Public Trust Board

Lister Education Centre (LEC), Lister Hospital, Stevenage SG1 4AB

06/03/2024 10:30

Agenda Topic	Presenter	Time	Page
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2. Staff Story For discussion		10:30-10:50	
3. Chair's Opening Remarks For noting	Trust Chair	10:50-10:55	
4. Apologies for Absence For noting	Trust Chair		
5. Minutes of Previous Meeting held 17 January 2024 For approval	Trust Chair	10:55-11:00	3
6. Action Log For noting	Trust Chair		13
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7. Questions from the Public For noting	Head of Corporate Governance		
8. Chief Executive's Report For discussion	Chief Executive	11:05-11:15	18
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9. Strategic objectives update For discussion	Chief Kaizen Officer	11:15-11:25	21
10. Equality, Diversity and Inclusion Strategy For approval	Chief People Officer	11:25-11:35	32
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For discussion

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For discussion

12.1	Perinatal Assurance Report	Director of Midwifery	12:00-12:10	131

For Noting

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For discussion

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For noting

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For noting

16.	Quality and Safety Committee (QSC) Report to Board - 24 January 2024	Chair of QSC		142

For noting

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For noting

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For noting

19.	Any Other Business	Trust Chair		

For noting

20.	Date of Next Meeting	Trust Chair		

Wednesday, 1 May 2024 at Hertford County Hospital, North Road, Hertford SG14 1LP - starting at 9am

East and North Hertfordshire NHS Trust

EAST AND NORTH HERTFORDSHIRE NHS TRUST

Minutes of the Trust Board meeting held in public on Wednesday, 17 January 2024 at 10.30am in the Board room, Mount Vernon Hospital, HA6 2RN

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
	Ms Theresa Murphy	Chief Nurse
	Mr Martin Armstrong	Director of Finance & Deputy Chief Executive Officer
	Mr Justin Daniels	Medical Director
	Ms Lucy Davies	Chief Operating Officer
	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:	Ms Sarah Lucy James	Divisional Director Cancer Services
	Dr Suresh Mathavakkannan	Divisional Medical Director for unplanned Care
	Mrs Aolat Adisa	Matron – Chemotherapy (24/007)
	Mr Stuart Dalton	Head of Corporate Governance
	Mrs Debbie Okutubo	Deputy Company Secretary (Board Secretary - minutes)
Observing	Mrs Anita Day	Chair designate
	Eilidh Murray	Assistant Director of Communications and Engagement

No	Item	Action
24/001	**CHAIR'S OPENING REMARKS** The Chair welcomed everyone to the meeting and declared the Public Trust meeting open.	
24/001a	**TRUST OUTTURN FORECAST SUBMISSION** Members were reminded that the Trust submitted a revised outturn financial forecast in November following a national rapid replanning exercise co-ordinated by NHS England which was discussed with the Board at a virtual meeting. At the time the exercise did not envisage the further industrial action which happened in December 2023 and January 2024. All providers and systems have been asked to resubmit their	

forecast for year-end incorporating the estimated impact of industrial action in December and January.

The Trust's valuation of the additional pressure was set out and the Board was asked to approve a revised outturn projection of a deficit of £3.3m. It was noted that this forecast assumes no further periods of industrial action.

The Board **NOTED** the revised figures and **RATIFIED** the revised outturn forecast projection.

24/002 APOLOGIES FOR ABSENCE

There were no apologies for absence.

24/003 DECLARATIONS OF INTEREST

There were no new declarations of interest made.

24/004 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 1 November 2023 were **APPROVED** as an accurate record of the meeting.

The minutes of the previous meeting held on 6 December 2023 were **APPROVED** as an accurate record of the meeting.

24/005 ACTION LOG

The Board **NOTED** that there was one action on the action log and that it had been completed. It was agreed that it be removed from the log.

24/006 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

24/007 PATIENT STORY

Ms Josie Hoskins attended the board to present her journey as a patient of the Trust. She was supported by the Matron – Chemotherapy.

She was a breast cancer patient who had chemotherapy and radiotherapy and later had a double mastectomy. She had her operation at Hillingdon hospital, but all other treatments were at

Mount Vernon hospital.

She was later diagnosed as having a small tumour on her spine and had to have the cancer treatment again. Part of her treatment was during Covid which required her attending hospital to have a Covid test before having treatment which could mean three separate appointments on separate days. She found this to be time consuming.

On one of the occasions, whilst waiting to be seen, she was approached by two staff members from the pharmacy asking her if she would be interested in the chemotherapy at home scheme which meant injecting herself at home. She thought about it, asked a few questions. She was a bit apprehensive but also saw the benefits as she would be able to travel to Devon to see her son. She agreed to the chemotherapy at home service.

Ms Hoskins commented that the staff at John Bush centre were very thorough in explaining how to administer the injection by going through the process end to end including storage of the injections. She was observed administering herself until she felt comfortable doing it unaided.

Members thanked her for being so open about her treatment and noted that the chemotherapy at home service freed up chemotherapy chairs for other patients. It was also mentioned that a seamless service was evident in this case.

Members were advised that this was the standard of care aimed for and that patients were assessed before being offered the service.

The Divisional Director Cancer Services commented that they had managed demand, the delivery company was very good and that the service was gradually being built up and rolled out.

The Matron – Chemotherapy commented that the relevant team met every two weeks as a team and that this service was being offered widely following assessments.

Members were advised that the chemotherapy at home service was offered in other clinical teams but only recently introduced to the Cancer clinic.

In response to a question Ms Hoskins confirmed that she was willing to participate in an article in Nursing Times and was happy to speak to other patients.

She was thanked for being an advocate for cancer patients involved in self-treatment and the team were thanked for delivering a supportive service.

The Trust Board **RECEIVED** and **NOTED** the patient story.

24/008 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 highlighted the Call 4 Concern service. It was noted that this was an active service and that the issues raised will be taken to the Quality and Safety committee.

The Trust had invested £10m in three new state-of-the-art radiotherapy machines which would be positive for patient care.

Thriving People

Special thanks to staff who had kept patients safe in the recent industrial action. The new Values into Practice (ViP) monthly award have been launched this month and staff will be presented with their awards.

There have also been a number of staff and teams presented with awards at a national level.

Seamless service

The Hospital at Home programme was progressing across the Trust. Members were advised that there were currently issues with antibiotic delivery.

Continuous improvement

The surgical assessment unit (SAU) was opened ahead of plan in December. The Lister Adult Urgent Treatment Centre (UTC) was opened on 15 January 2024.

The feedback from patients at the new UTC has been positive and turnaround time has been within the four-hour target. The enthusiasm and energy from staff was very positive.

ENH Production System was being led by the newly constituted Kaizen Promotion Office (KPO) which is the central improvement function introduced following a consultation. There will be two-days training in February at leadership level.

The Acting Chair commented that she visited Lister UTC on 16 January and felt that all team members were very focused on delivering an effective service which should lead to good patient experience. Early issues were being identified and there was a real focus on feedback and improvement. It was early days but everyone was making it work.

Members asked if there were plans to have X-rays in the UTC.

In response, it was stated that there will be an x-ray machine in the future but at present, patients presenting with the need for x-rays were sent to the one near ED.

Members were further advised that where UTC was currently was a temporary place and that when it moved to its permanent site the x-ray machine would be installed.

Members were reminded that contracts over £10m needed to be alerted to the Cabinet Office from 1 February who reserved the right to approve or not as the case may be.

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

24/009 CQC REPORT – ACTION PLAN

The Chief Nurse presented this report and commented that we were currently under 'requires improvement' and the clinical quality team were working with us to drive us to 'good'. Members were assured that there are governance structures in place to oversee delivery of 'must-do and should-do' actions in the report.

A discussion of the key lessons learnt from the CQC inspection took place.

The Acting Chair asked when the detailed Action Plan would come to the Board and was told it would be ready for the March Board.

Members asked that the action plan following the CQC report be emailed to them.

Members asked what was required to get us to 'good'. In response, it was stated that:

- we would require consistency of approach
- we need to work on our areas for improvement immediately and thoroughly and demonstrate learning
- we will need to be professionally curious and keep the momentum going.
- Our relationship with partners will also have a role to play.

Members asked about the EDI strategy and if it was picking up any cultural issues we needed to address. The equality, diversity and inclusion (EDI) strategy was also being developed and unacceptable behaviours would be challenged. It was noted that the Medical Director was focusing on this.

Members commented that part of the CQC report stated that partnership working was outstanding.

Recent inspections were also discussed which included Mount Vernon and the Pharmacy services which went well.

In response to a question, it was noted that the human tissue authority (HTA) report was still outstanding and would be chased.

Action: Chase up on the HTA report.

Action: The CQC report action plan to be shared with the Board.

The Board **RECEIVED** and **NOTED** the CQC update.

24/010 STRATEGIC TRANSFORMATION UPDATE

The Chief Kaizen Officer presented this item. Members noted that the Trust was working on some transitional arrangements and the work in the programme was underway. It was noted that some targets were ambitious and that we might not meet all of them.

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

24/011 NURSING AND MIDWIFERY ESTABLISHMENT REVIEW

The Chief Nurse presented this item. It was noted that there was 5% vacancy in registered nurses and midwifery teams.

Members were assured that there were good recruitment plans in place with new controls on the bank and agency usage. They were also liaising with the Finance team to ensure that there are financial realignments of the nursing establishments to meet the clinical needs of each area.

It was stated that the challenge was now retention.

Members commented that this is a good news story.

It was noted that the recruitment plans would form part of the business planning for 2024/25.

The Board **RECEIVED** and **NOTED** the nursing and midwifery establishment review.

24/012 LEARNING FROM DEATHS

The Medical Director presented this item and members were reminded that reducing mortality remained one of the Trust's key objectives.

He discussed the National Systemic Anti-Cancer Therapy (SACT) audit from 2021, where the Trust was identified as an outlier for 30-day mortality in gynaecological oncology. There had been an external review of the service and there was ongoing support from neighbouring trusts to oversee standards. He discussed the changes made to the pathway.

Members sought clarification about the urinary tract infection (UTI) excess deaths and asked if the Trust should get an independent opinion to see what could be done differently.

The Medical Director commented that the data analysed to date was saying that this was in keeping with the patient profile of the trust.

Members further noted that some deaths related to patients with a multiplicity of conditions including UTI.

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The Board **RECEIVED** and **NOTED** the summary of learning from deaths.

24/013 ENH HCP DEVELOPMENT UPDATE

The Chief Kaizen Officer presented this item. 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, was explained.

Members were advised that further discussion would be held at the board seminar in February.

The Board **RECEIVED** and **NOTED** the ENH HCP development update.

24/014 INTEGRATED PERFORMANCE REPORT

The Executive Directors gave an update on their respective areas.

Following the respective presentations members asked why the incidence of C.difficile was so high, in response it was noted that the Infection, Prevention and Control team (IPC) would continue to support the wards with higher incidents as the goal was to improve practice. It was mentioned that this was not a new issue and requested that the divisional medical director should take an update to the Quality and Safety Committee if we were an outlier.

With staff flu and Covid vaccinations at 34.9% as at 14 December 2023, members asked what was being done about the slow uptake. In response it was noted that perceptions had changed around receipt of vaccinations and when benchmarked against similar Trusts and our neighbours we were in the middle. It was agreed that vaccination uptake would be picked up by the Quality and Safety Committee.

Action: Vaccination uptake would be picked up by the QSC Committee.

Action: Update on C.difficile to go to QSC matters referred from the Board.

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

24/014a MATERNITY ASSURANCE

The Director of Midwifery presented this item. Members were reminded that as part of the Year 5 Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme, the Trust was required to demonstrate compliance with ten maternity safety standards and that the Trust was on track to achieve full compliance with all ten of the CNST standards.

Members were advised that the Trust's Quality and Safety Committee had reviewed the papers and all evidence in advance of the Board.

Members acknowledged the hard work the Director of Midwifery and her team had put in to achieve compliance with all ten standards.

In response to a question, the Director of Midwifery commented that she was working with the People team on some cultural improvement work.

The Board:

- **NOTED** that the service had dedicated fetal monitoring, midwifery and obstetric lead roles in place and had recruited into monitoring to provide expertise and champion best practice in fetal monitoring (safety action 6, SBLCBv3 element 4)).
- **NOTED** that all required evidence had 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.

- **NOTED** that associated evidence was reviewed and approved by the Quality and Safety Committee at its meeting on 20 December 2023.
- **CONFIRMED** that it was satisfied that the evidence had 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 by 1 February 2024.

24/015 SYSTEM PERFORMANCE REPORT

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

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

BOARD COMMITTEE REPORTS

24/016 FINANCE, PERFORMANCE AND PLANNING COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the Finance, Performance and Planning Committee meetings held on 28 November and 19 December 2023.

24/017 QUALITY AND SAFETY COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary reports from the Quality and Safety Committee meetings held on 29 November and 20 December 2023.

24/018 PEOPLE COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the People Committee meeting held on 14 November 2023.

24/019 CHARITY TRUSTEE COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the Charity Trustee Committee meeting held on 4 December 2023.

24/020 ANNUAL CYCLE

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

East and North Hertfordshire NHS Trust

24/021 ANY OTHER BUSINESS

The Director of Estates and Facilities informed the Board that there had been a successful bid as part of the capital costs to install high frequency lighting (LED). The Board congratulated him and his team.

24/022 DATE OF NEXT MEETING

The next meeting of the Trust Board will be on 6 March 2024 at the Learning Education Centre (LEC), Lister Hospital.

Mrs Karen McConnell
Acting Trust Chair
January 2024

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

Agenda item:

EAST AND NORTH HERTFORDSHIRE NHS TRUST
TRUST BOARD ACTIONS LOG TO January 2024

Meeting Date	Minute ref	Issue	Action	Update	Responsibility	Target Date
17 Jan 24	24/009	CQC report	To follow up on the HTA report The CQC report action plan to be shared with the Board	All HTA actions have been closed following the HTA inspection. To be discussed at the Board meeting in March 2024.	Chief Nurse/Director of Quality	**To be brought to the March Board meeting**
17 Jan 24	24/014	High C.difficule Staff flu and Covid vaccination uptake.	Incidence of C.difficile was high. Members requested that an update on C.difficile to be referred to the Quality and Safety Committee (QSC) for further discussion. Staff flu and Covid vaccinations uptake was at 34.9% as at December 2023. Members requested that this be looked into by QSC.	To be discussed at the March QSC meeting	Divisional Medical Director	**March QSC meeting**

Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	6.1
Report title	Response to ENHT CQC Report Publication: action plan (must and should do actions)			**Meeting Date**	6 March 2024
Presenter	Theresa Murphy, Chief Nurse				
Author	Margaret Mary Devaney, Director of Quality				
Responsible Director	Theresa Murphy, Chief Nurse			**Approval Date**	
Purpose *(tick one box only)* [See note 8]	**To Note**	☒	**Approval**		☐
	Discussion	☐	**Decision**		☐

Report Summary:

The purpose of the report is to provide the Trust Board with a high level summary and oversight of regulatory actions that are being taken in response to learning following the Trust CQC Report Publication, September 2023. We continue to have regular engagement meeting with the CQC, in which we share the progress of the actions and wider improvements.

A weekly governance framework is in place to oversee the delivery of required actions, with a monthly oversight governance structure from the Trust Executive Team as responsible officers for agreed actions.

The Trust has a published action plan that reflects some 'must do' actions with a milestone of 31st March 2024 and 'should do' actions with a milestone of 31/8/24. All trust evidence shall be validated and approved prior to submission to CQC.

This report provides a summary of impending 'must do' actions, where full compliance can be seen (green) within some actions, and other actions are partially achieved (amber) at time of writing the report. All actions will be fully complaint (green) by 31/3/24. To drive improvements in compliance throughout March 2024, form the 5th March 2024 we will initiate daily oversight huddles of action progression.

Impact: where significant implication(s) need highlighting

Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal Important in delivering Trust strategic objectives or CQC domains

Not addressing the concerns and escalations highlighted in this report will affect the Trust's performance against the CQC's domains of Safe, Caring, Effective, Responsive, and Well-Led. Not addressing the concerns puts the Trust at increased risk of not being able to demonstrate learning and improvements, which also increases the risk of the Trust being further scrutinised and potential reputational damage.

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

The CQC continues to undertake a risk-based approach to inspecting services, and in response to the Winter pressures, CQC will be responding to only the most serious risks in NHS organisations where there is a high risk of harm to people. This will be identified through data, information of concern they receive and intelligence the CQC shares with NHS England.

If we as Trust cannot ensure we have robust processes in place and address areas of concern immediately and thoroughly, and demonstrate learnings, we are at further risk of receiving an unannounced inspection by the CQC.	
Report previously considered by & date(s)	
N/A.	
Recommendation	The Board/Committee is asked to note the Response to ENHT CQC Report Publication summary.

To be trusted to provide consistently outstanding care and exemplary service

Trust wide actions	**Update**
2.1 Regulation 12: Safe care and treatment -The service must have systems in place to ensure staff complete their mandatory training and that mandatory training is monitored to meet the trust's target completion.	2.1 This action is currently partially achieved. Gaps in compliance relate to medical and dental training, actions in progress include targeted individual communication channels (with Drs) and oversight/follow up through agreed governance structures.
2.2 Regulation 12: Safe care and treatment Sharing and learning form incidents. Ensure that investigations in incidents are completed in a timely manner to allow actions and learning to be shared with the relevant staff to prevent possible future occurrence.	2.2 This action is currently partially achieved. There is targeted work relating to improve timely review and response to open incidents under review. Each division has provided an improvement trajectory.
2.3 Regulation 12: Safe care and treatment- The service must ensure all COSHH cupboards are locked and not accessible to the public or patients.	2.3 This action is currently partially achieved. Temporary mitigation were initiated following the inspection. More sustainable changes include replacing all COSHH cupboards to allow Digi lock functionality. Audits have been undertaken and will be submitted as evidence.
2.4 Regulation 17: Good governance- The service must ensure their policies are the most up to date version and reviewed within the timeframes stated	2.4 This action is currently partially achieved. A targeted piece of transformation work continues to manage overall policy governance. Compliance improvements are in progress with targeted services, and alignment of review of obsolete policies has been undertaken.
Unplanned Care Divisional actions	
3.2 Regulation 12: Safe care and treatment: The trust must ensure that risks to patients are not increased by caring for them in crowded and unsuitable areas of the emergency department.	3.2 This action has partially been achieved. Evidence is available to support improvement since the inspection was undertaken. This includes: • Introduction on the Lister site of an adult UTC • Introduction of a Surgical Assessment Unit • Improvements to ambulance handover processes • Improvements in 'ready to leave' ED processes • Improvements to ED triage processes

	Evidence will include sharing new clinical models and data sets that support impact on patient flow following these changes,
3.3 Regulation 17: Good governance: The trust must ensure that auditing systems and processes enable staff to effectively monitor the safety and quality of the service provided.	3.3 This action remains in progress. Improvements since the inspection shall demonstrate an improved Nursing Quality Indicator framework and improved oversight at ward/unit level. The evidence shall also demonstrate where credible discussions and actions are taken through quality governance structures across service, divisional and Trust oversight.
3.4 Regulation 12: Safe care and treatment: "The trust must ensure that information sharing and planning with social care providers is timely to ensure safe and timely discharge from the service."	3.4 This action is currently partially achieved. Improvements have been made since the inspection was undertaken. Evidence will include: • Evidence of improved information sharing through deployment of the new digital discharge passport • Current transformation plans and progress to support improved discharge processes at ward/unit level.
Planned Care Divisional actions	
4.1 Regulation 12: Safe care and treatment: The service must ensure all single use consumables are in date.	4.1 This action if compliant and consumables have been replaced (nationally and locally), supported by equipment audit checks.
4.2 Regulation 12: Safe care and treatment: The service must continue working on reducing the waiting lists	4.2 This action is currently partially achieved. Improvements have been made since the inspection was undertaken. Evidence will include ongoing PTL management improvements.
4.3 Regulation 17: Good governance: The service must ensure there is an effective system for checking the airway trollies outside the theatre room and the adult cardiac arrest trolleys in the day surgery unit.	4.3 This action is compliant and audit evidence has been provided.
4.4 Regulation 17: Good governance: The service must ensure they have a comprehensive risk register where risks are identified, the service must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service.	4.4 This action is currently partially compliant. There has been significant transformation of the divisional risk register, through service level engagement and improvement. There has been a significant reduction in the overall risks on the register, and work is ongoing to improve quality of content.

Women and Children Divisional actions	
5.1 Regulation 12: Safe care and treatment: The trust must ensure that children receive an initial clinical assessment with 15 minutes.	5.1 This action is currently partially compliant. The average time to initial clinical triage remains slightly above 15 mins. The paediatric service leads are testing new changes to improve the triage processes to support improvements, these improvements shall be submitted as evidence.
5.2 Regulation 17: Good governanceThe service must ensure incidents are investigated without delay in line with trust policy.	5.2 This action is currently partially achieved. There is targeted work relating to improve timely review and response to open incidents under review. Each division has provided an improvement trajectory.
5.3 Regulation 18: Staffing The service must ensure all steps are taken to appropriately manage and maintain safe staffing in the maternity unit.	5.3 This action is currently partially compliant. Evidence will support improvement in NICU medical staffing resource, and while midwifery staffing plans are improving some business cases reman in progress. Strong evidence can be demonstrated through the recent Maternity Clinical Incentive Scheme 100% compliance achievement.

East and North Hertfordshire NHS Trust

Chief Executive's Report

March 2024

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

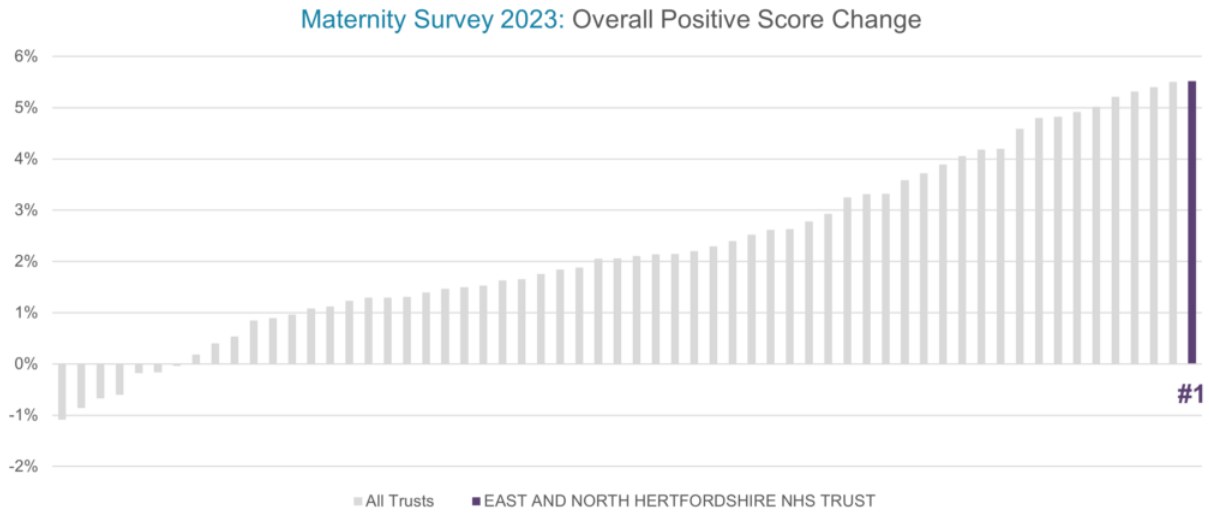
Quality

The Care Quality Commission (CQC) published their annual Maternity Survey in February.

Among the notable improvements, our dedication to fostering a supportive environment for partners and companions was commended, with the percentage of service users who felt their partners or companions were involved in their care increasing by 18% to 92%.

The results also showed 97% of women have confidence and trust in the staff who looked after them during labour and birth, 2% higher than the national average.

The Trust was the best NHS trust when analysing overall positive score changes when comparing the latest CQC Maternity Survey against the results of the previous year (2022).



Hospital data shows that our respiratory team have contributed towards our Trust being recognised as the 5th best nationally for 30-day COPD readmissions.

Our Trust was also recognised as the second best for asthma and 6th best for pneumonia nationally. Congratulations to all involved – these achievements are a testament to how hard they are working and the fantastic service provided.

This month saw the launch of a new service for our renal patients – Kidney Beams is a website where patients can get advice and specific exercise videos suitable for people with renal conditions.

It's a great example of supporting our patients to have more control over their care – and supporting their wider health and wellbeing.

This website was developed outside of the Trust, but is a great example of co-creation between clinicians and patients with long-term conditions. Our renal team have a great relationship with the Lister Area Kidney Patient Association, and the involvement of patients in renal care is an example we can all learn from.

Thriving people

As I write this report we are preparing for junior doctors taking industrial action from 7am on Saturday 24 February until the night of Wednesday 28 February.

Once again, I record my thanks to the other clinical and administrative staff who support us to maintain safe services during this period as well as continuing with as much planned activity as we can, however it is sadly inevitable that some planned activity will again be cancelled.

Dr Jasmine Leonce, has commenced a prestigious position with NHS England as National Speciality Adviser for Maternity.

The role will see Jasmine provide strategic and clinical advice to senior leaders at national and regional levels to support the commissioning of services, and the delivery of NHS England's Three Year Plan for Maternity and Neonatal Services.

Jasmine will remain at the Trust, as her new role is part-time.

February saw the launch of our brand-new Admin Community – a staff network aimed at all admin staff in the Trust, in all roles and at all levels.

Admin staff provide a crucial role in delivering our vision of exceptional service. The network will be delivering a wide range of activities that empower these vital individuals and teams within the Trust.

Seamless services

The Lister Urgent Treatment Centre (UTC) continues to develop since its opening in January of this year. In addition to patients streamed from the Lister ED, it now accepts walk-in patients and has extended its opening hours from 8pm until 10pm.

Since opening, over 99% of patients have been seen, treated and discharged within 4 hours, which is in line with the performance of the UTC at the New QEII Hospital.

New medical rotas are due to be implemented in ED shortly to help reduce waits to be seen by medical staff.

Hertfordshire Partnership Foundation Trust have opened a new Mental Health Urgent Care Centre at the Lister site.

The centre will provide a dedicated space and service for rapid assessment, intervention and referral to enhance the quality of care for patients in mental health crisis.

The service will operate 24/7 and will be a multi-disciplinary, cross sector service that is practitioner-led and supported by social care, voluntary sector partners and Lived Experience Workers.

Since opening patients have been streamed from ED when this centre is deemed to be a more appropriate setting for patients.

Continuous Improvement

The Trust has been awarded a government grant of over £1 million to install energy efficient LED lighting in every ward, theatre, clinic and office at its Lister Hospital site in Stevenage.

All fluorescent bulbs across the hospital site (roughly 20,000 light fittings) will be switched to LEDs over the next month, having a significant impact on reducing carbon emissions and cutting energy costs. LED lights consume around half the amount of electricity compared to conventional fluorescent lighting and create a much better light quality for patients, visitors and staff.

Adam Sewell-Jones
Chief Executive

Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	9
Report title	Strategic Objectives Update			**Meeting Date**	6 March 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**	22 February 2024
Purpose *(tick one box only)* [See note 8]	**To Note**	☒	**Approval**		☐
	Discussion	☐	**Decision**		☐

Report Summary:

This report provides a summative update detailing improvement plans and progress towards meeting the Trust's 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.

Impact: where significant implication(s) need highlighting

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

Considerable progress has been achieved across each of the strategic objectives and in many areas the Trust benchmarks strongly across a range of performance metrics as reported through the NHSE Model Hospital Portal.
Improvements in our elective recovery pathways have been delivered despite a challenging national position, where issues such as ongoing industrial action complicates maintenance of planned activity levels, alongside pressures in urgent and emergency care.
Despite many successes including the reduction in our premium pay agency expenditure and launch of our new Lister UTC, the Trust will not meet several of the ambitious targets we set ourselves at the beginning of the year, and work will need to continue to build on the progress already made.

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

Risk 11 Innovation
Risk 10 Technology, systems and processes

Report previously considered by & date(s):

TMG January 2024.

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

To be trusted to provide consistently outstanding care and exemplary service

2023/ 24 Strategic Delivery Report

Quarterly Update

Trust Board

Agenda Item 9

6 March 2024

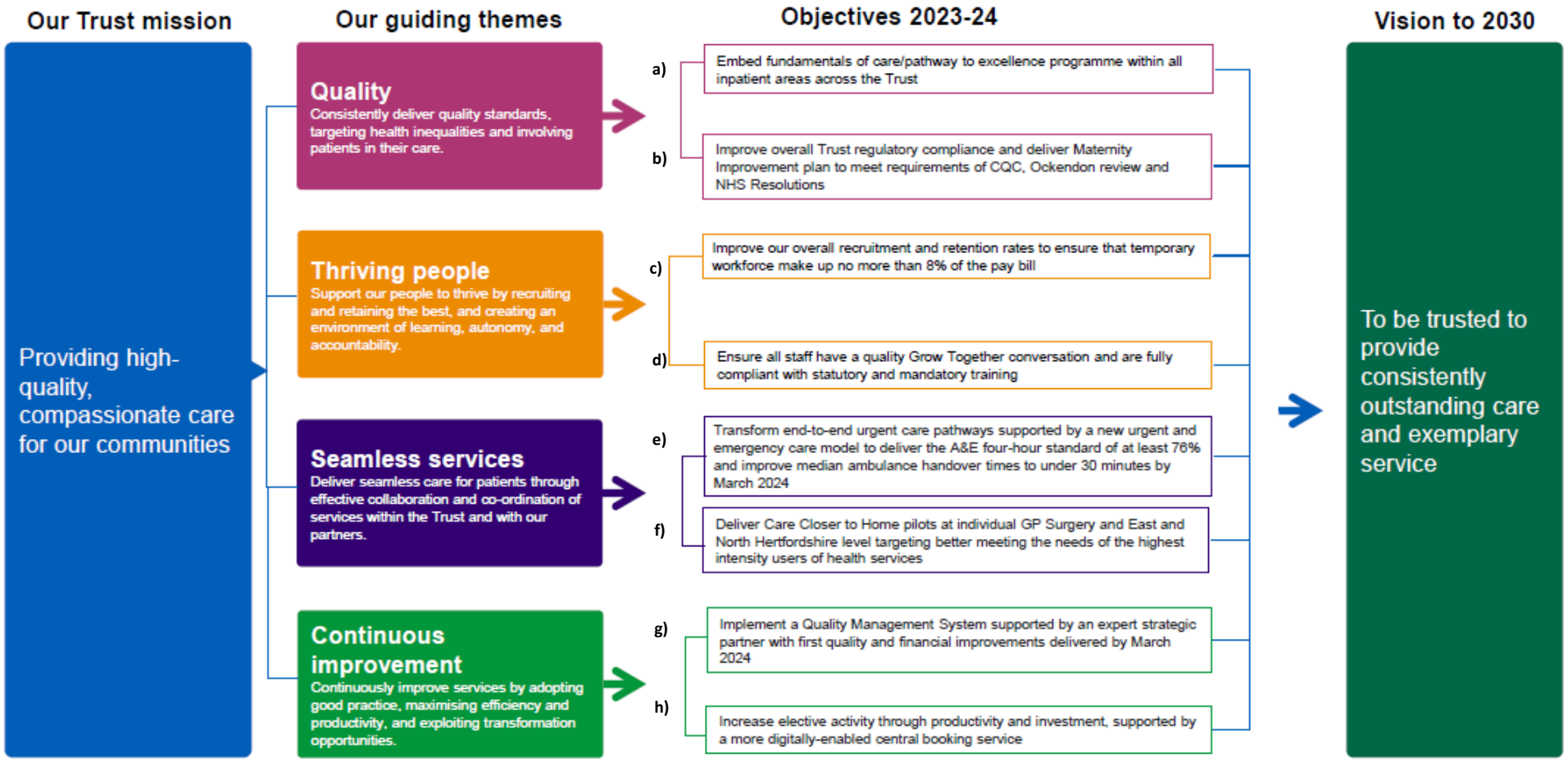
Kevin O'Hart, Chief Kaizen Officer

East and North Hertfordshire NHS Trust

ProudToBeENHT

Strategic Objectives 2023 - 24

East and North Hertfordshire NHS Trust



2023/24 Strategic Portfolio Report

East and North Hertfordshire NHS Trust

Strategic Theme Quality / Objective A – Fundamentals of Care
SRO – Theresa Murphy , Chief Nurse

The Clinical Excellence Accreditation Framework (CEAF) is in two parts. Part one is aligned to the CQC compliance standards and includes 71 fundamental standards of care. Part two includes standards relating to 'clinical excellence'. Wards will only progress to Part two of the framework when a minimum of 85% of all fundamental standards are achieved. All 71 fundamental standards of care must be achieved, and the 'clinical excellence' part of accreditation completed, before a ward can become accredited at either bronze, silver or gold level. Once accredited, wards will need to continue to demonstrate sustained improvement to maintain their status

There was a phased approach to launching the revised framework with inpatient wards separated into two cohorts. This phased approach enables focussed advice and support to be provided to wards with weekly drop-in sessions available to review their progress. Divisional progress meetings are scheduled monthly with the chief nurse team to discuss progress, next steps and actions required.

Cohort 1, comprising 12 inpatient wards, commenced the CEAF in April 2023. April-July 2023 was the pre-assessment period where wards had the opportunity to work to improve fundamental standards of care. The formal assessment period took place between August-October 2023 when the independent assessment team reviewed compliance against the fundamental standards by observing practice, talking to staff and patients, reviewing documentation and performance/compliance data and reviewing the CEAF staff survey responses. When reviewing data, 3 months of the nursing audit data and inpatient survey responses are reviewed, to ensure wards can evidence sustained compliance with the fundamental standards of care. Individual ward reports were prepared detailing the assessment and outcome for each standard, wards have been given the opportunity to share additional evidence for consideration by the CEAF panel. The CEAF panel met in January 2024 to review Cohort 1 wards compliance with the 71 fundamental standards of care. At this meeting it was agreed:

Barley Ward – provided evidence that they are meeting at least 85% of the fundamental standards of care and can progress to part two of the framework. Barley Ward have commenced work on part two 'clinical excellence' standards and arrangements have been made for the independent assessors to visit the ward between February – April 2024. Data will continue to be collated for the fundamental standards which must all be achieved to become an accredited ward.

AMU-1, SSU, ACU, Ward 6A, 6B, 7A, 8A, 10B - are required to continue to work on their improvement plans. Monthly face to face meetings have commenced with the ward managers, these are interactive sessions focussing on common challenges. Specialist teams including pastoral care, digital and emergency department representatives have been invited to join to share their expertise.

Ward 5A, 5B, 7B – will commence a more formal action plan. Two-weekly action tracker meetings have commenced focussing on key

2023/24 Strategic Portfolio Report

East and North Hertfordshire NHS Trust

Strategic Theme Quality / Objective A – Fundamentals of Care
SRO – Theresa Murphy , Chief Nurse
actions for each ward to address, the first of these are: completion of MUST, resuscitation trolley checks, information governance, sharps policy and core competencies blood and NG. Cohort 2, comprising all 12 remaining inpatient wards, (excluding maternity) commenced the CEAF in July 2023. July-October 2023 was their pre-assessment period, and their formal assessment period takes place between November 2023-January 2024. As soon as all independent assessments have been returned, individual ward reports will be prepared detailing the assessment and outcome for each standard. The CEAF panel will meet in April 2024 to agree the outcome for the Cohort 2 wards. Work has now commenced to review the standards for the newly opened Surgical Assessment Unit with a view to them commencing the framework in May 2024. Significant progress has been made to embed fundamentals of care within all inpatient areas across the Trust as part of this years strategic objective though work will need to continue to ensure all standards are fully met, on all wards.

Strategic Theme Thriving People / Objective C – Temporary Workforce
SRO – Thomas Pounds , Chief People Officer
Despite steady progress throughout the year up to December in reducing the bank and agency percentage of the pay bill down to 11.8% (8.9% for Bank and 2.9% for agency), the percentage of bank and agency pay bill in January increased to 12.4%. The change was largely in bank usage (72.4 WTE) and a marginal increase in agency. The most notable staff group increase was in the nursing workforce (41.9 WTE) and was largely due to increased activity in relation the urgent and emergency care pathway. Discussions are underway for a revised target which is more in line with Trust demands and current conditions affecting staff utilisation expected for Q3/Q4 – unforeseen/unplanned activities as well as industrial action have all impacted significantly on progress of the “Great for 8” programme throughout 2023. A paper taken to FPPC in December demonstrated that the Trust would be within 1% of the target based on the planning assumptions at the start of the year. Agency utilisation has seen a significant reduction of 18.1 FTE since June 2023 with several key substantive posts landing within

2023/24 Strategic Portfolio Report

East and North Hertfordshire NHS Trust

Strategic Theme Thriving People / Objective C – Temporary Workforce
SRO – Thomas Pounds , Chief People Officer

medical staffing this month, this has allowed several agency locum posts to cease. The Trust has consistently performed the best when comparing the percentage of the agency pay bill across Herts and West Essex and Bedford, Luton, and Milton Keynes provider organisations. The Trust remains free of 'off-framework' agency usage despite challenges in several hard to recruit areas. Analysis has been completed of 'above price cap' agency usage, suggesting that all breaches are within current market rates .

A key focus remains on improving medical staffing recruitment with a reduction in temporary staffing by 3.5 WTE overall in January, resulting in a bank spend reduction of £520,000, despite additional posts going in to support the urgency and emergency care pathway.

The Resource Control Panel is now live and provides challenge and governance to recruitment posts and bank/agency requests jointly owned between the People Team and Finance, this will provide additional check and challenge on all deployment requirements across the organisation. Overall feedback has been positive on the change, although some learning underway with local sign off protocols and timeliness of requests made to streamline the process even further.

Individual service led meetings on-going for key hot-spot areas, there remains a separate Theatres workforce group to work through demand requirements and support substantive pipelines.

Care Support Worker spend review is on-going with the daily review of rosters, where bank demand is based on professional judgement following review of acuity and patient safety.

Non-medical triangulation meetings continue to focus on high-cost agency and breaches against NHSE price caps, and well as high utilisations areas such as the emergency department, paediatrics and AMU.

An approved 22-point Healthroster improvement plan for the organisation is underway focusing on accurately reflected establishment and budget information with Healthroster, flexible working (recording), leave entitlements, training programmes and better unused hours management, working alongside senior nursing colleagues to deliver, this improvement plan will be the eroster team's priority for Q3/4 with updates/actions noted through the monthly utilisation and deployment meeting chaired by the Chief People Officer.

Turnover rate continues to improve and is now at 9.9% which by far exceeds the target of 11% and put the Trust amongst the top performing in the region.

2023/24 Strategic Portfolio Report

East and North Hertfordshire NHS Trust

Strategic Theme Seamless Services / Objective E – Urgent & Emergency Care
SRO – Lucy Davies, Chief Operating Officer
The UEC programme represents a revenue investment of circa £7m and has been implemented to support improvement in the 4-hour ED standard and target. A summary of the status within each of the six underlying projects is set out below: Project 1 – Adult UTC (Lister): The unit opened on 15 January 2024 providing an 8am-8pm 7-day service accessible via ED stream only for adult patients presenting with a minor injury or illness. On 12 February 2024 the Adult UTC opened to walk-in patients, as well as those patients being re-directed from the ED. The service is expected to extend its opening hours to 10pm by the end of February 2024, with a further extension to 12am being planned. In the first 5 weeks the UTC has managed to see and treat over 1,600 patients, with an average attendance to departure time of 1h 40minutes. Project 2 – Paediatric UTC (Lister): The Paediatric UTC was due to open on 12 February 2024 within the existing paediatric ED footprint. However, this mobilisation has been delayed following unsuccessful recruitment adverts for emergency nurse practitioners; a core component of the UTC workforce. UTC rosters were developed utilising existing staff, but this allowed limited resilience for annual leave, sickness and/or study leave. The mitigation to any shortfall in staffing would have been a temporary suspension of the service until safe staffing levels resumed. A decision has now been made to mobilise the Paediatric UTC within the Adult UTC estate (Graveley Annexe). The Trust's safeguarding team have approved these proposals and this move will now reflect a similar model to the new UTC at the New QEII Hospital. Demand and capacity modelling is being undertaken to ensure the space and workforce profile can accommodate the additional activity. Due to the potential workforce implications, a staff consultation may be required and therefore the earliest mobilisation of the service is due to be April 2024 – an exact opening date is yet to be confirmed. Project 3 – UEC Staffing: Recruitment is ongoing across the remaining UEC-funded vacancies. The revised UEC nursing rotas (ED, Assessment, SDEC) came into effect from 15 January 2024. The revised ED medical workforce rota took effect from 5 February 2024. All changes result in improved alignment of staffing resource against activity volumes and patient arrival times which will reduce support the reduction in current wait times, improving patient experience. Project 4 – CT: The Planned Care division continue to lead mobilisation plans for the permanent mobilisation of CT-4, which will provide additional diagnostic scanning capacity primarily for ED patients within the department footprint, and secondly as capacity allows, for inpatients. The aim is to reduce the waiting time for a scan and the turnaround time for that scan to be reported. Mobilisation is planned for March 2024 but a final date is pending from the division until the workforce position is finalised.

2023/24 Strategic Portfolio Report

East and North Hertfordshire NHS Trust

Strategic Theme Seamless Services / Objective E – Urgent & Emergency Care
SRO – Lucy Davies, Chief Operating Officer
Project 5 – SDEC and Assessment: (i) Surgical: The Surgical Assessment Unit (SAU) temporarily opened on Ward 7A from 27 December 2023 – 5 January 2024, after which it moved to its permanent home on AMU2. SAU is providing a 24/7 service across 8 SAU chairs and 4 SAU trolleys, with an active pull of surgically appropriate patients from the ED. Service enhancement plans, including GP heralded patients direct to SAU and mobilisation of SDEC remain in development by the division and will be dependent on successful recruitment. (ii) Medical: Medical interviews are due to take place in March 2024 which will enable expansion of the existing SDEC service until 10pm; an increase of 2 hours. The division is exploring opportunities for the expansion to commence earlier utilising bank/agency staffing. From 12 February 2024 the service will enable GP expected patients to come straight to the acute medical services front door thereby avoiding ED. Project 6 – Inpatient Capacity: All inpatient ward moves within the remit of the UEC programme have been completed creating additional bed capacity. Outstanding actions for Ward 10a (equipment and estates) continue to be tracked but the ward remains fully operational.

Strategic Theme Seamless Services / Objective F – Care Closer to Home
SRO – Kevin O'Hart, Chief Kaizen Officer
The ENH HCP Care Closer to Home strategy incorporates a number of initiatives aimed at improving the provision and coordination of services that target preventative interventions for high-risk residents from our communities. This includes the development of integrated neighborhood teams (INT) which act as a local hub, to bring together a variety of diverse teams and staff groups from across multiple providers and agencies and requires people to work in completely new ways, ensuring care services are optimised to meet residents needs. This work aligns with the overarching integrated care system primary care strategy, which provides a blueprint for how INT operating models are standardised regardless of location to improve equity and access , whilst allowing interventions to be locally agreed and based specifically to tackle identified population health needs. Subsequent work at the vanguard sites (Welwyn Garden City and Hoddesdon and Broxbourne) have engaged system partners including the voluntary sector and patient representatives to discuss and co-design this new model of care. Early indications highlight this approach can be helpful towards admission avoidance and supporting small cohorts of residents before they reach crisis, though this does have

2023/24 Strategic Portfolio Report

East and North Hertfordshire NHS Trust

Strategic Theme Seamless Services / Objective F – Care Closer to Home
SRO – Kevin O'Hart, Chief Kaizen Officer
implications for PCN capacity due to the scale of work involved. Following early successes further PCNs are coming forward proactively to ask for support in setting up their own INT, with Hitchin and Whitwell PCN the latest to meet with the population health team to discuss their data to further support the work ongoing in that PCN. This stepped approach is intended to allow learning to be shared across other PCNs to enable INTs to adopt and spread core components of the new model at pace once fully tested , whilst allowing flexibility based on local population health needs and existing service provision to ultimately define the final clinical detail. The ICS aim is now for all INT's to be operationalised by October 24/25.

Strategic Theme Continuous Improvement / Objective G – Quality Management System
SRO – Kevin O'Hart, Chief Kaizen Officer
The new Kaizen Promotion Office (KPO) , established in January 2024 to oversee the roll-out of our ENH Production System continues to train and learn new tools and techniques from the Virginia Mason Institute (VMI) as part of an eighteen-month Advanced Process Improvement Training (APIT) certification programme. This new learning is then applied by KPO staff working alongside frontline teams with initial emphasis on the identification of waste and early application of 5S, a recognised approach for maintaining safe and organised work environments. At this stage, the focus is building KPO competency and fluency in the new method and raising awareness of concepts amongst front-line staff. The scale up of activities will correlate to the overarching workplan as KPO skills and confidence increases. Meanwhile a two-day masterclass for Trust Guiding Team members scheduled for the 20 and 21 February had to be cancelled at short-notice due to facilitator illness. This event was to be led by our VMI engagement lead and would introduce the senior leadership team to the key concepts that will form part of our ENH Production System. Sessions on leader standard work and leader rounding will provide the senior team with the knowledge and understanding for role modelling the new method when out and about engaging with staff on the Genba (the actual place where the work is done). Planning also continues in preparation for our first Rapid Process Improvement Workshop (RPIW) which is scheduled to run the week commencing 25 March - these are generally five-day workshops focused on a particular process in which people who do the work are

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East and North Hertfordshire NHS Trust

Strategic Theme Continuous Improvement / Objective G – Quality Management System
SRO – Kevin O'Hart, Chief Kaizen Officer
empowered to eliminate waste and reduce the burden of work. To inform these events the KPO undertake intensive observational work, mapping process flows and calculating cycle times to inform both the value and non-value adding steps in the specified pathway. This approach requires people to think radically different to traditional approaches, where for example any form of patient wait is viewed as waste. This RPIW will be the first of a series of further events that are scheduled to run through the summer.

Strategic Theme Continuous Improvement / Objective H – Elective Recovery
SRO(s) – Martin Armstrong, Director of Finance, Deputy Chief Executive & Mark Stanton, Chief Information Officer
The Trust's strategic objective to increase elective activity in line with the national recovery programme, incorporates improvement work within both outpatients (OPD) and theatres (Surgical Pathway Programme). Overall performance in the reported first 6 months of the year placed ENHT in the top 10 hospitals nationally and as at December elective activity levels were recorded at 121% compared to pre-pandemic levels. This achievement is against the backdrop of the national industrial action which has taken place on 11 occasions during 2023/24, necessitating appointments are either not booked or require rescheduling for a later date due to workforce cover issues. The NHS Model Hospital (January 2024) reports ENHT's uncapped theatre utilisation at 84% against a peer average of 81%. This places the Trust in the third national quartile for this metric. Average case per list (ACPL) performance also consistently benchmarks well at 2.7 cases. Day case rates also continue to perform positively and benchmark at 83.8% (January 2024) compared to a 84% peer median with potential improvement opportunity identified in general surgery and plastics. This is subject to further discussion and scoping between theatres and the specialties. This performance reflects the extensive effort and improvement work undertaken by the division throughout the year. The theatre team focus is currently on completion of demand and capacity modelling in collaboration with the surgical specialties, maximising core capacity through a dedicated focus on late starts and embedding a mantra of 'Right Place, Right Procedure'. Digital and pre-operative assessment teams (POA) are collaborating on a project to digitalise the POA health questionnaire form which will enable patients to submit electronically on completion of their outpatient appointment. The form will then be available on the Trust

2023/24 Strategic Portfolio Report

East and North Hertfordshire NHS Trust

Strategic Theme Continuous Improvement / Objective H – Elective Recovery *(continued)*		
SRO(s) – Martin Armstrong, Director of Finance, Deputy Chief Executive & Mark Stanton, Chief Information Officer		
patient administration system for clinicians to review and action. The digitalisation will remove the existing manual process providing a more efficient data capture method and will support improved triage of patients to determine the level of POA input required. Whilst there are opportunities to maximise theatre scheduling within core hours, demand and capacity has determined this is unlikely to provide enough capacity to support the step change in Theatre capacity required in 2024/2025 and future years. Discussions are underway to determine the appropriate next steps and this will form the core of next years improvement programme in this area.		

Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	10
Report title	Equality Diversity and Inclusion Strategy			**Meeting Date**	6 March 2024
Presenter	Thomas Pounds, Chief People Officer				
Author	Rumbi Chakahwata, Inclusion Diversity and Equality Manager				
Responsible Director	Thomas Pounds, Chief People Officer			**Approval Date**	November 2023
Purpose *(tick one box only)* [See note 8]	**To Note**	☐	**Approval**		☒
	Discussion	☐	**Decision**		☐

Report Summary:

The EDI Strategy has been developed in partnership with our workforce over several months. It sets out for the board our ambition and a supporting coherent delivery plan spanning three years from 2024 through to 2026 to support ENHT realise its vision '*to be trusted to provide consistently outstanding care and exemplary service*'.

The strategy has a detailed three year delivery programme and aligns to the six national and regional strategic priorities. This strategy reflects our active commitment to creating an inclusive and equitable environment at ENHT, where every individual is valued, respected and supported to contribute to our collective success.

Impact: where significant implication(s) need highlighting

The EDI strategy is significant for the Trust.
It spans several of the mandatory measures for ENHT and contributes to reducing and mitigating BAF Risks 4 and 5 (Workforce shortages and skill mix and culture, leadership and engagement).
The strategy enables improvement across every NHS People Promise, measured through staff survey specifically; reduction in measures of bullying or harassment being experienced, increased levels of pride in work and recommending ENHT as a place work, or receive treatment improve.
Other positive implications are improvements in equity and fairness, patient complaints and levels of patient harm further reduce, and our Care Quality Commission ratings improve.

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

The delivery programme requires substantial investment across the three years, failing to prioritise funds will compromise ability to deliver in year 2 and 3 of the strategy.
Significant active and consistent executive and senior leadership sponsorship is required for success

Report previously considered by & date(s):

People Committee – Nov 2023
Board Development Seminar – Dec 2023

Recommendation	The Board is asked to discuss and approve the EDI Strategy and the detailed delivery plan.

To be trusted to provide consistently outstanding care and exemplary service

ENHT

NHS
East and North Hertfordshire
NHS Trust

Equality, Diversity and Inclusion Strategy 2024-2026

Consistently outstanding care, exemplary service

Equality, Diversity and Inclusion (EDI)

Introduction

East and North Hertfordshire NHS Trust (ENHT) is proud of the diversity and richness our colleagues bring to our Trust and the diverse communities we serve mirrored in the workforce we employ.

Our ambition

At East and North Hertfordshire NHS Trust (ENHT), our commitment to anti-racism is unwavering. We are dedicated to upholding human rights and promoting dignity for all, ensuring that every individual feels valued, respected and heard. We strive to provide an inclusive and equitable environment for all, free from discrimination, exclusion or marginalisation for every member of our workforce, service users, their friends and families with particular attention to those with protected characteristics as defined by the Equality Act 2010.

We recognise that some of our colleagues, particularly those from minority backgrounds, may inadvertently experience discrimination. As an organisation, we are dedicated to addressing these challenges and are on a journey to creating a culture that embraces and values difference. We will continue to celebrate and encourage diversity in all its forms.

What is equality, diversity and inclusion (EDI)?

Equality is fair treatment for all. We believe our employment and our services should be accessible to all. Everyone has individual needs and has the right to have those needs respected, in line with social norms and acceptable behaviour.

Diversity is respecting difference and including individuals and groups with varying backgrounds, experiences, perceptions, values, and beliefs. It is important we understand, value and respect these differences.

Inclusion is recognising and valuing the difference each of us bring and creating an environment where everyone can be their true self and are respectful of others. Inclusion is where access to services, opportunities and the available resources support everyone to thrive to their best ability.

Why Equality, Diversity and Inclusion is important?

An active and true commitment to EDI enables us to continually improve our:

- Access to services for our workforce and all our communities
- Recruitment and retention of our workforce from diverse communities
- Respect and value across all our workforce and for all who use our services
- Transparency and fair treatment of each person

By putting EDI at the heart of everything we do, all who encounter our Trust – our workforce and the communities we serve – deserve and will be treated with dignity and respect.

Our strategy represents our commitment to improve, setting out our vision, aims and principles of EDI. It is designed to elicit a culture of continuous learning and improvement, where we can learn from successes and also from areas for development by continuing to listen and learn from our workforce, our communities and other organisations in the public services.

Our values of respect, include and improve are the thread throughout this work. Our ambition is for this strategy to be a living document supporting delivery of the cultural change we are working to achieve. We will continue to engage with multiple stakeholders and share regular updates throughout the organisation in accessible and transparent ways.

Legal requirements, legislation and standards

This strategy is an integral part of our compliance to the national and system standards that deliver fairness and inclusivity. As a public service provider, the NHS has several contractual and legal obligations that must be met in relation to EDI, these include the following:

The Equality Act 2010 and Public Sector Equality Duty

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society in relation to nine protected characteristics.

The nine protected characteristics as defined in the *Equality Act 2010* are:

- Age
- Disability
- Race
- Religion or belief
- Sex
- Pregnancy and maternity
- Sexual orientation
- Gender reassignment
- Marriage and civil partnership

Public Sector Equality Duty

Public Sector Equality Duty requires public authorities and organisations to consider all individuals, including their employees when carrying out their day-to-day work, such as, shaping policy and delivering services. Three main objectives must be addressed:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and those persons who do not share it

Equality Delivery System (EDS)

The main purpose of EDS is to help local NHS organisations, in discussion with local partners, workforce including local people, review and improve performance for people with characteristics protected by the Equality Act 2010. NHS Trusts must enquire about patients and service users' experience from equity of access, their care journey and review health outcomes for all in our care. This is not limited to organisational boundaries, ensuring we continuously work in partnership across the system.

To do this effectively, we need our patients and staff to validate and score our services based on the evidence of meeting their needs, inclusion for all with protected characteristics and marginalised communities without exception. EDS has three main domains of assessment for Trusts. Domain one supports and guides local NHS systems and organisations, in discussion with local partners and local populations, to review and improve performance for people with protected characteristics while reducing health inequalities and their impact on patient outcomes. Domain two focusses on workforce health and wellbeing. The final domain focuses on leadership, looking at how the leadership demonstrates commitment to equality and how it works in a way that identifies equality issues in decision making and manages them as per the Equality Act 2010.

Gender Pay Gap

The gender pay gap shows the difference in the average pay between all men and women in a workforce and it aims to narrow and eventually eliminate the pay differential between men and women. The gender pay gap is different to equal pay, and it is unlawful to pay people unequally based on gender. We are required to report on the retrospective gender pay gap every March, for the previous 12 months.

The NHS Standard Contract - Section 13 Equity of Access, Equality and Non-Discrimination

Outlines standards and requirements that must be adhered to ensure NHS services promote equality and address health inequalities.

Human Rights Act 1998

The aim of the Human Rights Act 1998, is that all people are treated with dignity, respect, equality, fairness and autonomy. The Human rights act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. All public sector bodies have a duty to respect and protect human rights.

Accessible information standard

This standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and patients with a disability, impairment or sensory loss.

The Workforce Race Equality Standard (WRES)

All NHS organisations are required to report on nine indicators of race equality and to agree actions to improve access to career opportunities for employees from minority backgrounds and how they are treated in the workplace.

The Workforce Disability Equality Standard (WDES)

NHS organisations are required to report on indicators of disability and to agree actions to ensure disabled employees have equal access to career opportunities and receive fair treatment in the workplace.

The Medical Workforce Race Equality Standard (MWRES)

The Medical Workforce Race Equality Standard (WRES), Model Employer paper, published in January 2019, sets out an ambition to increase black and minority ethnic representation at all levels of workforce by 2028. MWRES focusses on doctors and dental staff measured against eleven indicators, it enables organisations to understand the challenges that exist in the medical workforce, with the aim of encouraging improvement by learning and sharing good practice.

Health and Social Care Act 2012

The main purpose of the Health and Care Act is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients. Among a wide range of other measures, the Act also includes targeted changes to public health, social care and the oversight of quality and safety.

The model employer

Sets out an ambition to increase black and minority ethnic representation at all levels of workforce by 2028. This ambition has been expedited by the NHS People Plan 2020 to increase senior leader representation by 2025 to equate to either the organisational or community percentage, whichever is higher.

Sexual orientation monitoring information standard

Sexual orientation and transgender (trans) status monitoring asks people about their sexual orientation, trans status and gender identity and records this information. Sexual orientation discrimination and gender reassignment discrimination are both illegal in the UK. They are listed as protected characteristics in the Equality Act 2010. They arise when someone is unfairly disadvantaged for reasons related to their sexual orientation or because of being trans. It provides a consistent mechanism for recording the sexual orientation of all patients/service users aged 16 years or above across all health services in England.

The NHS Standard Contract - Section 13 Equity of Access, Equality and Non-Discrimination

Outlines standards and requirements that must be adhered to ensure NHS services promote equality and address health inequalities.

Our workforce

Our workforce is our greatest resource enabling us to deliver great care and continue moving towards our vision – 'To be trusted to provide consistently outstanding care and exemplary service.'

The composition of our workforce is presented in the table below. It is based on a staff list report from the Electronic Staff Record (ESR) as of 31 March 2023. It also represents the ratio of females to males in each staff group, and females and males in relation to all staff in each staff group. More detailed breakdown in Appendix 1.

Workforce distribution percentage at December 2023

Staff group 2023	Male (as % of staff group)	Female (as % of staff group)	Male (as % of total Trust)	Female (as % of total Trust)
Add prof scientific and technic	20.3%	79.7%	0.7%	2.9%
Additional clinical services	18.9%	81.1%	3.0%	12.9%
Administrative and clerical	17.0%	83.0%	3.9%	19.1%
Allied health professionals	22.0%	78.0%	1.0%	3.6%
Estates and ancillary	65.8%	34.2%	3.5%	1.8%
Healthcare scientists	32.1%	67.9%	1.0%	2.0%
Medical and dental	53.9%	46.1%	7.7%	6.6%
Nursing and midwifery registered	11.8%	88.2%	3.6%	26.7%
Trust total	**24.4%**	**75.6%**	**24.4%**	**75.6%**

Length of service – ethnicity

% of Total workforce service band	BAME	Not declared	White	Grand total
Less than 1 year	9.5%	1.9%	7.6%	19.0%
1 - 5 years	17.8%	3.6%	20.7%	42.2%
6 - 10 years	4.9%	0.6%	11.0%	16.5%
11 - 15 years	2.1%	0.1%	5.2%	7.5%
16 - 24 years	4.8%	0.5%	6.8%	12.1%
25 - 35 years	0.3%	0.0%	2.2%	2.5%
35+ years	0.0%	0.0%	0.3%	0.3%
Grand total	**39.4%**	**6.8%**	**53.8%**	**100.0%**

Our community

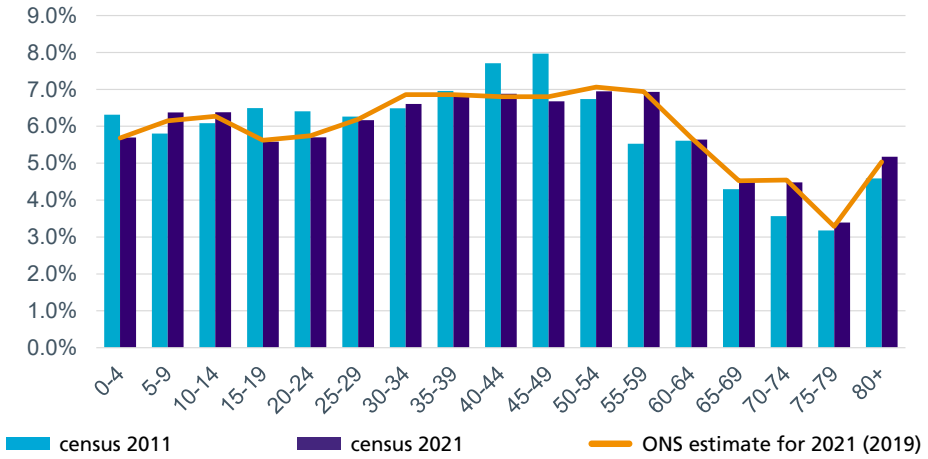
East and North Hertfordshire NHS Trust provides secondary and acute health care services to the population of East and North Hertfordshire, with tertiary renal services and cancer services in Harlow and Bedfordshire, north north-west London, and parts of Thames Valley.

Our catchment population

492,700
Total catchment population (2021 – Census)

116,900
Aged 19 and under

113,700
Aged 60 or over



The 2011 census recorded 459,300 people living in the ENHT catchment area.

The ONS projection was that would grow to 498,900 by 2021

The 2021 census shows that the population growth was slightly less than this.

The **60+ age band** has **increased by 16.6%** since 2011, whereas the **19 and under** age band has only **increased by 3.0%**

This is in line with national growth and contributes to the evidence that people are living longer.

Life expectancy

Male: 80.7 Years

Female: 84.2 Years

Challenges that impact on health and wellbeing

4.2%

Population growth by 2030

% of people aged 0-19 years will decrease by **3.3%** 2030

% of people aged 60+ years will increase **20%** by 2030

1.4 in 5

people have a long-term condition

9.7%

of people with a long-term condition have 5+ comorbidities (2021)

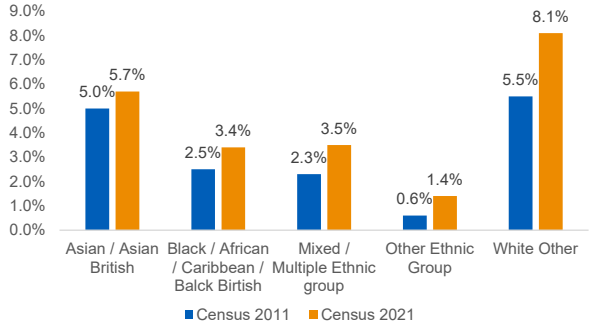
This is expected to increase to **15.2%** by 2030

Changing health of patients who were identified healthy / well in March 2018

March 2018	March 2021	
Healthy / well 100%	Healthy / well 91.5%	Long-term condition 7.3%

Within 3 years, 7.3% of the population that had previously been identified as healthy/ well had developed a long term condition. (Data source: NHSE Population Insights - Based on ENHCCG population)

BAME – ethnicity breakdown



3.4% of households in the catchment area do not have anyone speaking English as a main language

11.8% of households in the catchment were estimated to be in fuel poverty 2020.

Access to affordable housing is a significant issue in Hertfordshire. The average house price in 21/22 was £425,000 compared with a national average of £270,500. For the catchment area the average was £380,700

Health behaviours

66% of people (18+) in Hertfordshire were classified as overweight or obese in 19/20

11% of people (18+) in Hertfordshire were identified as smokers in 19/20

69.2% of people (19+) in Hertfordshire stated that they were physically active in 19/20

69.2% of people (19+) in Hertfordshire stated that they were physically active in 19/20

This increases to 6 in 10 adults if the health information contains numbers.

In the UK the average reading age is 9 years old with 1 in 6 people having very poor literacy skills

Information on this page is provided by the The Office for National Statistics (ONS)

Our approach

We firmly believe that EDI is everyone's responsibility, it permeates every interaction within our teams throughout the Trust. While our leaders set the tone, culture and direction of the organisation, we also recognise that each individual at ENHT plays a role in influencing organisational environments we create within our teams.

For the EDI strategy to show positive, sustainable change requires system and process adjustments together with significant cultural and behavioural shifts within our teams. We are committed to leveraging historical data to understand our current position and to use this insight as a starting point for visible, meaningful progress accompanied with regular, honest and transparent reviews shared across the organisation and with the communities we serve.

Our aim

We aim to create an environment where every individual (workforce and communities) feels a 'sense of belonging' where diversity is celebrated, and where opportunities to thrive are accessible to all. We are dedicated to fostering a culture of respect, inclusion and continuous improvement. We are committed to striving for positive change at every level of our organisation. This strategy reflects our active commitment to creating an inclusive and equitable environment at ENHT, where every individual is valued, respected and supported to contribute to our collective success.

Our EDI strategy is aligned to the NHS EDI Improvement plan, which aligns with our obligation of fostering an inclusive environment for both our workforce and the wider communities we serve. By incorporating the six high-impact action plans (appendix 3), we aim to build upon our ongoing efforts and achieve targeted improvements that surpass national and statutory compliance. This strategy is intertwined with the Trust's vision, values and the People Strategy, serving as a pivotal driver in our pursuit of a more inclusive and equitable organisation.

Our people strategy

Work together	Grow together	Thrive together	Care together
We have enough people with the right skills, in the right jobs	There are opportunities for all to grow and develop	Compassionate leadership helps me get things done	I feel safe, healthy and cared for as a human being
Flexibility to balance my life	I can access the resources I need to build my capability	I am respected, included and my voice matters	I feel engaged and trusted to make changes to improve our care

Our EDI strategic objectives

Our values

Include

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

Respect

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

Improve

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

Engaged board

Leading by example our Chief Executive, Chair and Board members will have measurable EDI objectives as part of the annual appraisal, at ENHT– a Grow Together Conversation. When all members of the Trust Board take on an EDI objective, this will cascade throughout to all the services, teams and to individuals at ENHT.

Our ENHT Board assurance framework and our current appraisal system (Grow Together) is how we will measure and record our compliance and progress on this strategic element. This forms the foundation for tracking and achieving our strategic objective.

Wider work in this domain will continue to ensure embedding of cultural intelligence among leaders and develop a sustainable reciprocal mentoring scheme. Our staff networks will continue sharing various lived experiences and stories to support awareness, education, and recognition of different experiences in our workforce. ENHT staff networks set priorities from two perspectives: that of championing the needs of the network members and also supporting the delivery of the wider Trust inclusion agenda.

Recruitment and onboarding

We will employ and develop our workforce in fair and inclusive practices. Monitoring of this is ongoing from the WRES/WDES data. We acknowledge the need for improved representation, especially at senior levels. Our ENHT ambition for recruitment and outcomes is to be reflective of our workforce percentages or communities we serve, whichever is higher, at all levels of the organisation. Our goal is to achieve model employer targets and the NHS EDI Improvement plan, fostering true diversity within all our teams. We expect to see year-on-year diversity improvement representation at senior leadership, with particular focus on Band 8C and above roles, to reflect workforce percentages or communities served whichever is higher. Diverse leadership progression will have access to the necessary and required support to ensure long lasting success.

Monitoring the level of diversity across our shortlisted candidates is on-going, we also measure and report regularly on the relative likelihood of internal appointment. Within the life of this strategy, we will continue to increase the pool of trained Inclusion Ambassadors (IAs) by 20% and continue to develop their skills, knowledge and all the essential elements of this role.

We will continue to develop and implement, effective and inclusive flexible working options ensuring our recruitment campaign advertisement wording reflects this. We acknowledge and expect to see an increase in part-time and flexible working arrangements to increase by 15% (on the whole) as we become more flexible in our working patterns.

Inclusive talent management

Our ability to know our people, their capability, their potential aspirations and having an embedded approach that identifies workforce vulnerability and invests in talent development is crucial. An open and transparent focus on inclusive talent identification and development is key to delivering the Trusts strategic outcomes and ambition. Our Trust has three talent streams 'good to grow', 'good' and 'good to go'. All colleagues participate in an annual Grow Together… Review which is also an overall professional and wellbeing checking-in of where and how colleagues are. It also gives a person-centered overview review of delivery and achievements, identifies developmental areas and discusses future aspirations in career development. The Grow Together appraisal also includes a discussion on Trust values application.

We will continue to develop our approach to achieve a digital talent management in the life of this strategy enabling more robust succession planning and opportunity to identify and sponsor talent.

We will promote and ensure equitable access to non-mandatory career development opportunities across all protected characteristics locally and regionally including coaching and mentoring programmes. Internal review will be done quarterly through our committee structures and at a national level through the WRES/WDES data analysis. We expect year-on-year senior leadership representation to improve across protected characteristics.

Eliminating pay gaps

Year-on-year monitoring and targeted interventions to reduce and eliminate pay gaps by working with partners and stakeholders creatively and strategically. We recognise that there can be a natural differential gap from length of service and Agenda for Change pay scale progression. We will analyse intersectionality data on all pay gaps such as disability, ethnicity pay gaps and formulate achievable action plan to improve on these.

Addressing health inequalities

We will continuously promote and support healthy workforce initiatives such as;

- **Reducing discrimination, bullying and harassment at work:** Competent and confident managers are able to spot, address and support changes to embed the Civility Saves Lives message while recognising and embracing differences. Management competency bitesize sessions will be developed and made available covering a range of modules to support new and current managers utilising experiential learning approaches to maximise learning and change.
- **Health and wellbeing** Ongoing provision of rolling sessions covering a variety of topics including menopause support, men's health, physical and mental health, along with employee support provisions and interventions to promote improved general wellbeing at work and within our communities. We will annually select three services to assess, review and score together with our service users through the protected characteristics lens following with co-produced improvement action plans for health and wellbeing improvement for all.
- Sharing best practice on addressing workforce health inequalities within the Integrated Care Board and measured through EDS assessment and other local public health data and analyses.

Creating equity and inclusion

In our pursuit of creating a more inclusive workplace, our strategy aims to annually reduce incidents of bullying, discrimination, harassment, and physical violence at work by 3-5% for a palpable difference. A critical aspect of achieving equity and inclusion involves supporting our minority ethnic workforce, international recruits and individuals with protected characteristics.

Recognising the importance and value of cultural diversity, we emphasise the need for heightened awareness and acknowledgement within our teams.

To fortify these efforts, our approach includes:

Cultural training for line managers and teams

Providing comprehensive cultural training delivery for line managers and teams ensures a better understanding of diverse perspectives and encourages the promotion of an inclusive environment.

Maintaining psychological safety

Developing and understanding how to maintain psychological safety for individuals and teams is foundational. This ensures everyone feels secure and supported in expressing their views without fear of reprisal.

Creating a sense of belonging and team cohesion

Cultivating a sense of belonging and team cohesion is essential for a positive workplace culture. This creates an environment where every individual feels valued and connected.

Annual review of staff survey results

An annual review of staff survey results serves as a crucial feedback mechanism. Effective improvement action plans based on these insights with regular updates communicated throughout the organisation promote transparency and accountability.

Reducing likelihood of minority colleagues in disciplinary processes

We will consistently review and improve our standing regarding the likelihood of minority colleagues entering disciplinary processes compared to their white counterparts.

Proactive measures to address bias and disparities be necessary, such as:

- Bias awareness workshops and regular anti-bias training and workshops for decision makers
- Diverse disciplinary decision-making panels
- Mentoring and support programs
- Fair and transparent policies
- Reporting and sharing with managers regularly

Reviewing sanctions for minority ethnic colleagues

In addition to assessing entry into disciplinary processes, we will also consistently review the resulting sanctions to ensure just, fair and free from discriminatory practices against our colleagues with minority ethnic heritage.

Roles and responsibilities

The Board have overall responsibility for EDI with the Chief People Officer overseeing the work program. Day-to-day operations are undertaken by the Inclusion Diversity and Equality Manager. While there is a clear role for senior leadership in the delivery of our EDI strategy, it is important to recognise that every member of our workforce is a leader, able to influence change and with knowledge and the right tools, all positively contribute towards the achievement of this work.

Our EDI strategy is a comprehensive framework designed to make diversity, equity and inclusion prioritised until it becomes ‘business as usual’ across all aspects of our Trust. By engaging our leadership, monitoring progress and creating an inclusive environment at ENHT, we aim to build a workplace and healthcare provider where everyone can work, grow, thrive and care together contributing to our collective success.

EDI delivery plan

This EDI strategy designed to instil accountability, facilitate continuous review, and enable timely updates to stakeholders on our progress. This work deserves and has a three-year dynamic and responsive delivery plan guiding every aspect of our work plan year-on-year.

Our comprehensive Delivery Plan is included in the appendices for detailed insight into our strategic initiatives and the ongoing implementation.

Appendices

Appendix 1 – workforce data

Workforce disability percentages at December 2023

% of Total workforce	Disabled	Not declared	Not disabled	Grand total
Band 1	0.0%	0.0%	0.0%	0.0%
Band 2	0.7%	3.1%	10.4%	14.2%
Band 3	0.6%	2.1%	9.4%	12.0%
Band 4	0.4%	1.4%	7.6%	9.5%
Band 5	0.4%	2.3%	14.4%	17.2%
Band 6	0.6%	2.3%	12.6%	15.5%
Band 7	0.4%	1.5%	8.0%	9.9%
Band 8A	0.1%	0.6%	2.7%	3.4%
Band 8B	0.0%	0.2%	0.9%	1.2%
Band 8C	0.0%	0.1%	0.7%	0.9%
Band 8D	0.0%	0.1%	0.3%	0.4%
Band 9	0.0%	0.1%	0.2%	0.2%
Career grade	0.0%	0.6%	0.4%	1.0%
Clinical fellow	0.0%	0.9%	1.0%	2.0%
Consultant	0.0%	2.8%	3.3%	6.2%
Training grade	0.1%	3.6%	2.6%	6.3%
TUPE	0.0%	0.0%	0.0%	0.0%
VSM/Exec	0.0%	0.0%	0.1%	0.1%
Grand total	**3.5%**	**21.7%**	**74.8%**	**100.0%**

Age profile	% of Total workforce
Under 25	4.7%
25 - 34	26.6%
35 - 44	24.2%
45 - 54	22.8%
55 - 64	17.8%
65 - 74	3.8%
Over 75	0.1%
Grand total	**100.0%**

Workforce ethnicity percentages

Data as per our ENHT Electronic Staff Record – (ESR) – December 2023

Pay band	BAME	Not declared	White	Grand total
Band 1	0.0%	0.0%	0.0%	0.0%
Band 2	4.7%	0.7%	8.8%	14.2%
Band 3	3.0%	0.6%	8.3%	12.0%
Band 4	2.3%	0.3%	6.8%	9.5%
Band 5	10.6%	1.3%	5.2%	17.2%
Band 6	6.3%	0.9%	8.3%	15.5%
Band 7	2.8%	0.6%	6.6%	9.9%
Band 8A	0.8%	0.2%	2.4%	3.4%
Band 8B	0.3%	0.0%	0.9%	1.2%
Band 8C	0.2%	0.1%	0.6%	0.9%
Band 8D	0.1%	0.0%	0.3%	0.4%
Band 9	0.0%	0.0%	0.2%	0.2%
Career grade	0.6%	0.1%	0.2%	1.0%
Clinical fellow	1.4%	0.3%	0.3%	2.0%
Consultant	2.9%	0.7%	2.6%	6.2%
Training grade	3.4%	0.8%	2.1%	6.3%
TUPE	0.0%	0.0%	0.0%	0.0%
VSM/Exec	0.0%	0.0%	0.1%	0.1%
Grand total	**39.4%**	**6.8%**	**53.8%**	**100.0%**

Appendix 2

Recruitment to senior bands (WRES data 2023)

Performance against target

	BAME	Model employer targets	Target met?
Band 8A	57	40	Y
Band 8B	18	14	Y
Band 8C	10	12	N
Band 8D	8	3	Y
Band 9	1	2	N
Trust pay	0	4	N
Grand total	**94**	**75**	**50%**

Year-on-year comparison (from band 5)

	Sep-20	Sep-21	Sep-22	Mar-23	Movement from Sept 22
Band 5	525	579	646	702	56
Band 6	307	317	374	415	41
Band 7	145	153	166	192	26
Band 8A	38	46	50	57	7
Band 8B	18	19	19	18	-1
Band 8C	11	11	10	10	0
Band 8D	5	5	8	8	0
Band 9	1	1	1	1	0
VSM	0	2	0	0	0
Grand total	1,050	1,133	1,274	1,402	129

EDI strategy – 3-year plan (April 2024 to March 2027) - Appendix 3

Engaged board

	Responsibility	Year 1 (2024)	Year 2 (2025)	Year 3 (2026)
Board objectives	Trust Board	Ensure that each board member has a recorded SMART EDI objective supporting this strategy by **April/May 2024 Grow Together.**	Review and build upon the first year's progress.	Further refine objectives, focusing on measurable impacts and improvements aligned to our WRES/ WDES data.
	Chief People Officer (CPO)	Review Board Assurance Framework data and establish priority actions by March 2024.	Implement on-going reviews to ensure continuous improvement.	Analyse data trends to inform future strategic decisions.
Cultural intelligence/reciprocal mentoring for inclusion and staff stories	CPO, Inclusion Diversity and Equality Manager	Initiate discussions on cultural learning pathways from the King's Fund Cultural intelligence training and the Reciprocal Mentoring for Inclusion every quarter at Trust Management Group meetings and every six months at the People Committee from **May 2024.**	Assess the impact of cultural intelligence initiatives across different teams; share best practices aligned with the Trust objectives. Team members to share their experience of working at ENHT as part of the staff experience stories with the Board. Triangulate workforce lived experiences with WRES data in relation belonging and engagement with on-going action plans for improvement.	Expand cultural intelligence initiatives; focus on measurable outcomes and triangulation of all available data.
Role model leadership Board members and networks	CPO/Engagement Project Officer	Partner board members with staff networks by **April 2024.**	Assess the impact of these partnerships on networks objectives achievement.	Strengthen network and board member partnerships - expand on the connectivity of senior leadership engagement outside hierarchy lines.
Staff council - (from all networks)	Chief People Officer/Engagement Project Officer/Inclusion Diversity and Equality Manager	To have regular Staff Council (all network co-chairs and active key network members) reviewing shared objectives across all networks, formulate joint action plans with broader organisational focus by **April 2024.**	Regular review, reporting and share of successes and challenges with People Committee and key stakeholders across the Trust.	Refine Staff Council and the sharing of their objectives and challenges to embed into the organisational cycle of reporting.
Shadow Board	CPO/Deputy CPO/Inclusion Diversity and Equality Manager	Scope out shadow board impact from organisations with established shadow boards. Structure the terms of reference and functioning for the ENHT shadow board by **June 2024.**	Recruitment for shadow board will commence last **quarter 2024.** Shadow board to be in place in **April 2025.**	First year for Shadow Board working together with our Trust Board to ensure policies and Board decisions have an EDI workforce input.
Positive walks - GEMBA	Chief Nurse/CPO	Visible senior leadership engaging with colleagues across professional boundaries and all bands, Trust-wide.	Review feedback from senior leaders positive walks and action plans. WRES data review and the ability to speak up freely within and outside own team.	Continue to promote visibility and meaningful engagement between the leadership team and all colleagues across the Trust.

Recruitment and onboarding

	Responsibility	Year 1 (2024)	Year 2 (2025)	Year 3 (2026)
Inclusive and representative recruitment strategy	Head of Resourcing/ Associate Director Capability/Engagement Project Officer/ENH Able network/Inclusion Diversity and Equality Manager	Year-on-year improvement in race and disability representation in leadership positions leading to parity over time. (WRES/WDES) Widen recruitment opportunities for all of our local communities including those living with disabilities/ neurodiverse linking ins with local college/s **by Sept 2024.** Partner/learn from organisations with successful, well established similar initiatives (local community employment).	Review impact of 2024 initiatives, discuss and triangulate with leavers data, Workforce report, WRES/WDES to inform next action plans and priorities.	On-going improving recruitment strategies to achieve parity on gender and ethnicity to be representative of the communities we serve or our whole workforce percentages - whichever is higher.
Measurable objectives	Head of Resourcing/ Head of Learning and Development/Inclusion Diversity and Equality Manager	Improve ethnic diversity in shortlisted candidates. Improve the relative likelihood of internal appointment from shortlisting across all posts focusing on band 8C and above, band 9 and Trust pay level. To start reporting work on this from **June 2024.** Improve effective interview feedback with regular auditing and discussion with unsuccessful internal applicants. Quarterly reporting and audits from **June 2024.** Analyse appointment data representation of diverse ethnicities in recruitment and promotion.	Formulate a clear support structure for unsuccessful internal applicants for shadowing opportunities. Trust-wide pathway for supportive developmental coaching and mentoring.	Triangulation of internal data with WRES/WDES with targeted action plans with on-going quarterly impact reviews.
Inclusion Ambassadors	Head of Resourcing/ Inclusion Ambassador leads/ Diversity and Equality Manager	Increase the Inclusion Ambassadors (IAs) pool, with regular IA training and protected time for IA activities **from Feb/ Mar 2024.** Inclusion ambassadors to be involved in the recruitment process from advert wording, person specifications, job descriptions through to interview from **June 2024.** Awareness and intentional diversity in shortlisting. Year-on-year diversity improvement in representation at senior leadership (Band 8C and above). Reviewed annually via WRES/WDES data	Review impact and shared learning from best practice. Inclusion Ambassadors to cover bands 6,7 and consultant appointments. Broaden IAs role to include an audit post recruitment of the successful applicants and the career development referral support for the in-house unsuccessful applicant.	On-going evaluation and improving our IAs involvement in early selection and recruitment process and, post recruitment support and audit review for the appointed candidate and the in-house unsuccessful applicant's career development and support referral.
Values-based recruitment	Head of Resourcing/ Inclusion Diversity and Equality Manager	Introduce an ENHT values-based recruitment process that is aligned with awareness of EDI challenges and a commitment to improve on these. Referral to supportive developmental resources to address gaps, linked approach to self development by engaging with System-wide network initiatives for all interviewees from **Sept 2024.**	Triangulation of internal data regarding misalignment with Trust Values (from bullying and harassment), patient complaints and patient experience data against WRES/ WDES targeted action plans with on-going quarterly impact reviews within Divisions and shared with all key stakeholders across the Trust.	Continue data based review of Trust values-based interviews, improving our recruitment, following up with review of appointment and values alignment within teams post new appointment.
Onboarding	Head of Resourcing/ Associate Director of Capability/ Head of Employee Relations Advisory Service	On-boarding and In-boarding of all recruits with a focus on internationally recruited workforce and the availability of flexible working offer for all. **On-going quarterly reviews from June 2024.** Implement effective and inclusive flexible working job advertisement on all the Trust's recruitment campaigns **from Sept 2024.**	Ensuring first day at ENHT is a productive day by continually improving and streamline forms to be completed during the on-boarding and in-boarding process. Audit onboarding and onboarding process every quarter and continue to refine the process.	Benchmark or on-boarding and in-boarding against other organisations in healthcare and other better performing organisations on this.
Diversity and culture awareness support	Head of Resourcing/ Inclusion Diversity and Equality Manager	Cultural training support available for line managers and teams. Support all line managers to attend cultural diversity awareness training and adopt ways of acknowledging, discussing and supporting cultural diversity within teams to promote more inclusive teams. Embed psychological safety, through open discussion and sharing of team challenges.	Review impact as per WRES/WDES/MWRES and all other national surveys on cultural competency and maturity of our Trust. Create multi professional open discussions to promote belonging environments whilst reducing bullying and harassment across whole workforce with a focus and support for international recruits. Set up EDI champions within teams to support improved cultural awareness.	On-going review and discussions with measurable improvement markers. Embed EDI champions as part of the change makers highlighting the Trust EDI agenda within teams.

Inclusive talent management

	Responsibility	Year 1 (2024)	Year 2 (2025)	Year 3 (2026)
Talent management - inclusive career pathways	Talent and Culture Lead/Head of Learning and Development	Talent management plan to improve diversity representation at executive and senior leadership levels to be created. Talent Forums – secure the current talent forum process for all 8a / Consultants and above. Competency-based supportive talent and management training for line managers to start from **Aug/Sept 2024.**	Increased diversity representation at all leadership levels benchmarked against workforce or communities we serve. Developmental plans to be discussed and progress reviewed quarterly. Review impact of management competencies. Set up a clear process and framework for accessing learning and development and how this is shared within teams and across the Trust.	On-going improvement on diversity at senior levels. Review impact on organisational culture and an improved feeling of belonging for all.
Access to career progression	Line managers/Talent and Culture Lead/Head of Learning and Development	Grow Together discussions to document career progressions ambitions for all; identify developmental gaps and available support and inform talent forum deliberations. Transparency and equity in developmental offers for all across all levels. **On-going review following Grow Together cycle annually.**	Embed Grow Together cyclical rhythm and talent forum discussions in line with the organisations EDI ambitions. All career and leadership development offers shared via ENH Academy and the Trust intranet.	Continue to offer career development opportunities for all with some pathways in specialised areas. Grow Together to support recording of career development discussions.
Inclusive compassionate coaching leadership	Associate Dir Capability/Talent and Culture Lead	Develop the Grow Together process so that identifies and supports developmental gaps in a systematic way **from Sept 2024.**	Embed the Grow Together cycle to promote equity of access to Inclusive, compassionate coaching leadership development for all.	Triangulation of WRES/WDES data with Grow Together cycle completions and access to development.
Access to coaching and mentoring	Head of Learning and Development/ Head of Talent and Culture	Awareness of coaching and mentoring programmes available for al at regional and national level. All line managers encouraged to access these services.	Establish an in-house mentoring and coaching support availability for all ENHT employees.	Established in-house mentoring and coaching support accessible to all workforce.

Eliminating pay gaps

	Responsibility	Year 1 (2024)	Year 2 (2025)	Year 3 (2026)
Understand and analyse data	Deputy Chief People Officer/ People Informatics Lead,/HRBPs/Medical Resourcing Lead/Head of Resourcing/ Inclusion Diversity and Equality Manager	Analyse and understand pay gap data and have improvement action plans to **reduce the gap year-on-year.**	Evaluate impact of 2024 action and set measurable targets for reducing gender pay gap.	Addressing historical pay gaps and aligned focus with resourcing on addressing all pay gaps at recruitment.
Gender pay gap	Deputy Chief People Officer/ People Informatics Lead,/HRBPs/Medical Resourcing Lead/Head of Resourcing/ Inclusion Diversity and Equality Manager	Review annual report and formulate action plans to reduce Gender Pay Gap. Reports uploaded onto the Trust website - **March annually.**	Gender Pay Gap Committee to be formed to analyse intersectionality data on all pay gaps such as disability, ethnicity pay gaps and formulate achievable action plan to improve on these.	Set measurable outcome on improving all pay gaps including the intersectionality gaps.
Race pay gap	Deputy Chief People Officer/ People Informatics Lead,/HRBPs/Medical Resourcing Lead/Head of Resourcing/ Inclusion Diversity and Equality Manager	Initial scoping out of data on race and ethnicity pay gap from **May 2024.**	Analyse and discuss and formulate action plans to improve on race/ equality pay data and publish report on the Trust website.	Focus on understanding and improving specific ethnicity pay gaps.
Disability pay gap	Deputy Chief People Officer, People Informatics Lead, Inclusion Diversity and Equality Manager	Awareness of the disability pay gap data and reviewing of data.	Start scoping out the causes and data on disability pay gap, and how to address these.	Analyse and discuss and formulate action plans to improve on disability pay data and publish report on the Trust website.

Addressing health inequalities

	Responsibility	Year 1 (2024)	Year 2 (2025)	Year 3 (2026)
Reduce abuse and harrassment	Chief People Officer/Assoc Dir of Capability/ Inclusions Diversity and Equality Manager	Year-on-year reducing bullying and harassment, increasing civility, acknowledge impact of abuse and harassment on health inequalities in workforce and community. Having an active robust approach to address all abuse and harassment. Regular 1:1 wellbeing discussions (at least every quarter) as per the Grow Together cycle.	Measurable reduction in abuse and harassment of our workforce and patients evidenced in the Staff survey, WRES/SDES data. Embed the regional an anti-racism strategy.	Embed the anti-racism strategy. Year on year reduction in abuse and harassment.
Understand wellbeing	Head of Health and Wellbeing/ Staff Experience Project Officer	Increased workforce awareness of the various wellbeing support groups available. Weekly bulletin **on-going.**	Review impact of workforce wellbeing support groups and uptake across the Trust.	Provide targeted wellbeing sessions and support as per the data review from year 2.
EDS domain 1 – patients	Medical Director, Chief Nurse/ Deputy Chief People Officer/Planning and Information/ Inclusion Diversity and Equality Manager	Led by the Medical Director - set up an EDS committee to annually select three services for assessment and review as per the NHS Contract.	Review action plans from the services reviewed previously.	EDS to be more inclusive and include other excluded categories such as homeless, digitally excluded, deprived communities.

Creating equity and inclusion

	Responsibility	Year 1 (2024)	Year 2 (2025)	Year 3 (2026)
Address bullying and harrassment	Chief People Officer/Head of Employee Relations Advisory Service	Measurable objective to address bullying and harassment, discrimination and violence. Utilisation of initiatives such as; civility saves lives, Freedom to Speak Up Guardian and Champions, Schwartz rounds and a just restorative culture. **On-going.**	Understand issues in any recurrent bullying, harassment and discrimination areas. Support development within teams whilst also bringing in accountability and improvement.	Triangulation of data on workforce experience within teams. Measurable reduction in line manager and peer-to-peer bullying, and harassment cases.
Process of raising concerns	Chief People Officer/Head of Employee Relations Advisory Service	Clear processes for the raising of concerns to be mapped out and shared Trust-wide. Important to have workforce involvement in designing processes.	Review, refine and embed the raising concerns Trust process without restraining/neglecting any concerns raised outside of the Trust process.	Continue to improve workforce Trust in the raising concerns process via ongoing improvement and engagement.
Psychological support for victims	Head of Health and Wellbeing/ Staff Experience Project Officer	Together with our Health at Work team scope out available support for colleagues reporting bullying, harassment, discrimination or violence at work. Pathway for colleagues to access psychological support from **Sept 2024.**	Embed support psychological support pathway and publish on Trust Intranet.	Evaluate impact and audit impact on colleagues that have engaged with the psychological support available.
Values charters	Talent and Culture Lead/HRBPs	All teams to have an agreed values charter, improving on team belonging.	Embed teams values charters.	
Increase network engagement	Engagement Project Officer/Inclusion Diversity and Equality Manager	Actively improve workforce engagement with staff networks.	Increase staff networks and engagement as per workforce requirements. Have clear network objectives aligned to Trust goals annually.	Annually publish each network's annual activities.
Clear communication	Head of Learning and Development/ Head of Talent and Culture/ Engagement Project Officer	Ongoing 1:1 line manager discussions (minimum quarterly) - spot audit for quality of conversation, healthy team interventions and healthy culture network together with increased staff survey compliance and clarity on **shared results year-on-year.**	Measurable year-on-year increase in compliance and the quality of line manager 1:1 discussions. Establish stronger collaborative ownership of staff survey data and follow up action plans with teams across the Trust.	Embed 1:1 wellbeing conversation cycles and the accurate recording of the same.

Other

	Responsibility	Year 1 (2024)	Year 2 (2025)	Year 3 (2026)
WRES/WDES	Deputy Chief People Officer/Inclusion Equality and Diversity Manager	Review annual report and formulate corrective action plans to be uploaded onto the Trust website.		
EDS2/Public sector equalities duty	Deputy Chief People Officer/Inclusion Equality and Diversity Manager	Annual Equality Delivery system services review of Trust services and patient experience to evidence awareness and meeting Public Sector Equality Duty.		

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Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	11
Report title	Board Assurance Framework (BAF) Risks			**Meeting Date**	6 March 2024
Presenter	Stuart Dalton, Head of Corporate Governance				
Author	Stuart Dalton, Head of Corporate Governance				
Responsible Director	Martin Armstrong, Deputy CEO			**Approval Date**	
Purpose	**To Note**	☐	**Approval**		☐
	Discussion	☒	**Decision**		☐

Report Summary:

Individual BAF points to highlight:

- Risk 1 *(Workforce requirements to deliver quality standards).* A first ever national workforce strategy and the Trust's plans for obtaining Teaching Hospital status are progressing well and are significant mitigations.
- Risk 3 (*Financial constraints - to delivering quality standards*) The risk score is proposed to reduce to 12 (which is also the target score) to reflect the reduced likelihood of the risk materialising given the excellent work over the year to achieve CIP (cost improvement programmes) financial savings plus the Trust receiving a compensatory allocation from NHS England relating to Industrial Action. This is particularly strong progress given the risk was rated at 20 in May 2023. Though a new financial year may see the risk rise again.
- Risk 5 (Culture and Leadership) and Risk 6 (Autonomy and Accountability) – significant Board, Committee and Trust Management Group time has focused on culture, whilst recognising it takes time to improve culture. It is hoped the staff survey will start to show the green shoots of this work, interpreted within the context of the challenges the whole NHS is facing.
- Risk 9 *(Trust and system financial flows and efficiency).* A system-wide financial recovery plan has been developed.
- Risk 10 *(Digital Transformation).* Good progress covered at previous Private Board.
- Risk 11 *(Enabling innovation).* The ENH Production System (Virginia Mason Institute) rollout demonstrates the resources being put towards tackling this risk.

Equally, it is probably not a coincidence that the below risks, that are proving more challenging, rely most heavily on external forces and partners to resolve:

- Risk 7 *(Immature place and system collaborative processes and culture).* Despite significant energy devoted to developing the HCPs (Health and Care Partnerships) and the Board committing time to improving partnership working through a plan for inviting partners to Board Seminars, the reality remains that collaboration-led improvements remain limited in tackling the wicked issues that would benefit from system solutions. It is hoped that HCPs will provide this impetus.
- Risk 8 *(Performance and flow).* Flow remains a stubbornly persistent issue (as it is for many Acute Trusts).

Broader BAF considerations: • To assist the Board in being sighted on system-thinking, the ICB's latest BAF is included for reference (at the end of the paper). It is worth noting that effective system collaboration and digital co-ordination are not on the ICB BAF. • Red-rated BAF risks have reduced to five and for the first time in the last four years no BAFs scored 20 at the end of the financial year. • In advance of the Board Seminar in April to identify the BAF risks for 2024-25, Board members are asked to reflect on whether any emerging risks to delivering our strategy justify being added, whether any BAF risks are sufficiently mitigated to justify coming off the BAF to accommodate any new risks; whether any existing BAF risks would benefit from an altered focus and ways that we maximise the utilisation of the BAF.
Impact: where significant implication(s) need highlighting
Covered above
Risk: *Please specify any links to the BAF or Risk Register*
The top corporate risks from the Corporate Risk Register are mapped to BAF risks at the bottom of relevant BAFs in line with recommendations from the Good Governance Institute/internal audit reviews of the BAF.
Report previously considered by & date(s):
People Committee BAF risks were reviewed in January; FPPC risks in February. However, whilst there are updates to the QSC BAF, there was no QSC in February to review the BAF.
Recommendation The Board is asked to **NOTE** the BAF update.

To be trusted to provide consistently outstanding care and exemplary service

East and North Hertfordshire NHS Trust

BOARD ASSURANCE FRAMEWORK REPORT

Section 1 - Summary

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

Section 2 Strategic Risk Heat Map

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

Impact						
	5					
	4			1; 9; 11; 12 3; 6; 7; 12	3; 5; 6; 7; 8; 10	
	3			1; 2; 5; 9; 10; 11	2; 4;	
	2			4; 8		
	1					
	I x L	1	2	3	4	5
		Likelihood				

Risk Scoring Guide

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

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

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

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

NHS East and North Hertfordshire NHS Trust

Our Trust mission

Providing high-quality, compassionate care for our communities

Our guiding themes

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

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

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

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

Objectives 2023-24

- Embed fundamentals of care/pathway to excellence programme within all inpatient areas across the Trust
- Improve overall Trust regulatory compliance and deliver Maternity Improvement plan to meet requirements of CQC, Ockendon review and NHS Resolutions
- Improve our overall recruitment and retention rates to ensure that temporary workforce make up no more than 8% of the pay bill
- Ensure all staff have a quality Grow Together conversation and are fully compliant with statutory and mandatory training
- Transform end-to-end urgent care pathways supported by a new urgent and emergency care model to deliver the A&E four-hour standard of at least 76% and improve median ambulance handover times to under 30 minutes by March 2024
- Deliver Care Closer to Home pilots at individual GP Surgery and East and North Hertfordshire level targeting better meeting the needs of the highest intensity users of health services
- Implement a Quality Management System supported by an expert strategic partner with first quality and financial improvements delivered by March 2024
- Increase elective activity through productivity and investment, supported by a more digitally-enabled central booking service

Vision to 2030

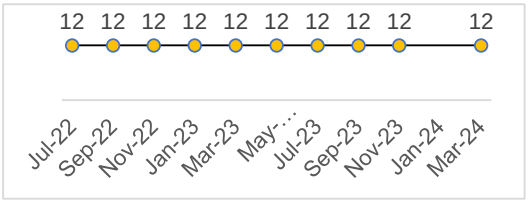
To be trusted to provide consistently outstanding care and exemplary service

Section 3 –Strategic Risks

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

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

Risk Trend



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

Controls	Assurances reported to Board and committees
Strategies and Plans • Clinical Strategy 2022-2030 • People Strategy • Annual Divisional workforce plans • Thematic review of complaints relating to staffing • NHS national workforce strategy **Operational Systems and Resources** • Local recruitment and retention plans • Detailed establishment reviews across Nov/Dec 2022 • International recruitment plans • Training needs analysis reviews (capability building) • Fill rates and reviews • GROW appraisal and talent system weekly review via hot topics for nursing and midwifery/AHPs • Apprenticeship schemes • Change policy and toolkit • Pre and post reg training programs • Training on appraisals **Governance & Performance Management Structures** • Accountability and Review Meetings (ARM) • People Committee	**Internal Committee-level assurances** • Integrated performance report key indicators • Deep Dive recruitment briefs and reviews reports • Freedom to Speak up prevalence thematic analysis reports • Positive leadership rounds (January 2023) • Board members walk rounds to be piloted with positive leadership rounds (April 2023) • Deep dives for each division to establish staffing plans/budgeted WTE – ED, maternity and planned care. Check and challenge sessions for on rota staffing reviews due March 2023. • Safer staffing paper quarterly to QSC/TMG **Third line (external) assurances** • Staff survey results • External benchmarking with Integrated Care Partnership, Integrated Care Board and other partners • Ad hoc feedback: Health Education England / Professional Bodies / Academic body (pre and post reg) partners feedback • Care Quality Commission engagements session feedback reports • Patient feedback (national) survey
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
No substantive care support worker development programme	Redesign of service delivery pathways and development of new roles including 'grow your own' skills/talent - *by end of Q1 2023/24 (revised to Q4)* - Heath care support worker care certificate programme in progress at onboard phase. BEECH

	course now in progress for CSW safety management of the deteriorating patient CSW daily temporary staffing oversight of bookings in place commenced December 2023
Recruitment and retention plans required for professional groups with identified high vacancy rates, e.g. pharmacy, administration	• Ongoing review of establishments in progress in relation to shift patterns and budget alignment *started and will continue* • E-roster establishment review ongoing – started and in progress • Plans to continue collaboration with the ICS for international nurse recruitment for 23/24- recruitment plan in progress • Scoping with university to deliver ward managers development programme– aim to deliver Q4 2023/24 [timescale being reviewed] • Management development programme has been designed and due to be deployed Q1 2024/25 • Leadership programme 'for all' shall be scoped and co-produced in alignment with current ENH ~~P~~production System and wider capability development plans, aiming for Q2 2024/25 publishing. • Nutrition and Hydration improvements have started to improve out of hours access for staff and visitors
National and local cost of living and employment picture, which may make recruitment more challenging	~~National workforce strategy to be published by end of 2023.~~ [Published June 2023. Added to controls] Support for staff with cost-of-living bundle of interventions already in place (community shop; blue light card refund; discounted vouchers, discounted fuel & increased excess mileage rate, lunch vouchers etc) – keep under review

Current Performance - Highlights

The following points are highlighted from the Integrated Performance Report:

- Good governance actions in progress to review reporting structures, and clarity of roles and responsibilities.
- Refreshed and reviewed induction programme in place for new joiners to ENHT with clearer development and work continues to enable early access to systems for e-learning to achieve day 1 ready in the future
- Developmental programme for ward manager with support of University
- New roles and pathways under development e.g. physician associates, health care support worker pathways, nurse prescribing roles
- Ongoing junior doctor strikes impact being assessed and managed.

Associated Risks on the Board Risk Register

Risk no.	Description	Current score
0051	Risk of delay in the ophthalmology service recovery	~~20~~16
~~1127~~	~~Insufficient numbers of Consultant and Middle Grade Neonatologists which would impact compliance with BAPM (British Association of Perinatal Medicine standards)~~	~~15~~
0070	Insufficient midwifery staffing levels due to current vacancy and absence	16

Strategic Priority: **Consistently deliver quality standards, targeting health inequalities and involving patients in their care**		Risk score 12
Strategic Risk No.2: **Population/stakeholder needs**		
If we do not address health inequalities nor meet the expectations of patients and other stakeholders	***Then*** population/stakeholder outcomes will suffer	***Resulting in*** loss of trust, loss of funding opportunities and regulatory censure

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

Risk Trend

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

Controls	Assurances reported to Board and committees
Partnership Arrangements • NHSE/I Recovery operational plan • Integrated Care Board agreements • Health watch. March 2023 maternity engagement focus • Provider collaborative • Elective HUB development / Community diagnostic HUB • Maternity Voices Partnership • Maternity Improvement Senate. Established and in place • CN attends LEDER (local authority LD meetings) **Strategies and Plans** • Quality Strategy • National Patient Safety Strategy • National patient Experience Strategy **Systems and Resources** • QlikView Quality dashboards • Quality Oversight System 'EnHance'. **Governance and Performance Management Structures** • Accountability review meetings • Patient and Carer Experience Group • Patient initiated Follow Up programme. Pilot follow up planned for SDEC. • Risk management group **Quality Management Processes** • Clinical harm reviews - cancer and non-cancer • Learning from incidents • Triangulation of incidents and complaints at divisional level. Triumvirates asked to present triangulation work. April 2023 QSC • PSIRF implementation • Model hospital information on service line and specialty standards	**Internal Committee-level assurances** • Elective recovery programme escalation reports • Cancer board escalation reports • Accountability Review Meetings escalation reports • Integrated performance reports to Board/ Committees • Executive Programme board escalation reports Sub Board Committees – assurance reports to board: • Patient and Carer Experience • Finance and Performance Committee • Audit and Risk Committee **Third line (external) assurances** • NHS Annual specialty patient surveys (ED, cancer) reports • NHS Friends and Family survey results • Care Quality Commission assessment reports • HSIB reviews/reports • NHSE regulator review meeting escalation reports • Peer reviews of selected services • National patient survey

• Equity of care mapping stratification to waiting lists **Sharing best practice** Transformation programmes, specifically: • Discharge collaborative • Complaints transformation • Outpatient and theatre transformation • ICS transformation programme	
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps
Poor timelines in responding to concerns increasing	Complaints transformation programme – *already in progress*
• Unwarranted variation across specialty booking for Follow Up processes • Waiting list initiative payment model Quality governance assurance framework re-design (no surprises)	• Transformation programme is in place to support improvement in FUP processes • PSIRF transition phase in progress~~-~~, planning for implementation phase ~~in progress~~underway, aiming for operational launch Q12024/25 • Pro-active Communication plan with public and partners– patient safety partner recruited. 2 more to be recruited by Apr 2024. • Getting to Good – service level governance structures agreed to support care group operational model. Development programme shall be designed and delivered following care group launch by Q2 2024/25 • Report to QSC on unwarranted variation relating to waiting lists • Access and equity discussion with specialist teams due has started, to scope patient involvement.
Unwarranted variation on Clinical Harm Review – non-cancer backlogs	Business case for a digital solution - *in progress for >52weeks incidents. Clinical harm reviews include proactively contacting/ texting all patients to assess need for waiting list. The 2nd phase of the project is to text clinical harm review questions, this remains in phase planning stage.* *Done first line review of long waits.* *Add to the QSC annual cycle – harm reviews of waiting lists* *Detailed paper for QSC focused by specialties – starting Jan 24 (first one)*
Clearer processes required for harm reviews relating to time waited for procedure	Implement and embed quality assurance framework - ~~*by end of Q4 2022/23 as above. [Update needed]*~~ *Methodology for harm reviews – by Feb 24 [progress being clarified]*
Delayed inpatient information of non-cancer diagnosis	Improvement priorities focusing on clinical outcome letter processes, to be embedded by end of August 2024. Since the introduction of the negative result letters and CNS telephone appointments the position has improved and work continues to work with the tumour Leads and operational teams to improve the patient pathway.
Patient, public, stakeholder and partner engagement	Engagement strategy to be approved by the Board by Oct 23 Maternity community engagement session being planned, due to Q2 2023/24 – completed Renal services patient engagement best practice model key lessons shared via PACE Committee National stroke PROM data now with divisional team.
Family liaison in patient safety incidents/bereavement	PSIRF plans include family liaison roles and responsibilities - part of operationalising PSIRF see above

Patient-centred decision-making	Patient co-design and engagement plans in progress, scoping underway to imbed in patient co-design framework, embed within PSIRF by Q4 2023/24 Revised business-case process to cover patient impact/input New UTC – Dec 23 - complete

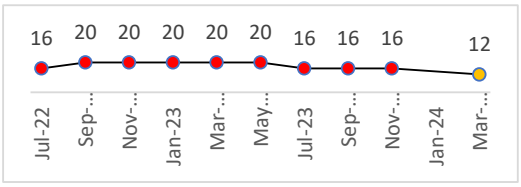
Current Performance - Highlights
The following points are highlighted from the IPR most recent Board report: • On average 94% of complaints are acknowledged within 3 working days • Overall complaints responded to within agreed timeframe remain below agreed target and a priority for improvement • Benchmark baseline BI difference

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
3027	Risk of Regulatory Non-compliance within Audiology Service	~~16~~20
1923	Overcrowding in the Emergency Department (ED) and lack of assessment space including waiting room care	~~15~~20
3028	Risk of delay in transfer of deteriorating patients from Mount Vernon with co- morbidities as a result of inadequate onsite acute facilities to support patient care.	~~16~~20
~~1273~~	~~Delays in Reporting of diagnostic scans in the Paul Strickland Scanner Centre (PSSC)~~	~~12~~
~~0061~~	~~Delay of identification of diabetic retinopathy as a result of ageing screening cameras.~~	~~20~~12
0066	Risk of microbial colonisation due to inadequate hot water temperatures as a result of equipment failure & temperatures falling below required levels	~~16~~12
3079	Disrepair of the Building Fabric and unmet electrical needs and mechanical requirements relating to Bluebell Ward & Bramble Day Services.	20

Strategic Priority: **Consistently deliver quality standards, targeting health inequalities and involving patients in their care**			**Risk score** ~~16~~12
Strategic Risk No.3: **Financial constraints and efficiencies**			
If costs increase significantly and/or far-reaching financial savings are required, and we do not deliver greater efficiencies	***Then*** we will need to make difficult decisions that could have a negative impact on quality and delivery	***Resulting in*** poorer patient outcomes, longer waiting times; reduced staff morale and reputational damage	

	Impact	Likelihood	Score
Inherent	5	4	20
Current	4	~~4~~3	~~16~~12
Target	4	3	12

Risk Trend



Risk Lead	Chief Financial Officer	Assurance committee	FPPC

Controls	Assurances reported to Board and committees
Strategies and Plans • Approved 23/24 Revenue, Capital, CIP & Activity Plan **Operational Systems and Resources** • Financial Reporting Systems – Finance Qlikview Universe • Detailed monthly CIP performance reporting • Monthly ERF & Productivity Report to FPPC • Productivity / Service Line Reporting Framework • Monthly Finance Reports • Outturn Forecast report to TMG, FPPC and System • Detailed bridge analysis of performance drivers **Governance & Performance Management Structures** • Monthly FPPC & Exec Committee Reporting • Monthly Divisional Finance Boards meetings • Monthly Capital Review Group • Weekly D&C / ERF delivery meetings • Monthly cost-centre / budget holder meetings • Bi-weekly ICS Director of Finance meetings • Bi-weekly Coding Improvement Group • Monthly Workforce Utilisation & Deployment Group • MEOG medical staffing group • Ratified SFI's and SO's, Counter Fraud Policy • Consolidated ICS Procurement Service & Governance	**First and second line (internal) assurances** • Monthly Finance Update to TMG • Monthly Finance Report / Key Metrics to FPPC • CIP report & productivity report to FPPC • Outturn Reports to TMG, FPPC and Board **Third line (external) assurances** • 23/24 Financial plan submitted to and approved by NHSE • Monthly financial reporting to NHSE & HWE System • Monthly ICS Financial Recovery Board • Monthly system finance oversight meeting with NHSE • Bi weekly System CEO / CEO finance review meetings • External / Internal audit review of key financial systems and processes • Model Hospital / GIRFT / Use of Resources benchmarking
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
• Risk that Industrial Action significantly reduces the volume of elective activity performed, income earned and increases unplanned medical staffing costs.	• The Trust has established mechanism to capture the cost of additional IA costs incurred and estimate the impact of lost income and activity. This has been incorporated into the Trust's outturn position. • The Trust has received a compensatory allocation from NHSE in November combined with ERF target changes. Similar steps are confidently anticipated for IA since November.

• Risk of non-payment of ERF overperformance by ICB and NHSE	• Weekly ERF delivery sessions with divisions in place. • Productivity framework in development, reporting to FPPC monthly • Trust ERF reporting framework adopted by ICS • Monthly official ERF reports from NHSE • Year End ERF protocol set out by NHSE
• Risk of significant overspend against elements of the Trust's workforce establishment – mainly CSW budgets and also significant overspends pertaining to medical staffing budgets	• Utilisation and Recruitment tools developed for use by nursing managers. • Allocate rostering system review completed • Weekly and Monthly deployment framework • Medi-rota management reported • Mitigating outturn exec led workstreams deployed.
• Risk around absence of a short- and long-term financial strategy for the system and stakeholders to address underlying deficit	• The Trust has generated a medium terms financial plan based upon agreed national and local assumptions. This has been discussed at the September FPPC and will act as a jump off point in respect of 24/25 financial planning.
• Significant reductions in Trust productivity vs pre-pandemic levels. Significant increases in staff volumes and costs not related to activity change.	• The Trust has undertaken extensive run rate and associated bridge analysis. • This has framed areas for review and restatement for 23/24. This is formalized in a specific strand of budget setting activity. Further 'Establishment Growth' review sessions took place in October and November. • Productivity report, with an emphasis on the development of a 'Productivity Index, to FPPC

Current Performance – Highlights

The following points are highlighted from the Integrated Performance Report:

- The Trust reports a YTD deficit of £~~0.9m~~3.4m, this is in line with the outturn forecast projection.
- As at Month ~~8~~10 the Trust CIP plan is on track
- Variable SLA income is ahead of plan at Month ~~8~~10
- The Trust has developed an internal Financial Recovery Plan to support achievement of year end targets

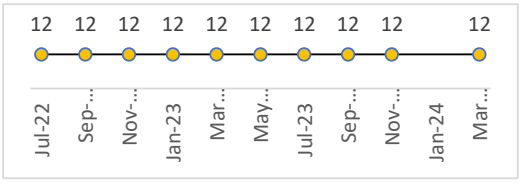
Associated Risks on the Board Risk Register

Risk no.	Description	Current score
0025	Risk of non-delivery/ failure to achieve agreed Financial Plan and Cost Improvement Programme (CIP)	~~20~~12
3026	Unavailability of safe medical equipment	16
0036	Risk of delay in patient treatment within plastics as a result of same day clinical appointment cancellation due to inadequate clinical space for paediatric plastics	15
0044	Risk of delays in delivery of emergency surgery caused by a lack of Emergency General Surgery list capacity	~~15~~12

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

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

Risk Trend



Risk Lead	Chief People Officer	Assurance committee	People Committee

Controls	Assurances reported to Board and committees
Strategies and Plans • Data accuracy between ESR and finance systems • Clinical Strategy 2022-2030 • People Strategy • Annual Divisional workforce plans and local Skill mix reviews • GROW and Succession plans • Tailored approach to nursing and medical and administration hotspots, with UK based campaigns supported by international recruitment plans • National and regional workforce strategy **Learning and Development** • 'Grow our own' through Apprenticeship schemes • Leadership and Manager Development programmes • CPD funding – short course and Higher education qualifications - upskilling of staff • Clinical skill development and clinical education **Recruitment and Retention** • Workforce Plans • NHSP and international recruitment • Various return to work schemes e.g. retire and return • Drive for 5% - recruitment and retention steering group • ICS retention pathfinders working groups **Staff Engagement & Wellbeing** • Thank you and engagement interventions • Staff Survey • Absence and referral rates • Take up of wellbeing services **Governance & Performance Management Structures** • Medical establishment oversight working group	**First and second line (internal) assurance** • IPR – to board and People Committee, including vacancy and turnover rates • WDES/WRES reports - to board and People Committee • Recruitment and Retention deep dives and reports – People Committee, ARM, Divisional Boards • Deep dives with focus on specific workforce areas **Third Line (external) assurances** • Equality data for workforce (WRES/WDES) • Staff survey results • EDS 2 Assessment

• Clinical oversight working group • Recruitment and retention group • Workforce reports – time to hire, pipeline reports • Executive Programme Board • Education committee	
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
• How we prioritise delivery • Capacity to deliver scale of changes alongside day to day service delivery ~~e.g. scaling up agenda 'v' local changes to improve services, rely on same resources to deliver both.~~	• Prioritisation of programmes through board and agreed by executives in line with annual planning cycle • Improving workforce plans at divisional levels to inform prioritisation of plans to Board in line with the annual planning cycle (planning cycle Sept-March) • Demand and capacity planning sessions support and inform the above
• Engagement and motivation to enable changes to be embedded e.g. where a change may mean we no longer deliver something ourselves and its delivered by others	• People change review report and updates which go regularly to divisional boards and sight being introduced to TMG on a regular basis (quarterly) • Support and development to managers leading change and supporting staff through change – scheduled regular development sessions throughout the year planned
• Competition for funding and resources across budgets to enable change at scale to happen	• Funding for large scale change to backfill release of experts to input early • Prioritisation agreed as above • Funding flows to support delivery requirements
• Capacity of key clinicians and senior leaders to work on the areas of change due to conflicting priorities	• Agreed protected time at outset of programme of change as an agreed priority – will require Programme Management Board and TMG sign-off
• ~~Requirement for national and regional NHS workforce strategies as ENHT is dependent on these to ensure sustainable delivery of workforce changes~~	• ~~Completed~~

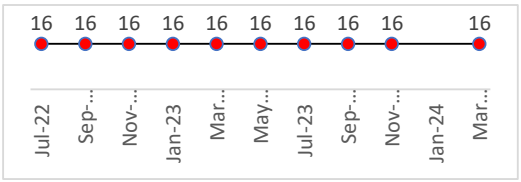
Current Performance - Highlights
The following key performance indicators are highlighted from Integrated Performance Report: • ~~Plans to continue collaboration with the ICS for international nurse recruitment for 23/24~~ • ~~Development in system for GROW Together conversations completed and new cycle commences from April 2023~~ • International recruitment now being more targeted to areas of skills shortage e.g. midwives, cohort recruitment of registered nurses has been reduced due to lower vacancies and improved retention. • Increase in developmental pathways leading to registered posts including nurse associate and degree apprenticeships. • Specialist roles including nurse prescribing roles, Advanced Clinical Practitioners (ACPs) and anesthetic associates are being developed for specific areas. • Talent acquisition roles in place with targeted campaigns for identified hot spot areas demonstrating success including therapies, roles within emergency care pathway, radiology, midwifery and Theatres • Refreshed and reviewed induction programme in place for new joiners to ENHT with clearer development and work continues to enable early access to systems for e-learning to achieve day 1 ready in the future • ~~New roles and pathways exist, health care support worker pathways, nurse prescribing roles, Advanced Clinical practitioners (ACPs) with some under development e.g. physician associates,~~

Associated Risks on the Corporate Risk Register		
Risk no.	Description	Current score
	No Top-scoring Corporate Risks related to this BAF	

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

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

Risk Trend



Risk Lead	Chief People Officer	Assurance committee	People Committee

Controls	Assurances reported to Board and committees
Strategies and Plans • People Strategy • ENHT Values • People policy reviews • Speak Up approaches • EDI Strategy (include staff network) • Leadership Development Plans • Engagement Strategy **Learning and Development** • ~~Core skill and knowledge programmes (management and Leadership)~~ • Core Management Skills & Knowledge • Healthy Leadership, ~~care support pyramid~~Care Support Pyramid • Civility and Kindness Matters • East of England Hub- Mentoring and coaching programmes • Mandatory learning around inclusion, management and development of people • Speak up training • Talent Management Strategy • Grow Together training and support **Recruitment and Retention** • Values assessment undertaken at application stage for senior roles and in shortlisting criteria • Pulse surveys • Feedback through local induction processes • Grievance and raising concerns policy and guidance • Inclusion Ambassadors **Staff Engagement and Wellbeing** • Core offer of support available linked to financial, physical, mental, spiritual and social wellbeing for all staff	**First and second line (internal) assurance** • Regular reports on progress against People Strategy • IPR • Staff survey results and deep dives on action plans in divisions **Third Line (external) assurances** • National staff survey results • EDS2 return • WRES/WDES • Published equality data

• Annual days to raise awareness of specific topics • Staff networks /Freedom To Speak Up/ Meet the Chief Executive • We have submitted our SEQOHS application for Health@Work services • Internal communications - all staff briefing, in brief and newsletter **Governance & Performance Management Structures** • People Committee, staff side, Local Negotiating Committee • Divisional boards • Grow ~~together~~Together reviews and ~~talent forums~~Talent Forums • Staff networks	
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps
• Capacity to undertake support and development in identified areas to improve leadership practice and engagement • Challenges in the level of organisational engagement across ENHT to make things happen and embed sustainable change	• Prioritise approaches for service areas and deliver development work by end of Q4. Healthy Teams work is being implemented in Gynae, Maternity and being planned for Theatres, paediatrics and ED. ~~(will add others)~~ to support leaders and teams develop a good leadership rhythm and build healthy culture • Staff survey action plans support improvements happening locally and results are used to identify priority areas and specific support to low score areas - Team talks on staff survey and also on values charters remain active within divisions. These are now based on the Care Support Pyramid (4 dimensions that make a difference to staff experience) this makes the intervention organizationally consistent but locally owned and accountable. • Cultural development work continues with senior leadership team - CQ workshops have completed and Reciprocal mentoring ~~due to launch from July 2023 with first cohort~~now in pilot phase and will be evaluated by March 2024.
• Capacity to release staff and leaders to participate in development alongside day-to-day priorities	• Creative delivery and support to enable release and participation e.g. protected time; forward planned events and team talks - introduction of grand rounds in the LEC since Jan 23, to capture medical and non-medical staff, increased numbers of courses on ENH Academy in 22/23 e.g healthy leadership modules, skills boosters, project mgt courses, learning delivered at meetings e.g. leadership forum, quality huddles. Pilots with local events, bitesize and development coaching in order to use time effectively • Dedicated agreement organisationally of time to develop e.g. to complete mandatory training in 23/24 Q2 - Joint full day training days being delivered ensuring a higher % of courses can be completed in one sitting. The amount of time each online course takes to complete now included on ENH Academy.
• Ability to resolve staff complaints quickly and easily	• People Policy reviews will be complete by March 2023 and a rolling programme for training managers in investigation, reports and hosting challenging conversations will follow during 2023/24 – Delay in

	publication corporate policy group some policies not yet published. • Communication on policies commences in July 2023 and further work on revising and redeveloping people policies continues
• Investment and support levels organisationally for EDI programmes and resources restricts progress	• EDI strategy produced by ~~June 2023 A~~March 2024 – draft ~~EDI strategy is available~~currently with People Committee, Board and ~~work in July/August~~Partnership. It will ~~lead to publication in September 2023~~ • launch with a 3 year delivery plan in place. EDS2 published Mar ~~23~~24 with action plan to be delivered throughout the year and longer term – prep work for ~~2023 EDS2 collection underway~~24/25 process will emerge as we embed the process as BAU for ~~longer lead in and engagement to increase response and involvement for next report~~ENHT. • Gender pay gap actions embedded in organisation (between 2023-25) – on going work. • Wider delivery of programmes such as cultural intelligence and civility matters across the whole organisation – plans and costs being mapped out for 2024 onwards as part of EDI strategy delivery

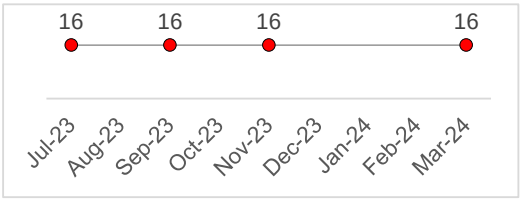
Current Performance - Highlights
The following key performance indicators are highlighted from Integrated Performance Report: • Updated ~~2022~~2023 staff survey results are being issued with local cascade and progression of actions and renewed focus • A suite of leadership and cultured development work is underway for use in the short and medium term • Time to resolve disciplinary cases has improved and is being sustained to improve employee relations • More work is underway to seek to resolve grievances informally and encourage early resolution.

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

Strategic Priority: **Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability**			Risk score 16
Strategic Risk No.6: **Autonomy and accountability**			
If the desired autonomy with appropriate accountability approach is not achieved	***Then*** the Trust will fail to achieve local ownership and continue to face the same structural and culture challenges	***Resulting in*** the Trust being unable to deliver needed changes and improvements.	

	Impact	Likelihood	Score
Inherent	4	5	20
Current	4	4	16
Target	4	3	12

Risk Trend



Risk Lead	Lucy Davies, COO	Assurance committee	FPPC

Controls	Assurances reported to Board and committees
Strategies and Plans • People Strategy • ENHT Values • People policy reviews • Speak Up approaches • EDI Strategy • Leadership Development Plans **Governance & Performance** • Revised Scheme of Delegation • Balanced scorecard • Well-led review action plan **Management Structures** • New Divisional structure – operating model change • Divisional Performance reviews • Divisional boards • Grow together reviews and talent forums • Staff networks **Improvement Partner** • *[Controls to be added once Improvement Partner starts]* **Learning and Development** • Core skill and knowledge programmes (management and Leadership) • Healthy Leadership, care support pyramid? • Civility Matters • Mentoring and coaching programmes • Mandatory learning around inclusion, management and development of people • Speak up training **Recruitment and Retention** • Values assessment undertaken at application stage for senior roles and in shortlisting criteria • Feedback through local induction processes **Staff Engagement & Wellbeing** • Pulse surveys	**First and second line (internal) assurance** • Divisional Performance Dashboards • IPR • Balanced scorecard • Transformation programme report to FPPC • Regular reports on progress against People Strategy **Third Line (external) assurances** • Well-led review • National staff survey results • Internal audit re financial processes • WRES/WDES & published equality data

• Core offer of support available linked to wellbeing for all staff • Staff networks /Freedom To Speak Up/ Meet the Chief Executive (Ask Adam) • Internal communications - all staff briefing, In Brief and newsletter, leadership briefings • Reciprocal mentorship programme	
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
• Lower tiers operational & clinical restructure – operating model change	• COO, CMO, CNO, CPO - By end of Mar 24 • Consultation process has commenced
• Lack of agreed delivery plan [bar individual actions]	• People strategy
• Leadership culture modelling/enabling autonomy	• Exec development and teambuilding programme (CPO) – ongoing • VMI visit – Execs and Lead Directors
• Communication beyond senior management (making it intelligible and gaining buy-in from wider staff)	• Communication plan for Quality Management programme -Dir Improvement and AD Comms – Nov 23 - plan complete
• Revised SFIs providing the framework for devolved financial decision-making with accountability	• Producing revised SFIs (Deputy Finance Director) – by Oct 23 – completion date revised to Nov 24
• The efficacy review and feedback of the performance framework (active cycle of learning) e.g. efficacy of pushing it down within the organisation	• Paper to FPPC 6 & 12 months after launch of balanced scorecard and whether changes/improvements are needed
• Agreed priorities for Virginia Mason/Improvement Partner	• When VM begins to actively look at how it links with our performance activity & to ensure any new arrangements are embedded into our performance framework

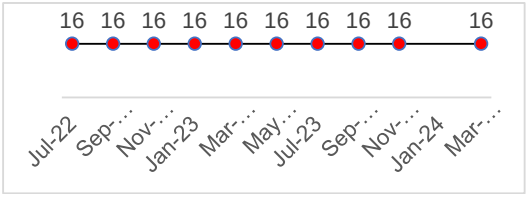
Current Performance - Highlights
The following key performance indicators are highlighted from Integrated Performance Report: • Speaking up • Complaints responded within agreed timeframe • Appraisal rate • CIPs achieved • Staff Survey results

Associated Risks on the Corporate Risk Register		
Risk no.	Description	Current score
	N/A	

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

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

Risk Trend



Risk Lead	Deputy Chief Executive	Assurance committee	FPPC

Controls	Assurances reported **to Board and committees**
Strategies and Plans • Clinical Strategy and Trust objectives • Joint strategic needs assessment • ICB and HCP strategies and priorities • HCP agreed development plan **Financial Controls** • Cross System pathway transformation commissioning priorities at ~~PLACE~~HCP/ICB/ICS **Governance & Performance Management Structures** • ICB Board • ICS Board • Place Partnership Board • Scrutiny committee • Health and wellbeing board • ENH Tactical Commissioning Group **Relationships** • Strong networks around specific subject areas eg. UEC, Cancer etc	**First and second line (internal) assurances** • Escalation reports to: Quality and Safety Committee; People Committee: Clinical Audit & Effectiveness sub-committee • Integrated performance reports to Board/ Committees • Well led framework assessment and review reports • Elective recovery programme escalation reports • Feedback from ICB CEO attending Board bi-annually **Third line (external) assurances** • NHSE Board feedback forums
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
• Defined governance frameworks	• ICB/ICS/Place leadership group reports. Material to be shared via Diligent • Key ICS risks relevant to ENHT are seen by the Board (Stuart Dalton Apr 24) – in March 24 Board papers • System reports to the Board (MA/SD Nov 23) - complete
• Missed opportunities to influence joint strategic needs assessment	• Influencing policy design at ICB and HCP level. Trust to determine strategy and mechanisms for influencing

	• A structured comms and engagement approach to formally sharing information, current challenges and successes with both the ICS, and partners within it- both on an ad hoc basis, but also within comms leads meetings (Eilidh Murray Sept 23) • Seek agreement from partner Chairs that Company Secretaries agree a list of supporting strategies and other key board documents that will be shared and how these will be shared (Stuart Dalton Sept 23) – on agenda for March 24 system governance leads meeting
• Developing role, responsibilities, and relationships	• Participation in System and Place development groups • NED collaborative working: Trial groups of NEDs from respective partners around their key responsibilities eg Chair for audit, FPPC, quality and People Cttee, maternity and wellbeing champions etc. Trial to see if these add value. (MA Apr 24) • Explore shared back office functions across the ICS (MA Dec 24)
• Developing cross systems relationships with agreed values and behaviours	• Participation in System and Place development groups • Externally facilitated Board development session on involvement within the system, how best to collaborate and work in partnership (use of case studies) (LM Dec 23) • Clearly log and publicise what we do to help to counteract negative narrative. (EM Mar 24) • Invite ICS and HCP to Board (SD Mar 24) - completed
• The trust should engage with the ICS to ensure that its strategy is aligned with the ICS strategy as that is developed.	• Seek views from the ICS on how best the Trust aligns our strategy with the ICS's (Circulation of summarised Trust Strategy document to stakeholders. Subsequent engagement sessions agreed and iteration where required) (LM Nov 23) • The Trust strategy to cover how it delivers the ICS strategy (iterate the Trust strategy chapters where appropriate) (LM Sept 23) • For ICS strategy and its BAF to be reviewed periodically by the Board) (SD Apr 24) - – ICS BAF in March 24 Board papers

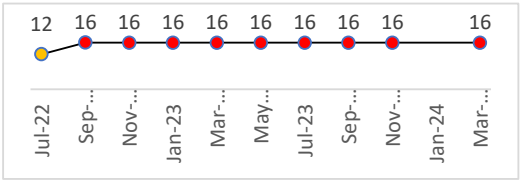
Current Performance - Highlights
The following key performance indicators are highlighted from the Integrated Performance Report: • the IPR does not include any measures that specifically highlight the effectiveness or not of collaborative arrangements

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

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

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

Risk Trend



Risk Lead	Chief Operating Officer	Assurance committee	FPPC

Controls	Assurances reported to Board and committees
Strategies and Plans • Recovery plans (Elective, cancer, stroke), refreshed for 23/24 • Cancer Strategy and Cancer recovery plan, refreshed for 23/24 • Stroke recovery plan • System UEC strategy (incl ambulance and discharge flow) • ~~UEC rapid action event (Sept 22), with resulting action plan monitored weekly by Execs~~ • UEC Transformation Programme (including ambulance handovers), refreshed for 23/24 • Support from ECIST (Emergency Care Improvement Support Team) – improvement actions and plan agreed • Tailored support requested by ENHT and agreed from national & regional UEC teams and ECIST (April 23) • ENHT will participate in EoE ED Peer Review (Dr Leilah Dare) scheduled for 25 May 2023 • New leadership from 17 April – Trust Director of Operations & Performance • Participation in the ICB Community Paediatrics and Neurodiversity Programme Board • Attendance at fortnightly Acute Planned Taskforce ICB meeting and monthly HVLC ICB meeting to ensure any learning or actions are taken **Performance Information Controls** • IPR • Deep dives • Qlikview dashboards – used to provide immediate access to data across a number of domains to enable effective management of performance **Governance & Performance Management Structures** • Operational restructure underway to further develop clinical and operational leadership, clear accountabilities, shared learning, QI approach	**First and second line (internal) assurances** • Board (IPR; transformation reports) • FPPC (IPR & deep dives) • Board Seminars • Newly formatted divisional performance reviews commenced May 23 **Third line (external) assurances** • Quality & Performance Review Meeting (chaired by ICS with CQC) • Herts & West Essex ICS UEC Board • ENH performance meeting (chaired by ICS Director of Performance) • National Tiering system

• Transformation programmes at the Exec Programme Board • Divisional Performance Reviews • Divisional Board meetings • Regular tumour group meetings and improvement workstreams • System-wide Cancer Board chaired by Lead Divisional Director for Cancer • Specialty exception meetings	
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps
• New NHSE performance metrics (62 days cancer and 65 weeks waits)	• ~~ARM meetings – a revised format is currently being developed. – Completed~~ • ICB system work to address Community Paeds demand/ capacity mismatch – ongoing • Assurance paper submitted to board and to ICB • Trust working with system on the next chapter of patient choice. • Changes with the reporting of community paediatrics, this will continue to be monitored internally but will be externally reported through the community dataset
• Scope of validation of Patient Tracking Lists	• ~~Increasing validation of Patient Tracking Lists – by Quarter 4 22/23 – completed~~ • To commence contacting patients every week through use of Netcall - commenced and weekly messages now going out to patients as BAU • ~~Working with digital on PTL to include diagnostic information~~ • Working with digital on PTL to include diagnostics • Working with BI on new PTL dashboard with focus on follow up
• Ambulance intelligent conveyancing lack of proactiveness	• System solution to intelligent conveyancing/ambulance intelligence will improve, but not fully address the challenge – ongoing • ~~IC new SOP introduced May 23~~ • EEAST trialing call before convey and access to the stack to identify those patients who would be best cared for by alternative providers.
• Lack of social care and community capacity to support discharge • Utilisation of Hospital at Home not yet optimal – further work being undertaken to increase uptake.	• Extending scope of hospital at home – not matching what we need (taking patients who are awaiting packages of care). This will partially address the challenge of timely discharge for medically optimised patients. – ongoing [timeline to be confirmed once known] • E referral introduced for Hospital @ Home • Work ongoing with system partners on discharge processes. • New pathway with Garden House Hospice for frailty patients. • Appointment of Hospital@Home nurse working within the unplanned care division to increase utilisation
• ~~Capacity to increase referrals to cancer pathways~~	• ~~Review of ARM meetings to ensure effectiveness – by Quarter 4 - Completed~~
• Diagnostic wait times – Access Board, Cancer Board	• ~~Demand and capacity analysis – Quarter 3 22/23 – Completed – presented to Jan 23 FPPC~~

	• ~~Additional capacity in plan: CT, echo, ultrasound, DEXA, MRI and plain film – Quarter 4 22/23 – completed~~ • WLI in place in endoscopy • Network IRefer Quarter 2/3 23/24 – commenced • Recruitment into ultrasound / MRI / CT / echo and neurophysiology • Spotlight on diagnostics as part of the Trusts demand and capacity work
• Consultant Vacancy rates in some services (Anaesthetics, Orthopaedics)	• Recruitment plans are part of Divisional operating plans
• Willingness of consultants to undertake extra contractual sessions	• ~~New rates agreed Feb 23. Further limited incentive agreed March 23, with agreement of anaesthetists to recommence extra contractual sessions from April 2023~~ • All theatres being utilized by the end of May 23 • Review of workforce to reduce reliance on WLI

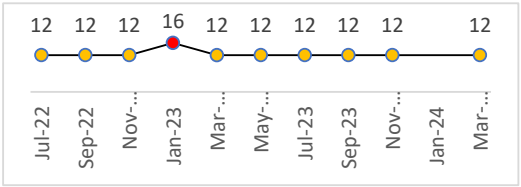
Current Performance - Highlights
The following key performance indicators are highlighted from the Integrated Performance Report: • % of 62 day PTL over 62 days • 62-day/ 31-day cancer performance • 28 day faster diagnosis • 78 weeks RTT • 65 weeks RTT • Ambulance handovers • ED 4 and 12 hour performance • Diagnostic waits • 2 week waits • Stroke performance • Patient meeting the criteria to reside

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
0064	Risk to staff and patients' wellbeing and quality of care delivered due to an increase in mental health patient admissions and attendances and reduced admission spaces/beds	20

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

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

Risk Trend



Risk Lead	Chief Financial Officer	Assurance committee	FPPC

Controls	Assurances reported to Board and committees
Strategies and Plans • Agreed ERF targets for 23/24 with ICS. • Clinical Strategy and associated prioritisation and development framework. Linked to place priorities. **Financial Controls** • Monthly ERF & SLA activity reporting schedules **Governance & Performance Management Structures** • Identified Finance and Planning capacity to provide transformation evaluation support • Bi-weekly ICS System Leaders meeting • Bi-weekly ICS CFOs and DDOFs meeting • Bi-weekly ICS CEO / CFOs meeting • Monthly E&N Herts Partnership Board & associated meetings • Elective Surgical Hub, Community Diagnostic Hub, Virtual Hospital and Heart Failure local and regional governance arrangements • PHM reporting mechanism to track changes in patient flows and associated costs and income • PHM steering and development group and link to place and system PHM development activity	**First and second line (internal) assurances** • System and Provider Collaboration reports to Trust Board advising on activity • Weekly D&C review sessions • Monthly project review sessions between Finance & Transformation Team. Transformation activity updates included in FPPC business cycle **Third line (external) assurances** • Consolidated ICS financial performance reports • Share further ICS performance reports as circulated by ICS.
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
• Risk of non-payment of ERF overperformance by ICB and NHSE	• Monthly ERF performance reports. Receipt of ~~quarterly~~monthly ERF reports from NHSE. ICS has adopted Trust ERF reporting and outturn framework. NHSE has set out year-end ERF payment protocol.
• Establishment of transparent financial reporting environment across ICS partners	• ENHT has led the development of a transparent and accessible detailed financial reporting application for the ICS. Deployed in October 2023.
• Development of ICS financial risk management strategy	• The ICS has developed a system wide financial recovery plan, this incorporates assessment of financial risk and strategies to support their management

• Determination of place based financial responsibilities	• Ongoing – ICS DoFs to work together to develop ICS financial framework for implementation
• Development of long-term financial plan for ICS	• As per NHSE national guidance the ICS (and constituent organisations) have during Q2 developed a medium term financial plan – covering 24/25 and 25/26. This will be further refined in Q3 and will act as a platform for detailed financial planning for 24.25.
• Acute Provider Collaborative and associated business rules	• Approved by Trust CEOs – Move to implementation phase. Presented to December Trust Board seminar to further discuss ENHT collaboration appetite.
• Further Board dialogue to be facilitated to help develop further metrics that can support assurance	• To be addressed through future board development sessions

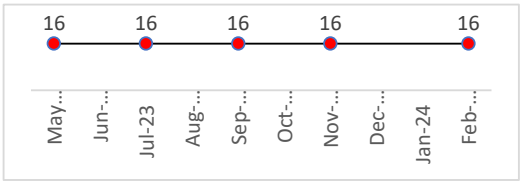
Current Performance - Highlights
The following key performance indicators are highlighted from the Integrated Performance Report: • Performance against ERF income and activity targets

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

Strategic Aim: **Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities**		Risk score 16
Strategic Risk No.10: **Digital transformation**		
If the necessary digital transformation improvements are not prioritised, funded or delivered	***Then*** the Trust will lack the digital means to deliver its plans including using obsolete legacy systems that are unsupportable	***Resulting in*** 1) not delivering transformation plans that are crucial to improving efficacy and productivity 2) not achieving the nationally mandated minimum digital foundations

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

Risk Trend



Risk Lead	Chief Information Officer	Assurance committee	FPPC

Controls	Assurances reported to Board and committees
Strategies and Plans • Board approved 23/24 Strategic Objectives • 23/24 Digital Roadmap • 2021 Digital Strategy Outline Case (SOC) methodology **Governance & Performance Management Structures** • Clinical Digital Design Authority **Quality Management Processes** • Trust Transformation Programme (VMI) **Training and Sharing Best Practice** • Trust-wide training and development programme • Learning events, safety huddles and debriefs	**First and second line (internal) assurances** • Monthly Divisional Board and Transformation meetings • Monthly programme reports • Digital programme boards • Key performance metric reporting to Board/Committees • Board and Committee transformation update reports **Third line (external) assurances** • External /internal audit review of key programmes i.e., transformation portfolio, efficiency and productivity, strategic projects • Annual and Pulse staff surveys • National benchmarking reports • NHS Model Hospital Portal • GIRFT programme
Gaps in Controls and Assurances	**Actions and mitigations to address control / assurance gaps**
Control gaps • Market movement from Perpetual licensing to Software as a Service (SaaS) is preventing the capitalisation of Software licenses and deployment	**Control treatments** • Review Vendor licensing models 1/8/23 • Identify NHS E revenue funding models (not capital) 1/8/23 • Identify Blended Capital/revenue models 1/8/23 • Update provided at Private Board
• Consistency with engagement across all staff groups to support improvement projects	• Roll-out strategic objectives aligned with Grow Together conversations and new Trust values and behaviours 1/12/23
• Ongoing number of Trust projects require cultural change and formal organisational redesign approaches	• Formalisation of an organisational development change model & engagement programme to commence Dec 22/23 as part of Quality Management System preparation.
• Variation in business-as-usual systems and processes	• Adoption of lean thinking in pathway redesign model as part of the new Quality Management System 3/4/24

• Improvement training compliance is variable across staff groups and levels of seniority	• Review of the current dosing model for improvement skills and training following confirmation of Improvement Partner in Q1 23/24.1/12/23
• Digital Solutions and Delivery team has been historically funded through Capital using contract resource, but new Capitalisation rules mean a move towards revenue, this could significantly reduce the size of the team for Road map deliveries	• Move towards a substantive team to reduce spend • Seek NHS E revenue funding streams
Assurance gaps • Performance data indicates issues with sustaining changes & embedding culture of improvement & learning	**Assurance treatments** • Review of current processes for aggregated Trust learning and gap analysis plan to be developed by end Q4 22/23.
• Programme milestones and KPIs reflect compliance issues with Trust project management principles	• New strategic project management governance framework established. Ext audit scheduled Q4 22/23.
• Engagement in the design and adoption of digital systems	• Review of mechanisms to ensure stakeholders have adequate time to engage in design and transformation. • Executive Programme Board to provide oversight and leadership regarding alignment resourcing and decisions
• Alignment of new transformation portfolio digital requirements with overarching Digital Roadmap	• Executive Programme Board to provide oversight and leadership regarding alignment resourcing and decisions

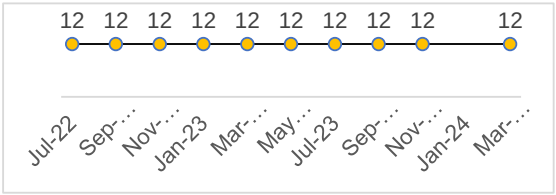
Current Performance - Highlights
• A successful recruitment campaign in Digital has secured a number of Substantive roles ahead of the EPR enhancement programme. • Digital Roadmap presented to FPPC January 2024

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
0034	Risk of Cyber Attack	20

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

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

Risk Trend



Risk Lead	Director of Transformation	Assurance committee	People

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

	Develop and roll-out a Quality Management System with Improvement Partnership support due to commence in Quarter 2 23/24.
• Freedom to Speak up Strategy not launched or imbedded	• Launch new Freedom to Speak up Strategy in Q2 23/24 to formalise development and embedding of speaking up framework and processes implemented during 22/23.
• Variation in ward to Board quality governance structures and operational procedures	• Implement recommendations from Good Governance Institute review by Q2 23/24.Launch new Patient Safety Incident Response Framework following Board approval in July 23/24.
Assurance gaps • Efficacy of current learning systems from incidents, complaints, audit and wider performance issues where there are reoccurrences of similar themes and outcomes.	**Assurance treatments** • New Place and ICS Learning Networks established in Q1 23/24.Roll-out and embed ENHance across all domains by Q3 23/24. • Undertake a cultural readiness assessment with VMI , our improvement partner, in Q2 23/24.
• Level of staff absence, survey feedback themes and grievances reported by staff through FTSU Guardian.	• New 23/24 strategic objective for all staff to have a quality Grow Together conversation as part of the ENHT established leadership rhythm cycle. • Divisional highlight reports to continue through People Committee to highlight improvements made in response to key feedback themes.

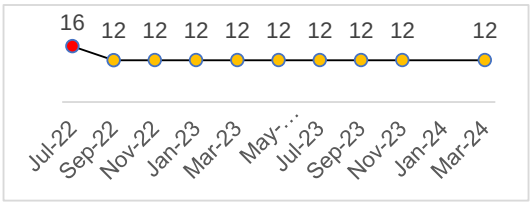
Current Performance - Highlights
• ~~Freedom to Speak Up annual report and new policy detailing framework and processes approved at September Board. Additional recommendations for next steps agreed including leadership training development which will be taken forward as part of our VMI work,~~ • ~~PSIRF Framework update provided at September Board with next steps to involve the development of Standard Operating Procedures to cover processes and interventions for differing levels of reported incidents.~~ • ~~ICB Continuous Improvement Network launched in August, ICB SRO confirmed as ENHT CEO with Transformation team presenting work on the VMI partnership as part of the ICB QMS development programme.~~ • ~~Cultural readiness assessment scheduled for 21-26 Sept with comprehensive programme now confirmed. A formal internal and external launch event, led by Dr. Gary Kaplan, scheduled for 2 October.~~ • ~~VMI on-site days to plan the next Co-Design phase now confirmed as 2-3 November.~~ • ~~implementationVMI~~ • Trust Guiding Team (TGT) established in November to oversee improvement partnership with decision made to call our management system the ENH Production System. • TGT approved the initial eighteen-month work plan for the roll-out of ENH Production System in December. • Staff consultation process with QI and Transformation teams completed and new Kaizen Promotion Office to oversee ENH Production System established as of 1 January 2024. • The Advanced Process Improvement Training (APIT) programme, an initial six month module, was launched in January to start up-skilling the new KPO team with tools and techniques used as part of the VMPS model. • A two-day Masterclass has been scheduled for 20/21 Feb for TGT members and NEDs to introduce standard leader work and standard leader walkrounds to the group. • A new Patient Communications and Engagement Strategy will be presented at Board Seminar in February, this work will then link in with the co-design phase, ensuring as the KPO work through APIT we build co-production into our ENH Production System.

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

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

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

Risk Trend



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

Controls	Assurances reported to Board and committees
Strategies and Plans • Clinical Strategy • Quality Strategy • People Strategy **Information systems and resources** • QlikView Quality dashboards • Life QI • 'ENHANCE incident reporting system' • GIRFT • KOPs programme **Governance and Performance Management Structures** • Operational committees e.g. Patient Safety Forum, Mortality surveillance committee **Learning from Incidents** Key performance SOPs e.g. Incident learning responses: serious incident reports, round tables, restorative culture framework – new Patient Safety Incident Response Framework (PSIRF) ~~to be~~ introduced to respond to patient safety incidents to learn and improve patient safety **Quality Management Processes** • CQC and compliance preparedness framework • Patient Safety Incident Framework • Quality Improvement service • Transformation service • Reward and recognition • ENH Production System **Training and sharing best practice** • Royal College of Nursing Clinical Leadership Programme • Clinical Directors development Programme • Clinical Directors' Away Days • New Consultants development programme • Improvement and transformation capability sessions • Quality Improvement coaching	**Internal Committee-level assurances** **Sub Board Committees** • Quality and safety Committee report • Education committee escalation report • Clinical Audit and Effectiveness Committee escalation report Safety Culture survey **Third line (external) assurances** • Annual and Pulse staff survey results • Care Quality Commission assessment process • ICB / Place Quality Surveillance Group escalation report • NHS patient survey results • Peer assessment review report and action plan • External/ internal audit programme reports and action trackers • Getting it Right First Time national programme • GMC Survey • HEE National Education & Training Survey

• Leadership and human factors development programmes • Research programmes • Mentoring for new and existing consultants programme **Staff engagement and well being** • Here for you health at Work • Values and behaviour programmes • Freedom to speak up guardian / network • Medical Director's weekly newsletter to all doctors • MD introductory meeting with specialties • Regular Clinical Senate meetings • MAC, LNC & JDF • Trainees in Leadership Support Group • Healthy teams Programme • Kindness and Civility Programme • Weekly Positive Leadership Walk Arounds	
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps
Control gaps Skills and knowledge within clinical workforce to learn how to drive change	• Combined efforts to drive skills and knowledge by people team, transformation team, quality improvement team and business information's analysts in progress • *Introduction of ENH Production system 23-25 onwards*
Capacity within clinical roles to apply change methodology	• Agreed job planning and rostered time demonstrated through Roster on PA allocation. To be reviewed as part of job planning criteria for 2023, full rollout by Q4 23-24 • Proposal to provide selection of trainees time to be involved in KOPs/QI and transformational projects • Introduction of additional clinical leadership within the care group structure
Unwarranted variation in quality assurance framework	Redesign quality assurance framework *by end of Q3 22/23* [OVERDUE]
Current national safety Incident framework	*Patient Safety Incident Framework: introduced, in early stages*
No allocated Medical lead Quality Improvement	In short term lead identified is Associate Medical Director for Quality and Safety. Appointment of Deputy Medical Director for Quality Improvement scheduled for Q1, 2024~~2023-4~~ *[originally due for Q1 23/24]*
Operational pressures, especially throughout Q3 and Q4	Risk based approach to quality improvement and prioritising
Assurance gaps Improving evidence of imbedded sustainable changes following learning from incidents, complaints, audit, and wider performance issues	New national safety incident response framework (PSIRF) currently being ~~to be~~ implemented ~~by Q4 23-24~~ which will improve evidence – PSIRF policy approved by Sept 23 Board

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

Associated Risks on the Corporate Risk Register		
Risk no.	Description	Current score
	N/A	

Hertfordshire and West Essex ICB's Board Assurance Framework

Date: 09/01/2024

APPENDIX A: Assurance Framework Report (16+)

SO IDs	2022/27 Strategic Objectives	No of risks	Strategic Leads
SO1	Increase healthy life expectancy and reduce inequality	0	Rachel Joyce
SO2	Give every child the best start in life	1	Prof. Natalie Hammond
SO3	Improve access to health and care services	6	Frances Shattock
SO4	Increase the number of citizens taking steps to improve their well-being	0	Beverley Flowers
SO5	Achieve a balanced financial position annually	2	Alan Pond

Assurance Statement

We would like to provide the Board with assurance that we have reviewed the corporate risks for the ICB. Currently, there are 138 risks on the Datix Risk Register. Out of these, 49 are corporate risks (12+). Of the corporate risks, 9 are listed on the Board Assruance Framework (BAF) as the most significant (16+) to the achievement of the ICB's strategic objectives, including risks IDs 351, 498, 526, 608, 609, 610, 644, 650 and 653. Two of these risks have a score of 20, with the risk IDs 608, and 609 shown on the risk matrix. We assure the Board that the ICB is committed to implementing appropriate measures to manage these risks effectively and mitigate their potential impact.

The Audit and Risk Committee on behalf of the ICB (Board) gains further assurance on strategic and system risks that are scored 16 and above, including the rationale for risk scores and the effectiveness of the controls in place to mitigate the identified risks. Additionally, the committee is expected to gain assurance from the alignment of risk management processes with the three lines of defence framework, ensuring that risks are identified, assessed, and managed appropriately throughout the organisation.

RAG rating of overall perfomance: Green

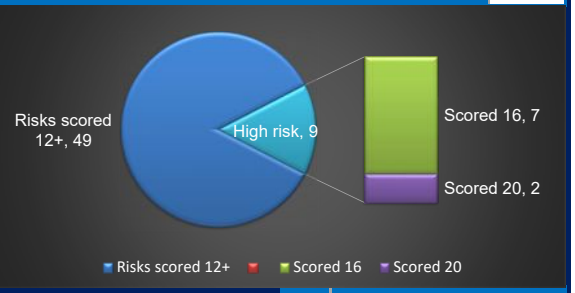
Progress: →

TRIGGER ZONES FOR MANGEMENT ACTION PLANS

Risk Matrix	Consequence (C)				
Likelihood (L)	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain				2	
4. Highly Likely				7	
3. Possibly					
2. Unlikely					
1. Rare					

No#	HWE ICB Directorates	No of risks (12+)
1	Chief of Staff (Communication, Corporate Governance, Information Governance)	4
2	Finance, Contract, Premises	8
3	Medical	1
4	Operations (3 Places & HBLICT)	11
5	Performance (Business Intelligence, Digital Transformation & Performance)	6
6	Primary Care	9
7	Quality and Nursing	3
8	ICB Strategy (People, Workforce, Strategy)	7
		49

Further breakdown into principal risks scored 16+



RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Description (16+)	Rational for current risk score	Risk Appetite	L = Likelihood C = Consequence L	C	Current risk score L x C = RS	Key Controls	Direction	Assurance levels 1st line	2nd line	3rd line
9										1					
351	19/05/2022	SO3	Jo Burlingham	Operations	**Pandemic and Infectious Outbreaks:** If there is a pandemic flu/Influenza type disease (pandemic), infectious outbreak or disease including - Localised legionella or meningitis outbreak - Major outbreak of a new or emerging infectious disease Then- this will cause additional pressure on healthcare services and organisational business continuity issues. Resulting in- the increased potential for compromised patient care and safety and organisational business continuity failures(EPRR)	Existing risk is currently being mitigated by controls in place but further work is required. Completed mitigating actions include: Incident Response Plan, Business Contunity Plan and Oncall system review on 11/1/23. The following are being updated Herts Pandemic Flu Framework, Infectious Disease Framewrok, BIA, & Mutual Aid MOU.	Open	4	4	16	1. Hertfordshire Pandemic Flu Framework in place 2. Business Impact Assessments (BIAs) completed for each team/department 3. Business continuity plans and incident response plans in place for ICB 4. Various training, exercise programs, and vaccination arrangements in place for staff and community	↔	Substantial	Substantial	Substantial
498	05/10/2022	SO3	Tania Marcus	Strategy, People, Workforce	**Staffing and Recruitment Difficulties:** If staff vacancies and recruitment difficulties in specialist areas persist within Hertfordshire and West Essex, then capacity will continue to be reduced and productivity will be affected. This will result in deteriorating service performance, reduced staff morale and increased turnover.	This statement has been re-artculated to describe the risk. The rational for current risk score is that "there are increasing concerns and issues relating to pay and staff conditions, including staff burnout. The pipeline of students applying to University of Hertfordshire is reported as reducing.". It can hamper the ability of the ICB to achieve each one of its strategic objectives	Open	4	4	16	1. Supply Committee established to prioritize recruitment issues 2. Temporary staffing group monitoring bank/agency use and incentives 3. Reservist model being developed to fill staffing gaps 4. Various initiatives to support recruitment and retention, including international recruitment, a retention pathfinder programme, and collaboration with the Health and Care Academy and the University of Hertfordshire.	↔	Substantial	Substantial	Substantial
526	06/09/2022	SO2	Natalie Hammond	Nursing and Quality	**Children's Community Services Demand:** If the demand for children's community services continues to increase then statutory requirements will not be met resulting in delays to accessing care, poor patient experience and poorer patient outcomes (wellbeing and educational)The main services impacted include: Community Paediatrics incl. ASD/ADHD, Children's Therapies (OT/SLT), Community Allergy and Dietetics, Community Audiology, Special School Nursing.	November 2022- focused discussion at WE Transformation Committee, highlighting pressures and contributing factors, escalating concerns with the Place Director, WE Health Care Partnership and advising of need to address the capacity gap. Business case in development. There are a few gaps with the controls identfied and there are no mitigating actions in place.	Seek	4	4	16	1. Investment made to clear backlogs in ASD and ADHD in Herts and WE. Further investment agreed for ADHD backlog in S&W Herts. 2. Community Paediatric Transformation Programme proposed to review all community paediatric services and ensure consistency and efficiency, with learning shared across ICS and Essex systems. 3. Clinical prioritisation being done in impacted services with transformation programmes in place for some areas. 4. Regular review and monitoring of data through contract management and performance meetings, with risk escalation to ICB and impacted providers.	↔	Reasonable	Reasonable	Reasonable

Hertfordshire and West Essex ICB's Board Assurance Framework

Date: 09/01/2024

RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Description (16+)	Rational for current risk score	Risk Appetite	L = Likelihood C = Consequence L	C	Current risk score L x C = RS	Key Controls	Direction	Assurance levels 1st line	2nd line	3rd line
9										1					
608	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence, Digital Transformation	**Emergency Department Targets and Patient Outcomes:** If UEC targets are not met and patients are not assessed with a management plan and treated, admitted and/or discharged out of the Emergency Department within 4hrs, then there is an immediate risk to patient health and wellbeing, resulting in a significant risk to patient outcomes. Additionally, there is a reputational risk to the ICB which carries a risk of NHSE interventions. The delays in assessment and treatment could cause patients with serious illnesses/conditions to wait for long periods, increasing the risk of harm to their health. These delays could also negatively impact performance targets, leading to reputational risk.	This is a new risk description, combined with risk 582. UEC standards are not being met with sustained period of deterioration in performance. Performance is behind improvement trajectory delivery for March 23. Plans for 23/24 to meet new 76% target but the risk to delivery is high	Open	5	4	20	See Operations Directorate UEC plans and Board Assurance Framework related to UEC Priority Metrics. Actions linked to Performance Improvement Trajectories. Cross reference to UEC mitigations for ENH / SWH / WE place required	⇔	Reasonable	Reasonable	*None*
609	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence, Digital Transformation	**Mental Health Targets and Patient Health:** If Mental Health targets are not met thent there isa risk to patients Resulting in: potential deterioration of patients health and wellbeing	The risk description provided is clear and specific about the potential harm to patients if mental health targets are not met. However, it lacks details about the specific targets that need to be met, the factors that could cause them to not be met, and the potential impact on patients. To understand the ratonal for current risk score, a pequest has been made for the risk description to could include more specific information about the targets, more details about the potential causes of not meeting the targets, and specify the potential impact on patients in more detail.	Open	5	4	20	Mitigations: work is continuing across the system to ensure system working and improving the performance of particular areas of focus including OOAP which remain high	⇔	Limted	Reasonable	Reasonable
610	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence, Digital Transformation	**Waiting Lists and Patient Health:** If waiting lists are not reduced, there a risk to patient health and outcomes, then patients conditions may worsen resulting in deterioration of patient health. Additionally there is a reputational risk to the ICB which carries a risk of NHSE interventions.	The constitutional standards of 18 weeks are not being met. The target to reduce 78ww to be 0 at the end of March 2023 will not be met; specifically at ENHT with pressure in community paediatrics, T&O and Gastro. Plans to meet 65ww target of 0 by end March 2024 in place, although there are risks to that delivery including IA strikes and the current community paediatric pressures at ENHT.	Open	4	4	16	1. Work is continuing at both system and providers to reduce waiting lists with a focus on 78ww and 65ww. 2. Work has begun on HVLC programme with a focus on improving efficiency and increasing theatre utilisation	⇔	Reasonable	Reasonable	*None*
644	19/06/2023	SO5	Tania Marcus	Strategy, People, Workforce	**Overspend and Productivity Loss from increased establishment and Bank & Agency Staff Reliance:** If we do not address the increase of staff establishment and the accompanying use of bank and agency staff across the system, then we will see continuing trends of losses in productivity and increased financial pressures and overspend.	Monitoring of increased use of bank and agency month by month and utilisation of the national diagnostic tool suggests that the system is losing productivity since pre-covid in certain areas of acute activity	Cautious	4	4	16	System's operational plan setting out key targets across all organisations to reduce staff bank and agency usage Regional requirements set out ensuring new protocols to be put in place for use of agency staffing Temporary staffing group in place for the system to review activity and lead on new initiatives to reduce bank and agency spend. Series of workforce transformational projects encouraging transfer from bank to substantive posts, e.g. flexible working and job planning. Workforce workstream established as part of the ICS financial recovery programme Pilot activity within the national ICS diagnostic tool	⇔	Substantial	Reasonable	Reasonable
649	08/08/2023	SO3	Natalie Hammond	Nursing and Quality	**Paediatric Audiology Service Delays and Patient Safety Concerns:** IF the timeliness and quality of care provided across the HWE paediatric audiology services (recognising current quality challenges identified at ENHT) does not meet the UKAS accredited standards, THEN there is a risk that access to time critical testing does not occur in a safe and timely way RESULTING in potential harm to our population both in terms of safety and patient experience.	December 2023 Review with Providers improvement plan against system recommendations at SPQRM. October 2023 At the monthly Quality and Performance Meetings, all HWE acute, and where appropriate community providers, are being asked to review their paediatric audiology services against the UKAS accreditation standards and provide their plans to achieve accreditation A Paediatric Deep Dive is planned for a future System Quality Group to share local learning and	Averse	4	4	16	None stated	↑	Reasonable	Reasonable	Reasonable
653	14/09/2023	SO5	Alan Pond	Finance, Contract, Premises	**Financial Efficiency Risk:** If the Integrated Care System and its component organisations fail to deliver the agreed efficiencies contained within the 23/24 financial plan, and the additional measures required to deliver that plan, then the system will end the year with a financial deficit, resulting in reduced funding in future years and potential harm to future service delivery and organisational reputation.	New risk being reviewed	Seek	4	4	16	System CEO group meeting fortnightly with Directors of Finance to track delivery of the financial plan. Leads for key areas of work identified. Further actions to be taken identified in the report on finance to today's board	⇔	*None*	*None*	*None*

East and North Hertfordshire NHS Trust

Integrated Performance Report

Month 10 | 2023-24

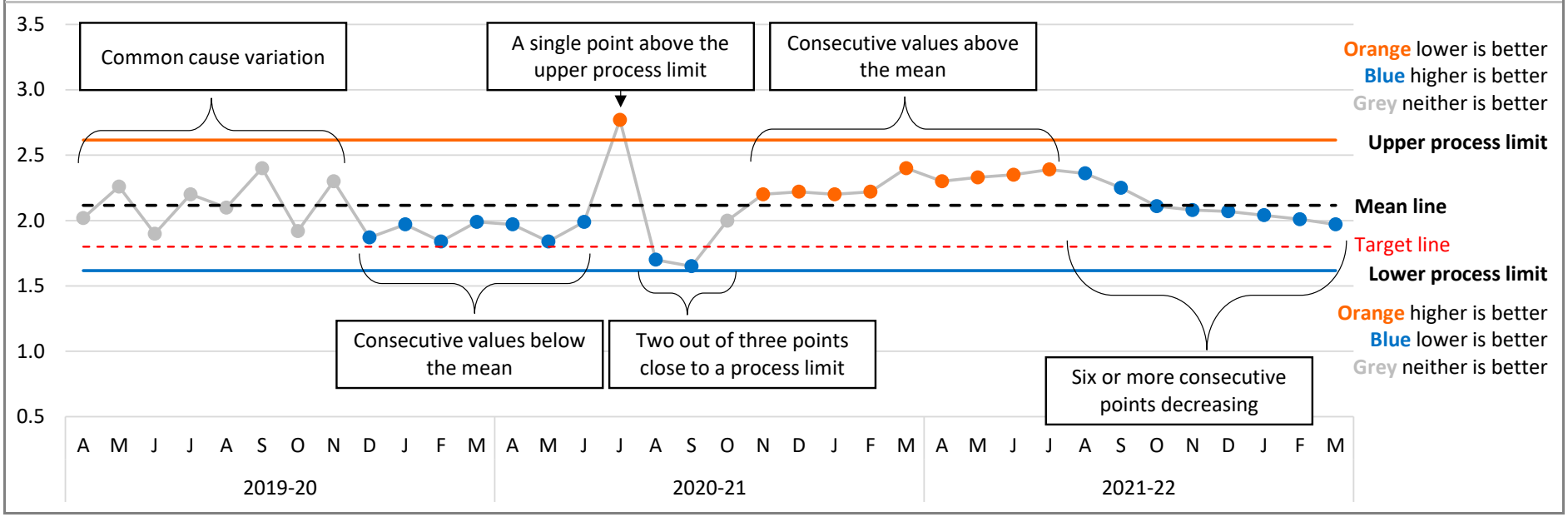
	P	?	F
H / L	4	10	12
L	12	64	5
H / L	0	4	4

Data correct as at 22/02/2024

Integrated Performance Report

East and North Hertfordshire NHS Trust

How to interpret a Statistical Process Control (SPC) Chart



Variation

H L	Special cause variation of **concerning** nature due to **H**igher or **L**ower values
H L	Special cause variation of **improving** nature due to **H**igher or **L**ower values
	Common cause variation No significant change

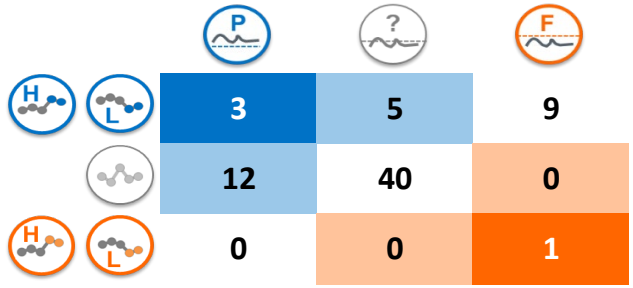
Assurance

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

East and North Hertfordshire NHS Trust

Quality

Month 10 | 2023-24



Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Patient Safety Incidents	Total incidents reported in-month	Jan-24	n/a	1,190			Common cause variation No target
Infection Prevention and Control	Hospital-acquired MRSA Number of incidences in-month	Jan-24	0	0		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired c.difficile Number of incidences in-month	Jan-24	0	12		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired MSSA Number of incidences in-month	Jan-24	0	2		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired e.coli Number of incidences in-month	Jan-24	0	3		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired klebsiella Number of incidences in-month	Jan-24	0	2		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired pseudomonas aeruginosa Number of incidences in-month	Jan-24	0	1		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired CPOs Number of incidences in-month	Jan-24	0	0	L	?	16 consecutive points below the mean Metric will inconsistently pass and fail the target
	Hand hygiene audit score	Jan-24	80%	92.7%	H	P	8 points above the mean Metric will consistently pass the target
Safer Staffing	Overall fill rate	Jan-24	n/a	83.1%	H		9 consecutive points above the mean No target
	Staff shortage incidents	Jan-24	n/a	13			10 consecutive points below the mean No target

Month 10 | 2023-24

Quality

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cardiac Arrests	Number of cardiac arrest calls per 1,000 admissions	Jan-24	n/a	1.14			Common cause variation No target
	Number of deteriorting patient calls per 1,000 admissions	Jan-24	n/a	0.68			Common cause variation No target
Sepsis Screening and Management	Inpatients receiving IVABs within 1-hour of red flag	Jan-24	95%	77.6%		?	Common cause variation Metric will inconsistently pass and fail the target
	Inpatients Sepsis Six bundle compliance	Jan-24	95%	49.4%		?	Common cause variation Metric will inconsistently pass and fail the target
	ED attendances receiving IVABs within 1-hour of red flag	Jan-24	95%	79.4%		?	Common cause variation Metric will inconsistently pass and fail the target
	ED attendance Sepsis Six bundle compliance	Jan-24	95%	58.7%	L	F	8 points below the mean Metric will consistently fail the target
VTE Risk Assessment	VTE risk assessment stage 1 completed	Jan-24	85%	82.0%	H	F	12 points above the mean Metric will consistently fail the target
HATs	Number of HAT RCAs in progress	Jan-24	n/a	117			Common cause variation No target
	Number of HAT RCAs completed	Jan-24	n/a	9			Common cause variation No target
	HATs confirmed potentially preventable	Jan-24	n/a	1			Common cause variation No target
PU	Pressure ulcers All category ≥2	Jan-24	0	21		?	Common cause variation Metric will inconsistently pass and fail the target

Month 10 | 2023-24

Quality

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Patient Falls	Rate of patient falls per 1,000 overnight stays	Jan-24	n/a	4.5			Common cause variation No target
	Proportion of patient falls resulting in serious harm	Jan-24	n/a	1.4%			Common cause variation No target
Other	National Patient Safety Alerts not completed by deadline	Jan-23	0	0			Metric unsuitable for SPC analysis
	Potential under-reporting of patient safety incidents	Feb-23	6.0%	5.8%			Metric unsuitable for SPC analysis
Friends and Family Test	Inpatients positive feedback	Jan-24	95%	97.8%		P	Common cause variation Metric will consistently pass the target
	A&E positive feedback	Jan-24	90%	86.5%		?	Common cause variation Metric will inconsistently pass and fail the target
	Maternity Antenatal positive feedback	Jan-24	93%	78.6%	H	F	13 consecutive points above the upper process limit Metric will consistently fail the target
	Maternity Birth positive feedback	Jan-24	93%	100.0%	H	F	11 consecutive points above the upper process limit Metric will consistently fail the target
	Maternity Postnatal positive feedback	Jan-24	93%	97.1%	H	F	10 consecutive points above the upper process limit Metric will inconsistently pass and fail the target
Friends and Family Test	Maternity Community positive feedback	Jan-24	93%	100.0%	H	F	5 consecutive points above the upper process limit Metric will consistently fail the target
	Outpatients FFT positive feedback	Jan-24	95.0%	96.2%		?	Common cause variation Metric will inconsistently pass and fail the target
PALS	Number of PALS referrals received in-month	Jan-24	n/a	375		-	Common cause variation No target

Month 10 | 2023-24

Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Complaints	Number of written complaints received in-month	Jan-24	n/a	66		-	Common cause variation No target
	Number of complaints closed in-month	Jan-24	n/a	66		-	Common cause variation No target
	Proportion of complaints acknowledged within 3 working days	Jan-24	75%	100.0%			Common cause variation Metric will consistently pass the target
	Proportion of complaints responded to within agreed timeframe	Jan-24	80%	31.4%			Common cause variation Metric will inconsistently pass and fail the target
Maternity Safety Metrics	Caesarean section rate Total rate from Robson Groups 1, 2 and 5 combined	Jan-24	60 - 70%	73.6%			Common cause variation Metric will inconsistently pass and fail the target
	Massive obstetric haemorrhage >1500ml vaginal	Jan-24	3.3%	2.3%			Common cause variation Metric will consistenly pass the target
	3rd and 4th degree tear vaginal	Jan-24	2.5%	1.5%			Common cause variation Metric will inconsistently pass and fail the target
	Massive obstetric haemorrhage >1500ml LSCS	Jan-24	4.5%	1.5%			Common cause variation Metric will consistenly pass the target
	3rd and 4th degree tear instrumental	Jan-24	6.3%	1.0%			Common cause variation Metric will inconsistently pass and fail the target
	Term admissions to NICU	Jan-24	6.0%	7.0%			Common cause variation Metric will inconsistently pass and fail the target
	ITU admissions	Jan-24	0.7	0			Common cause variation Metric will inconsistently pass and fail the target

Month 10 | 2023-24

Quality

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Maternity Other Metrics	Smoking at time of booking	Jan-24	12.5%	6.3%		P	Common cause variation Metric will consistenly pass the target
	Smoking at time of delivery	Jan-24	2.3%	2.0%	L	?	1 point below the lower process limit Metric will inconsistently pass and fail the target
	Bookings completed by 9+6 weeks gestation	Jan-24	50.5%	72.8%	H	P	8 points above the mean Metric will consistenly pass the target
	Breast feeding initiated	Jan-24	72.7%	80.4%		?	Common cause variation Metric will inconsistently pass and fail the target
	Number of serious incidents	Jan-24	0.5	0		?	Common cause variation Metric will inconsistently pass and fail the target
	SLA income against plan (£m)	Jan-24	2.7	2.6	H	?	9 points above the mean Metric will inconsistently pass and fail the target
Mortality	Crude mortality per 1,000 admissions In-month	Jan-24	12.8	11.9		?	common cause variation Metric will inconsistently pass and fail the target
	Crude mortality per 1,000 admissions Rolling 12-months	Jan-24	12.8	10.2			Rolling 12-months - unsuitable for SPC
	HSMR In-month	Oct-23	100	80.2		?	Common cause variation Metric will inconsistently pass and fail the target
	HSMR Rolling 12-months	Oct-23	100	85.2			Rolling 12-months - unsuitable for SPC
	SHMI In-month	Aug-23	100	77.3		?	Common cause variation Metric will inconsistently pass and fail the target
	SHMI Rolling 12-months	Aug-23	100	87.2			Rolling 12-months - unsuitable for SPC

Month 10 | 2023-24

Quality

Summary

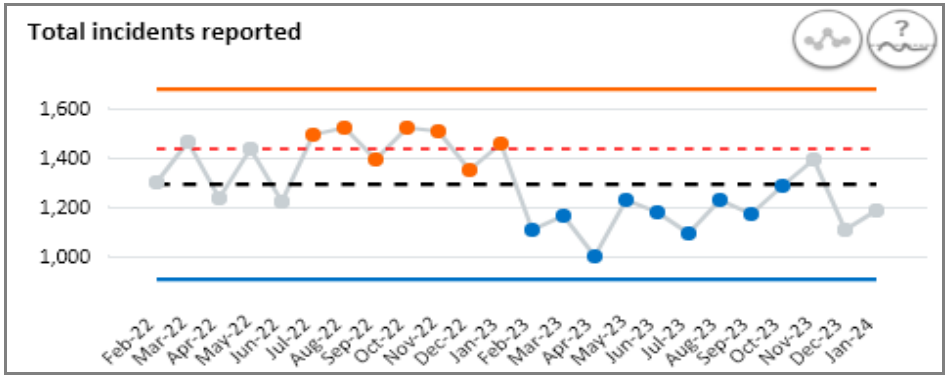
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Re-admissions	Number of emergency re-admissions within 30 days of discharge	Nov-23	n/a	613			Common cause variation No target
	Rate of emergency re-admissions within 30 days of discharge	Nov-23	9.0%	5.5%		P	Common cause variation Metric will consistently pass the target
Length of Stay	Average elective length of stay	Jan-24	2.8	2.2		?	Common cause variation Metric will inconsistently pass and fail the target
	Average non-elective length of stay	Jan-24	4.6	4.7		?	Common cause variation Metric will inconsistently pass and fail the target
Palliative Care	Proportion of patients with whom their preferred place of death was discussed	Jan-24	n/a	96.6%	H		14 consecutive points above the mean No target
	Individualised care pathways	Jan-24	n/a	42			Common cause variation No target

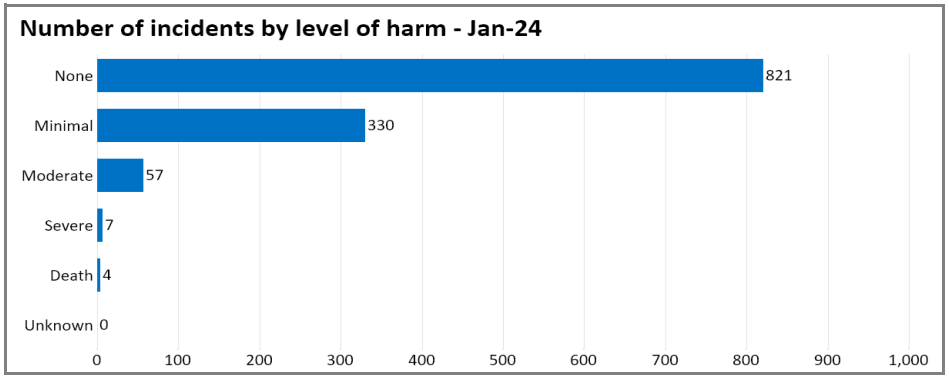
Month 10 | 2023-24

Quality

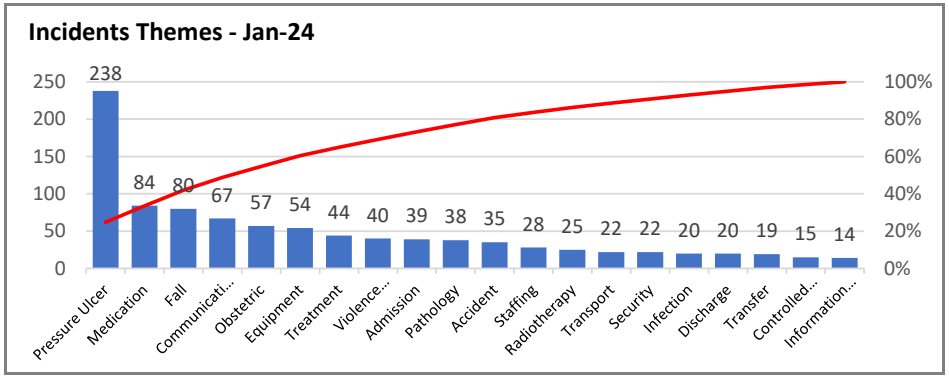
Patient Safety Incidents

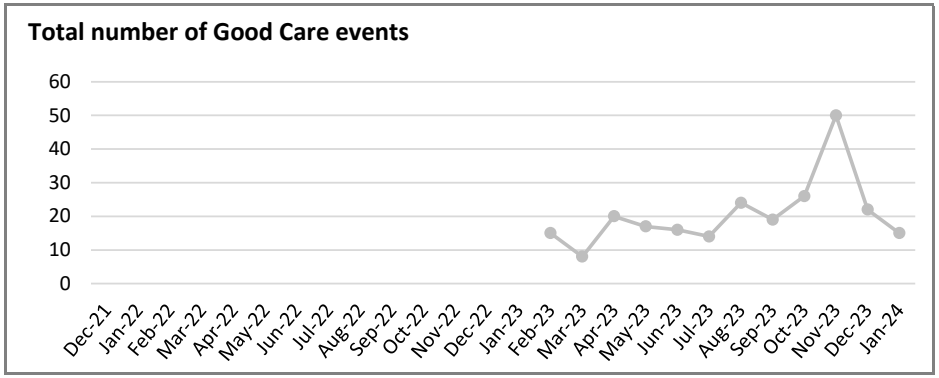
East and North Hertfordshire NHS Trust





- Of the incidents reported in month, 117 closed, 204 are awaiting Divisional lead sign off and 750 are open being investigated.
- Of the 4 incidents reported resulting in death; 2 relate to deaths from PE (one MV patient, one Lister patient) and are under review, 1 is a community death with cause unknown at present (possible SUDEP) and 1 relates to a complex patient with terminal cancer who was not prescribed PPI on Swift - being reviewed through Planned care DIRM.
- ED continues to be the highest reporting specialty of incidents followed by Obstetrics, Acute Medicine and MV cancer services in line with previous months.
- Reduction in good care reported, noting industrial action and operational pressures.
- Currently 24 open SI ongoing, 1 with Execs, 11 of which are with Divisional teams for approval and 12 with Patient Safety team under investigation including 2 ongoing thematic reviews previously noted.
- 1 new PSII agreed re delay in transfer and treating early sepsis for mother and baby requiring cooling. HSSIB leading the investigation. Duty of candour completed by local team.
- Refresh of compassionate and engagement with those affected by patient safety incidents workstream.





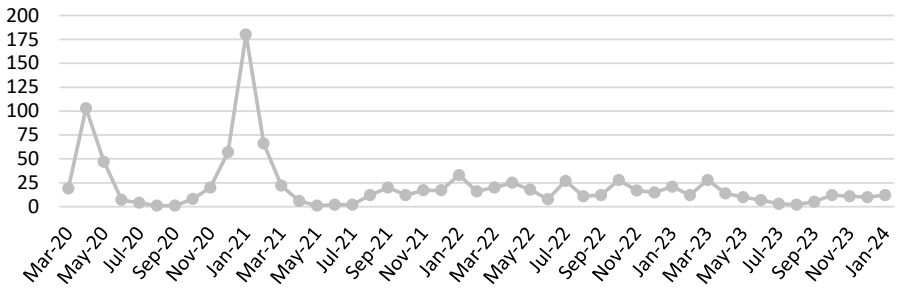
Month 10 | 2023-24

Quality

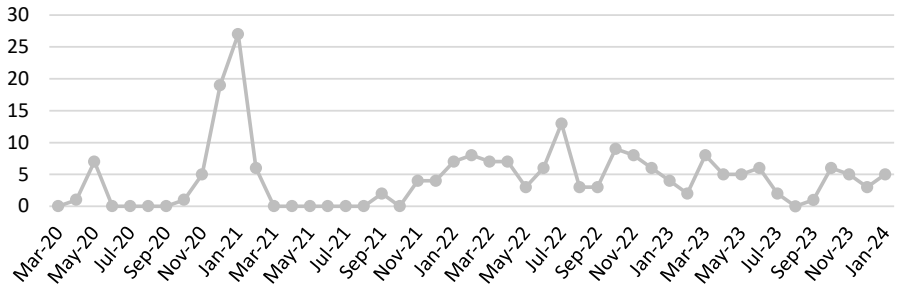
COVID-19

East and North Hertfordshire NHS Trust

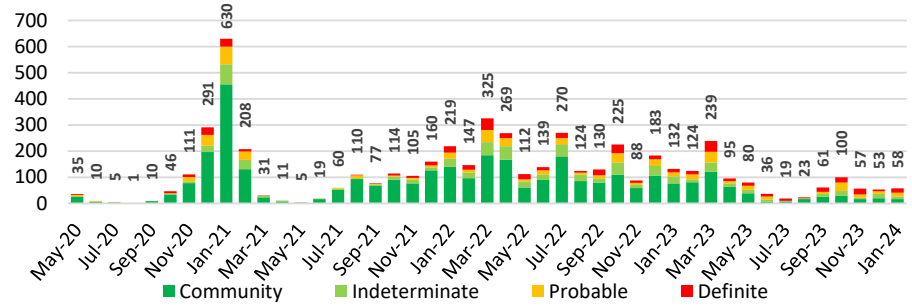
Number of deaths from COVID-19



Number of deaths from hospital-acquired COVID-19



COVID-19 cases by category



Key Issues and Executive Response

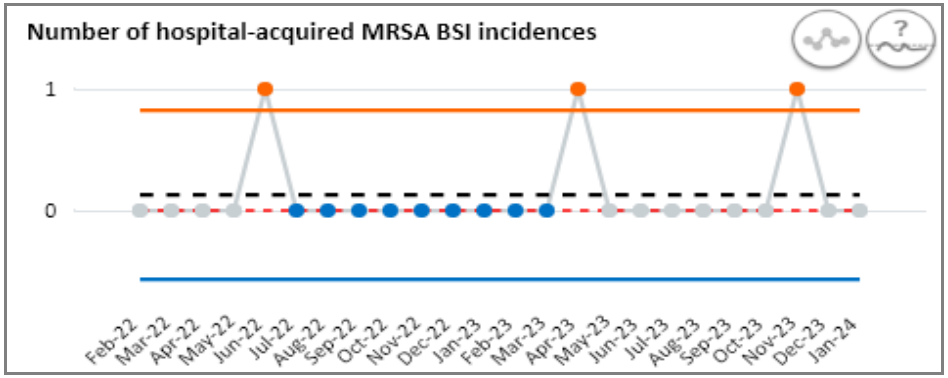
- The total number of inpatients with COVID-19 in January was 58. Of these cases, 17 were attributed to community onset, with 17 definite and 15 probable cases.
- The trust continues to test patients showing symptoms of COVID19 via PCR tests. Patients who require assisted living facilities are screened using lateral flow devices (LFD). LFDs are also utilised in outbreak situations and on risk assessed wards that care for patients who are immunocompromised. The supply of hand gel and facemasks remains in place to public entrances, where usage is recommended but not mandated.
- There were 5 hospital-acquired COVID-19 deaths reported in the month of January. These patients experienced multiple-co-morbidities, and appropriate end of life care needs were met.

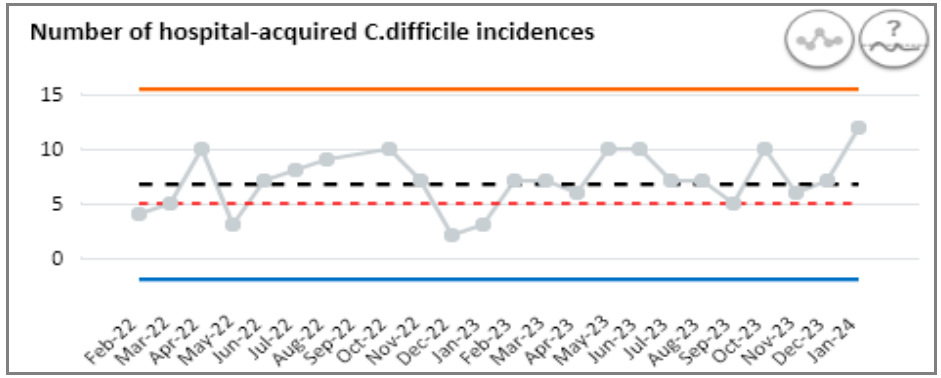
Month 10 | 2023-24

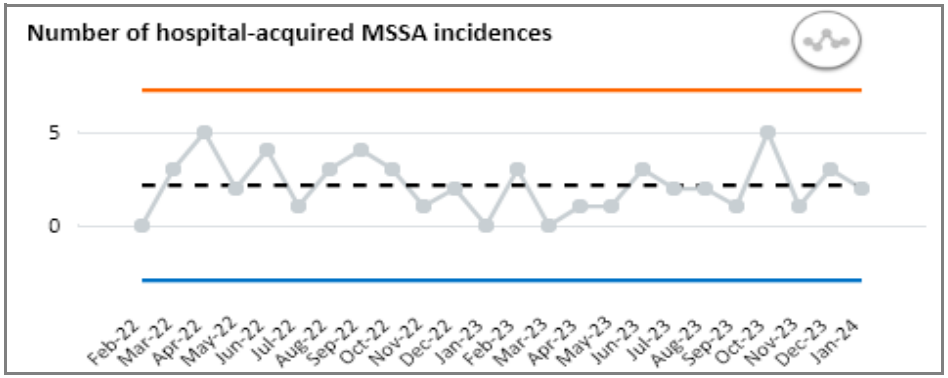
Quality

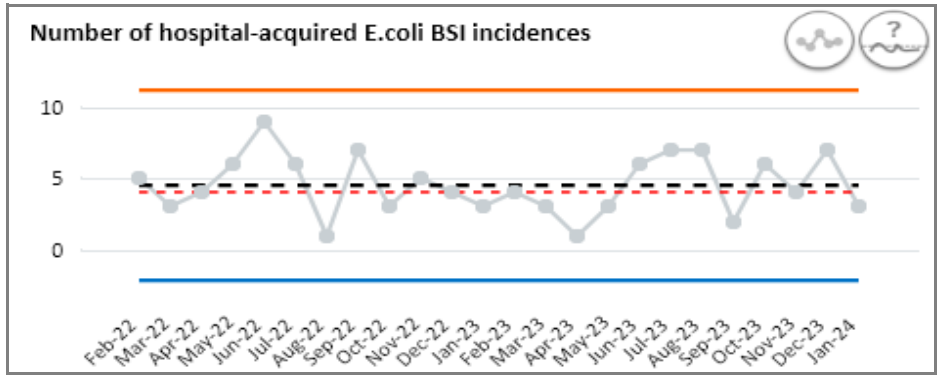
Infection Prevention and Control

East and North Hertfordshire NHS Trust









- *C difficile (C diff.)* - Year to date (YTD) cases remain above trajectory against the threshold of 58.
- Continued focus and IPC support is provided to ward areas with high numbers of *C diff* cases.
- The risks of patients in developing infection are highlighted and practices that prevent cross transmission are focused on. Ribotyping results continue to show no further since the three cases identified earlier last year. The Pharmacy team continue to support ward based antimicrobial reviews and stewardship.

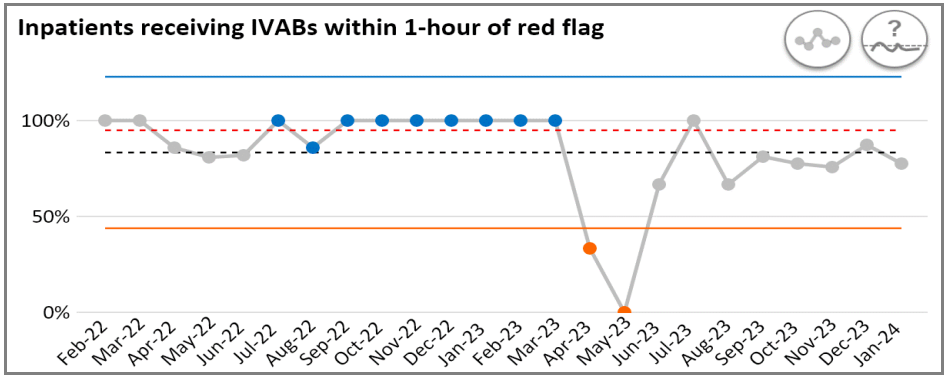
- MRSA BSI - there were zero MRSA BSI in the month of Jan-24.
- MSSA BSI - there were two cases in Jan-24, but the total YTD rate remains below compared to the rate of the previous year.
- *E.coli BSI* - the Trust is currently on trajectory for the month of Jan-24 2023, against the threshold of 44. The IPCT continues to work with the divisions regarding post infection review learning on healthcare-associated *E.coli BSI.*

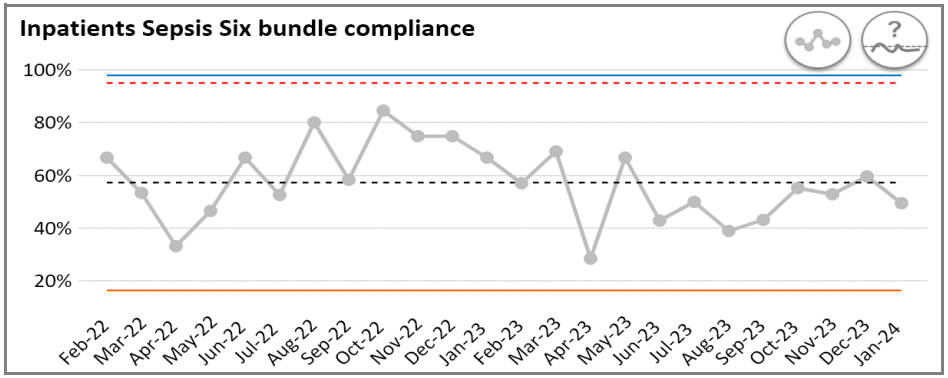
Month 10 | 2023-24

Quality

Sepsis Screening and Management | Inpatients

East and North Hertfordshire NHS Trust





Themes

Sepsis IP	2022-23			2023-24								
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Oxygen	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Blood cultures	100%	100%	29%	100%	69%	67%	80%	64%	83%	75%	78%	57%
IV antibiotics	100%	100%	0%	0%	83%	100%	67%	60%	71%	60%	60%	50%
IV fluids	100%	67%	33%	100%	50%	56%	55%	57%	56%	71%	83%	57%
Lactate	62%	80%	43%	67%	54%	58%	65%	64%	83%	57%	60%	25%
Urine measure	86%	86%	71%	100%	64%	75%	59%	42%	83%	71%	60%	50%

Key Issues and Executive Response

Themes

- IV antibiotic compliance sat at 50% in January, however only two inpatients were included in this data with no severe delays.
- The overall Sepsis Six compliance was poor in January and could be contributed to strikes, winter pressures and short staffing from the sepsis team.
- O2 administration remains at 100% whilst urine balance monitoring still appears to be a Trust wide challenge with deteriorating patients at 50% compliance.
- Lactate and blood culture collections have been poor in January.
- The Sepsis Team was not informed of any serious harm or patient incidents related to sepsis throughout January.

Response

- The Sepsis Team has organised more sepsis sessions with planned care and are liaising with unplanned to include them too.
- The team delivered sepsis teaching to doctors working in frailty with positive feedback in January and have been asked to give another session later in the year.
- The Sepsis and AKI Team are introducing Sepsis/AKI link nurses with the aim to spread the recognition and management of Septic/AKI patients on the wards and improve numbers Trust wide. Sepsis/AKI link nurse study days are scheduled to take place in May and June.
- The Sepsis Team continue to be a visible presence in inpatient settings assisting with recognition and management of septic patients.
- The Sepsis task and finish group has been set up to collaborate, discuss and plan ways of improvement compliance and patient safety with regards to sepsis recognition and management.

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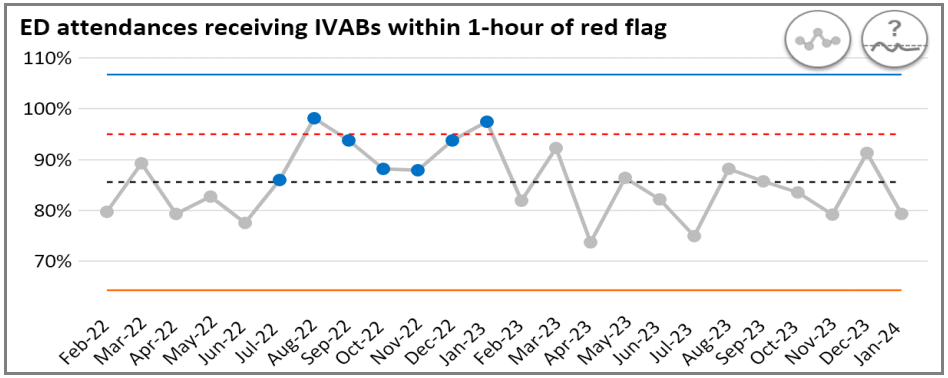
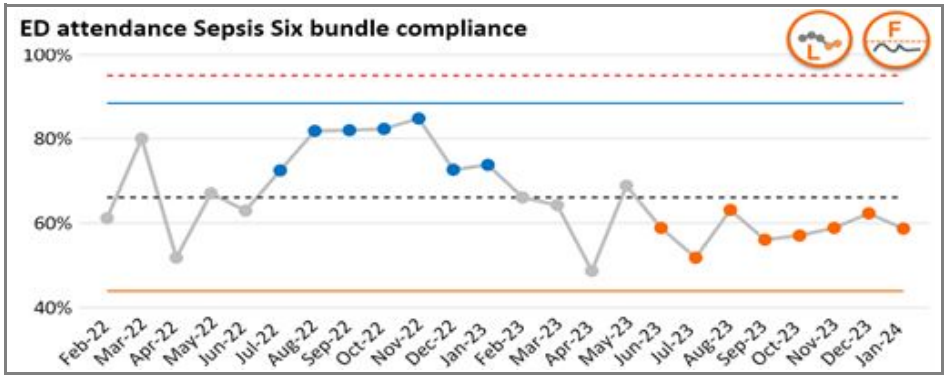
Quality

Sepsis Screening and Management | Emergency Department

East and North Hertfordshire NHS Trust





Themes

Sepsis ED	2022-23			2023-24								
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Oxygen	98%	100%	100%	95%	100%	98%	94%	100%	98%	100%	100%	100%
Blood cultures	90%	93%	87%	93%	90%	87%	89%	88%	87%	93%	91%	92%
IV antibiotics	82%	93%	74%	86%	82%	75%	88%	86%	84%	79%	91%	79%
IV fluids	85%	100%	84%	81%	79%	81%	83%	89%	88%	87%	92%	82%
Lactate	95%	100%	92%	96%	96%	95%	96%	100%	97%	93%	95%	98%
Urine measure	74%	79%	67%	80%	74%	68%	72%	64%	63%	64%	67%	66%

Key Issues and Executive Response

Themes

- IV antibiotic compliance within ED down-trending slightly in January dropping to 79%.
- Average time to IV antibiotics is 41 minutes which is within Trust timeframe of 1 hour, with no severe delays.
- The overall sepsis six compliance within ED sits at 59% with poor urine output compliance being a repetitive trend.
- IVF compliance dropped to 82% in January, however average time to fluids remains within trust targets at 34 minutes.
- Lactate measurement remains good and achieves trust targets by reaching 98% in January.
- The Sepsis Team was not informed of any serious harm to any patients in relation to sepsis in January.

Response

- The Sepsis Team continue to provide bedside education to newer/junior staff, often attending to sepsis patients in ED and going through the Sepsis Screening Tool with ED nurses and doctors in real time.
- The numbers of patients being screened for sepsis using the Nerve Centre tool is continuing to increase thanks to the cooperation with Education Team and Matron.
- Encouragement and education surrounding the importance of fluid balance monitoring and using the digital fluid chart is continuing to be pushed and promoted with the aim of improving compliance.
- The Sepsis task and finish group has been set up to collaborate, discuss and plan ways of improvement compliance and patient safety with regards to sepsis recognition and management.
- Link nurses for ED are being introduced in the spring.

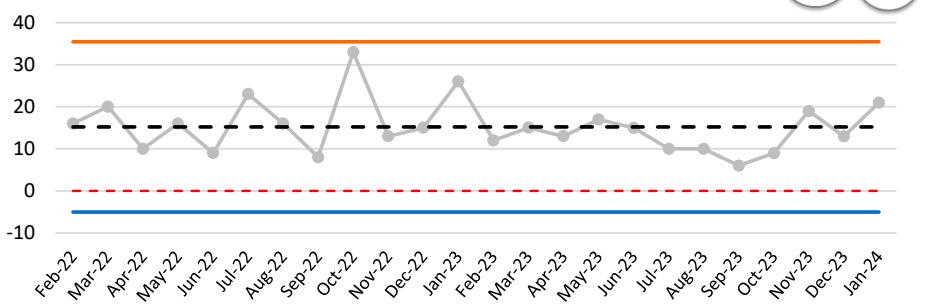
Month 10 | 2023-24

Quality

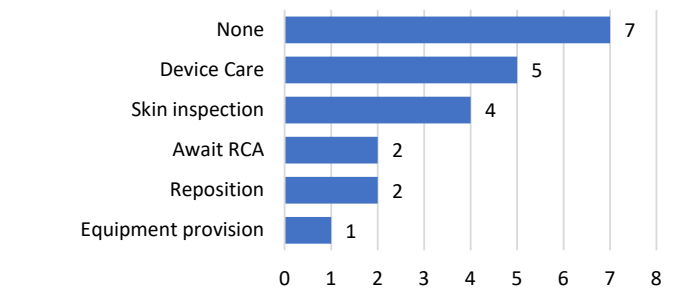
Pressure Ulcers | VTE

East and North Hertfordshire NHS Trust

Number of hospital-acquired pressure ulcers



Themes - Jan-24



223

days since last category 4

as at 16/02/2024

VTE risk assessment stage 1 completed

Key Issues and Executive Response

Pressure Ulcers

- Currently supporting ward 9A with in-ward teaching regarding their themes on PU incidence.
- We are currently piloting PSIRF on ward 11A/B from this month. The ward managers will be supported until they are comfortable to categorise PU & conduct After Action Reviews (AAR). PSIRF plan three main themes: device related care, repositioning and skin inspection.
- TVT currently compiling data for PU Risk assessment CQUIN 3rd quarter.
- TVT Actions FOR 2023/24:
  - Risk assessment and pressure ulcer prevention care planning improvement project within CDU in ED;
  - Implementation of new National Wound Care Strategy Programme (NWCSP) PU recommendations;
  - Convert PU risk assessment tool to PURPOSE-T to align with the new NWCSP recommendations. (Awaiting approval to start this from digital).

VTE

- December decline in compliance attributed to industrial action, however conformance has returned to pre-decline levels and continues to show sustained improvement with an upward trajectory.
- Scale and spread plan in place with QI projects in clinical areas showing local improvements; Swift, 5A, 9AN (now 10AN), AMU2 (now 10AS).
- Reports are continuously being analysed to provide focused data-driven quality improvement projects in specific areas and specific teams.

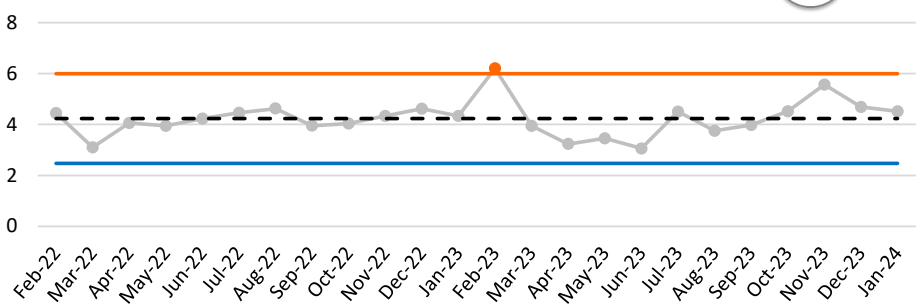
Month 10 | 2023-24

Quality

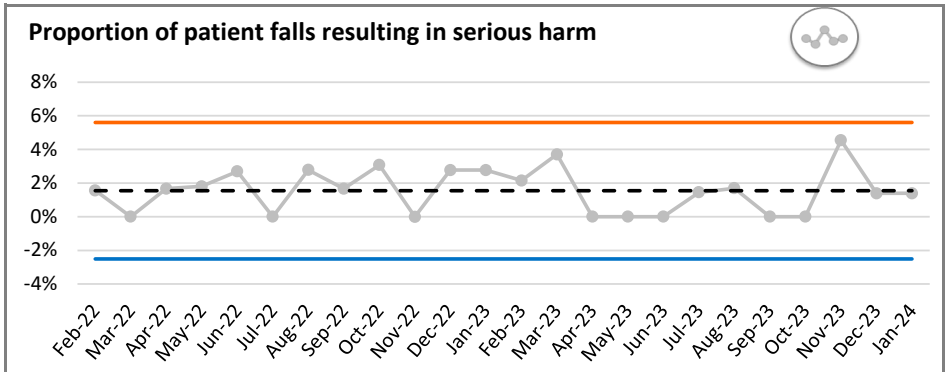
Patient Falls

East and North Hertfordshire NHS Trust

Rate of patient falls per 1,000 overnight stays



Proportion of patient falls resulting in serious harm



Key Issues and Executive Response

- Inpatient falls data continues to show common cause variation, with an average of 4 per month per 1000 bed days.
- Falls per 1000 bed days is 4.52, lower than previous couple of months.
- 1 Fall with Severe harm recorded for the month of January. This has been discussed at the Divisional Incident Review Meeting (DIRM).
- Shortfall on expectations of care identified such as lying/standing BP and enhanced care plan. Clinical practice team for planned care to support with training.
- Falls group - This is still outstanding awaiting feedback and support from safety and quality lead.

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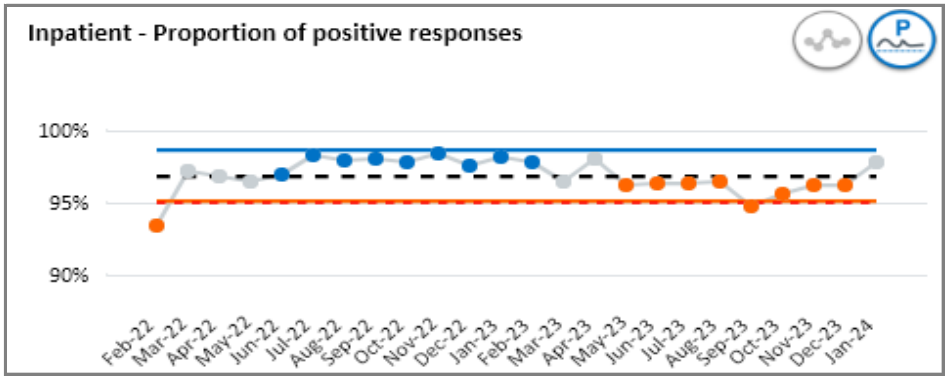
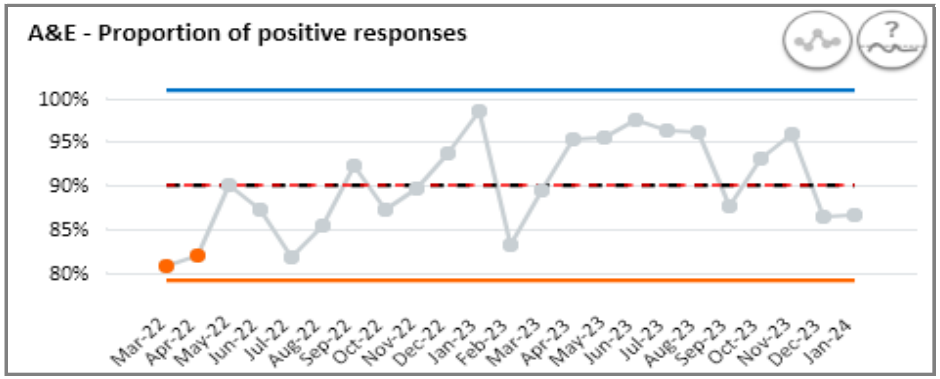
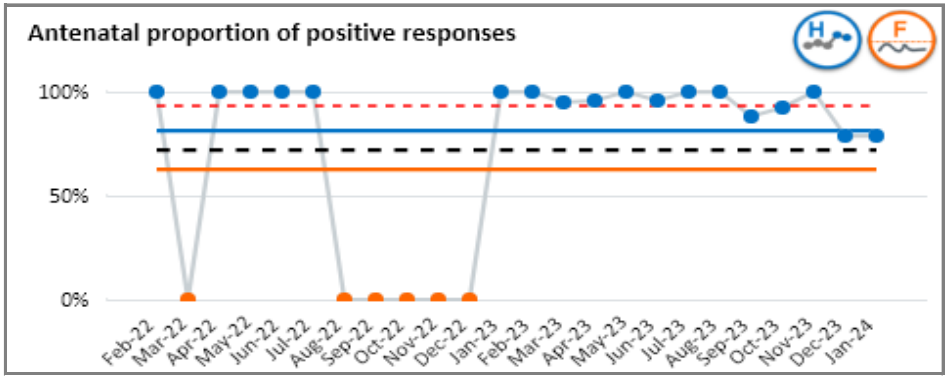
Quality

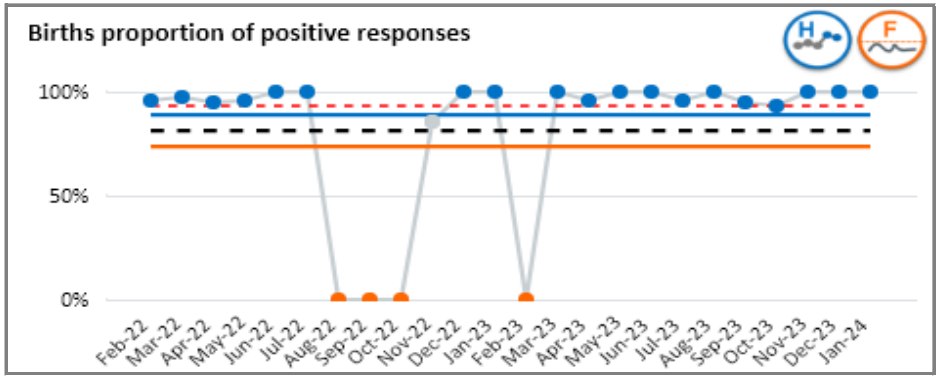
Friends and Family Test

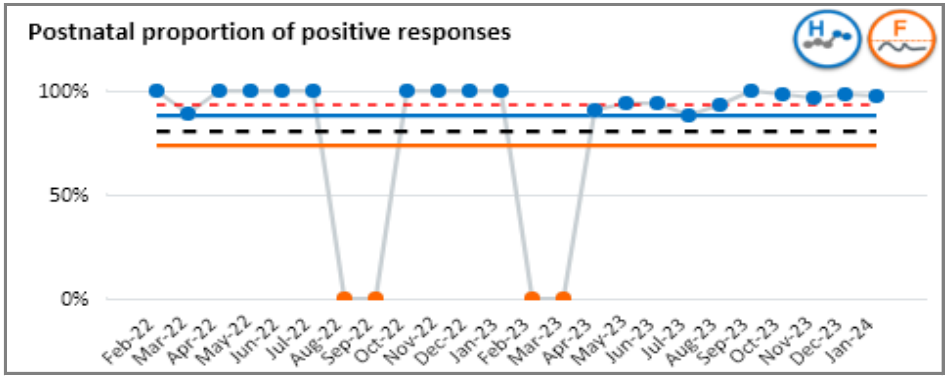
East and North Hertfordshire NHS Trust

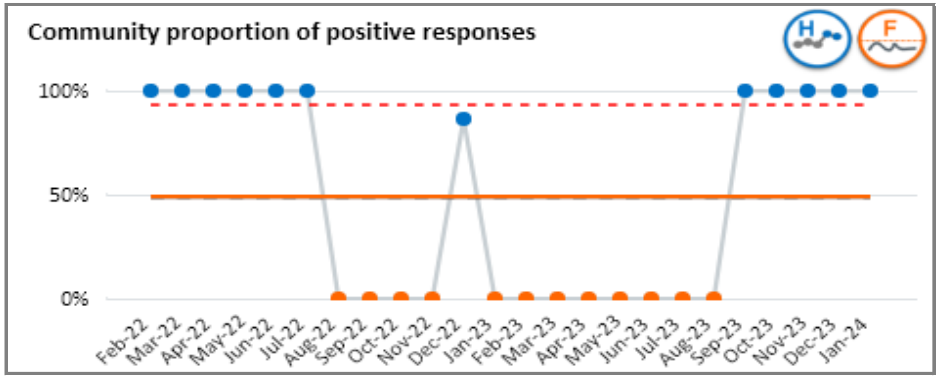












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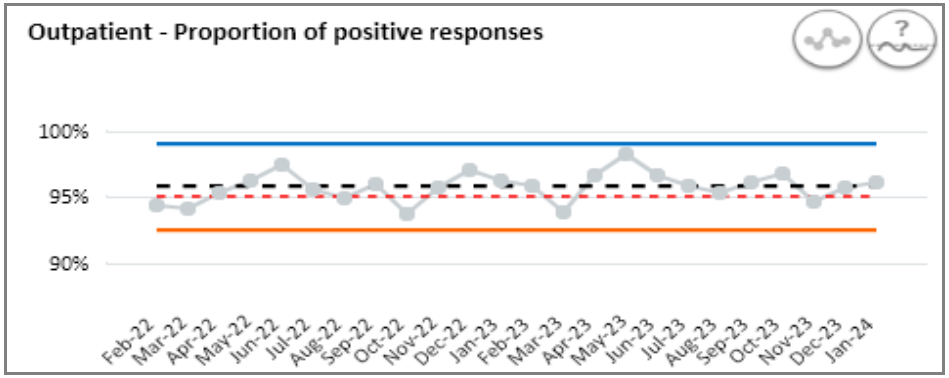
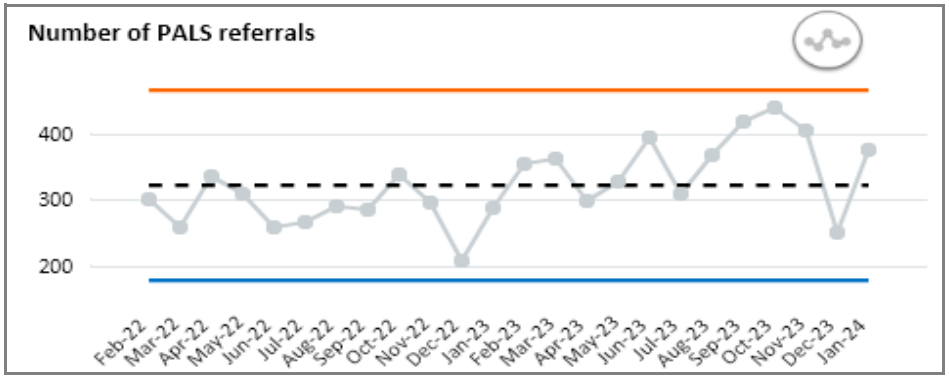
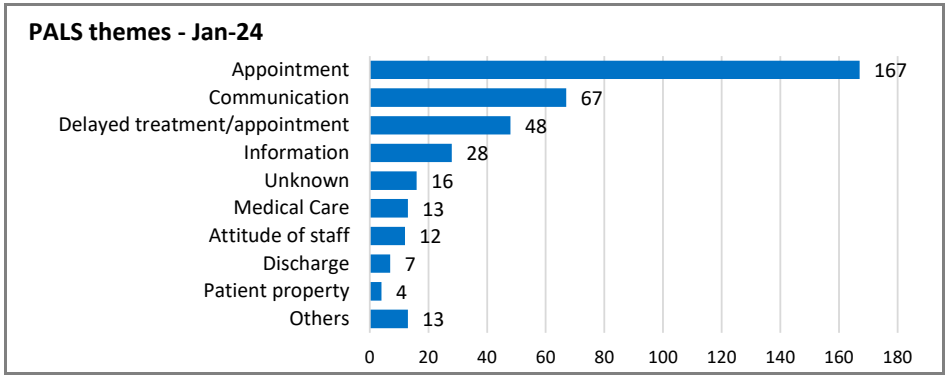
Quality

Friends and Family Test | Patient Advice and Liaison Service

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

Friends and Family Test

- ED satisfaction score still remains low due to the usual monthly pressures in the department.
- It is hoped that the opening of the Lister UTC will have a positive impact on patient experience and their feedback on the department as a whole.
- QR codes and posters are now displayed in the UTC.

Patient Advice Liaison Service

Excellence

- The team continue to provide excellent support and guidance to people who raise concerns or enquiries, even with capacity issues and pressure of workload.
- The team have decreased the 40 working day timeframe to 30 days and continues to work on getting this back to the 25 working days.

Challenges

- Team sickness alongside pre-planned annual leave continues to impact on the service and responsive turn around given the number of PALS enquiries received.
- Staff from the patient experience team continue answering the daily voicemails to support the PALS department.

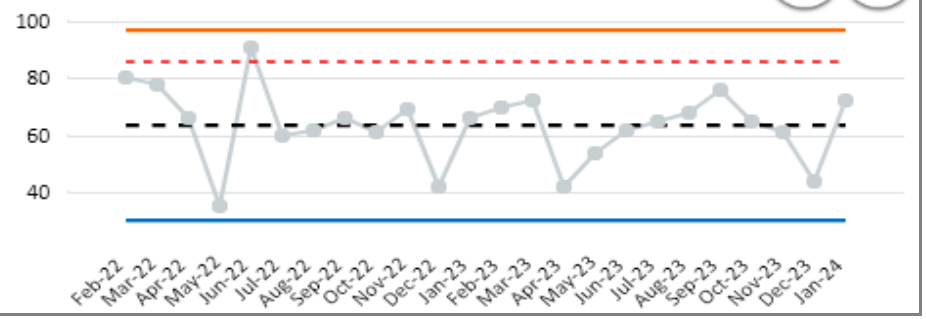
Month 10 | 2023-24

Quality

Complaints

East and North Hertfordshire NHS Trust

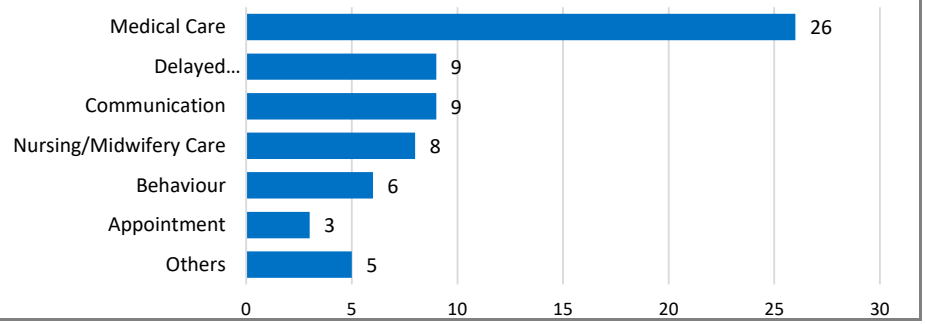
Number of written complaints received



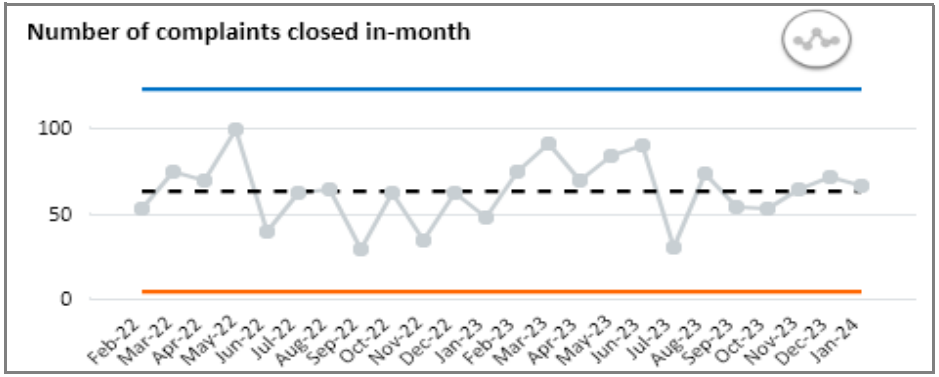
Key Issues and Executive Response

- The Trust consistently acknowledges complaints within three working days.
- At the time of writing, the Trust has 146 open complaints, with 25 complaints awaiting for scope confirmation.
- The nature of complaints the Trusts receives remains complex.
- Timely communication and responses to complainants continues to be a challenge.

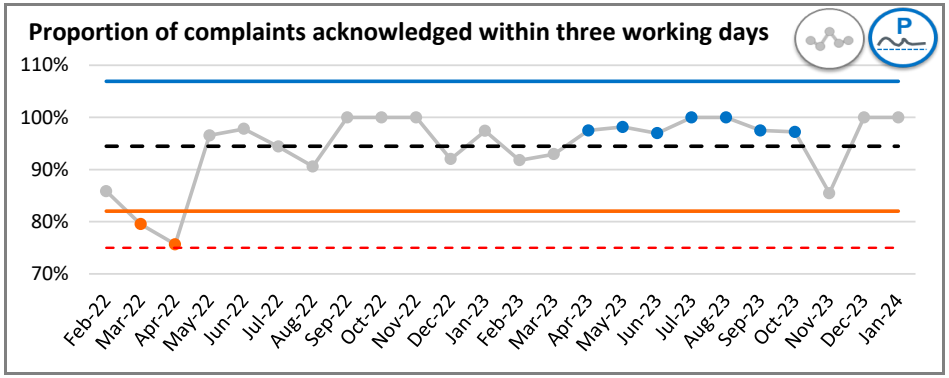
Complaints themes - Jan-24



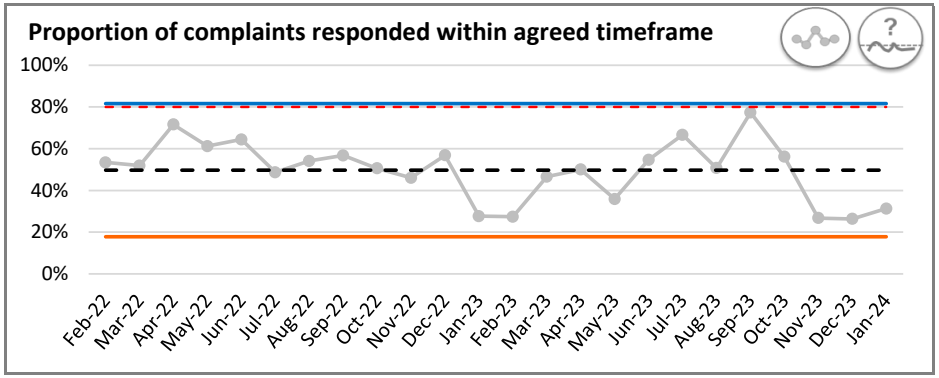
Number of complaints closed in-month



Proportion of complaints acknowledged within three working days



Proportion of complaints responded within agreed timeframe



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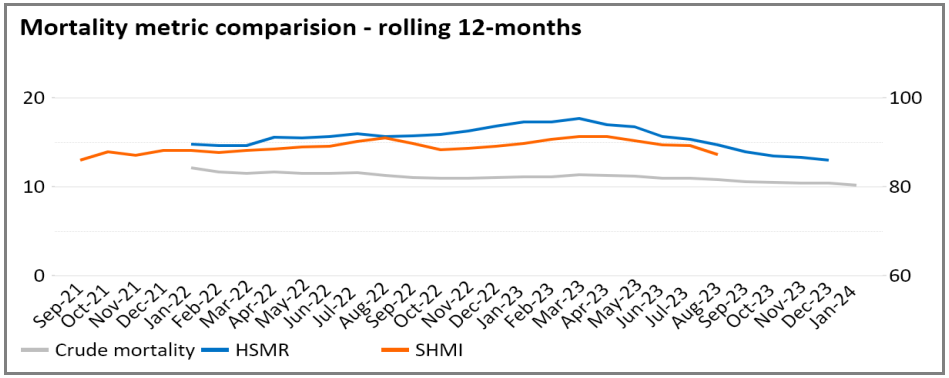
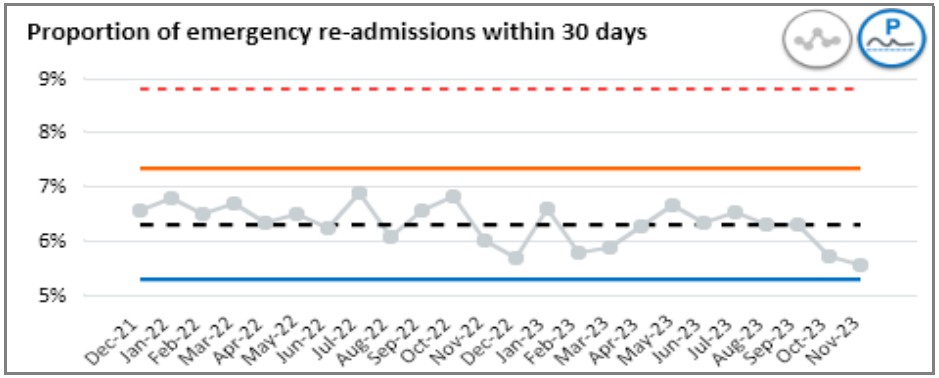
Quality

Mortality Summary | Emergency Re-admissions

East and North Hertfordshire NHS Trust





Key Issues and Executive Response

Mortality metrics

- Following the rise in crude mortality seen during the pandemic, levels are now stable and in line with those seen prior to the pandemic.
- We have continued to be well placed for both HSMR and SHMI vs national peers. Following an upward trend, rolling 12-month HSMR has been on a downward trend since the start of 2023. SHMI (which lags behind HSMR) had increased for several months, but has shown signs of following the downward trend.

Learning from Deaths

- Following adoption of the SJRPlus mortality review format, in July 2022 work continues to revisit our broader learning from deaths processes, to take into account recent and current changes in the fields of scrutiny, quality, and governance, including the introduction of the Medical Examiner function and the new PSIRF approach to patient safety.
- Quarterly thematic reviews using SJR data have commenced with outputs shared in various arenas including Mortality Surveillance Committee, Divisional Q&S meetings and corporate RHD sessions.
- As the term for the first Learning from Deaths Strategy (2022-24) draws to a close, a final assessment of achievements will be produced once year-end data is available. Planning for the next iteration of the Strategy will be timed to take into account the Trust's wider emerging quality improvement approaches.
- We are awaiting further news regarding the ICB's intention to establish a system-wide learning from deaths forum. Once in place this will have the potential to enhance our improvement endeavours.

Re-admissions

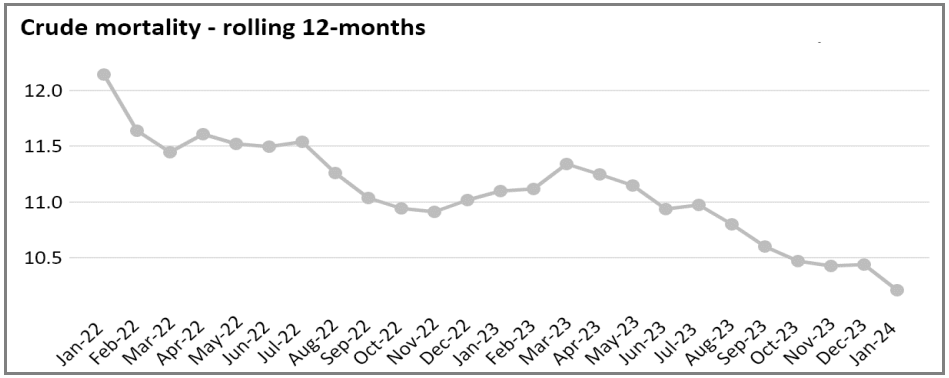
- The Trust's performance is well positioned in comparison to national and our Model Hospital peer group.

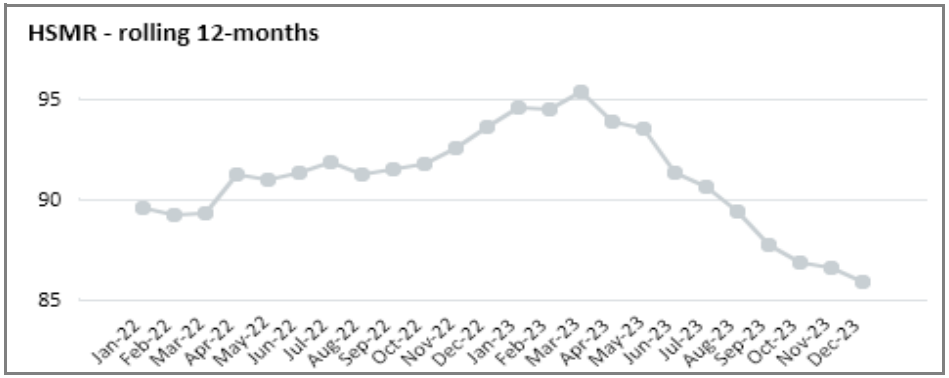
Month 10 | 2023-24

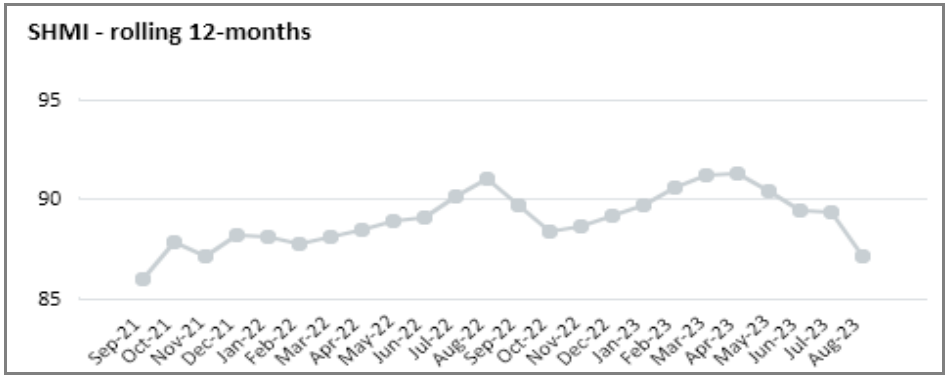
Quality

Mortality

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

- The December 2022-January 2023 'winter spike' in deaths was also observed nationally, with our position remaining below the national average. A similar spike has been observed in December 2023
- Rolling 12-month crude mortality has consistently tracked below the national mean, with a downward trend since March 2023.
- Up to March 2023, there had been a gradual upward trend in rolling 12-month HSMR since December 2021. This contrasted with a downward trend in crude mortality for the same period, which is unusual as HSMR tends to follow the crude metric. R12M HSMR has been on a downward trend since the start of 2023. As the period of elevated HSMR appeared to coincide with a reduction in the depth of coding, this is under review by the Head of Coding.
- This shows one 3SD outlier diagnosis group - Chronic Ulcer of Skin. As there have been repeating alerts for this and associated SHMI groups, the Head of Coding is monitoring the data for six months and will then report back to Mortality Surveillance Committee
- Improvement work to reduce our National Emergency Laparotomy Audit (NELA) mortality has continued. The opening of SAU in mid-January has the potential to improve time to theatre, which the NELA service sees as crucial to improving outcomes for NELA patients.
- Service level remedial work continues at MVCC following concerns raised in the external review commissioned on the back of the Ovarian Cancer SACT mortality alert (in the 2017-20 national Systemic Anti-Cancer Therapy audit report).
- Latest NHSD published rolling 12-month SHMI to September 2023 has showed a significant increase from 90.38 to 97.48. However, this is known to be based on incorrect/incomplete data in the latest Hospital Episode Statistics (HES) publication. The erroneous data has been corrected and this should be reflected in the next SHMI publication.

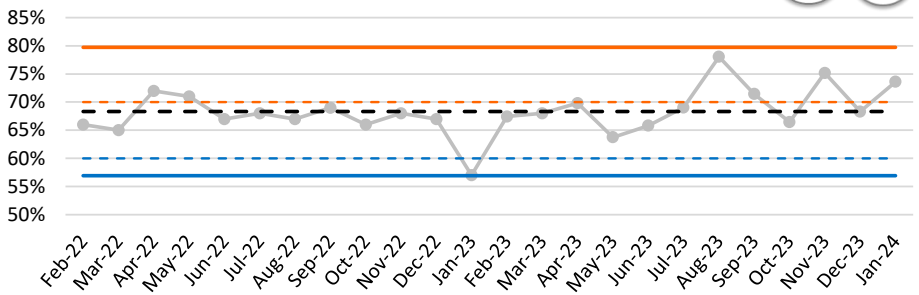
Month 10 | 2023-24

Quality

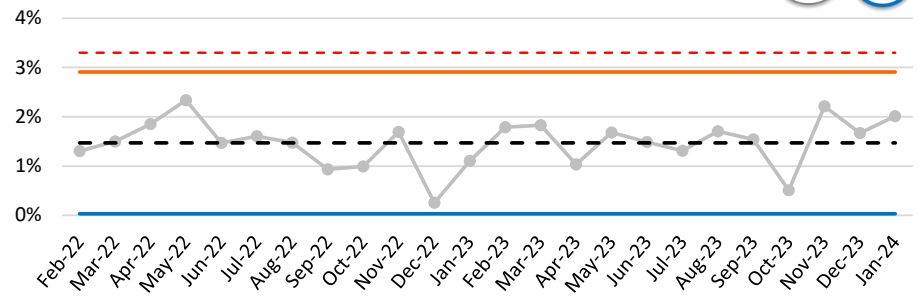
Maternity | Safety Metrics

East and North Hertfordshire NHS Trust

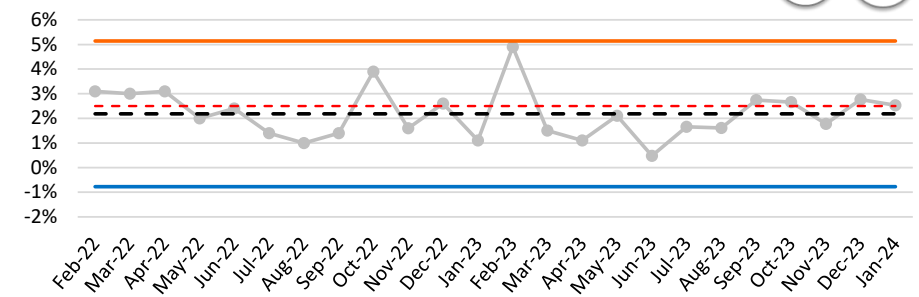
Total caesarean section rate from RG1, 2 and 5 combined



Massive obstetric haemorrhage >1500ml vaginal



3rd and 4th degree tear vaginal



Key issues and executive response

- 1 Potential PSII identified, awaiting further clarification on learning response.
- 3rd / 4th degree tears - Normal variation noted. 2023 Cases remain significantly below 2022 numbers. Monthly audit continues and a working party is now in place to implement the Obstetric anal sphincter injury (OASI) 2 care bundle as a quality improvement initiative.
- Massive Obstetric Haemorrhage (MOH) - Normal variation continues. Cases continue to be reviewed by the risk management MDT on a monthly basis.
- Breast Feeding Initiation rate remains stable.
- Term admissions to the Neonatal unit remains slightly raised at 7%. All cases were declared unavoidable.

Robson Group Criteria

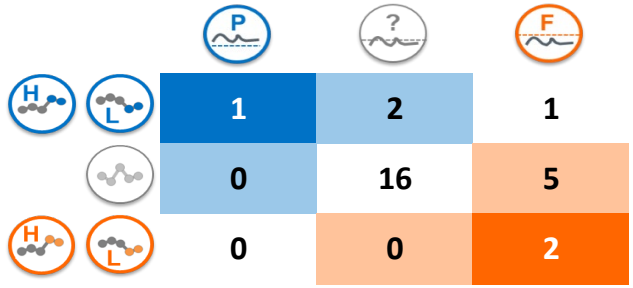
- This considers the obstetric variables to enable classification into one of 10 groups. This categorisation assists in understanding the reasons for the increasing trend in caesarean section rates:
  - **Robson group 1:** Nulliparous singleton pregnancy > 37 weeks with spontaneous labour onset.
  - **Robson group 2:** Nulliparous singleton pregnancy > 37 weeks delivered before labour onset or where labour induced.
  - **Robson group 5:** Multiparous women, singleton pregnancy >37 weeks with at least one previous uterine scar.
- These 3 groups combined normally contribute to two thirds of all CS performed in most hospitals. For month 10 the combined rate is 70%.

Month 10 | 2023-24

NHS
East and North Hertfordshire
NHS Trust

Operations

Month 10 | 2023-24



Operations

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Emergency Department	Patients waiting no more than four hours from arrival to admission, transfer or discharge	Jan-24	95%	66.0%		F	Common cause variation Metric will consistently fail the target
	Patients waiting more than 12 hours from arrival to admission, transfer or discharge	Jan-24	2%	9.0%		F	Common cause variation Metric will consistently fail the target
	Percentage of ambulance handovers within 15-minutes	Jan-24	65%	14.5%	H	F	1 point above the upper process limit Metric will consistently fail the target
	Time to initial assessment - percentage within 15-minutes	Jan-24	80%	41.6%	L	F	9 Points below the mean Metric will consistently fail the target
	Average (mean) time in department - non-admitted patients	Jan-24	240	216.9		?	Common cause variation Metric will consistently pass the target
	Average (mean) time in department - admitted patients	Jan-24	tbc	651.0			Common cause variation No target
	Average minutes from clinically ready to proceed to departure	Jan-24	tbc	202	L		3 points below the lower process limit No target
RTT & Diagnostics	Patients on incomplete pathways waiting no more than 18 weeks from referral	Jan-24	92%	50.0%	L	F	14 consecutive points below the mean Metric will consistently fail the target
	Patients waiting more than six weeks for diagnostics	Jan-24	0%	50.8%		F	Common cause variation Metric will consistently fail the target

Month 10 | 2023-24

Operations

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cancer Waiting Times	Two week waits for suspected cancer	Dec-23	93%	95.3%		?	Common cause variation Metric will inconsistently pass and fail the target
	Two week waits for breast symptoms	Dec-23	93%	92.7%		?	Common cause variation Metric will inconsistently pass and fail the target
	28-day faster diagnosis	Dec-23	75%	80.5%	H	?	7 points above the mean Metric will inconsistently pass and fail the target
	31-days from diagnosis to first definitive treatment	Dec-23	96%	97.7%		?	Common cause variation Metric will inconsistently pass and fail the target
	31-days for subsequent treatment - anti-cancer drugs	Dec-23	98%	100.0%	H	P	10 points above the mean Metric will consistently pass the target
	31-days for subsequent treatment - radiotherapy	Dec-23	94%	96.3%		?	Common cause variation Metric will inconsistently pass and fail the target
	31-days for subsequent treatment - surgery	Dec-23	94%	91.5%		?	Common cause variation Metric will inconsistently pass and fail the target
	62-days from urgent GP referral to first definitive treatment	Dec-23	85%	78.4%		?	Common cause variation Metric will inconsistently pass and fail the target
	Patients waiting more than 104-days from urgent GP referral to first definitive treatment	Dec-23	0	5.0		?	Common cause variation Metric will inconsistently pass and fail the target
	62-days from referral from an NHS screening service to first definitive treatment	Dec-23	90%	100.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	62-days from consultant upgrade to first definitive treatment	Dec-23	n/a	91.4%			Common cause variation No target

Month 10 | 2023-24

Operations

Summary

East and North Hertfordshire NHS Trust

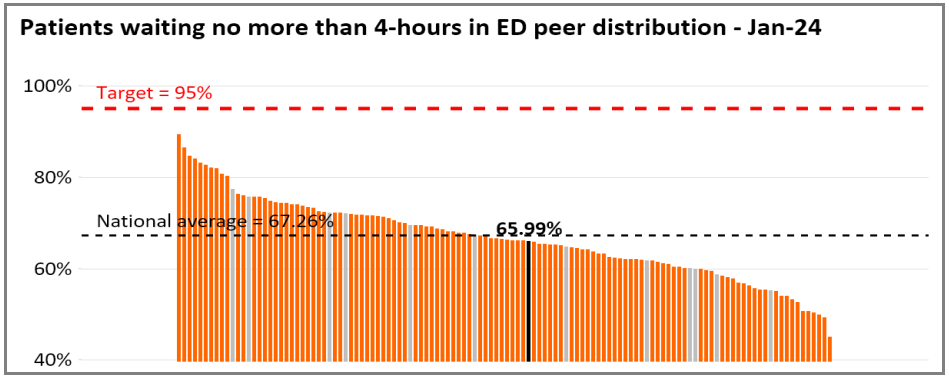
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Stroke Services	Trust SSNAP grade	Q2 2023-24	A	B			
	4-hours direct to Stroke unit from ED	Jan-24	80%	25%		F	Common cause varation Metric will consistently fail the target
	% of patients discharged with a diagnosis of Atrial Fibrillation and commenced on anticoagulants	Jan-24	63%	100%	H	?	11 consecutive points above the mean Metric will inconsistently pass and fail the target
	4-hours direct to Stroke unit from ED with Exclusions (removed Interhospital transfers and inpatient Strokes)	Jan-24	63%	25%		F	Common cause varation Metric will consistently fail the target
	Number of confirmed Strokes in-month on SSNAP	Jan-24	n/a	83			Common cause variation No target
	If applicable at least 90% of patients' stay is spent on a stroke unit	Jan-24	80%	74%		?	Common cause variation Metric will inconsistently pass and fail the target
	Urgent brain imaging within 60 minutes of hospital arrival for suspected acute stroke	Jan-24	50%	54%		?	Common cause variation Metric will inconsistently pass and fail the target
	Scanned within 12-hours - all Strokes	Jan-24	100%	94%		?	Common cause variation Metric will inconsistently pass and fail the target
	% of all stroke patients who receive thrombolysis	Jan-24	11%	8%		?	Common cause variation Metric will inconsistently pass and fail the target
	% of patients eligible for thrombolysis to receive the intervention within 60 minutes of arrival at A&E (door to needle time)	Jan-24	70%	50%		?	Common cause variation Metric will inconsistently pass and fail the target
	Discharged with JCP	Jan-24	80%	85%		?	Common cause variation Metric will inconsistently pass and fail the target
	Discharged with ESD	Jan-24	40%	62%		?	Common cause variation Metric will inconsistently pass and fail the target

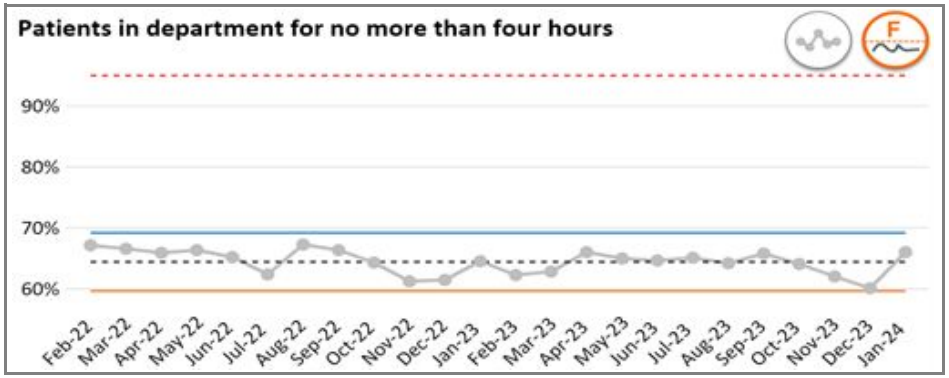
Month 10 | 2023-24

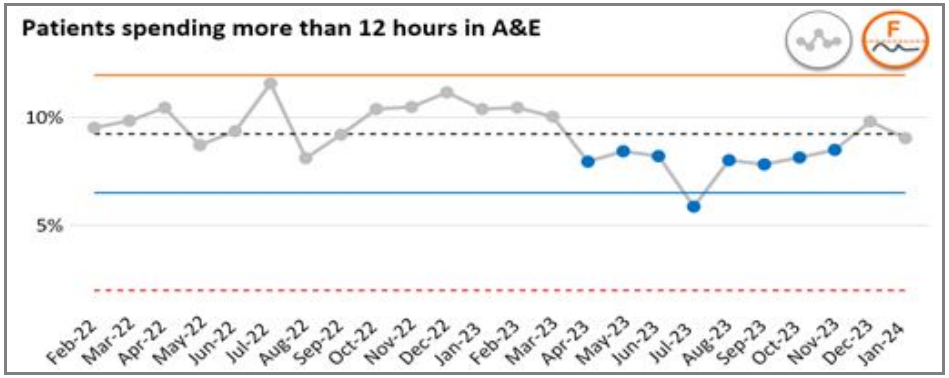
Operations

Emergency Department

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

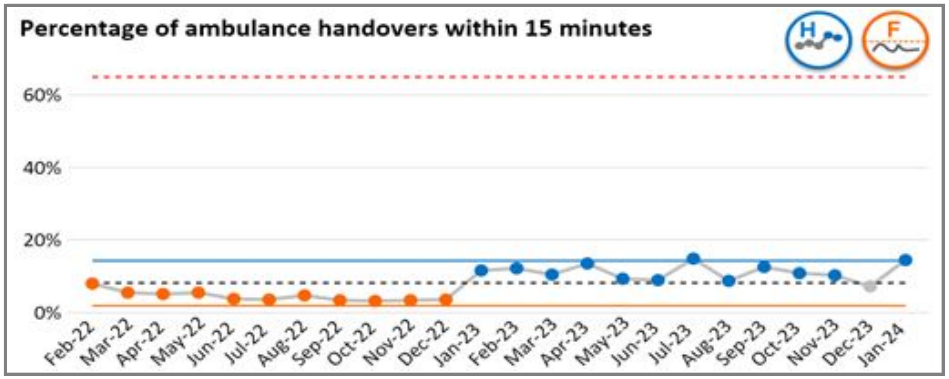
- Total monthly attendances remained static compared to the previous month. The reduction in Lister type 1 attendances is offset against the growth in type 2 UTC attendances following the introduction of the new co-located Lister UTC which enabled ED to reduce overcrowding by streaming an average of 50 patients per day to the new facility.
- Performance against the 4-hour standard improved in month with its highest rate of compliance in ten months. The main contributory factor was the significant reduction in the average time in department for non-admitted patients, which was achieved as a direct result of the new co-located UTC and increased SDEC activity. In addition, admitted performance also improved for the second consecutive month, demonstrating the continued success and impact of the acute medical reset and introduction of a new SAU.
- Time to initial assessment improved to its highest level since July 2023, demonstrating the 'back to basics' streaming and triage project is continuing to have a positive impact on performance. The new ED nursing shift plan which commenced on 15th January to increase skill mix at streaming and triage is also demonstrating early success.
- Ambulance arrivals, although reduced slightly compared to last month, remained high. However, despite the continued demand there was dramatic improvement in relation to handovers achieved within 15 and 30minutes. This improvement is as a result of new escalation corridor spaces and the early impact of the 'back to basics' ambulance handover project. Other contributory factors include improved nursing structures.
- Low volumes of discharges before midday and at weekends continued to impact UEC flow, together with continued high volume of bed days for patients 'not meeting the criteria to reside'. Key workstreams of improvement include working collaboratively with community partners to achieve discharge levels as per 19/20.

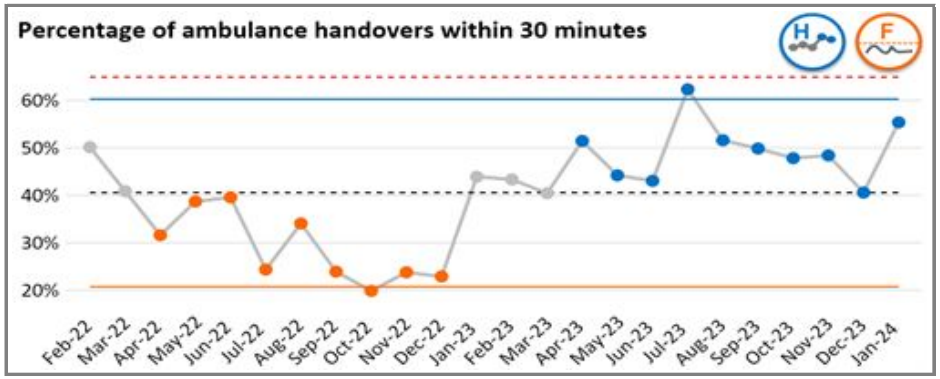
Month 10 | 2023-24

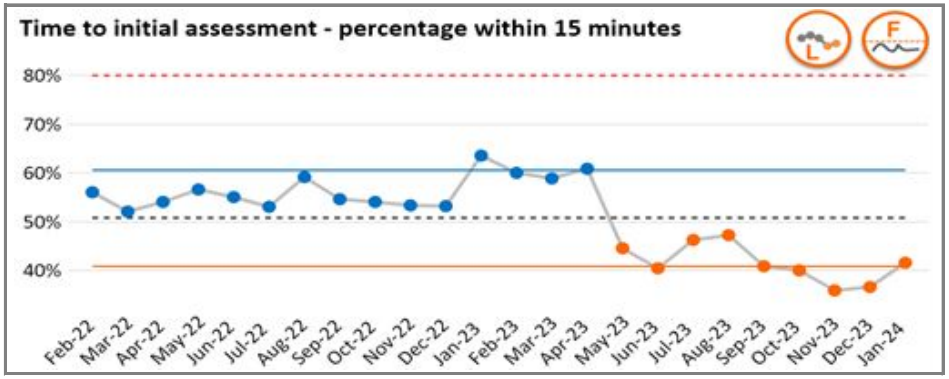
Operations

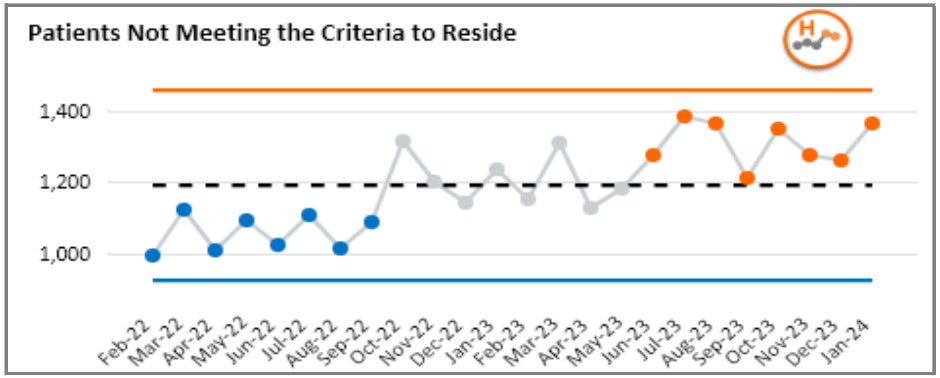
Emergency Department New Standards

East and North Hertfordshire NHS Trust







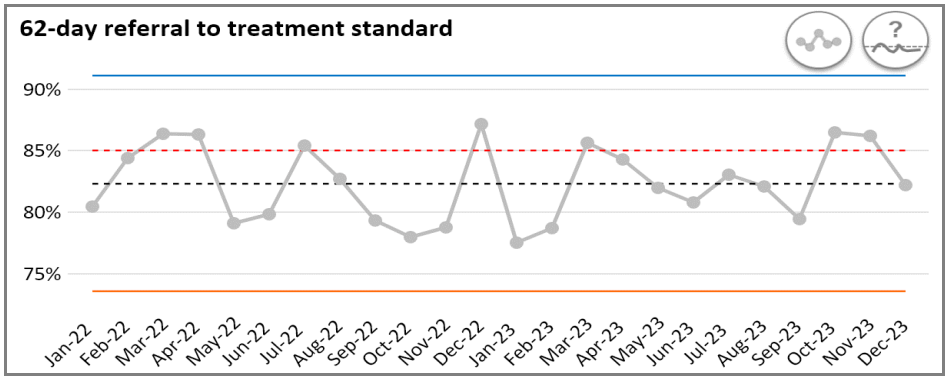


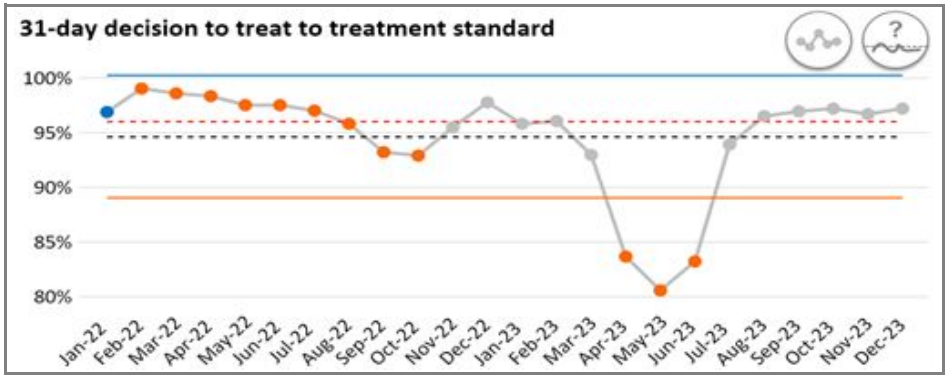
Month 10 | 2023-24

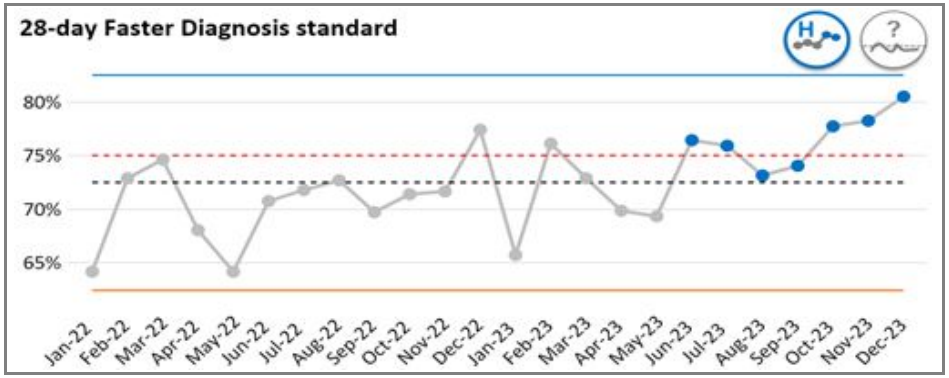
Operations

Cancer Waiting Times | Supporting Metrics

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

- The Trust has been removed from Tier 2 for cancer as a result of progress with reducing the 62-day pathway backlog. Weekly monitoring has moved to monthly oversight.
- The 62-day backlog has decreased, and services continue to work to clear the backlog.
- The Trust has reported on the new CWT standards for November but still monitors the previous 9 standards.
- We achieved 2 of the 3 national targets in December 23 with compliance in the 28 General Faster Diagnosis Standard (FDS), 31-Day General treatment, and near-miss compliance in the 62-Day General treatment standard.
- The 62-day General treatment standard performance is non-compliant due to colonoscopy capacity, which is being sought from the independent sector, patient choice delaying the diagnostic pathway, capacity issues which are being mitigated with WLI.
- Work continues with the operational teams to sustain and improve CWT performance for the Trust.
- Work continues with Intensive Management Support (IMAS) around pathway analysis, to identify constraints in tumour level pathways and whole Trust cancer training.
- Breach analysis continues for all patients against all standards to influence pathway redesign and learning.

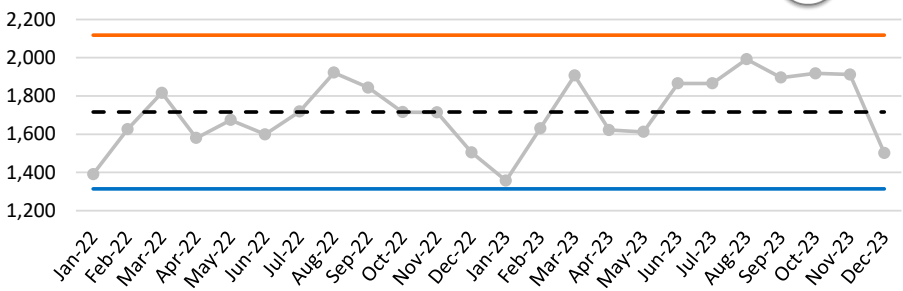
Month 10 | 2023-24

Operations

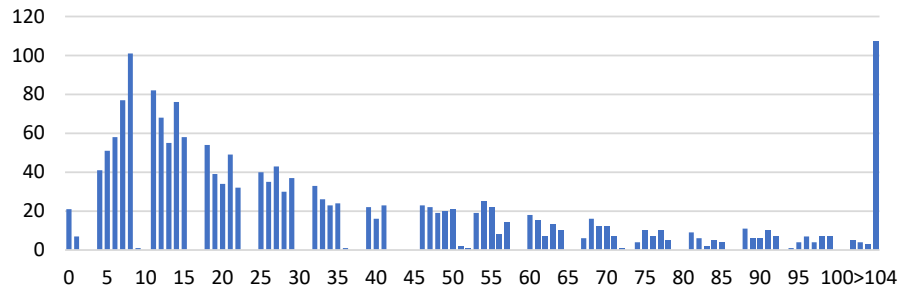
Cancer Waiting Times | Supporting Metrics

East and North Hertfordshire NHS Trust

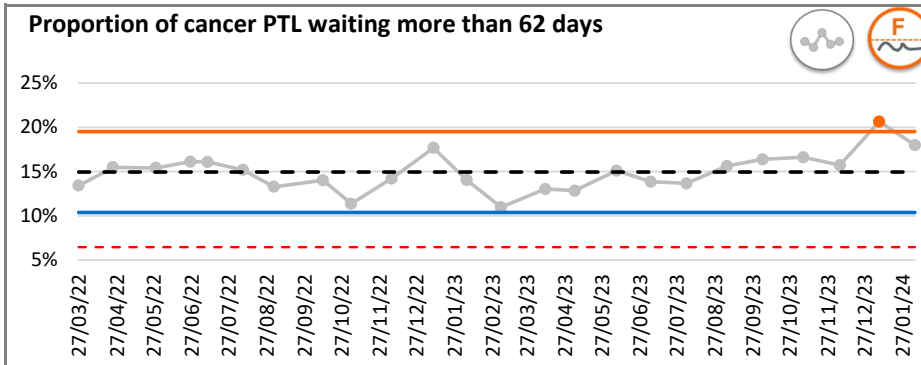
Suspected cancer referrals



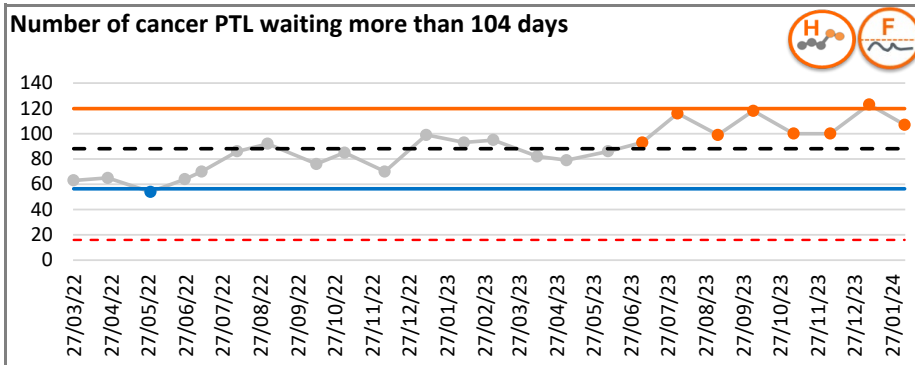
62-day PTL as at 06/02/2024



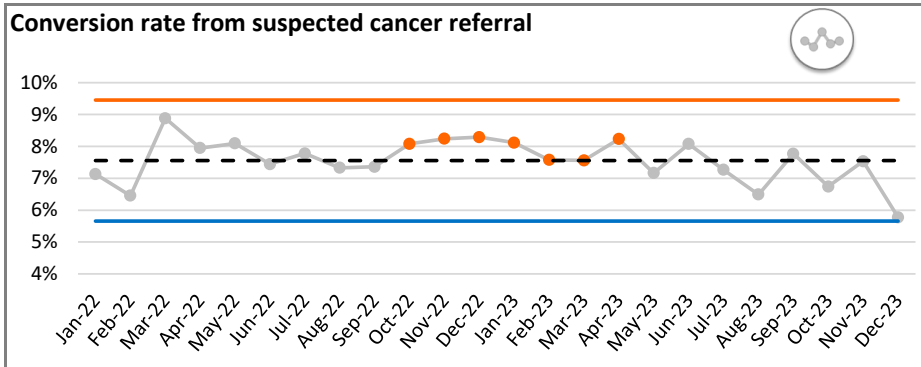
Proportion of cancer PTL waiting more than 62 days



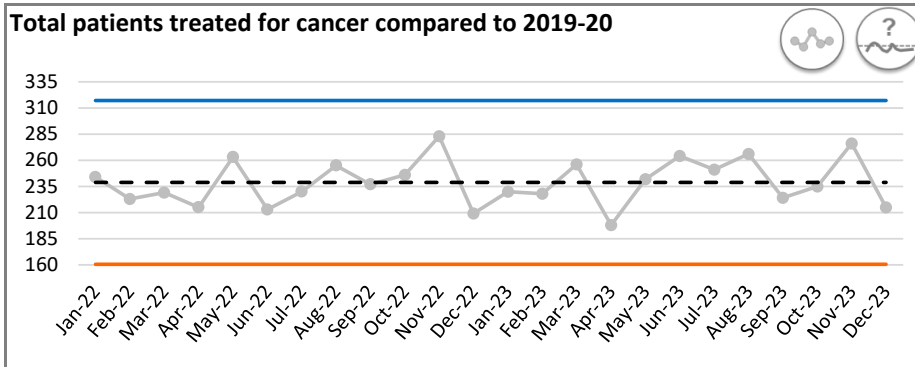
Number of cancer PTL waiting more than 104 days



Conversion rate from suspected cancer referral



Total patients treated for cancer compared to 2019-20

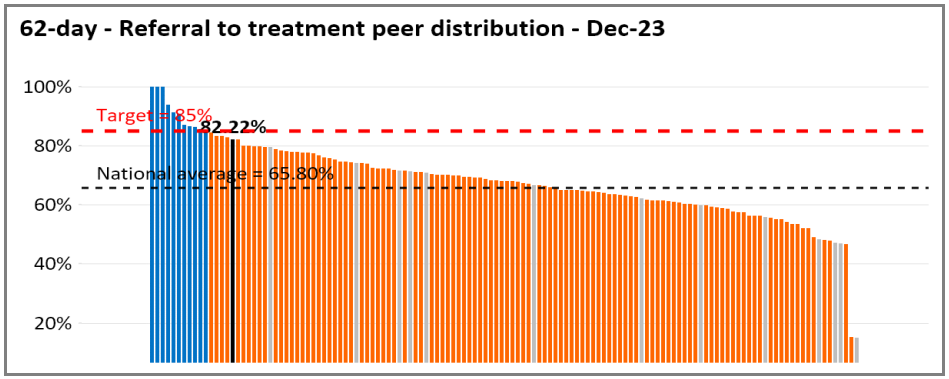


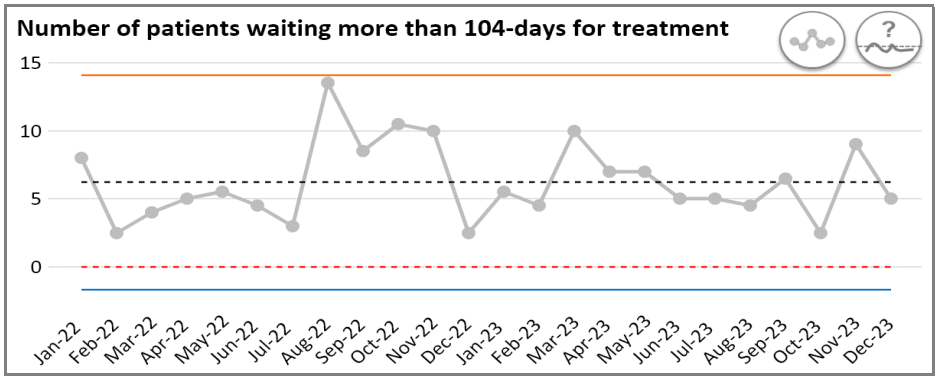
Month 10 | 2023-24

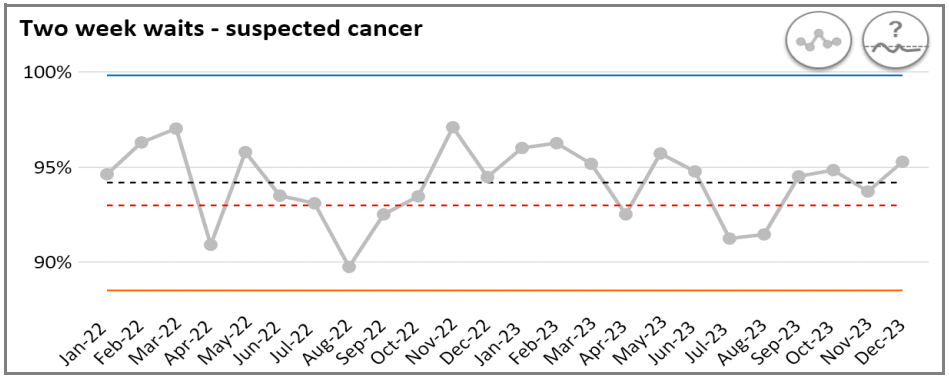
Operations

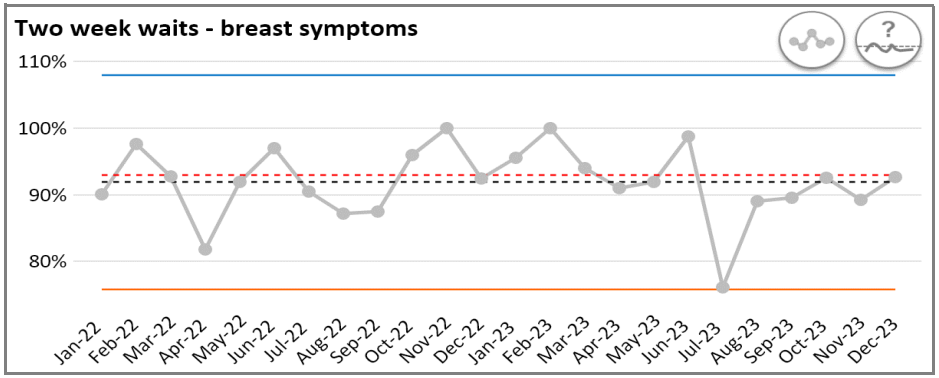
Cancer Waiting Times

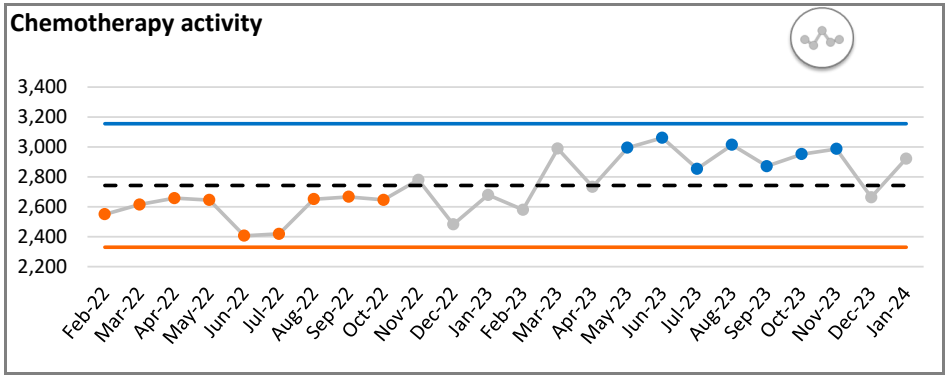
East and North Hertfordshire NHS Trust

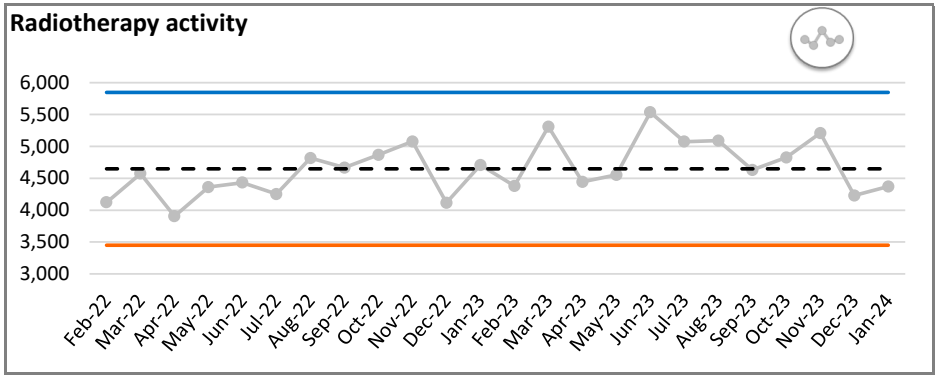












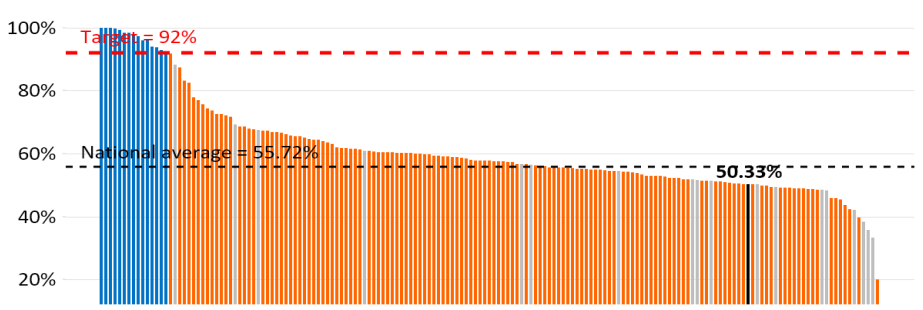
Month 10 | 2023-24

Operations

RTT 18 Weeks

East and North Hertfordshire NHS Trust

Incomplete pathways within 18-weeks peer distribution - Dec-23



Key Issues and Executive Response

Overall

- In-line with the new NHS 90% validation target, after sending 57,686 text messages confirming whether patients were still waiting for their appointment, over 90% of patients 'in scope' were validated in January. There was a 72% response rate, with 3,416 patients requesting a discharge (6%).
- This has positively impacted the number of clock stops and the overall PTL size which has reduced by a further 1,401 patients in month.

Excluding Community Paediatrics

- 104 Weeks - There was 1 x Oral Surgery 104-week breach caused by an incorrect clock stop applied at an earlier outpatient appointment. The pathway was corrected - and therefore the patient was added back onto the waiting list - on 29/01/24, and they were treated on 12/02/24.

Key Issues and Executive Response

Excluding Community Paediatrics (continued)

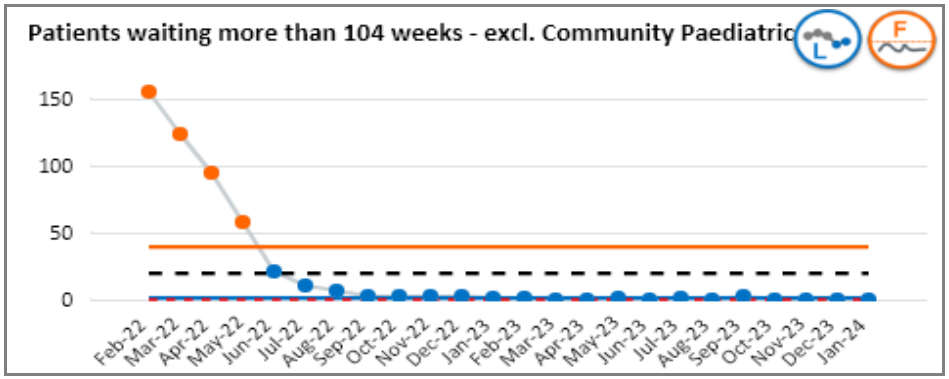
- 78 Weeks - There were 28 patients waiting over 78 weeks at the end of January, excluding Community Paediatrics. These were due to industrial action, patient choice and complexity delays in Trauma and Orthopaedics (24), Pain (1), General Surgery (1), Gynaecology (1) and Oral (1). This accounts for 0.06% of the incomplete waiting list.
- 65 Weeks - There were 485 patients waiting over 65 weeks for first definitive treatment at the end of January, excluding Community Paediatrics. This has decreased slightly in month. The Trust are aiming to be compliant with this target from April 2024, however there are challenges within T&O and gastro. In addition, Industrial Action may compromise this position.
- 52 Weeks – There were 2903 patients waiting over 52 weeks. This has been decreasing since September 2023.

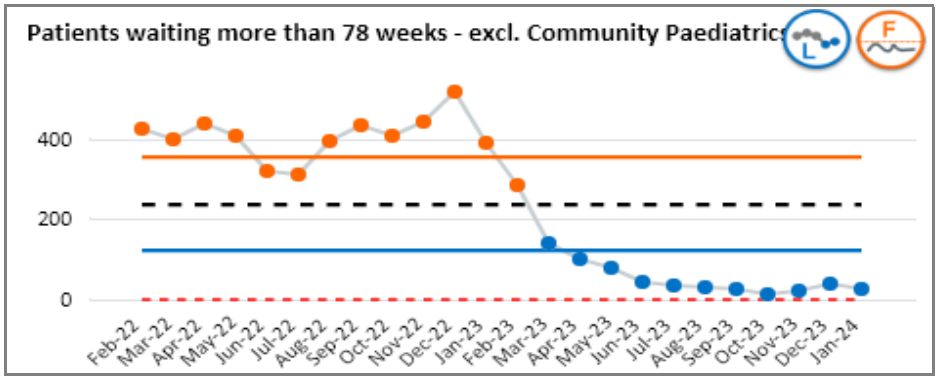
Community Paediatrics

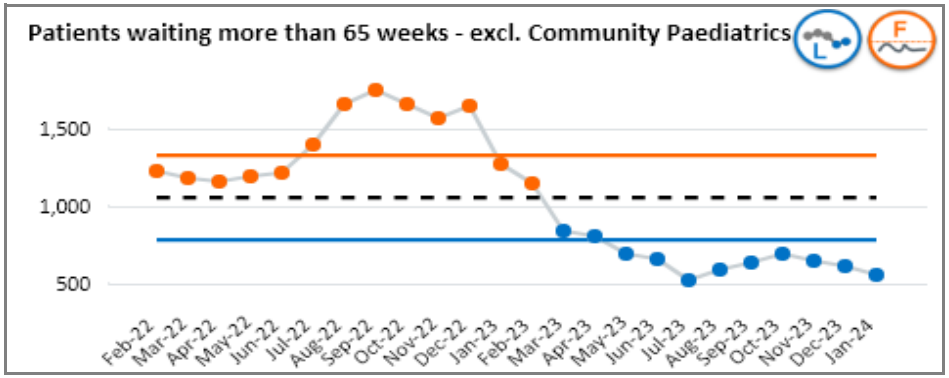
- There were 106 Community Paediatric patients waiting over 104 weeks at the end of January. Due to known capacity issues in the service, this will continue to increase.
- There were 1,940 patients waiting over 65 weeks, and 1,329 patients waiting over 78 weeks at the end of January, compared to 1,152 the previous month, an increase of 177 patients.
- This is the last month that Community Paediatrics will be included in the monthly data submission to NHSE. Going forward it will be reported via the Community Data Set. We will continue to report Community Paediatrics in this and other reports.

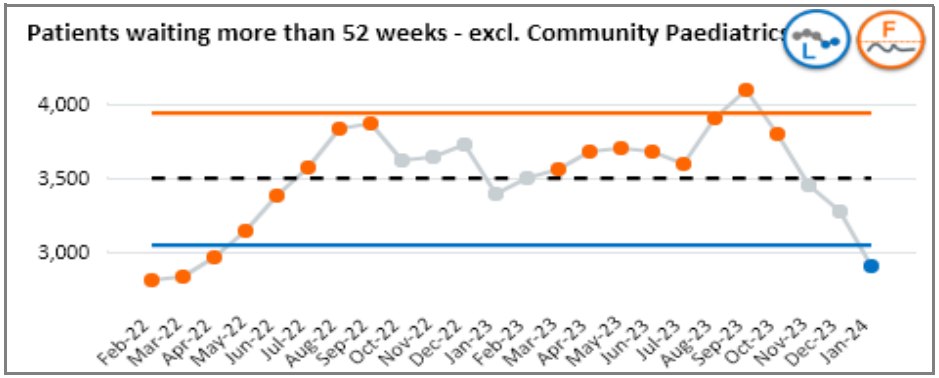
Operations

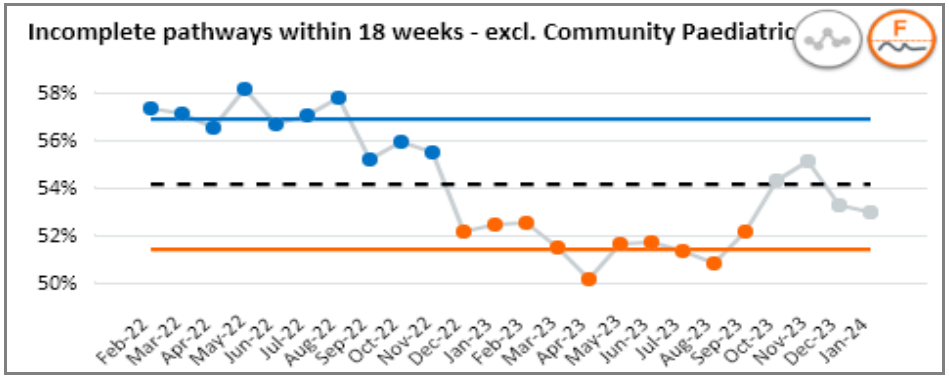
RTT 18 Weeks | Incomplete Pathways - Excluding Community Paediatrics









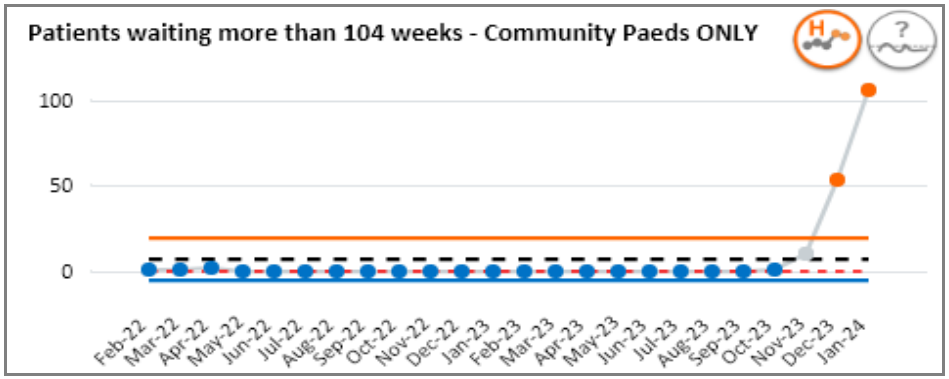


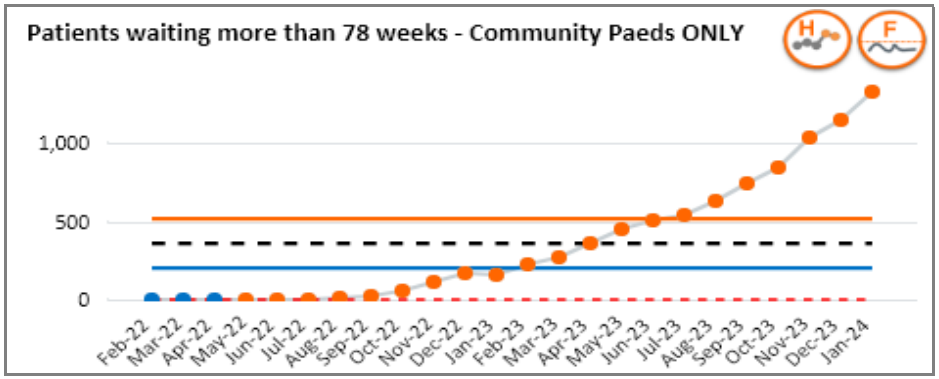
Month 10 | 2023-24

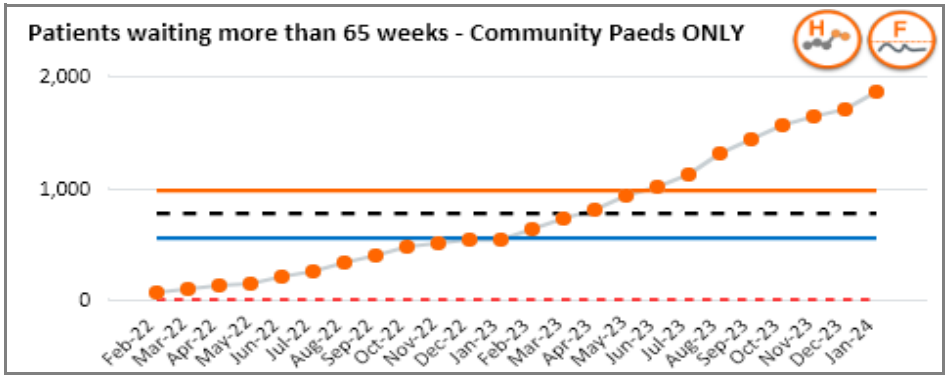
Operations

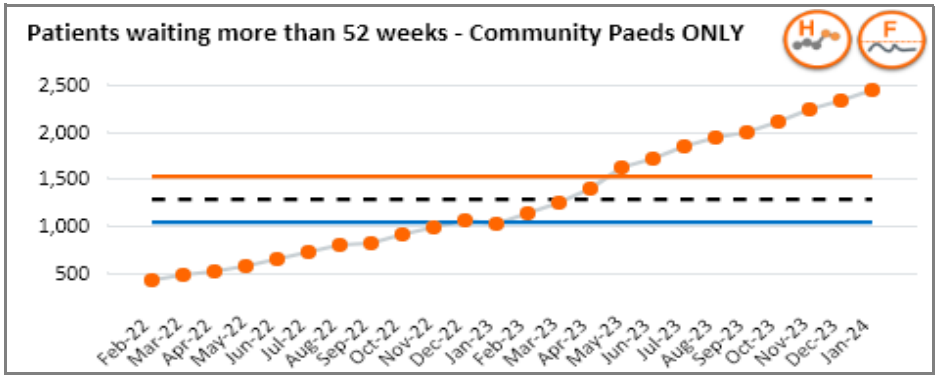
RTT 18 Weeks | Incomplete Pathways - Community Paediatrics ONLY

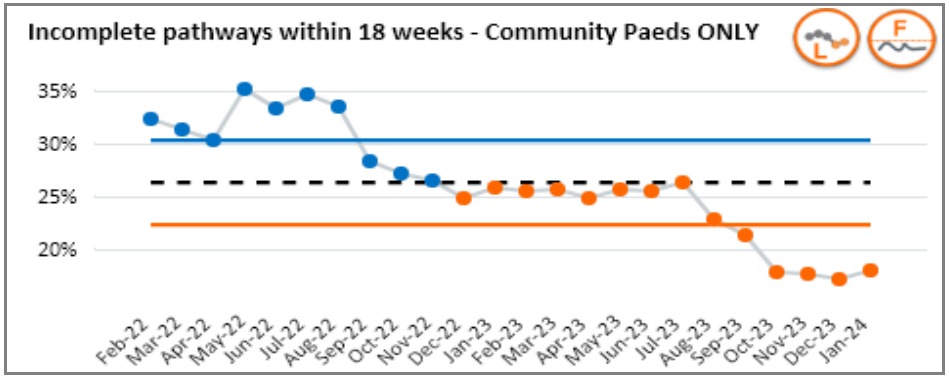
East and North Hertfordshire NHS Trust









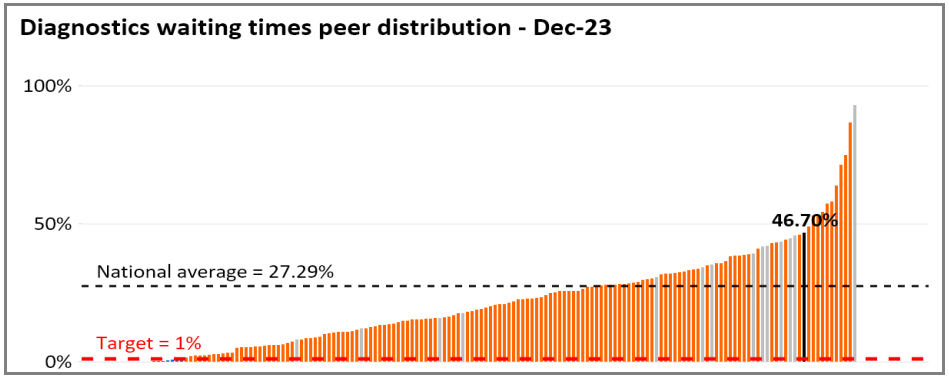


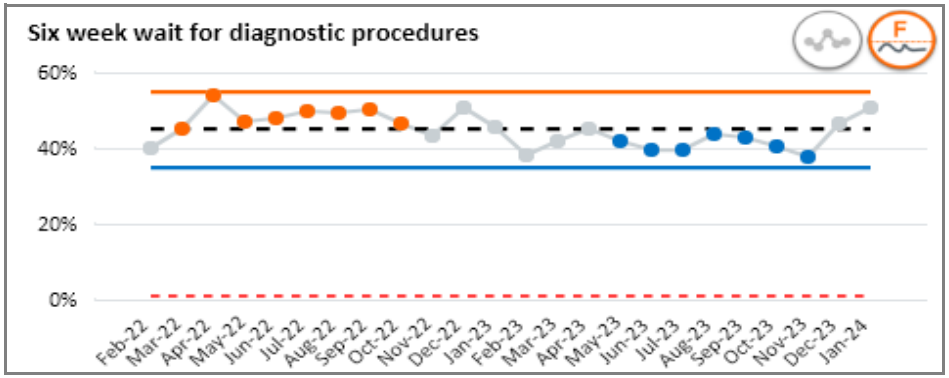
Month 10 | 2023-24

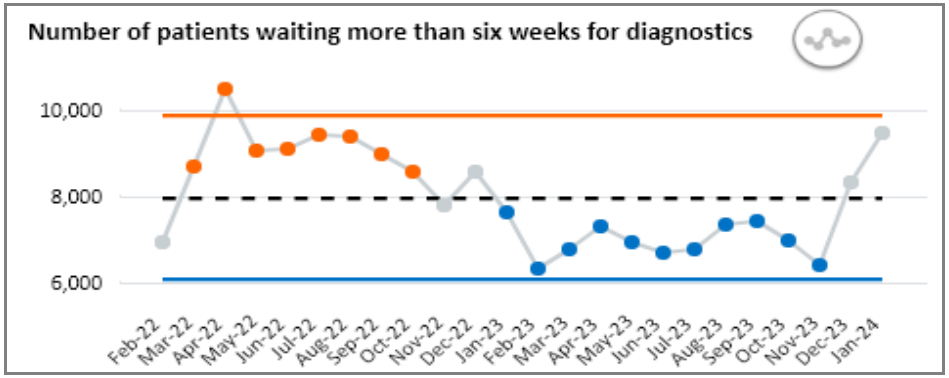
Operations

Diagnostics Waiting Times

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

Improvements

- While demand in Jan (12,995) is 15.6% higher compared with Dec (10,972) demand (events), no lost scanning activity during JDIA.
- 77.7% of the demand (10,101) was completed in month. Some reporting activity lost during JDIA.
- Community Diagnostic Centre (CDC) activity did not meet planned activity in M10, but YTD still over delivering overall.
- Continued improvements and reduction in waiting times within Endoscopy.
- ECHO 7-day service live from 8 January, with increased capacity.

Challenges

- Number and proportion of patients waiting over 6 weeks increased for second month.
- 18% of overall demand are cancer requests. Continued support for cancer demand remains a challenge for prioritising long waiting routine RTT patients.
- High numbers of DNA and late cancellations continue.
- Impact on capacity due to Feb Industrial Action (IA).
- Waiting time for new ECHO referrals is approximately 9 weeks. Ongoing increase in urgent referral demand.

Actions

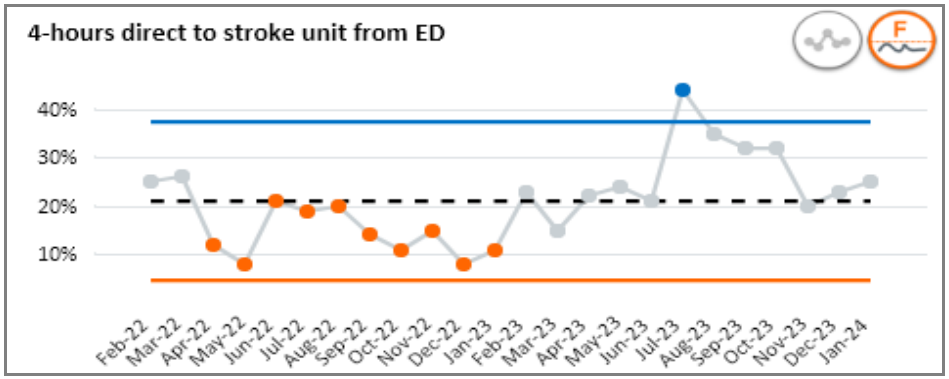
- Support from PMO provided to Radiology team to identify and address inefficiencies.
- Radiology engaging with the East 2 Imaging Network for shared learning and opportunities.
- Additional sessions being sourced to recuperate loss of activity from IA.
- ECHO Demand and Capacity to be completed to ensure compliance with 6 weeks.

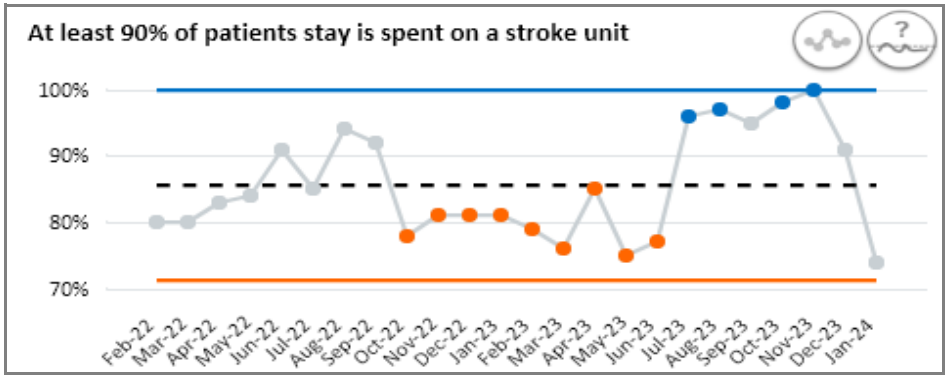
Month 10 | 2023-24

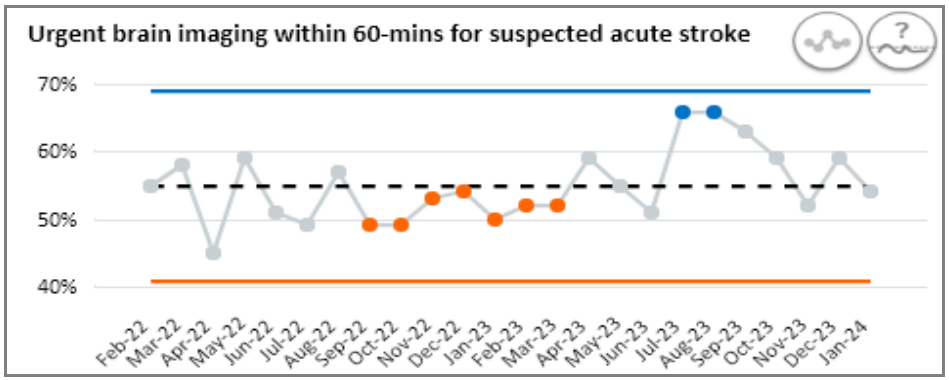
Operations

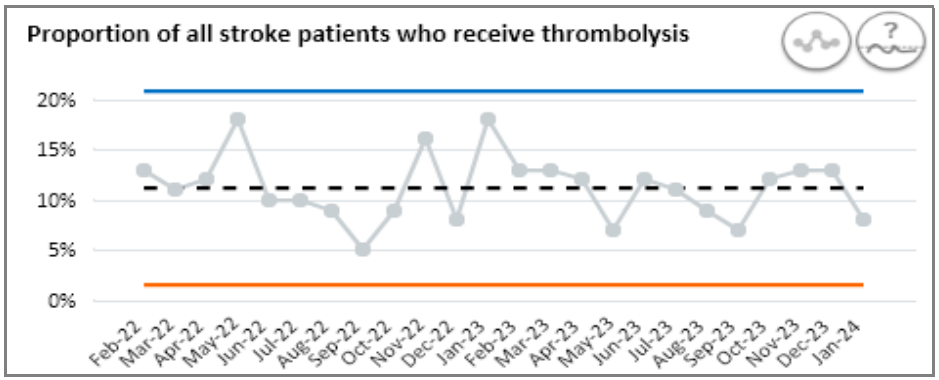
Stroke Services Supporting Metrics

East and North Hertfordshire NHS Trust









Key Issues and Executive Response

- The SSNAP rating for Q2 (July-September) has improved to a B.
- As a result of winter pressures, high number of non-stroke patients bedded in the stroke ward, resulting in 21 of the 94 confirmed stroke patients spending time on an outlier ward. Movement of patients remains a priority to ensure patients are cared for in the most appropriate setting.
- Thrombolysis in Acute Stroke Collaborative (TASC) project underway from January 2024 in partnership with NHS Elect, to support improvement in Thrombolysis performance rate to 14% and additional benefits in supporting overall flow within the stroke wards, due to positive impact on simple discharges.
- Stroke are planning a reset month in March 2024 to enable learning and implementation of best practice pathways.
- 4 ringfenced stroke beds remain in place.
- Joint business case submitted to increase therapy, nurse, and medical establishments to align to new clinical guidelines and 7-day service.
- Digital Nerve Centre project is ongoing to support MDT working and goal setting to improve SSNAP data collection.
- Radiology is consistently meeting targets set against scanning patients within 1-hour of clock start. However, progression to achieve scanning under 15 minutes will enable thrombolysis with a median time of less than 40 mins, which is currently a challenge.

Month 10 | 2023-24

NHS
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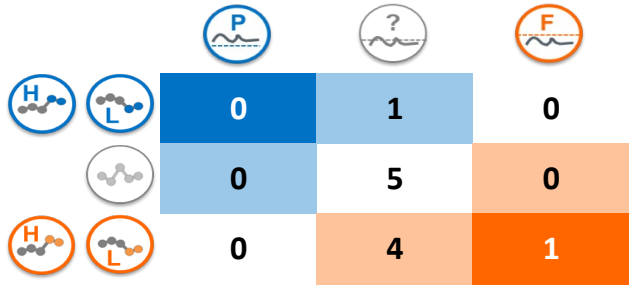
NHS Trust

Finance

Month 10 | 2023-24



Finance

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Summary Financial Position	Surplus / deficit	Jan-24	-2.4	-2.25			Common cause variation Metric will inconsistently pass and fail the target
	CIPS achieved	Jan-24	1,245	4,004	H		1 point above the upper process limit No target
	Cash balance	Jan-24	77.9	55.1	L		7 points below the lower process limit Metric will inconsistently pass and fail the target
Key Financial Drivers	Income earned	Jan-24	45.3	54.0			Common cause variation Metric will inconsistently pass and fail the target
	Pay costs	Jan-24	29.5	34.8	H		9 points above the mean Metric will inconsistently pass and fail the target
	Non-pay costs (including financing)	Jan-24	15.5	21.4			Common cause variation Metric will inconsistently pass and fail the target

Month 10 | 2023-24

Finance

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Key Payroll Metrics	Substantive pay costs	Jan-24	24.9	30.6	H	?	9 points above the mean Metric will inconsistently pass and fail the target
	Average monthly substantive pay costs (000s)	Jan-24	0.9	5.1	H	F	9 points above the mean Metric will consistently fail the target
	Agency costs	Jan-24		1.0	L		10 points below the mean No target
	Unit cost of agency staff	Jan-24		12.7			Common cause variation No target
	Bank costs	Jan-24	3.7	3.2		?	Common cause variation Metric will inconsistently pass and fail the target
	Overtime and WLI costs	Jan-24	0.5	0.8	H	?	8 points above the mean Metric will inconsistently pass and fail the target
Other Financial Metrics	Private patients income earned	Jan-24	0.4	0.5	H	?	9 points above the mean Metric will inconsistently pass and fail the target
	Drugs and consumable spend	Jan-24	2.8	3.8		?	Common cause variation Metric will inconsistently pass and fail the target

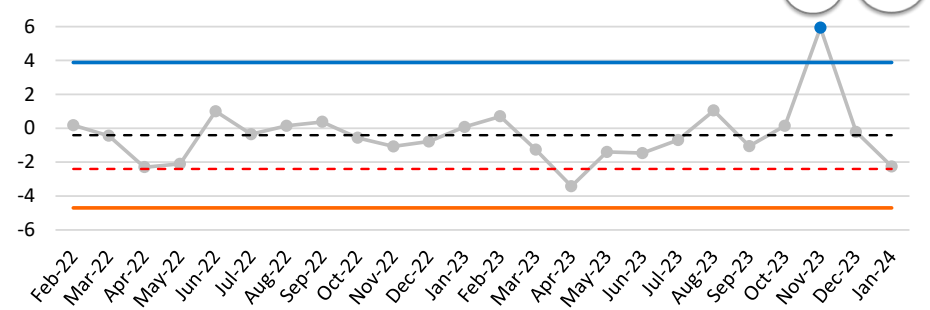
Month 10 | 2023-24

Finance

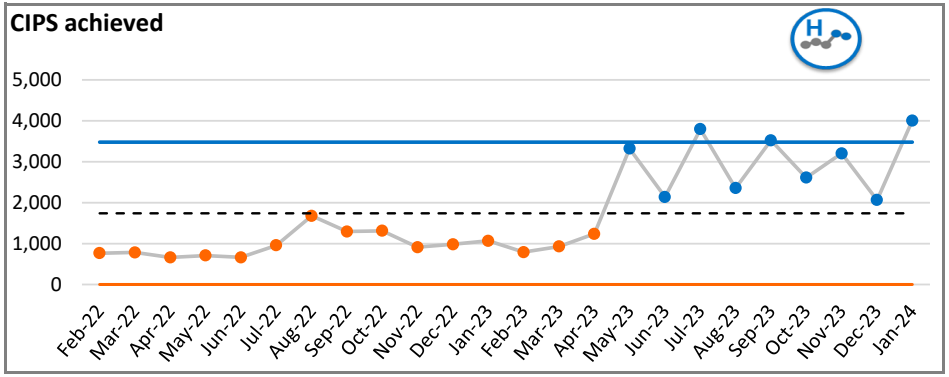
Summary Financial Position

East and North Hertfordshire NHS Trust

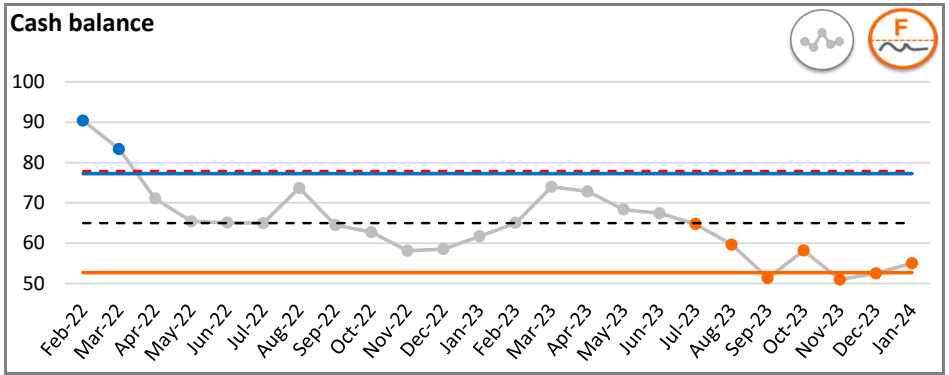
Surplus / deficit



CIPS achieved



Cash balance



Key Issues and Executive Response

- The Trust submitted a final 23/24 plan in May of £2.5m deficit. This plan assumes that a £33.1m cost improvement programme will be delivered.
- At Month 10, the Trust had planned for a YTD deficit of £4.9m and reported an actual YTD deficit of £3.4m.
- The financial impact of industrial action (IA) of the Trust during the YTD has been significant, resulting in extra pay costs of £1.4m and lost activity valued at £7.7m. This has been only party mitigated by the receipt of national IA funding and ERF target adjustments.
- Pay budgets report a YTD overspend of £9.9m. A number of hotspots of concern have emerged in respect of management of CSW budgets and elements of medical staffing spend.
- The CIP target for the YTD is £25.6m, against which savings of £28.2m have been recorded. Concern remains in respect of the level of unidentified savings plans within the Unplanned Division, and the achievement of planned medical locum and agency savings.

	Annual Budget £m	Budget YTD £m	Actual YTD £m	Variance YTD £m
Income	614.3	509.4	526.2	**16.8**
Pay	-382.9	-319.7	-329.6	**-9.9**
Non Pay	-199.7	-166.2	-174.1	**-8.0**
EBITDA	**31.7**	**23.6**	**22.4**	**-1.1**
Financing Costs	-34.2	-28.5	-25.8	**2.7**
Surplus / Deficit (excl Fin Adj's)	**-2.5**	**-4.9**	**-3.4**	**1.5**

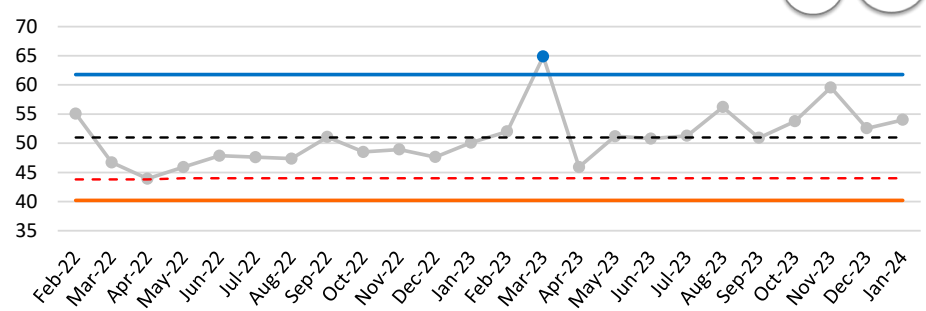
Month 10 | 2023-24

Finance

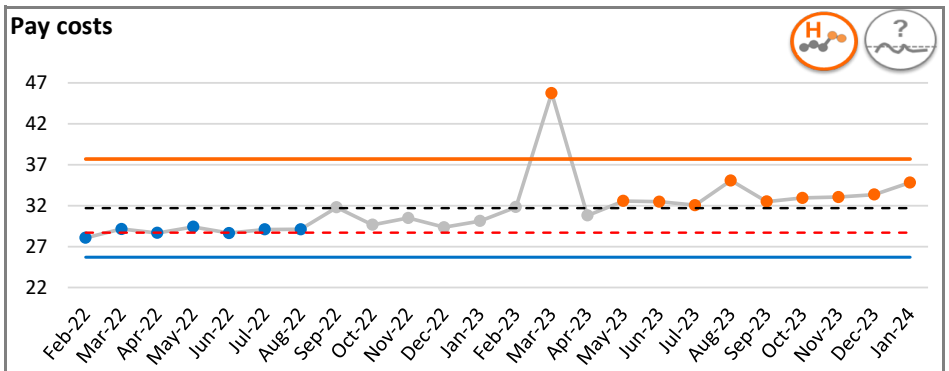
Key Financial Drivers

East and North Hertfordshire NHS Trust

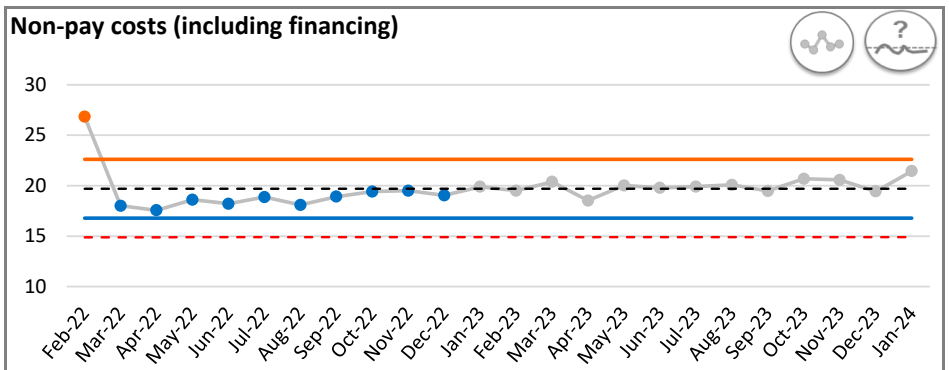
Income earned



Pay costs



Non-pay costs (including financing)



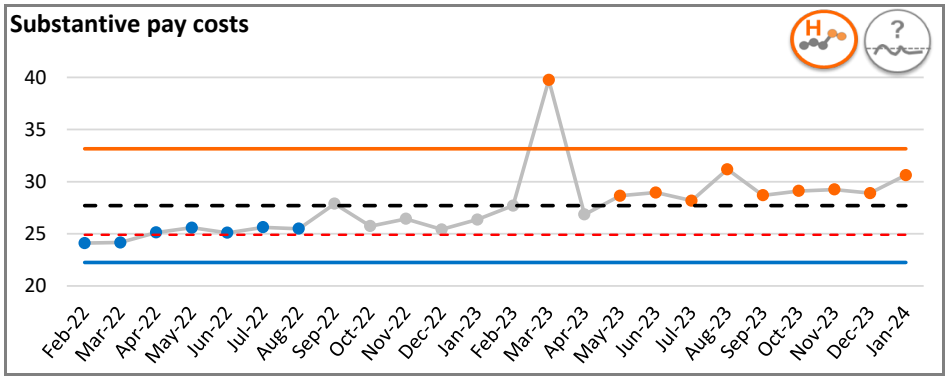
- The reported position is against the £2.5m agreed deficit plan. However, as part of the agreed system recovery plan, the Trust was forecasting delivering better than plan and achieving a £0.7m YE deficit.
- This forecast has now been amended to reflect the actual impact of the industrial action in December and January. The revised forecast submitted to the ICB and NHSE is now a £3.3m deficit.
- YTD the Trust planned for a deficit of £4.9m and the actual deficit was £3.4m, so there is a £1.5m favourable variance.
- The reported year to date position continues to include the early phasing of income (£1.7m YTD) received for a MOU from the H&WE ICB. The in-month position does not reflect any further funding as agreed by the ICB.
- The reported position includes a £1.3m adverse impact in month due to industrial action, which includes the lost ERF income and additional cost of cover. The Trust is awaiting national guidance as to whether it will receive funding to compensate for industrial action in M9 and 10.
- Medical staff was £1.1m adverse in month although £0.3m relates to additional costs to deliver elective activity and £0.4m for industrial action cover. The remaining variance relates to locum CIP slippage as well as some significant 'hotspots' within Women's Services, Stroke, Cardiology, Microbiology and Orthopaedics. The positive impact of some mitigations, particularly within Women's and Childrens Division have continued to result in a reduction in run rate.
- The overspend against Clinical Support Worker budgets continues with a £0.3m in month overspend (£1.9m YTD). The corporate senior nursing leadership team introduced daily meetings in December with Divisional nurse leaders to discuss CSW usage and the reasons for any requests to book additional bank shifts. Although there has been a small decrease in CSW usage within the Unplanned Care division, this has been offset by an increase within the Planned Care and Women's and Children's Division.
- The Trust has a challenging CIP target of £33.1m this year. The year-to-date CIP performance is favourable against plan; however, the plan significantly increases in the second half of the year. A more detailed analysis of the CIP position will be presented in a specific CIP paper to FPPC.

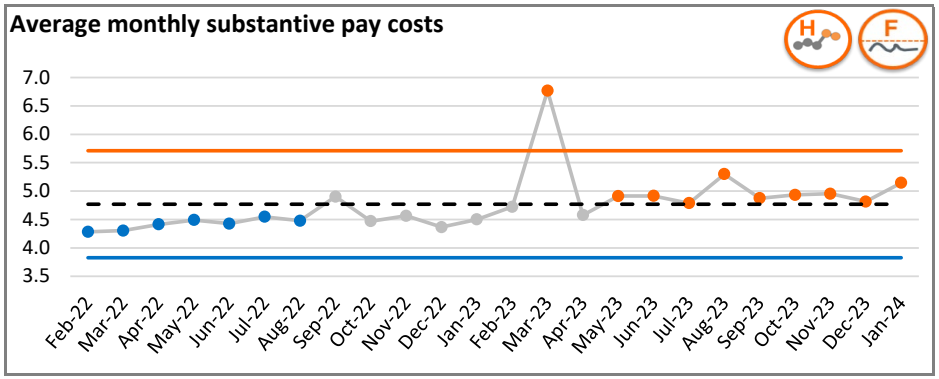
Month 10 | 2023-24

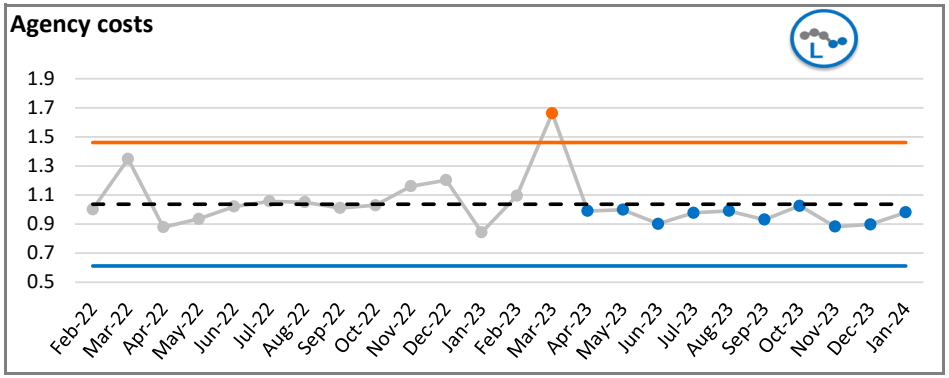
Finance

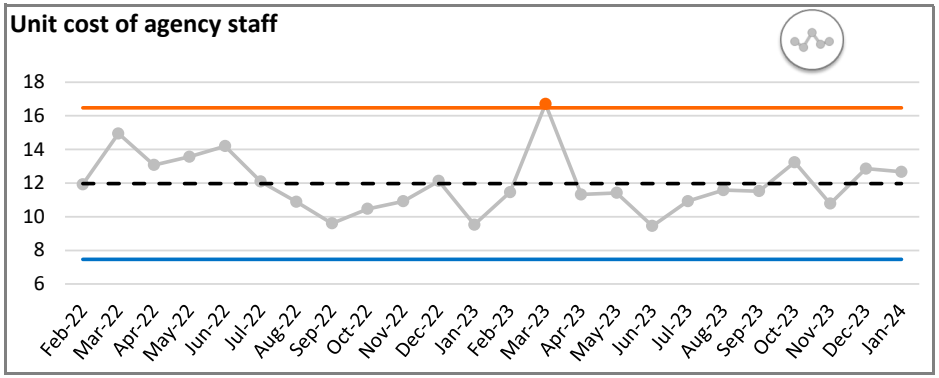
Other Financial Indicators

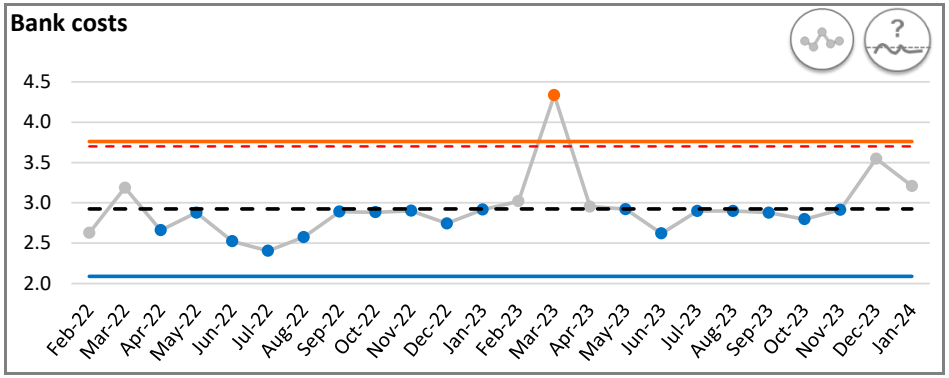
East and North Hertfordshire NHS Trust

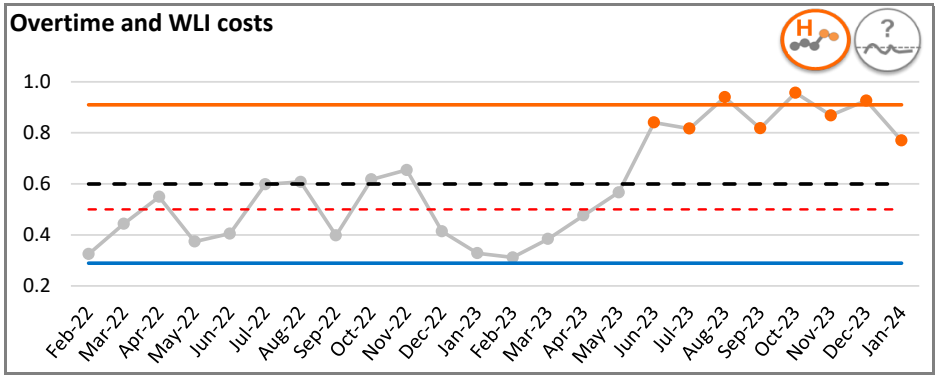












Month 10 | 2023-24

East and North Hertfordshire NHS Trust

People

Month 10 | 2023-24

	P	?	F
H / L	0	2	2
	0	3	0
H / L	0	0	0

People

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Work	Vacancy rate	Jan-24	5%	8.3%		?	Common cause variation Metric will inconsistently pass and fail the target
	Bank spend as a proportion of WTE	Jan-24	5%	9.8%		?	Common cause variation Metric will inconsistently pass and fail the target
	Agency spend as a proportion of WTE	Jan-24	3%	2.6%	L	?	10 consecutive points below the mean Metric will inconsistently pass and fail the target
Grow	Statutory and mandatory training compliance rate	Jan-24	90%	90.3%	H	F	6 points above the upper process limit Metric will consistently fail the target
	Appraisal rate	Jan-24	90%	82.1%	H	F	7 points above the upper process limit Metric will consistently fail the target
Thrive	Turnover rate	Jan-24	11%	9.9%	L	?	7 points below the lower process limit Metric will inconsistently pass and fail the target
Care	Sickness rate	Jan-24	3.8%	5.2%		?	Common cause variation Metric will inconsistently pass and fail the target

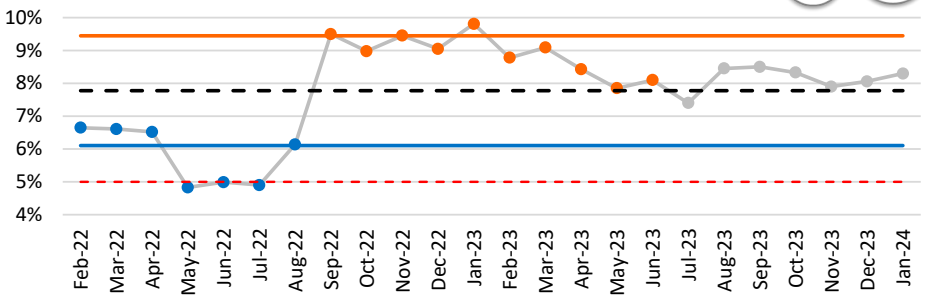
Month 10 | 2023-24

People

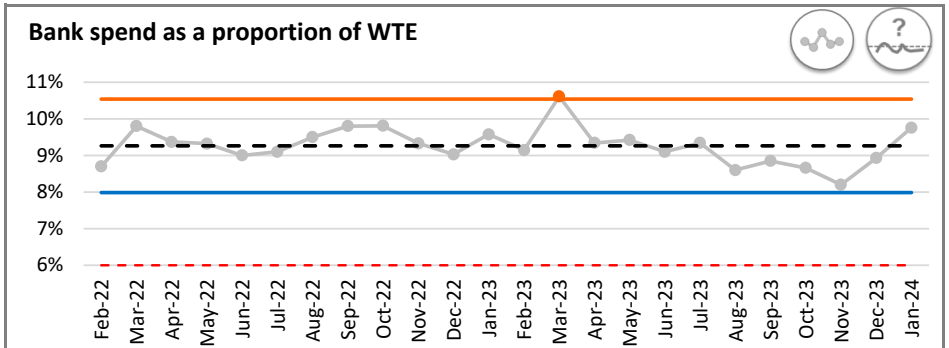
Work Together

East and North Hertfordshire NHS Trust

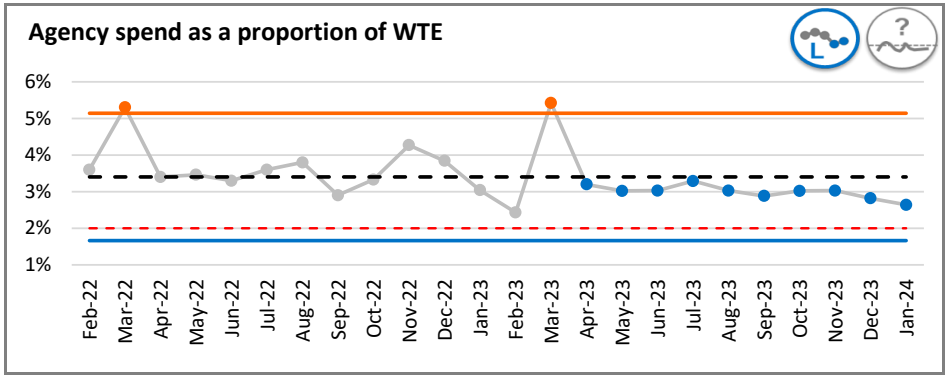
Vacancy rate



Bank spend as a proportion of WTE



Agency spend as a proportion of WTE



Key Issues and Executive Response

- An increase in recruitable establishment (73 WTE) has increased the vacancy rate to 8.3% (562 vacancies). In M10, there are 195 more staff in post than January 2023. Overall, the trust remains above vacancy target by 3.3%.
- M10 saw the highest number of WTE in post (6196).
- Nursing & Midwifery vacancy rate increased to 9.3% (194 vacancies) due to an uplift in establishment of 54 WTE to reflect approved shift plans and opening of Lister Urgent Treatment Centre.
- Highest number of Nursing and Midwifery Qualified WTE in post (1887) in two years. There are 46 more nurses/midwives in post than one year ago. 51 newly qualified nurses have commenced since October 2023 with a further 26 nurses in the pipeline. Allied Health Professional recruitment continues at pace with 8 radiographers in the pipeline, and campaigns for occupational therapists, physiotherapists and ODPs underway.
- Low Medical vacancy rates continue (1.6% / 16 vacancies). 57 more doctors in post than a year ago.
- International nurse recruitment has been completed for 23/24 (target met).
- Overall, there are 172 applicants in the pipeline including 37 doctors, 18 clinical support workers and 19 allied health professionals.
- 'Great for 8%' temporary staffing pay bill at 11.9% (from 13.3% in M1), proactive actions remain underway between Resourcing, Temporary Staffing and Finance triangulation to improve metrics. Lowest agency spend (2.6%) this financial year.
- 91% of clinical staff are on eRoster.
- 89% of Doctors are rostered - Oral Surgery implementation now live. Rheumatology Consultant activity implementation scheduled for February with Diabetes & Endo Consultant activity following in March 24.

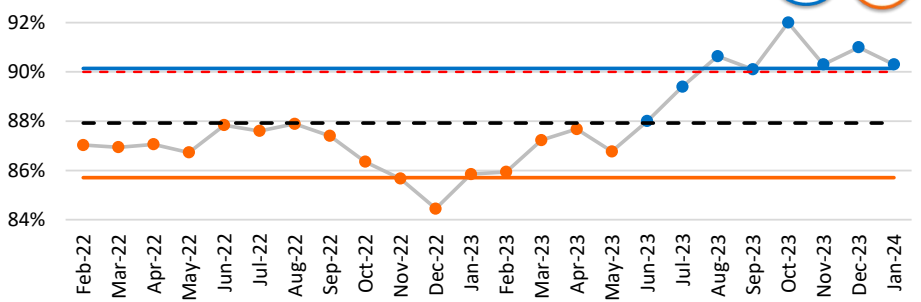
Month 10 | 2023-24

People

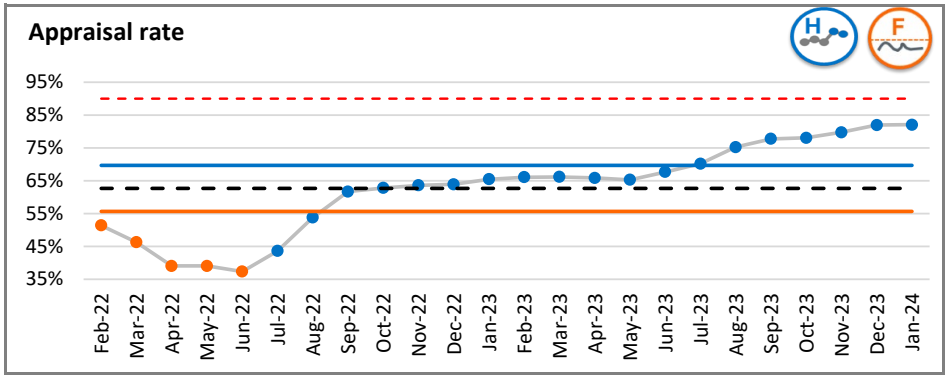
Grow Together

East and North Hertfordshire NHS Trust

Statutory and mandatory training compliance rate



Appraisal rate



Key Issues and Executive Response

- 'Grow Together review' compliance remains at 82% this month, no change from December's figures and still below the 90% target.
- The new appraisal window opens in April and weekly communications including FAQs has commenced.
- Mandatory training still remains above the 90% target but has declined slightly compared to December's figures.
- This slight decline is driven by Moving and Handling training having seen a significant decline this month, mainly due to a review of the audiences assigned to complete training at level 2, leading to a 10% decline for level 2 from 79.8% compliance in December to 68.7% in January (due to an additional circa 400 staff added to L2 audiences).
- The impact of changes to refresher periods for two mandatory training programmes to meet CSTF requirements are being monitored. Equalities and Diversity refresher periods will be moving to every three years and IPC Level 2 moving to an annual refresher in March 2024. reports are being provided weekly on progress to full compliance.
- Resus training compliance however still remains low and the action plan to improve in this area is ongoing, mainly attributable to staff being released as well as availability of suitable training spaces.
- To support with welcoming new staff to the Trust, improvements have been made to the buddying system, with new buddying guidelines and a buddying checklist for new joiners developed and launched in January. Ongoing work continues to promote this.
- In addition, the clinical Education preceptorship team was recently awarded the Preceptorship Quality Mark, which demonstrates excellence and comprehensive support for newly qualified nurses at the Trust. This 'kite mark' can be used in all Trust's communication and recruitment exercises and demonstrates a commitment to education and development of nursing staff.

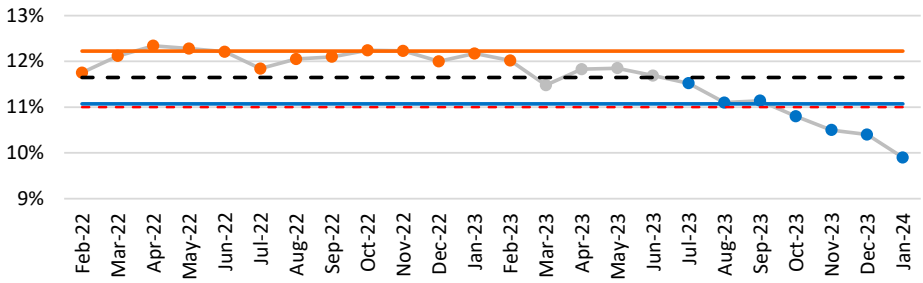
Month 10 | 2023-24

People

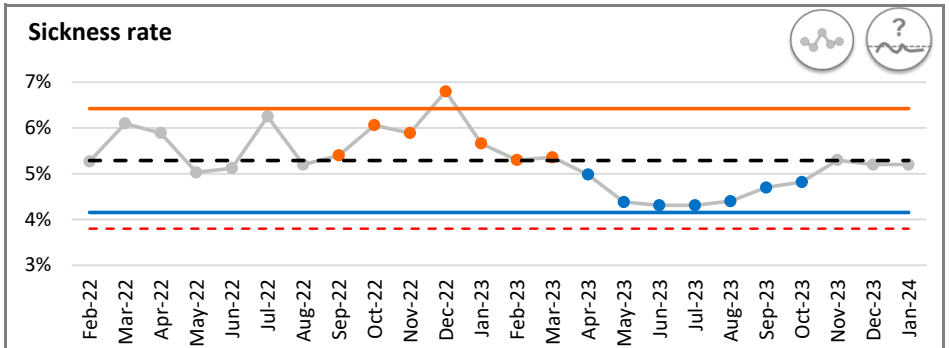
Thrive Together | Care Together

East and North Hertfordshire NHS Trust

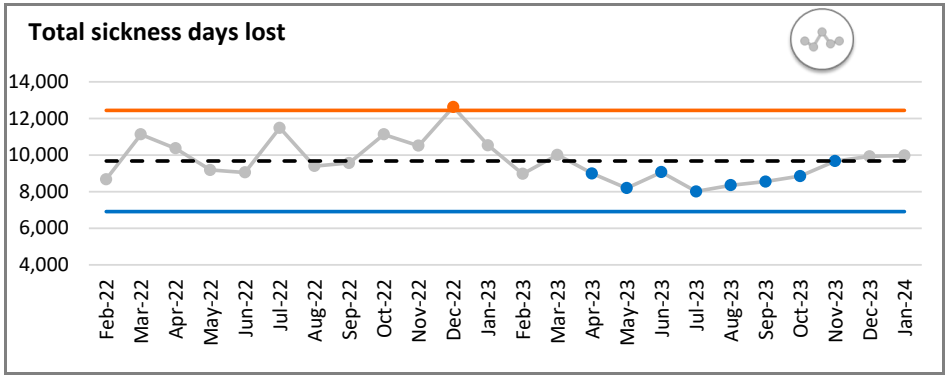
Turnover rate



Sickness rate



Total sickness days lost



Key Issues and Executive Response

Thrive Together

- The average length of a disciplinary and grievance cases has increased in month due to delays in hearings happening and should rectify in following month.
- Quarterly Pulse Survey (NQPS) did not reach a threshold of completed responses to be able to use the results securely and confidentially.
- The 2023 make a wish scheme is collated and orders being assessed with Charity to commence distribution throughout March 2024.
- Healthy Leadership Module 3 had first run through with success now seeing a waiting list. New dates being agreed and looking at training a delivery faculty.
- Selection and completion of ENHT Accelerated Director Development Scheme (ADDs) Cohort 7 nominations with Execs using Talent management approach completed and ADDs has commenced.

Care Together

- Flu and Covid vaccinations increased minimally to 1784 with a spread of 30.6% Covid and 35.8% Flu
- Our BAME staff network renamed itself to REACH - Race Equality and Cultural Heritage network and has met. Mens Health network now launched and Admin Network active from February.
- Review of the hydration box / community shop underway as funding needs consideration.
- Work continues to fulfil and distribute 2023/4 make a wish requests.
- EDI strategy due at Board in March 2024 and will launch following sign off.

Month 10 | 2023-24

Board

NHS
East and North Hertfordshire
NHS Trust

Meeting	Public Trust Board			**Agenda Item**	12.1
Report title	Perinatal Assurance Report			**Meeting Date**	6 March 2024
Presenter	Lesley Overy, Head of Midwifery Kate Fruin, Divisional Director of Operations				
Author	Josie Reynolds, Lead Midwife for Quality Assurance, Governance & Compliance				
Responsible Director	Theresa Murphy			**Approval Date**	
Purpose (*tick one box only*)	**To Note**	☒	**Approval**		☐
	Discussion	☐	**Decision**		☐

Report Summary in February, for January 2024:

Incidents and Investigations to highlight:

- One existing Maternity and Newborn Safety Investigation **(MNSI)** case from December 2023. MRI findings associated with good outcome. Investigation in progress at parental request. Final report is awaited.
- **Maternity Serious Incidents (SI's):** There are two in progress/potential patient safety Internal investigations (PSII's).
- **Gynaecology SI's:** There are two investigations ongoing.

Maternity Dashboard and IPR highlights:

- **Smoking** at the time of booking 6%, dramatically reduced with support of smoking cessation specialist and pathway in place. Smoking at the time of delivery <2% in line with national targets.
- For **pre-term births**, 100% of cases received magnesium sulphate and steroids as per guidance this January 2024.
- Normal variation of **3rd & 4th degree tears** - 2023 cases remained lower than 2022. 3rd & 4th degree perineal trauma at spontaneous vaginal deliveries remains low at 1.51%, and 1.00% at instrumental deliveries. Monthly audit is ongoing, and a working group is in place to support implementation of a care bundle to support improvements. March/April 2024.
- **Robson Criteria** combined groups 1,3 & 5 = 70%, providing assurance the Division is achieving a lower caesarean section rate than compared with other Trusts (~75%).

Clinical Outcome Measures for highlighting:

- Normal variation of **Massive Obstetric Haemorrhage** (MOH). Rates of MOH at vaginal births is slightly raised from 2.50% in December 2023 to 3.53% in January 2024, which is over the 2.9% target threshold. Monthly thematic review ongoing and our local guidance has been reviewed and updated. Practical training and skills drills is in place to ensure learning is captured and shared.
- **Term Admissions to the Neonatal Unit** slightly raised >6% (at 7%) though not unusual as a Level 2 Unit. All cases declared unavoidable on review.

Collaborations for highlighting:

- **Maternity Voices Partnership** – work on communication of escalations planned 02/2024.
- **Clinical Escalation Pathway** – work underway to create guidance led by Fetal Monitoring Lead and Quality and Safety Implementation Midwife.
- **Revision of Divisional Audit Programme –** Strategic approach combining national and local priorities, led by Quality and Safety Implementation Midwife, requiring MDT input.
- **Multi-disciplinary Pregnancy Loss Working Party –** for improvement of care for bereaved families highlighted by recurrent incident theme.
- **Multi-disciplinary Sonography Working Party –** Challenges to ultrasound services highlighted by incident, largely environmental.

Impact: where significant implication(s) need highlighting

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

- **Cultural work:** This forms one of the workstreams of maternity Improvement in response to the CQC Inspection in October 2022. An action plan is in progress led by the leadership team and supported by cultural and healthy leadership leads.
- **EDI Improvement Board** commenced. Terms of reference have been agreed and work stream leads and lines of reporting and governance established. A related risk with mitigation identified has been added to the divisional risk register.
- **Maternity Incentive Scheme Year 5**. All standards evidenced, presented to Trust Board and submitted ahead of the deadline on 01/02/2024.
- **Saving Babies Lives Care Bundle (SBLCB) version 3** aligned to meet targets, with continued focus on element 2 ahead of March 2024 deadline.
- **Sustainability Action Plan** in progress as part of our inclusion in the maternity safety support programme. We continue to work closely with our maternity Improvement advisors with progress updated tables to go to our divisional board for oversight.
- **CQC Maternity Service Survey** 2023. Improvements were seen in 49 categories of service used feedback compared to 2022. These improvements have been celebrated with staff and our service user group.

Risk: ***update of new and existing risks***

Total Number of Risks as of December 2023:
Women's: 34 Approved (x1 score of 20)**,** **Neonates:** 7 Approved
Overdue risks as of December 2023:
Women's: 0, Neonates: 0

Report previously considered by & date(s):

Recommendation	To note the perinatal Assurance Report.

Hertfordshire and West Essex Integrated Care System

HWE ICS Performance Report

January 2024

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

High Risk	Programme
% of on the day GP Appointments	Primary Care
% of <14 day GP Appointments	Primary Care
Ambulance Response Times	UEC
Ambulance Handovers	UEC
% in ED > 12 Hours	UEC
4 Hour Stroke Unit	Stroke
Thrombolysed < 1 Hour	Stroke
28 Day Faster Diagnosis	Cancer
62 Day Standard	Cancer
Adult 28 Day Standard	Mental Health
CAMHS 28 Day Standard	Mental Health
Community MH - Adult Waits for 2nd Appt	Mental Health
6 Week Waits	Diagnostics
Autism Spectrum Disorder (ASD)	Community
CHC Assessments < 28 Days	Community

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

Low Risk	Programme
90% Stroke Unit	Stroke
Adult Crisis 4 Hour	Mental Health
Mental Health EIP	Mental Health
CYP Eating Disorders	Mental Health
Community Waits (Adults)	Community

Variable Risk	Programme
Dementia Diagnosis	Primary Care
2 Hour UCR	UEC
NHS 111 Calls Abandoned	UEC
No Criteria to Reside (NCTR)	UEC
Out of Area Bed Days	Mental Health
Community MH - CYP Waits for 1st Appt	Mental Health
31 Day Standard	Cancer
62 Day Backlog	Cancer
HPFT Early Memory Diagnosis (EMDASS)	Mental Health

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

Hertfordshire and West Essex Integrated Care System

Executive summary

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

- Calls to 111 and the percentage of calls abandoned have increased for the last 3 months. Local data for November shows further slippage to over 13% of calls abandoned;
- Average category 2 ambulance response times were 54 mins in November. This is the worst performance since Mar-23 and is not meeting the recovery trajectory of 37 mins;
- Hours lost to handover improved to 2491 hours in November. However, this is the third month in a row when the system has not met its recovery trajectory;
- Performance against the 4-hour ED standard was 65.3% in November, not achieving the system recovery trajectory of 70.5%.

CANCER, Slides 18-19	**28 Day FDS / 31 Day / 62 Day**	**Region: HWE better than average**	**National: HWE better than average**

- 28 Day Faster Diagnosis Standard (FDS) performance has been broadly flat for the last 4 months but remains ahead of the national average. 72.9% was achieved in October;
- Patients waiting >62 days reduced significantly between September and November, down from 532 to 304. On-going industrial action in December and January will however impact progress;
- Performance against new 31 day and 62 day combined standards was 94.9% and 71.8% respectively. HWE bettered the regional and national positions for both metrics.

PLANNED CARE, Slides 14-15	**18 Week RTT**	**Region: HWE better than average**	**National: HWE worse than average**

- Patients waiting >78 weeks continues to increase; all HWE acute trusts had breaches in October. c.86% of the 78-week backlog is Community Paediatrics at ENHT, but also an increased number at PAH;
- The 65 weeks backlog has increased across the ICS and is not achieving trajectory. Community Paediatrics remains the key risk, and on-going industrial action in Dec. and Jan. will also impact recovery;
- PAH escalation meeting in November was generally positive with all parties assured regarding the recovery actions in place.

DIAGNOSTICS, Slide 16	**6 Week Waits**	**Region: HWE better than average**	**National: HWE worse than average**

- 6 week wait performance improved in each provider in October, and by 4.7% across the ICS to 67.9%. Performance now betters the regional average, but the overall PTL is increasing;
- 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 35-42	**% <18 Weeks**	**National: HWE better than average (Adult)**	**National: HWE worse than average (CYP)**

- % of adults waiting <18 weeks remains strong and betters the national average. The total number of children on waiting lists remains very high, but is improving in South & West Hertfordshire;
- Longest waits for children has increased to 107 weeks (56 for adults), with pressures predominantly in Community Paediatrics, as well as therapies and Audiology services;
- Autism Spectrum Disorder (ASD) services: overall lists and waiting times remain high. Backlog funding will end December 2023. Without continuation of the backlog funding investments, ASD waiting lists will start to grow.

MENTAL HEALTH, Slides 21-34	**Community MH (1st / 2nd Appts)**	**National: HWE better than average (Adult)**	**National: HWE better than average (CYP)**

- Mental Health (MH) out of area bed days have improved for the 5th consecutive month. Access to community MH services however remains challenged and high risk;
- Newly published data in respect of community MH waits for a second contact shows waiting times notably above the historic mean for adults, but a more stable position for children.

PRIMARY CARE & CHC, Slides 44-46	**Appointments <14 Days**	**National: HWE in line with national average**

- Total number of GP appointments are variable but remain higher than pre-pandemic levels. Appointments in 2023 are highest since 2019;
- The percentage of appointments seen on the same day and <14 days are both deteriorating;
- CHC assessments within 28 days is an area of increasing risk, with performance falling by 18% over the last 2 months.

Executive Summary – Performance Overview (1)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
A&E - 4 Hour Standard	Nov 23	65.3%	76.0%			68.5%	63.9%	73.1%
A&E - % spending more than 12 Hours in Dept	Nov 23	12.4%	-			10.1%	7.5%	12.7%
A&E - ED Attendances	Nov 23	44669	-			43588	37199	49978
Trolley Waits	Nov 23	185	-			168	-49	385
2 Hour Community Response	Nov 23	78.3%	-			82.8%	71.1%	94.4%
14 day LOS	Nov 23	25.9%	-			25.1%	21.7%	28.6%
Ambulance - Handover >60 Mins	Nov 23	1093	-			988	608	1369
EEAST: Cat 1 - Mean (<7min)	Nov 23	00:09:27	00:07:00			00:09:31	00:07:59	00:11:03
EEAST: Cat 2 - Mean (<18 Mins)	Nov 23	00:53:47	00:15:00			00:52:30	00:18:59	01:26:00
CHC - Decision within 28 days	Oct 23	55.0%	80.0%			68.8%	52.3%	85.3%
CHC - Assessments in Acute	Oct 23	0.0%	0.0%			0.2%	-0.7%	1.1%
111 - Calls received by telephony system	Nov 23	46849	-			53050	32107	73994
111 - Calls answered within 60 seconds	Nov 23	51.4%	100.0%			49.2%	17.1%	81.4%

Hertfordshire and West Essex Integrated Care System

Executive Summary – Performance Overview (2)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
RTT - 18 Weeks	Oct 23	51.2%	92.0%			56.0%	53.1%	58.9%
RTT - 52 Week Waits	Oct 23	11122	-			8068	6657	9479
RTT - PTL Size	Oct 23	153738	-			129430	122511	136350
RTT - 78 weeks	Oct 23	981	-			909	588	1229
RTT - 65+ weeks	Oct 23	3727	-			2963	2385	3541
Cancer - 2 Week Wait Standard	Sep 23	83.2%	93.0%			81.1%	68.9%	93.3%
Cancer - 2 Week Wait Referrals	Oct 23	8601	-			7057	3437	10676
Cancer - 62 Day Standard	Oct 23	71.8%	85.0%			72.6%	63.4%	81.8%
Cancer - 62 Day Total Waiting	Nov 23	422	-			575	382	768
Cancer - 104 Day Total Waiting	Nov 23	143	-			156	107	206
Cancer - 28 Day Faster Diagnosis Standard	Oct 23	72.9%	75.0%			70.6%	61.0%	80.3%
Cancer - 31 Day Standard	Oct 23	94.9%	96.0%			95.1%	90.7%	99.4%
Diagnostics - 6 Week Wait	Oct 23	67.9%	99.0%			64.7%	57.4%	72.1%
Diagnostics - PTL Size	Oct 23	27827	-			25165	20368	29962
Primary Care - Attended Appointments	Oct 23	792718	-			655096	489892	820300
Primary Care - Routine Referrals	Oct 23	30407	-			25076	12158	37993
Primary Care - Urgent Referrals	Oct 23	6867	-			5444	2698	8189
Mental Health - Out of Area Bed Days	Oct 23	357	-			930	549	1311
Mental Health - Recorded >65s Dementia Diagnosis	Nov 23	64.8%	66.6%			62.2%	61.5%	62.9%
Mental Health - IAPT Entering Treatment	Oct 23	2411	-			2388	1446	3329
Early Intervention in Psychosis	Oct 23	84.8%	60.0%			81.4%	58.2%	104.6%

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

Hertfordshire and West Essex Integrated Care System

Appendix A – Performance Dashboard

October 2023

Area	Activity	Target	Herts & West Essex ICB (Commissioner) Latest published data	Data published	Trend	Variation	Assurance	NATIONAL position (ICB vs National)	REGIONAL position (ICB vs EoE Region)	ICB Ranking	Provider ICB Aggregate Provider	Trend	ENHT	Trend	WHTHT	Trend	PAH	Trend
111	Calls answered < 60 seconds	95%	61.7%	October 23	-21.12%			66.80% (Worse)	66.95% (Worse)	14th lowest	61.7%	-21.12%						
	Calls abandoned after 30 seconds	5%	7.6%	October 23	39.15%			6.39% (Worse)	5.88% (Worse)	11th lowest	7.56%	39.15%						
A&E	% Seen within 4 hours	76%	65.3%	November 23	-0.700%			69.75% (Worse)	68.15% (Worse)	10th lowest	65.30%	-0.70%	62.04%	-10.96%	71.41%	-0.49%	50.04%	-6.44%
	12 Hour Breaches	0	185	November 23	-36.22%			42,854 (0.43%)	2,671 (6.93%)	8th highest	185	-36.22%	32	25.00%	25	52.00%	128	-68.75%
Cancer	31 day	96%	91.3%	October 23	-3.47%			89.44% (Better)	90.04% (Better)	14th highest	96.70%	0.41%	97.00%	0.21%	99.00%	0.20%	91.30%	0.99%
	62 day	85%	69.6%	October 23	9.87%			63.09% (Better)	61.10% (Better)	7th highest	69.50%	1.73%	78.60%	-3.56%	75.30%	3.19%	48.30%	24.22%
	28 days Faster Diagnosis	75%	71.4%	October 23	-0.30%			71.07% (Better)	63.56% (Better)	18th lowest	72.90%	-0.14%	77.80%	4.76%	66.20%	-5.44%	75.50%	-0.26%
RTT	Incomplete Pathways <18 weeks	92%	55.0%	October 23	1.37%			58.18% (Worse)	54.51% (Better)	10th lowest	51.19%	1.36%	51.57%	3.43%	50.20%	0.60%	52.61%	-1.12%
	52+ weeks	0	13,293	October 23	-4.58%			377,618 (3.50%)	60,481 (21.98%)	4th lowest	11,122	-4.62%	5,912	-3.13%	3,039	15.86%	2,171	-37.36%
	65+ weeks	0	4,278	October 23	-1.12%			107,433 (3.98%)	18,047 (23.70%)	5th lowest	3,727	0.13%	2,266	8.74%	621	-2.42%	840	-21.19%
	78+ weeks	0	89	October 23	7.87%			10,506 (0.85%)	2,287 (3.89%)	1st lowest	981	8.97%	854	10.07%	9	11.11%	118	0.85%
Diagnostics	6 week wait	5%	28.1%	October 23	-13.88%			24.67% (Worse)	29.96% (Better)	14th lowest	32.10%	-14.64%	40.60%	-5.42%	21.70%	-34.56%	27.40%	-24.82%

Area	Metric	Target	Herts & West Essex ICB (Commissioner) Latest published data	Data published	Trend	Variation	Assurance	National position (ICB vs National)	Regional position (ICB vs EoE Region)	ICB Ranking	Sub-ICB ICS Aggregate Provider	Trend	East & North Herts	Trend	South & West Herts	Trend	West Essex	Trend
111	Calls answered < 60 seconds	95%	61.7%	October 23	-21.12%			66.80% (Worse)	66.95% (Worse)	14th lowest	N/A		61.86%	-21.25%			61.02%	-20.78%
	Calls abandoned after 30 seconds	5%	7.6%	October 23	39.15%			6.39% (Worse)	5.88% (Worse)	11th lowest			7.63%	41.02%			7.30%	34.24%
Mental Health	Dementia Diagnosis rate	66.6%	64.8%	November 23	0.31%			64.70% (Better)	62.70% (Better)	18th highest			63.80%	0.31%	62.10%	0.16%	71.50%	0.00%
	OOA placements	0	357	October 23	-80.39%			n/a	n/a	n/a			171	-151.46%			186	-15.05%
CHC	% of eligibility decisions made within 28 days	80%	55.0%	October 23	-30.73%			75.81% (Worse) *2	80.76% (Worse) *2	21st lowest *2			75.70%	-9.51%	36.40%	-55.22%	67.60%	-29.44%
	% of assessments carried out in acute	15%	0.0%	October 23	0.00%			0.33% (Better) *2	0.15% (Better) *2	17th highest *2			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**	14
Report title	Audit and Risk Committee 19 January 2024 highlight report		**Meeting Date**	6 March 2024
Chair	Jonathan Silver – Committee Chair and Non-Executive Director			
Author	Debbie Okutubo – Deputy Company Secretary			
Quorate	**Yes**	☒	**No**	☐

Agenda:

- Internal Audit summary internal controls assurance (SICA) report
- Internal Audit recommendation tracker
- Anti-Crime progress report
- Anti-Crime recommendation tracker
- External Audit recommendations
- Integrated Compliance report – Incident, Compliance and Risk report
- Board Assurance Framework
- Accounting Standard and Policies update report
- Data Quality and Clinical Coding

Alert:

- There is ongoing work to effectively align operational risks held on the register to the Board Assurance Framework (BAF).
- Information to be cascaded to the Trust highlighting work being done to dissuade fraud.

Advise:

- A separate meeting to be held with the Chair, the Director of Estates and Facilities, TIAA Internal Audit Director and Account Manager by mid-February to examine outstanding recommendations.

Assurance:

- Members were assured that the core financial controls audit had received a substantial rating.

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

- The list of staff not engaging with internal audit to be brought to the April meeting as it had been determined that issue with ENHT has been engagement.
- Long standing/outstanding issues from the SICA report to be brought to the next meeting.

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

- None

Recommendation	The Board is asked to **NOTE** the Audit and Risk 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**	15
Report title	Finance Performance and Planning Committee – Highlight report 30 January 2024	**Meeting Date**	6 March 2024
Chair	Karen McConnell - Committee Chair and Non-Executive Director		
Author	Chloe Milton – Committee Secretary		
Quorate			
	Yes ☒	**No** ☐	

Agenda:

- OPD strategy
- Finance report Month 9 and outturn position
- CIP Programme update
- Productivity and ERF report
- Business Planning 2024/2025
- Performance Report
- Healthy Lung Contract
- ENH Pharma
- Green Plan Update
- Workforce Establishment

Alert:

- Performance against the 4-hour standard declined in December but with the planned changes to UEC, including the UTC which opened as planned on 15 January 2024, the Trust was aiming for 76% seen within 4 hours by the end of March.
- Community Paediatrics remains a challenging area. This was being discussed with the ICB.
- A successful bid was made to the NHS National Energy Efficiency Fund and £1.1m of grant has been received to install LED lighting across the Lister hospital. Work will be completed by the end of March 2024.

Advise:

- The Outpatient Digital Road map focusses on improving patient experience and supporting contact centre efficiency through two streams, the Patient Hub Portal and the real time PTL project. The real time PTL has a number of benefits including the potential from 2025 for on-line booking for patients as well as opportunities for efficiencies.
- Patients were now able to access letters through the Patient Hub and this has been integrated with the NHS App, and later in the year, all departments will be transferred over to the system to ensure patients receive their letters more efficiently.
- A Mental Health Urgent Care Centre is due to be opened on the Lister Hospital site by HPFT in January

- The Green Plan has been updated and changes made to streamline proposals. Workshops are to be held to help identify further means of achieving the challenging carbon reduction target by 2028.	
Assurance:	
- The Trust had submitted a revised forecast of a deficit of £3.3m reflecting the impact of industrial action in December and January. There was a reported deficit of £1.1m in December which was broadly in line with the forecast minus the Industrial action costs. - At month 9 the Trust had planned to deliver CIP savings of £22.9m and validated savings were £24.3m. - The Trust performed at around 121% of 19-20 activity by value in the year to December. Even though December saw lower levels of activity the monthly target was exceeded. - Although formal guidance has not been achieved Business Planning for 24/25 is in progress across the Trust. Substantial work is taking place including demand and capacity modelling, identification of CIPs for 24/25 as well as addressing the underlying deficit. - All three cancer targets were met in December. - ENH Pharma	
Important Items to come back to committee:	- Concerns were raised regarding the high number of patients not meeting the criteria to reside and a discharge spotlight will take place at February's FPPC. - Green Plan action plan to be brought back to FPPC in Summer 2024 .
Items referred to the Board or a Committee for decision or action:	- Healthy Lung Contract was approved to go to Board for approval.

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**	16
Report title	Quality and Safety Committee 24 January 2024 - highlight report		**Meeting Date**	6 March 2024
Chair	David Buckle – Committee Chair and Non-Executive Director			
Author	Debbie Okutubo – Deputy Company Secretary			
Quorate	**Yes**	☒	**No**	☐

Agenda:

- Safe, Care, Effective report
- Maternity Assurance report
- Patient Experience report Q3 2023-24
- Integrated compliance report- incident, compliance and risk report
- Ophthalmology update
- Nursing & Midwifery fundamentals of care strategic update
- Medicines optimisation strategy
- UTC and SAU Opening.

Alert:

- None.

Advise:

N/A

Assurance:

- The committee were assured that the Maternity unit were compliant with year 5 of MIS.

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

- Due to the high number on the patient tracking list (PTL), an ophthalmology update to be brought back to the July meeting.
- The Patient experience report on complaints to be brought back to the April meeting.

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

- 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**	17
Report title	People Committee – Highlight report 23 January 2024	**Meeting Date**	6 March 2024
Chair	Val Moore - Committee Chair and Non-Executive Director		
Author	Chloe Milton – Committee Secretary		
Quorate			
	Yes ☒	**No** ☐	

Agenda:

- People Report
- Staff Survey Improvement and Engagement Plan Cancer
- Staff Survey Improvement and Engagement Plan Women's and Children's
- Voice of our People Disability Network
- Board Assurance framework
- EDI Strategy
- Healthy Culture Development Update
- Gender Pay Gap
- Statutory Mandatory Training
- Induction/Onboarding/Socialisation
- GoSWH

Alert:

- The Women's and Childrens staff survey (2022) highlighted the poor culture flagged and the risk to staff retention and patient safety.
- Whistleblowing concerns with claims around leadership and culture, negative staff experience, staff morale, patient safety concerns, and claims of racism.
- The Trusts overall compliance rate for mandatory training is 90.3%, this however dropped in compliance by 1.7% on figures from October 2023.
- Flu vaccination results were not as good as they had been in previous years, thus the clinic was going to remain open until the end of February.
- Three red areas highlighted in the Cancer division staff survey were: flexible working, no specific TNA list for nonclinical staff and radiotherapy.

Advise:

- Reciprocal mentoring was over halfway completed with a summary report to be completed in May.
- Two new linacs where due to be installed along with continued developments through the fabric programme.
- Disability network had recently changed name to ENH able.

Assurance:

- There has been a 6% improvement in the average gender pay gap since 2019 and 4.9% improvement in the median gender pay gay in the same timeframe.
- It was highlighted that the EDI strategy was still on target to be presented to the Board in March.

-	
Important Items to come back to committee:	
Items referred to the Board or a Committee for decision or action:	- EDI Strategy.

Recommendation	The Board is asked to NOTE the People Committee 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	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
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				
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		
Charity Trustee Committee Report	X				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
Strategic reports															
Planning guidance	X												X		
EPR implementation to Lorenzo	X		X		X		X						X		X
Trust Strategy refresh and annual objectives			X												X
Strategy delivery report	X						X						X		

Board Annual Cycle 2023-24

Items	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Strategic transformation & digital update			X				X				X				X
Integrated Business Plan											X				
Annual budget/financial plan			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		
Estates and Green Plan															
Workforce Race Equality Standard	X												X		
Workforce Disability Equality Standard	X												X		
People Strategy	X												X		
Enabling Strategies															
Estates and Facilities Strategy									X						
Green Strategy											X				
Quality Strategy													X		
Clinical Strategy											X				
Equality, Diversity and Inclusion Strategy			X												X
Digital Strategy					X										
Engagement Strategy							X								
Other Items															
Audit Committee															

Board Annual Cycle 2023-24

Items	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Annual Report and Accounts, Annual Governance Statement and External Auditor's Report – Approval Process					X										
Value for Money Report															
Audit Committee TOR and Annual Report							X								
Review of Trust Standing Orders and Standing Financial Instructions					X										
Charity Trustee Committee															
Charity Annual Accounts and Report											X				
Charity Trust TOR and Annual Committee Review			X												
Finance, Performance and Planning Committee															
Finance Update (IPR)	**X**		**X**		**X**		**X**		**X**		**X**		**X**		**X**
FPPC TOR and Annual Report							X								
Quality and Safety Committee															
Complaints, PALS and Patient Experience Annual Report									*X*						
Safeguarding and L.D. Annual Report (Adult and Children)															
Staff Survey Results			**X**		**X**										**X**
Learning from Deaths	**X**				X				X		X		X		
Nursing Establishment Review	**X**												X		

Board Annual Cycle 2023-24

Items	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Patient Safety and Incident Report (Part 2)					X						X				
University Status Annual Report							***X***								
QSC TOR and Annual Review							X								
People Committee & Culture															
Workforce Plan															
Trust Values refresh							X								
Freedom to Speak Up Annual Report															
Staff Survey Results					**X**										
Equality and Diversity Annual Report and WRES									**X**						
Gender Pay Gap Report					**X**										
People Committee TOR and Annual Report															
Shareholder / Formal Contracts															
ENH Pharma (Part 2) shareholder report to Board							**X**								