Service Lead confident that waiting list for ESD will improve when current vacancies filled, interviews planned



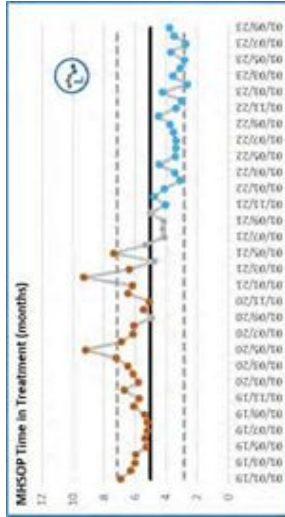
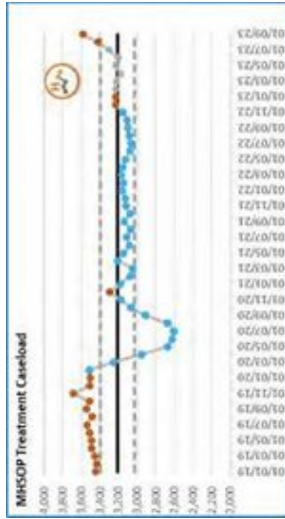
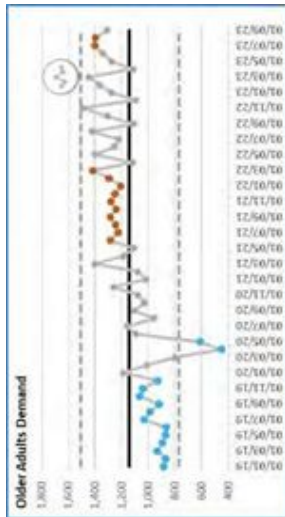
Mental Health – Adult Services



NOTE: NHSE plans to commence publishing data on long waits for Adult Community MH. This will comprise median and 90th percentile performance to receive two contacts. We expect to report this data in our Jan 24 report

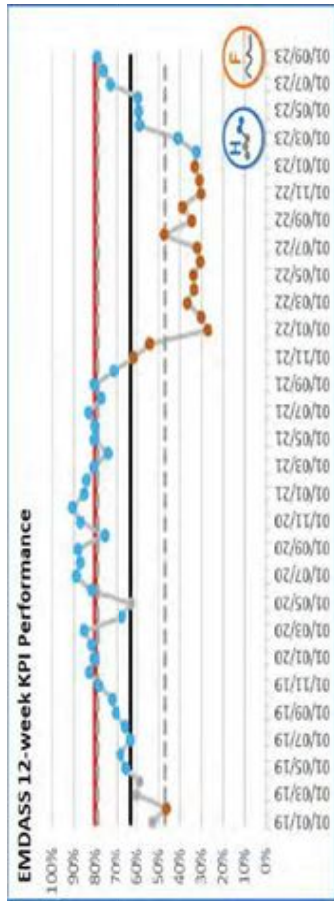
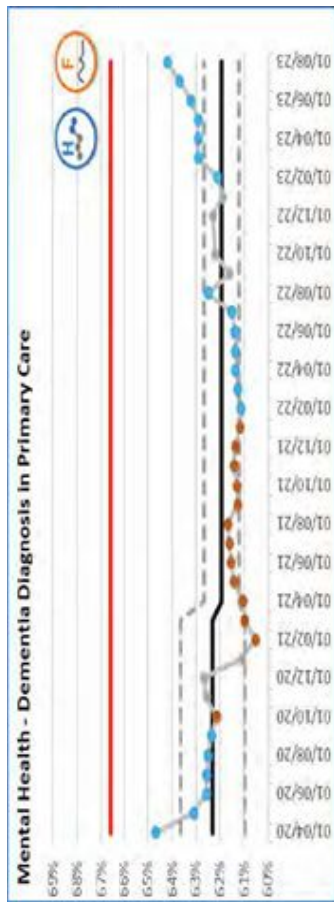
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Adult Community Mental Health Services	<p>Referral demand remains high across the ICS.</p> <p>Community caseload continues on an upward trend in Herts, but there has been a slight decrease over the last two months in West Essex.</p> <p>The time it takes from referral to assessment has increased in line with high referral volumes and caseloads in Herts. Performance for carrying out initial assessments within 28 days of referral remains low.</p> <p>EPUT continue to meet the 28 day target.</p> <p>Overall time spent on treatment pathways remains stable.</p>	<p>Sustained high demand continues to impact waiting lists for initial assessments in Herts.</p> <p>Despite good recovery in other parts of Herts, recovery in South & West is delayed due to significant issues in recruiting to vacancies and increased demand.</p> <p>Scoping exercise with HPFT to understand the variation within Herts.</p> <p>Increased referrals for adult ADHD diagnosis impacting on capacity which is a recognised trend across the NHS.</p> <p>Separate service for West Essex as ADHD is not mental health.</p> <p>Working with HPFT to split ADHD and SMI referrals.</p>	<p>Additional assessments including out of hours clinics. Continue to use agency resources to improve capacity across Herts.</p> <p>Recruitment deep dive into areas most challenged with access.</p> <p>Additional admin support to community MH teams in Herts.</p> <p>Herts demand and capacity review as part of the community transformation programme. ADHD review ongoing with commissioners to propose plan to address increased demand.</p> <p>HPFT is implementing digital solution to support initial assessments.</p> <p>Continued focus on triage to increase numbers of signposted to more appropriate services from SPA, rather than post-assessment.</p> <p>Implementation of Care Coordination Centre use in West Essex to enable access to right service first time and reduce delays in waits.</p> <p>Deep dive in South & West Herts ACMHS to recover and improve within 6 months. Recovery of 28 day target predicted for end of Q4.</p>	<p>Robust waiting list management and risk management protocols in place with daily and weekly reviews.</p> <p>Recovery of performance in the Herts South & West Herts is now expected in Q4, as increased referrals and ability to recruit to vacancies has caused a delay in recovery.</p> <p>Herts working with senior leads and commissioners to ensure targets are achieved.</p>

Mental Health – Older Adults Services



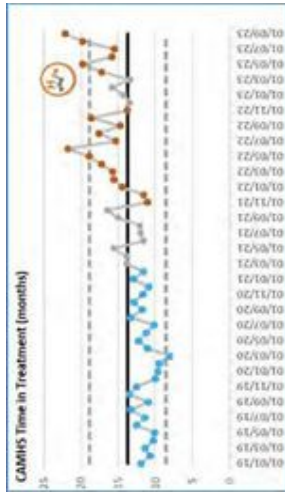
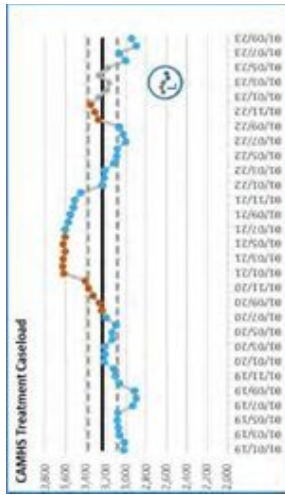
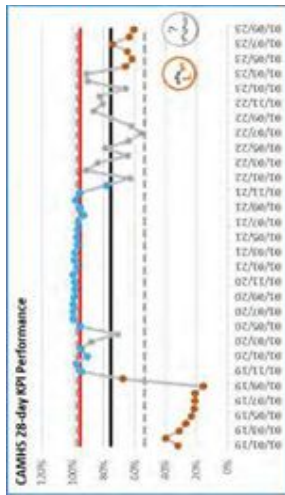
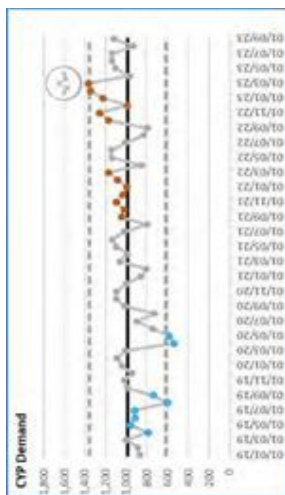
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Older Adult Community Mental Health Services Herts & West Essex	<p>Demand is variable. Whilst within common cause variation limits, the recent trend has stabilised above the historic median.</p> <p>A slowly increasing caseload is evident in Herts.</p> <p>Overall time spent on treatment pathways has improved.</p>	<p>Recruitment to vacancies continues to be a significant issue across the ICS.</p> <p>New waiting times from NHSE to be published in November 23, with the full list of measurement details.</p> <p>Anticipate this will present an initial challenge for older adult services to meet the 28 days to intervention, as currently they are working to an 18 week waits to treatment.</p>	<p>A joint deep dive as part into older people services as part of the SDIP will be reviewing current service delivery and ensuring transformation is in-line with adult community transformation.</p>	<p>Risk review and prioritisation for service users who have been waiting.</p>

Mental Health – Dementia Diagnosis in Primary Care & Herts EMDASS Service



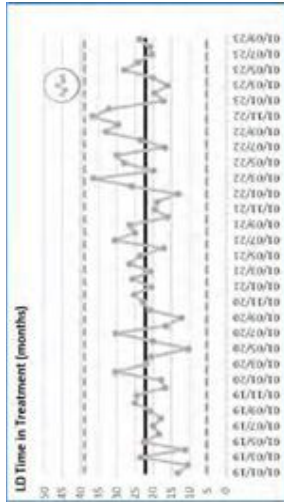
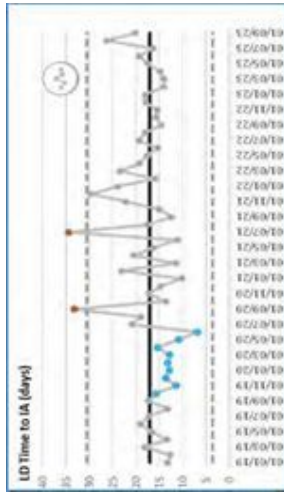
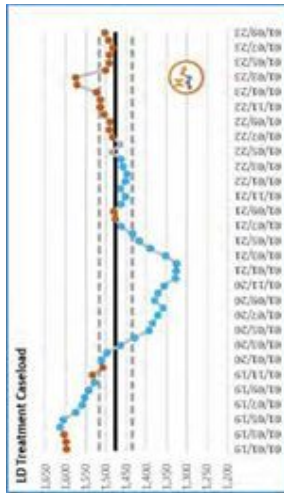
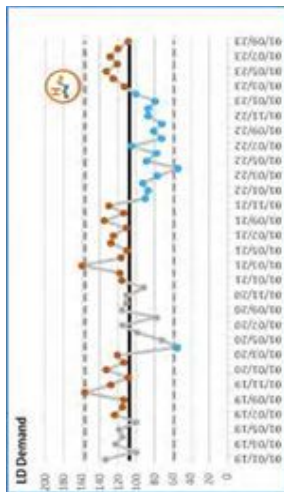
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Dementia Diagnosis in Primary Care	<ul style="list-style-type: none"> Dementia Diagnosis rate across Herts & WE continues to improve, but is not yet achieving overall target West Essex is consistently achieving the national target with current achievement being 70.9% in August East and North Herts improved to 62.5% South and West Herts improved to 62.2% Estimated prevalence rate of people with dementia rises month on month. Constant growth & increasing demand 	<ul style="list-style-type: none"> In Herts demand for dementia diagnosis remains high. There is still a significant waiting list for dementia diagnosis, but it is gradually decreasing in line with the recovery trajectory Model of service may not be able to keep up with demand in future years System reliance on diagnosis by EMDASS. Need to diagnose more in primary care/care homes 	<p>Dementia Diagnosis Herts:</p> <ul style="list-style-type: none"> A recovery plan remains in place which includes providing additional clinic appointments and primary care diagnoses Bi-weekly MD led meetings continue to monitor progress. A weekly performance report is produced Herts working with West Essex regarding shared learning HPFT transformation plans are underway to look at new pathways, diagnosing more people in primary care and care homes. Plans will go to the Dementia Coproduction Board and the Dementia Strategy workstreams 	<p>Herts:</p> <ul style="list-style-type: none"> Herts EMDASS recovery trajectory achieved in Q2. 80% KPI recovered Ongoing monitoring of the high waiting list and increasing demand Additional clinics for evening and weekends will continue
Herts EMDASS Service	<ul style="list-style-type: none"> EMDASS service (Herts) continues to recover and is close to meeting its 12 week KPI for referral to diagnosis 			

Mental Health – CAMHS Services



ICB Area	What the charts tell us	Issues	Actions	Mitigation
CAMHS Herts and West Essex.	Although West Essex does not have a KPI for 28 day, this is being monitored in contract management meetings.	Consultation process is due to commence with staff covering the SPA across Essex, due to a planned move from Colchester Business Park, into Colchester City Centre.	Ongoing focus on recruitment and retention in both HPFT/NELFT, including recruitment incentives in NELFT.	SPA Triage Tool improved to meet 5 day pass on to teams target in Herts.
The CAMHS 28 day KPI Performance Herts only	Herts CAMHS referrals received into the Single Point of Access (SPA) were high at the end of 2022/23. Despite a reduction in April, demand remains a challenge. 28 days from referral to initial assessment in Herts remains below target. Treatment caseloads show early signs of improvement, however time in treatment remains high.	Active issue regarding recruitment to vacancies across Herts and West Essex impacting on capacity and performance. West Essex service remains under business continuity but will cease imminently. East quadrant in Herts continues to have significant vacancies impacting on performance, which is an area of focus. The South & West quadrant has seen some improvement following successful recruitment to key posts.	Weekly recovery meeting led by MD in Herts to monitor East progress, including cover and replacement for current vacancies and job planning for individual care professionals. Successful recruitment to senior clinical posts in West Essex CAMHS, but impact on capacity within the team will take time to embed.	Ongoing job planning in all quadrants to ensure qualitative approach in Herts. Caseload & resource management across quadrants to support pressured areas in Herts. The Hertfordshire service aims to recover the 28 day KPI by end of Q4, however this is dependent on the ability to recruit to vacancies, and therefore still carries a significant degree of risk. Whilst recruitment remains challenging particularly in some areas there have been improvements to services in the Crisis team and the West Essex CAMHS; as a result, the West Essex CAMHS will no longer be managed under a business continuity plan (BCP).

Mental Health – Learning Disabilities Services



ICB Area	What the charts tell us	Issues	Actions	Mitigation
<p>Learning Disabilities Service</p> <p>Herts and West Essex for demand and caseload only</p> <p>LD services are 18+ years and includes those with a learning disability who may have a diagnosis of Autism</p>	<p>Overall referrals remain stable, but with a slight upturn to caseload in the last two months in Hertfordshire.</p> <p>As part of the North Essex services which includes west Essex – 97.3% of patients started treatment within 18 weeks.</p> <p>Time in treatment is subject to common cause variance. Within the services there is a wide range of treatment types with timeframes ranging from many years to a few days.</p>	<p>Lack of community services in West Essex impacts on in patient Length of Stay.</p> <p>Frailty is a very clear area of focus, particularly on interactions between mental and physical health needs for our LD care group, and the associated reasonable adjustments based on the outcome of LeDeR reviews and findings.</p>	<p>Service user and carer engagement and involvement programme continues aimed at improving care planning, service delivery and outcomes for LD service users across Herts and Essex.</p> <p>MDT meetings to discuss individual service users to access correct services. 5 people for West Essex to be reviewed. 4 people out of County.</p> <p>Review of Essex services with system partners across all ages and identify wider impact for WE place.</p> <p>Work commenced on further development of the Adults Dynamic Support Register to increase support and access to services.</p>	<p>Continuing work with commissioners to ensure that GPs are aware of and know how to refer directly into LD services.</p> <p>Essex LeDeR Annual Report has been signed of at Essex steering group and making its way through three Health and Wellbeing boards with recommendations. Essex is performing better than both regional and national averages.</p>

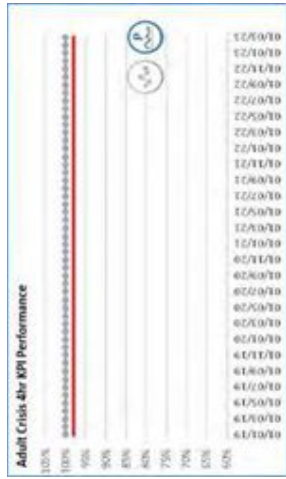
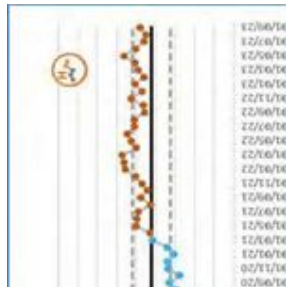
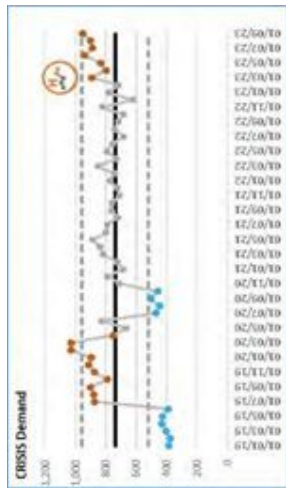
Mental Health – Learning Disability (LD) Health Checks

LD Health Checks August 2023	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks *	Comparison to August 2022
NHS Hertfordshire and West Essex ICB	7,373	1,366	30	5,977	18.5%	20.5%
East & North Hertfordshire	3,034	607	11	2,416	20.0%	23.7%
South & West Hertfordshire	3,262	545	14	2,703	16.7%	18.1%
West Essex	1,077	214	5	858	19.9%	18.3%

*** 75% Year End Target**

- It is challenging to forecast end of year performance against the 75% LD Health Checks standard, as a large proportion of health checks are carried out towards the end of the year, and particularly in Quarter 4
- As of August 2023, the ICB is 2% behind the equivalent 2022 position
- West Essex is 1.6% ahead of the 2022 position; East & North Herts is 3.7% behind; South & West Herts is 1.4% behind

Mental Health – Adult Crisis Services



ICB Area

Crisis Services – Adults and Older Adults
 West Essex data included in Demand and Time in Treatment charts only. Addition of the remaining data is being worked on.

What the charts tell us

Crisis demand remains high against historical baseline and increased over the summer months. Showing as seven consecutive months above the historic mean.
 Herts reporting for 4 hour waits is temporarily unavailable (since May) due to a change in process to meet the new waiting time standards. It will be reportable from October 23.
 The average time under caseload management in the Crisis and Home Treatment Team has reduced and is now approximately 2 weeks.

Issues

Recruitment to vacancies continues to be a significant issue across the ICS.
 HPFT Crisis teams have moved away from manual reporting of waits, and the digital solution is now being embedded. This has taken slightly longer than anticipated and reporting will recommence from October 23.
 Increasing footfall into PAH ED for those in MH crisis for both Herts and Essex residents. However, usage of West Essex 24/7 crisis line has dipped.

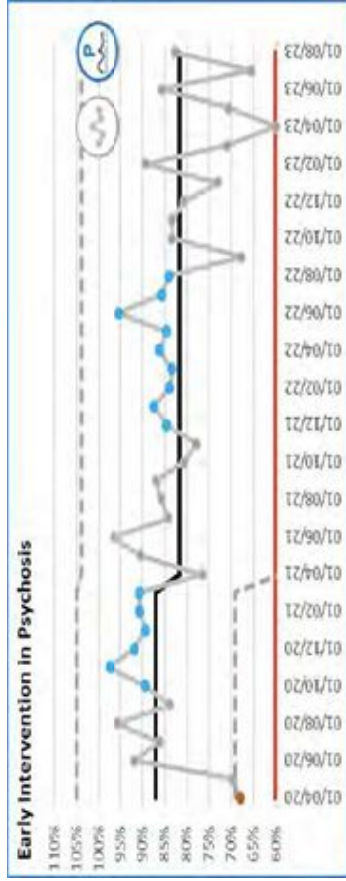
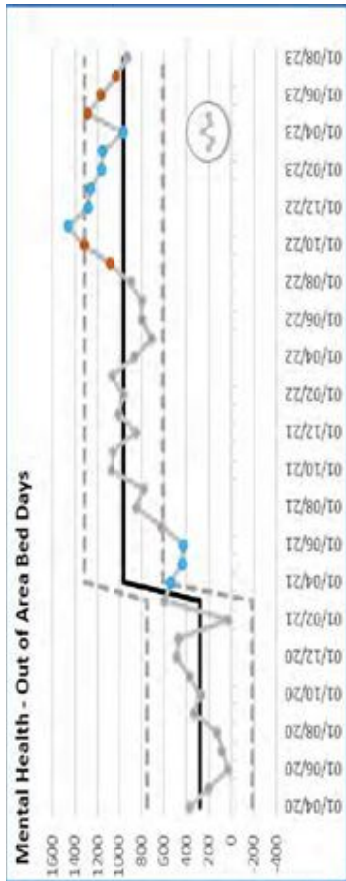
Actions

Ongoing focus on recruitment to vacancies and retention of existing staff.
 Development and implementation of a digital solution in HPFT to improve efficiency and quality of the reporting against the new waiting time standards.
 Review of community mental health caseloads to improve flow.
 ICB wide communications to be developed to promote 24/7 crisis lines (through NHS 111 for public and dedicated professionals' lines).
 Wider communications re. crisis directory have been prepared as part of the winter planning and will be shared with system partners.

Mitigation

Continue to identify delayed transfers of care on crisis caseload.
 Ongoing monitoring and MDT discussion to identify treatment pathway and discharge plans.

Mental Health – Out of Area Bed Days & Early Intervention in Psychosis (EIP)

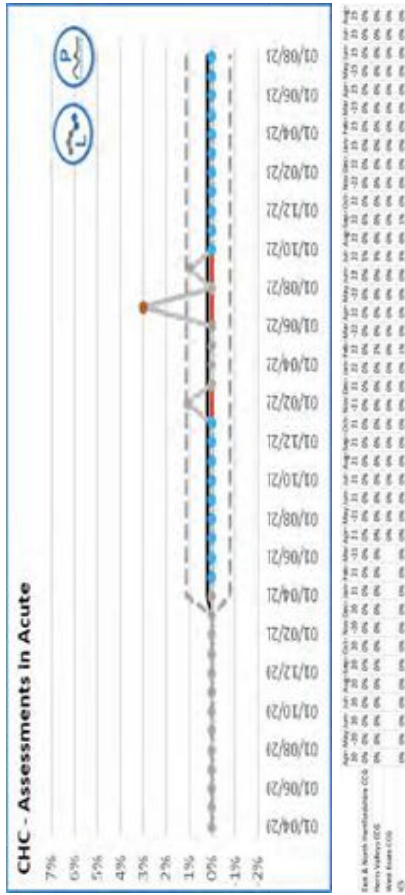
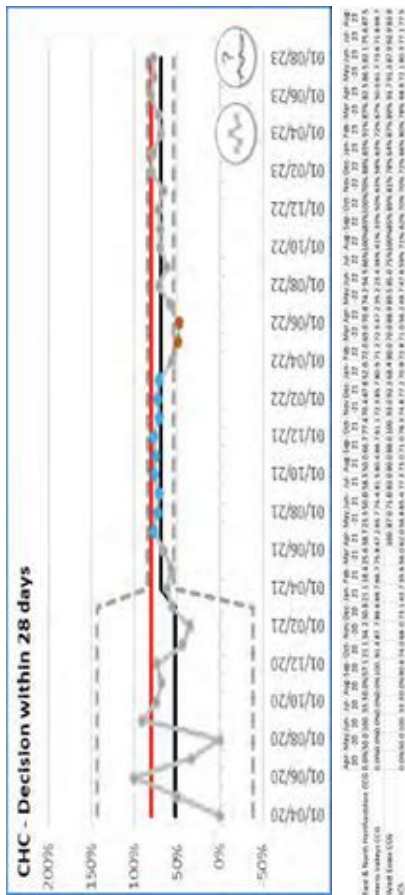


Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Out of Area Bed Days	100	150	200	250	300	350	400	450	500	550	600	650	700	750	800	850	900	950	1000	1050	1100	1150	1200	1250

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Early Intervention in Psychosis (%)	65	68	71	74	77	80	83	86	89	92	95	98	100	100	100	100	100	100	100	100	100	100	100	100

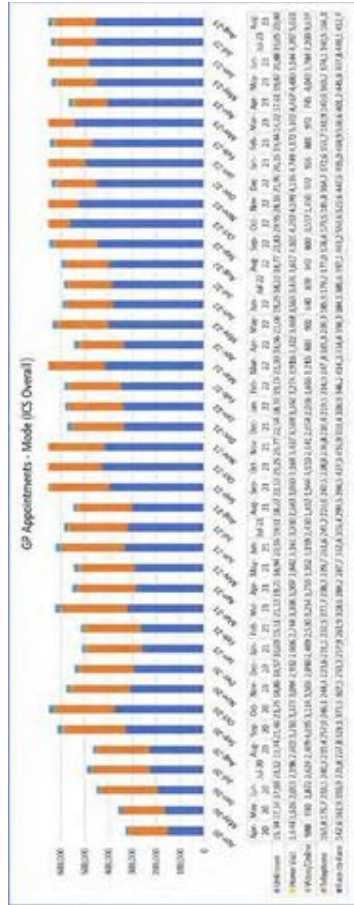
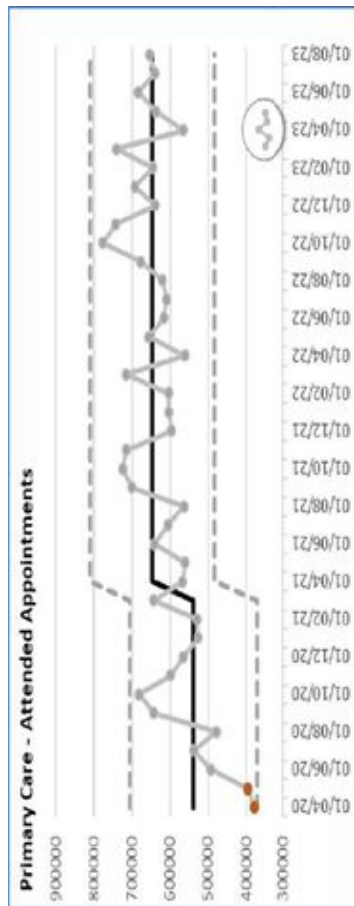
ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex	<p>Out of Area Bed Days remain challenged and higher than pre-23/24 levels.</p> <p>Out of Area Bed Days have reduced for the last 3 months. Recovery trajectory for August and September for August was achieved.</p>	<p>A national shortage of MH beds and use of inappropriate OOA beds is very likely to continue.</p> <ul style="list-style-type: none"> Low number of beds per population A national shortage of MH beds, high occupancy rates and use of OOA beds is likely to continue Challenges finding suitable placements for service users with complex needs who are clinically ready for discharge Inpatient and Community recruitment 	<ul style="list-style-type: none"> Review of Essex bed stock continues with system partners and the Essex wide risk share contract continues with system partners Review of West Essex Community Rehab requirements remains on going Daily OoAP reviews / dedicated clinical ownership for OoAP Gatekeeping process and on call gatekeeping consultant Consultant-led bed management meetings 3 per day, 5 days per week COO sign-off for all out of area placements introduced Introduction of Enhanced Discharge Team, dedicated to supporting discharge pathways Review DTCs and plan discharges with ongoing MADE type events 10 additional block beds in place – total 42 Enhanced community offers for rehab and assertive outreach Introducing further alternatives to admission – Crisis House Wider system work, led at Executive level, to support placement of longer-term delayed transfers of care 	<ul style="list-style-type: none"> Out of Area Placement (OoAP) Elimination & Sustainability Impact System Group (Essex wide) in place to monitor the impact of the NHSE OoAP Action Plan Continued engagement with national Getting It Right First Time (GIRFT) programme to identify areas of improvement Bed management system being deployed in Herts and new arrangements in place to monitor demand and capacity
Herts	<p>Performance achieved above the national target within Herts</p>	No specific issues	Ongoing monitoring	Consistently compliant
EIP				40

Continuing Health Care (CHC)



ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	<ul style="list-style-type: none"> Continued compliance with the 28 day assessment standard Zero assessments in an acute setting 	<ul style="list-style-type: none"> Ongoing increasing backlog of CHC, FT and FNC reviews due to prioritising new assessments and DZAs 	<ul style="list-style-type: none"> The West Essex CHC Team continues to work alongside EPUT to provide additional resource and support Mentorship for new staff in role Weekly tracking of 28 day assessment ongoing. EPUT fully engaged with this process 	<ul style="list-style-type: none"> Fast track turnaround project commenced Projects for out of area cases and 1.1 reviews starting Project for CHC backlog reviews in development. Performance standards continue to be monitored, issues escalated, and risks mitigated Agency cover reducing Setting trajectory and drive on clearing cases over 28 days
South West Herts / WHHT	<ul style="list-style-type: none"> Performance against decisions within 28 days remains challenged Zero assessments in an acute setting 	<ul style="list-style-type: none"> Workforce improving. Majority of band 6 Nurse Assessors are now substantive- however are junior in role Ongoing backlog of CHC & FNC reviews due to prioritising new DSTs and checklist completion Referrals numbers continue to be high which impact on 28 day performance 	<ul style="list-style-type: none"> Ongoing recruitment and prioritisation of fast track and 1.1 reviews Allocation and weekly tracking of 28 day assessments remains a priority Collaborative working with system partners; weekly meetings Focus on checklist completion, resulting in backlog reduction SWH action plan in place, supported by NHSE 	
East & North Herts / ENHT	<ul style="list-style-type: none"> 28 day standard compliance continues Zero assessments in an acute setting 	<ul style="list-style-type: none"> Workforce issues such as sickness and annual leave Ongoing delays continue receiving signed assessment paperwork from community, particularly Mental Health, may impact performance going forward 	<ul style="list-style-type: none"> Weekly tracking of referrals over 28 days by caseload and CHC manager 28 day case backlog reducing, the target is expected to be met by the end of quarter 	

Primary Care



ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	<ul style="list-style-type: none"> Total appointments are variable and with in common cause variation limits are highest since 2019 Face to face appts. are similar to pre-covid; telephone appts. have almost tripled Online appointments (as defined by GPAD) have increased significantly in the past 5 months; thought to be due to improved GPAD data extraction NHSE working to include appts. delivered at hub sites as part of Extended Access 	<ul style="list-style-type: none"> General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal New 23/24 contractual requirement for an offer of assessment, an appointment, signposting to occur when the patient contacts the practice 	<p>Engagement with the National Access Recovery Plan</p> <ul style="list-style-type: none"> All 34 PCNs have an agreed Access Improvement Plan as outlined in the Primary Care Access Recovery Plan. Some practices transitioning to Modern General Practice through demand / capacity analysis, use of cloud base telephony, enacting the National GP Improvement Programme (19 practices and 4 PCNs), roll out NHS app, online GP registration, development of GP and PCN websites and testing triage models Transformation support funding - Indicative £13.5k per qualifying practice available for 23/24 & also the same for 24/25. Place teams reviewed & approved submissions from practices 28 sites identified for cloud base telephony. Delays in national proc. hub implementation may result in practices unable to deliver improvement in telephone access for 2023/24. Escalated to the regional team Good progress on online access to GP records. Targeted work with practices to enable access by opting into (EMIS) or following self-enablement process (TPP) Partnership working to increase self-referrals in number in high volume services: Physio, IAPT, Podiatry etc. Support Level Framework (SLF) - Self assessment tool to support practice teams in understanding what they do well, what they might wish to do better, and where they might benefit from development support. Aim for all practices to have had a facilitated discussion using the SLF during the year Comms. to support ICB and practice websites, media statements and patient comms re the Delivery Plan Attendance at NHSE regional weekly drop-in sessions to escalate any issues or questions for clarification <p>Winter Pressure Funding</p> <ul style="list-style-type: none"> No additional national funding for winter pressures this year specifically aligned to Primary Care. However, HWE have continued with local primary care funding to commission additional activity in primary care at the same level as last year, £1.43 per weighted patient Is subject to PCN plans being appropriate to meet the local and national priorities. This capacity should support surges in practices in PCNs when reaching OPEL 3 or 4. PCNs requested to consider partnership working, same day access & phasing over the winter period 	<ul style="list-style-type: none"> Enhanced Commissioning Framework (ECF) reviewed and streamlined for 23/24 Trend analysis to identify practices with poor access via complaints and patient contacts PCCC and Primary Care Board oversight of GPPS results. Action plan developed through the Access MDT Group Recruitment & Retention of Primary Care Workforce. Initiatives for Primary Care Workforce to support recruitment and retention, supported by the HSE ICB Training Hub Continued funding for spot booking hotels for health checks and MDT site visits agreed by PCCC at the February meeting Daily review of OPEL reporting by practices and follow up by place Primary Care Teams with individual practices Continued work to promote use of the Community Pharmacy Consultation Service (CPCS) Oversight of all Access plans as submitted and sharing of best practice across the ICB

Appendix A – Performance Dashboard

August 2023

Herts & West Essex ICS (Commissioner)										
Area	Activity	Target	Latest published data	Data published	Trend	Variation	Assurance	NATIONAL position (ICB vs National)	REGIONAL position (ICB vs EoE Region)	ICB Ranking
111	Calls answered < 60 seconds	95%	77.7%	August 23	0.65%	👍	👍	67.53% (Better)	70.62% (Better)	10 th highest
	Calls abandoned after 30 seconds	5%	3.3%	August 23	-32.90%	👍	👍	6.52% (Better)	3.93% (Better)	13 th highest
A&E	% Seen within 4 hours	76%	67.0%	September 23	0.95%	👍	👍	71.64% (Worse)	72.36% (Worse)	7 th lowest
	12 hour Breaches	0	130	September 23	30.77%	👎	👎	39,107	3,294	8 th highest
Cancer	2ww All Cancer	93%	78.5%	August 23	-1.53%	👎	👎	74.85% (Better)	65.17% (Better)	18 th highest
	2ww Breast Symptoms	93%	85.7%	August 23	2.68%	👍	👍	70.34% (Better)	65.94% (Better)	10 th highest
	31 day First	96%	92.7%	August 23	-1.94%	👎	👎	90.96% (Better)	88.93% (Better)	16 th highest
	31 day Sub Surgery	94%	88.3%	August 23	6.34%	👍	👍	77.80% (Better)	79.33% (Better)	6 th highest
	31 day Sub Drug	98%	98.1%	August 23	-1.02%	👎	👎	97.67% (Better)	97.13% (Better)	20 th lowest
	31 day Sub Radiotherapy	94%	90.1%	August 23	1.44%	👍	👍	88.36% (Better)	91.83% (Worse)	20 th lowest
	62 day First	85%	66.8%	August 23	-2.56%	👎	👎	62.84% (Better)	60.49% (Better)	11 th highest
	62 day Screening	90%	70.7%	August 23	11.60%	👍	👍	65.13% (Better)	72.58% (Worse)	17 th highest
	62 day Upgrade	85%	62.3%	August 23	-2.47%	👎	👎	74.54% (Worse)	74.56% (Worse)	4 th lowest
	28 days Faster Diagnosis	75%	71.6%	August 23	-0.84%	👎	👎	71.61% (Better)	69.27% (Better)	24 th lowest
RTT	Incomplete pathways <18 weeks	92%	54.4%	August 23	-1.86%	👎	👎	58.01% (Worse)	55.91% (Better)	12 th lowest
	52 weeks	0	13,564	August 23	6.44%	👍	👍	396,643	61,240	5 th lowest
	65 weeks	0	4,074	August 23	13.38%	👍	👍	109,523	17,143	5 th lowest
Diagnostics	78 weeks	0	777	August 23	18.02%	👍	👍	8,998	1,957	2 nd lowest
	6 week wait	5%	32.0%	August 23	5.42%	👍	👍	27.5% (Worse)	30.91% (Worse)	14 th lowest

Individual Trust									
ICS Aggregate Provider	Trend	ENHT	Trend	PAH	Trend	WHTHT	Trend		
77.7%	0.65%	70.80%	2.26%	57.10%	-2.45%	69.90%	1.14%		
3.27%	-32.90%	7	-42.86%	123	31.96%	0	0.00%		
67.00%	0.90%	91.50%	0.22%	78.60%	2.04%	70.40%	-5.82%		
130	30.77%	89.00%	14.27%	87.80%	14.58%	82.10%	-16.20%		
80.10%	-1.37%	96.60%	-1.45%	84.70%	-9.33%	95.90%	1.25%		
86.00%	2.09%	89.40%	0.56%	25.00%	-128.40%	96.70%	13.86%		
93.90%	-2.24%	100%	0.00%	91.40%	-5.03%	100%	0.00%		
88.90%	5.29%	95.90%	8.65%	N/A	N/A	N/A	N/A		
98.80%	-0.81%	83.60%	-3.11%	44.90%	-18.26%	70.40%	0.57%		
95.90%	8.65%	90.00%	30.56%	63.20%	25.47%	68.80%	-21.08%		
70.60%	-3.97%	71.90%	1.25%	54.00%	-20.74%	61.70%	-1.30%		
74.50%	16.51%	73.00%	-3.97%	75.30%	1.06%	68.50%	-0.15%		
61.30%	-9.14%	48.80%	-1.45%	54.20%	-0.55%	50.80%	-3.54%		
72.20%	-0.83%	5,831	6.53%	2,516	5.56%	2,769	11.68%		
50.60%	-2.17%	1,901	13.20%	955	8.06%	569	20.04%		
11,116	7.65%	661	13.31%	90	43.33%	6	-33.33%		
3,425	12.91%	43.50%	8.97%	29.70%	18.86%	31.50%	3.17%		
757	16.51%								
36.40%	9.34%								

Herts & West Essex ICS (Commissioner)										
Area	Metric	Target	Latest published data	Data published	Trend	Variation	Assurance	National position (ICB vs National)	Regional position (ICB vs EoE Region)	ICB Ranking
111	Calls answered < 60 seconds	95%	77.7%	August 23	0.65%	👍	👍	67.53% (Better)	70.62% (Better)	10 th highest
	Calls abandoned after 30 seconds	5%	3.3%	August 23	-32.90%	👍	👍	6.52% (Better)	3.93% (Better)	13 th highest
Mental Health	Dementia Diagnosis rate	66.6%	64.2%	September 23	0.78%	👍	👍	62.0% (Better)	64.1% (Better)	19 th highest
	OOA placements	0	925	August 23	-11.35%	👎	👎	n/a	n/a	n/a
CHC	% of eligibility decisions made within 28 days	80%	77.5%	August 23	0.52%	👍	👍	73.94% (Better) ²	79.42% (Better) ²	16 th lowest
	% of assessments carried out in acute	15%	0.0%	August 23	0.00%	👎	👎	n/a	n/a	n/a

Individual CCGs									
ICS Aggregate Provider	Trend	East & North Herts	Trend	South & West Herts	Trend	West Essex	Trend		
		77.77%	0.77%	77.38%	0.14%				
		3.27%	-30.72%	3.29%	-41.83%				
		62.50%	1.12%	62.20%	0.48%	70.90%	0.71%		
		632	-36.55%	293	43.00%				
		87.50%	13.60%	69.70%	-3.01%	83.90%	-10.73%		
		0%	0.00%	0%	0.00%	0%	0.00%		

LEGEND: 🟢 On/above target, 🟡 Below target, 🟠 Improvement on previous month's performance, 🟤 Decrease on previous month's performance, 🟥 No change on previous month's performance

Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board	Agenda Item	16a
Report title	Finance Performance and Planning Committee – Highlight report 28 November 2023	Meeting Date	17 January 2024
Chair	Karen McConnell - Committee Chair and Non-Executive Director		
Author	Chloe Milton – Committee Secretary		
Quorate	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Agenda:			
<ul style="list-style-type: none"> - UEC Spotlight - Performance Report - Finance Report month 7 - CIP Programme update and update including (Cancer Division focus) - Service Line Reporting - Productivity and ERF Report - Business planning 24/25 update - Procurement delivery update - ENH/HCP Priorities - MOU - Addendum to Retail OBC - MVCC Taxi tender - LINAC Replacement Paper - Contract for the reprovision of GPs at the UTC 			
Alert:			
<ul style="list-style-type: none"> - Numbers attending ED had increased with four-hour performance remaining static. - Challenges remained in relation to PAY costs with over £3m overspent year to date, of which industrial action accounted for £1m. 			
Advise:			
<ul style="list-style-type: none"> - Work on Gravely premises was due to be completed by end of December along with ward moves. - 43,698 patients were now off the suppressed PTL list with the team taking learning from this to avoid patients going onto the list in the future. - The financial Report outlined a year-to-date deficit of £6.8m which was broadly in line with the £6.7m plan. - It was highlighted that Cancer could deliver a £2.5m CIP by year end. - Service line reporting was being introduced in addition to the traditional budget management approach. 			
Assurance:			
<ul style="list-style-type: none"> - Trust predicted to reach the national target for four hour wait times in March 2024. - The Trusts ERF performance was 119% of 2019/20 re-COVID levels. - Addendum to retail OBC was approved by the committee. - MVCC transport tender was approved by the committee. 			

	<ul style="list-style-type: none"> - LINAC was approved by the committee. - Contract for the reprovision of GPs at the UTC was approved by the committee.
Important Items to come back to committee:	Learning from the post implementation review for the UEC spotlight to be brought back to FPPC.
Items referred to the Board or a Committee for decision or action:	<ul style="list-style-type: none"> - Addendum to Retail OBC - MVCC Taxi tender - LINAC Replacement Paper - Contract for the reprovision of GPs at the UTC
Recommendation	The Board is asked to NOTE the Finance, Performance and Planning Committee report

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Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board	Agenda Item	16b				
Report title	Finance Performance and Planning Committee – Highlight report 19 December 2023	Meeting Date	17 January 2024				
Chair	Karen McConnell - Committee Chair and Non-Executive Director						
Author	Chloe Milton – Committee Secretary						
Quorate	<table border="1"> <tr> <td>Yes</td> <td><input checked="" type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>			Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>				
Agenda:							
<ul style="list-style-type: none"> - Surgical pathway spotlight. - Performance Report. - Finance Report month 8. - Productivity and ERF report. - CIP programme and update with Planned care. - Capital Programme update. - HWE Elective Surge Hub FBC. - Board Assurance framework. 							
Alert:							
<ul style="list-style-type: none"> - Beds days for patients not meeting the criteria to reside remains high and impacts UEC flow. Focus is on embedding the Trusts full capacity protocol together with initiatives such as a Transition Lounge and increasing wards with plus one spaces. - Ambulance handover compliance remained below the target at 62% waiting no longer than 4 hours. The next ED “back to Basics” project starting w/c 8 January. The UEC programme is on track. 							
Advise:							
<ul style="list-style-type: none"> - Delivery of the Lister UTC remains on track to meet the 15 January start date. - The Trust has been removed from Tier 2 for Cancer as a result of progress with reducing the 62-day pathway backlog - The Trust met all three of the new national cancer targets in October. - The Trust is forecasting that it will deliver better than plan and will end the year with a £0.7m deficit. - The Committee Approved the variation on vascular in the capital programme. 							
Assurance:							
<ul style="list-style-type: none"> - The Surgical pathway spotlight programme highlighted that the Trust was in the top 25% nationally for theatre utilisation. Plans are in place to support areas where further progress can be made. Three specialities have the greatest opportunity for improvement supported by a cross speciality focus on key metrics. Focus was currently on Trauma and Orthopaedics to maximise the utilisation of capacity and increase the cases per list. - The Trust has a challenging CIP of £33.1m but has robust plans in place and remains on track to deliver. 							

Following delegated approval from the Board, the Committee considered and approved the case for the Elective Care Hub.	
Important Items to come back to committee:	- Capital programme 2024/25 planning – this was to be prepared earlier to facilitate better spread of Capital spend across the year.
Items referred to the Board or a Committee for decision or action:	- None
Recommendation	The Board is asked to NOTE the Finance, Performance and Planning Committee report.

To be trusted to provide consistently outstanding care and exemplary service



Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board	Agenda Item	17a
Report title	Quality and Safety Committee 29 November 2023 highlight report	Meeting Date	17 January 2024
Chair	David Buckle – Committee Chair and Non-Executive Director		
Author	Debbie Okutubo – Deputy Company Secretary		
Quorate	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Agenda:			
<ul style="list-style-type: none"> • Safe, Care, Effective Report • Stroke update • Maternity Assurance Report • Integrated Compliance report (Clinical risks and mitigations) • Review of the cost improvement programme (CIP) programme • People and patients of note policy • Patient and carer experience (PACE) group – Highlight report • Escalation Reports – infection prevention control (IPC) and safeguarding • Dementia care 			
Alert:			
<ul style="list-style-type: none"> • Stroke: The committee noted that stroke performance was improving. It was also noted that the thrombolysis rate was often much lower than the "best practice" target of 10% or higher. There was work being done with the Integrated Care Board (ICB) on communicating to the population on the importance of F.A.S.T and accessing medical care once a patient was presenting with stroke symptoms. 			
Advise:			
N/A			
Assurance:			
<ul style="list-style-type: none"> • The Committee reviewed the content of the responsible officer/revalidation annual report and statement of compliance and confirmed that the organisation was compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013). 			
Important items to come back to committee (items committee keeping an eye on):			
<ul style="list-style-type: none"> • An update on PALS to be brought to the March 2024 meeting. 			
Items referred to the Board or a committee for a decision/action:			
<ul style="list-style-type: none"> • None. 			
Recommendation	The Board is asked to NOTE the Quality and Safety Committee report.		

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Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	17b
Report title	Quality and Safety Committee 20 December 2023 - highlight report		Meeting Date	17 January 2024
Chair	David Buckle – Committee Chair and Non-Executive Director			
Author	Debbie Okutubo – Deputy Company Secretary			
Quorate	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Agenda:				
<ul style="list-style-type: none"> • Safe, Care, Effective report • Deep dive - Sepsis • Deep dive – Tissue viability • Maternity Assurance report • Board Assurance Framework • Plain x-ray backlog • Integrated compliance report- incident, compliance and risk report • Learning from deaths • Nursing & Midwifery fundamentals of care strategic update • Nursing and Midwifery establishment review • Combined compliance, clinical audit and effectiveness report • Litigation annual report • Estates and Facilities premises assurance model (PAM) • Health and Safety assurance report • Escalation Reports – Clinical effectiveness and Patient safety forum • Patient and Carer experience group. 				
Alert:				
<ul style="list-style-type: none"> • Chair to speak to the Medical Director and the Chief Nurse about the dipped discharge summaries 				
Advise:				
N/A				
Assurance:				
<ul style="list-style-type: none"> • The committee were assured by the Maternity unit that they were compliant with 8/10 Safety Actions from Year 4 and were confident of achieving 10/10 in the year 5 incentive scheme. The committee considered this to be a very positive achievement. 				
Important items to come back to committee (items committee keeping an eye on):				
<ul style="list-style-type: none"> • An update on the Plain x-ray reporting backlog (not chest x-rays as this has been resolved) to be presented at the January committee meeting. • An update on the ambulance handover of patients to be taken to the January committee meeting. 				
Items referred to the Board or a committee for a decision/action:				
<ul style="list-style-type: none"> • None 				
Recommendation	The Board is asked to NOTE the Quality and Safety Committee report.			

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Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board	Agenda Item	18
Report title	People Committee – Highlight report 14 November 2023	Meeting Date	17 January 2024
Chair	Val Moore - Committee Chair and Non-Executive Director		
Author	Chloe Milton – Committee Secretary		
Quorate			
	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Agenda:			
<ul style="list-style-type: none"> - People Report. - Voice of our People BAME Network. - EDI strategy. - Staff Engagement and Experience. - Clinical Education. - Employee Relations. - Freedom to speak up. - Board Assurance Framework. 			
Alert:			
<ul style="list-style-type: none"> - Despite mitigation works the risks around people committee had not been reduced in the last 18 months, however, once the cultural feedback had been received the risks should lower. - The Freedom to speak up report highlighted that there were currently 123 cases to date relating to inappropriate attitudes and how people communicate. - The LGBTQ+ network was still without a permanent chair. - Growth in Musculoskeletal absences which appeared to be a seasonal issue but a managers tool kit had been created around these absences. 			
Advise:			
<ul style="list-style-type: none"> - Works were being conducted around listen up training for managers, works with stake holder groups and work in progress to build on sharing of key themes. - The Employee relations report stated that the total number of cases were 176 formal cases and 53 not sickness absence related. - Associate Director of People Capacity stated that they would start communication on Grow together review earlier in 2024 to ensure they are completed by deadline. 			
Assurance:			
<ul style="list-style-type: none"> - 101 nurses have received training with a 100% pass rate. - Statutory mandatory training remained on target. 			
Important Items to come back to committee:	N/A		

Items referred to the Board or a Committee for decision or action:	- EDI strategy due to go to January board for final sign off.
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Recommendation	The Board is asked to NOTE the People Committee report.
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Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board	Agenda Item	19
Report title	Charity Trustee Committee – Highlight report 11 December 2023	Meeting Date	17 January 2024
Chair	David Buckle - Committee Chair and Non-Executive Director		
Author	Chloe Milton – Committee Secretary		
Quorate	Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>

Agenda:

- Charity Finance Report
- Approval of 22/23 Charity Annual Report and Accounts
- Investments Portfolio Report (Rathbones)
- Approvals in Excess of £5000
- Charity Highlight Report
- Sunshine appeal
- CTC effectiveness Review

Alert:

- The charity legacy income was below expectation, but it was thought likely to improve.

Advise:

- The Charity Finance Report highlighted that at the end of October 2023 was ahead of budget by £37k, excluding gift in kind.
- The fundraising income of £567k exceeded the budget by £77k.
- Charitable and capital expenditures came in 35% under budget.
- The final 2022/23 Charity report was approved.
- Approvals as follows:

Area	Project	Cost	Funding solution	Representative
People	2024 Annual Network Spend	£9,700	Staff benefit fund	Sean McGeever
Childrens	Mural to brighten up our Day services area and enhance patient stay by having a welcoming entrance	£7,200	To fundraise for	Stacey Slattery
Cancer -LMCC	Replacement chairs for chemo treatment	£6,700 (4 chairs)	Specific donation due to be received.	Patricia Millward
Childrens	Interactive floor in Mental health room, Riverbank in Blue bell ward	£8,600	To Fundraise for	Stacey Slattery
Cancer – MVCC	Benches, parasols and individual folding seats for use in outdoor spaces across LJMC	£9,000	Specific donation due to be received	Ginnie Abubakar/ Eloise Huddleston

Assurance:

- The CTC effectiveness review was predominantly positive or very positive.
- £395k was now available for the Sunshine appeal.

Important Items to come back to committee: N/A

Items referred to the Board or a Committee for decision or action: - Approval of 22/23 Charity Annual Report and Accounts

Recommendation The Board is asked to **NOTE** the CTC report.

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Board Annual Cycle 2023-24

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	5 Jul 2023	Aug 2023	6 Sept 2023	4 Oct 2023	1 Nov 2023	6 Dec 2023	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024
Standing Items															
Chief Executive's Report	X		X		X		X		X		X		X		X
Integrated Performance Report	X		X		X		X		X		X		X		X
Board Assurance Framework	X				X				X				X		
Corporate Risk Register			X				X				X				X
Patient/Staff Story (Part 1 where possible)	X		X		X		X		X		X		X		X
Employee relations (Part 2)	X		X		X		X		X		X		X		X
Board Committee Summary Reports															
Audit Committee Report	X		X		X				X		X		X		X
Charity Trustee Committee Report	X				X		X				X		X		
Finance, Performance and Planning Committee Report	X		X		X		X		X		X		X		X
Quality and Safety Committee Report	X		X		X		X		X		X		X		X
People Committee	X		X		X		X		X		X		X		X
Strategy															
Planning guidance							X								
EPR implementation to Lorenzo							X		X		X		X		
Trust Strategy refresh and annual objectives									X						

Board Annual Cycle 2023-24

Items	5 Jul 2023	Aug 2023	6 Sept 2023	4 Oct 2023	1 Nov 2023	6 Dec 2023	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024
Strategy delivery report	X [previous year]						X						X		
Strategic transformation & digital update	X				X				X				X		
Integrated Business Plan					X										
Annual budget/financial plan									X						
Digital Strategy Update	X				X				X				X		
System Working & Provider Collaboration (ICS and HCP) Updates	X		X		X		X		X		X		X		X
Mount Vernon Cancer Centre Transfer Update (Part 2)	X		X		X		X		X		X		X		X
Estates and Green Plan					X										
Workforce Race Equality Standard							X								
Workforce Disability Equality Standard							X								
Equality, Diversity and Inclusion															
Clinical and Quality Strategies									X						
People Strategy							X								
Other Items															
<i>Audit Committee</i>															
Annual Report and Accounts, Annual Governance Statement and External Auditor's Report – Approval Process											X				

Board Annual Cycle 2023-24

Items	5 Jul 2023	Aug 2023	6 Sept 2023	4 Oct 2023	1 Nov 2023	6 Dec 2023	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024
Value for Money Report			X												
Audit Committee TOR and Annual Report	X												X		
Review of Trust Standing Orders and Standing Financial Instructions											X				
<i>Charity Trustee Committee</i>															
Charity Annual Accounts and Report					X										
Charity Trust TOR and Annual Committee Review									X						
<i>Finance, Performance and Planning Committee</i>															
Finance Update (IPR)	X		X		X		X		X		X		X		X
FPPC TOR and Annual Report	X												X		
<i>Quality and Safety Committee</i>															
Complaints, PALS and Patient Experience Annual Report			X												X
Safeguarding and L.D. Annual Report (Adult and Children)					X										
Staff Survey Results									X		X				
Learning from Deaths			X		X		X				X				X
Nursing Establishment Review							X								
Patient Safety and Incident Report (Part 2)					X						X				
University Status Annual Report	X												X		

Board Annual Cycle 2023-24

Items	5 Jul 2023	Aug 2023	6 Sept 2023	4 Oct 2023	1 Nov 2023	6 Dec 2023	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024
QSC TOR and Annual Review	X												X		
<i>People Committee & Culture</i>															
Workforce Plan					X										
Trust Values refresh	X												X		
Freedom to Speak Up Annual Report					X										
Staff Survey Results											X				
Equality and Diversity Annual Report and WRES			X												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						X						X		