

Public Trust Board

Hertford County Hospital, North Rd, Hertford SG14 1LP



01/05/2024 09:30

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| 23. | Annual Cycle | Trust Chair | 240 |
| | For noting | | |
| 24. | Any Other Business | Trust Chair | |
| | For noting | | |
| 25. | Date of Next Meeting | Trust Chair | |
| | Wednesday, 10 July 2024 - Online via Teams - starting at 9am | | |

EAST AND NORTH HERTFORDSHIRE NHS TRUST

**Minutes of the Trust Board meeting held in public on Wednesday, 6 March 2024 at 10.30am
in the LEC, Lister Hospital, SG1 4AB**

Present:	Ms Anita Day Mrs Karen McConnell Dr David Buckle Dr Peter Carter Mr Jonathan Silver Ms Val Moore Ms Nina Janda Mr Adam Sewell-Jones Ms Theresa Murphy Mr Martin Armstrong Mr Justin Daniels Ms Lucy Davies Mr Kevin Howell Mr Kevin O'Hart Mr Thomas Pounds Mr Mark Stanton	Trust Chair Deputy Chair & Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Associate Non-Executive Director Chief Executive Officer Chief Nurse Director of Finance & Deputy Chief Executive Officer Medical Director Chief Operating Officer Director of Estates and Facilities Director of Improvement Chief People Officer Chief Information Officer
From the Trust:	Ms Ruth Sanderson Ms Kirsty Valentine Ms Rumbi Chakahwata Ms Lesley Overy Ms Kate Fruin Mr Stuart Dalton Mrs Debbie Okutubo	Enterprise & Apprentice lead (item 24/025) Deputy Head of Reporting (item 24/025) Inclusion Diversity and Equality Manager (24/033) Head of Midwifery (24/035a) Divisional Director of Operations (24/035a) Head of Corporate Governance Deputy Company Secretary (Board Secretary - minutes)

No	Item	Action
24/023	<p>CHAIR'S OPENING REMARK</p> <p>The Chair welcomed everyone to the meeting and declared the Public Trust meeting open.</p>	
24/024	<p>DECLARATIONS OF INTEREST</p> <p>There were no new declarations of interest made.</p>	



24/025 STAFF STORY

The Enterprise and Apprentice lead introduced the Apprenticeship scheme in the Trust. It was noted that there were currently 375 apprentices in the Trust.

The Enterprise and Apprentice lead introduced Kirsty Valentine, Deputy Head of Reporting in the Finance team. Kirsty started as a level 2 apprenticeship in 2016 and then progressed within the team and completed a level 4 and then level 7 apprentice. She completed her level 7 apprenticeship in January 2024 and is now a fully qualified CIMA accountant. She was successful in applying for a leadership role and is currently holding the position of Deputy Head of Reporting. Alongside this role she mentors the current level 3 apprentices.

Caterina Ghin – Strategic Programme Manager, Estates and Facilities was unable to attend the board meeting in person and the Enterprise and Apprentice lead read out her profile.

Caterina undertook a number of apprentices at the Trust namely, Masters of Business and Organisational Strategy, Level 7 Senior Leadership Degree Apprenticeship and Level 7 Extended Diploma, Strategic Management and Leadership. Caterina started working for ENHT in 2004 where she started as a band 2 switchboard operator, and with hard work, support and dedication she developed from there, to Strategic Programme Manager, part of the senior managers within Estates & Facilities.

The Chief People Officer commented that in February we had the apprenticeship week emphasising that apprenticeships worked across the Trust and not just in clinical teams.

In response to a question to Kirsty, she commented that part of her support network were family and work colleagues. The Director of Finance and Deputy Chief Executive remarked that he was very proud of the apprentices that came through in the Finance team which included Kirsty.

The Director of Estates and Facilities also commented on Caterina's achievements and the fact that she was now a senior member of staff in the team.

It was noted that only a small number of people did not complete the apprenticeship scheme and that the dropout rate was highest on the clinical support worker (CSW) route, which was mainly due to the nature of the work.

It was noted that the funding for apprenticeships was ring fenced.

Members were reminded that the workforce gap was one of our challenges and that 'growing our own' through the apprenticeship scheme could be one of our solutions.

Members were advised that with hard to fill vacancies, work would be done with the teams. The pushback however was with managers saying they could not release staff to attend classes.

It was mentioned that traditionally, apprenticeships had mainly been for blue collar jobs, it was therefore good to see apprentices coming through and rising to become CIMA graduates.

It was suggested that there be a campaign on this with focus on a target group of younger people. Also, another selling point would be to let them know that they were able to pause the scheme which was not usually common if they went through the university route and they would also continue to attend schools or colleges one day a week.

The Chair commented that these campaigns should also prioritise members of staff, for example, those with protected characteristics, who sometimes have difficulties accessing the same educational opportunities as their colleagues.

The Chair thanked Ruth, Kirsty and Caterina in her absence for sharing their experience with the board and wished Kirsty and Caterina well in their careers.

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

24/026 CHAIR'S REPORT

The Chair remarked that we were all aware of the recent industrial action and she gave credit to everyone who was involved in ensuring that the patients who attended the hospital were kept safe. On behalf of the board, she apologised to patients who had appointments cancelled or postponed.

She commented that the Trust supported our people's right to take this action and urged the government and the British Medical Association (BMA) to come together to resolve this.

Secondly, the Chair informed everyone present that she attended the NHSE Chairs conference recently and one of the main focuses was the budget and the forthcoming election. It was obvious that this coming year would be a tough one for the NHS but we would continue to do what we can to protect services.

Thirdly, Kevin Howell, Director of Estates and Management would be retiring in April, he but would be returning to work part time and had committed to attend board meetings.

Lastly, members were reminded that by the end of summer the term of office of a couple of our non-executives, Jonathan Silver and Val Moore would come to an end without the opportunity to renew as they had served their terms in office. We would therefore be going out to recruit two non-executive directors and one associate non-executive director.

24/027 APOLOGIES FOR ABSENCE

Karen McConnell, Non-Executive Director and Deputy Chair sent her apology.

24/028 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 17 January 2024 were **APPROVED** as an accurate record of the meeting subject to it being noted that Ms Nina Janda was present at the meeting but missed off the list of attendees.

24/029 ACTION LOG

The Board **NOTED** that the actions on the action log had been resolved and could be closed.

24/029a CQC REPORT – ACTION PLAN

The Chief Nurse introduced this item. It was noted that we were moving in the right direction with work ongoing to ensure we were complying with the CQC recommendations.

All amber rated actions were been worked on to ensure compliance.

Members commented that some questions were either yes or no rather than a partially compliant response and gave the example of children receiving an initial clinical assessment withing 15 minutes. In response it was noted that the submission date was the end of March and the responses would be more accurate by that time.

Members were assured that the way the Executives gave the board assurance would be reviewed before the next report back to them.

The Board **NOTED** status of the CQC action plan.

24/030 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

24/031 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 that the CQC annual maternity survey has been published and that it was showing a very positive and notable improvement and thanked the Chief Nurse for steering this.

The respiratory team were getting recognition and the Chief Executive sent a congratulatory message to everyone involved.

The Chief Executive attended the launch of the new service for renal patients. He commented that it was good to see Kidney Beams the new website being used by patients.

Thriving People

Members were informed that Dr Jasmine Leonce, had commenced a prestigious position with NHS England as National Speciality Adviser for Maternity but would still work in the Trust part-time.

The launch of the Administrative staff network happened in February. The Chief Executive remarked that these staff provided a crucial role in delivering our vision of exceptional service and that the Chief Kaizen Officer was the responsible Executive.

Since the last board meeting Changing Places toilet facilities had been opened and this was an achievement. The Chief Executive thanked the Director of Estates and Facilities and his team for making this happen.

Seamless service

Members were reminded that the Lister Urgent Treatment Centre (UTC) was developing further and it was now accepting walk-in patients and extended its opening hours from 8pm until 10pm.

This meant that ambulances were able to take some of the patients directly to UTC.

Hertfordshire Partnership Foundation Trust had opened a new Mental Health Urgent Care Centre at the Lister site which makes it easier to stream patients there.

Continuous improvement

All NHS Trusts in the UK were invited to submit applications for funding under phase 2 of the NHS National Energy Efficiency Fund (NEEF) and support their plans to decarbonise. The Trust submitted two successful applications for the installation of LED lighting and solar panels at its main Lister Hospital in an effort to significantly reduce its utility consumption and carbon emissions.

The Trust was awarded approximately £1.1m for LED lighting and £750,000 for solar panels with works commencing in March 2024.

This funding will accelerate the Trust's ambition to become Net Zero by 2040 and help support its Green Plan's objectives for the upcoming years.

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

24/032 STRATEGIC OBJECTIVES UPDATE

A report providing a summative update detailing improvement plans and progress towards meeting the Trust's 2023/ 24 strategic objectives was presented by the Chief Kaizen Officer.

On the fundamentals of care objective, it was noted that Barley Ward had provided evidence that they were meeting 85% of the fundamental standards of care and could therefore progress to part two of the framework. It was noted that independent assessors would visit the ward between February and April and that to be an accredited ward, all fundamental standards needed to be achieved.

On the thriving people objective – Temporary workforce, Members were informed that the percentage of bank and agency staff bill in January increased to 12.4%. Members were assured that scrutiny and controls remained in place to ensure that only necessary bank and agency staff were brought in.

On seamless service – Members were advised that the Lister Adult Urgent Treatment Centre has been a success with patients seen within 40 minutes to one hour.

Members were advised that the ENH HCP Care Closer to Home strategy incorporated a number of initiatives aimed at improving the provision and coordination of services involving preventative interventions for high-risk residents in their communities. This

included the development of integrated neighbourhood teams (INT) which acted as a local hub, to bring together a variety of diverse teams and staff groups from across multiple providers and agencies and required people to work in completely new ways, ensuring care services were optimised to meet residents' needs.

On the continuous improvement objective, Members noted that there was an improvement event on 25 March 2024.

On elective recovery, it was noted that 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.

There was a planning session in week commencing 15 April to do some scoping work with our improvement partners.

Members asked how the work being done on the wards would be embedded. The Chief Nurse responded that all wards had Standard Operating procedures (SOPs), which meant all staff knew what the fundamental standards of care were and operated within the parameters of the SOP. Another focus was staff training to ensure that the improvement work on wards was embedded.

The Chief Executive commented that on April 17, there would be a full day on the improvement journey walking through the priorities for next year which would also be rolled out at the divisional level.

Some members commented that for next year's priority setting there was the need to ensure that the objectives were SMART so that they could be measured and cascaded throughout the organisation.

The Chair commented that non-executive directors including herself would like to attend the afternoon of that session and requested that they be invited to the session.

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

24/033 EQUALITY DIVERSITY INCLUSION (EDI) STRATEGY

The Chief People Officer and the Inclusion Diversity and Equality Manager presented this item. Members were advised that the strategy had gone through a number of iterations including the People Committee and Board Development Seminar.

It was a strategy showing commitment to all the workforce. Members were informed that we have the People Strategy and that the EDI Strategy was a subset of it.

Members were informed that there were six high impact strategic objectives ensuring that everyone counted by encouraging and celebrating diversity in all its forms.

As a way of assuring the board, members were advised that the EDI delivery plan would be taken routinely to the People Committee who would have oversight of it.

Members were advised that the EDI strategy needed to become business as usual rather than it being an add on. The Chief Executive commented that all Executive Directors had an EDI objective in their appraisal.

The Chief Operating Officer requested that on addressing health inequalities in the strategy, her team could be of assistance.

There was a further suggestion that the Board should release a statement to show commitment to the EDI strategy.

It was also suggested that it would be a good idea for all board members to mentor individuals.

Following further discussion, it was agreed that there would be individual and organisational commitment to the strategy as we understand the criticality of being a diverse organisation.

Members commented that it was a clear and good strategy.

The Board **RECEIVED** and **NOTED** the equality, diversity and inclusion strategy.

24/034 BOARD ASSURANCE FRAMEWORK

The Head of Corporate Governance presented this item. Members were reminded that the April board seminar will be an opportunity to review the work done over the last year.

The meeting will also be an opportunity to see both corporate and clinical governance at work.

Members were reminded that there were financial challenges in the system. However, reviewing the BAF would be challenging but it would also show how well but not so well that we were doing as a Trust.

The Chair requested that Board members think about the BAF before they meet at the April Board Seminar.

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

24/035 INTEGRATED PERFORMANCE REPORT

The Executive Directors gave an update on their respective areas. Following the respective presentations a discussion ensued.

People

Members asked about exit interviews and if there were common reasons why people were leaving as there could be learning from this.

Members were advised that knowing the headcount in the Trust would form part of the future metrics.

Members commented on the flu vaccination take up for staff at 36% and asked how staff would be encouraged to take the flu vaccine. Following a discussion, it was suggested that for next year we could separate the Flu and Covid vaccine offer to staff. Members asked how we sat nationally. In response, members were advised that the perception on receiving vaccinations had changed nationally and our staff in the Trust were no different.

Operations

On Community Paediatrics, members asked when the board would see a change to the figures presented. In response, members were advised that due to known capacity issues in the service, patients waiting over 104 weeks will continue to increase. Members were further advised that this was the last month that Community Paediatrics would be included in the monthly data submission to NHSE as there was recognition by NHSE that there was a lot of differences in reporting.

Regarding Urgent Treatment Centre (UTC), members were advised that to be sighted on performance they would be sent a link.

Action: eLink to UTC performance to be sent to non-executive directors (NEDs).

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

24/035a PERINATAL ASSURANCE REPORT

Members were advised that the Director of Midwifery, Amanda Rowley sent her apologies, so the Head of Midwifery and the Divisional Director of Operations were in attendance.

Members were informed that there were still challenges around culture in the service and that the senior management team were actively engaging people and an action plan was in progress led by the leadership team and supported by cultural and healthy leadership leads.

It was noted that a perinatal EDI improvement board had been established and given that both our staff and population were becoming more diverse we need to maintain focus in this area. Members were further advised that a widely quoted national figure was that black women were five times more likely to suffer maternal death than white women. A lesser quoted national statistic was that non-English-speaking women were 25 times more likely to suffer maternal death than English speakers. This was why it was important for us to keep focus on EDI in maternity services.

On a positive note, Maternity and Newborn Safety Investigation (MNSI) and Maternal Serious Incidents (SIs) were low and an improvement plan was in progress.

As a service area, they were pleased on the outcomes from the maternity survey feedback. Improvements were seen in 49 categories of service user feedback compared to 2022. These improvements were celebrated with staff and the service user group.

Members commented that it was good to see ongoing equality diversity and inclusion work.

Members were advised that an external piece of work had been commissioned to oversee the work we have been doing to date in the maternity unit and that they will be kept abreast of developments.

The Chair commented that there were lots to celebrate.

The Board **RECEIVED** and **NOTED** the perinatal assurance report.

24/036 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

24/037 AUDIT AND RISK COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the Audit and Risk Committee meeting held on 19 January 2024.

24/038 FINANCE, PERFORMANCE AND PLANNING COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the Finance, Performance and Planning Committee meeting held on 30 January 2024.

FPPC members commented that they had concerns regarding the high number of patients not meeting the criteria to reside but that a deep dive would take place at their next meeting.

24/039 QUALITY AND SAFETY COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the Quality and Safety Committee meetings held on 24 January 2024.

24/040 PEOPLE COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the People Committee meeting held on 23 January 2024.

24/041 ANNUAL CYCLE

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

It was noted that the EPR implementation was meant to be presented at this meeting but it was not on the agenda. It was agreed that this would be coming to the next Board meeting to ensure NEDs were kept informed and assured.

24/042 ANY OTHER BUSINESS

There was no other business.

24/043 DATE OF NEXT MEETING

It was advised that the date of the next Trust Board meeting to be held in May would be reviewed and publicised once a decision has been taken.

**Ms Anita Day
Trust Chair
March 2024**

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

Agenda item: 5

**EAST AND NORTH HERTFORDSHIRE NHS TRUST
TRUST BOARD ACTIONS LOG TO March 2024**

Meeting Date	Minute ref	Issue	Action	Update	Responsibility	Target Date
6 March 2024	24/035	Urgent Treatment Centre	eLink to UTC performance to be sent to non-executive directors (NEDs).	Completed in early March	Chief Operating Officer	Completed

AGENDA ITEM 6

QUESTIONS FROM THE PUBLIC

The below was passed on by Hertfordshire County Council and is being treated as a question from the public.

Title: Lister Hospital Car Parking Upgrade

Statement:

We the undersigned petition the County Council to petition East and North Hertfordshire NHS Trust (The Lister Hospital) to improve parking for staff, visitors and patients at their site.

Justification:

There is not enough parking at the hospital. The spaces are poorly marked. Catalytic converters are often stolen from cars at the site. Staff are regularly fined by SABA. The multi-storey car park is poorly designed and results in damage to cars.

Chief Executive's Report

May 2024

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

Quality

Pathology staff at East and North Hertfordshire NHS Trust, The Princess Alexandra Hospital NHS Trust and West Hertfordshire Teaching Hospitals NHS Trust, along with Hertfordshire and West Essex Integrated Care Board (ICB) are part of a national programme initiated by NHS Improvement to develop networked pathology services.

The ICB along with the three trusts have considered different options to develop a shared pathology service to support local hospitals, community services and GPs and the patients that we care for. Together they agreed to contract pathology services to Health Services Laboratories (HSL) for a shared pathology network across the system including our three trusts. We expect most pathology staff and services to transfer to HSL early in 2025. We are now in a mobilisation phase which will start to firm up how the network will run and ensure the trusts are ready to transfer the service safely.

I'd like to thank staff for their continued hard work and dedication to the pathology service and patients whilst we move through this period of change.

Our Trust's Chief Nurse, Theresa Murphy, has joined Dementia UK as a Trustee.

Dementia UK is a specialist dementia nursing charity. Their nurses, known as Admiral Nurses, provide free, life-changing support and advice to anyone affected by dementia.

In her new role, Theresa will work with the 11 other Trustees to guide the direction and management of the charity, meeting regularly throughout the year to review strategies and policies for all areas of the organisation.

Theresa will manage her new role as a Trustee for Dementia UK alongside her position as Chief Nurse at the Trust. Theresa will be a Trustee at Dementia UK for a 3-year term.

Thriving people

In November 2023, NHS England launched 'The expectations of line managers in relation to people management'. In response, the Trust has developed and launched a new management competency framework.

Our aim in introducing a competency framework for line managers within the Trust, is to build on this national work by clearly defining what good looks like in our organisation. It also aims to provide our current, potential managers and future leaders with a practical roadmap to success and support them with resources to achieve our vision: To be trusted to provide consistently outstanding care and exemplary service.

On 5 April, I attended the Iftar at Lister Hospital. An Iftar being the meal which follows a whole day of fasting for those who are observing Ramadan. It has become an annual event in our Trust calendar

– our staff who are fasting can come together and share food, and it also raises awareness about Ramadan helping in our ambition to be a more inclusive organisation.

Thank you to our hospitals' charity for funding the Iftar, and to all the volunteers who helped out during the evening (including some former colleagues who returned to support).

Seamless services

Despite a significant increase in urgent and emergency attendances (up 13.6% in March 2024 compared to 2023) the numbers of those being discharged or admitted within four hours has continued to improve. Performance in March compared to December 2023 was the 14th most improved across the country. Teams continue to work with colleagues from other organisations to improve both the speed and quality of care.

Due to the requirement to replace the reverse osmosis water plant at the Bedford Renal Unit patients undergoing dialysis needed urgent reprovision at other centres between 29 February and 14 April 2024, as well as other sites across the Trust. Assistance was also offered from sites in Oxford and Northampton. I am grateful to staff, many of whom travelled with their patients to work in other units, and the other trusts for their willingness to support. I also apologise to our patients for the inconvenience experienced during this period.

Continuous Improvement

Embedding of the ENH Production System (ENHPS) continues in the Trust as our method for leading and delivering our services.

Recent activities have included:

- the ongoing training of our central improvement team, or Kaizen Promotion Office, to become experts in our production system;
- development of our introduction to ENHPS programme to be made available to all staff;
- the completion of our first Rapid Process Improvement Workshop focussing on better recruitment of staff; and
- time spent by leaders in the Trust setting our strategic goals as part of our strategic alignment work.

In the last published data (April 2023 – January 2024) the Trust was the 7th highest in the NHS in England for the increase of planned care delivered compared to pre-Covid levels. This equates to an increase of 21% meaning significantly more patients are being removed from waiting lists for surgery and other planned care. This is due to a combination of investment in additional staff and improved productivity.

Adam Sewell-Jones
Chief Executive

Board



East and North
Hertfordshire
NHS Trust

Meeting	Public Trust Board		Agenda Item	9
Report title	ENHT Strategic Goals 2024/25		Meeting Date	1 May 2024
Presenter	Chief Kaizen Officer			
Author	Chief Kaizen Officer			
Responsible Director	Chief Kaizen Officer		Approval Date	1 May 2024
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>This report provides a summary of the approach undertaken to build on the learning from the strategic objective setting process from 2023/24, and the development of eight new strategic goals for 2024/25.</p> <p>This process was supported by our improvement partner Virginia Mason Institute and reflects elements from their proven method for ensuring the best possible strategic alignment and deployment of goals across an organisation. The language used in goal setting also directly resonates with key concepts that underpin our new improvement method – the ENH Production System.</p>				
<p>Impact: where significant implication(s) need highlighting <i>Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal</i> <i>Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability</i> <i>CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources</i></p>				
<p>The framing of these eight new proposed strategic goals deliberately move towards a problem definition, not a solution, ensuring each goal articulates a clear vision or end state description that is translatable across the whole organisation. This helps leaders see their individual and collective team's roles in delivery of the Trust's overarching vision and mission.</p> <p>Once approved, these goals will be cascaded down the organisation via the divisions, care groups, specialities, and individual staff objectives through our annual grow together processes. This ensures each individual staff member and team are aligned and working towards the Trusts strategic direction of travel.</p>				
Risk: <i>Please specify any links to the BAF or Risk Register</i>				
Risk 11: Enabling innovation.				
Report previously considered by & date(s):				
Not applicable				
Recommendation	The Board is asked to approve the contents of the report.			

To be trusted to provide consistently outstanding care and exemplary service

ENHT Strategic Goals 2024/25



East and North
Hertfordshire
NHS Trust

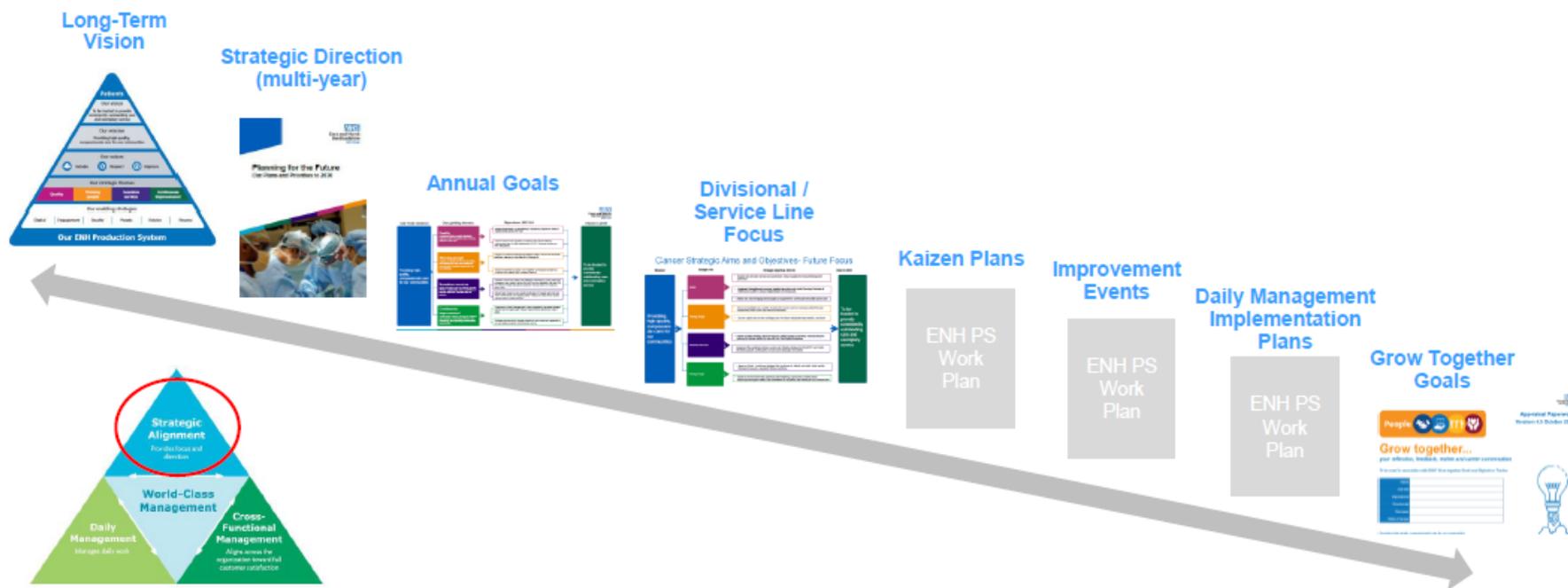
Trust Board
Agenda Item 9
1 May 2024

Kevin O'Hart, Chief Kaizen Officer

ProudToBeENHT

Aligning Vision with Strategy

- connecting leaders and front line staff



2 | 2024/25 Strategic Goals

Strategic Goal Development, Prioritisation and Deployment

2024/25 Strategic Goals

The Trust senior management team met on 17th April to review progress and achievements against our 23/24 strategic objectives whilst simultaneously developing new proposals for 24/25. This look-back exercise allowed the opportunity to reflect on the learning from what had worked well, and not so well over the course of the previous twelve months. At the same time, we completed an environmental scan exercise, analysing internal and external factors, growth opportunities, staffing and morale, partner expectations, community and patient needs, organisational risks and issues to help inform what the local environment would look like in the year ahead, what challenges we would need to prepare for and how we are measuring against critical areas of performance.

This learning and feedback process highlighted the commonalities and themes in the groups analysis and reflections and helped move from the many opportunities we could pursue to the few most important, that given time and resources, we can and must accomplish to work towards delivering our vision and fulfilling our organisational mission. To ensure proposed new goals were framed to engage all teams they are articulated as a problem definition, not a solution, ensuring that each one articulates a clear end state that also translates and aligns across the whole organisation, so staff can readily identify how they can contribute towards delivery.

The eight draft goals, two under each domain of quality, thriving people, seamless services and continuous improvement were then shared at a wider senior leadership event in the afternoon, with over eighty staff in attendance. This 'catchball' exercise provided the time and space to test initial ideas with senior leaders and allow for two-way conversations capturing and incorporating people's feedback in the final selection process. This engagement exercise creates an understanding and connection, helping leaders to see their individual and team roles in the work ahead to deliver meaningful change and improvement that moves the organisation forward.

Once formally approved the new strategic goals will be cascaded throughout the organisation; this will involve development of SMART divisional, care group and speciality goals, as well as incorporation within individual staff member Grow Together conversations and objective setting processes. This approach ensures maximum coverage across the organisational workforce, ensuring everyone is aligned and working towards the Trust's strategic direction of travel.

The ongoing roll-out of the ENH Production System, our management system and single method for continuous improvement, will support delivery through the development of local kaizen plans, improvement events i.e. Rapid Process Improvement Workshops and the implementation of daily management i.e. huddles, production boards with accountability oversight through standard work, leadership rounding and other initiatives.

3 | 2024/25 Strategic Goals



Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	10
Report title	Trust application to DH for Teaching status		Meeting Date	1 May 2024
Presenter	Partnership Manager			
Author	Partnership Manager			
Responsible Director	Medical Director		Approval Date	10 April 2024
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>This paper for approval is the Trust application to ask for DH / ministerial approval to add the protected word 'Teaching' to the Trust name.</p> <p>The application consists of a letter which gives the reasons why we want to change our name, details of patient and public engagement of the new name and confirming that our stakeholders support our proposed new name. It also includes a showcase document demonstrating our 'significant teaching commitment'.</p>				
Impact: where significant implication(s) need highlighting				
<i>Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources</i>				
Teaching status offers the Trust significant opportunities, impacts on Trust objectives will be found in the medium to long term.				
Risk: <i>Please specify any links to the BAF or Risk Register</i>				
Report previously considered by & date(s):				
The first submission of this report went to the Quality and Safety Committee at their 24 April meeting. Papers at various stages of this process have previously been considered at Trust Board, Executive Committee and Education Board.				
Recommendation	The Board is asked to approve the submission to DH			

To be trusted to provide consistently outstanding care and exemplary service

Application for Teaching Status



Our trust:

Hertford County Hospital, The Lister Hospital,
Mount Vernon Cancer Centre, New QEII Hospital

Mr Edward DaVane

Acute Care and Policy Team
Department for Health and Social Care

East and North Hertfordshire Hospitals NHS Trust: Submission for teaching status

Purpose:

We are writing to seek ministerial approval to change our establishment order to add the word Teaching to the name of our Trust. We will become East and North Hertfordshire Teaching NHS Trust. This change to our name is to reflect our ongoing and significant teaching commitment across the organisation. Recognition of our work to educate our current and future workforce will increase our ability to train, recruit and retain the best staff to treat our patients going forward.

We would also like to change our establishment order to add one additional non-executive director to the Board to be nominated by the University of Hertfordshire.

About us:

The Trust serves a core population of just under 500,000 across East and North Hertfordshire with an Accident and Emergency department and inpatient facilities at the Lister site in Stevenage; diagnostic and outpatient services at both Hertford County hospital and the New QEII Hospital in Welwyn Garden City. The Trust also has Urgent Treatment Centres (UTC) at Lister and the New QEII hospitals.

The Trust provides regional renal services to a population of 600,000 including satellite renal dialysis at units in Harlow, St Albans, Bedford and Dunstable. The well renowned Mount Vernon Cancer Centre in Northwood provides highly specialist cancer care to a population of over 2 million people across Hertfordshire, Bedfordshire, North London, Buckinghamshire and Berkshire treating more than 5,000 new patients each year.

The NHS and our Trust have been through a huge number of changes in the last few years. The Covid-19 pandemic changed the way we work in so many ways including accelerating the digital agenda and the use of virtual clinics and wards. We've also seen introduction of integrated care systems and huge advances in technology. Against this backdrop, we have recently redefined our vision and values, and clarified our strategic themes which will guide our work until 2030.

Our vision:

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

Trusted: That the manner and outcomes of our services means our communities trust us with their care

Consistent: No matter where, when or how people access our services, their experience should be of consistently outstanding care

Exemplary service: Ensuring that our patients and communities receive a high standard of service in addition to their clinical care – from the first contact to the last.

We will deliver our vision by focusing on our strategic priorities:

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 exploring transformation opportunities

Our strategic priorities are underpinned by 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.



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.

Our commitment to teaching

The Trust has worked with partners for over 20 years to provide a high standard of clinical placements across a wide range of specialties to medical students from the University of Cambridge, University College London and University of Hertfordshire. The team are always looking for innovative ways to teach and involve students and have been consistently recognised with Excellence in Medical Education awards from UCL.

The Trust also provide clinical placements for students from more than a dozen clinical courses across the School of Health and Social Care and the School of Life and Medical Sciences at the University of Hertfordshire. Our partnership working was cited as a highlight during revalidation of the nursing courses by the Nursing and Midwifery Council.

We are a learning organisation, and we invest in our people; in 2023 more than 5.2% of our workforce were enrolled on apprenticeships.

Also in 2023, more than 4,500 of our patients were entered into clinical research studies to help build our knowledge and the evidence base to ensure our patients have access to the best treatments and services available.

As a major employer in the area with over 6,900 staff, we are committed to teaching our current and future workforce. We also have an outreach programme attending events at local schools and colleges and encouraging work experience to raise aspirations and empower local young people to consider the extensive range of careers available in the NHS.

More information about our culture of learning and our significant teaching commitment can be found in the showcase document accompanying this application. The showcase document demonstrates the depth and breadth of teaching across the Trust and highlights some of the amazing work of our staff and students carry out every day.

Trust performance

The Trust's strategic objective to increase elective activity in line with the national recovery programme, incorporates improvement work within both outpatients and theatres (Surgical Pathway Programme). Overall performance in the reported first 6 months of 2023/24 placed the Trust in the top 10 hospitals nationally and as at December 2023 elective activity levels were recorded at 121% compared to prepandemic levels.

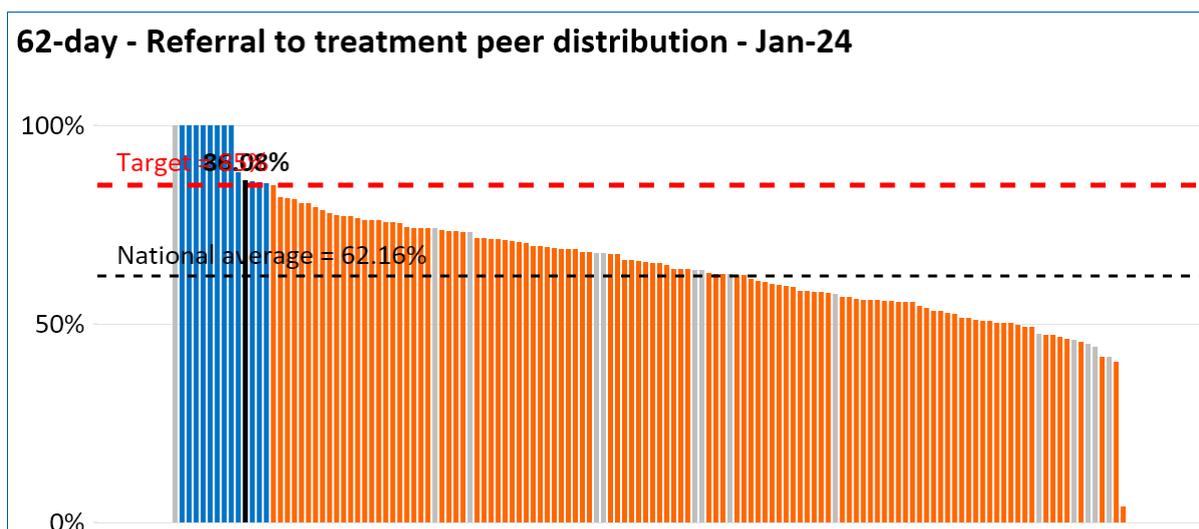
This achievement is against the backdrop of the national industrial action which has taken place on 11 occasions during 2023/24, necessitating appointments are either not booked or require rescheduling for a later date due to workforce cover issues.

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 an 84% peer median.

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 and embedding a mantra of ‘Right Place, Right Procedure’.

Cancer performance for 62-day target from referral to first definitive treatment shows the Trust meeting national targets of 85% and performing well above the national average.



Investing in our 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 emergency department, 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 QEII Hospital. In the first 5 weeks of opening the UTC treated over 1,600 patients, with an average attendance to departure time of 1h 40minutes. Paediatric UTC due to open in April 2024.

The Trust have taken delivery of three new state-of-the-art radiotherapy machines, investing £10m in improving patient care.

Quality

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

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. These achievements are a testament to our teams and the fantastic service provided.

Sustainability for the future

In January 2022 the Trust formally adopted its Green Plan, a live strategy outlining our aims, objectives, and delivery plans for sustainable development. The Green Plan sets out the Trust's carbon emission targets and resource use reduction targets in line with the Greener NHS 'Net Zero NHS' national ambitions and the UK Climate Act (2008).

We have an active Green Ambassadors Network in the Trust bringing staff together to generate ideas and share best practice. We have also developed an e-learning training module on Environmental Sustainability on our ENH Academy.

The Trust is embedding sustainability at the heart of decision making across the Trust including via the Trust's decarbonisation strategy which gives a roadmap towards a Net Zero estate through structural fabric improvements, installing low carbon heating sources and exploring future carbon offset initiatives. The Trust already seeing the impacts of projects such as:

- 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) were switched to LEDs during March 2023, having a significant impact on reducing carbon emissions and cutting energy costs.
- Working with our partner SABA, the Trust has installed 30 electric vehicle charging points available for staff, patients and visitors.
- Upgrades and replacements to catering equipment, medical equipment and laptops with energy efficient alternatives.
- Increase in virtual meetings, clinics, Hospital at Home and remote monitoring of patients meaning reduced travel for staff and patients.
- Electronic prescribing has removed the need for a 32-page paper drug chart per inpatient.
- Desflurane anaesthetic gas removed from both Lister and Mount Vernon sites and inhaler usage reduction project initiated by clinicians and working with partners at Glaxo Smith Kline.
- A reusable theatre hats/caps project being led by the Anaesthetic Team and reusable PPE project being led by Mount Vernon and the Trust's clinical team.

Continuous Improvement

In 2023 we began a 3-year improvement partnership with the world-renowned Virginia Mason Institute (VMI) and Surrey and Sussex Healthcare NHS Trust. Over the years they have developed ways of working that standardises work and creates time to collaborate on improvement in a way that is adaptable to the needs of each organisation. Our system – ENH Production System will be rolled out by our newly formed Kaizen Promotion Office (KPO), using tools and techniques from the VMI for the benefit of staff, students and patients.

Levelling Up in Stevenage



As the UK's first New Town, Stevenage was founded on innovation with a pioneering approach that set a blueprint for building new communities across the UK and Europe. Stevenage now has ambitious plans to expand New Town values and unlock growth in some of the UK's cutting-edge sectors, in a way which promotes and delivers opportunities for local people with a 21st century New Town vision to be the 'STEM City' of the future.

In March 2020, the Stevenage Development Board was established to formulate a bid for the national Government Town Fund initiative; part of the Levelling-up agenda. Stevenage were one of 101 towns in England invited to bid and were successfully awarded £37.5m in March 2021 following the submission of the Stevenage Town Investment Plan.

The independent Stevenage Development Board provides strategic leadership for the Town Investment Plan and the Towns Fund projects, ensuring a clear vision, strategy and delivery to support local residents and businesses.

The Board consists of key stakeholders from public sector organisations, private businesses, not for profit and heritage organisations, to ensure a diverse range of views are represented

Levelling Up means creating opportunities for everyone across the UK by:

- improving jobs, pay and living standards
- making streets safer
- protecting health and wellbeing
- investing in high streets and town centres
- improving local transport

Stevenage Town Investment Plan consists of 7 ambitious projects, more information can be found @ <https://stevenage-even-better.com/> :

- Station gateway – redevelopment of rail and bus interchanges
- Stevenage Technology and Innovation Centre
- Digital Infrastructure – hyperfast broadband
- Gunnels Wood Road infrastructure improvements

- Cycling and pedestrian connectivity including heritage arts trail
- National new towns heritage centre
- Town enterprise centre
- Marshgate – biotech office and key worker housing
- Sports and leisure hub at town centre gardens
- Garden square commercial and leisure redevelopment

Statutory requirements for changing the Trust’s name to include Teaching

NHS England Naming Principles – Changing your Trust’s name	
<p>Check with your regional NHS England communications team that your proposed new name follows NHS naming principles</p>	<p>Jennifer Godwin, Partnership Manager contacted NHSE East of England communication team and received the following responses from Duncan Stroud, Deputy Head of Communications: “the proposed logo looks good to me” “sounds like the renaming process is in safe hands.”</p> <p>Duncan also advised that we get in touch with our neighbours at West Hertfordshire Teaching Hospitals NHS Trust (West Herts) as they have recently been through the same process. We were able to reassure him that we had been in touch and that our colleagues at West Herts have been very supportive and open with us during this process.</p>
<p>Check with NHS and other key stakeholders that your proposed new name won’t conflict or be confused with the names of neighbouring NHS organisations or services.</p>	<p>We wrote to the following health and social care and wider system partners across the Herts and West Essex Integrated Care System:</p> <ul style="list-style-type: none"> • Bedfordshire Hospitals NHS Trust • Carers in Hertfordshire • East of England Ambulance Trust • East Herts Council • Garden House Hospice • GP practices (via our fortnightly GP Update newsletter sent from our medical director to more than 150 practices from across Hertfordshire and Bedfordshire) • Healthwatch Hertfordshire • Hertfordshire and West Essex Integrated Care Board (ICB) • Hertfordshire Community Trust • Hertfordshire County Council • Hertfordshire Partnership University NHS Foundation Trust • Herts Urgent Care • Isabel Hospice • Lord Lieutenant of Hertfordshire • North Herts Council

	<ul style="list-style-type: none"> ● Princess Alexandra Hospital NHS Trust ● Welwyn Hatfield Council ● West Hertfordshire Teaching Hospitals NHS Trust <p>Organisations highlighted in green sent letters of support included in appendix A; no objections were received.</p> <p>The ICB suggested we consider also adding the word 'hospitals' to our name and become East and North Hertfordshire Teaching Hospitals NHS Trust. We have previously considered this option and ruled it out as lacking inclusivity as many services (renal in particular) do not take place in hospital and unnecessarily lengthening our name. Following discussions between both Chief Executives, the ICB are happy to support the proposed name of East and North Hertfordshire Teaching NHS Trust.</p>
<p>Higher education institutions</p>	<p>We wrote to the following higher and further education institutions with whom we work closely and received letters of support from those in green including our 3 partners with a medical school:</p> <ul style="list-style-type: none"> ● University College London – Dr Fays Gishen, Director of Medical School ● University of Cambridge School of Clinical Medicine – Dean & Head of School ● University of Hertfordshire – Prof Quentin McKellar. Vice Chancellor ● Buckingham New University ● Middlesex University ● North Herts College ● Steadfast Training – our partner for clinical support worker apprenticeships <p>Organisations highlighted in green sent letters of support included in appendix A; no objections were received.</p>
<p>Local MP engagement</p>	<p>We wrote to the following local MPs, providing a full briefing and asking for their support:</p> <ul style="list-style-type: none"> ● Sir Charles Walker, MP for Broxbourne ● Julie Marston, MP for Hertford and Stortford ● Bim Afolami, MP for Hitchin and Harpenden ● Rt Hon Sir Oliver Heald, MP for Hertfordshire North East ● Rt Hon Stephen McPartland, MP for Stevenage ● Rt Hon Grant Shapps, MP for Welwyn Hatfield <p>Organisations highlighted in green sent letters of support included in appendix A; no objections were received..</p>
<p>Engage with patients and the public to check your proposed new NHS name</p>	<ul style="list-style-type: none"> ● We wrote to our members (approx. 500 patients, carers and members of the public) on two separate occasions to check our new name was clear and understandable and to

<p>is clear and understandable</p>	<p>ask for feedback.</p> <ul style="list-style-type: none"> • We informed our volunteers via our regular newsletter and invited them to comment. • We posted on the social media platform 'next door' which reaches almost 115,000 registered local residents in Hertfordshire. Our post gained over 10,000 impressions (views) and 20 likes in the first week. • We posted a page on our public website to check our new name was clear and understandable and to ask for feedback. • All methods allowed individuals to respond; of 17 responses, 3 people answered 'no' to the question: Is our new name clear and understandable? <ul style="list-style-type: none"> ○ 2 responses (including one nurse) suggested that teaching is expected therefore name change was unnecessary ○ 1 response thought we were asking about Watford Hospital (part of West Hertfordshire Teaching Hospitals NHS Trust) • 1 further response thought the name was clear and understandable but a bit long, they also preferred North and East Hertfordshire. (Trust has been East and North Hertfordshire NHS Trust since 2000.)
<p>Our staff</p>	<p>We have discussed our plans with staff at the following meetings:</p> <ul style="list-style-type: none"> • Education Committee • Divisional Board Meetings • Trust News (internal newsletter to all staff) • Medical Director's newsletter to all consultants
<p>Approval to use the protected word 'Teaching'</p>	
<p>Background</p>	<p>The National Health Service Act 2006 states</p> <p>"1(d) where the NHS trust has a significant teaching commitment, a provision to secure the inclusion in the non-executive director a person from a university with a medical or dental school specified in the order".</p> <p>"For the purposes of sub-paragraph 1(d), an NHS trust has a significant teaching commitment in the following cases—</p> <p>(a) if the NHS trust is established to provide services at a hospital or other establishment or facility which, in the opinion of the Secretary of State, has a significant teaching and research commitment, and</p>

	(b) in any other case, if the Secretary of State so provides in the order.”
<p>Primary partner</p>	<p>Our primary teaching partner is the University of Hertfordshire (UH). At present UH has an active post-graduate medical school and is in the early stage of setting up an undergraduate provision with St George’s Medical School as a partner.</p> <p>Following discussions with DH it was confirmed that there was no legal reason why we couldn’t partner with UH as the NHS Act 2006 does not specify that the faculty must have an undergraduate provision.</p> <p>Research undertaken at the end of 2022 established that partnerships similar to that between the Trust and UH already exist for the purposes of affording teaching or university status, most notably:</p> <p>Portsmouth Hospitals University NHS Trust – their Establishment Order states a NED to be appointed from University of Portsmouth. University of Portsmouth does not have an undergraduate medical school. They offer a very similar range of healthcare courses to UH and will offer graduate entry medicine from September 2024.</p> <p>University Hospitals Coventry and Warwickshire NHS Trust – their Establishment Order states a NED to be appointed from University of Warwick, but board membership shows a current NED from University of Coventry not Warwick. Neither University has an undergraduate medical school, but University of Warwick does offer a graduate entry medical course.</p> <p>Warrington and Halton Teaching Hospitals NHS Foundation Trust – their constitution includes a NED from University of Chester. University of Chester does not have an undergraduate medical or dental school but does have a post graduate medical school and began offering a graduate entry medical course in September 2022.</p> <p>In addition, our neighbouring mental health Trust Hertfordshire Partnership University NHS Foundation Trust currently has a university partnership with UH including appointment of a governor from the School of Health and Social Work.</p>
<p>Appointment of a non-executive director (NED)</p>	<p>Our primary partner, University of Hertfordshire have nominated Professor Zoe Aslanpour, Dean of Medical School as non-executive director on the Trust board.</p>



	<p>Prof Aslanpour has met with our chair Anita Day to discuss the appointment and we are in the process of completing all appropriate recruitment procedures.</p> <p>We have previously agreed with NHS England and Steve Dibdin, Acute Care and Policy team at DH that this appointment would be made as an associate NED (non-voting) until the constitution of the board can be changed to add an additional NED when the Establishment Order is drafted to change the name of the Trust.</p>
<p>Demonstrate our Trust's 'significant commitment to teaching'</p>	<p>Please see attached – Showcasing our Significant Teaching Commitment document.</p>
<p>University Hospital Association (UHA) guidance</p>	<p>“If an NHS trust supports medical or dental training or research, it can apply to the Department of Health and Social Care for an amendment to its Establishment Order to recognise this status.”</p> <p>“There is no definition of what constitutes a “significant teaching commitment” and an NHS trust seeking to include the word Teaching – but NOT the word University in its title is not required to meet the full requirements of UHA membership”</p>
<p>UHA Annex A Full details https://www.universityhospitals.org.uk/wp-content/uploads/2023/05/University-Hospital-Status-2023.pdf</p>	<p>Trusts seeking to use the word teaching should meet the key principles outlined in UHA guidance Annex A.</p> <p>The Trust and UH signed a memorandum of understanding in 2017 to enable closer working practices for the benefit of students, staff and researchers.</p> <p>The Trust has had in place since December 2014 a Practice Placement Agreement (PPA) with UH. This details the expectations placed on the Trust in hosting student placements and makes provision for the Trust to play an active part in the faculty including:</p> <ul style="list-style-type: none"> • Facilitating and supporting student learning and assessment on placement • Provide facilities to support students including library services, IT facilities, internet access and teaching facilities • Curriculum development & membership of course and programme committees • Involvement in recruitment and selection <p>The PPA also provides confirmation of indemnity, insurance and pre-employment checks which allows for the easy movement of students between our organisations.</p> <p>The Trust has both medical and clinical education teams in place to support all students providing a stable framework for collaborative and adaptive management of student</p>

	<p>requirements.</p> <p>Joint research provided a significant contribution to the last Research Excellence Framework (REF) submissions made in 2022. The 4 main areas of joint research all have fractional or joint appointments which has been key for REF. Areas are: Renal led by Prof Ken Farrington; Cardiology led by Prof Diana Gorog; Urology, Cancer and Robotics led by Prof Nikhil Vasdev and Nursing and Critical Care led by Prof Natalie Pattison.</p>
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Conclusion

We, with the full support of our Board and Executive team, would like to change our Trust’s name to East and North Hertfordshire Teaching NHS Trust.



We have consulted widely with our patients and stakeholders with an overwhelmingly positive response in support of our new name.

Many of our key NHS, local government, MP and education provider stakeholders have issued us with letters of support as can be seen below in Appendix A.

We hope that we have provided enough evidence to satisfy ministers that we have met the criteria required to change our Establishment Order. We would be happy to address any questions you may have to progress this application in a timely manner.

[INSERT SIGNATURES]

Anita Day
Chair

Adam Sewell-Jones
Chief Executive



APPENDIX A: Letters of support from our partners and stakeholders:



University of Hertfordshire
Office of the Vice-Chancellor

7th February 2024

To whom it may concern,

East and North Hertfordshire NHS Trust: Application for teaching status

The University and East and North Herts long-established Joint Management Board is co-chaired by the Dean of LMS and the Medical Director at ENH. The focus of this partnership is to establish strong teaching and research links, and to respond more effectively together to the NHS long-term workforce plan, where we will collaborate under the strands of train, retain and reform.

Our partnership frames vital collaboration between Trust and University, the School of Life and Medical Sciences and the School of Health and Social Work in particular. The partnership supports clinical education and research collaboration for Health and Social Work and the School of Life and Medical Science students through the provision of practice placements, with experienced Practice Assessors and clinical staff supporting students in the clinical environment. Moreover, the involvement of clinical staff in the delivery of lectures in the classroom is invaluable ensuring students receive a currency of academic and clinical learning to support their progression towards qualification and a successful career within the region.

The partnership has been critical to the development and continued success of Degree Apprenticeships within the University, in support of NHS workforce needs, in line with the NHS Long Term Plan. Research collaboration is also critical to the success of the partnership, most easily evidenced in the School of Health and Social Work by the appointment of a Professor of Nursing, in part seconded from East and North Herts, as well as joint appointments within Life and Medical Science, most recently in the appointment of Professors of Robotic Surgery and Urology, and Cardiology.

East and North Herts has been the main partner in supporting University application to the General Medical Council to establish the first county based medical school. This new collaboration will support training a new medical workforce urgently required regionally and nationally. This will expand the scope for collaborative and innovative approaches in learning, teaching, and research between both organisations. This will only be enhanced by East and North Herts being formally recognised with Teaching status.

Yours faithfully,

Professor Quintin McKellar CBE
Vice-Chancellor

Office of the Vice-Chancellor University of Hertfordshire Hatfield Herts AL10 9AB UK
A Charitable Exempt from Registration under the Second Schedule to the Charities Act 1993



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Hatfield, Hertfordshire
AL10 9AB

Telephone: +44 (0)1700 284000
Fax: +44 (0)1700 284116
Website: www.uhert.ac.uk

April 12th 2024

To whom it may concern

I am writing to express my full endorsement of the East and North Herts Trust (ENHT) application for teaching status.

Over the course of many years, the University of Hertfordshire has cultivated a close and productive relationship with ENHT. Together, we have collaboratively designed and implemented a range of educational programs, spanning undergraduate, postgraduate, and short courses, all aimed at bolstering the capacity of the local and regional NHS workforce.

For the past six years, the University of Hertfordshire and ENHT have forged a strategic partnership committed to tailoring clinical training and education to meet not only the specific needs of the local community but also those at the regional and national levels. As evidence of this dedication, we have joined forces with ENHT in the establishment of a new school of medicine. The rigorous application process with the General Medical Council, spanning eight stages over approximately five years, is well underway. Currently in its third year, our progress includes the successful completion and approval of two stages involving screening and financial viability audits.

Subject to GMC approval, our intention is to enrol 70 students in the academic year 2026-2027. ENHT, as our primary partner, is providing invaluable support in developing and delivering the curriculum, as well as facilitating clinical placements both within the university and at the trust. Furthermore, the medical faculty at the University of Hertfordshire has already made significant strides in recruiting a diverse cadre of clinicians representing various career stages and specialities, all dedicated to supporting our students.

The collaboration between our institutions extends beyond education, encompassing joint clinical research projects and initiatives, along with shared posts and honorary appointments. With the imminent launch of our medical school, this collaborative effort is poised to flourish and fortify in the years ahead.

As the Dean of the medical school and on behalf of my faculty, we wholeheartedly endorse ENHT's bid for teaching hospital status. Such designation would be instrumental in advancing the NHS's long-term workforce strategy and is pivotal to our joint mission of attracting, training, and retaining the next generation of exceptional doctors to serve our community with distinction.

Professor Zoe Aslanpour PhD – MPharm- FRPharmS

Professor of Public Health and Patient Safety
Dean of Medical School



The University of Hertfordshire - Higher Education Corporation - Teaching Hospital Exempt Charity



Professor Patrick H. Maxwell
DPhil FRCP FMedSci
Regius Professor of Physic
Head of the School of Clinical Medicine
Director, Cambridge University Health Partners

27 February 2024

Adam Sewell-Jones
Chief Executive
Lister Hospital,
Coreys Mill Lane,
Stevenage,
Hertfordshire, SG1 4AB

Dear Adam

East and North Hertfordshire NHS Trust: Application for teaching status

I am writing to offer support from the University of Cambridge School of Clinical Medicine to East and North Hertfordshire NHS Trust's application for teaching status. We are very grateful to your trust for providing high quality clinical placements across a large range of specialties to Cambridge students over the last 20 years. You are a very valued teaching partner, with consistently positive evaluations from our students. This academic year, we plan for 310 student placements at the Lister. We have spoken about how we would like to increase the number of these placements, in recognition of the enthusiasm and skill of your teaching staff (medical and non-medical) and the positive student evaluations.

We also appreciate continued high-level engagement in undergraduate teaching, exemplified by regular attendance by yourself as CEO, the Chief Financial Officer and the Medical Director at our annual quality assurance visits.

Kind regards

Patrick Maxwell

Professor Patrick H Maxwell DPhil FRCP FMedSci,
Regius Professor of Physic &
Head of the School of Clinical Medicine

Paul Wilkinson

Professor Paul Wilkinson
Clinical Dean
School of Clinical Medicine

School of Clinical Medicine
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London's Global University



Adam Sewell-Jones
Chief Executive
East and North Hertfordshire NHS Trust

27 February 2024

Dear Mr. Sewell-Jones

East and North Hertfordshire NHS Trust: Application for teaching status

Thank you for all your teams have done and continue to do in teaching and training UCL medical students.

We are happy to support your application to the Department of Health and Social Care for the change to your Establishment Order to become East and North Hertfordshire Teaching NHS Trust. We also grant permission to use UCL Medical School's logo in the material you are producing relating to this work.

Currently, the Lister Hospital receive UCL Medical School's Year 5 students for three weeks of teaching in Obstetrics and Gynaecology and five weeks in Paediatrics. UCL Year 6 students are accommodated for 16 weeks of their District General attachment. Additionally, up until this year, final year medical students complete four weeks in a Preparation for Practice Student Selected Component (post finals), at the Lister Hospital.

Our UCL Medical School students receive a very high standard of education at East and North Hertfordshire NHS Trust. We support an application for teaching hospital status, which will enhance the educational and research opportunities available to our students, which ultimately benefits patient care.

Yours sincerely,

Faye Gishen

Professor Faye Gishen MBBS BSc FRCP EdD PFHEA

Director, UCL Medical School
Head of the MBBS Programme
Consultant Physician

Cc Justin Daniels, Medical Director

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01582 481100
e-mail: david.carter@bedfht.nhs.uk
Or to: Chief Executive, Jane Payne
e-mail: jane.payne@bedfht.nhs.uk

28 February 2024

Via Email
Adam Sewell-Jones
Chief Executive
East and North Hertfordshire NHS Trust

Dear Adam

East and North Hertfordshire NHS Trust Application for Teaching Status

I am writing to support your application to change the name of the Trust to East and North Hertfordshire Teaching NHS Trust.

As you know Bedfordshire Hospitals NHS Foundation Trust has a long history of working in partnership with East and North Hertfordshire, including our work within the Mount Vernon Cancer Network and across many other clinical pathways.

I can confirm that the name is clear and understandable and will not conflict or be confused with our own name or other organisations.

I wish you every success in your application.

Yours sincerely

DAVID CARTER
Chief Executive

Chair Richard Carter
Chief Executive, David Carter



Hertfordshire County Council
County Hall
Peas Lane
Hertford
Herts, SG13 8DP

Date: 28 February 2024

Adam Sewell-Jones
Chief Executive
East and North Hertfordshire NHS Trust

Sent via email to: a.sewelljones@nhs.net

Dear Adam and Justin

Re: East and North Hertfordshire NHS Trust: Application for teaching status

Hertfordshire County Council is pleased to offer its support to the East and North Hertfordshire NHS Trust in its application to secure teaching status. We are very excited about what this will bring for the hospitals in the Trust in attracting the necessary resources to expand your education, training and research offer. This will benefit not only your current and future staff but, more importantly, improve crucial health outcomes for the residents of Hertfordshire.

Hertfordshire County Council is proud of the close working relationship and collaboration between our teams in delivering joined up health and care services. This extensive partnership approach with your Trust and the Integrated Care System across Hertfordshire and West Essex, delivers for our residents and puts Hertfordshire in a position of strength to deliver on our joint aims to support people to live well for longer.

At a time when all system partners must be innovative in securing future talent pipelines amidst so many workforce pressures, proposals such as this are both important and valuable. We enjoy strong links with a range of education and training partners including our schools, Further Education colleges and the University of Hertfordshire and should there be anything more we can do to develop your teaching status ambitions, we would be delighted to be of assistance.

The County Council is pleased to confirm its full support and we look forward to continuing to work in partnership with you in the future for the benefit of all our residents.

Yours sincerely

Owen Mapley
Chief Executive

Clr Richard Roberts
Leader of the Council

From: TOWNSEND, PHIL (WEST HERTFORDSHIRE TEACHING HOSPITALS NHS TRUST) <phil.townsend@nhs.net>
Sent: Tuesday, February 6, 2024 7:56 AM

To: FIELD, TERRI (EAST AND NORTH HERTFORDSHIRE NHS TRUST) <t.terri.field2@nhs.net>

Cc: COATS, MATTHEW (WEST HERTFORDSHIRE TEACHING HOSPITALS NHS TRUST) <mattthew.coats@nhs.net>

Subject: Re: SENT ON BEHALF OF ADAM SEWELL-JONES, CHIEF EXECUTIVE - East and North Hertfordshire NHS Trust: Application for teaching status

Hi

Thank you for the letter about the Teaching Status. We have been on that journey and wish Adam and the team every success. There is no issue with the proposed naming convention from our (WHTHT) perspective.

Regards

Phil Townsend

Chair

From: Dee Hart
Sent: Sunday, February 11, 2024 5:08 PM

To: a.sewelljones@nhs.net

Cc: Natalie Rotherham <Natalie.Rotherham@hertfordshire.gov.uk>

Subject: East & North Hertfordshire NHS Trust: Application for teaching status. (Clr Dee Hart)

Importance: High

Dear Mr Sewell-Jones,

I would like to take this opportunity of writing to fully endorse & support the application of East & North Herts NHS Trust's application for teaching status.

This application once approved will bring significant benefits to patients & staff alike plus of course the wider local community that the hospital already serves.

Moving forward this will help to develop, education, training, and all-important research projects. I believe the board & members of staff have worked hard, over several years towards the goal of teaching status, that will help in educating the next generation of doctors, nurses, and other healthcare professionals.

I look forward to receiving positive updates regarding the application for teaching status at East & North Hertfordshire NHS Trust.

Kind Regards

Clr Dee Hart

Chairman Health Scrutiny Committee

Hertfordshire County Council.



Kings Court
London Road
Stevenage
Hertfordshire
SG1 2AG
01707 275978
28 February 2024

Dear Adam

Thank you for contacting us about your application to the Department for Health and Social Care for permission to add 'Teaching' to your name. This sounds an excellent approach that we are very happy to support. We can confirm that the new name is clear and understandable and we do not envisage it causing any confusion to patients.

The new name reflects and formalises the Trust's commitment to learning and development across the organisation. From a Healthwatch perspective, the Trust has been keen to hear and learn from patient experience, which we have conveyed through our regular meetings with the Chair and Chief Executive and the Director of Nursing at the Trust. The Trust has used patient experience to make improvements both strategically and operationally, evidenced recently by the Trusts changed messaging around PALS services.

Good luck with the application.

Yours sincerely

Neil Tester

Chair Healthwatch Hertfordshire

Neil Tester

Chair Healthwatch Hertfordshire

Geoff Brown
Chief Executive Healthwatch Hertfordshire

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Howard Court
14 Town Road
Welwyn Garden City
Hertfordshire
AL7 1BW

23rd February 2024

East and North Hertfordshire NHS Trust

Dear Adam Sewell-Jones and Justin Daniels

East and North Hertfordshire NHS Trust: Application for teaching status

I am writing to express my support for East and North Hertfordshire NHS Trust's application for teaching status. Having worked alongside the Trust for over 10 years I can attest to the hard work, dedication and passion for education, training, and research the Trust has.

I am confident that teaching status will bring significant benefits to the staff, patients, and local communities.

Kind regards,

Dr Linda Sheridan

Chair
Hertfordshire Community NHS Trust



Howard Court
14 Town Road
Welwyn Garden City
Hertfordshire
AL7 1BW

29th February 2024

Dear Adam

Thank you for sharing a briefing paper and seeking support for your application to apply to add 'Teaching' to the name of East and North Hertfordshire NHS Trust.

Hertfordshire Community Trust shares your ambition to unlock the potential of staff. We also recognise that as providers within the East and North Hertfordshire ICB, we need to increasingly work together to better meet the health and care needs of the communities we serve; this has implications for how we train our people in partnership and leverage our respective capabilities and opportunities to unlock this potential across as well as within organisational boundaries.

We welcome the development of new and shared roles and, in line with the recent Kings Fund report recommendations in relation to workforce (Making Care Closer to Home a reality, February 2024) we would be keen to work with you to develop ways to encourage our leaders to work in community and acute settings to support meaningful experience of primary and community care, for example through placements for both clinical and managerial staff and to further develop training and continuing professional development so that practitioners have the skills needed to work in different settings and within multidisciplinary teams.

I wish you well with your application.

Elliot Howard-Jones

Chief Executive

16 February 2024

Adam Sewell-Jones
Chief Executive
East and North Hertfordshire NHS Trust
Lister Hospital, Coreys Mill Lane,
Stevenage,
Hertfordshire
SG1 4AB

Dear Adam

Thank you for your letter informing us that East and North Hertfordshire NHS Trust (ENHT) are in the process of applying for Teaching status.

As a Trust, we are supportive of your application and strongly believe that it will be beneficial not only to patients, staff and local communities but that it will also provide an opportunity for ENHT to link with system partners in areas of shared interest such as training, education and research.

As a University Trust we have a well-established and hugely beneficial relationship with the University of Hertfordshire and look forward to strengthening our work together as a result of you gaining Teaching status.

I hope the application process continues to move ahead smoothly and please do not hesitate to contact me if there is anything we can do to assist with this.

Yours sincerely

Karen Taylor
Chief Executive



Karen Taylor
Chief Executive
Trust Head Office
The Colonnades
Beaconsfield Road
Hatfield
AL10 8YE

Tel: 01707 253851

By Email Only

Adam Sewell-Jones
Chief Executive Officer
East and North Hertfordshire NHS Trust
Lister Hospital
Coreys Mill Lane
Stevenage
Hertfordshire
SG1 4AB

16th February 2024

Dear Adam

Application for teaching hospital status

Thank you for your letter dated 6th February 2024 outlining your intentions to apply for teaching hospital status for the trust.

As a long-time partner of East and North Hertfordshire Hospitals Trust then HUC would be more than happy to fully endorse your application and the benefits this will bring to both the development of the clinical workforce and positive impact on patient care.

We look forward to hearing further news and progress reports with this exciting development for the organisation and wish you the very best of luck with your application.

If there is anything further, we can do to support your application then please do not hesitate to get in touch.

With very best wishes

David Archer
Chief Executive



www.hct.nhs.uk



www.hct.nhs.uk



Herts Urgent Care Ltd
Address: Kings Court, London Road, Stevenage, Hertfordshire, AL7 1BW
Tel: 01438 554444 & 01438 233333 (night service)
Email: herts@hertsurgentcare.nhs.uk & herts@hertsurgentcare.nhs.uk
001 1 800 709 6000 (for patients) 01438 233333 (night service) 01438 554444



Teaching
commitment



East and North
Hertfordshire
NHS Trust

Showcasing our significant teaching commitment



#ProudToBeENHT

Welcome

Message from Anita Day Chair

Having taken up post on 1 February 2024, I am thrilled to be joining the Trust at this exciting time.

For decades the Trust has been working with partners to develop our current and future workforce; Teaching status will provide validation of the amazing and indeed award-winning work taking place every day across our organisation.

Teaching status also gives us a platform to grow and strengthen our links with



partners including the University of Hertfordshire as they prepare to open the first undergraduate medical school in our county.

As a major employer in Hertfordshire, we have a responsibility to raise aspirations within our community; adding Teaching to our name is a clear and visible reflection of our

ongoing commitment to teaching, training and education.

Our Trust Board are proud to submit our application for recognition as a Teaching Trust and we are delighted to have support for this application from partners, local stakeholders and our community.

Message from Adam Sewell-Jones Chief Executive

a 'significant teaching commitment' across all departments and staff groups in our organisation.

As a Trust we are here to provide for our community, and we strive to attract the best people to care for our patients.

We invest in our people and seek to empower all to develop their careers in whatever way they wish to, living our values: Include, Respect & Improve.

We have developed a culture of learning and research to

inform and improve our standards of care; working to deliver our vision 'to be trusted to provide consistently outstanding care and exemplary service'. This application comes at a time of great opportunity for our Trust.

Our quality improvement partnership with the Virginia Mason Institute will transform our leadership approach, offer learning opportunities for all including myself and my executive team and will enable us to maximise on the benefits of becoming a Teaching Trust.



We are proud to submit our application for recognition as a Teaching Trust and this document will provide a glimpse into how we deliver

Written by: Jennifer Godwin, Partnership Manager

Designed by: Dawn Somerville, Clinical Photographer

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Support from our partners

University of Hertfordshire **UH**

Our partnership frames vital collaboration between Trust and University. The partnership has been critical to the development and continued success of Degree Apprenticeships within the University, in support of NHS workforce needs, in line with the NHS Long Term Plan.

East and North Herts has been the main partner in supporting University application to the General Medical Council to establish the first county based medical school. This will only be enhanced by East and North Herts being formally recognised with Teaching status.

UNIVERSITY OF CAMBRIDGE School of Clinical Medicine

We are very grateful to your trust for providing high quality clinical placements across a large range of specialties to Cambridge students over the last 20 years. You are a very valued teaching partner, with consistently positive evaluations from our students.



MEDICAL SCHOOL

Our UCL Medical School students receive a very high standard of education at East and North Hertfordshire NHS Trust. We support an application for teaching hospital status, which will enhance the educational and research opportunities available to our students, which ultimately benefits patient care.

Our Trust

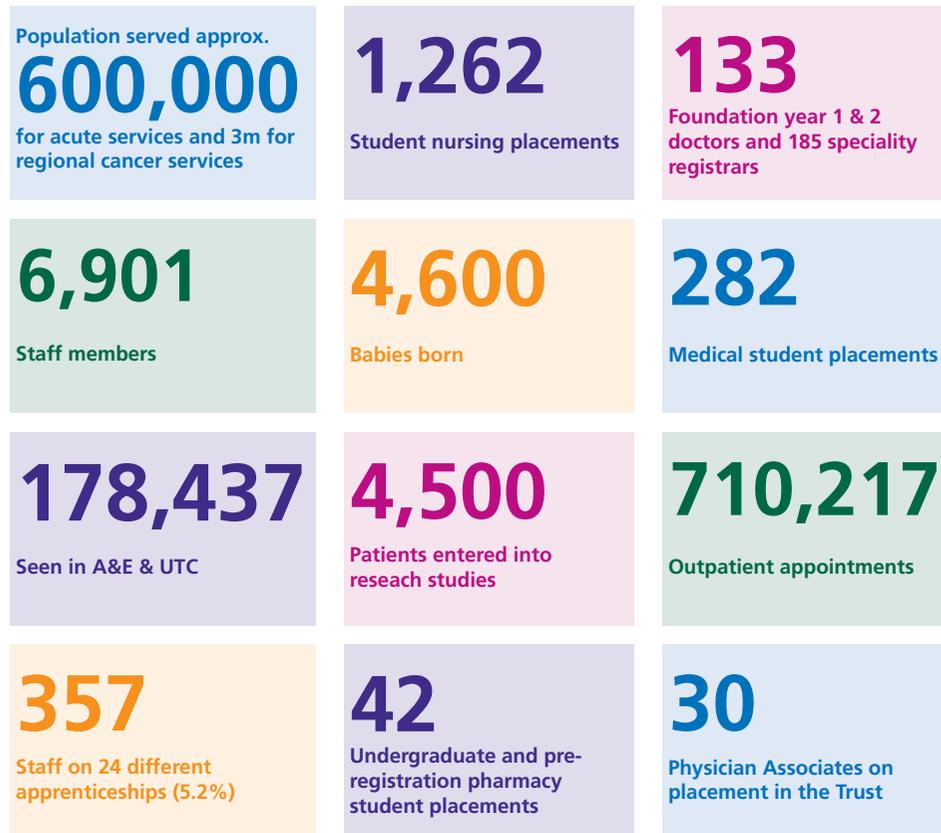
District general hospital trust providing general acute services at four sites:

- Lister Hospital in Stevenage
- The New QEII Hospital in Welwyn Garden City
- Hertford County Hospital in Hertford
- Mount Vernon Cancer Centre in Northwood

We provide specialist renal services across Hertfordshire, West Essex, Luton and Bedfordshire and specialist cancer services at Mount Vernon Cancer Centre.

We are a major employer in Hertfordshire employing over 6,900 staff and are committed to the development of both current and future staff. This document aims to showcase how the Trust has embedded a culture of teaching and learning at every level and department across the organisation.

Activity Highlights for 2023



UH undergraduate students from 12 courses across School of Life and Medical Sciences and School of Health and Social Work

Our strategic priorities



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.



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.

Quality

Medical education

Undergraduate

For more than 20 years we have been a teaching hospital partner with University of Cambridge and University College London (UCL) offering clinical placements and clinical skills training to undergraduate medical students across the Trust.

We host over 100 medical students from UCL and almost 200 medical students from University of Cambridge on placement each year from years 4, 5 and 6 of their studies.

Postgraduate

Medical education doesn't end with graduation and the Trust currently employs 71 foundation year 1 doctors and 62 foundation year 2 doctors.

The two-year foundation course for all junior doctors allows for a structured transition from student to independent practitioner with ongoing teaching and support.

Physician Associate

Our Director of Medical Education played a pivotal role in the development and establishment of MSC Physician Associate training programme with the University of Hertfordshire.

This two-year intensive, clinically-focused course is designed to emulate medical training at a basic foundation level. The Physician Associate role brings new talent to the NHS. They increase the numbers of the medical workforce and provide quality care for patients.

They support clinical and ward teams by undertaking some procedures, adding to the skill mix.

Our first cohort started in 2017 and we have hosted students every year since.

Quote from a second year student

"I find the ward rounds really good for learning; working so closely with the consultant gives me an insight into his thought processes and the key things to remember."

I'm also able to practice my clinical skills, assisting the nursing staff on the wards. I feel I'm contributing to the ward team and they are really supportive."

Widening participation

Over the last year we have welcomed more than 100 local young people into the Trust for work experience. Activities included Patient's Journey which shows how many NHS staff one patient will meet during their stay in hospital.

Our staff attended careers events at 16 local schools and

colleges raising awareness of the variety of careers available in the NHS.

Working with partners we have been able to expand the range of apprenticeships we can offer staff with our first occupational therapy degree apprentice starting at the University of Hertfordshire in September 2023.

We have worked hard over the past few years to embed the apprenticeship route to degree registered nurse.

Individuals can join the Trust as a clinical support worker and complete level 2 & 3 level apprenticeships to senior clinical support worker.

Staff then have a choice to join a 4 year degree nursing apprenticeship or 2 year trainee nursing associate apprenticeship with the option to top-up to degree registered nurse.

All routes enable staff to earn while they learn.

Knowledge and Library Services

The Trust is proud to support our learners with proactive, high-quality knowledge and library services. Staff and students have access to a range of electronic resources,

databases, books and journals online as well as 24/7 access to computer facilities, Wi-Fi and a space for quiet study and work at the Lister hospital site.

Face to face and virtual teaching sessions on searching evidence-based resources and

critical appraisal are offered to groups and individuals as well as eLearning courses on literature searching, health literacy, knowledge mobilisation, critically appraising the evidence and medical terminology.



Quality

Clinical skills

We use state of the art training facilities including simulation and virtual reality to deliver a comprehensive clinical skills training programme for medical students, junior doctors and trainee physician associates.

We are proud to work with our partners to teach students from year 4, 5 and 6 Cambridge Medical School; year 5 and 6 UCL Medical School and Physician Associates from the University of Hertfordshire.

We have developed a flexible timetable to fit around other training whilst meeting the requirements of the curriculum set by the universities. Teaching clinical skills effectively and ensuring all students are competent in clinical skills before treating our patients means safety is upheld in the Trust.

Student Deteriorating Patient Simulation Programme - These sessions are for the final year medical students from Cambridge and UCL whilst they are in their acute placement. They allow the students to run through acute deteriorations and treatments whilst safe in the knowledge that it is a simulation. Students also develop wider skills such as delegation, team working,

diagnosing and management skills as they work through the scenarios.

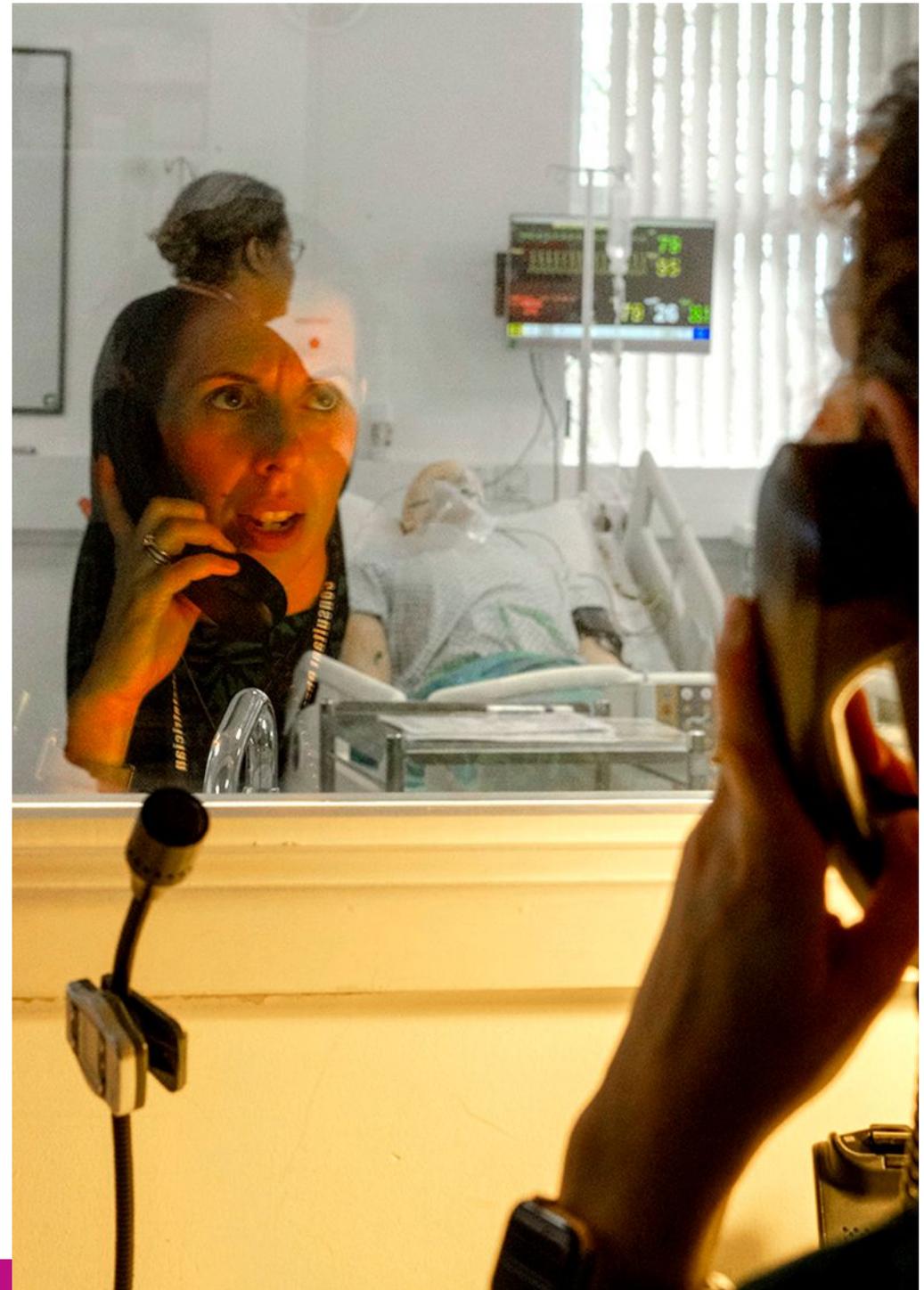
Foundation High Fidelity Simulation Programme - These sessions for FY1&2 doctors focus on the human factors that influence decision making in high pressured environments. They allow doctors to run through acute deteriorations and treatments for patients developing skills in resource management, delegation, team working, diagnostic and management skills as they work through the scenarios.

Our Clinical Skills and Simulation Training Team Lead, Stephanie Smith recognised by UCL Medical School in 2022 with both an Excellence in Medical Education award and Top Teacher Award for Year 6. Steph has also won numerous Name and Proclaim awards with student feedback including:

“Steph has been incredible our entire time here at Lister. Her teaching in sessions is always great, giving us really useful tips for clinical skills. She really has gone above and beyond and I know a lot of us are grateful to her for what she has done!”



“Throughout my time at Lister, the highlights have always been the clinical skills teaching which I believe are some of the best that we’ve had at medical school with Steph being the main deliverer of this! Thank you Steph!”



Thriving People

Partnership with the University of Hertfordshire

The Trust has a long-standing partnership with the University of Hertfordshire which was formalised in 2017 with the signing of a memorandum of understanding.

We work together to promote education, training, research and innovation.

Over the past year, students from 12 undergraduate courses from across the schools of Health & Social care and Life & Medical Sciences have been on placements within the Trust including the latest cohort of nursing students.

Our partnership will continue to grow with as major partners in the newly established University of Hertfordshire School of Medicine and their application to open an undergraduate medical programme to complement the existing postgraduate and public health programmes.

“Together, we have collaboratively designed and implemented a range of educational programs, spanning undergraduate, postgraduate, and short courses, all aimed at bolstering the capacity of the local and regional NHS workforce.

We have joined forces with the Trust in the establishment of a new school of medicine.

The collaboration between our institutions extends beyond education, encompassing joint clinical research projects and initiatives, along with shared posts and honorary appointments.

With the imminent launch of our medical school, this collaborative effort is poised to flourish and fortify in the years ahead.”

**Prof Zoe Aslanpour,
Dean of Medical School**

Preceptorship programme

Newly qualified nurses entering our workforce are enrolled on our preceptorship programme designed to give our staff the best chance to succeed from the start of their career. In January 2024 we had 119 preceptees at various stages of the programme.

We have recently added a preceptorship e-learning package to our online ENH Academy to enhance existing resources.



Our learners are supported by our clinical education team and receive peer support through our preceptor forum.

We are proud to have been awarded the preceptorship quality mark for our programme.



Akeem Fernandez won Preceptor of the Year award at the 2023 Nursing Times workforce awards.



Pathway to excellence

In July 2022 we became the second Trust in England to receive Pathway to Excellence designation.

Pathway to excellence is a nursing and midwifery excellence framework, aiming to create a positive practice environment where our staff can excel.

The programme is made up of three pathways which enables us to embed a culture of excellence, improving staff satisfaction and retention and improving outcomes for our staff, patients, families and the local community.

This pathway also contributes to the experience our students have when on placement in the Trust, ensuring an open and safe learning environment.



Skills based training

Our clinical education team provide skills training on a range of topics including cannulation, venepuncture, intravenous drug administration and nasogastric tube insertion.

These interactive sessions include classroom and practical elements designed to enhance staff proficiency and increase the quality of care provided.

In addition, we are always looking for innovative ways to bring training to our students and the clinical education team can be found travelling the wards with their 'Training on Wheels' trolley, supporting students across wards and departments.

This initiative has been shortlisted for a 2024 Student Nursing Times award.



Thriving People



"I joined the Trust as a Clinical Support Worker (CSW) in September 2014 after finishing sixth form.

I applied for the job as apprentice CSW as I remained keen to learn but I didn't know I wanted to be a nurse until I started!

I feel lucky to have worked for some great managers in the Trust who have supported me through my studies as well as the fantastic nurse education team.

It was not possible for me to go to university the traditional route and you can't be a nurse without a degree.

Not sure what I would be doing now without apprenticeships, but I wouldn't have the career and opportunities I have now!"

Staff have enrolled on apprenticeships such as chef, engineering and accountancy as well as occupational therapy, operating department practitioner, pharmacy technician and clinical scientist. We also have staff on senior leadership and mentoring apprenticeships and an established apprenticeships route from clinical support worker to degree registered nurse.



Our finance department have a long history of supporting apprentices from level 2 to level 7. Our current apprentices (pictured) are at different stages of their career; James

and Carson are about to start level 3; David is almost at the end of his level 4 AAT diploma in professional accounting; Priya (not pictured) is about to start her

level 7 CIMA apprenticeship whilst Louise has progressed to the management module.

Apprenticeships are embedded in the team giving fantastic opportunities for career progression.

Kirsty joined the team as a level 2 apprentice and is now mentoring the level 3 apprentices having completed her level 7 CIMA and is now a fully qualified management accountant in the Trust.





Leadership and Management

We support our current and future leaders with a comprehensive programme of leadership development, individual and team coaching and mentorship.

These range from bespoke programme design and 'bitesize' sessions to masters level 7 programmes.

These programmes have a local and regional catchment and utilise various access options including apprenticeships.

This is a combination of in-house provision by our People Team as well as programmes delivered across the Integrated Care Board

and with local and national partners including NHS Leadership programmes, RCN, Kings Fund and Ashridge Business School.

We also host trainees from the national NHS graduate management training schemes.



Consultant obstetrician Jasmine Leonce has accepted a prestigious position with NHS England as National Speciality Adviser for Maternity following completion of the Nye Bevan Leadership course.

"The Nye Bevan programme has given me the confidence and tools to be more impactful at a national level. I found my voice as an ethnic minority female and believe that I can make a difference. I have also felt supported, as I have developed meaningful connections that go beyond the programme."

Feedback from some of our current NHS Graduate Management Training scheme trainees

"I feel that I have significantly expanded my experience and skillset when it comes to HR management.

I have gained exposure of all of the teams and functions of HR which has given me the ability to view the whole picture and strengthen my strategic thinking skills.

I would definitely recommend this scheme if you are looking to gain leadership skills or learn more about the NHS and how it functions."

HR Graduate Trainee Meg

"I knew I wanted to work in the public sector but didn't see a route into the NHS with my background. The Scheme seemed like the perfect fit, and I loved the aspect of rotating and being able to try different roles.

The Trust has been very supportive. I am lucky to have a placement manager who is an alumna of the scheme and was placed here at ENHT - she has been very supportive.

I also have the amazing Connie Chambers, Trust Talent Management Lead, as my programme manager who has been guiding me every step of the way."

General management Trainee Luca

"I joined the scheme straight out of university, the GMTS has had a significant impact on my career.

I have had opportunities to get involved in various projects and initiatives that, as a graduate, I did not think I would get the opportunity to get involved in.

I have been really grateful for all of the support I have received during my time on the scheme at ENHT."

HR Graduate Trainee Lauren

Seamless Services



Advanced Clinical Practitioners

Our advanced clinical practitioners (ACPs) are embedded in services across the organisation. They are highly trained, highly skilled clinicians from wide ranging clinical professions with vast clinical experience.

The ACPs are transforming pathways for patients in many services across the Trust including, emergency medicine, acute medicine, general surgery, frailty, cancer services and critical care.

Developing opportunities to move into advanced practice roles has provided career development opportunities in clinical care, education, leadership, and research.

The ACPs are delivering care across pathways that supports improved patient outcomes, ensuring that care is delivered in the right place, at the right time, by the right clinician.

Independent Prescribers

Independent prescribers are a vital part of the workforce

in the Trust with almost 30 pharmacy prescribers working in wards and departments across the Trust. Ward based prescribing pharmacists help to improve patient flow by decreasing time between decision to discharge and patients leaving the ward.

Three of our optometrists also completed the independent prescriber course recently; this allows them to clinically assess a patient, establish a diagnosis, determine clinical management and prescribe for eye related conditions.

End of life care

The specialist palliative care education team works across the Trust to deliver timely education programmes to ensure staff feel confident in caring for patients at the end of life. The team works with partners in local hospices and the University of Hertfordshire deliver a seamless service for patients in the last year of life.

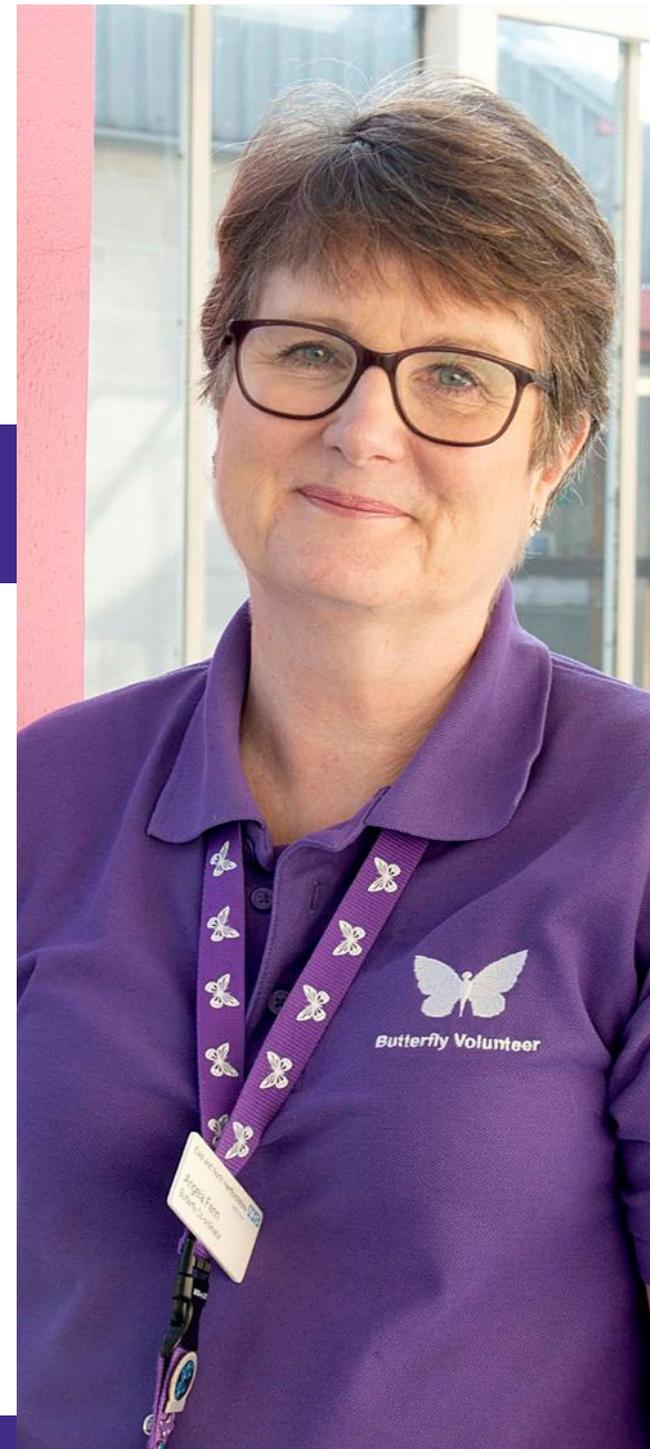
Compassionate Herts: Preparing student nurses for end of life care has been shortlisted for Student Nursing Times awards 2024 partnership of the year.

Our respiratory ward was the first in the Trust to gain accreditation in the Gold Standard Framework for best practice in the final year of life.

Our amazing Butterfly Volunteers

Our amazing, award-winning Butterfly volunteers sit with patients at the end of life. They advocate for patients and support families at this difficult time providing respite for family members and peace of mind that their relative won't be alone.

The volunteers join the wider palliative care team for weekly reflective journal clubs exploring topics such as safe opioid use, collaborative approach to managing patients in critical care and challenging decision making with ventilated patients.



Seamless Services

Internationally Educated Nurses

Our clinical education team is responsible for welcoming nurses and midwives educated abroad and working with them to complete their OSCE competency tests to prove fitness to practice in the UK and gain their PIN from the Nursing and Midwifery Council.

This intensive process takes approximately 8-9 week to prepare the nurses for the OSCE test and a maximum of 35 working days from exam to PIN.

We are also mindful of the welfare of these new staff members, and they are supported into our organisation and Hertfordshire life.

Throughout the year we celebrate the cultures of our diverse workforce including Philippines Independence Day on 12th June,

Windrush day on 22nd June where special menus were provided in the restaurant.

In addition, our Race Equity and Cultural Heritage (REACH) network is one of many active staff networks within the organisation.



Teaching Hub for Anaesthesia

There are three teaching hubs for anaesthesia trainees in the East of England and we are one of them.

This involves running courses on behalf of the Deanery including ENHANS novice simulation training for new trainees; tracheostomy simulation training for anaesthesia trainees and critical care nurses; airway simulation looking at care of the airway during anaesthesia and transfer training for anaesthesia trainees and critical care nurses on transferring critically ill patients.

Trust wide preregistration placements committee

Sitting as a subgroup of the Trust Education Board, the preregistration placements committee gives oversight of student placements ensuring that overall capacity for students is considered across all wards and departments.

The committee includes representation from medical education, nurse education, pharmacy, allied healthcare professionals and operational management.



Continuous Improvement

Near Peer Teaching

Our near peer teaching programme recruited junior doctors and final year medical students. They set up a learning community; were taught basic teaching theory including inclusivity and unconscious bias training and went on to deliver to fourth year students. Participants were also encouraged to undertake formal teaching courses such as PG Certificate in Education thereby nurturing their interest in teaching from the beginning of their medical careers.

Student feedback on this programme has been overwhelmingly positive and many of the junior doctors involved in the teaching programme received commendations and awards from UCL and Cambridge Medical schools.

Importantly, improving the learning environment has directly impacted patient care. Students wrote back to us in their F1 year to let us know how our teaching had directly helped their



Pilot site for new undergraduate Pharmacist Training

The Trust, in partnership with the University of Hertfordshire was chosen to be a pilot site for the new MPharm placement structure.

Changes to the curriculum mean more time spent on clinical placements and will ensure that pharmacists are certified independent prescribers by the end of their foundation year.

Rachel Holland, our pharmacy lead for education, training and workforce development is working with NHS England to ensure this new curriculum is embedded into the NHS in a sustainable way.

In July 2023, our medical director visited the University of Hertfordshire to tour their facilities including the pharmacy simulation suite (pictured below).



Continuous Improvement

Shared decision making council

The Trust now has five successful shared decision-making council forums including: Research, Reward and Recognition, Staff Well-Being, coproduction and New Recruits.

The shared decision-making framework was developed in support of Chief Nurse for England's shared governance: collective leadership programme.

The framework helps all staff embrace that they are leaders, regardless of professional role

or seniority, recognising that 'everyone has the ability to influence and effect change.'

Our framework offers teaching to our preceptees, to share the purpose of shared decision making and teach them ways in which they can get involved and support a shared governance culture.

The benefits to shared decision making include increased staff engagement, autonomy, satisfaction and enjoyment at work.

The councils support improved experience and outcomes for both staff and patients as we increase the focus on quality and provide opportunities for staff and students to be part of the change process.

The research decision making council supports members to use research as a tool to develop their practice and encourages evidence-based practice as standard. The council gives space for reflection and allows staff and students to ask 'why'; to research the evidence and collaborate across teams to learn, improve knowledge and skills and to support decision making.



Leading the world... focus on Urology

Prof Nikhil Vasdev is a world leading robotic urological surgeon and teaches across the world including USA, Europe, Asia (India, Hong Kong and Thailand) and middle East.

Prof Vasdev is the Associate Medical Director for Cancer at the Trust and is co-director of the Royal College of Surgeons of England Robotic Urological Fellowship programme. He is Professor and Chair of Robotic Surgery at the School of Postgraduate medicine, University of Hertfordshire. Prof Vasdev is the Urology teaching lead for medical

students in the trust and has multiple research grants Robotic Surgery and Artificial Intelligence.

Prof Vasdev has also been chosen as section editor for the Gray's Surgical Anatomy text and will be editing the urology and pelvis section in the next edition due to be published in 2024. Written and edited by expert surgeons, Gray's Surgical Anatomy provides anatomical drawings and technical knowledge for the entire human body in a single volume.

It is read and referenced by doctors, surgeons and consultants globally. Speaking about his new editorial role, Professor Vasdev said

"It's a privilege to be selected for this very prestigious position and I am proud that some of amazing work that we do at the Trust is recognised internationally."

Continuous Improvement

Research and Innovation

At East and North Hertfordshire, we are proud of the contributions our amazing research and innovation teams have made (and continue to make) to raising standards of patient care locally, nationally and internationally.

Development of a new service

Our Gastroenterology team provide treatment to people with health issues of the digestive system including oesophagus, stomach and intestines.

The team created a novel approach to detecting oesophageal cancer through the innovative Cytosponge approach - a 'Sponge on a string' test that samples cells from the oesophagus without the need for gastroscopy (a tube into the stomach and previous standard of care).

The use of Cytosponge can help with early detection and treatment of oesophageal cancer with improved health outcomes and cost savings. It also offers a much quicker and patient-friendly approach when compared to gastroscopy.



Developing new knowledge

Anticoagulants (blood thinners) are used in some patients to reduce the risk of clots forming which can lead to stroke. However, these medications can significantly increase the risk of bleeding.

Our Cardiology team were the highest recruiters for two research studies which identified the optimum use of a new anticoagulant (Asundexian) in patients with atrial fibrillation (irregular and often abnormally fast heart rate).

Development of new treatments

Thanks to the oncology research team, Mount Vernon became the first cancer centre in the UK to treat a patient with Trodelvy, a new treatment for metastatic triple negative breast cancer.

Cancer patient Carly Francis, said:

"I'm incredibly grateful to the team who acted so quickly to enable me early access to this new treatment."

Enhancing the delivery of a service

Patients whose kidneys do not work properly have a procedure known as dialysis to remove waste products and excess fluid from the blood.

Our renal research team found that frequency of treatment can safely be reduced in some patients, preserving a patient's renal function and improving outcomes. The team also found that

conservative management is a viable alternative to dialysis in patients in frail older patients reducing time spent in hospital and improving quality of life.

Embedding research for all patients

As a research active organisation we want to see research embedded as an expectation and we achieved this within our maternity services.

Group B Streptococcus (GBS) is a bacterium present in the vagina of approximately 1 in 4 pregnant women.

Giving women antibiotics in labour reduces the risk of their babies developing GBS infection but it is not routinely done.

As part of a research study our maternity service offered GBS3 testing to every pregnant woman. Over 3,000 women took up this offer.



Award winners

Our fantastic staff have been recognised for their work in teaching excellence!

Our medical education team has a long history of winning UCL Excellence in Medical Education awards, here are a few of our most recent winners!

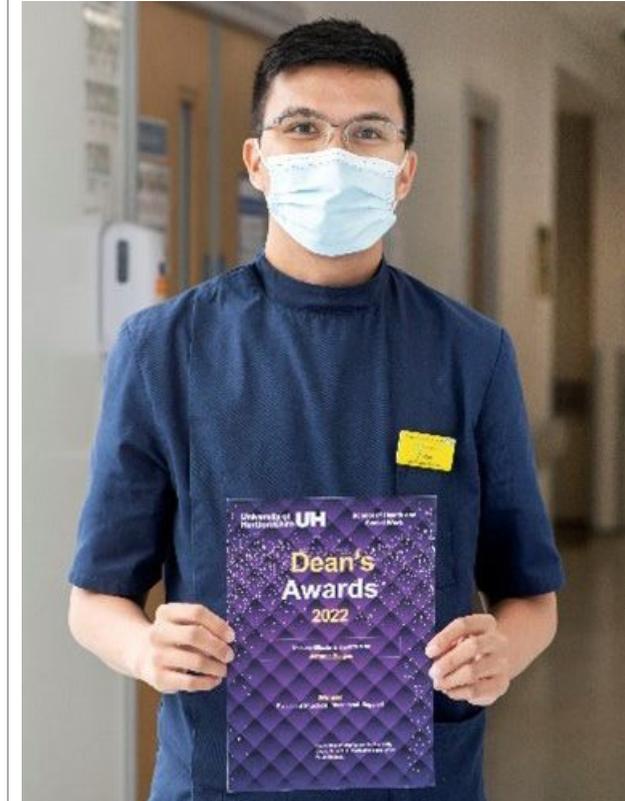


Success for our clinical education team at the 2023 Nursing Times Workforce Awards: Akeem Fernandez wins preceptor of the year with Jerome Alagao shortlisted for Practice Educator of the Year and Jethro Conde shortlisted as overseas nurse of the year!



Catherine Morgan, Nurse Education Facilitator, was nominated for a DAISY Award for her work to support overseas nurses completing their OSCE registration to enable them practice in the UK.

Jerome Alagao, our Pre-registration Lead Practice Facilitator was awarded a Dean' Award for Clinical Excellent Practice Placement from University of Hertfordshire



Georgina Warwick won a Daisy Award for "always going above and beyond for her patients, fellow colleagues, and students" Her work also saw her shortlisted in the prestigious Student Nursing Times Awards 2023 under the category 'Practice Supervisor of the Year', for her outstanding mentoring and supervising role in student nurses' training during clinical placements

Letters of Support



University of Hertfordshire
Office of the Vice-Chancellor

7th February 2024

To whom it may concern,

East and North Hertfordshire NHS Trust: Application for teaching status

The University and East and North Herts long-established Joint Management Board is co-chaired by the Dean of LMS and the Medical Director at ENHT. The focus of this partnership is to establish strong teaching and research links, and to respond more effectively together to the NHS long-term workforce plan, where we will collaborate under the strands of train, retain and reform.

Our partnership frames vital collaboration between 2nd year and University, the School of Life and Medical Sciences and the School of Health and Social Work in particular. The partnership supports clinical education and research collaboration for Health and Social Work and the School of Life and Medical Science students through the provision of practice placements, with experienced Practice Assessors and clinical staff supporting students in the clinical environment. Moreover, the involvement of clinical staff in the delivery of lectures in the classroom is invaluable ensuring students receive a currency of academic and clinical learning to support their progression towards qualification and a successful career within the region.

The partnership has been critical to the development and continued success of Degree Apprenticeships within the University, in support of NHS workforce needs, in line with the NHS Long Term Plan. Research collaboration is also critical to the success of the partnership, most easily evidenced in the School of Health and Social Work by the appointment of a Professor of Nursing, in part seconded from East and North Herts, as well as joint appointments within Life and Medical Science, most recently in the appointment of Professors of Robotic Surgery and Urology, and Cardiology.

East and North Herts has been the main partner in supporting University application to the General Medical Council to establish the first county based medical school. This new collaboration will support training in new medical workforce urgently required regionally and nationally. This will expand the scope for collaborative and innovative approaches in learning, teaching, and research between both organisations. This will only be enhanced by East and North Herts being formally recognised with Teaching status.

Yours faithfully,

Professor Quentin McKellar CBE
Vice-Chancellor



University of Hertfordshire
Sport, Health and Enterprise
Hatfield, Hertfordshire
AL9 9AB
Telephone: 045 51701 (ext 4000)
Fax: 045 51701 (ext 4001)
Website: www.hert.ac.uk

April 12th 2024

To whom it may concern

I am writing to express my full endorsement of the East and North Herts Trust (ENHT) application for teaching status.

Over the course of many years, the University of Hertfordshire has cultivated a close and productive relationship with ENHT. Together, we have collaboratively designed and implemented a range of educational programs, spanning undergraduate, postgraduate, and short courses, all aimed at bolstering the capacity of the local and regional NHS workforce.

For the past six years, the University of Hertfordshire and ENHT have forged a strategic partnership committed to taking clinical training and education to meet not only the specific needs of the local community but also those of the regional and national levels. As evidence of this dedication, we have joined forces with ENHT in the establishment of a new school of medicine. The rigorous application process with the General Medical Council, spanning eight stages over approximately five years, is well underway. Currently in its third year, our progress includes the successful completion and approval of two stages involving screening and financial viability audits.

Subject to GMC approval, our intention is to enrol 70 students in the academic year 2026-2027. ENHT, as our primary partner, is providing invaluable support in developing and delivering the curriculum, as well as facilitating clinical placements both within the university and at the trust. Furthermore, the medical faculty at the University of Hertfordshire has already made significant strides in recruiting a diverse cadre of clinicians representing various career stages and specialties, all dedicated to supporting our students.

The collaboration between our institutions extends beyond education, encompassing joint clinical research projects and initiatives, along with shared posts and honorary appointments. With the esteemed launch of our medical school, the collaborative effort is poised to flourish and thrive in the years ahead.

As the Dean of the medical school and on behalf of my faculty, we wholeheartedly endorse ENHT's bid for teaching hospital status. Such designation would be instrumental in advancing the NHS's long-term workforce strategy and is pivotal to our joint mission of attracting, training, and retaining the next generation of exceptional doctors to serve our community with distinction.

Professor Zita Ashpazz PhD – MPharm, FRPharmS

Professor of Public Health and Patient Safety
Dean of Medical School



28 February 2024

Via Email
Adam Sewell-Jones
Chief Executive
East and North Hertfordshire NHS Trust

Dear Adam

East and North Hertfordshire NHS Trust Application for Teaching Status

I am writing to support your application to change the name of the Trust to East and North Hertfordshire Teaching NHS Trust.

As you know Bedfordshire Hospitals NHS Foundation Trust has a long history of working in partnership with East and North Hertfordshire, including our work within the Mount Vernon Cancer Network and across many other clinical pathways.

I can confirm that the name is clear and understandable and will not conflict or be confused with our own name or other organisations.

I wish you every success in your application.

Yours sincerely

DAVID CARTER
Chief Executive



Hertfordshire County Council
County Hall
Pegs Lane
Hertford
Herts, SG13 8EP
Date: 28 February 2024

Adam Sewell-Jones
Chief Executive
East and North Hertfordshire NHS Trust

Sent via email to: a.sewelljones@nhs.uk

Dear Adam and Justin

Re: East and North Hertfordshire NHS Trust: Application for teaching status

Hertfordshire County Council is pleased to offer its support to the East and North Hertfordshire NHS Trust in its application to secure teaching status. We are very excited about what this will bring for the hospitals in the Trust in attracting the necessary resources to expand your education, training and research offer. This will benefit not only your current and future staff but, more importantly, improve crucial health outcomes for the residents of Hertfordshire.

Hertfordshire County Council is proud of the close working relationship and collaboration between our teams in delivering joint up health and care services. This extensive partnership approach with your Trust and the Integrated Care System across Hertfordshire and West Essex, delivers for our residents and puts Hertfordshire in a position of strength to deliver on our joint aims to support people to live well for longer.

At a time when all system partners must be innovative in securing future talent pipelines amidst so many workforce pressures, proposals such as this are both important and valuable. We enjoy strong links with a range of education and training partners including our schools, Further Education colleges and the University of Hertfordshire and should there be anything more we can do to develop your teaching status ambitions, we would be delighted to be of assistance.

The County Council is pleased to confirm its full support and we look forward to continuing to work in partnership with you in the future for the benefit of all our residents.

Yours sincerely

Owen Mapley
Chief Executive


Cllr Richard Roberts
Leader of the Council



London's Global University

Adam Sewell-Jones
Chief Executive
East and North Hertfordshire NHS Trust

27 February 2024

Dear Mr. Sewell-Jones

East and North Hertfordshire NHS Trust: Application for teaching status

Thank you for all your years have done and continue to do in teaching and training UCL medical students.

We are happy to support your application to the Department of Health and Social Care for the change to your Establishment Order to become East and North Hertfordshire Teaching NHS Trust. We also grant permission to use UCL Medical School's logo in the material you are producing relating to this work.

Currently, the Lister Hospital receives UCL Medical School's 1st 5th students for three weeks of teaching in Obstetrics and Gynaecology and five weeks in Paediatrics. UCL 1st 5th students are accommodated for 16 weeks in the UCL Clinical Simulation Centre. Additionally, up until this year, final year medical students complete four weeks in a Preparation for Practice Student Selected Component (prior final), at the Lister Hospital.

Our UCL Medical School students receive a very high standard of education at East and North Hertfordshire NHS Trust. We support an application for teaching hospital status which will enhance the educational and research opportunities available to our students, which ultimately benefits patient care.

Yours sincerely,
Faye Gishan

Professor Faye Gishan MBBS BS; FRCP EdD FRCGS
Director, UCL Medical School
Head of the MBBS Programme
Consultant Physician

Dr Justin Daniels, Medical Director

UCL Medical School
11 Harley Street
London, WC2E 6DF
Tel: +44 (0) 20 7546 5497
Email: admission@ucl.ac.uk



University of Cambridge
School of Clinical Medicine

Professor Patrick H. Maxwell
DPHil FRCP (MedSci)
Regius Professor of Physics
Head of the School of Clinical Medicine
Director, Cambridge University Health Partners

27 February 2024

Adam Sewell-Jones
Chief Executive
Lister Hospital,
Coreys Mill Lane,
Stevenage,
Hertfordshire, SG1 4AB

Dear Adam

East and North Hertfordshire NHS Trust: Application for teaching status

I am writing to offer support from the University of Cambridge School of Clinical Medicine to East and North Hertfordshire NHS Trust's application for teaching status. We are very grateful to your trust for providing high quality clinical placements across a large range of specialities to Cambridge students over the last 20 years. You are a very valued teaching partner, with consistently positive evaluations from our students. This academic year, we plan for 330 student placements at the Lister. We have spoken about how we would like to increase the number of these placements, in recognition of the enthusiasm and skill of your teaching staff (medical and non-medical) and the positive student evaluations.

We also appreciate continued high-level engagement in undergraduate teaching, exemplified by regular attendance by yourself as CEO, the Chief Financial Officer and the Medical Director at our annual quality assurance visits.

Kind regards
Patrick Maxwell

Paul Wilkinson

Professor Paul Wilkinson
Clinical Dean
School of Clinical Medicine
Box 111, Cambridge Biomedical Campus
Cambridge CB2 9SP
rgu@medsch.cam.ac.uk
Tel: +44 (0) 1223 336700



23rd February 2024

Dear Adam Sewell-Jones and Justin Daniels

East and North Hertfordshire NHS Trust: Application for teaching status

I am writing to express my support for East and North Hertfordshire NHS Trust's application for teaching status. Having worked alongside the Trust for over 10 years I am used to the hard work, dedication and passion for education, training, and research the Trust has.

I am confident that teaching status will bring significant benefits to the staff, patients, and local communities.

Kind regards,
Dr Linda Sheridan

Chair
Hertfordshire Community NHS Trust



29th February 2024

Dear Adam

Thank you for sharing a briefing paper and seeking support for your application to apply to add 'Teaching' to the name of East and North Hertfordshire NHS Trust.

Hertfordshire Community Trust shares your ambition to unlock the potential of staff. We also recognise that as providers within the East and North Hertfordshire ICB, we need to increasingly work together to better meet the health and care needs of the communities we serve; this has implications for how we train our people in partnership and leverage our respective capabilities and opportunities to unlock this potential across as well as within organisational boundaries.

We welcome the development of new and shared roles and, in line with the recent Kings Fund report recommendations in relation to workforce (Making Care Closer to Home a reality, February 2024) we would be keen to work with you to develop ways to encourage our leaders to work in community and acute settings to support meaningful experience of primary and community care, for example through placements for both clinical and managerial staff and to further develop training and continuing professional development so that practitioners have the skills needed to work in different settings and within multidisciplinary teams.

I wish you well with your application.

Elliot Howard-Jones

Chief Executive

Letters of Support



Kings Court
London Road
Stevenage
Hertfordshire
SG1 2AG
01707 219578
28 February 2024

Dear Adam

Thank you for contacting us about your application to the Department for Health and Social Care for permission to add Teaching to your name. This sounds an excellent approach that we are very happy to support. We can confirm that the new name is clear and understandable and we do not envisage it causing any confusion to patients.

The new name reflects and formalises the Trust's commitment to learning and development across the organisation. From a Healthwatch perspective, the Trust has been keen to hear and learn from patient experience, which we have conveyed through our regular meetings with the Chair and Chief Executive and the Director of Nursing at the Trust. The Trust has used patient experience to make improvements both strategically and operationally, evidenced recently by the Trust's changed messaging around PALS services.

Good luck with the application.

Yours sincerely



Neil Tester
Chair Healthwatch Hertfordshire



Geoff Brown
Chief Executive Healthwatch Hertfordshire

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Registered Office Kings Court, London Road, Stevenage, Hertfordshire, SG1 2AG



16 February 2024

Adam Sewell-Jones
Chief Executive
East and North Hertfordshire NHS Trust
Lister Hospital, Coreys Mill Lane,
Stevenage,
Hertfordshire
SG1 4AB

Dear Adam

Thank you for your letter informing us that East and North Hertfordshire NHS Trust (ENHT) are in the process of applying for Teaching status.

As a Trust, we are supportive of your application and strongly believe that it will be beneficial not only to patients, staff and local communities but that it will also provide an opportunity for ENHT to link with system partners in areas of shared interest such as training, education and research.

As a University Trust we have a well-established and hugely beneficial relationship with the University of Hertfordshire and look forward to strengthening our work together as a result of you gaining Teaching status.

I hope the application process continues to move ahead smoothly and please do not hesitate to contact me if there is anything we can do to assist with this.

Yours sincerely



Karen Taylor
Chief Executive



Coventry
Leamnorton Drive
Leamwater
Hertfordshire
W10 4HE

Home Tel: 01273 722118
Mobile Tel: 07785 227933
e-mail: robert@voss.uk.com

6th February 2024

To whom it may concern

East and North Hertfordshire NHS Trust: Application for teaching status

I am delighted to wholeheartedly support the application by the East and North Hertfordshire NHS Trust application. The Trust's work and reputation in the education of doctors, nurses and other medical professionals is exemplary and the ongoing benefit to the community of Hertfordshire and beyond is immeasurable.

In fact my own wife is undergoing some treatment at the Mount Vernon Cancer Centre and I have personally visited the various hospitals of the Trust many times and been enormously impressed with the work being done to educate a large number of health professionals at many different levels.

I wish the Trust much success going forward and hope their application is successful.

Yours faithfully



Robert Voss CBE CStJ
HM Lord Lieutenant of Hertfordshire

Leamington Office: Coventry Hall, Papa Lane, Mintoned SG13 8DE
Telephone: 01922 256522
e-mail: leamington.office@hertfordsh.nhs.uk
Website: www.leam-leamton-herts.gov.uk

RT HON SIR OLIVER HEALD KC MP



HOUSE OF COMMONS
LONDON SW1A 0AA

The Rt Hon Victoria Atkins MP
Secretary of State for Health and Social Care
39 Victoria Street
London SW1H 0EU

6 February 2024

Dear Secretary of State,

I understand that East & North Herts NHS Trust is applying for teaching status. This is most welcome as this trust has experience of educating doctors, nurses and other healthcare professionals. The Trust has worked very hard across various disciplines to achieve high standards and teaching status would embed this with significant benefits to the Hospital, but also to our local communities. This application is long in the making and I am very happy to support it. It is heart-warming to see the progress which has been made in recent years.

Best wishes



Oliver Heald

Rt Hon Sir Oliver Heald KC MP
Member of Parliament for North East Hertfordshire

Website: www.oliverhealdmp.com
Twitter: <https://twitter.com/OliverHealdUK>



By Email Only

Adam Sewell-Jones
Chief Executive Office
East and North Hertfordshire NHS Trust
Lister Hospital
Coreys Mill Lane
Stevenage
Hertfordshire
SG1 4AB

15th February 2024

Dear Adam

Application for teaching hospital status

Thank you for your letter dated 5th February 2024 outlining your intentions to apply for teaching hospital status for the trust.

As a long-time partner of East and North Hertfordshire Hospitals Trust then HUC would be more than happy to fully endorse your application and the benefits this will bring to both the development of the clinical workforce and positive impact on patient care.

We look forward to hearing further news and progress reports with this exciting development for the organisation and wish you the very best of luck with your application.

If there is anything further, we can do to support your application then please do not hesitate to get in touch.

With very best wishes



David Archer
Chief Executive



Herts Urgent Care Ltd
North West Hertfordshire Health Care Foundation, St Peter
St Peter's Hill, Stevenage, SG1 2AG
01438 822 222 x 1000 (24/7) or 01438 822222 (9am-5pm)



TRADING FOR PEOPLE AND PLANET
THE SOCIAL ENTERPRISE BANK



Hertfordshire and West Essex
Integrated Care Board

Charter House
Parkway
Welwyn Garden City
Hertfordshire
AL8 5JL

hwel@herts.hwecox.nhs.net
<https://hertsandwestessex.icb.nhs.uk>

28 February 2024

Re: East and North Hertfordshire NHS Trust: Application for teaching status

Dear Adam,

Thank you for sharing this update on the Trust's application for teaching status. I am writing to confirm that the ICB fully supports your upcoming application to the Department of Health and Social Care and the proposal to change the Trust's name. Given the work that has been in place for a considerable time to support teaching and training for student doctors, nurses, midwives and allied health professionals, the change of name would be very appropriate. It will also further increase recognition of the important role the Trust plays in the local economy – providing outreach to schools and colleges to raise awareness of the opportunities that are on offer, and also in developing existing staff to obtain new skills and abilities that benefit our local population.

One point that we would make in response to the suggested name of 'East and North Hertfordshire Teaching NHS Trust', and the proposed logo, is that it would perhaps benefit from one change. The ICB communications lead reviewed the logos for a number of teaching hospitals and found that a proportion of them indicated either the worst hospital or hospitals in the description. This may help to ensure that the Trust's new status is as clear as possible to those viewing the logo. Please see below a suggested format that reflects those used by other sites.



Thank you again for the opportunity to comment on this important application. Please do get in touch if you would like to discuss your application, or the above feedback in further detail.

Yours Sincerely,



Dr Jane Haplin, Chief Executive

Rt Hon. Paul Burrows, Chair



www.north-herts.gov.uk

15th February 2024

To Whom it may concern

As the Leader, Deputy Leader and Managing Director of North Herts Council we write to express our support for East and North Hertfordshire NHS Trust's application for teaching status and to become East and North Hertfordshire Teaching NHS Trust.

We welcome this application, which we believe shows the Trust's commitment to the local community and will provide opportunities for future generations to undertake training in a Trust which provides high quality, compassionate care.

The Trust is a major employer in the area and contributes to the Council's three key priorities, including both 'people first' and 'a brighter future together'. Their enthusiastic group of NHS ambassadors support local schools and colleges by attending their career events and offering work experience placements to young people aiming to inform young people of the full range of roles and professions within the NHS.

Yours sincerely





Councillor Elizabeth Dennis
Leader of the Council

Councillor Ruth Brown
Deputy Leader of the Council

Anthony Roche
Managing Director

North Herts Council,
PO Box 10613, Nottingham, NG6 6DW





The Princess Alexandra Hospital
NHS Trust

The Princess Alexandra Hospital NHS Trust
Hemel Road
Harlow
Essex
CM20 1DX

14th February 2024

Adam Sewell-Jones
Chief Executive
East & North Hertfordshire NHS Trust

Dear Adam,

Thanks for your and Justin's letter regarding your imminent application submission to change to your Establishment Order to become East and North Hertfordshire Teaching NHS Trust.

We are fully supportive of your application and the recognition it will enable for the Trust.

We believe the proposed name is clear and understandable and won't cause any conflict with other providers and wish you well in your application.

Yours sincerely




Lance McCarthy
Chief Executive

Hattie Llewellyn-Davies
Chair



modern • integrated • outstanding



patient at heart - everyday excellence - creative collaborator

Letters of Support

19th February 2024

Dear Mr. Sewell-Jones,

East and North Hertfordshire NHS Trust: Application for teaching status

I am writing to express my full support for the East and North Hertfordshire NHS Trust's application for teaching status, as outlined in your recent correspondence. The decision to transition to East and North Hertfordshire Teaching NHS Trust reflects a commendable dedication to advancing healthcare education, training, and research within your organization.

The pursuit of teaching status is a significant milestone that speaks volumes about the dedication and hard work of the teams and individuals within your hospitals. It underscores your commitment to providing high-quality education and training opportunities for doctors, nurses, and other healthcare professionals, both locally and internationally.

I firmly believe that achieving teaching status will bring about numerous benefits for patients, staff, and the broader community. By formalising your role as a teaching institution, you will create an environment that fosters innovation, excellence, and continuous improvement in patient care. Furthermore, your commitment to soliciting feedback from stakeholders demonstrates a thoughtful and inclusive approach to the process, ensuring clarity and understanding in the Trust's new name.

I am confident that with your expertise, dedication, and vision, the Trust will continue to excel in its mission to provide outstanding healthcare services, education, and research. Please consider this letter as a formal endorsement of your application for teaching status.

Wishing you every success in your endeavours.

Yours sincerely,



Dr Prag Moodley
Primary Care Partner Member HWE ICB Board,
HWE ICB Primary care Transformation Lead

DR P MOODLEY	DR M COBERA	DR M HODA	DR D GUNAWARDENE	DR S CONALL
DR S LINDSEY	DR K KAMINSKI	DR P JOSHI	DR A BOLANTHUR	DR R SALL
DR R SELVADEBARI	DR A ALBIN	DR S SARINBABA	DR R TOWNSEND	DR I ENIGHT
DR R KARA	DR A DODD	DR R TOWNSEND		

Practice & Business Development Manager
Mrs S Lincoln

STEEFAST
SUPPORTING TRAINING

16th February 2024

Dear Adam,

Please accept this letter of support for the Trust to become East and North Hertfordshire Teaching NHS Trust.

As a valued and significant partner of East and North Hertfordshire Trust, the commitment you have demonstrated to the Apprenticeship Scheme and the support of Apprentices throughout their programs has been excellent. Together we have supported 422 Apprentices to date.

The Trust has provided clear progression routes for your Apprentices and demonstrated a significant commitment to growing and retaining individuals from an early phase in their career. Many of our Apprentices joining the level 2 Healthcare Support Worker and level 3 Senior Healthcare Support Worker Apprenticeships have grown their potential and enhanced their role as CDWs and in many cases provide the foundation for ongoing training to Registered Nursing Associates or Degree Registered Nurses.

Our joint approach to the schemes we operate for you has allowed us to share best practice with other trusts as well as innovation to the wider healthcare sector.

SteeFAST Training are delighted to support you in applying for teaching status in recognition of your extensive local and international role in educating future and existing healthcare professionals and hope this will further enhance the mutual links between our organisations.

Kind regards,



Jason Farrell
CEO SteeFAST Training
Email: Jason.Farrell@steefasttraining.co.uk



Please find the below message from Julie for Adam.

Dear Adam,

I am writing to express my support for the East and North Hertfordshire NHS Trust's application for teaching status.

The commitment and dedication displayed by your staff across various disciplines in educating doctors, nurses, and other healthcare professionals is commendable. These longstanding efforts will have contributed to the high standards of education, training, and research within the healthcare sector that make Britain great.

Attaining teaching status will not only validate the contributions of the Trust but also provide real benefits for patients, staff, and the local area. This will undoubtedly improve the quality of healthcare provision, foster innovation, and help further collaboration with other healthcare institutions and other NHS Trusts. This would mark an important and exciting milestone in the journey of East and North Hertfordshire NHS Trust, opening up new avenues for growth, development, and excellence in healthcare education and research.

I fully support this application for teaching status and I am confident that the Department of Health and Social Care will recognize the invaluable contributions and future potential of the Trust.

Please feel free to reach out if there is anything further I can do to support your application. I wish you the best of luck in this endeavour and look forward to any developments on this matter.

Yours sincerely,

Julie Marson MP
Member of Parliament for Hertford and Stortford

House of Commons | London | SW1A 0AA
www.juliemarson.org.uk

From: Dee Hart
Sent: Sunday, February 11, 2024 5:08 PM
To: a.sewell@nhs.net
Cc: Natalie Rotherham <Natalie.Rotherham@hertfordshire.gov.uk>
Subject: East & North Hertfordshire NHS Trust: Application for teaching status. (Clr Dee Hart)
Importance: High

Dear Mr Sewell-Jones,

I would like to take this opportunity of writing to fully endorse & support the application of East & North Herts NHS Trust's application for teaching status.

This application once approved will bring significant benefits to patients & staff alike plus of course the wider local community that the hospital already serves.

Moving forward this will help to develop, education, training, and all-important research projects. I believe the board & members of staff have worked hard, over several years towards the goal of teaching status, that will help in educating the next generation of doctors, nurses, and other healthcare professionals.

I look forward to receiving positive updates regarding the application for teaching status at East & North Hertfordshire NHS Trust.

Dear Adam and Justin,

East and North Hertfordshire NHS Trust: Application for teaching status

Thank you for your letter received by email on Thursday 15th February 2024.

Firstly, we would like to congratulate you and the multiple disciplines across your hospitals for all the hard work you have completed to enable you to reach this point.

We would like to confirm our support with your new name of East and North Hertfordshire Teaching NHS Trust and confirm this is clear and understandable.

We agree that this is an important and exciting next step and wish you good luck in this endeavor.

Yours sincerely

Helen and Terry

Dr Helen Glenister (she/her)
Chief Executive
Isabel Hospice
m: 07973 221671
e: helen.glenister@isabelhospice.org.uk
w: www.isabelhospice.org.uk

Please note that you may receive an email out of hours. A response is not expected until you are

Hi

Thank you for the letter about the Teaching Status. We have been on that journey and wish Adam and the team every success. There is no issue with the proposed naming convention from our (WHHT) perspective.

Regards

Phil Townsend
Chair

On 5 Feb 2024, at 10:47, FIELD, Terri (EAST AND NORTH HERTFORDSHIRE NHS TRUST) <terri.field2@nhs.net> wrote:

Dear Phil

Please find attached letter sent on behalf of Adam Sewell-Jones, Chief Executive.

Kind regards

Terri

Terri Field (nee Gittings)
Executive Assistant to Chief Executive and Chief Nurse

Email: terri.field2@nhs.net
Tel: 01438 288840 | Ext: 8840

East and North Hertfordshire NHS Trust
Lister Hospital, Corneys Mill Lane, Stevenage,
Hertfordshire, SG1 4AB

Dear Adam and Justin,

East and North Hertfordshire NHS Trust: Application for teaching status

Thank you for your letter received by email on Thursday 15th February 2024.

Firstly, we would like to congratulate you and the multiple disciplines across your hospitals for all the hard work you have completed to enable you to reach this point.

We would like to confirm our support with your new name of East and North Hertfordshire Teaching NHS Trust and confirm this is clear and understandable.

We agree that this is an important and exciting next step and wish you good luck in this endeavor.

Yours sincerely

Helen and Terry

Dr Helen Glenister (she/her)
Chief Executive
Isabel Hospice
m: 07973 221671
e: helen.glenister@isabelhospice.org.uk
w: www.isabelhospice.org.uk



From: MCPARTLAND, Stephen <stephen.mcpartland.mp@parliament.uk>
Sent: Monday, February 5, 2024 12:15 PM
To: FIELD, Terri (EAST AND NORTH HERTFORDSHIRE NHS TRUST) <terri.field2@nhs.net>
Cc: BROWN, Jillean <jillean.brown@parliament.uk>
Subject: Re: SENT ON BEHALF OF ADAM SEWELL-JONES, CHIEF EXECUTIVE - East and North Hertfordshire NHS Trust: Application for teaching status

Hi Adam,

Always happy to be supportive.

We should probably have a catch up as well and an update on how the new buildings are progressing would be welcome.

Best wishes

Stephen

Rt Hon Stephen McPartland
Member of Parliament for Stevenage



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Board



East and North
Hertfordshire
NHS Trust

Meeting	Trust Board		Agenda Item	11
Report title	ENHT 2023 National Staff Survey Results: Key Findings		Meeting Date	1 May 2024
Presenter	Chief People Officer			
Author	Chief People Officer			
Responsible Director	Chief People Officer		Approval Date	
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input type="checkbox"/>	Approval	<input type="checkbox"/>
	Discussion	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>The national NHS staff survey was open between 18 September and 24 November 2023 and received 2994 responses which equates to 45% of the Trust's workforce.</p> <p>The Trust has made positive progress overall with 5 of the 9 themes showing statistically significant improvement. Out of 107 individual questions, 32 significantly improved and only 2 were worse.</p> <p>The Trust remains just below the national benchmark average on all 9 themes, however the themes where most improvement is required is 'we each have a voice that counts' and 'morale'. Despite some improvement within these themes, the Trust remains below the sector average score.</p> <p>The results are far more positive for the themes 'we are always learning', 'we work flexibly' and 'we are safe and healthy'. Questions linked to appraisal particularly stands out as above sector average.</p> <p>The paper sets out the priorities for the Trust to consider and the next steps of the engagement and action plans.</p>				
<p>Impact: where significant implication(s) need highlighting <i>Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal</i> <i>Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability</i> <i>CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources</i></p>				
<p>Links have been shown between staff engagement, patient experience and patient outcomes and overall Trust performance.</p>				
<p>Risk: <i>Please specify any links to the BAF or Risk Register</i></p>				
<p>Risk 5: Culture and leadership, risk 4: workforce shortages and risk 11: innovation.</p>				
Report previously considered by & date(s):				

Recommendation	The Committee is asked to: <ul style="list-style-type: none">• Discuss the key finding to assess suitable address the themes that appear within the feedback
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To be trusted to provide consistently outstanding care and exemplary service

ENHT 2023 National Staff Survey Results: Key Findings

Thomas Pounds

April 2024

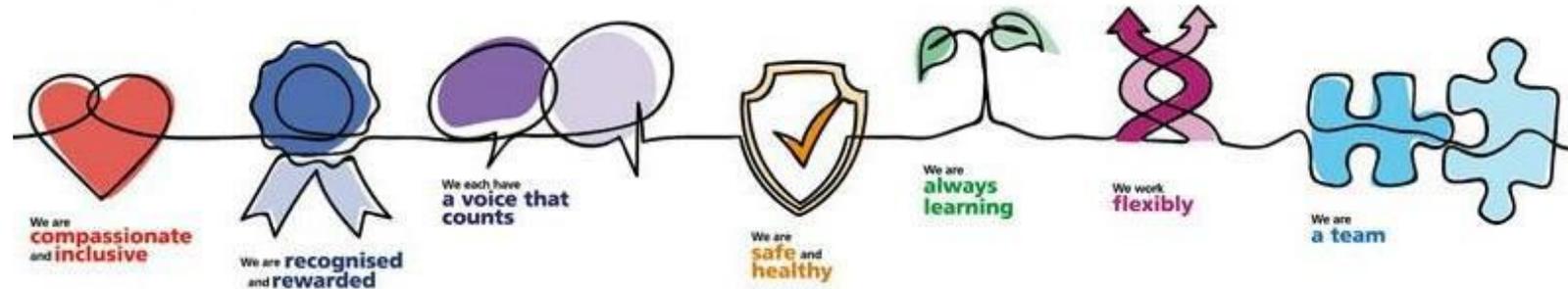


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2023 National NHS Staff Survey

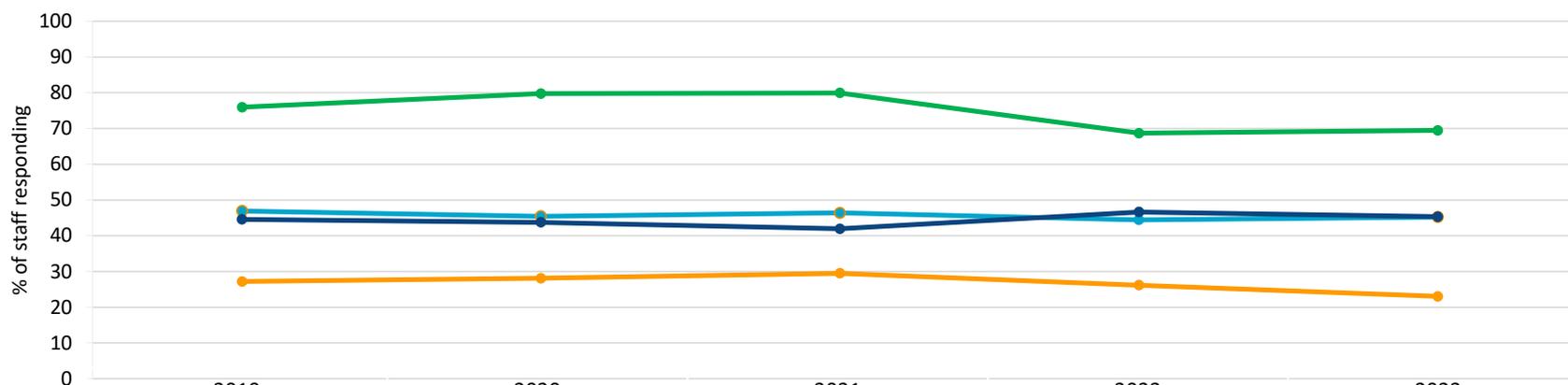
- Used by the NHS and CQC to assess Trust performance
- Links have been shown between staff engagement, patient experience and patient outcomes
- For the second year, survey has been refreshed to align with the 7 People Promise elements. Two previous themes, Staff Engagement and Morale, remain
- ENHT fieldwork period started 18 September 2023 and closed 24 November 2023
- The National results will be released on Thursday 7 March 2024, results are embargoed until this time



2 | 2023 NHS Staff Survey

Engagement Rate

- All staff census completed, and returns were electronic only
- 2994 (45%) staff completed the return – median response rate was 45%
- The proportion of respondents by protected characteristic was representative of the entire Trust



	2019	2020	2021	2022	2023
ENHT	44.57%	43.74%	41.95%	46.65%	45.32%
Highest	75.96%	79.77%	79.95%	68.69%	69.45%
Average	46.93%	45.43%	46.38%	44.46%	45.23%
Lowest	27.20%	28.09%	29.47%	26.17%	23.03%
Responses	2605	2646	2647	2963	2994

3 | 2023 NHS Staff Survey

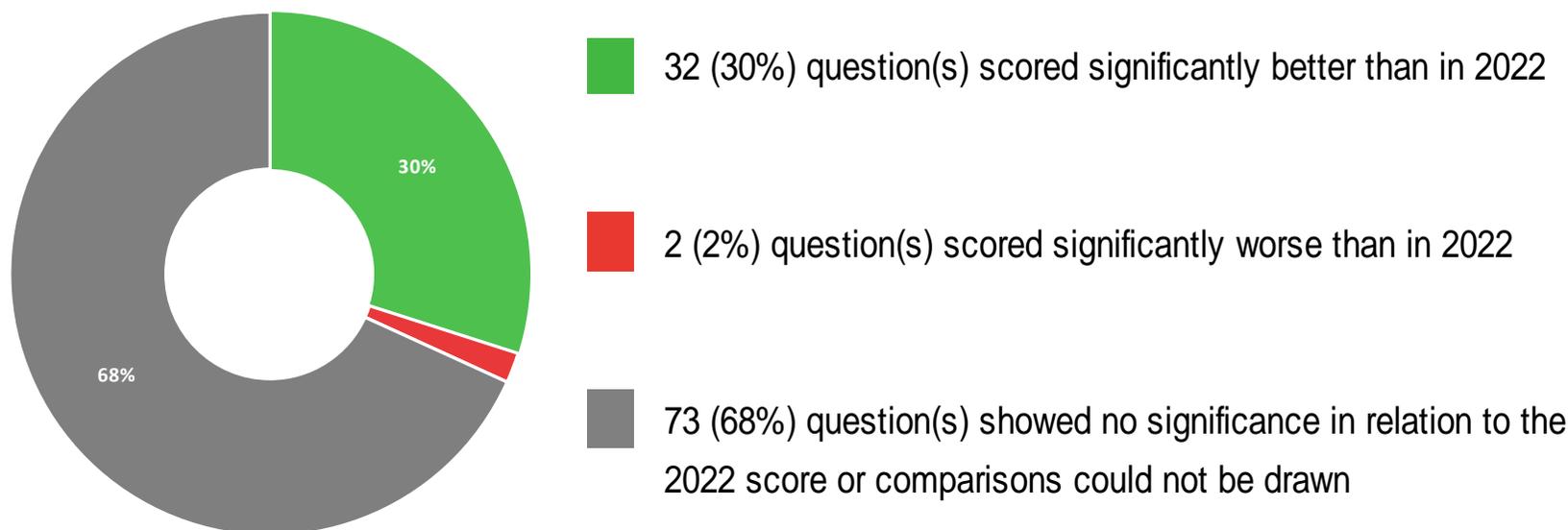
Comparison to previous year

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.07	2951	7.13	2985	Not significant
We are recognised and rewarded	5.67	2950	5.83	2985	Significantly higher
We each have a voice that counts	6.51	2923	6.56	2960	Not significant
We are safe and healthy	5.78	2941	5.99	2960	Significantly higher
We are always learning	5.14	2796	5.55	2858	Significantly higher
We work flexibly	5.97	2940	6.17	2964	Significantly higher
We are a team	6.55	2945	6.65	2979	Not significant
Themes					
Staff Engagement	6.71	2955	6.80	2987	Not significant
Morale	5.58	2956	5.78	2988	Significantly higher

4 | 2023 NHS Staff Survey

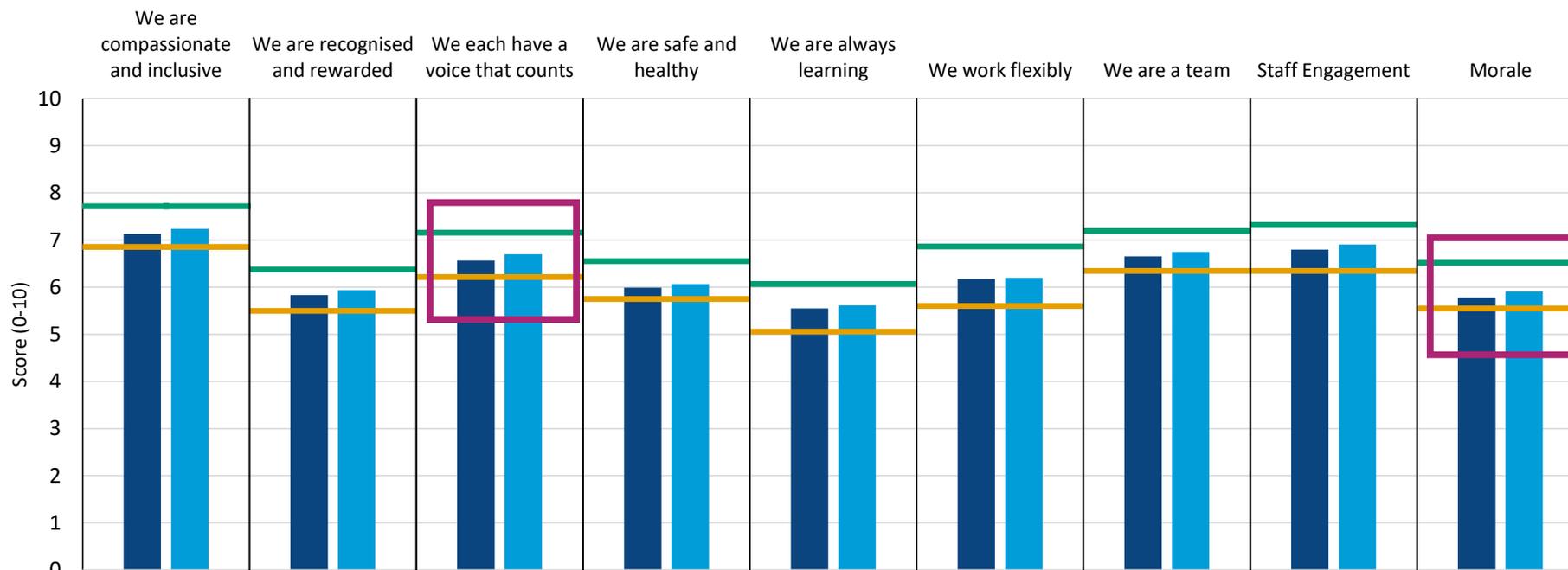
Comparison to previous year by question

- Overall, there was improvement in 83 questions, 17 were worse and the rest were the same
- Changes of statistical significance show 32 improved while only 2 got worse



Comparison to benchmark

- ‘Morale’ and ‘We each have a voice that counts’ are furthest from both average and highest

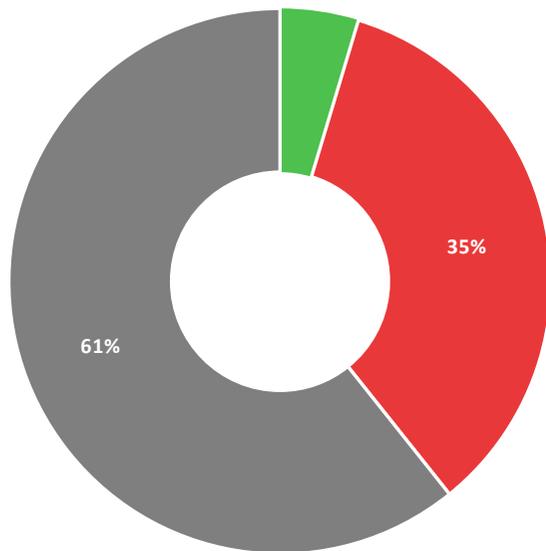


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
ENHT	7.13	5.83	6.56	5.99	5.55	6.17	6.65	6.80	5.78
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	2985	2985	2960	2960	2858	2964	2979	2987	2988

6 | 2023 NHS Staff Survey

Benchmark comparison by question

- Based on statistical significance variation, 5 questions which are better than benchmark and 37 are worse



5 (5%) question(s) scored significantly better than the sector

37 (35%) question(s) scored significantly worse than the sector

65 (61%) question(s) showed no significance in relation to the sector average or comparisons could not be drawn

* Shows IQVIA benchmarking data rather than national

Themes – hot spots



Promise element 3: We each have a voice that counts

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 3 - We each have a voice that counts	6.48	Not Significant	6.59	Not Significant	6.69
People Promise 3, Subscore 1 - Autonomy and control	6.77	Not Significant	6.90	Not Significant	6.96
3a. I always know what my work responsibilities are.	84.2%	Not Significant	85.6%	Not Significant	86.5%
3b. I am trusted to do my job.	89.8%	Not Significant	89.0%	Significantly Worse	90.4%
3c. There are frequent opportunities for me to show initiative in my role.	71.7%	Not Significant	72.9%	Not Significant	73.3%
3d. I am able to make suggestions to improve the work of my team / department.	68.4%	Not Significant	68.7%	Significantly Worse	70.8%
3e. I am involved in deciding on changes introduced that affect my work area / team / department.	48.8%	Not Significant	48.9%	Significantly Worse	51.2%
3f. I am able to make improvements happen in my area of work.	53.9%	Not Significant	54.1%	Significantly Worse	55.9%
5b. I have a choice in deciding how to do my work.	49.9%	Not Significant	50.7%	Not Significant	52.4%

Themes – hot spots



Promise element 3: We each have a voice that counts

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 3, Subscore 2 - Raising concerns	6.19	Not Significant	6.29	Not Significant	6.42
20a. I would feel secure raising concerns about unsafe clinical practice.	68.7%	Not Significant	67.8%	Significantly Worse	70.4%
20b. I am confident that my organisation would address my concern.	51.9%	Not Significant	52.2%	Significantly Worse	56.0%
25e. I feel safe to speak up about anything that concerns me in this organisation.	57.3%	Not Significant	58.2%	Significantly Worse	61.4%
25f. If I spoke up about something that concerned me I am confident my organisation would address my concern.	43.7%	Significantly Improved	46.3%	Significantly Worse	49.2%

Additional – Errors, near misses or incidents

19c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	65.5%	Not Significant	65.3%	Significantly Worse	68.5%
19d. We are given feedback about changes made in response to reported errors, near misses and incidents.	55.7%	Not Significant	55.7%	Significantly Worse	61.0%

Themes – hot spots

Theme: Morale

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Theme - Morale	5.56	Significantly Improved	5.81	Not Significant	5.92
Subscore 1 - Thinking about leaving	5.66	Significantly Improved	5.93	Not Significant	6.07
26a. I often think about leaving this organisation.	33.0%	Significantly Improved	29.7%	Not Significant	28.6%
26b. I will probably look for a job at a new organisation in the next 12 months.	24.6%	Significantly Improved	21.3%	Not Significant	20.9%
26c. As soon as I can find another job, I will leave this organisation.	18.8%	Not Significant	17.3%	Significantly Worse	15.7%
Subscore 2 - Work pressure	4.82	Significantly Improved	5.14	Not Significant	5.29
3g. I am able to meet all the conflicting demands on my time at work.	44.0%	Significantly Improved	46.9%	Not Significant	47.0%
3h. I have adequate materials, supplies and equipment to do my work.	48.1%	Not Significant	49.6%	Significantly Worse	56.5%
3i. There are enough staff at this organisation for me to do my job properly.	24.1%	Significantly Improved	28.4%	Significantly Worse	31.6%

Themes – hot spots

Theme: Engagement

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Subscore 3 - Advocacy	6.46	Not Significant	6.69	Not Significant	6.81
25a. Care of patients / service users is my organisation's top priority.	71.8%	Significantly Improved	75.3%	Not Significant	75.2%
25c. I would recommend my organisation as a place to work.	52.6%	Significantly Improved	56.4%	Significantly Worse	61.2%
25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	61.0%	Not Significant	60.3%	Significantly Worse	65.2%

*NHS friends and family test questions

Themes – Positives



Promise element 5: We are always learning

People Promise/Theme/Question		2022 Score	Significance	2023 Score	Significance	Sector Score
23a.	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	71.1%	Significantly Improved	80.3%	Significantly Worse	83.6%
People Promise 5, Subscore 2 - Appraisals		4.00	Significantly Improved	4.72	Not Significant	4.80
23b.	It helped me to improve how I do my job.	26.0%	Significantly Improved	29.4%	Significantly Better	26.6%
23c.	It helped me agree clear objectives for my work.	35.0%	Significantly Improved	38.7%	Significantly Better	36.1%
23d.	It left me feeling that my work is valued by my organisation.	31.6%	Not Significant	34.0%	Not Significant	33.5%
People Promise 5, Subscore 1 - Development		6.24	Not Significant	6.40	Not Significant	6.45
24a.	This organisation offers me challenging work.	66.3%	Not Significant	66.3%	Significantly Worse	68.3%
24b.	There are opportunities for me to develop my career in this organisation.	54.0%	Not Significant	56.1%	Not Significant	56.5%
24c.	I have opportunities to improve my knowledge and skills.	66.0%	Significantly Improved	69.5%	Not Significant	70.1%
24d.	I feel supported to develop my potential.	52.2%	Not Significant	54.3%	Significantly Worse	56.3%
24e.	I am able to access the right learning and development opportunities when I need to.	54.2%	Significantly Improved	58.5%	Not Significant	59.3%

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Themes – Positives

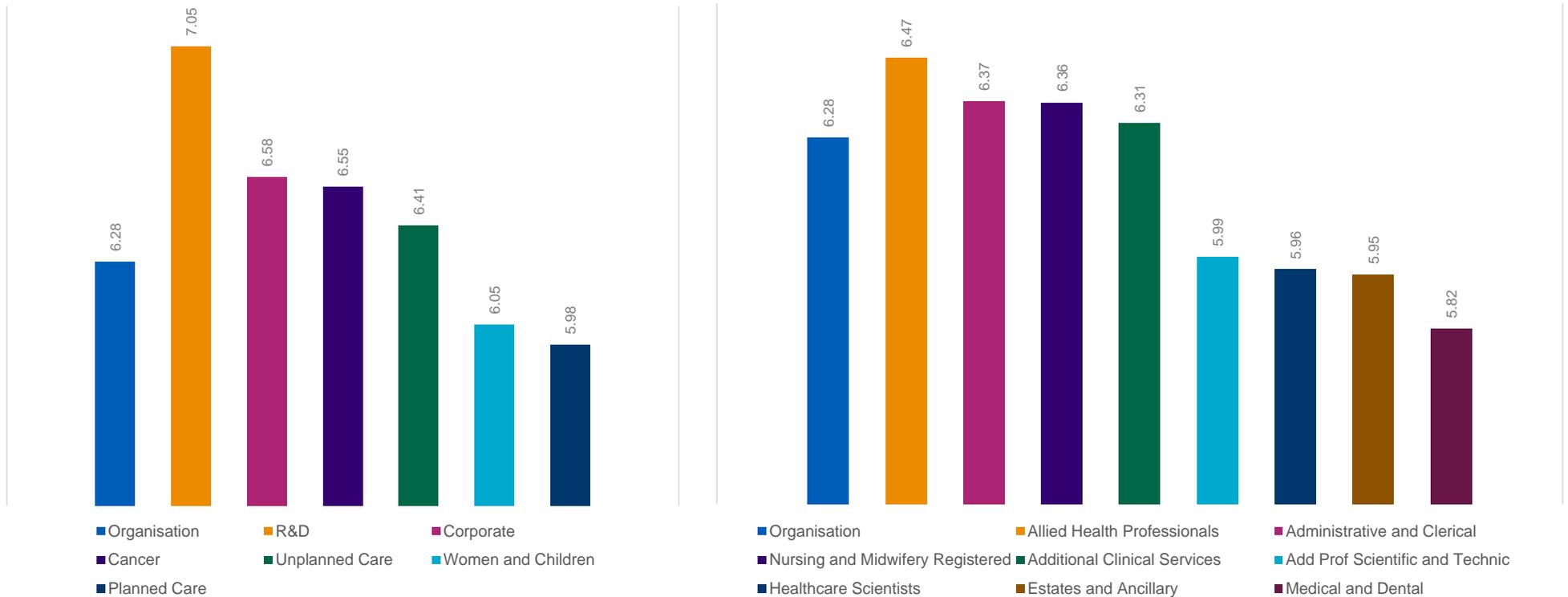


Promise element 6: We work flexibly

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 6 - We work flexibly	5.94	Significantly Improved	6.20	Not Significant	6.17
People Promise 6, Subscore 1 - Support for work-life balance	6.05	Not Significant	6.27	Not Significant	6.23
6b. My organisation is committed to helping me balance my work and home life.	44.6%	Significantly Improved	49.2%	Not Significant	48.0%
6c. I achieve a good balance between my work life and my home life.	52.3%	Significantly Improved	55.7%	Not Significant	55.0%
6d. I can approach my immediate manager to talk openly about flexible working.	66.8%	Not Significant	67.2%	Not Significant	68.6%
People Promise 6, Subscore 2 - Flexible working	5.83	Significantly Improved	6.13	Not Significant	6.11
4d. The opportunities for flexible working patterns.	50.2%	Significantly Improved	54.9%	Not Significant	55.2%

- It should also be noted that several of the significant improvements showed up in the theme 'We are safe and healthy'

Average score breakdown



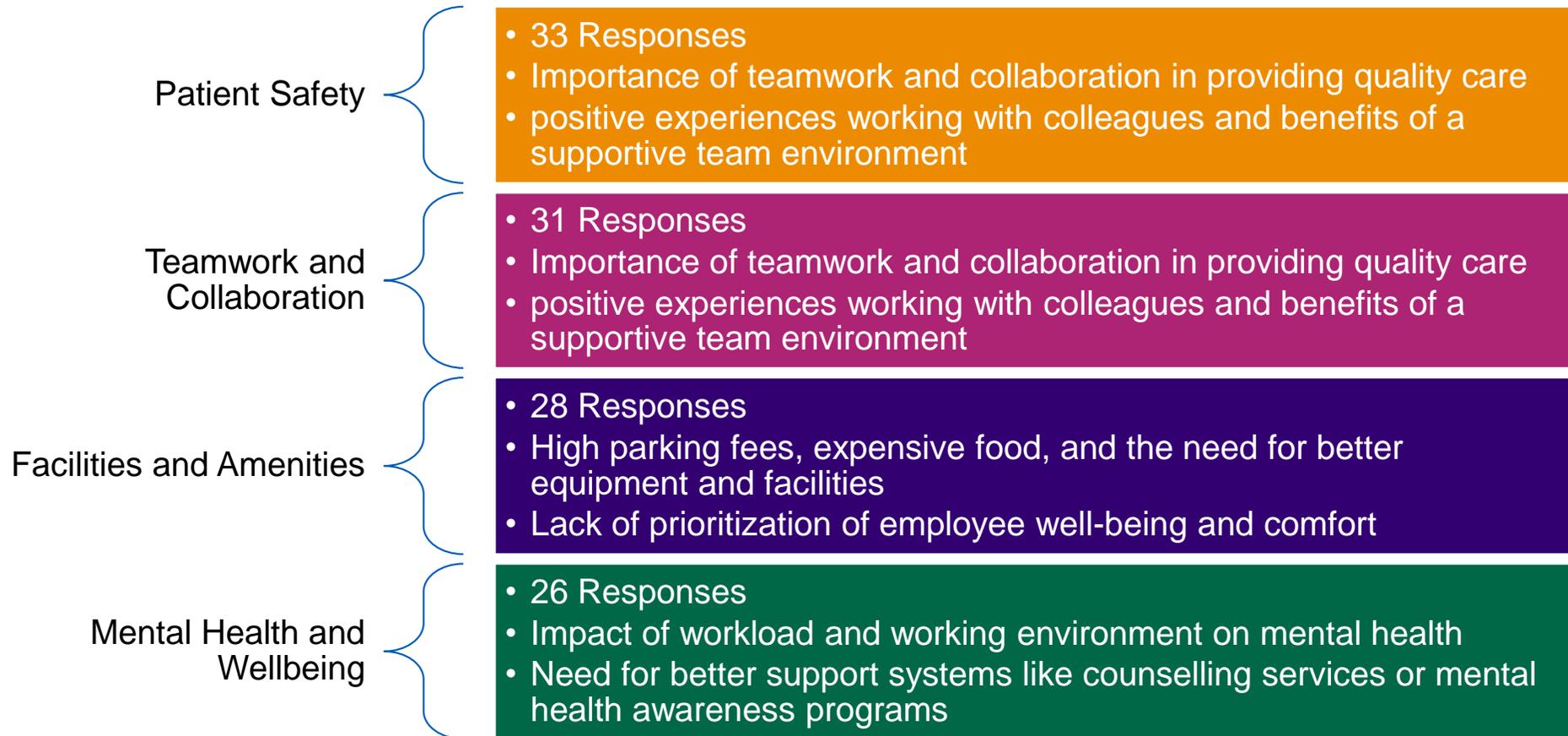
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Free text thematic analysis



Free text thematic analysis (cont.)



Priorities

- Over-arching themes for which the Trust should have relentless focus include ‘morale’, ‘voice that counts’ and ‘compassionate and Inclusive’
- Celebrate the successes with ‘we are always learning’, ‘flexible working’ and ‘safe and healthy’ but use the momentum to drive further improvement
- Focus on NHS staff friends and family test questions, particularly who would not recommend the Trust as a place to work or received treatment
- Take action to understand the issue relating to staff not having the adequate material to do their job – this is an important hygiene factor that has a big impact on morale and belonging
- Focus on providing feedback to staff on actions taken as a result of incidents reported
- Explore further the numbers of staff experiencing discrimination, and harassment, bullying and abuse from managers and colleagues and continue focus on a culture of civility and respect.

Development of plan



- Results shared across the organisation including breakdowns for staff groups / directorates.
- Analyse the results to understand if issues are prevalent in certain areas.
- Use free-text comments to gain depth into the issues.
- Thematic analysis of free-text comments

- Teams to discuss the results and share their understanding of the issues using tested team talk methodology.
- Facilitated staff representative groups to collate issues and ideas supported by Business Partners
- Run staff focus groups for issues in specific areas.
- Undertake root cause analysis for organisational issues.

- Detailed summary and over-arching action plan to be presented at people committee and taken to board
- 3 areas to be prioritised where a step change can be made.
- Communicate action plan to all staff.
- Engage managers across the organisation in creating action plans for their own teams - provide training if needed.
- Strategic alignment with organisational priorities

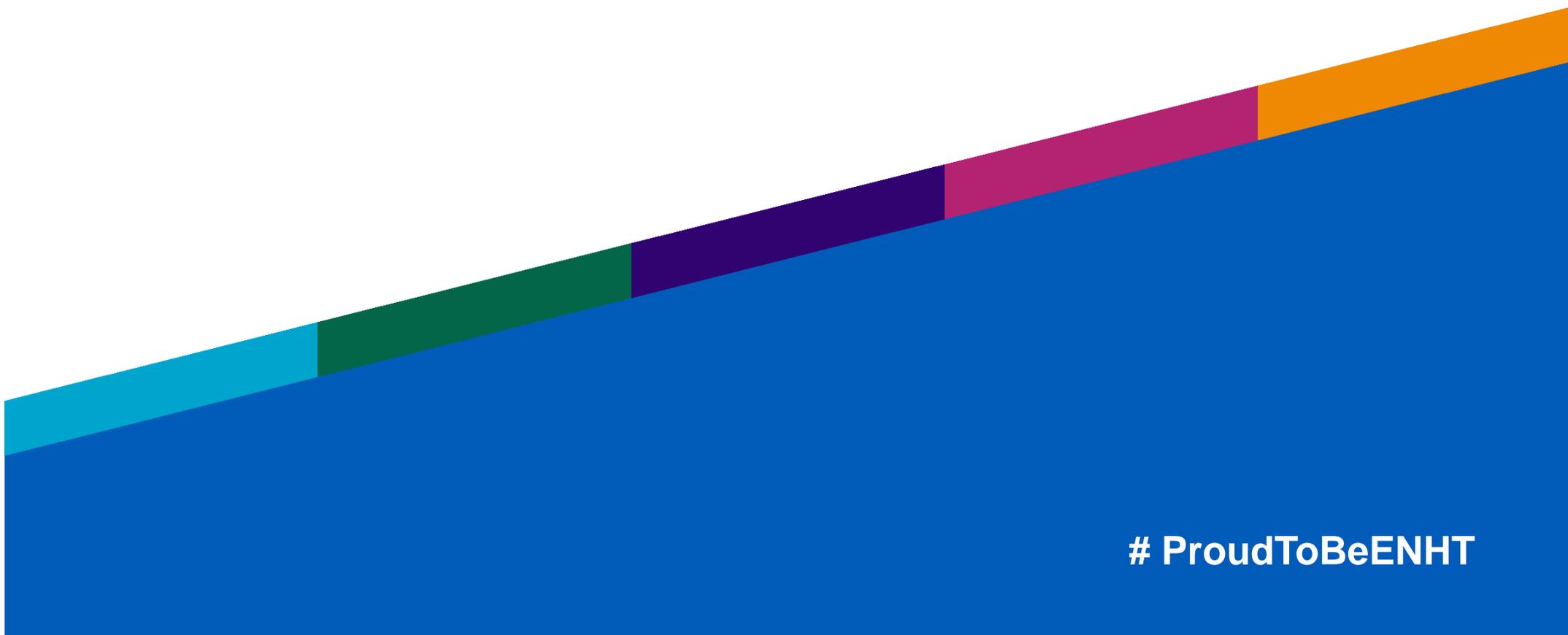
- Create, and publicise, opportunities for staff members to be involved in initiatives.
- Reporting and accountability – local plans are reviewed at divisional board and report through to people committee
- Use principles of people strategy and existing frameworks such as healthy leadership rhythms to drive improvement

Meeting	Public Trust Board		Agenda Item	12
Report title	Digital Strategy & roadmap update		Meeting Date	1 May 2024
Presenter	Chief Information Officer			
Author	Chief Information Officer			
Responsible Director	Chief Information Officer		Approval Date	18 April 24
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>Impact: where significant implication(s) need highlighting <i>Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal</i> <i>Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability</i> <i>CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources</i></p>				
<p>The Trust Digital strategy is being delivered in 5 programme streams each with its own SRO and lead.</p> <p>This update details each of the streams and the planned deliveries in each of them.</p> <p>The ORBIS U EPR upgrade programme is in the very early stages of design so the dates on the slide are a best estimate and will firm up over the coming months.</p> <p>The Outpatient Contact centre moved to the Digital portfolio along with Health Records in 2024, the Digital central booking services workstream will focus on a Transformation of the processes within the contract centre leveraging technology.</p> <p>In terms of projects that will be going live in this quarter: - the K2 Maternity EPR is going live in June 2024 and training is already in progress. A new smartphone messaging app will replace all the Bleeps in the Trust in the coming months, and we are in the process of cutting live a new telephony systems across all sites to replace our legacy system.</p>				
Key				
<p>RTLS Real time Location Services – A generic term that refers to the ability to track equipment across the site through a series of sensors and tags</p> <p>IoT Internet of Things – These are devices connected to the internet that send information to our systems, these could be cameras, heat sensors etc.</p> <p>CDS Clinical decision support – a database that is built up of possible diagnosis or pathway information based upon the amalgamation of previous validated clinical information.</p>				
Risk: <i>Please specify any links to the BAF or Risk Register</i>				
Strategic Risk 10 – Digital Transformation				
Report previously considered by & date(s):				

Recommendation	The Board is requested to note the update.

Proud to deliver high-quality, compassionate care to our community

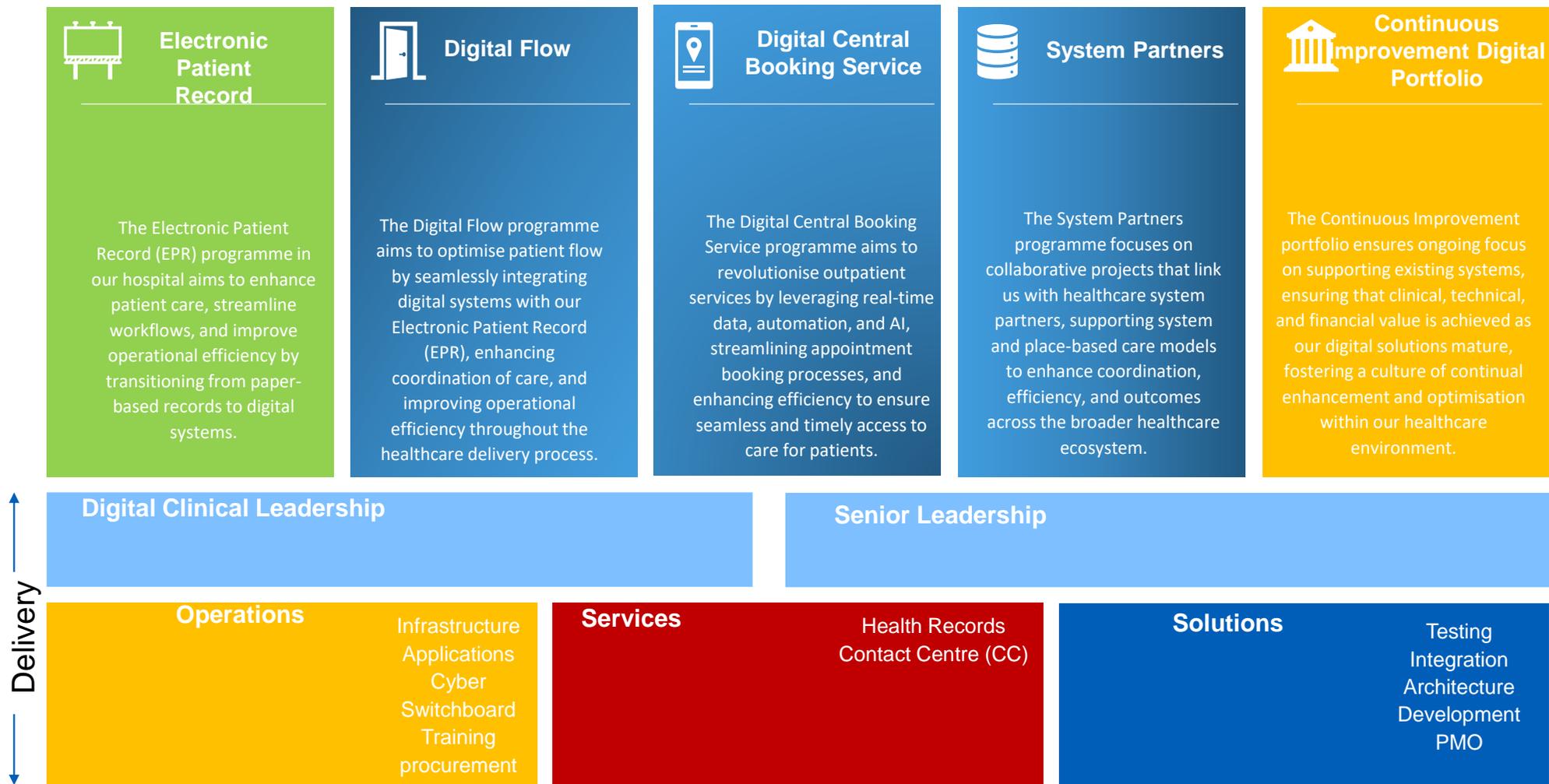
Digital Strategy & Roadmap update 24/25



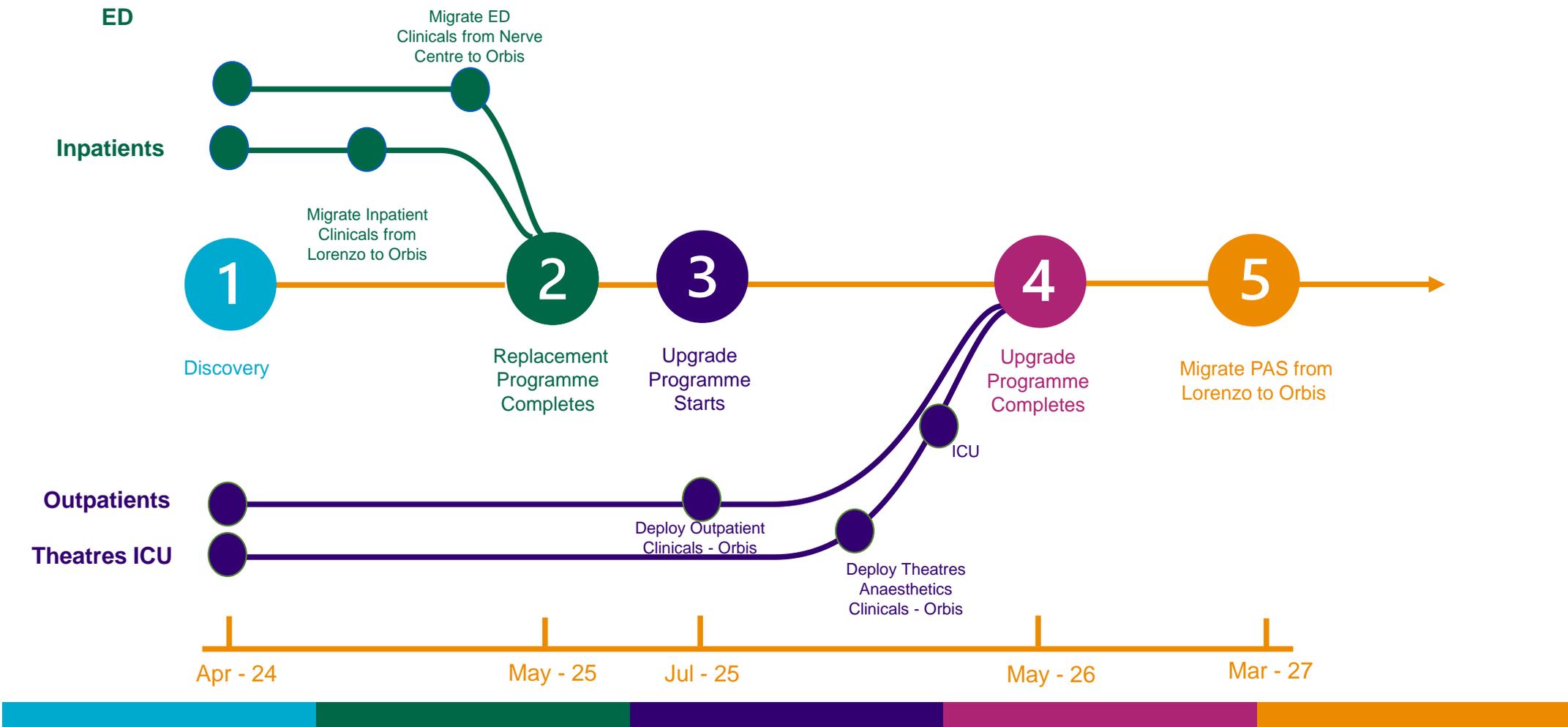
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Digital Team Programme Structure

Programme Streams

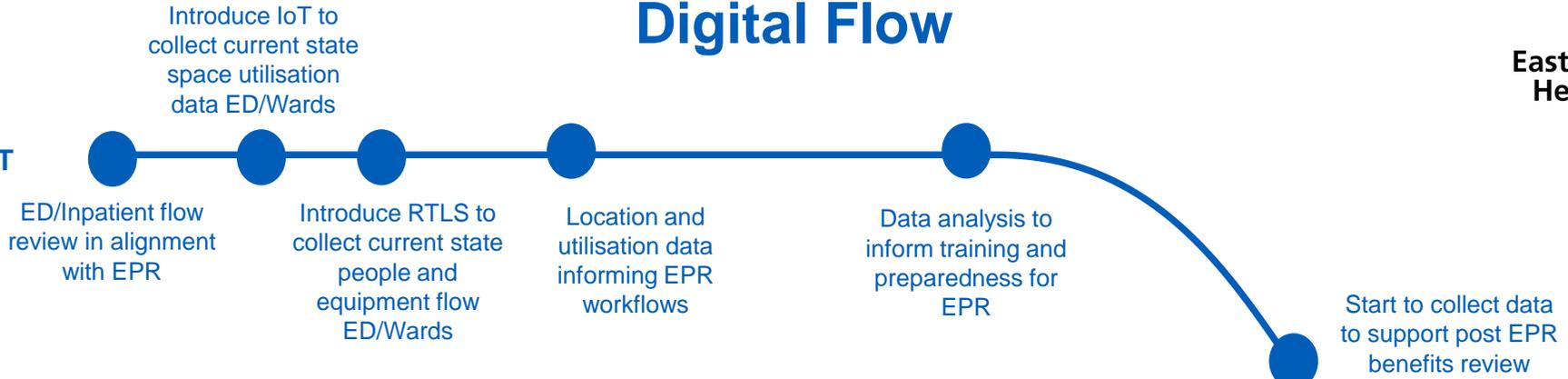


Orbis U EPR Upgrade programme



Digital Flow

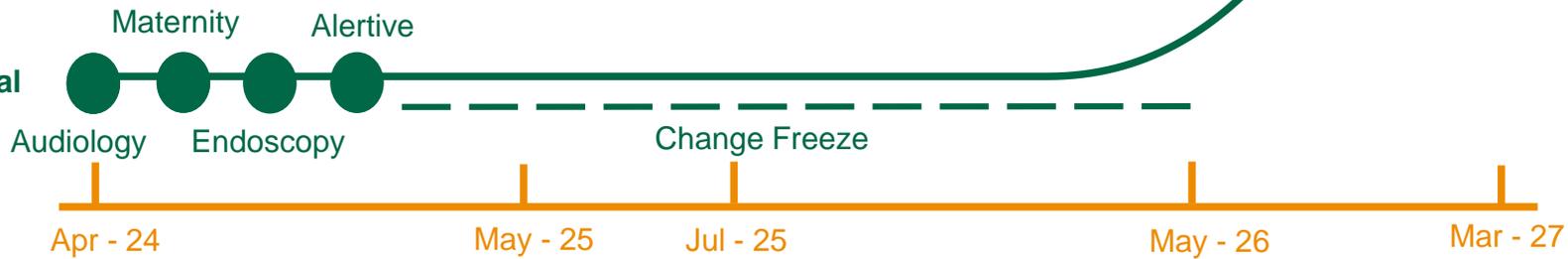
RTLS & IoT



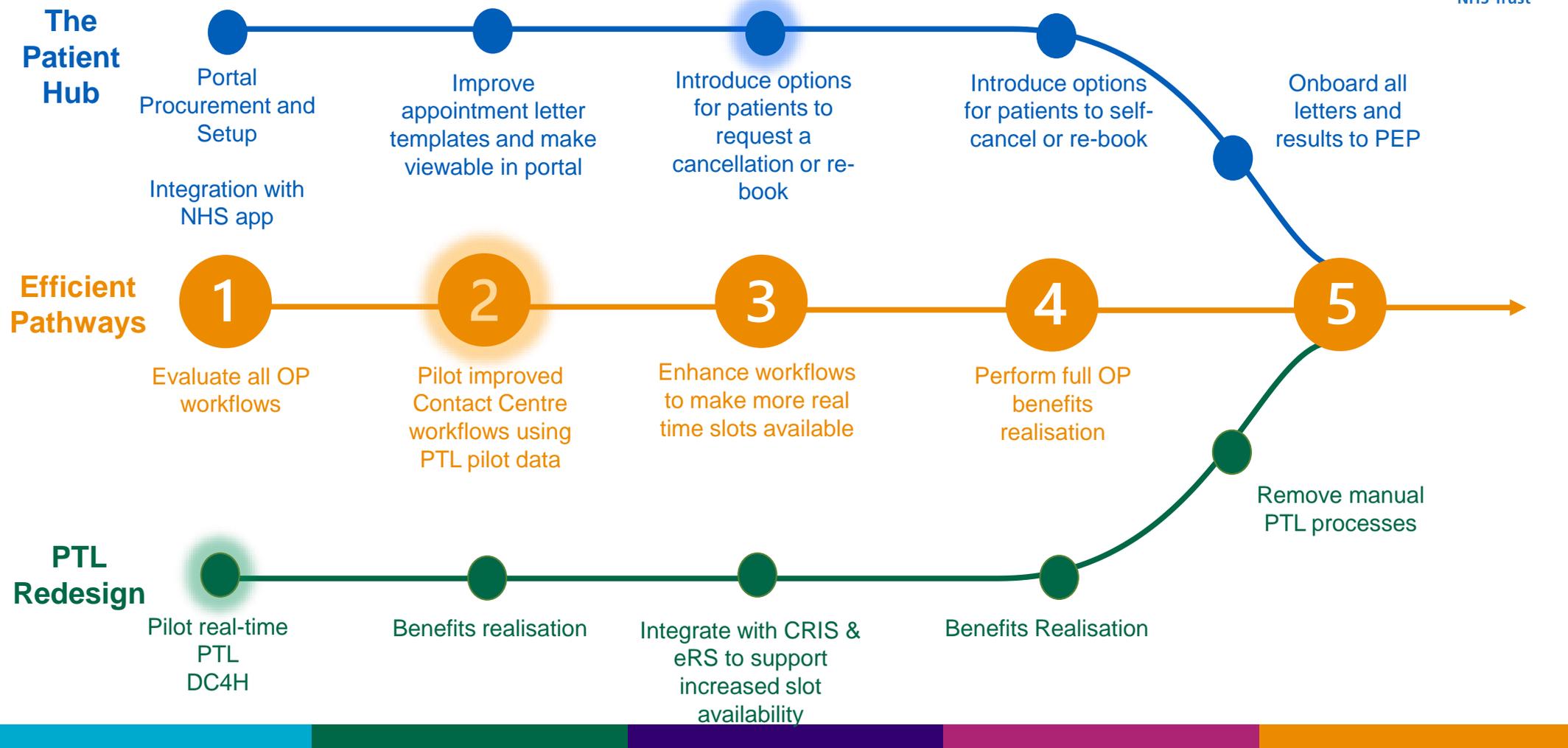
EPR Programme



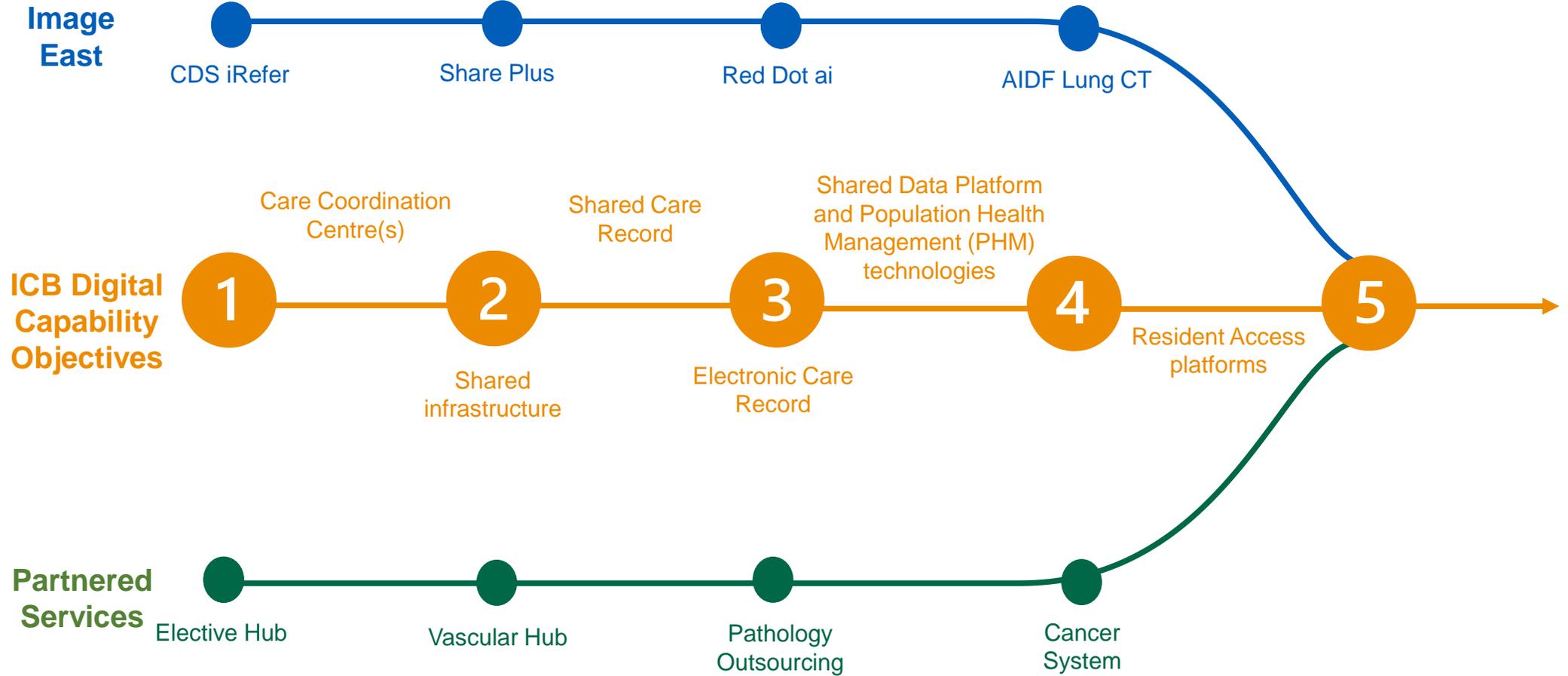
Other Clinical Systems



Digital Central Booking Service



ENHT System Partners



Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	13
Report title	Paediatric Audiology Service Update		Meeting Date	1 May 2024
Presenter	Chief Nurse			
Author	Divisional Director / Director of Quality/ Chief Nurse.			
Responsible Director	Chief Nurse		Approval Date	
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
	Information, oversight, and discussion.	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
Context and Introduction				
<p>NHS Lothian in Scotland, in January 2022, undertook an independent review of audiology services, which evidenced delayed identification and missed treatment of children with hearing loss. This resulted in permanent, avoidable deafness for some children.</p> <p>These findings led to a review of the service provided by 4 NHS Trusts in England which found similar failings. A Paediatric Hearing Services Improvement Programme has been established by NHS England to support providers and integrated care boards (ICBs) to improve the quality of these services.</p> <p>Following an NHSP (Neonatal Hearing Screening Programme) national peer review in March 2023, 799 patients were reviewed. From this review several concerns were raised regarding the service at East and North Hertfordshire.</p> <p>Concerns related to quality of data submitted, processes for identification of risk and follow up arrangements. 69 patients were identified as having suffered potential harm, including potential significant harm.</p> <p>These concerns were escalated and reviewed through the Trust Serious Incident Review panel in March 2023. A serious incident investigation was commissioned, with systems sharing of the incident with external partners and regulators. Executive oversight and management of safety actions are reviewed weekly through an ENHT Paediatric Audiology improvement committee, chaired by the Trust Chief Nurse, and attended by ICB colleagues.</p> <p>The Trust invited the United Kingdom Accreditation Service (UKAS) proactively to undertake an on-site assessment of ENHT Audiology service. These findings were published on 16 June 2023, and highlighted significant areas of concern regarding several domains of the service.</p> <ul style="list-style-type: none"> • Leadership • Specialist workforce and skill mix. • Training and competency. • Environment, and equipment. 				

The overall findings revealed concerns for the quality and safety of the service, specifically the paediatric audiology service.

A risk-based approach was undertaken to pause the delivery of the paediatric audiology service due to concerns related to potential patient harm, however the service continued to receive paediatric referrals. (This decision was made collaboratively with the ICB and the Regional Chief Scientist)

Whilst the service is paused, the Trust has been reliant on mutual aid to carry out paediatric audiology services, with external providers working in the Trust, as well as accessing the independent sector. In some instances, families have had to travel to other Trusts. Mutual aid has been on a clinically prioritised basis and has been limited, due to the national shortage of available and accredited centres of expertise.

The service continues to require mutual aid across key pathways to deliver care safely, this has been escalated via the oversight committee.

GSTT external support and ENH Governance oversight

In July 2023, the Trust partnered with Guys and St Thomas's (GSTT) Paediatric audiology service to benefit from their subject matter expertise, namely in the reviews of ENHT clinical pathways. To produce evidenced based published policies and standard operating procedures, in addition to providing clinical supervision support through the model of a workforce competency framework. GSTT peer support has also been commissioned to provide expert insight to ongoing clinical harm reviews of ENHT patients.

There is ongoing learning from the ICB and National reviews of paediatric services, including increased oversight of all audiology services across east of England.

The service aim to achieve IQIPs accreditation from our specialist support lead is at this stage envisaged to be within the next 24 months, (2026). Progress on this will be covered via the oversight committee, with a timeline and trajectory that will also be submitted to the Trust QSC.

ENHT provides assurance through a now established ICB governance framework, in a bi-weekly Paediatric Audiology Oversight group. This has been established and chaired by the ICB with representation from all key stakeholders including NHSE, the Trust and a patient and charity representatives.

The Trust improvement plans have six key organisation improvement drivers, with detailed actions and reporting oversight in progress. These priorities include:

1. Quality and safety
2. Environment and equipment
3. Digital
4. Operational
5. Workforce
6. Communications

All workstreams working within a central assurance document and weekly updates shared through agreed governance arrangements with ICB.

1. Quality and safety

Following an NHSE case review, 199 ENHT cases were identified from 2018-2023, from which 18 cases showed significant levels of concerns. Harm reviews have been undertaken and are categorised for follow up recommendations, or no further action.

The 18 cases were initially reviewed by the ENHT Lead Audiologist, and the Ear, Nose and Throat (ENT) Consultants in March 2023 and classified as recommending a recall of the patient

and a review of care. These have also been risk stratified to reflect the level of potential risk due to information available at time of review:

- 8 cases = priority 1 (high risk)
- 8 cases = priority 2 (intermediate risk)
- 2 cases = priority 3 (less risk)

Duty of candour has been completed with all 18 patients and families, and family feedback include within safety incident investigation.

In July 2023, a further cohort of 600 patients were identified for further case review, and at present these patients continue to be reviewed, prioritising through identified clinical risk stratification. Learning from this cohort thus far identified 49 were classified as category 3 requiring a recall and review of care and further stratified to:

- 5 cases = priority 0
- 14 cases = priority 1 (high risk)
- 21 cases = priority 2 (intermediate risk)
- 2 cases = priority 3 (less risk)

GSTT (Guys and St Thomas Trust) team are continuing to support harm reviews on all patients with the first 24 patients almost completed. Duty of Candour and family engagement have been undertaken with 19 of this cohort of cases.

As a service the backlog waiting list is reviewed through a clinical review process on a weekly basis, which is monitored through the divisional team, and reported to the oversight committee to the ICB.

The total waiting list number as of March 2024 for paediatric audiology reviews is currently: 4233 for new referrals.
1099 for follow waiting to be seen.

The Trust continues to respond to a significant number of complaints and PALS concerns regarding the audiology service, specifically the paediatric audiology service. Concerns are reviewed and receive a timely response from the senior Divisional Nursing Director. Follow up engagement is achieved through the patient safety incident investigation to ensure learning from these individual concerns has been captured and escalation achieved where appropriate.

The serious incident investigation remains in progress, as learning from ongoing clinical harm reviews remain in progress. The report will capture learning across any systemic contributing factors, as well as learning across individual patient care episodes. (Ref: SI2023-7133)

The terms of reference for the SI are:

- To review the audiology pathway and its reliability
- To review the reliability of the diagnostic investigation (effectiveness and frequency)
- To review the application of the test's methods and timeliness in pathway management
- To review the follow up process.
- To review the process about submitting data for SONAR peer review
- To review the policies, pathways, and protocols
- To review the knowledge and competency of the team providing the same (are they supported by the Trust to be competent and maintaining their competencies)
- To review the governance process (how incidents are reported and escalated and the oversight)
- To review family factors/concerns
- To provide solutions to the causal factors by making clear, implementable recommendations to reduce the risk of recurrence.

2.Environment and equipment

There remain ongoing extensive actions to achieve environmental and equipment standards for the service. The service currently has several working audiology booths that can be used for audiology testing, new equipment has been procured.

There are still aspects of the environment that continue to be worked up specifically at the QE2 and Hertford County sites, where there has been required negotiation with landlords outside the NHS.

3.Digital

The audiology service has recently transitioned over to a new, nationally recommended, digital clinical system called Audit base. This change that will enable integration with current ENHT systems, clinical safety risk assessments, migration and management of patient data, and operational build specification within the system. The service is currently off DM01 reporting for two months as part of this system change.

4.Operational

A significant re-design of operational delivery has been undertaken to improve oversight and management of the patient pathways. The service now has a reliable PTL with appropriate waiting lists for specific audiological tests/conditions, with additional key indicators taken from national guidance.

A significant improvement is the re-starting of a clinical pathway in April 2024. This pathway manages over 3year olds for clinical assessment of non-complex audiology requirements, this has also enabled clinical support for the delivery of paediatric ENT clinics for children over 3 years.

The service continues to require mutual aid support for several other pathways, including paediatric hearing aid service. There continues to be ongoing actions to chieve workforce competencies and improve operational processes to enable this pathway re-opening when appropriately safe to do so.

5.Workforce

All staff have gone through a thorough review of competencies and knowledge and spent significant time in other organisations receiving peer support, observing practise, and receiving clinical supervision to achieve competency sign off. This development oversight and support continues, with expertise now within the service at ENHT.

The service is currently supported by an interim, part time head of Audiology and the substantive recruitment to this post is underway, this will provide the clinical leadership to allow the improvement programme to develop at more pace.

There has also been recruitment within the team in both paediatric and adult audiologists and at present the service is out to recruit several senior posts, which will provide stability to the service going forward. There is a national and regional shortage of specialists in this area and ENH are planning to strengthen the clinical leadership across adults and children's services.

6.Communications

A programme of internal and external communications has taken place, informing, and updating parents/carers, system partners, referrers, scrutiny committees, and staff.

The service continues work in partnership with ICB and regional system partners, CQC regulations and NHSE regulators to manage and drive actions to manage ongoing of risks

<p>identified within the service. These actions are also responsive to the findings and recommendations from UKAS and GSTT reviews, and the overarching aim for the service is to achieve IQIIPS accreditation for the future service sustainability.</p>	
<p>Risk: <i>Please specify any links to the BAF or Risk Register</i></p>	
<p>Overarching risk</p> <p>Risk 3027 (16): Risk of ENHT non-compliance with regulatory requirements and national audiology quality standards because of poor audiology testing for new-borns and children, inadequate audiology testing equipment, reduced staffing and unclear clinical governance processes and testing pathways. (risks relating to audiology are discussed at the oversight committee)</p> <p>*This risk is a corporate risk , on the Trust Risk Register with Executive oversight.</p>	
<p>Report previously considered by & date(s):</p>	
<p>N/A</p>	
<p>Recommendation</p>	<p>The Board/Committee is asked to note report. The Board is to be assured that the service updates will be shared the QSC sub committee of the Trust Board.</p>

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Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	14
Report title	2024-25 Board Assurance Framework		Meeting Date	1 May 2024
Presenter	Head of Corporate Governance			
Author	Head of Corporate Governance			
Responsible Director	Deputy CEO & Director of Finance		Approval Date	
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input type="checkbox"/>	Approval	<input type="checkbox"/>
	Discussion	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>The proposed 2024-25 BAF is enclosed for Board agreement. The BAF summary sheet is also enclosed to provide an overview of the proposed BAF changes and how the risks fit together, using tracked changes to quickly show proposed changes.</p> <p>The proposed changes to the BAF reflect the following changes identified at the April Board Seminar:</p> <ul style="list-style-type: none"> • New Risk 1: <i>If the <u>future of cancer services</u> at Mount Vernon and Lister is not resolved promptly by strategic partners Then there is a risk of unplanned reconfiguration of cancer services and the inability of the Trust to undertake long-term strategic planning that is financially viable Resulting in fragmented clinical care with the inability to optimise clinical outcomes; material financial destabilisation; the inability of the Trust to deliver its legal duties; and reputational damage.</i> • Current Risk 9 (Financial flows and efficiency) being replaced by: <i>If there is <u>insufficient investment</u> (capital, system allocation and no growth) to address rising costs, demand and aging infrastructure Then difficult choices will need to be made where to reduce costs or not to invest Resulting in services and infrastructure in those areas suffering and potential negative quality and safety impacts on patients and staff.</i> • Risk 11 (Innovation) - revised to focus on <u>ENH Production System delivery</u>: <i>If the required leadership and behavioural changes to support the roll-out of the ENH Production System are not prioritised, developed or adopted Then there is the risk staff will become disengaged and unable to deliver the required improvements at the pace needed Resulting in missed opportunities to improve performance and outcomes, failure to fully deliver our strategic goals and a deterioration in trust amongst staff.</i> • Risk 7 (System collaboration) revised from a relationships focus to <u>system inertia</u>: <i>If effective system working does not develop at pace Then the issues the Trust needs system solutions to resolve will perpetuate Resulting in enduring areas of sub-optimal health services and patient outcomes and costs.</i> • Combining the two <u>workforce</u> Risks 1 and 4 into one: <i>If we fail to have sufficient high quality staff, with the right technical and professional skillset, given the local, national</i> 				

<p><i>and global workforce challenges in healthcare Then we will not be able to achieve the required number of skilled staff to meet the needs of the local populations Resulting in poor patient and staff experience, as well as potentially compromising health outcomes, quality of care and reputation.</i></p> <ul style="list-style-type: none"> • Risk 2: Changing the summary description from “Population/stakeholder needs” to “Health inequalities” to aid the risk management focus on health inequalities. • Risk 12: Changing the summary description from “Clinical engagement” to “Clinical engagement and inertia” to reflect that new ways of working by Trust management and clinicians is important if the Trust is to be able to deliver its objectives. <p>The Board is asked to confirm:</p> <ul style="list-style-type: none"> • any amendments or improvements to the proposed 2024-25 BAF • the lead committees and executive leads are the most appropriate for the new and revised risks, including if the autonomy and accountability risk should move to People Committee now the divisional restructure is almost finished? 	
Impact: where significant implication(s) need highlighting	
Covered above	
Risk: <i>Please specify any links to the BAF or Risk Register</i>	
N/A – this is the BAF	
Report previously considered by & date(s):	
The content of the 2024-25 BAF was brainstormed at the 3 April Board Seminar.	
Recommendation	The Board is asked to endorse the 2024-25 BAF

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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.	Trust and system financial flows and efficiency <u>Investment (capital, system allocation and no growth)</u>	Chief Financial Officer	Finance, Performance & Planning?	12	
2.	Population/stakeholder needs <u>Health inequalities</u>	Chief Nurse {Medical Director}	Quality & Safety	12	↔
3.	Financial constraints	Chief Financial Officer	Finance, Performance & Planning	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 <u>to meet quality standards</u>	Chief People Officer	People	12	↔
5.	Culture, leadership and engagement	Chief People Officer	People	16	↔
6.	Autonomy and accountability	Chief Operating Officer <u>People Officer</u>	Finance, Performance & Planning <u>People</u>	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 <u>System inertia</u>	Deputy Chief Executive (CFO)	Finance, Performance & Planning	16	↔
8.	Improving performance and flow	Chief Operating Officer	Finance, Performance & Planning	16	↔
9.	Workforce requirements <u>The future of Cancer services</u>	<u>Chief Operating Officer</u>	Quality & Safety?		
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 <u>ENH Production System – getting out what the Trust needs</u>	Chief Kaizen Officer	People		
12.	Clinical engagement <u>and inertia</u>	Medical Director (Chief Nurse)	Quality & Safety	12	↔

Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	15
Report title	Summary Learning from Deaths Report		Meeting Date	1 May 2024
Presenter	Medical Director			
Author	Mortality Improvement Lead			
Responsible Director	Associate Medical Director for Reducing Unwarranted Variation	Approval Date	13 March 2024	
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>Reducing mortality remains one of the Trust's key objectives. This quarterly report summarises the results of mortality improvement work, including the regular monitoring of mortality rates, together with outputs from our learning from deaths work that are continual on-going processes throughout the Trust.</p> <p>It also incorporates information and data mandated under the National Learning from Deaths Programme.</p>				
<p>Impact: where significant implication(s) need highlighting <i>Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal</i> <i>Important in delivering Trust strategic objectives: Quality; People; Pathways; Ease of Use; Sustainability</i> <i>CQC domains: Safe; Caring; Well-led; Effective; Responsive; Use of resources</i></p>				
<p>1. Trust Strategic Objectives:</p> <p>Quality: Consistently deliver quality standards, targeting health inequalities and involving patients in their care</p> <p>Thriving people: Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability</p> <p>Seamless services: Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners</p> <p>Continuous improvement: Continuously improve services by adopting good practice, maximising efficiency and productivity and exploiting transformation opportunities.</p>				
<p>2. Compliance with Learning from Deaths NQB Guidance</p>				
<p>3. Potential impact in all five CQC domains</p>				
Risk: <i>Please specify any links to the BAF or Risk Register</i>				
Please refer to page 3 of the report				
Report previously considered by & date(s):				
Mortality Surveillance Committee – 13 March 2024 (approval of full report)				
Recommendation	The Board is invited to note the contents of this Report.			

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1. Executive Summary

1.1 Summary

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

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

1.2 Impact

1.2.1 Strategic ambitions

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

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

1.2.2 Compliance with Learning from Deaths NQB Guidance

The national Learning from Deaths guidance states that trusts must collect and publish certain key data and information regarding deaths in their care via a quarterly public board paper. This paper provides this information for Q3 2023-24. An in-depth Learning from Deaths Report covering the same period was provided to both the Quality & Safety Committee, and Mortality Surveillance Committee in March 2024.

1.2.3 Potential impact in all five CQC domains

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

Figure 1: Learning from deaths and CQC domains of care



1.3 Risks

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

Table 1: Current risks

Risks	Red/amber rating
<p>Ovarian Cancer SACT 30 Day Mortality: External review findings</p> <p>In the 2017-20 national Systemic Anti-Cancer Therapy (SACT) audit, the Trust was identified as an outlier for 30 Day Mortality. Following discussion at Mortality Surveillance an external peer review was commissioned. This identified a lack of integrated care at MVCC. Further internal and external specialist review of patient care is nearing completion, following which a formal SI report will be produced.</p>	
<p>Cardiology: recurrent HSMR and SHMI alerts (especially AMI)</p> <p>Following recurrent MI mortality alerts and a report by the Cardiology Clinical Director, Cardiology committed to a joint initiative with Coding to review all cases with an admitting diagnosis, or cause of death, of acute MI, to identify and exclude 'coding error' cases and ensure appropriate learning. This work remains ongoing with regular updates provided to the Mortality Surveillance Committee, as initial findings indicated that a miss-match between clinical activity and coding in a significant percentage of cases.</p>	
<p>ENHance: Using the system for escalation, reporting and learning and sharing</p> <p>There have been delays and significant issues experienced regarding the transfer of other Trust systems onto ENHance. Until these have been fully resolved, it will not be possible for the ENHance programme team to focus on working with us to understand the reporting and learning/sharing potential of the system for our learning from deaths work. An early conversation has taken place regarding the potential of developing an ENHance mortality module.</p>	
<p>Implementation of the Patient Safety Incident Response Framework (PSIRF)</p> <p>Work remains ongoing to ensure cohesion between our SJR process and the new patient safety framework. We continue to work closely with the PSIRF implementation Lead, checking that relevant policies and procedures align.</p>	
<p>Medical Examiner Integration & Community expansion</p> <p>The draft regulations for the statutory Medical Examiner system were published in December. Although the start date is still scheduled for April 2024, final confirmation and detail has yet to be received. Work continues with the remaining 44% of GP surgeries that are yet to refer to us.</p>	
<p>Using the SJRPlus review tool for reporting & learning</p> <p>The reporting tools associated with the NHS Apps structured judgement review tool were created by the NHSE Making Data Counts team. With the loss of funding for the Better Tomorrow team for the FutureNHS workspace, it is more difficult to get the support and traction we sometimes need. Following the transfer of the Better Tomorrow team to Aqua, it is not yet clear how robustly supported the framework will be, although recent discussions have provided some assurance.</p>	

2. Context

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

2.1 Headline mortality metrics

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

Table 2: Key mortality metrics

Metric	Headline detail
Crude mortality	Crude mortality is 1.05% for the 12-month period to January 2024 compared to 1.15% for the latest 3 years.
HSMR: (data period Dec22 – Nov23)	HSMR for the 12-month period is 86.85 , ‘ First quartile .’
SHMI: (data period Oct22 – Sep23)	Headline SHMI for the 12-month period is 97.48 , ‘ as expected ’ band 2 .
HSMR – Peer comparison	ENHT ranked 3rd (of 11) within the Model Hospital list* of peers.

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

Rolling 12-month SHMI, has seen a significant increase from 90.38 for August to 97.48 for September. However, this is due to a data submission error by the Trust and cannot be relied on. Even with the error, which we are aware has had a significantly detrimental effect on SHMI, the Trust has remained in the as expected band 2. The data error has been corrected and should show in the next iteration of SHMI once it has flowed through SUS/HES. While HSMR was also affected, CHKS refreshed with corrected data in time for this report.

2.2 COVID-19

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

Figure 2: Covid-19 Peer Comparison: January 2023 to December 2023



2.3 Mortality alerts

2.3.1 CQC CUSUM alerts

There have been no CQC alerts in Q3.

2.3.2 HSMR CUSUM alerts

There are 3 HSMR CUSUM red alerts which constituted a rolling 12-month 3 standard deviation outlier, for the year to November 2023: Coronary atherosclerosis and other heart disease; biliary tract disease; chronic ulcer of the skin. Understanding what underpins the recurrent coronary atherosclerosis alerts remains the focus of the ongoing joint Coding/Cardiology initiative. A coding review of Chronic ulcer of skin did not indicate errors. However, the review did highlight a significant number of patients being admitted with skin issues. We will monitor this and similar diagnosis groups for six months with a further report back. Biliary tract disease is a new alert and a coding review will be requested.

Table 3: HSMR CUSUM Alerts December 2022 to November 2023

	Relative Risk	Observed Deaths	Expected Deaths	“Excess” Deaths
199 - Chronic ulcer of skin	210.37	20	10	10
149 - Biliary tract disease	222.32	16	7	9
101 - Coronary atherosclerosis and other heart disease	244.17	11	5	6

Source: CHKS (CUSUM alerts coloured)

2.3.3 SHMI CUSUM alerts

As reported under 2.1 as we are aware that rolling 12-month SHMI to September 2023, is based on incorrect data, we will wait until the metric is based on corrected SUS/HES data before relying on it to identify diagnosis group outliers.

2.3.4 Other external alerts

There are no current active external alerts.

2.3.3 Key Learning from Deaths Data

2.3.3.1 Mandated mortality information

The Learning from Deaths framework states that trusts must collect and publish certain key data and information regarding deaths in their care via a quarterly public board paper. This mandated information is provided below for Q3 2023-24.

Table 5: Q3 2023-23: Learning from deaths data

	Oct-23	Nov-23	Dec-23
Total in-hospital deaths (ED & inpatient)	105	120	164
Deaths with SJR completed to date (at 01/02/24)	35	28	13
Patient safety incident escalation from SJR (by month of death) (at 01/02/24)	12	2	2
SJR: Deaths more likely than not due to problem in care (≥50%)	1	0	0
Learning disability deaths	1	1	1
Mental illness deaths	3	1	4
Stillbirths	2*	2	0
Child deaths (including neonats/CED**)	1	1	1
Maternity deaths	0	0	0
PSIs declared regarding deceased patient	1	0	0
SIs approved regarding deceased patient	1	0	1
Complaints regarding deceased patient	0	2	3
Requests for a Report to the Coroner	5	4	11
Regulation 28 (Prevention of Future Deaths)	0	0	0

* One of these stillbirths was a late foetal loss (22+0 to 23+6)

** Medical termination of pregnancies where the baby is born with signs of life are not included in these figures

2.3.3.2 Learning from deaths dashboard

The National Quality Board provided a suggested dashboard for the reporting of core mandated information. This dashboard has previously been provided in this report. However, the transition from our old in-house mortality review tool to using the *SJRPlus* tool and approach, presents a reporting challenge, as the data aligns differently. In the short term, the dashboard will not be used. Now that we have 12 months of data on the new system, work will commence to develop a new contextual dashboard.

3.0 Scrutiny to SJR

3.1 Medical Examiner Scrutiny

Table 6: Medical Examiner scrutiny data: Q3 2023-24

Scrutiny detail	Oct	Nov	Dec	Q3 total
Number of ENHT deaths scrutinised by ME	107	123	149	379
Number of MCCDs not completed within 3 calendar days of death	4	8	27	39
Number of ME referrals to Coroner	19	24	28	71
Number of deaths where significant concern re quality of care raised by bereaved families/carers	2	1	2	5
Number of patient safety incidents notified by ME office as a result of scrutiny	0	0	0	0
Number of ME referrals for SJR	16	28	45	89

3.2 Structured Judgement Reviews

3.2.1 SJR process and methodology

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

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

3.2.2 SJR and deaths YTD headline data

Table 7: 2023-24 Deaths and SJR headline data to the end of Q3

Data count	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Total in-patient deaths	103	109	86	110	95	79	102	107	149	940
Total ED deaths	7	5	7	5	6	6	3	13	15	67
SJR completed on in-month deaths (at 01.02.24)	27	38	27	23	37	29	35	28	13	257

The above table shows that to date, 26% of hospital deaths have received a formal structured judgement review. As our overall completion rate last year was in the region of 30%, this represents a slightly lower level at this point in the year against our expectations. At the same time, it should be noted that in discussions, the Better Tomorrow/FutureNHS team has suggested that our review numbers were higher than needed for robust learning, with many trusts reviewing between 15-20% of deaths.

3.2.3 Learning beyond SJR

3.2.3.1 SJR patient safety incident escalations

Table 8: Year to end of Q3 Patient Safety Incidents reported following SJR

Escalations for deaths in month (at 01/02/24)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Patient Safety Incident Escalations from SJRs	2	11	6	8	10	8	12	2	2	61

3.2.3.2 Mortality reviews undertaken prior to 1 July 2022

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

For existing ACONs, it should be noted that the current lapse in time between the death and completion of the ACON means that the avoidability of death score may not be decided in the same review year. Therefore, for the sake of transparency and robust governance this report details ACONs relating to all deaths which have been concluded during the quarter in question where the Mortality Surveillance Committee agreed an avoidability of death score of 3 or less (irrespective of the year in which the death occurred). Table 9 shows that there were no relevant cases matching these criteria in Q3.

Table 9: Q3 2022-23 Concluded ACONs: Avoidability Score ≤3

ID	Year of death	Serious Incident	Avoidability score	Avoidability definition
-	-	-	1	Definitely avoidable
-	-	-	2	Strong evidence of avoidability
-	-	-	3	Possibly avoidable: more than 50-50%

3.24. Learning and themes from concluded mortality reviews

Historically, throughout the year emerging themes have been collated and shared across the Trust via governance and performance sessions and specialist working groups. The information has also been used to inform broad quality improvement initiatives.

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

As a starting point, from December 2023 a quarterly presentation is created focussing on a particular aspect of SJR data. Badged as "Food for thought", the intention is that while these are easily digestible, they may provoke curiosity and further consideration of review outputs. The first two which looked at excellent and then inadequate care, have been very well received. They have been shared at Mortality Surveillance Committee, Divisional Q&S meetings as well as RHD.

4.0 Improvement activity

4.1 Focus areas for improvement/monitoring

Table 10: Focus Areas for Improvement

Diagnosis group	Summary update
Ovarian Cancer	<p>In the 2017-20 national Systemic Anti-Cancer Therapy (SACT) audit, the Trust was identified as an outlier for 30 Day Mortality. Following discussion at Mortality Surveillance an external peer review was commissioned. This identified a lack of integrated care at MVCC.</p> <p>Further internal and external specialist review of patient care is nearing completion, following which a formal SI report will be produced.</p>
Cardiology diagnoses	<p>Following recurrent MI mortality alerts and a report by the Cardiology Clinical Director, Cardiology committed to a joint initiative with Coding to review all cases with an admitting diagnosis, or cause of death, of acute MI, to identify and exclude 'coding error' cases and ensure appropriate learning.</p> <p>This work remains ongoing with regular updates provided to the Mortality Surveillance Committee, as initial findings indicated that a miss-match between clinical activity and coding in a significant percentage of cases.</p>
Sepsis	<p>While HSMR performance relative to national peer remains extremely well placed, achievement of sepsis targets remains variable. The sepsis team continues to develop multiple initiatives aimed at improving compliance.</p>
Stroke	<p>Following an upward trend in both HSMR and SHMI rolling 12-month metrics, reductions have been seen from January 2023. Latest reported SSNAP rating covering July to September 2023 has again improved, now standing at a B rating.</p> <p>The Artificial Imaging decision support tool for stroke is now well imbedded following implementation in early October and is improving timings for Thrombectomy referrals. In addition, the Trust was successful in a bid to be included in the Thrombolysis in Acute Stroke Collaborative (TASC) project which is a national programme to work with selected Trusts to improve their Thrombolysis rates. This started in January and is a 12-month project.</p> <p>There is continued collaborative working at a regional level with the East of England Integrated Stroke Delivery Network (ISDN). The current focus is on the National Optimal Stroke Imaging pathway (NOSIP) as well as the 4-hour to stroke unit performance and Thrombolysis and Thrombectomy rates. This is supported with good engagement at ICB level via board meetings and Task and Finish groups.</p>
Emergency Laparotomy	<p>While focussed improvement work continues, case ascertainment remains a challenge. To meet the Best Practice Tariff, we need a case ascertainment above 90%.</p> <p>Good news includes the fact that the service considers we are well placed to achieve the new BPT requirement of completion of risk documentation and geriatric input for 40% patients, indicating that in this regard we are amongst the top performing Trusts.</p> <p>The long-anticipated re-establishment of the Surgical Assessment Unit commenced from mid-January 2024. This should improve emergency surgical patient flow, thereby significantly reducing the time from the front door to theatre. The service considers this to be the most important outstanding step needed to improve the care of both NELA and general emergency surgical patients, resulting in better patient experience and outcomes.</p> <p>From April 2024 the NoLap Audit will be introduced. This is a national mandatory audit which will include cases meeting NELA criteria, but which were not included in NELA as the patient was too high risk to be operated on. For the first year the two main inclusion criteria are bowel perforation and ischaemia.</p>

5.0 Preventable deaths

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

The table below provides Q1-Q3 deaths/SJR/Preventability data (detailing SJRs conducted up to 01/02/24). The outcome of investigations and actions relating to these deaths will be discussed by the Mortality Surveillance Committee.

Table 11: 2023-24 SJR preventable deaths data to the end of Q3

Data count (at 01/02/24)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Hospital deaths (ED & inpatient)	110	114	93	115	101	85	105	120	164	1007
SJR completed on in-month deaths	27	38	27	23	37	29	35	28	13	257
% of deaths subject to SJR to date	25%	33%	29%	20%	37%	34%	33%	23%	8%	26%
Deaths judged more likely than not to be due to a problem in healthcare	0	0	1	0	1	0	1	0	0	3
% SJRs assessed ≥50:50 preventable	0%	0%	4%	0%	3%	0%	3%	0%	0%	1%

6.0 Options/recommendations

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

Integrated Performance Report

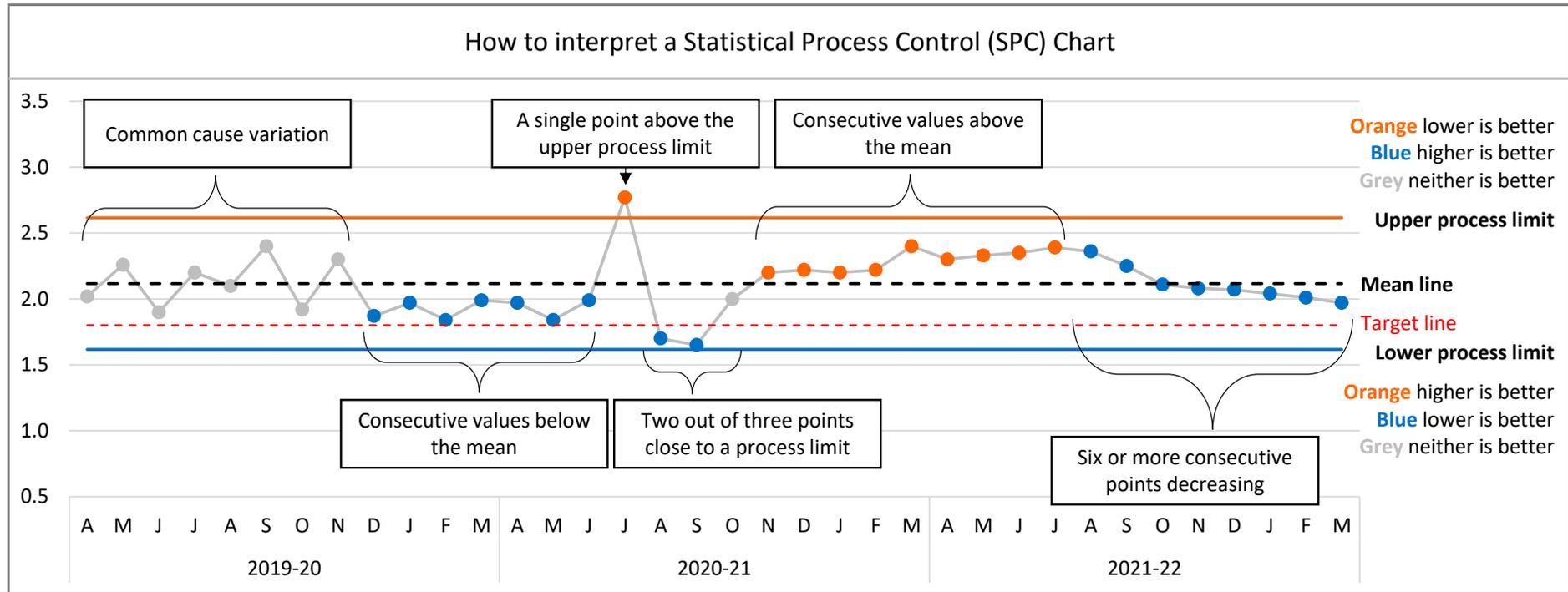
Month 12 | 2023-24



				
		2	8	9
		6	46	7
		1	8	1

Data correct as at 18/04/2024

Integrated Performance Report



Variation		Assurance	
	Special cause variation of concerning nature due to Higher or Lower values		Consistent Failing of the target Upper / lower process limit is above / below target line
	Special cause variation of improving nature due to Higher or Lower values		Consistent Passing of target Upper / lower process limit is above / below target line
	Common cause variation No significant change		Inconsistent passing and failing of the target



Quality

Month 12 | 2023-24

				
		1	4	5
		6	24	1
		1	1	0

Quality Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Patient Safety Incidents	Total incidents reported in-month	Mar-24	n/a	1,146			Common cause variation No target
Infection Prevention and Control	Hospital-acquired MRSA Number of incidences in-month	Mar-24	0	0			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired c.difficile Number of incidences in-month	Mar-24	0	7			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired MSSA Number of incidences in-month	Mar-24	0	2			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired e.coli Number of incidences in-month	Mar-24	0	3			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired klebsiella Number of incidences in-month	Mar-24	0	1			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired pseudomonas aeruginosa Number of incidences in-month	Mar-24	0	4			1 point above the upper process limit Metric will inconsistently pass and fail the target
	Hospital-acquired CPOs Number of incidences in-month	Mar-24	0	0			18 consecutive points below the mean Metric will inconsistently pass and fail the target
	Hand hygiene audit score	Mar-24	80%	94.9%			10 points above the mean Metric will consistently pass the target
Safer Staffing	Overall fill rate	Mar-24	n/a	85.7%			7 consecutive points above the mean No target
	Staff shortage incidents	Mar-24	n/a	12			9 consecutive points below the mean No target

Quality Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cardiac Arrests	Number of cardiac arrest calls per 1,000 admissions	Mar-24	n/a	0.67			Common cause variation No target
	Number of deteriorating patient calls per 1,000 admissions	Mar-24	n/a	1.45			Common cause variation No target
Sepsis Screening and Management	Inpatients receiving IVABs within 1-hour of red flag	Mar-24	95%	83.0%			Common cause variation Metric will inconsistently pass and fail the target
	Inpatients Sepsis Six bundle compliance	Mar-24	95%	63.8%			Common cause variation Metric will inconsistently pass and fail the target
	ED attendances receiving IVABs within 1-hour of red flag	Mar-24	95%	85.4%			Common cause variation Metric will inconsistently pass and fail the target
	ED attendance Sepsis Six bundle compliance	Mar-24	95%	73.8%			Common cause variation Metric will consistently fail the target
VTE Risk Assessment	VTE risk assessment stage 1 completed	Mar-24	85%	90.9%			1 point above the upper process limit Metric will consistently fail the target
HATs	Number of HAT RCAs in progress	Mar-24	n/a	118			Common cause variation No target
	Number of HAT RCAs completed	Mar-24	n/a	24			Common cause variation No target
	HATs confirmed potentially preventable	Mar-24	n/a	4			Common cause variation No target
PU	Pressure ulcers All category ≥2	Mar-24	0	14			Common cause variation Metric will inconsistently pass and fail the target

Quality Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Patient Falls	Rate of patient falls per 1,000 overnight stays	Mar-24	n/a	4.4			Common cause variation No target
	Proportion of patient falls resulting in serious harm	Mar-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	Mar-24	95%	97.9%			Common cause variation Metric will consistently pass the target
	A&E positive feedback	Mar-24	90%	82.2%			Common cause variation Metric will inconsistently pass and fail the target
	Maternity Antenatal positive feedback	Mar-24	93%	95.3%			2 points above the upper process limit Metric will consistently fail the target
	Maternity Birth positive feedback	Mar-24	93%	100.0%			13 points above the upper process limit Metric will consistently fail the target
	Maternity Postnatal positive feedback	Mar-24	93%	96.6%			12 points above the upper process limit Metric will inconsistently pass and fail the target
Friends and Family Test	Maternity Community positive feedback	Mar-24	93%	93.8%			7 consecutive points above the upper process limit Metric will consistently fail the target
	Outpatients FFT positive feedback	Mar-24	95.0%	95.9%			Common cause variation Metric will inconsistently pass and fail the target
PALS	Number of PALS referrals received in-month	Mar-24	n/a	365		-	Common cause variation No target

Month 12 | 2023-24

Quality Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Complaints	Number of written complaints received in-month	Mar-24	n/a	72		-	Common cause variation No target
	Number of complaints closed in-month	Mar-24	n/a	56		-	Common cause variation No target
	Proportion of complaints acknowledged within 3 working days	Mar-24	75%	96.9%			Common cause variation Metric will consistently pass the target
	Proportion of complaints responded to within agreed timeframe	Mar-24	80%	40.0%			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	Mar-24	60 - 70%	68.6%			Common cause variation Metric will inconsistently pass and fail the target
	Massive obstetric haemorrhage >1500ml vaginal	Mar-24	3.3%	1.7%			Common cause variation Metric will consistently pass the target
	3rd and 4th degree tear vaginal	Mar-24	2.5%	3.2%			Common cause variation Metric will inconsistently pass and fail the target
	Massive obstetric haemorrhage >1500ml LSCS	Mar-24	4.5%	2.5%			1 point above the upper process limit Metric will consistently pass the target
	3rd and 4th degree tear instrumental	Mar-24	6.3%	2.9%			Common cause variation Metric will inconsistently pass and fail the target
	Term admissions to NICU	Mar-24	6.0%	5.5%			Common cause variation Metric will inconsistently pass and fail the target
	ITU admissions	Mar-24	0.7	1			Common cause variation Metric will inconsistently pass and fail the target

Month 12 | 2023-24

Quality Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Maternity Other Metrics	Smoking at time of booking	Mar-24	12.5%	5.0%			Common cause variation Metric will consistently pass the target
	Smoking at time of delivery	Mar-24	2.3%	3.7%			Common cause variation Metric will inconsistently pass and fail the target
	Bookings completed by 9+6 weeks gestation	Mar-24	50.5%	78.6%			Common cause variation Metric will consistently pass the target
	Breast feeding initiated	Mar-24	72.7%	79.0%			Common cause variation Metric will inconsistently pass and fail the target
	Number of serious incidents	Mar-24	0.5	0			Common cause variation Metric will inconsistently pass and fail the target
	SLA income against plan (£m)	Mar-24	2.7	2.6			11 points above the mean Metric will inconsistently pass and fail the target
Mortality	Crude mortality per 1,000 admissions In-month	Mar-24	12.8	9.6			common cause variation Metric will inconsistently pass and fail the target
	Crude mortality per 1,000 admissions Rolling 12-months	Mar-24	12.8	9.6			Rolling 12-months - unsuitable for SPC
	HSMR In-month	Jan-24	100	93.7			Common cause variation Metric will inconsistently pass and fail the target
	HSMR Rolling 12-months	Jan-24	100	86.3			Rolling 12-months - unsuitable for SPC
	SHMI In-month	Oct-23	100	88.8			Common cause variation Metric will inconsistently pass and fail the target
	SHMI Rolling 12-months	Oct-23	100	90.8			Rolling 12-months - unsuitable for SPC

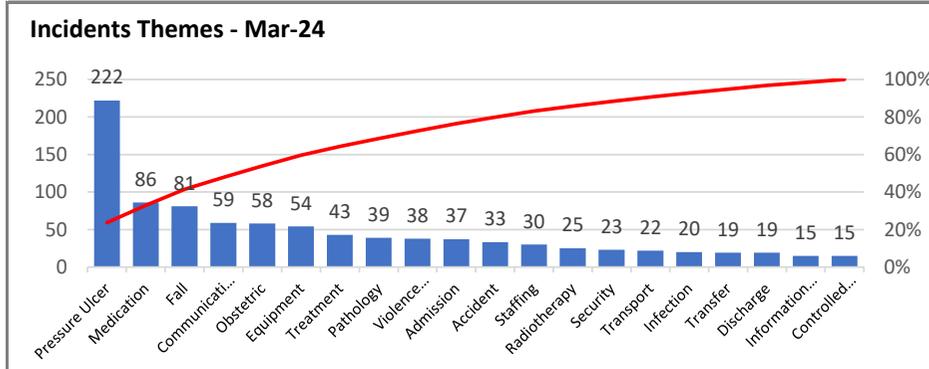
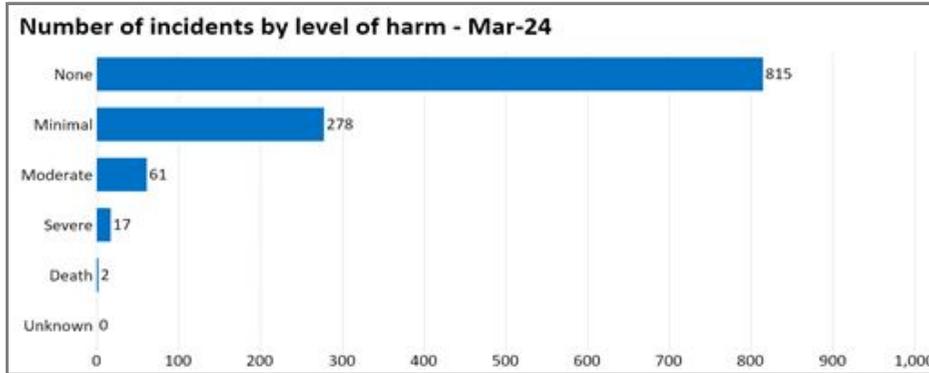
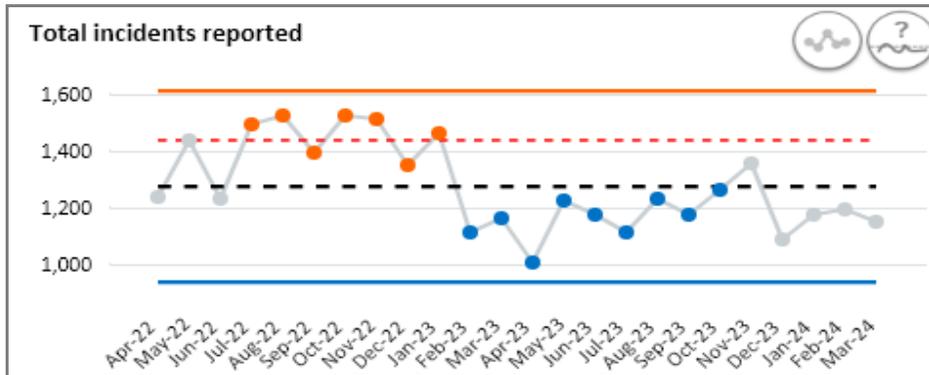
Month 12 | 2023-24

Quality Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Re-admissions	Number of emergency re-admissions within 30 days of discharge	Dec-23	n/a	689			Common cause variation No target
	Rate of emergency re-admissions within 30 days of discharge	Dec-23	9.0%	6.1%			Common cause variation Metric will consistently pass the target
Length of Stay	Average elective length of stay	Feb-24	2.8	2.2			Common cause variation Metric will inconsistently pass and fail the target
	Average non-elective length of stay	Feb-24	4.6	4.3			1 point below the lower process limit 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	94.0%			16 points above the mean No target
	Individualised care pathways	Jan-24	n/a	31			Common cause variation No target

Quality

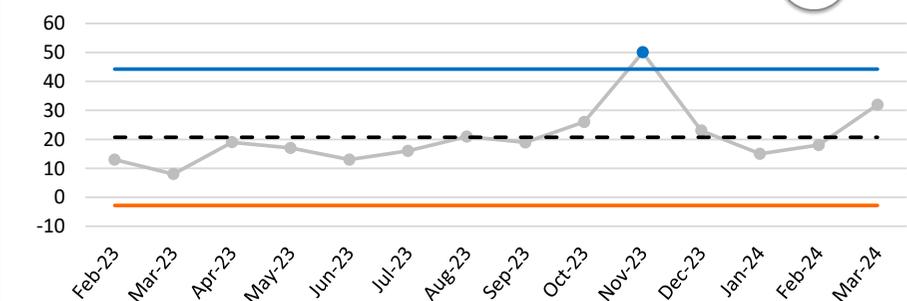
Patient Safety Incidents



Key Issues and Executive Response

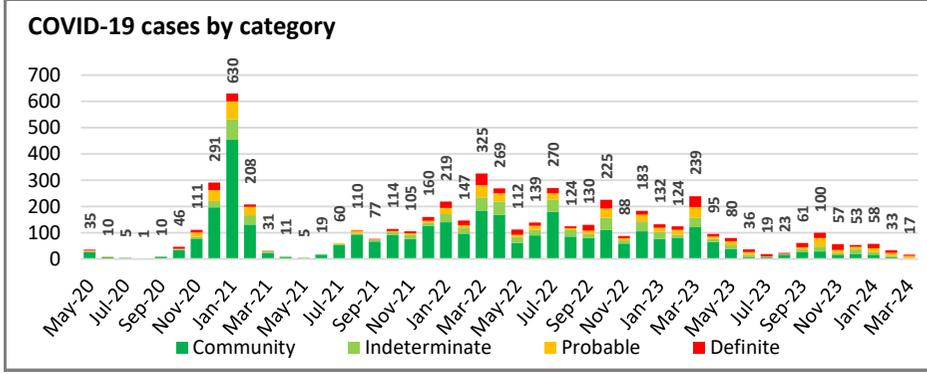
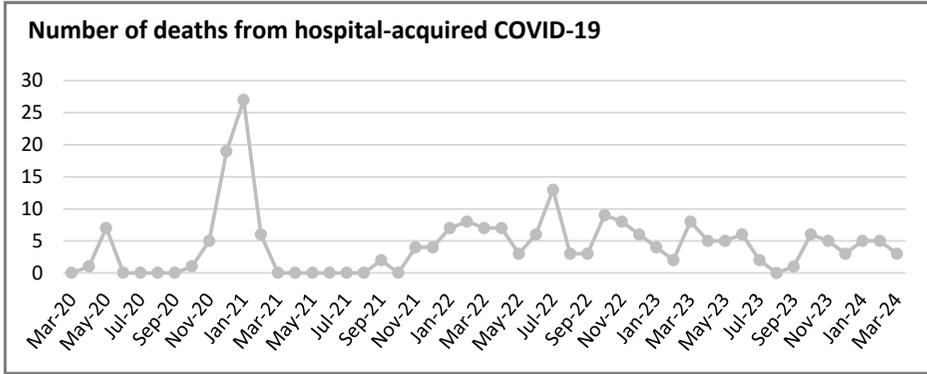
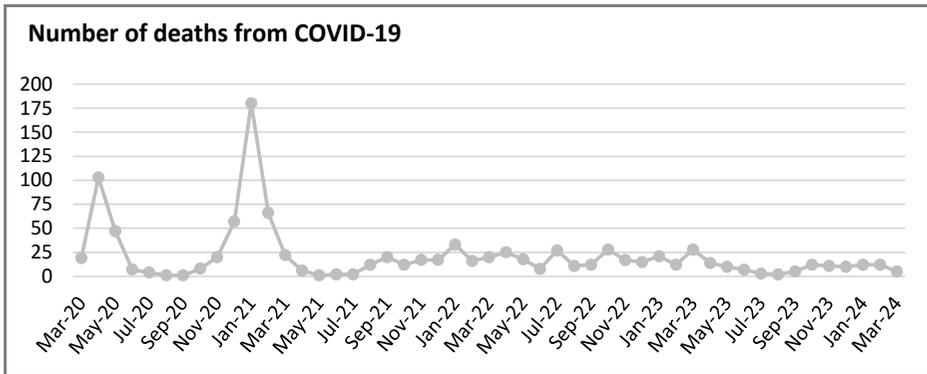
- Of the incidents reported in month, 678 are open being investigated and 324 are awaiting Divisional lead sign off, in line with previous months.
- Of incidents reported resulting in death; 1 relates to an OOH cardiac arrest and 1 relates to a patient dying from recognised complication of a liver biopsy on background of renal cancer. Local learning reviews have taken place with MDT roundtable planned.
- ED continues to be the highest reporting specialty of incidents followed by Acute Medicine, Obstetrics and MV in line with previous months.
- Of the good care reported, 76% relate to W&C Division. Delay in implementing changes to good care reporting form due to no test environment on ENHance.
- 11 open SI ongoing, 1 with Execs, 6 with Divisional teams for approval and action plan review and 4 with Patient Safety team under investigation (all relate to Paediatric Audiology review).
- 1 new PSII commissioned relating to renal dialysis incident. Learning response team being agreed with subject matter experts. Ongoing incident management structure in place.
- Ongoing development of SIRP oversight role.

Total number of Good Care events



Quality

COVID-19

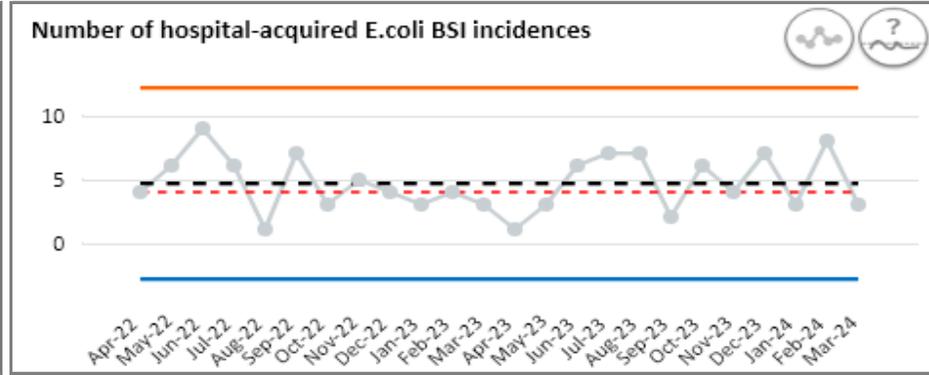
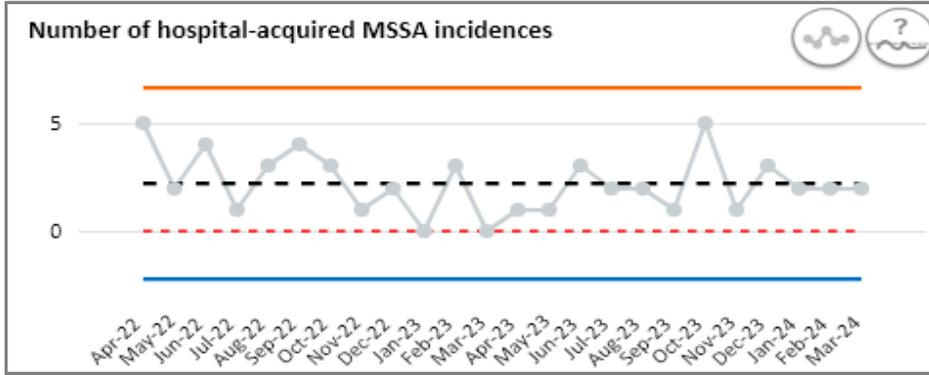
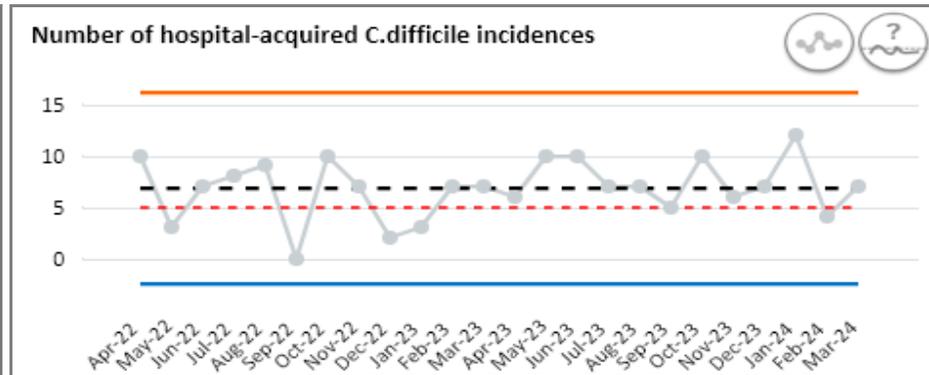
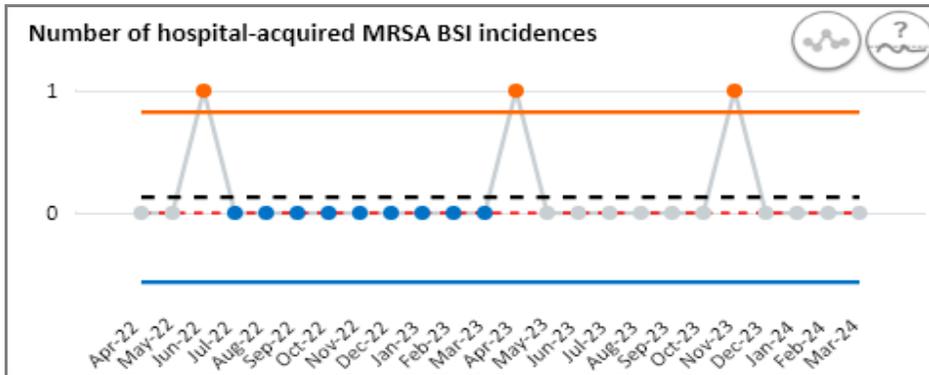


Key Issues and Executive Response

- The total number of inpatients with COVID-19 in March was 17. Of these cases, 1 were attributed to community onset, with 5 definite hospital acquired and 9 probable cases.
- PCR testing is only utilised for symptomatic patients for clinical treatment purposes only - This will include diagnostics and treatment. In addition, Lateral Flow Devices can be used for placement purposes to support emergency and acute admission pathways. This means PCR test in emergency services can be done via Cambridge university hospital testing and not point of care testing.
- If the patient is due to be admitted to the Lister oncology wards, Respiratory wards and Critical Care, an LFD test is required on admission.
- There were 5 COVID-19 deaths reported in the month of March 3 of which were Hospital-acquired. These patients experienced multiple-co-morbidities, and appropriate review of patients will be carried out for all the patients.

Quality

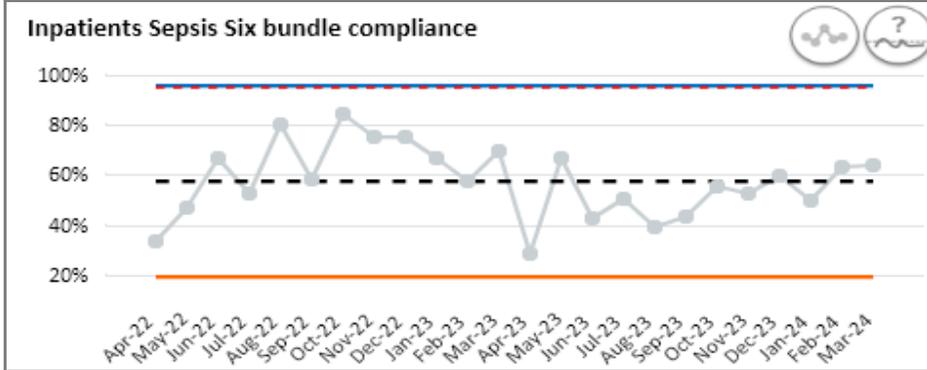
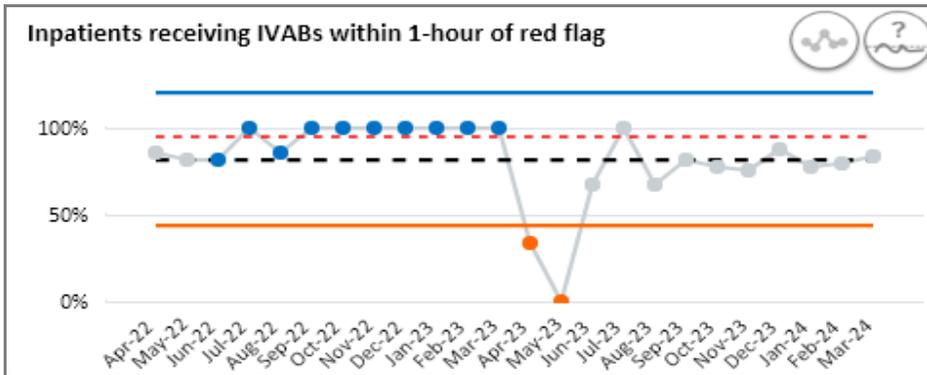
Infection Prevention and Control



- C difficile (C diff.)* - The number of incidents this month is above the monthly threshold and YTD cases remained above trajectory. For 2023-2024, a total of 91 cases were identified against a ceiling of 58. Both internal and external reviews will be held in the coming months to determine what further actions or innovations are needed to decrease the numbers of patients developing C diff infections as a result of healthcare.
- MRSA BSI - there were zero MRSA BSI in the month of Mar-24. For 2023-2024, a total of two cases were identified against a ceiling of 0
- MSSA BSI - there were two cases in Mar-24, and the total YTD rate of 25 remains below the rate of the previous year.
- E.coli BSI* - the Trust is on trajectory for the month of Mar-24. However, for 2023-2024, a total of 56 cases were identified which is one case over the previous year. This is also above annual ceiling of 44

Quality

Sepsis Screening and Management | Inpatients



Sepsis IP	2022-23		2023-24									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Oxygen	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Blood cultures	29%	100%	69%	67%	80%	64%	83%	75%	78%	57%	100%	63%
IV antibiotics	0%	0%	83%	100%	67%	60%	71%	60%	60%	50%	75%	67%
IV fluids	33%	100%	50%	56%	55%	57%	56%	71%	83%	57%	100%	100%
Lactate	43%	67%	54%	58%	65%	64%	83%	57%	60%	25%	86%	63%
Urine measure	71%	100%	64%	75%	59%	42%	83%	71%	60%	50%	57%	75%

Key Issues and Executive Response

Themes

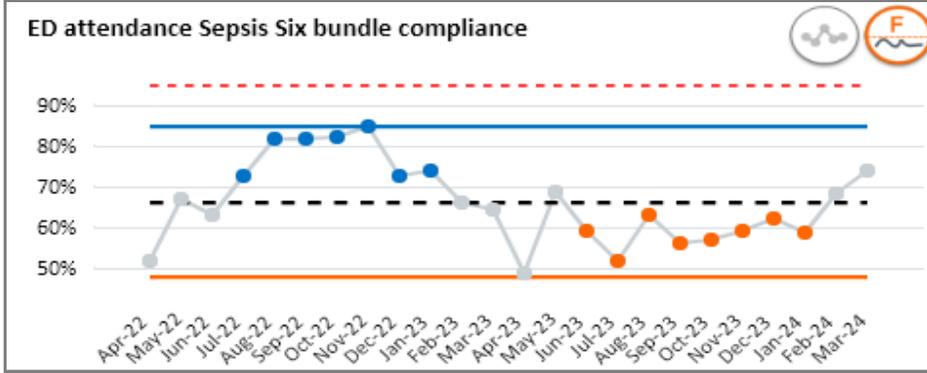
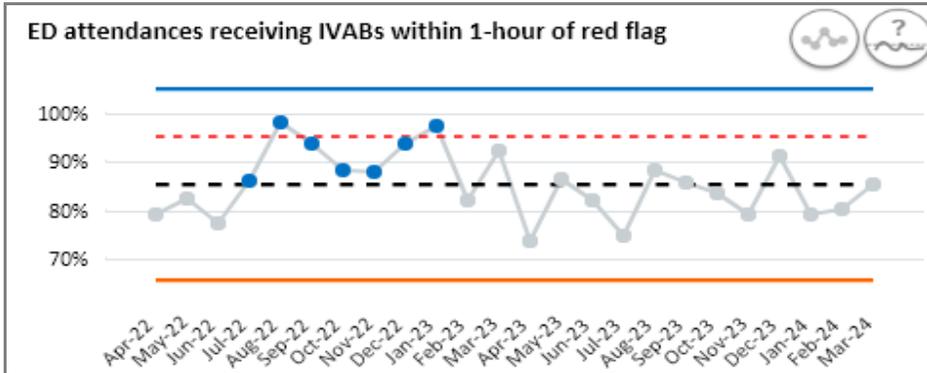
- IV antibiotic compliance sits at 67% (2/3) in March, with no significant delays. ENHance have been completed for delays.
- IV Fluid compliance hit 100% across inpatients in March.
- O2 administration remains at 100%, whilst urine balance monitoring still appears to be a Trust wide challenge with deteriorating patients. However we have seen an upwards trend in urine balance compliance with 75% which is encouraging.
- Lactate and blood culture compliance has fluctuated this month with both sitting at 63%.
- The Sepsis Team was not informed of any serious harm or patient incidents related to sepsis throughout March.

Response

- The Sepsis Team has upcoming sepsis sessions with planned care and are liaising with unplanned to include them too.
- The team have arranged further teaching for doctors working in frailty in April and May.
- 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. Including an SBARD rollout week.

Quality

Sepsis Screening and Management | Emergency Department



Sepsis ED	2022-23		2023-24									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Oxygen	100%	95%	100%	98%	94%	100%	98%	100%	100%	100%	96%	100%
Blood cultures	87%	93%	90%	87%	89%	88%	87%	93%	91%	92%	100%	97%
IV antibiotics	74%	86%	82%	75%	88%	86%	84%	79%	91%	79%	80%	85%
IV fluids	84%	81%	79%	81%	83%	89%	88%	87%	92%	82%	85%	84%
Lactate	92%	96%	96%	95%	96%	100%	97%	93%	95%	98%	100%	98%
Urine measure	67%	80%	74%	68%	72%	64%	63%	64%	67%	66%	78%	86%

Key Issues and Executive Response

Themes

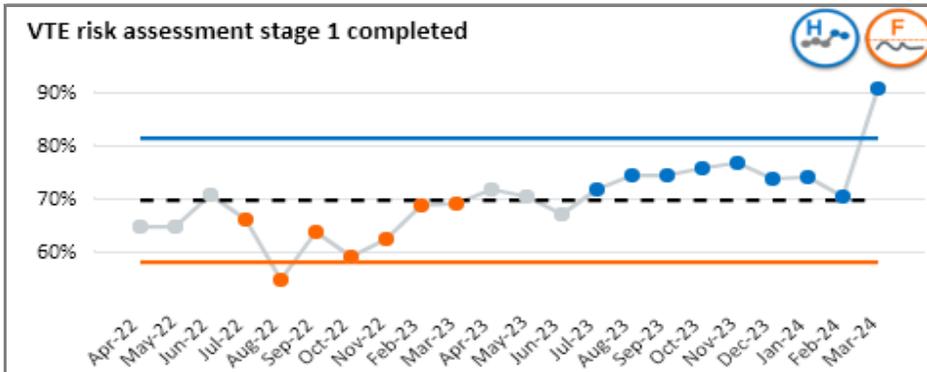
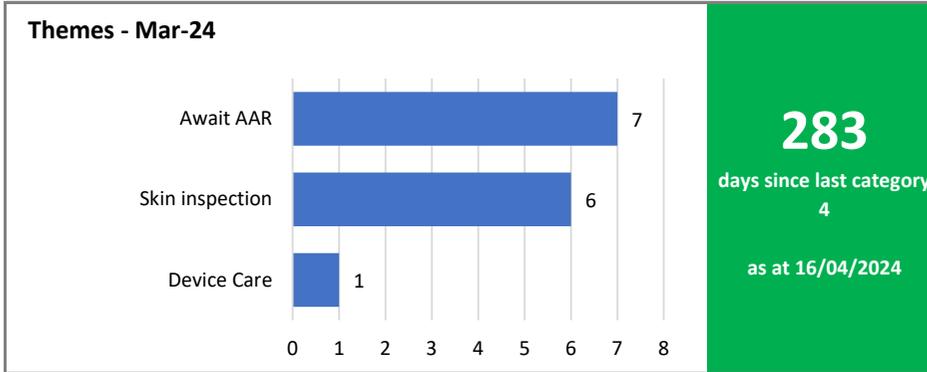
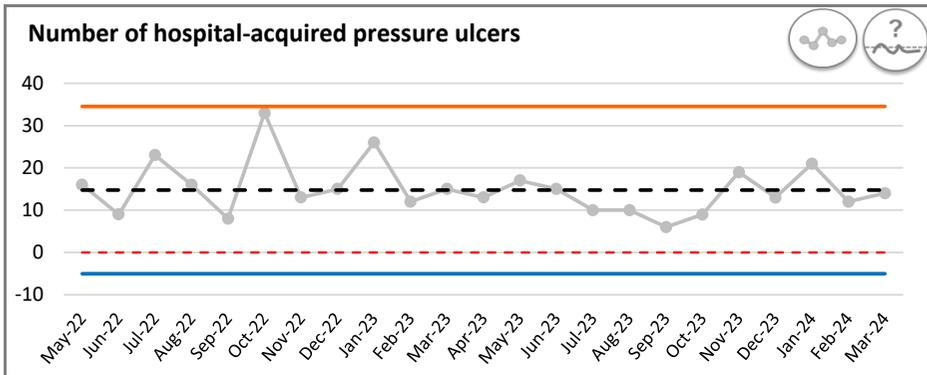
- IV antibiotic compliance sits as 85% in March with no severe delays.
- Average time to IV antibiotics is 40 minutes which is within Trust timeframe of 1 hour.
- IVF compliance remains stable sitting at 84% in March, with an average time to fluids remains within trust targets at 38 minutes.
- Lactate and Blood culture compliance sit at 98% and 97% respectively and continues to meet trust targets.
- Urine balance has improved slightly to 86% in March which is something we are looking to maintain.
- The Sepsis Team was not informed of any serious harm to any patients in relation to sepsis in March.

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.
- 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.
- Continued engagement from the ED team including the introduction of posters has improved the amount to sepsis screens undertaken.
- There will be a Sepsis/AKI link nurse study day in April looking into the MDT management of Sepsis and AKI.

Quality

Pressure Ulcers | VTE



Key Issues and Executive Response

Pressure Ulcers

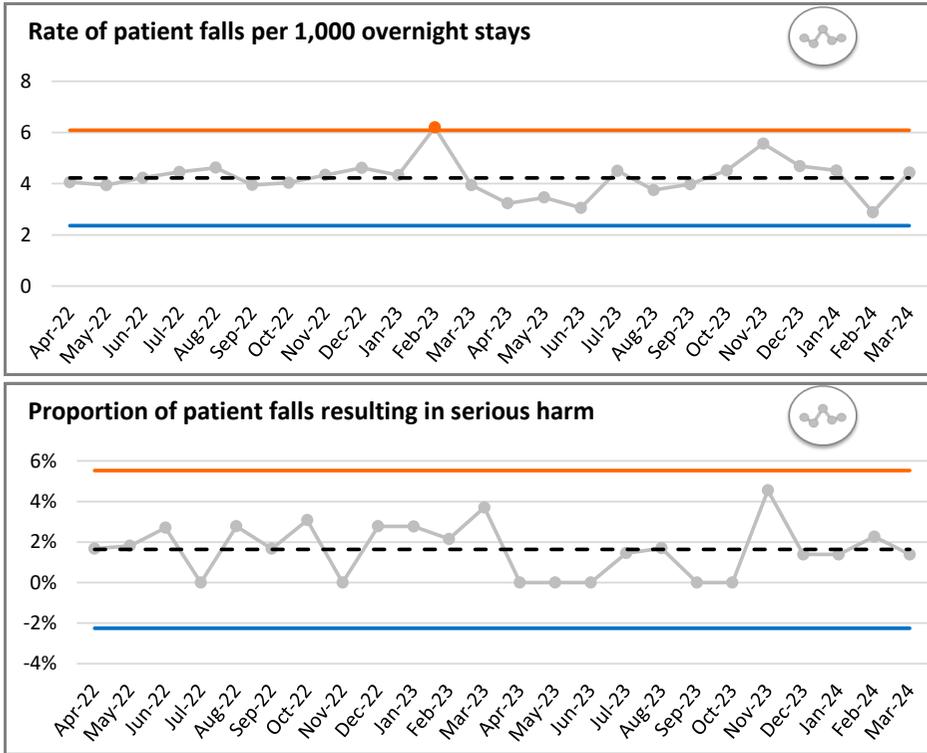
- Ward 10B have successfully completed a PU QI project with good results.
- Ward managers have started to conduct After Action Reviews (AAR). Tissue Viability Team is providing support by continuing to validate the skin damage. Ward managers will gradually be assisted to start validating pressure ulcers at some point, as part of PSIRF.
- PSIRF plan three main themes: device related care, repositioning and skin inspection.
- CQUIN 3rd quarter results up from 58% in the 2nd Quarter to 66%
- 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 (NWCSPP) PU recommendations;
 - Convert PU risk assessment tool to PURPOSE-T to align with the new NWCSPP recommendations. (Awaiting approval to start this from digital).

VTE

- March astronomical data point due to data set being pulled later in month resulting in higher VTE compliance. Audit data parameters are being analysed on the back of ward opening (SAU) and ward moves.
- 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.
- Quarterly VTE and Anticoagulation Newsletter distributed in January and April to feedback ward and specialist data.

Quality

Patient Falls

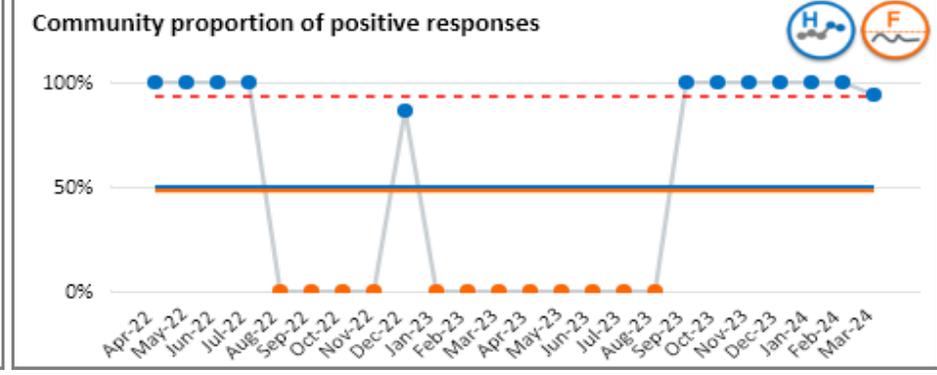
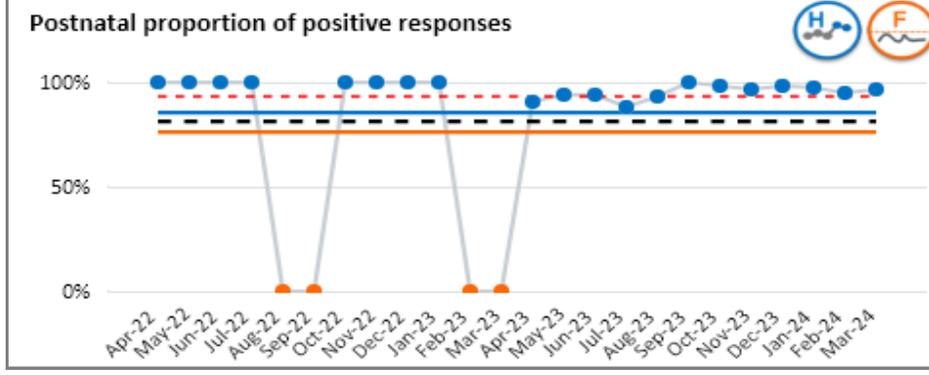
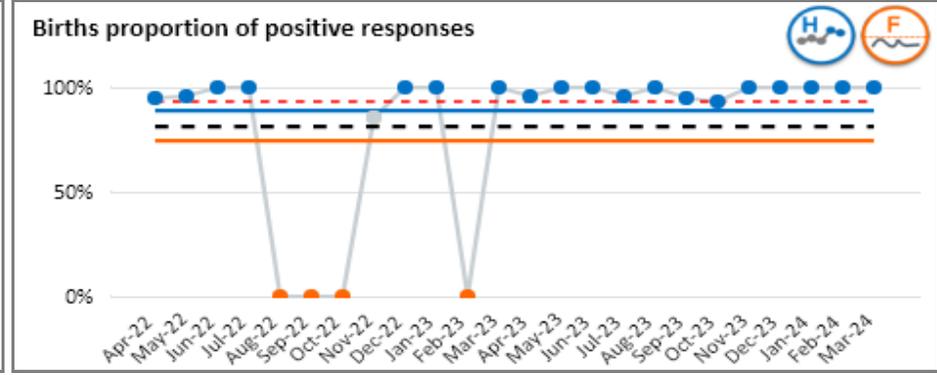
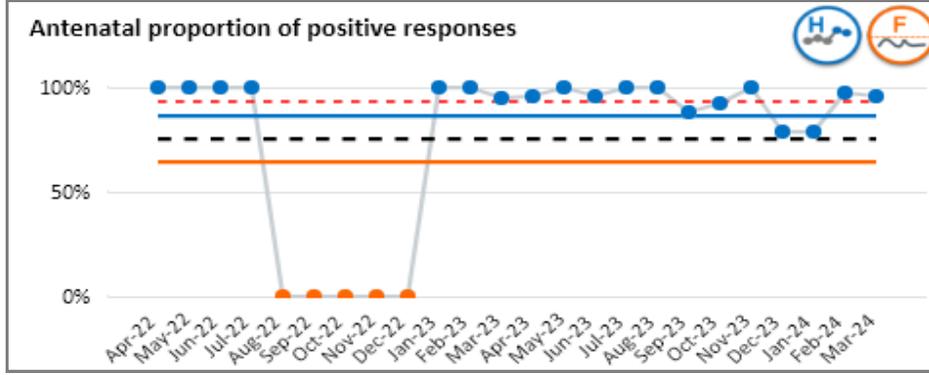
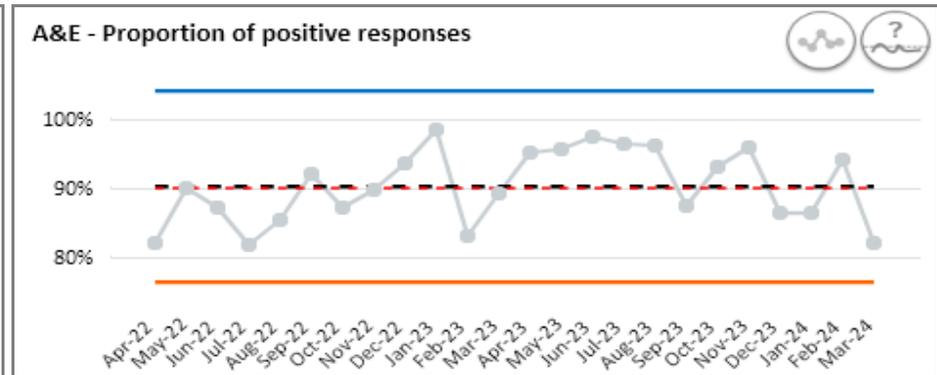
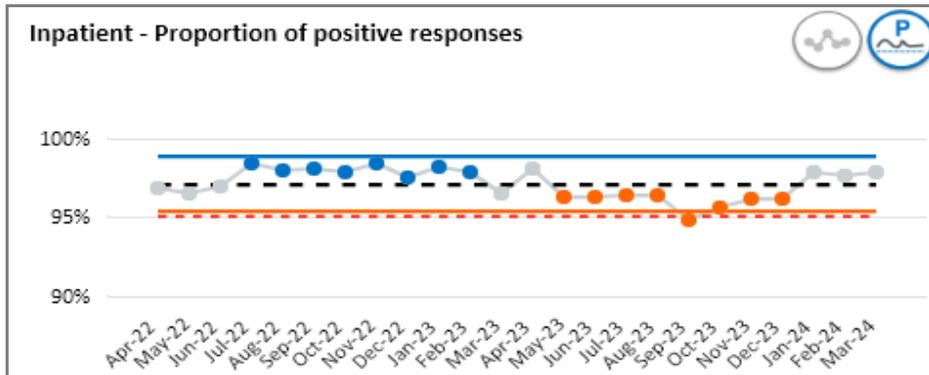


Key Issues and Executive Response

- Inpatient falls data continues to show common cause variation, with an average of 4 per month per 1000 bed days.
- 1 Fall with Moderate harm recorded for the month of March awaiting RIR to be completed.
- We have seen sustained improvement with falls risk assessment compliance currently averaging at 92%.
- We are at a sustained improvement on Enhanced Care Plan compliance of 85%. We aim to increase this further up to 90% and above.
- We have seen an increase in inpatient sustaining neck of femur fracture. This will be raised to ward managers meeting and will be further monitored and identify learnings to be share across the trust.

Quality

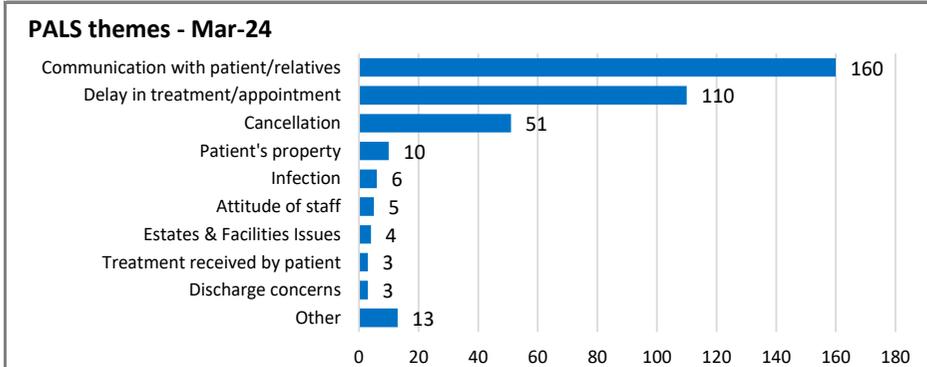
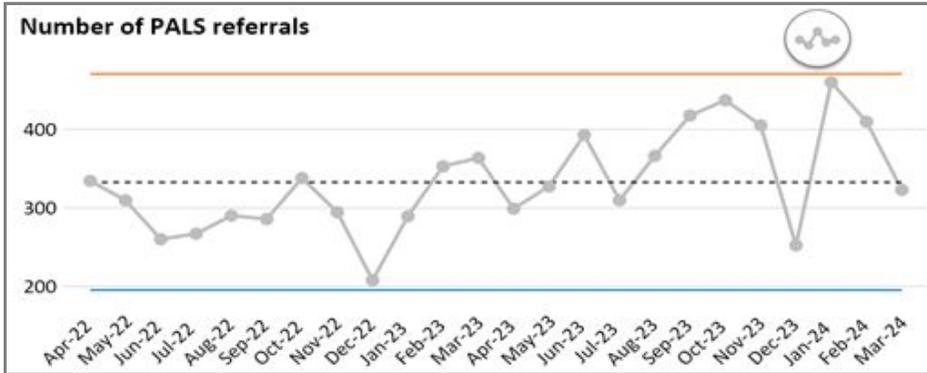
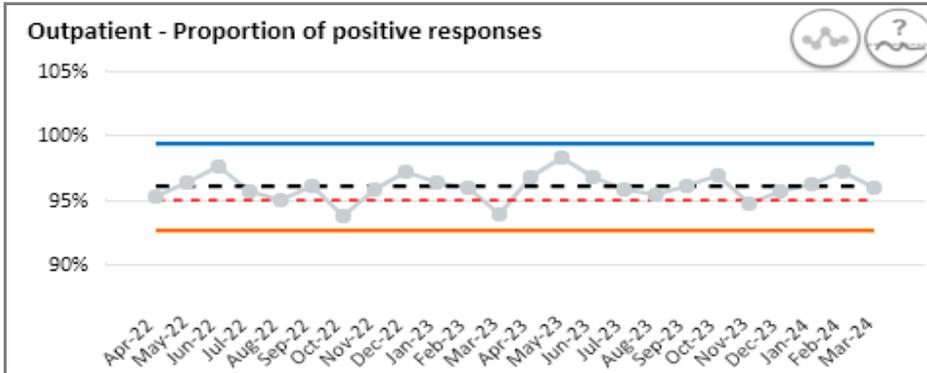
Friends and Family Test



Month 12 | 2023-24

Quality

Friends and Family Test | Patient Advice and Liaison Service



Key Issues and Executive Response

Friends and Family Test

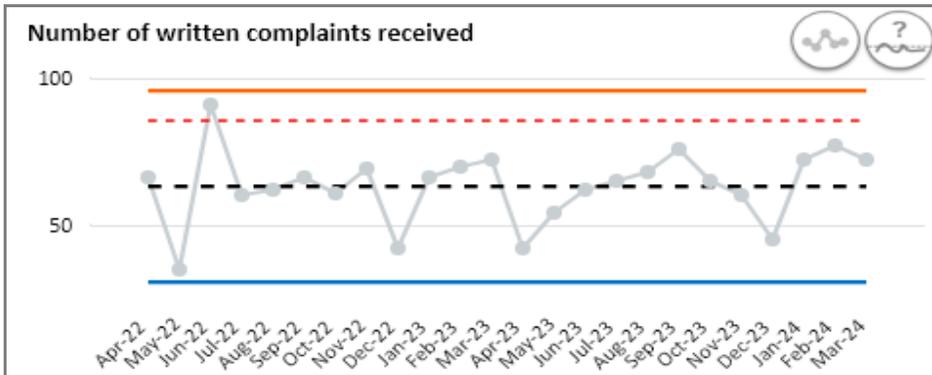
- Some outpatients services have been sending feedback too late to be entered onto ENHance. Reminders have been sent out and a further drive to get QR codes rolled out has commenced.
- Emergency departments have received a low amount of responses this month. Lister ED and QEII received very low response and satisfaction. QR posters have been provided to all the emergency areas.

Patient Advice Liaison Service

Challenges

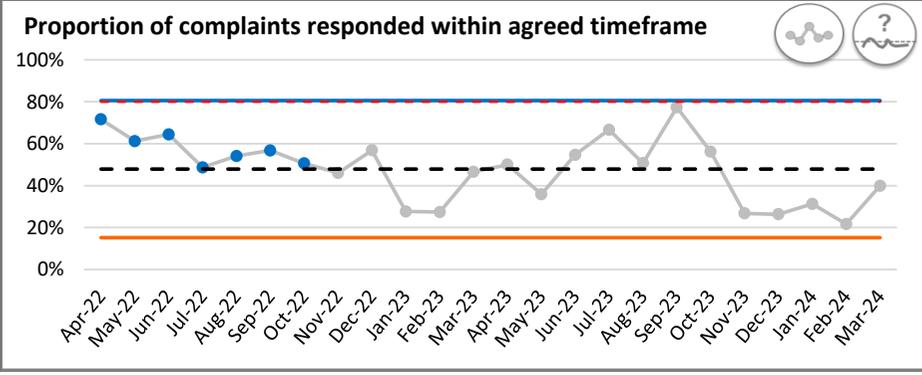
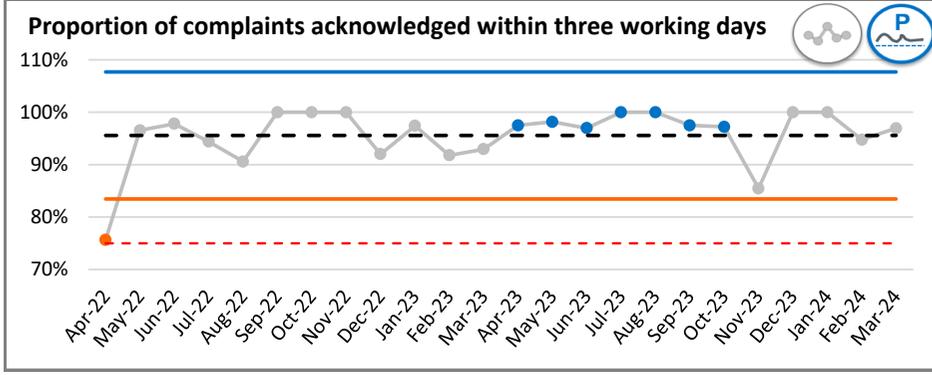
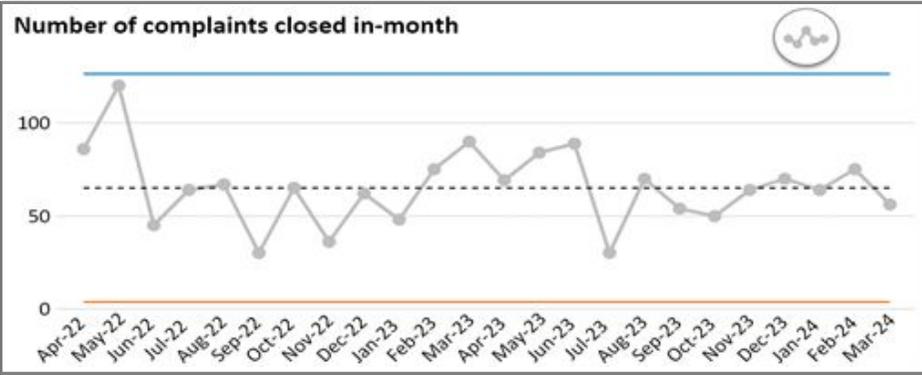
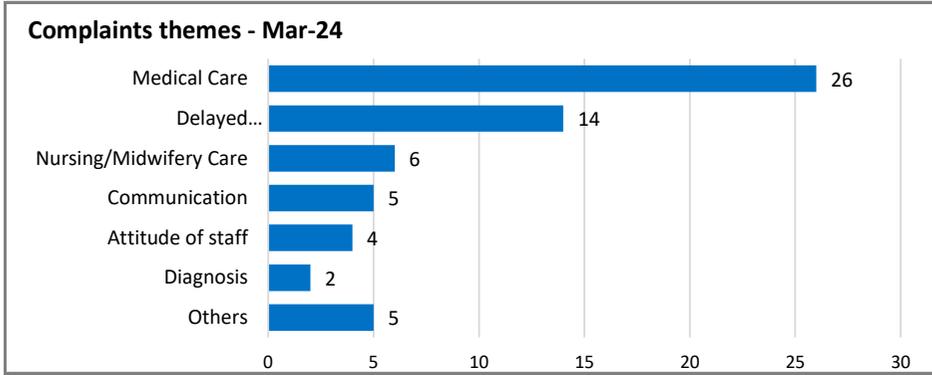
- Staff capacity within the team still remains an issue due to the huge volume of enquiries alongside 2 part time and 1 full time staff member. This does not cover the service sufficiently.
- 152 complaints in the inbox to action. At the maximum of 28 days currently for turn around time frame,
- Team capacity continues to remain an issue.

Quality Complaints



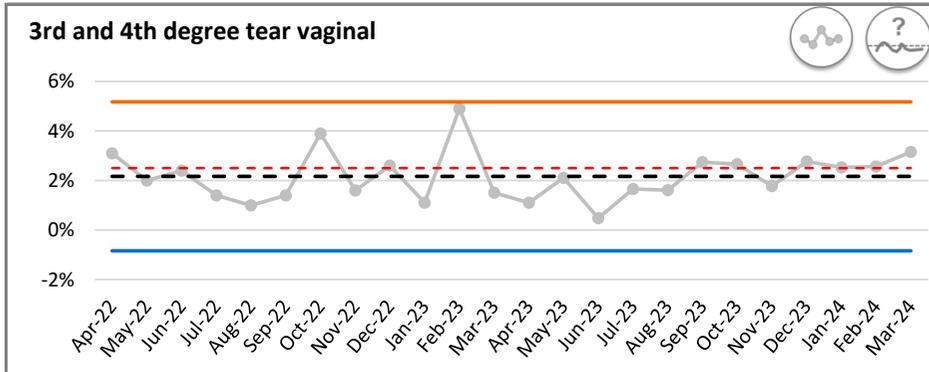
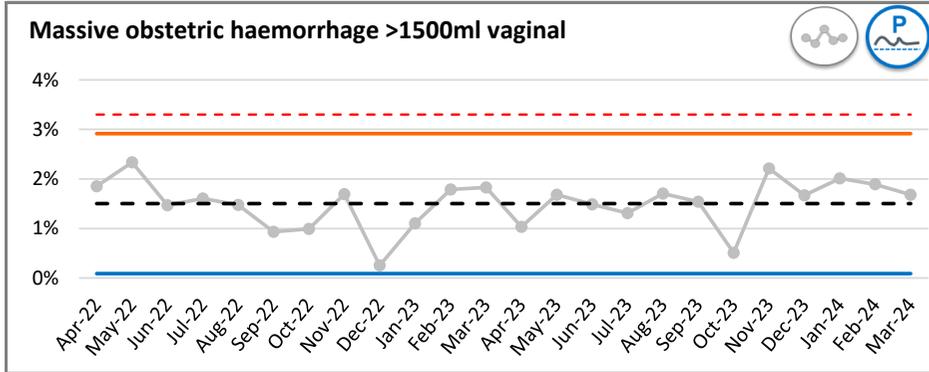
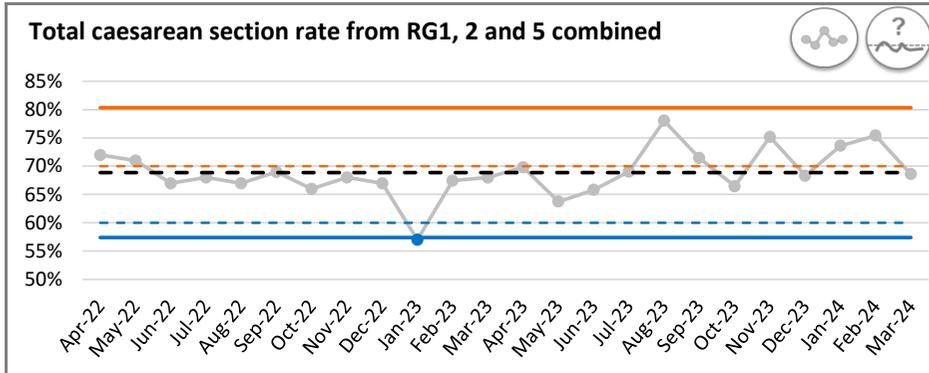
Key Issues and Executive Response

- At the time of writing, the Trust has 166 open complaints, with 27 complaints awaiting for scope confirmation.
- There are currently 50 complaint responses to be drafted
- Gynaecology received the highest amount of complaints in March, followed by T&O.
- Team capacity continues to remain an issue. Still awaiting feedback from Business submitted in November 2023.



Quality

Maternity | Safety Metrics



Key issues and executive response

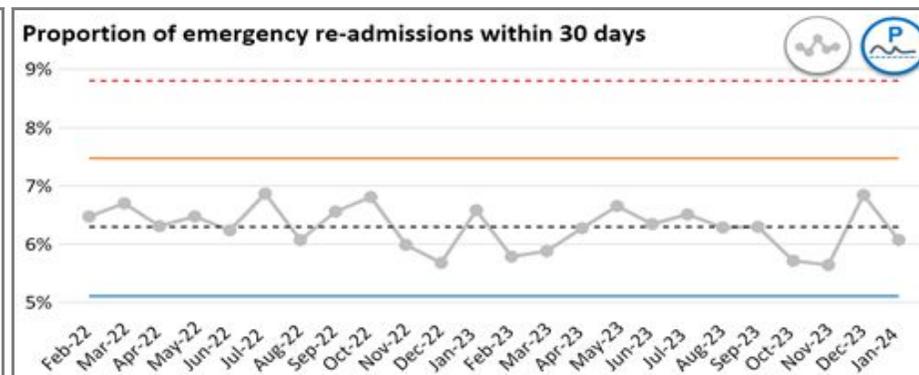
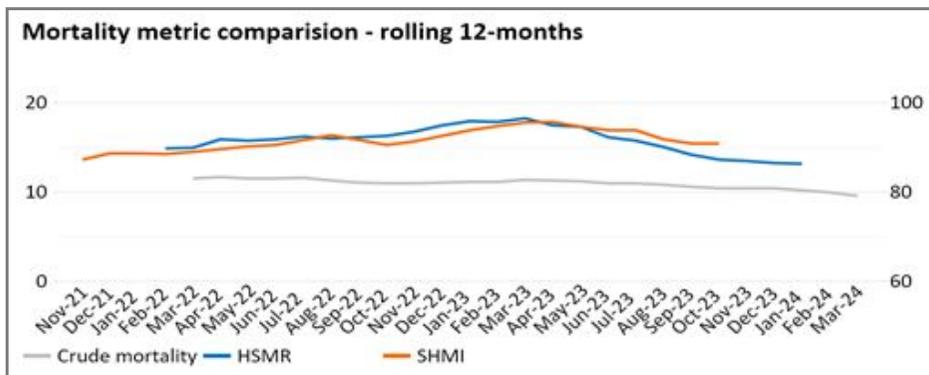
- No PSII declared and pursued between January and March 2024.
- 3rd / 4th degree tears - Normal variation noted. 2023 Cases remain significantly below 2022 numbers. Monthly audit continues and a working party is now in place to implement the Obstetric anal sphincter injury (OASI) 2 care bundle as a quality improvement initiative. Training package produced - awaiting integration as part of MMD annual training programme, planned Autumn 2024. Consider new guideline launch as part of initiative - examples of success within LMNS.
- Massive Obstetric Haemorrhage (MOH) normal variation continues however overall rate increased. Thematic review by the Labour Ward Consultant Lead and Risk Management MDT continues on a monthly basis. Regional working party to feedback (general rise within LMNS).
- Breast Feeding Initiation rate and rate at discharge remain stable.
- Term admissions to the Neonatal unit have returned to a rate within goal limits (<6%). One obstetric case was declared avoidable where a woman was counselled for LSCS before 39/40 without clear rationale.

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 12 the combined rate is 68%.

Quality

Mortality Summary | Emergency Re-admissions



Key Issues and Executive Response

Mortality Metrics

- Following the rise in crude mortality seen during the pandemic, levels are now stable/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.
- A recent error in the upload of the Trust's SUS/HES data had briefly skewed HSMR/SHMI outputs. Both metrics have now refreshed on the basis of corrected data.

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

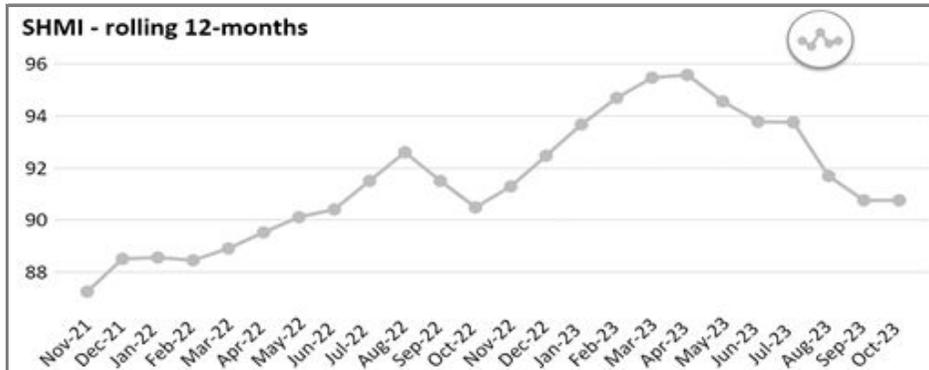
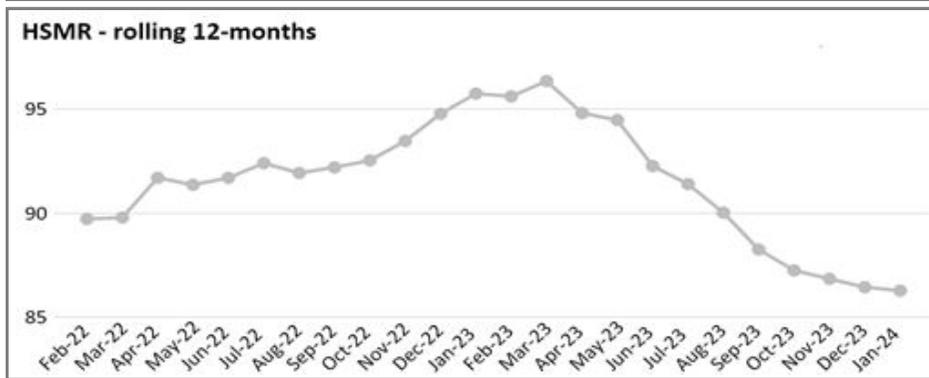
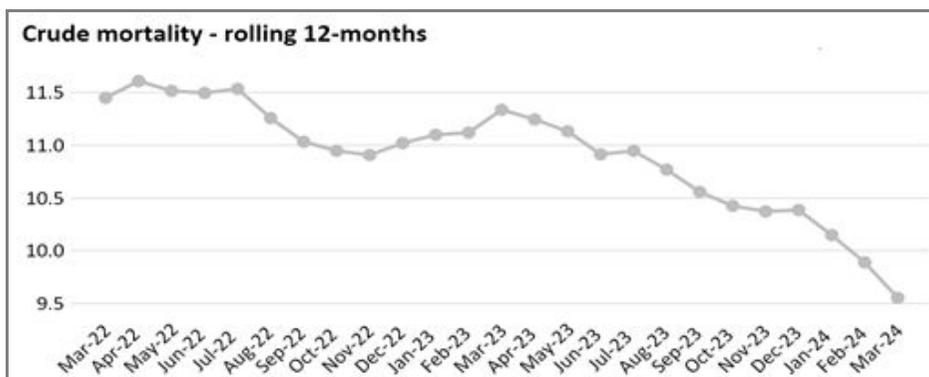
shared in various arenas including Mortality Surveillance Committee, Divisional Q&S meetings and corporate RHD sessions.

- 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.

Re-admissions

- The Trust's performance for both readmissions within 30 days and for the rate of readmissions within 30 days has remained inconsistent showing common cause variation over recent months.
- The Trust's performance is well positioned in comparison to national and our Model Hospital peer group.
- While there has been some downward movement in average elective length of stay this has been inconsistent.
- Average non-elective length of stay has seen significant reductions over the last four months.

Quality Mortality



Key Issues and Executive Response

- Crude mortality is the factor which usually has the most significant impact on HSMR. The exception has been during the COVID pandemic, when the usual correlation has been weakened by the partial exclusion of COVID-19 patients from the HSMR metric.
- The general improvements in mortality prior to the COVID-19 resulted from corporate level initiatives such as the learning from deaths process and focussed clinical improvement work. Of particular importance has been the continued drive to improve the quality of our coding.
- While the COVID-19 pandemic saw peaks in April 2020 and January 2021, most of the intervening and subsequent periods have seen us positioned below, or in line with, the national average.
- 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 now been on a downward trend since the start of 2023.
- Current rolling 12-month HSMR stands at 86.3. While this positions us in the first quartile of trusts nationally, it should also be noted that national peer currently stands well below 100 at 92.8. CHKS has confirmed that their HSMR is due to rebase in the coming months.
- The latest in-month position for October 2023 reported by CHKS shows common cause variation.
- For this time period, CHKS reports 5 3SD outlier alerts: Coronary atherosclerosis; Skin disorders; and Nephritis, nephrosis, renal sclerosis, chronic renal failure are all part of ongoing monitoring work; Digestive, anal and rectal conditions, was subject to recent review, with no concerns identified, so no further action will be taken at this point in time; Respiratory failure, insufficiency, arrest, which as also alerted as an HSMR outlier, is to receive a preliminary coding review with subsequent discussion as to whether further clinical review is required.



Operations

Month 12 | 2023-24

				
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Operations

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Emergency Department	Patients waiting no more than four hours from arrival to admission, transfer or discharge	Mar-24	95%	73.2%			1 point above the upper process limit Metric will consistently fail the target
	Patients waiting more than 12 hours from arrival to admission, transfer or discharge	Mar-24	2%	6.2%			Common cause variation Metric will consistently fail the target
	Percentage of ambulance handovers within 15-minutes	Mar-24	65%	17.0%			1 point above the upper process limit Metric will consistently fail the target
	Time to initial assessment - percentage within 15-minutes	Mar-24	80%	48.8%			11 Points below the mean Metric will consistently fail the target
	Average (mean) time in department - non-admitted patients	Mar-24	240	191.0			Common cause variation Metric will consistently pass the target
	Average (mean) time in department - admitted patients	Mar-24	tbc	534.3			Common cause variation No target
	Average minutes from clinically ready to proceed to departure	Mar-24	tbc	171			9 points below the lower process limit No target
RTT & Diagnostics	Patients on incomplete pathways waiting no more than 18 weeks from referral	Mar-24	92%	51.2%			Common cause variation Metric will consistently fail the target
	Patients waiting more than six weeks for diagnostics	Mar-24	0%	48.3%			Common cause variation Metric will consistently fail the target

Operations

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cancer Waiting Times	Two week waits for suspected cancer	Feb-24	93%	91.9%			Common cause variation Metric will inconsistently pass and fail the target
	Two week waits for breast symptoms	Feb-24	93%	93.7%			Common cause variation Metric will inconsistently pass and fail the target
	28-day faster diagnosis	Feb-24	75%	83.4%			1 point above the upper process limit Metric will inconsistently pass and fail the target
	31-days from diagnosis to first definitive treatment	Feb-24	96%	98.0%			Common cause variation Metric will inconsistently pass and fail the target
	31-days for subsequent treatment - anti-cancer drugs	Feb-24	98%	100.0%			12 points above the mean Metric will consistently pass the target
	31-days for subsequent treatment - radiotherapy	Feb-24	94%	95.3%			7 points above the mean Metric will inconsistently pass and fail the target
	31-days for subsequent treatment - surgery	Feb-24	94%	96.1%			Common cause variation Metric will inconsistently pass and fail the target
	62-days from urgent GP referral to first definitive treatment	Feb-24	85%	81.4%			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	Feb-24	0	8.0			Common cause variation Metric will inconsistently pass and fail the target
	62-days from referral from an NHS screening service to first definitive treatment	Feb-24	90%	75.0%			Common cause variation Metric will inconsistently pass and fail the target
	62-days from consultant upgrade to first definitive treatment	Feb-24	n/a	93.9%			1 point above the upper process limit No target

Operations

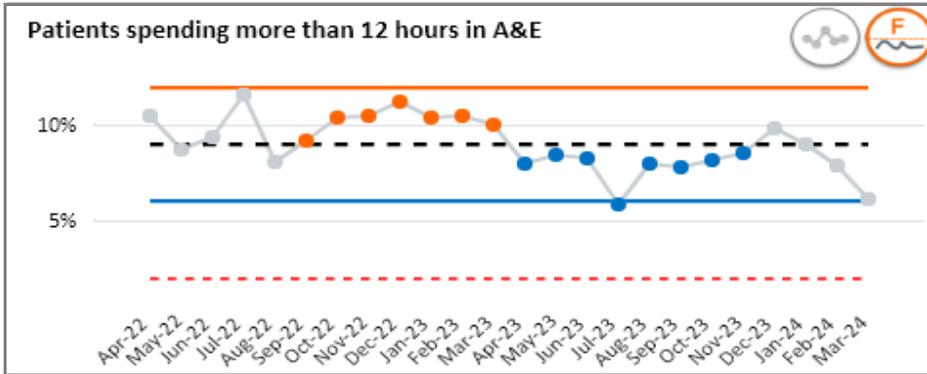
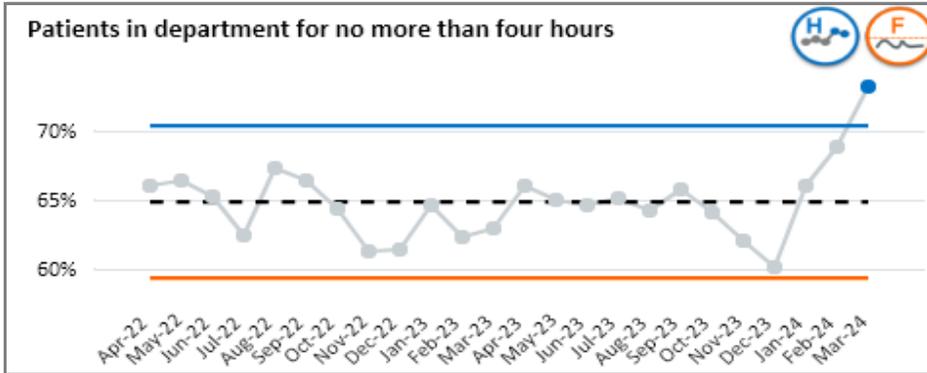
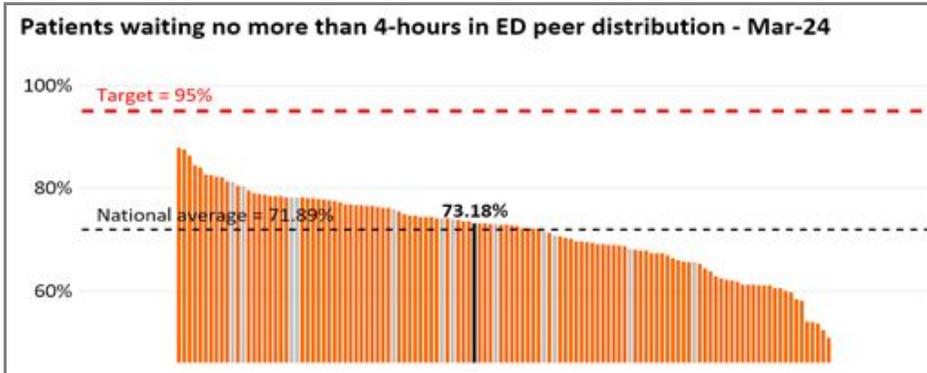
Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Stroke Services	Trust SSNAP grade	Q3 2023-24	A	B			
	4-hours direct to Stroke unit from ED	Mar-24	80%	37%			Common cause variation Metric will consistently fail the target
	% of patients discharged with a diagnosis of Atrial Fibrillation and commenced on anticoagulants	Mar-24	63%	100%			Common cause variation Metric will inconsistently pass and fail the target
	4-hours direct to Stroke unit from ED with Exclusions (removed Interhospital transfers and inpatient Strokes)	Mar-24	63%	36%			Common cause variation Metric will consistently fail the target
	Number of confirmed Strokes in-month on SSNAP	Mar-24	n/a	94			Common cause variation No target
	If applicable at least 90% of patients' stay is spent on a stroke unit	Mar-24	80%	89%			Common cause variation Metric will inconsistently pass and fail the target
	Urgent brain imaging within 60 minutes of hospital arrival for suspected acute stroke	Mar-24	50%	56%			Common cause variation Metric will inconsistently pass and fail the target
	Scanned within 12-hours - all Strokes	Mar-24	100%	97%			Common cause variation Metric will inconsistently pass and fail the target
	% of all stroke patients who receive thrombolysis	Mar-24	11%	6%			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)	Mar-24	70%	80%			Common cause variation Metric will inconsistently pass and fail the target
	Discharged with JCP	Mar-24	80%	81%			Common cause variation Metric will inconsistently pass and fail the target
	Discharged with ESD	Mar-24	40%	54%			Common cause variation Metric will inconsistently pass and fail the target

Month 12 | 2023-24

Operations

Emergency Department

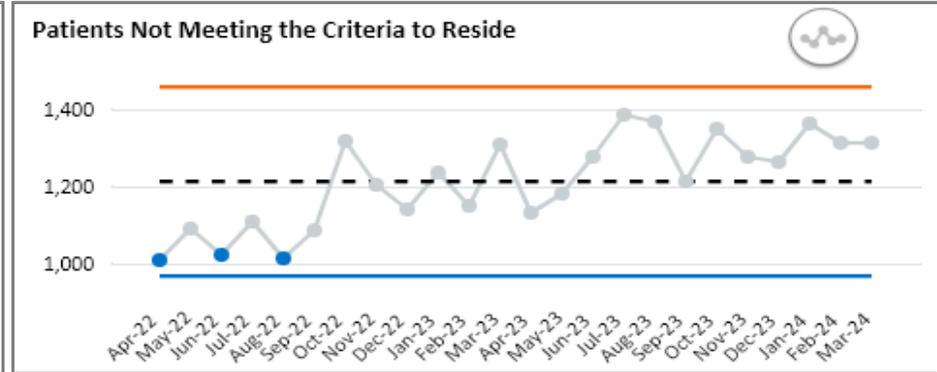
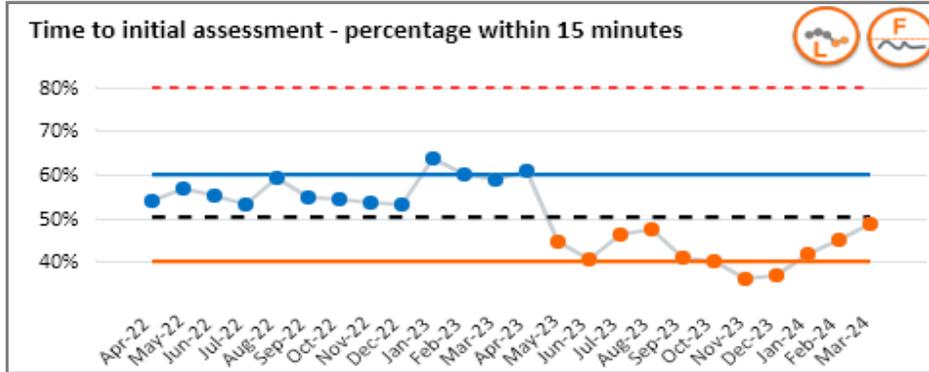
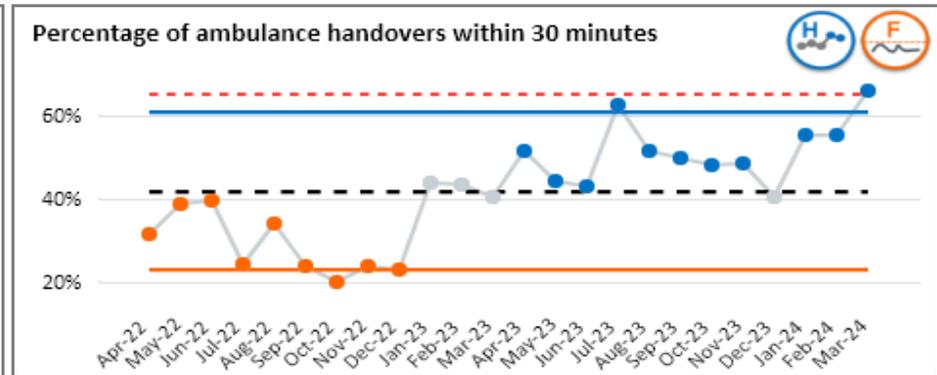
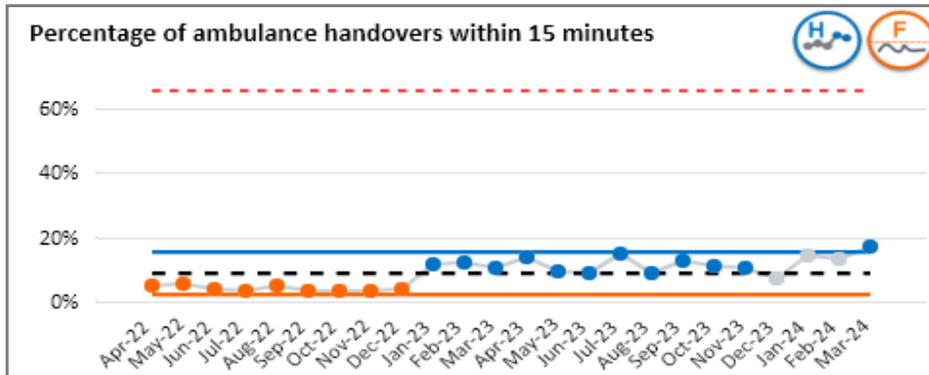


Key Issues and Executive Response

- There was a significant increase in monthly attendances across both type 1 and 3 attendances, with the highest number of total attendances within the last 2 years. Ambulance attendances were also higher than the monthly arrivals over the last 2 years, with the added pressure of mental health attendances also rising compared to recent months.
- Despite the increased pressure of high volumes of attendances, performance against the 4-hour standard demonstrated its most significant improvement with the highest performance reported in more than 2 years. This continued improvement is largely due to the national focus on 4 hours.
- Additional, temporary funding for March was invested into front door services including additional see and treat doctors in ED, additional SDEC and medical assessment doctors to extend hours and capacity. This is reflected in the non-admitted and admitted LOS. Non-admitted recorded its lowest LOS in over 2 years and admitted LOS was at its lowest since July 2023.
- 12 hour LOS in ED reduced and the zero day LOS was at its highest in over 2 years. This demonstrates the continued success of the acute medicine reset and expansion of medical SDEC and continued provision of SAU.
- The reduction of ambulance handover delays was sustained and demonstrated further improvement within the number of handovers within 15minutes. A missed opportunities audit commenced on 13/3/24 to highlight opportunities to reduce conveyance. Learnings from the audit is expected to be shared in May 2024.
- The patients not meeting the criteria to reside remained high although, did not increase, compared to the previous month. The impact of this continued to impact flow and compliance with the emergency professional standards. Work continues on discharge processes and working with system partners to improve flow of complex pathways.

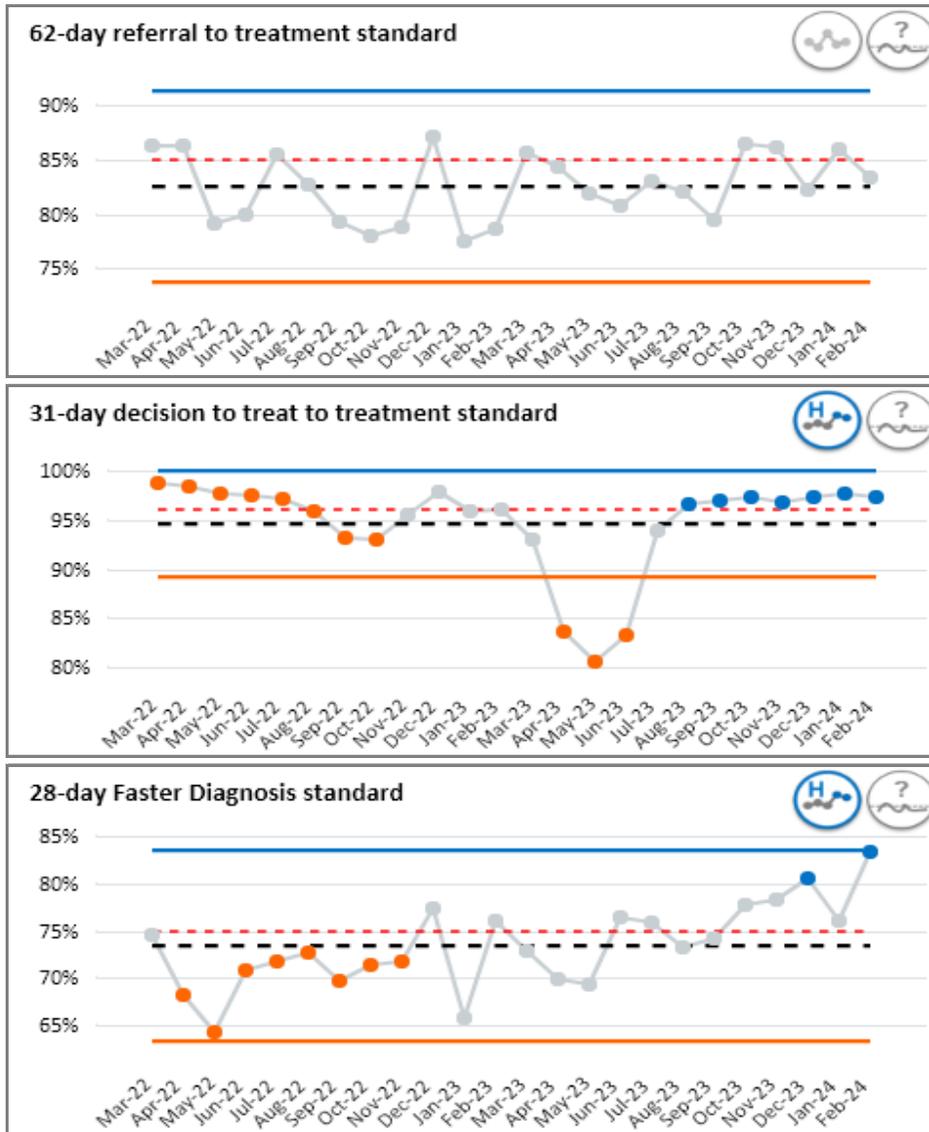
Operations

Emergency Department New Standards



Operations

Cancer Waiting Times | Supporting Metrics

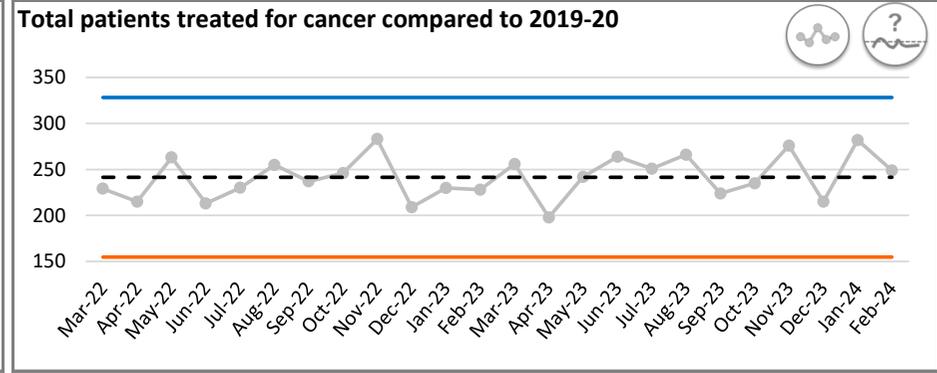
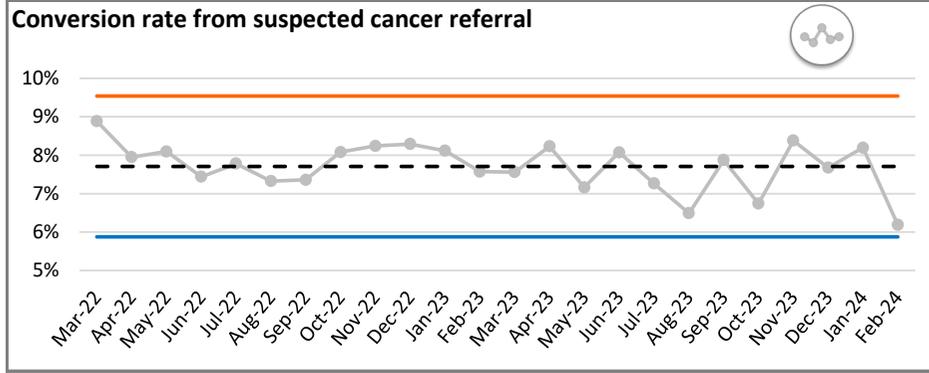
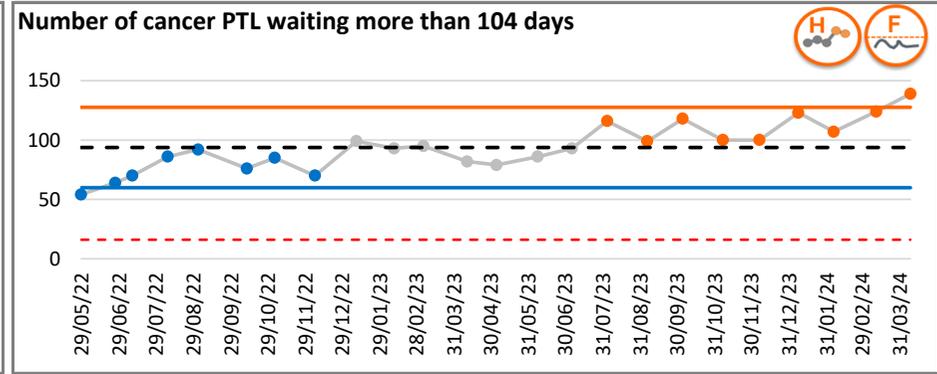
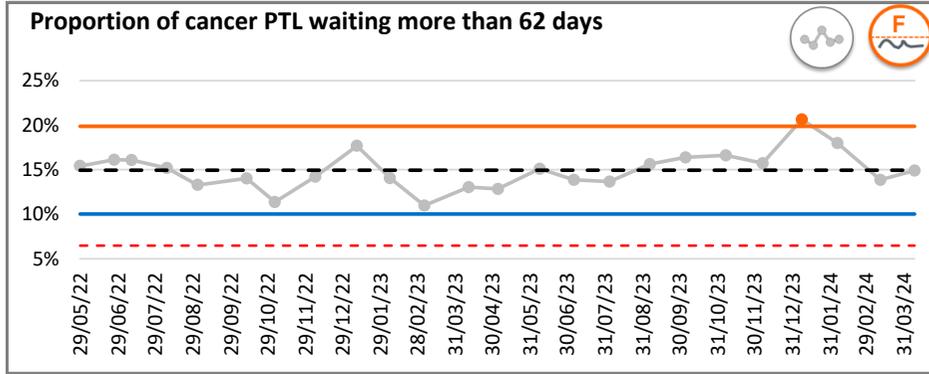
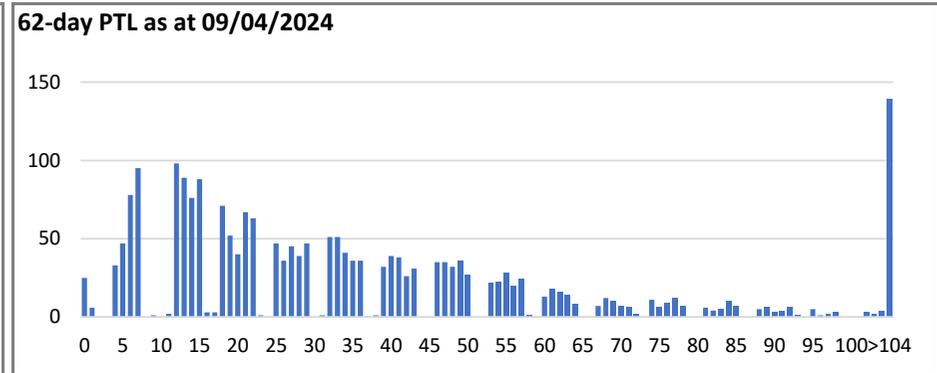
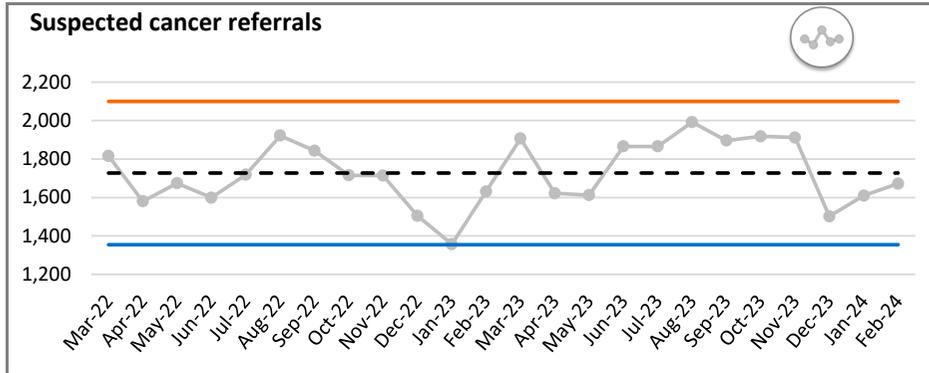


Key Issues and Executive Response

- The 62-day backlog has decreased, and services continue to work to clear the backlog. The Trust is slightly behind its trajectory as a result of late referrals from other providers.
- The Trust has reported on the new CWT standards but still monitors the previous 9 standards.
- We achieved 2 of the 3 national targets in February 24 with compliance in the 28 General Faster Diagnosis Standard (FDS), 31-Day General treatment, and non 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 independent sector, patient choice delaying the diagnostic pathway, capacity issues which is being arranged with WLI and complex investigation pathways.
- 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.

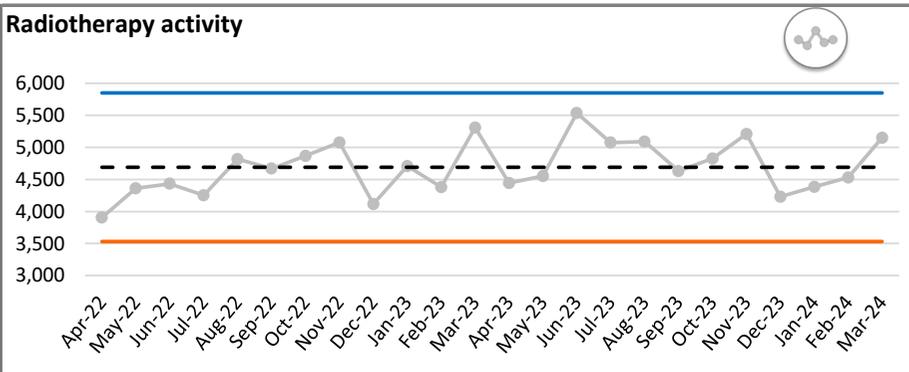
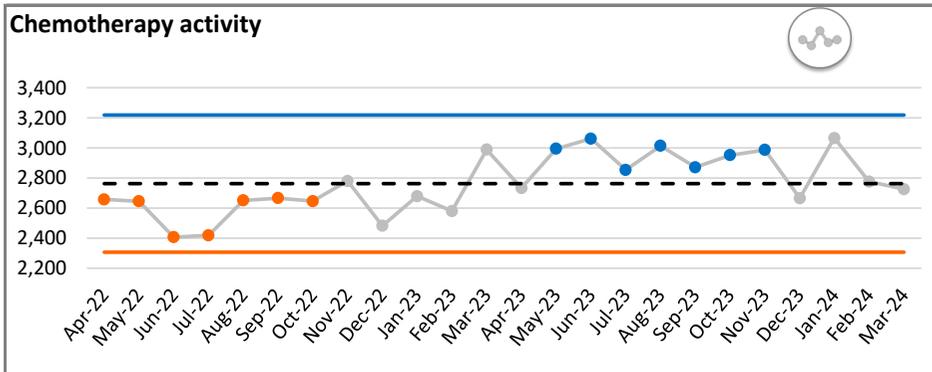
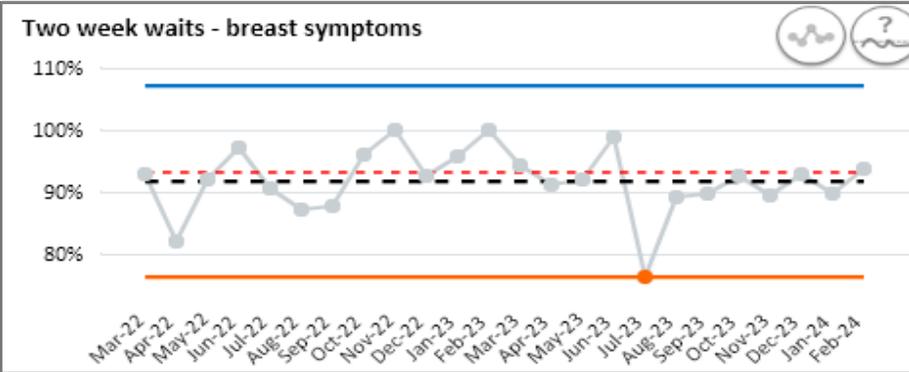
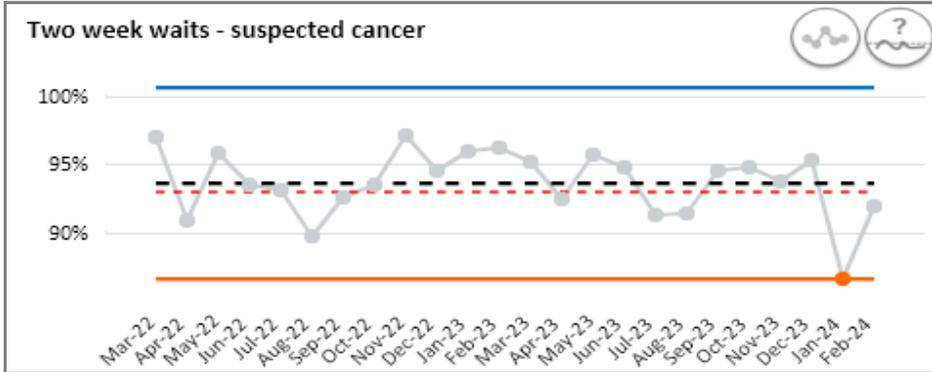
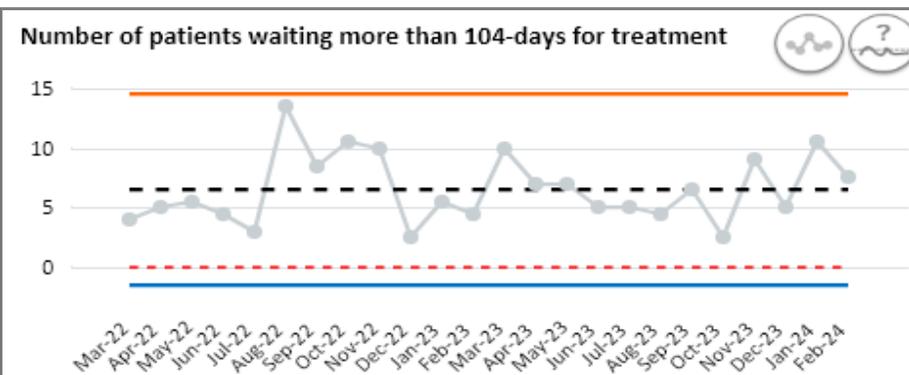
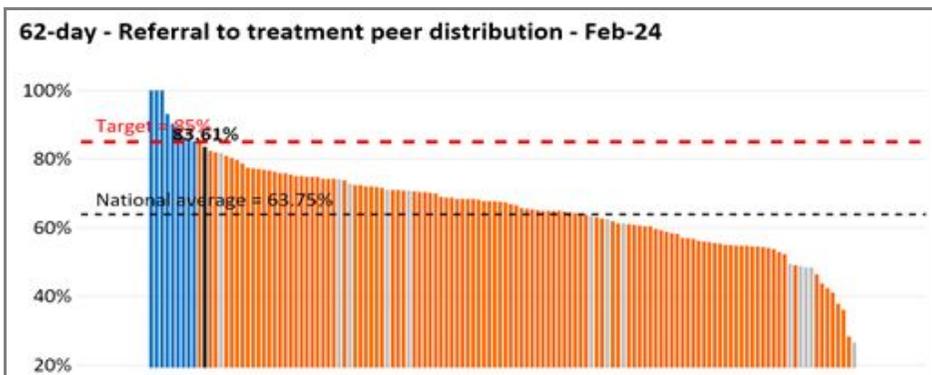
Operations

Cancer Waiting Times | Supporting Metrics



Operations

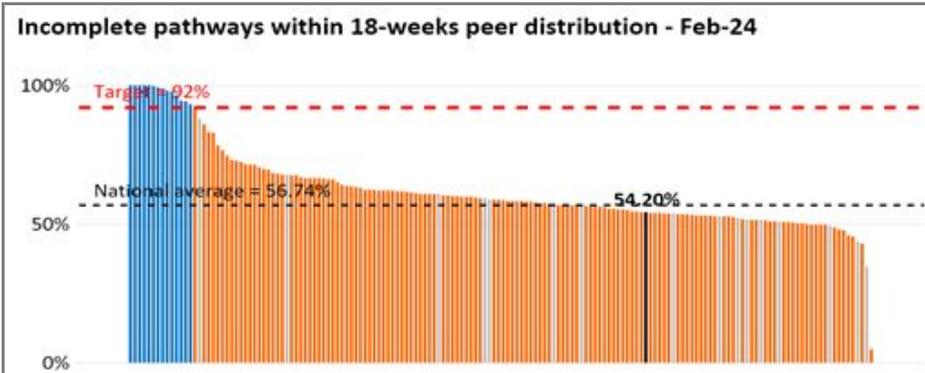
Cancer Waiting Times | Supporting Metrics



Month 12 | 2023-24

Operations

RTT 18 Weeks



Key Issues and Executive Response

Community Paediatrics

- **104 Weeks** - There were 265 x Community Paediatric patients waiting over 104 weeks at the end of March. Due to known capacity issues in the service, this will continue to increase.
- **78 Weeks** - There were 1,485 patients waiting over 78 weeks at the end of February, compared to 1,419 the previous month, an increase of 90 patients.
- **65 Weeks** - There were 2,102 patients waiting over 65 weeks.
- Community Paediatrics is now reported via the Community Data Set.
- The waiting list continues to increase, driven by referrals for neuro diversity which is reflected in the increase in over 18 week wait.
- Transformation work is ongoing to change pathways both internal to E&N Herts and as part of the system transformation work
- This includes a standardised system-wide referral form and a single point of administrative triage. Improved reporting through developing a CSCD reporting and coding dashboard.

Key Issues and Executive Response

Excluding Community Paediatrics

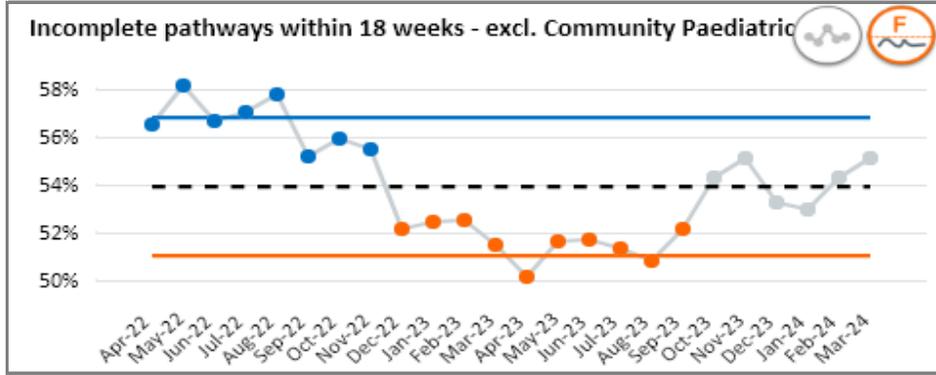
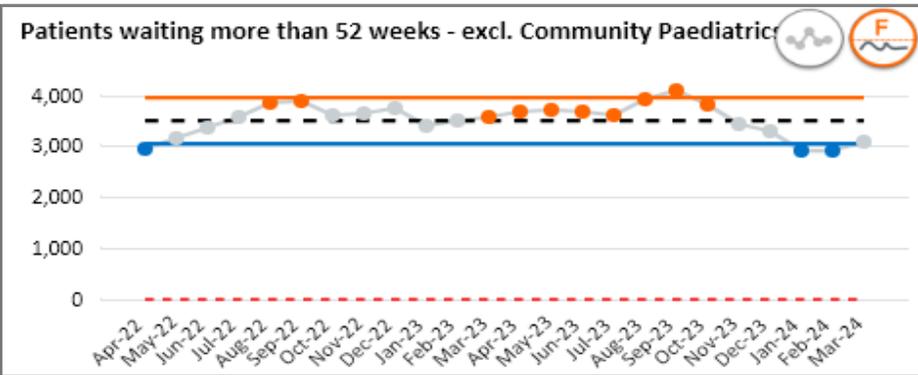
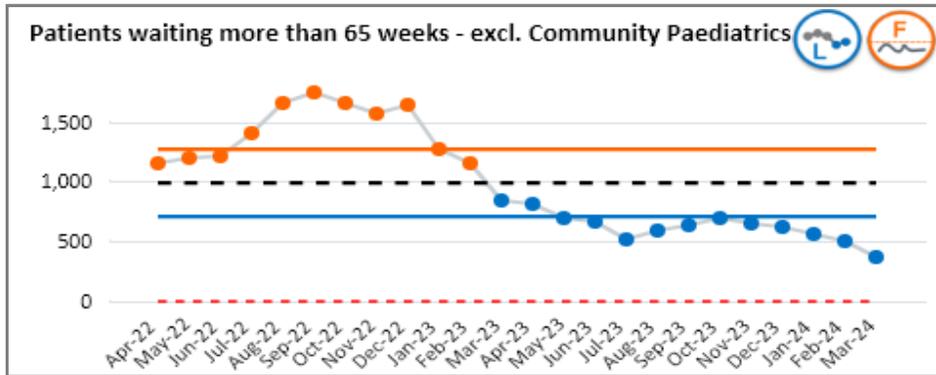
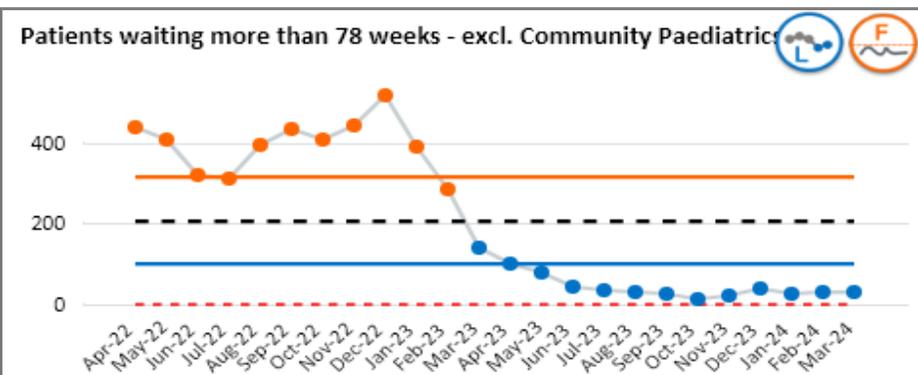
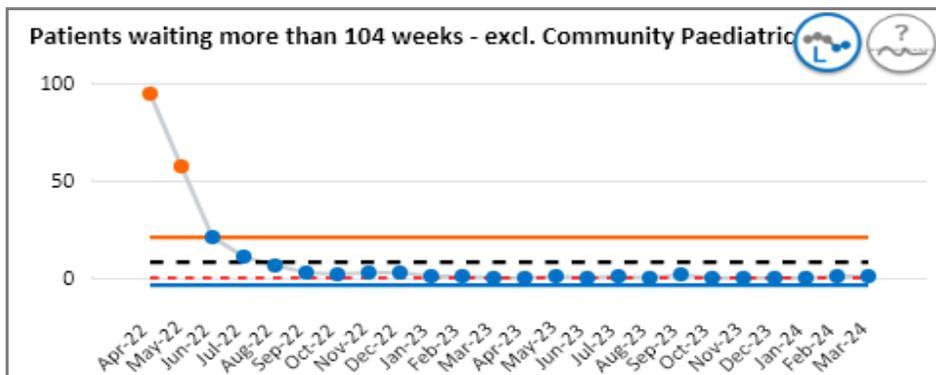
- **78 Weeks** - There were 29 patients waiting over 78 weeks at the end of March. This was due to patient choice, complexity and capacity delays in Trauma and Orthopaedics (22), Pain (4), ENT (1) Orthodontics (1), Gastro (1). This accounts for 0.05% of the incomplete waiting list.
- With the exception of T&O, these should all be treated in April.
- Specific capacity issues in Trauma and Orthopaedics have resulted in anticipated compliance with 78 weeks at the end of May.
- **65 Weeks** - There were 363 patients waiting over 65 weeks for first definitive treatment at the end of March. This has reduced by 137 patients in month.
- Due to challenges nationally, the Trust have submitted a revised plan to be compliant with this target from the end of September 2024.
- **52 Weeks** – There were 2873 patients waiting over 52 weeks. This has reduced in month.
- **104 Weeks** - 1 x Pain 104-week breach was caused by an incorrect clock stop applied at an earlier diagnostic appointment. The pathway was corrected and added back onto the waiting list on 19/3/2024. The patient had a chest infection and was unable to accept March appointments offered and was treated on 10/4/2024.

Validation

- In-line with the new NHS validation target, after sending over 78,000 text messages since the end of October 2023, there has been a 76.7% response rate confirming the patients were still waiting for their appointment, with 5,417 of those patients requesting discharge (6.9%) at the end of March.

Operations

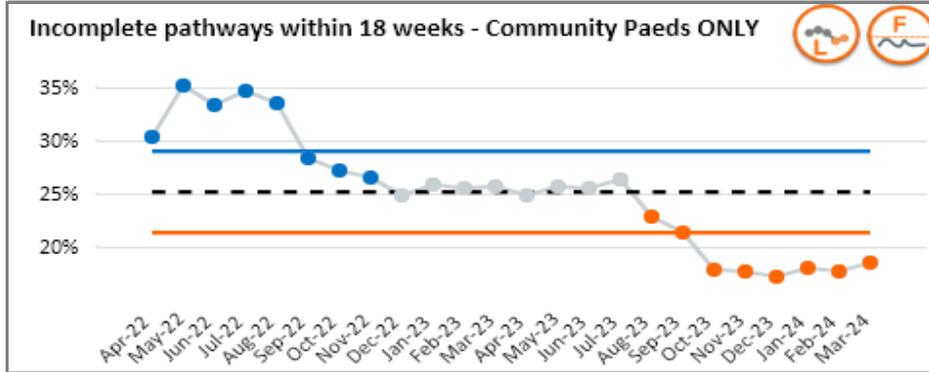
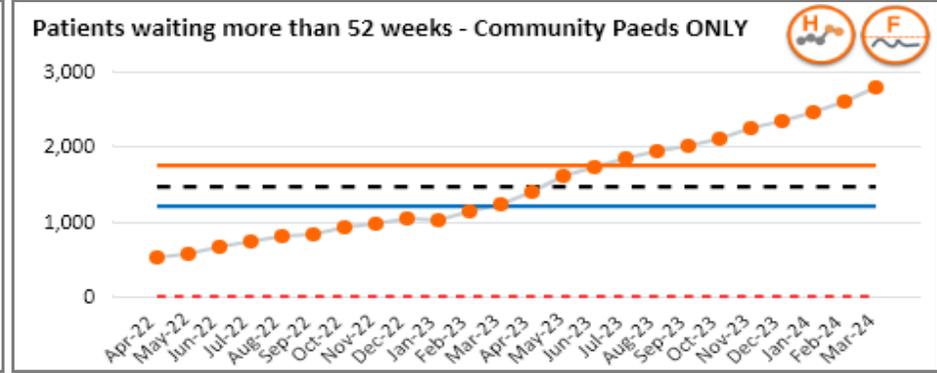
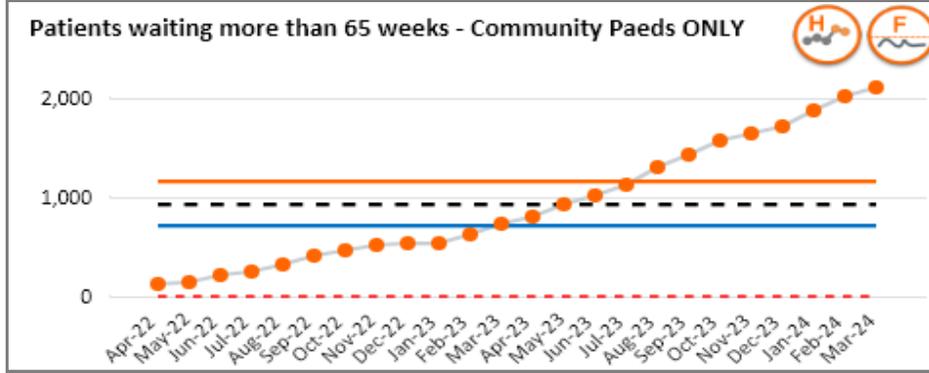
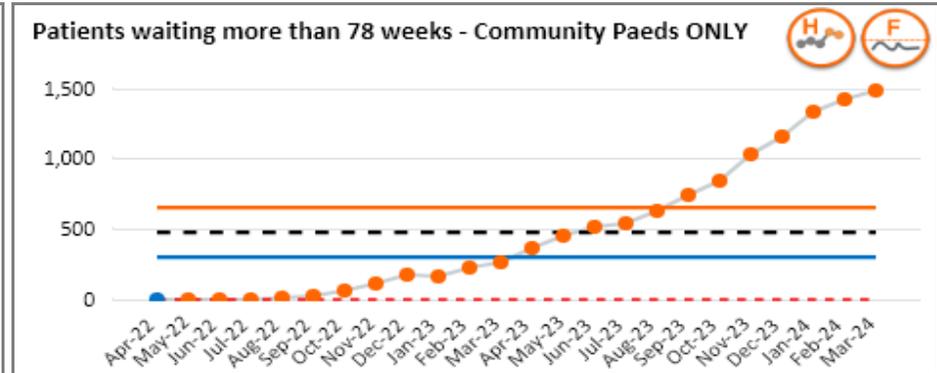
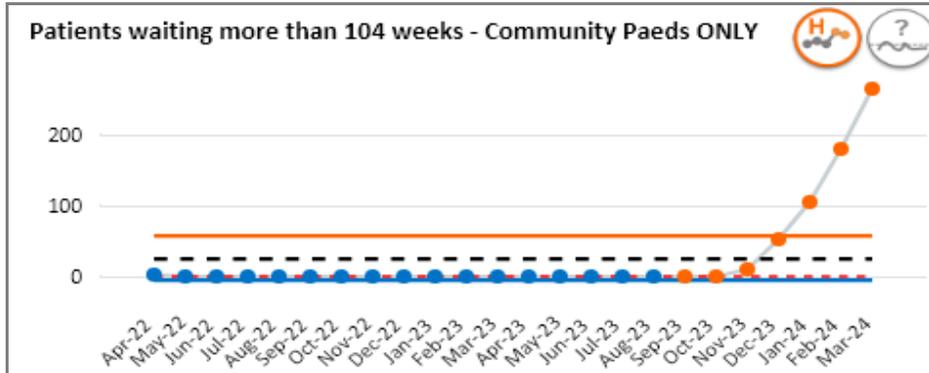
RTT 18 Weeks



Month 12 | 2023-24

Operations

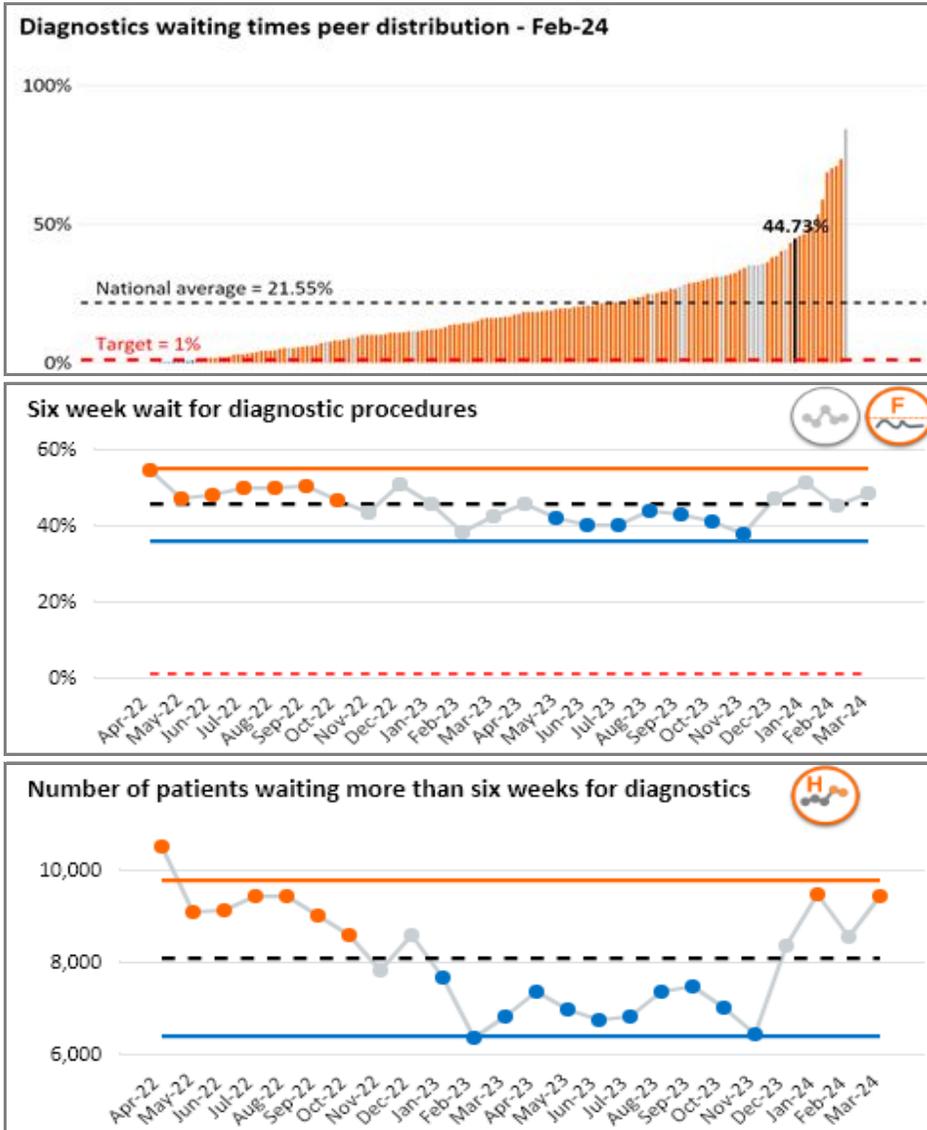
RTT 18 Weeks



Month 12 | 2023-24

Operations

Diagnostics Waiting Times



Key Issues and Executive Response

Improvements

- March demand for Imaging (12,847) is similar to February (12,657)
- 79.4% of the demand was completed in month (10,199/12,847). This is 5% higher compared with last month's.
- Community Diagnostic Centre (CDC) was 5% below planned activity for M12 (1723/1964)
- March DM01 performance for Colon, Flexi & OGD 96.73%. Currently no patients waiting 13wks
- Waiting times for ECHOs have been reduced to approximately 4wks.

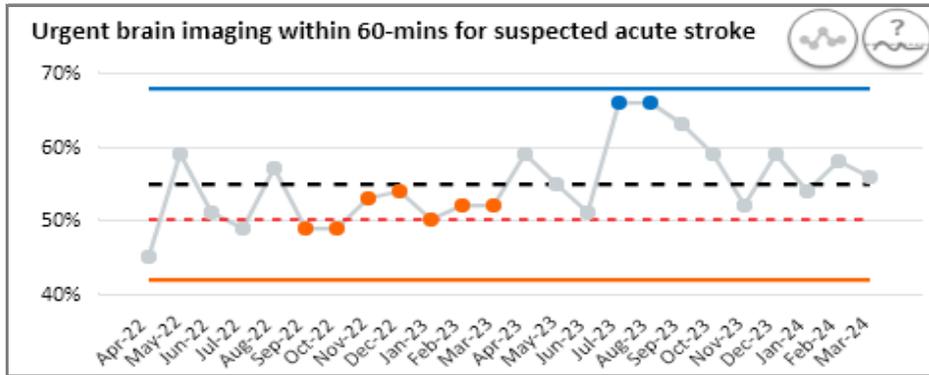
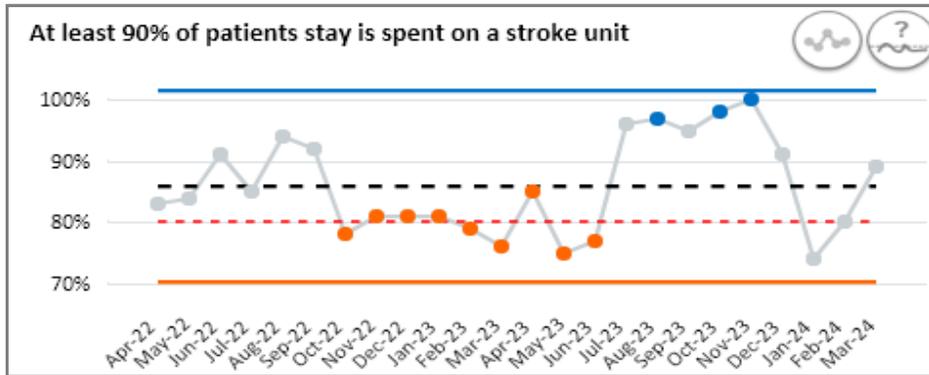
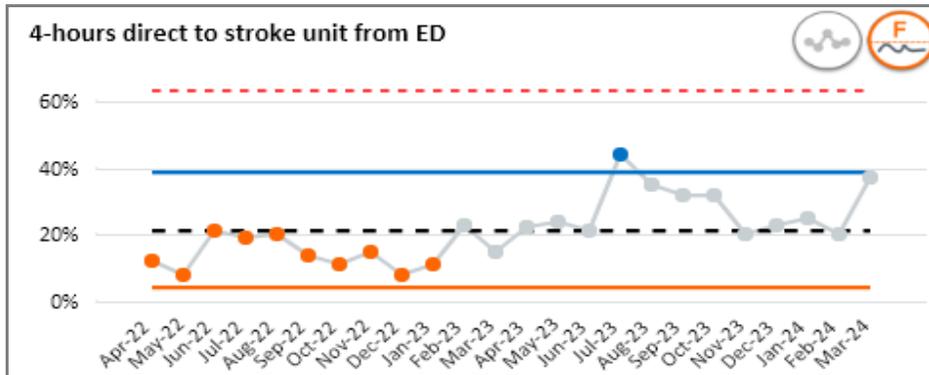
Challenges

- 17% of overall imaging demand are cancer requests (2,122/12,847), similar to previous months. Continued support for cancer demand remains a challenge for prioritising long waiting routine RTT patients.
- Imaging DNA rate is 1.8% (230/12,847) and patient cancellation "on the day" is 1.4% (178/12,847). This is similar to previous month, The booking team proactively checking the list and reallocating slot.
- High numbers of DNA and late cancellations continue.
- JAG accreditation visit delayed from May to September 2024.
- PMO support to Radiology has helped the team understand the gaps in D&C, and put action plan to mitigate the. The reporting D&C is currently being looked at.
- Radiology engaging with the East 2 Imaging Network for shared learning and opportunities.
- PMO team working alongside Endoscopy to identify and improve efficiency.
- ECHO Demand and Capacity is being completed to support ongoing 6 week compliance.

Month 12 | 2023-24

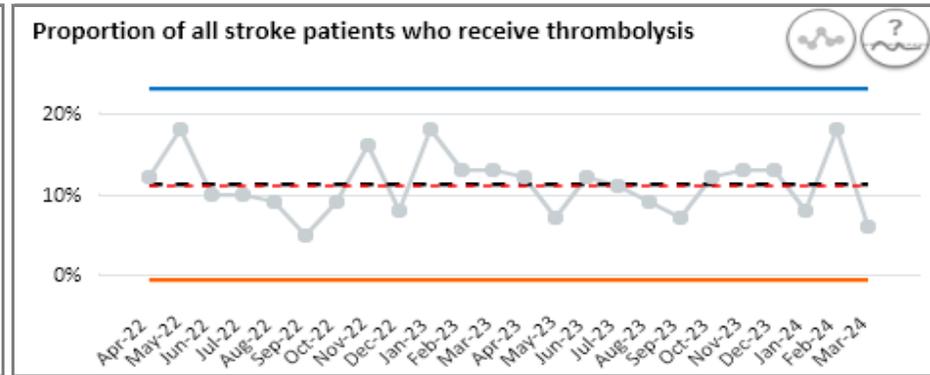
Operations

Stroke Services Supporting Metrics



Key Issues and Executive Response

- The SSNAP rating for Q3 (October-December) remained at a B. This is the second consecutive quarter achieving a B rating. Q4 pending.
- A further reduction in median time between clock start and arrival to stroke unit within 4 hours from 7:44 hours to 5:46. This indicates improvement with flow, with the main challenge remaining with out of hours patients and delays in ED.
- There were 94 confirmed strokes discharged in March which is an ongoing increase of demand over baseline average set at 63 on SSNAP. Baseline may need to be reviewed with SSNAP is demand continues.
- As a result of winter pressures, high number of non-stroke patients bedded in the stroke ward.
- Thrombolysis in Acute Stroke Collaborative (TASC) project underway to support improvement in Thrombolysis performance rate to 14%. Stroke pathway review with all key stakeholders being arranged to support next steps.
- 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.





Finance

Month 12 | 2023-24

				
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Finance

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Summary Financial Position	Surplus / deficit	Mar-24	-2.4	0.62			Common cause variation Metric will inconsistently pass and fail the target
	CIPS achieved	Mar-24	1,245	3,709			11 points above the mean No target
	Cash balance	Mar-24	77.9	64.4			Common cause variation Metric will inconsistently pass and fail the target
Key Financial Drivers	Income earned	Mar-24	45.3	57.0			Common cause variation Metric will inconsistently pass and fail the target
	Pay costs	Mar-24	29.5	34.1			8 points above the mean Metric will inconsistently pass and fail the target
	Non-pay costs (including financing)	Mar-24	15.5	22.3			1 point above the upper process limit Metric will inconsistently pass and fail the target

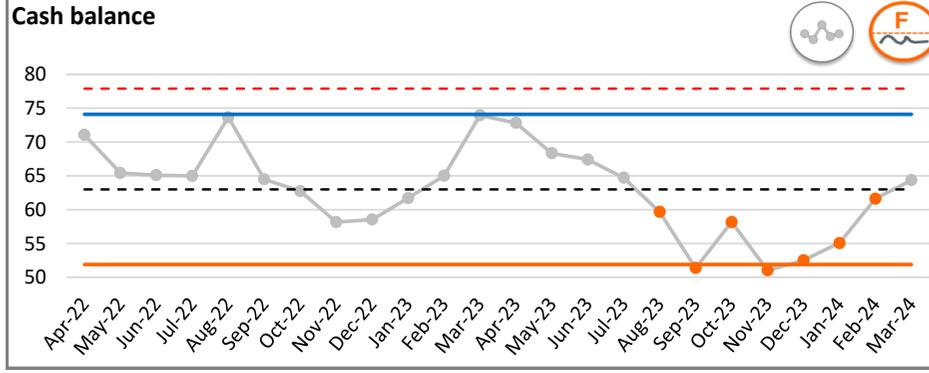
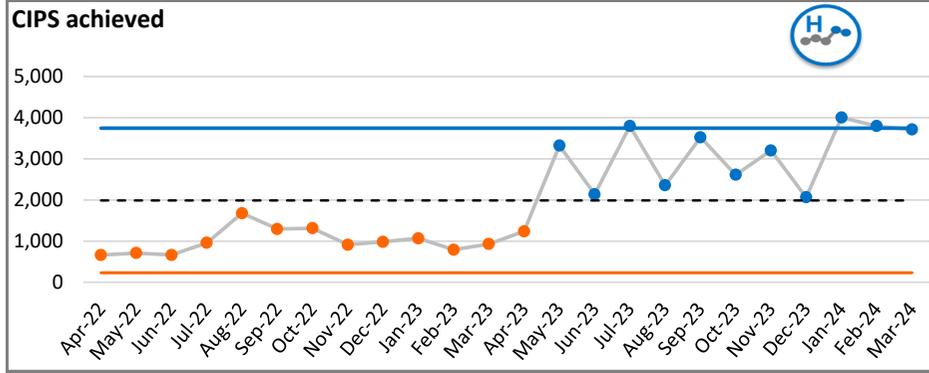
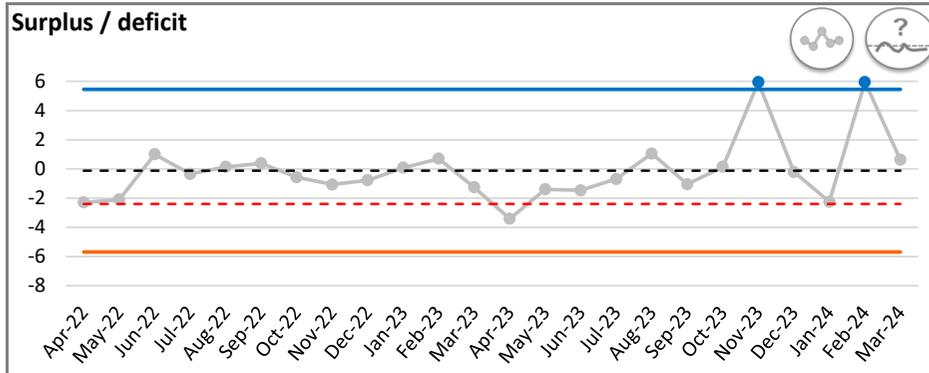
Finance

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Key Payroll Metrics	Substantive pay costs	Mar-24	24.9	29.0			11 points above the mean Metric will inconsistently pass and fail the target
	Average monthly substantive pay costs (000s)	Mar-24	0.9	4.8			Common cause variation Metric will consistently fail the target
	Agency costs	Mar-24		1.1			Common cause variation No target
	Unit cost of agency staff	Mar-24		11.7			Common cause variation No target
	Bank costs	Mar-24	3.7	4.0			1 point above the upper process limit Metric will inconsistently pass and fail the target
	Overtime and WLI costs	Mar-24	0.5	0.9			10 points above the mean Metric will inconsistently pass and fail the target
Other Financial Metrics	Private patients income earned	Mar-24	0.4	0.5			11 points above the mean Metric will inconsistently pass and fail the target
	Drugs and consumable spend	Mar-24	2.8	3.7			Common cause variation Metric will inconsistently pass and fail the target

Finance

Summary Financial Position



Key Issues and Executive Response

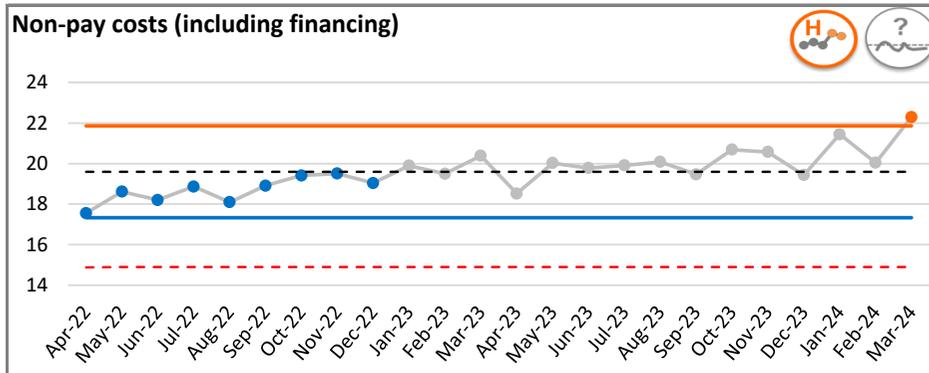
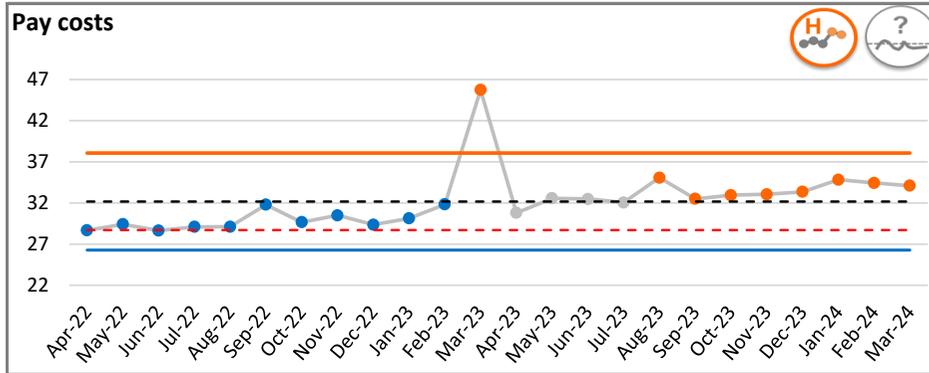
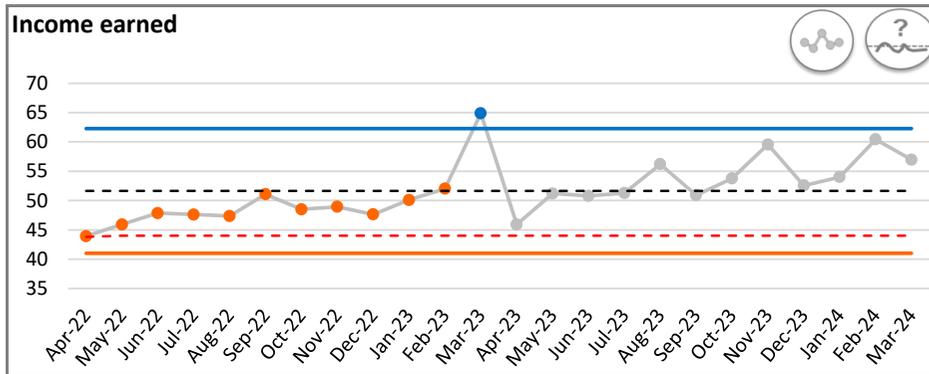
- The Trust submitted a final 23/24 plan in May of £2.5m deficit. This plan assumed that a £33.1m cost improvement programme will be delivered.
- At Month 12, the Trust had delivered an actual surplus of £3.2m. This is better than plan by £5.7m.
- The financial impact of industrial action (IA) of the Trust during the year has been significant, resulting in extra pay costs of £2.0m and lost activity valued at £9.1m. This has been mitigated by the receipt of national IA funding and ERF target adjustments.
- Pay budgets report a YTD overspend of £12.7m. A number of hotspots of concern have emerged in respect of management of CSW budgets and elements of medical staffing spend.
- ERF performance has been strong across the year despite the impact of industrial action. In M11 the Trust also benefitted from the unplanned receipt of ICS support funding of £3.3m.
- CIP savings of £35.8m have been delivered across the year.

	Annual Budget £m	Actual YTD £m	Variance YTD £m
Income	614.3	643.6	29.4
Pay	-382.9	-398.2	-15.2
Non Pay	-199.7	-208.0	-8.3
EBITDA	31.7	37.5	5.8
Financing Costs	-34.2	-34.3	-0.1
Surplus / Deficit (excl Fin Adj's)	-2.5	3.2	5.7

Month 12 | 2023-24

Finance

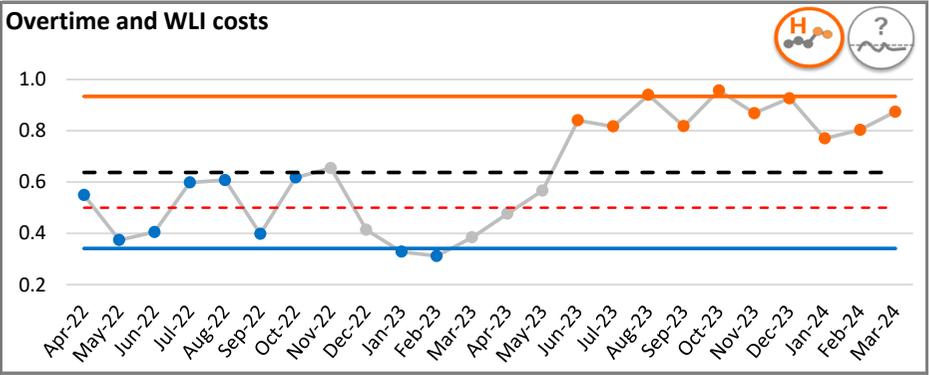
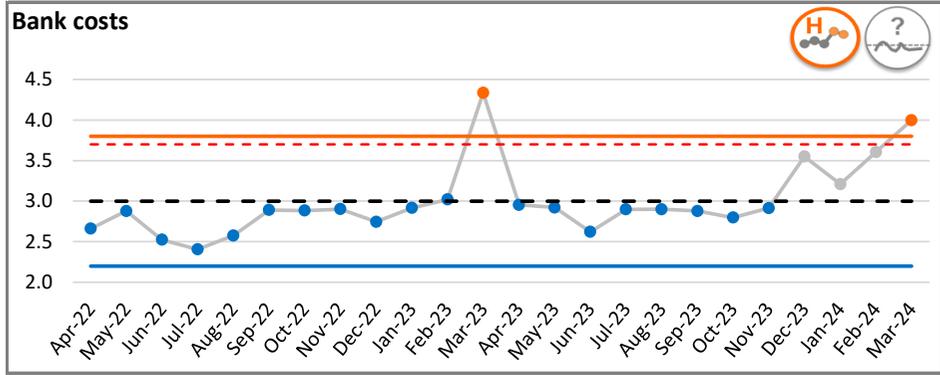
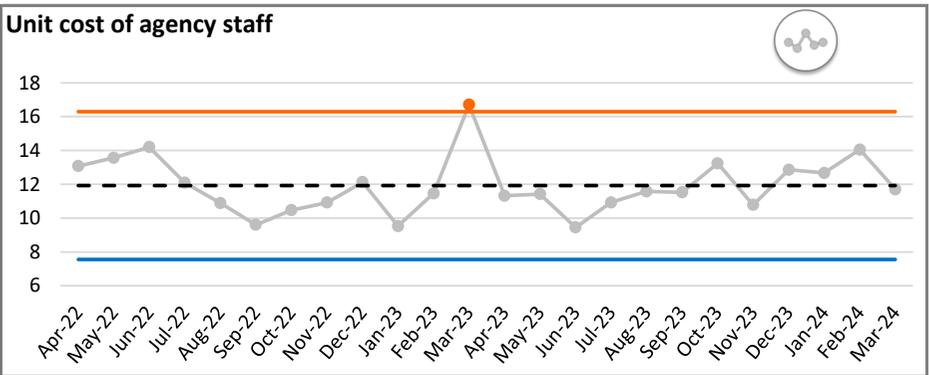
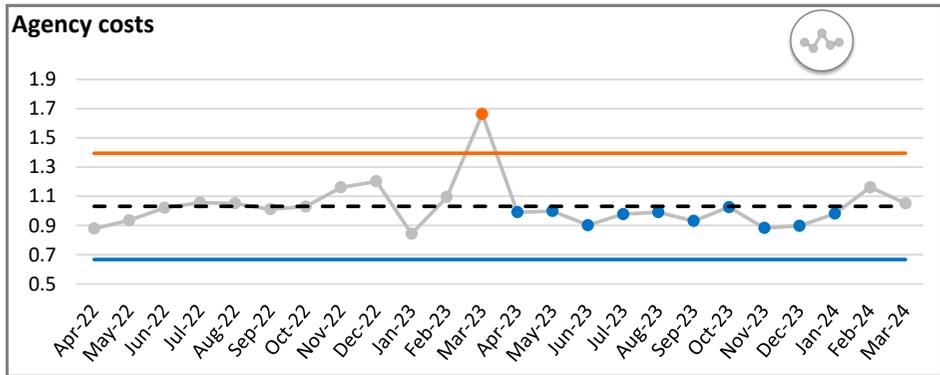
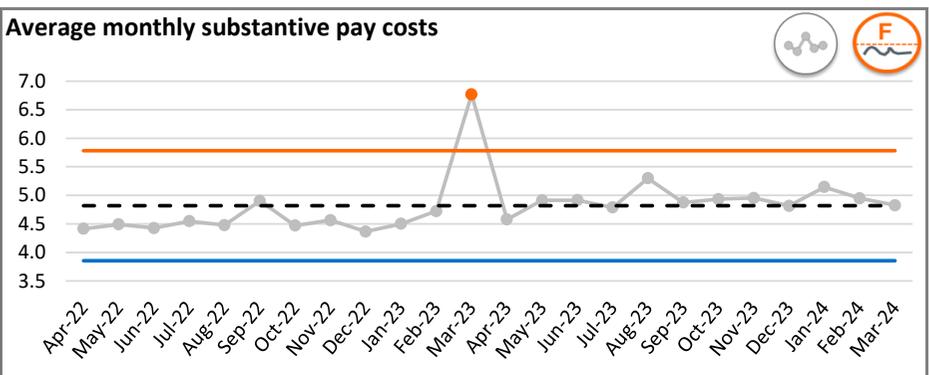
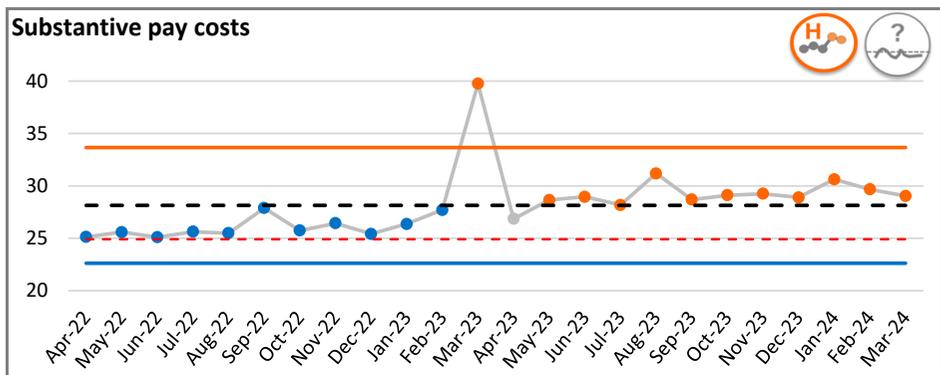
Key Financial Drivers



- The Trust is reporting a £3.2m surplus at the end of the financial year, against a £2.5m deficit plan. This is subject to audit verification.
- The reported position was in line with the £3.2m surplus year end forecast which was agreed with the Herts & West Essex ICB and NHSE. This forecast included £3.2m of systems funding and a 2nd tranche of industrial action funding, both of which were fully reflected in the Month 11 report.
- In month there was a £0.6m surplus, compared with a planned surplus of £2.8m. The main reason for the adverse variance is due to the early phasing of the £2.5m MOU funding, as agreed with the ICB.
- Pay control continues to be a concern with continued overspends across Medical, Nursing and Clinical Support Workers, after adjusting for expenditure resulting from elective activity or industrial action. There was some exceptional circumstances in March with regards to the Bedford Renal Unit and an enhanced performance delivery in the Emergency Department. However, there will need to be a robust management of workforce and associated expenditure during 2024/25.
- The Trust had set a challenging CIP target of £33.1m this year. CIP achievement was £35.8m, which was £2.7m favourable to plan. The main reason for the over performance was over delivery of the ERF CIP targets, after allowing for the impact of industrial action.
- Capital expenditure was slightly lower than the Capital Resource Limit (CRL) which had been allocated to the Trust.

Finance

Other Financial Indicators





People

Month 12 | 2023-24

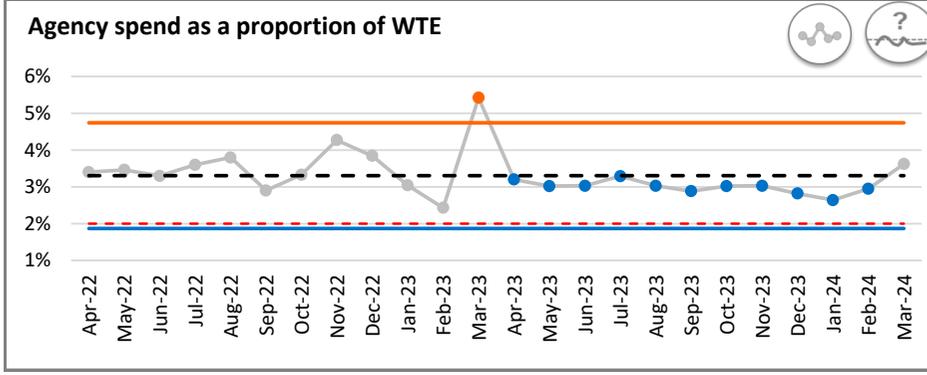
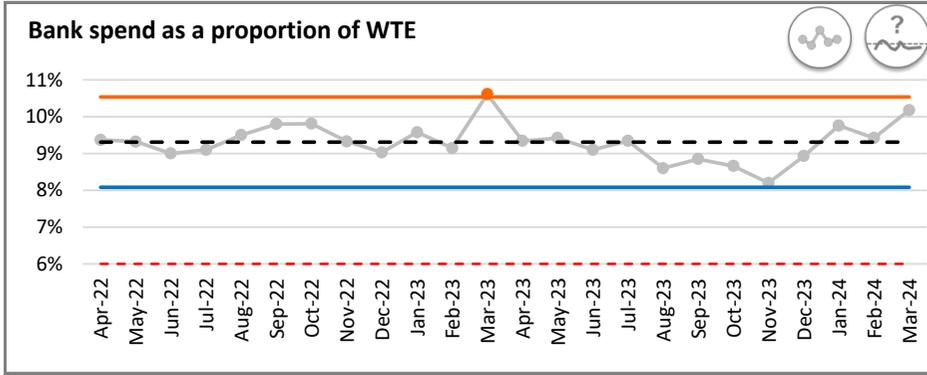
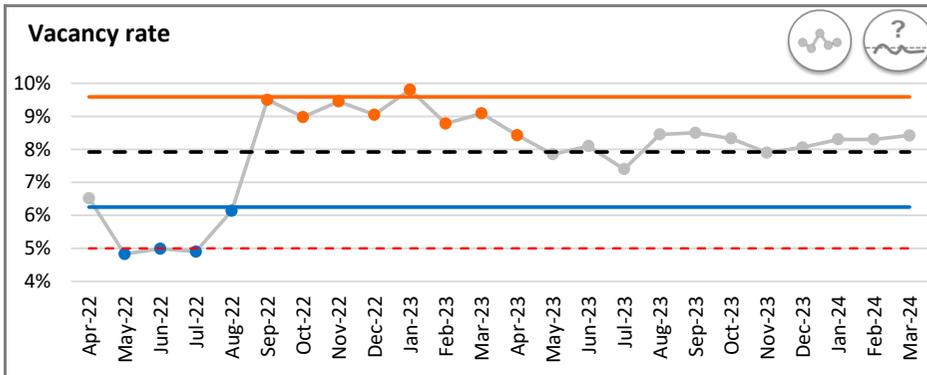
				
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People Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Work	Vacancy rate	Mar-24	5%	8.4%			8 points above the mean Metric will inconsistently pass and fail the target
	Bank spend as a proportion of WTE	Mar-24	5%	10.2%			Common cause variation Metric will inconsistently pass and fail the target
	Agency spend as a proportion of WTE	Mar-24	3%	3.6%			Common cause variation Metric will inconsistently pass and fail the target
Grow	Statutory and mandatory training compliance rate	Mar-24	90%	90.9%			2 points above the upper process limit Metric will consistently fail the target
	Appraisal rate	Mar-24	90%	82.5%			8 points above the upper process limit Metric will consistently fail the target
Thrive	Turnover rate	Mar-24	11%	9.8%			6 points below the lower process limit Metric will inconsistently pass and fail the target
Care	Sickness rate	Mar-24	3.8%	4.1%			Common cause variation Metric will inconsistently pass and fail the target

People

Work Together

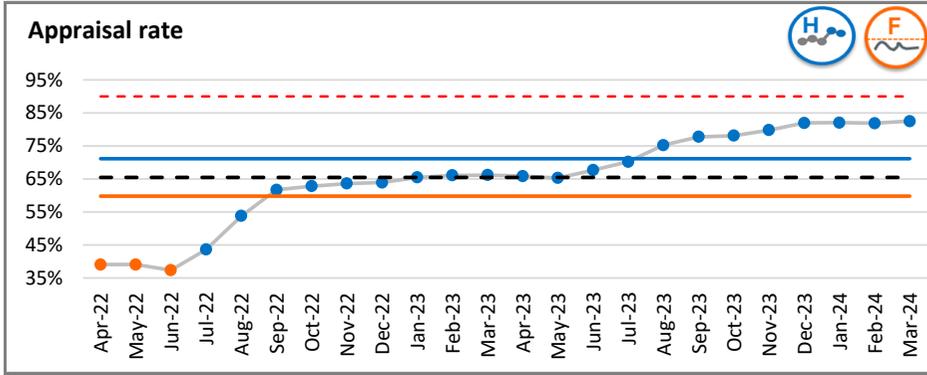
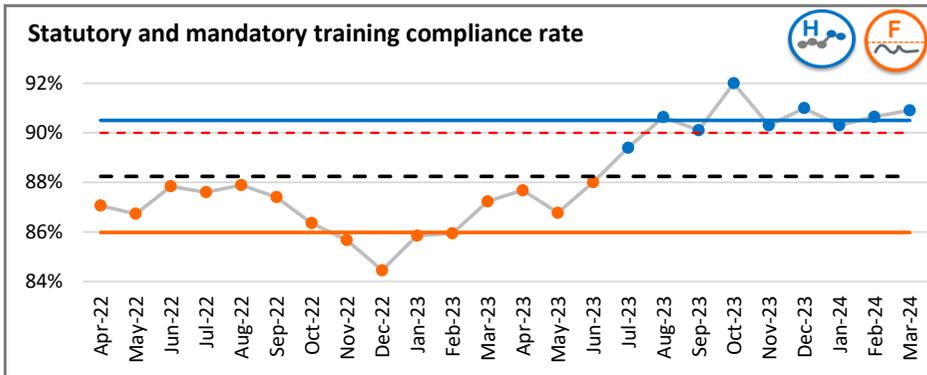


Key Issues and Executive Response

- The vacancy rate increased to 8.3% (569 vacancies). In M12, there are 152 more staff in post than March 2023. Overall, the trust remains above vacancy target by 3.3%.
- Nursing & Midwifery vacancy rate increased to 8.8% (180 vacancies)
- Continued focused on domestic nurse recruitment - 21 registered nurses in the pipeline and a further 20 to be interviewed. Information session and interview dates planned for student nurses due to qualify in September 2024.
- 60 students on placement with the Trust, there are 50 more nurses in post than 12 months ago.
- Achieved all international commitments set out with NHSEI for 23/24, this includes: 46 international nurses, 10 international midwives and 14 AHPs
- Resourcing undertook RPIW (ENH production system) focused on reducing time to hire by improving quality and reducing defect rates, and ensuring new starters are day one ready, working on implementing agreed actions including restructuring team, creating a recruitment user guide for appointing managers and Resourcing becoming the true onboarding hub to ensure new starters are ready to work from day one.
- 'Great for 8%' temporary staffing pay bill increased to 13.6%- proactive actions remain underway between Resourcing, Temporary Staffing and Finance triangulation to improve metrics.
- 91% of clinical staff are on eRoster. New implementation underway with Audiology and progressing well.
- 89% of Doctors are rostered - Diabetes & Endo Consultant activity now live. Rheumatology Consultant activity implementation underway, due to go live in May.
- Have been approached by NHSE to consider selling our Enquire virtual assistant model for nationwide people digital benefits.

People

Grow Together

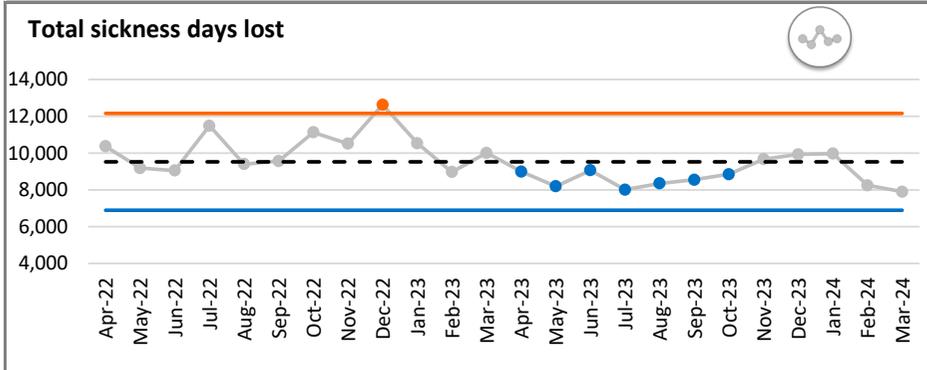
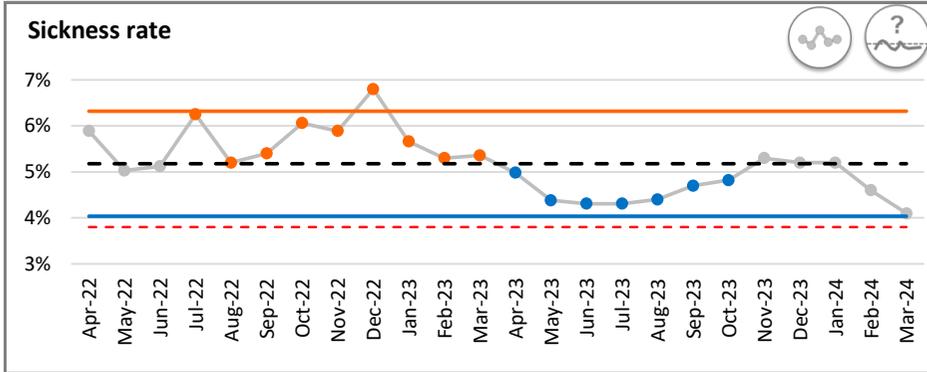
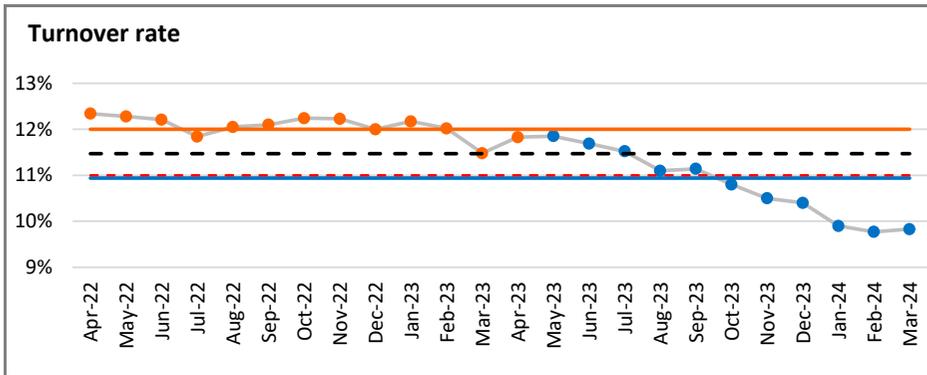


Key Issues and Executive Response

- 'Grow Together review' compliance this month shows a slight increase. The new appraisal window opens in April and Trust wide objectives are also due to be finalised in April, which will have some impact on the Grow Together cascade this year.
- Staff are being encouraged to schedule their appraisals (Grow Together Reviews) , in anticipation of the Trust wide objective cascade.
- Mandatory training shows a very slight improvement compared to the previous month and is currently at 90.9%, still above target.
- We continue to work towards alignment with the NHS core skills training framework (CSTF) requirements for Equalities and Diversity and IPC Level 2 refresher periods, effective from June 2024.
- The Trust successfully launched our managers competency framework in April 2024, which includes access to a training platform (ACCEL5) for new and aspiring managers.
- To further support the development of our staff involved in Medical teaching and training, on 15th April we will be holding an Undergraduate Educator day at Lister Education Centre, hosted by our Lead Undergraduate Tutor. The programme comprises speakers from the link Schools of Medicine as well as other contributors from the Trust and supports our ambition to continue to deliver excellence in teaching.
- As well as the above a new study day launched in March delivered by our Education Team covering 'Crucial elements of care to prevent the deconditioning of patients' for our clinical staff. The plan is to run two of these sessions per month throughout the year and support our Patient Safety Incident Response Framework (PSIRF) agenda.

People

Thrive Together | Care Together



Key Issues and Executive Response

Thrive Together

- Our average length of a suspension last year was 264 days and now at the same point has reduced to 122 days average; Disciplinary cases were open last year on average for 107 days and this has reduced to 86 days and Grievances took on average last year 100 days to close and this year now take 64 days.
- Our aim for 2024/25 is to reduce all case work to a consistent and reduced turnaround of a further 5 - 10 days on the above where ever possible.
- There were no Trust suspensions in February or March.

Care Together

- Continued focus on management of short and long term sickness absence results in more consistent reductions supported through regular divisional board review and occupational health supporting work and early advice is making a consistent positive difference.
- Relative likelihood of white applicant being shortlisted and appointed over BAME applicant has increased Oct- Dec 23 to 1.7 and warrants a closer look at application mix, work commissioned on this and update in May IPR.
- Work on procuring on going here for you service is underway as current funding and contract expires, we will retain a level of service however not as before due to limits in funds.

Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	16.1
Report title	Maternity Assurance		Meeting Date	1 May 2024
Presenter	Lesley Overy, Head of Midwifery Douglas Salvesen – Divisional Medical Director Women's & Children's Services			
Author	Amanda Rowley, Director of Midwifery Douglas Salvesen, Divisional Medical Director Lesley Overy, Head of Midwifery Josie Reynolds, Lead Midwife for governance Assurance and Compliance			
Responsible Director	Theresa Murphy, Chief Nurse		Approval Date	
Purpose <i>(tick one box only)</i>	To Note	<input type="checkbox"/>	Approval	<input type="checkbox"/>
	Discussion	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>Maternity Services are required to provide assurance to the Board based on a number of core data sets in response to national reviews, the ambition of maternity transformation and long term plan, provided as one assurance report.</p> <p>Areas for the Trust Board attention:</p> <ul style="list-style-type: none"> • Dashboard and Perinatal Quality Surveillance Model Tool escalations. • To note the content and exception report for the maternity Integrated performance report. <p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • Receive and discuss the content of the report. Note any key risks identified. 				
Impact: where significant implication(s) need highlighting				
Risk: <i>Please specify any links to the BAF or Risk Register</i>				
Report previously considered by & date(s):				
N/A.				
Recommendation	To note the content of the assurance report.			

To be trusted to provide consistently outstanding care and exemplary service

Maternity / Perinatal Update for Trust Board May 2024



East and North
Hertfordshire
NHS Trust

Amanda Rowley, Director of Midwifery
Douglas Salvesen, Divisional Medical Director
Josie Reynolds, Lead Midwife for Quality Assurance,
Governance and Compliance



ProudToBeENHT

Purpose of the Report:

Recognising the requirement for Maternity services to give assurance to the Board, based on a number of core data sets in response to national reviews, the ambition of maternity transformation and long term plan, this will be presented in one assurance report.

For discussion this month:

- Dashboard and Perinatal Quality Surveillance Model Tool
- Maternity IPR Exception report.

Actions required by the Board:

- Receive and discuss the content of the report.

Division - Women's Services

Dashboard, IPR and Exception Report March 2024



East and North
Hertfordshire
NHS Trust



Maternity Dashboard (1)

		Updated/un changed Goal	Updated/un changed/ Red Flag	Data Source	Apr-23	May- 23	Jun-23	Jul-23	Aug- 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar-24	Exception Reporting
Scheduled Bookings	No of women EDD 4 months hence (projected births 4 months ahead)	5500(458 to 539)	<458/ >540 per month	CMIS	425 (Aug)	402 (Sep)	409 (Oct)	412 (Nov)	358 (Dec)	394 (Jan)	378 (Feb)	363 (Mar)	358 (Apr)	383 (May)	363 (June)	348 (July)	The number of births in the UK has been decreasing for the fifth consecutive year and is at its lowest level since 2002. The current birth rate in the UK for 2023 is 11.267 births per 1000 people, a 0.49% decline from 2022.
Bookings in month	The number of women booked in month	≥5760/480	≤5760/480 or ≥6600/550	CMIS	406	488	482	463	465	438	469	456	362	526	466	435	As above.
Bookings by 9+6 weeks gestation	The gestation at which women booked in month	≥50.5%	<50.5%	CMIS	67.57 %	69.03 %	75.20 %	74.08 %	77.27 %	76.00 %	80.00 %	78.40%	72.09%	72.81%	74.67%	78.62 %	
Bookings < 12+6 weeks gestation	The gestation at which women booked in month		<80%	CMIS	90.09 %	90.98 %	88.75 %	88.76 %	92.21 %	88.00 %	91.04 %	92.90%	85.91%	89.73%	86.90%	90.80 %	
IOL	Total rate	≤34%	>36%	CMIS	33%	35%	32%	36%	33%	33%	33%	37%	38%	37%	35%	35%	IOL rate reduced from previous months and now below red flag limit though not below target goal.
Births (mothers birthing)	Benchmarked to 5500 per annum including home birth	5500(458)	>490	CMIS	387	417	404	381	411	390	389	361	359	397	369	358	
Births (babies born)	Number of babies born in month	No target		CMIS	394	429	410	387	417	398	400	363	365	399	377	363	
Born before arrival (BBA's)	Births not attended by a midwife	<0.2%	>1%	CMIS	0.50%	0.70%	1.20%	0.00%	0.50%	0.76%	0.51%	1.10%	0.82%	1.30%	0.81%	1.11 %	5 BBA's: x1 freebirth, x1 BBA whilst partner on phone to MLU (1 st call), x1 unattended, paramedics waited until CMW arrived (cross-border: booked @ Rosie, Community care @ Lister), x2 unavoidable.
Home births	Percentage of women birthing at home	≥2%	<1%	CMIS	2.10%	1.50%	1.70%	1.84%	1.50%	1.79%	1.50%	0.55%	1.40%	2.50%	1.35%	2.79 %	
MLU Births	Benchmarked to 1500 per annum	≥15%	<12.5%	CMIS	14.20 %	14.10 %	13.60 %	14.20 %	11.40 %	9.70%	11.00 %	12.70%	15.00%	12.30%	14.60%	11.70 %	This data is based on x4 transfers with a lower number of women admitted to MLU this month.
MLU transfer to CLU	Primip	≤ 40% per month	>45% per month	CMIS	26.50 %	33.30 %	48.70 %	50.00 %	50.00 %	56.00 %	46.60 %	47.0%	40.0%	32.30%	36.00%	30.00 %	
MLU transfer to CLU	Multip	≤ 13% per month	>15% per month	CMIS	10.00 %	9.30%	12.20 %	5.30%	15.00 %	14.80 %	9.10%	8.50%	6.00%	3.50%	3.00%	15.00 %	All multigravidae transfers to CLU were reviewed by Senior MLU Midwife and found to be appropriate.
Midwife Led Births	Combined homebirth and MLU Births	≥17%	≤13.5% per month	CMIS	16.30 %	15.60 %	15.30 %	16.04 %	12.90 %	11.49 %	12.50 %	13.25%	16.40%	14.80%	15.95%	14.49 %	The midwife-led births are impacted by the reduced number of women having home and MLU births although rates are above minimum red flag incidence.
Spontaneous Vaginal Births	Maintain Vaginal Birth rate	≥56.4%	<53%	CMIS	49%	48%	52%	47%	46%	47%	49%	47%	50%	50%	44%	47%	The vaginal birth rate continues to be impacted by caesarean section as a choice of mode of birth.
Vaginal births after previous LSCS	Percentage of VBAC of women with a previous caesarean section who had avaginal birth.	59.10%	<50%	CMIS	42%	63%	50%	42%	67%	50%	50%	62%	80%	71%	82%	64%	
CLU births (including theatres)	All births occurring within the CLU	≤85.5%	>85.50%	CMIS	83%	83%	83%	83%	87%	87%	87%	85%	83%	83%	82%	84%	

Maternity Dashboard (2)



		Updated/ unchanged Goal	Updated/ unchanged Red Flag	Data Source	Apr- 23	May- 23	Jun- 23	Jul-23	Aug- 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Exception Reporting
Instr. Vag Del	Ventouse & Forceps	10%-15%	<8% or >16%	CMIS	9.80%	10.60%	9.65%	12.07%	12.04%	12.05%	8.74%	10.80%	10.00%	9.06%	11.30%	9.80%	
C- Section	CS of Robson category 1 Nulliparous women with singleton cephalic pregnancy at term in spontaneous labour			CMIS	18%	11%	16%	26%	11%	21%	27%	12%	11%	9%	29%	20%	
	CS of Robson category 2 Nulliparous women with singleton cephalic pregnancy at term with induced labour or CS before labour			CMIS	57%	55%	52%	54%	60%	58%	53%	56%	57%	52%	56%	60%	
	CS of Robson category 5 (Multiparous women with a singleto cephalic pregnancy at term with a previous CS)			CMIS	89%	86%	87%	88%	90%	87%	96%	86%	77%	87%	81%	88%	
Maternity staffing	Funded midwife/birth ratio with skill mixing Against YTD births	1:29 (from March 14)	>1:33	HOM	1:24	1:24	1:24	1:24	1:24	1:27	1:24	1:23	1:24	1:24	1:24	1:24	
	Funded midwife only ratio Against YTD births	1:32	>1:33		1:24	1:24	1:24	1:24	1:24	1:26	1:24	1:23	1:23	1:23	1:24	1:23	
	Actual midwife only ratio Against activity in month	1:32	>1:33		1:24	1:26	1:26	1:24	1:26	1:27	1:25	1:25	1:22	1:23	1:24	1:21	
	1:1 care in labour excluding BBAs	100%		CMiS	100%	100%	100%	100%	100%	100%	100%	99.72%	100%	100%	100%	99.97%	
	Midwifery vacancy rate	≤5	≥5		28.16	21.90	19.52	24.78	23.03	23.44	17.0	15.55	TBA	TBA	11	14.52	
	Weekly hours of CLU Consultant cover	125	<125		125	125	125	125	125	125	125	125	125	125	125	125	125
Morbidity	ITU Admissions in Obstetrics	<8 per annum	≥10 per annum	Datix	0	0	1	0	1	0	1	0	1	0	1	1	
	Post partum Hysterectomies	<3 per annum	3 per annum	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of cases of meconium aspiration	2 per month	>4 per month	SEND	1	0	0	0	3	1	2	2	1	1	3	0	
	Number of cases of hypoxic encephalopathy (Grades 2&3)	1 per month	>2 in 2 months	SEND	0	0	1	0	0	0	2	1	0	0	0	1	
	Term admissions to NNU	<6%	≥6%	Badger	6.30%	5.90%	4.60%	5.10%	5.60%	4.12%	8.45%	6.40%	6.02%	7.00%	5.84	5.50%	Improving ATAIN on previous months and lower than target goal (although tertiary unit).
Mortality	Maternal deaths (direct)	0	≥1 a year	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
	Pre-labour IUDs	14 per annum	>14 per annum	Bereavement M/W	0	1	0	0	1	0	1	2	0	1	0	1	
	Intrapartum IUDs	0	>1 a year	Bereavement M/W	0	0	0	0	0	0	0	0	0	0	0	0	
	Early Neonatal deaths	1 per month	>1 per month	Bereavement M/W	0	0	0	0	1	0	1	1	0	0	0	1	

Maternity Dashboard (3)



		Updated/unchanged Goal	Updated/unchanged Red Flag	Data Source	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep 23	Oct 23	Nov 23	Dec 23	Jan24	Feb 24	Mar 24	Exception Reporting
Risk management	Number of Sis (to include duty of candour)	≤2/2 months	>6 per annum	Risk Lead	0	0	1	0	1	0	2	1	0	0	0	0	
	Cases declared to HSIB for investigation and accepted	≤2/2 months	>6 per annum		0	0	0	0	0	0	2	0	1	0	0	1	
	Open datix that are overdue >30 days (awaiting or being reviewed)	TBC	TBC	Datix	39	55	63	47	72	84	64	81	135	136	15	36	
	Never events	0	1	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
	Massive PPH ≥1500ml MOH:	≤2.9%	>3.0%		2.10%	2.64%	2.23%	2.89%	2.90%	1.80%	0.28%	2.69%	2.50%	3.53%	2.16%	4.04%	Normal variation continues however overall rate increased. Thematic review ongoing.
	MOH >2000ml	<2%	≥2.5%	CMIS	0.78%	1.44%	1.49%	1.58%	1.46%	0.25%	0.26%	1.38%	0.83%	1.00%	0.54%	0.56%	
	3rd/4th degree tears	<3.5%	≥ 5%	Risk Lead	1.40%	2.80%	1.20%	1.80%	1.80%	1.79%	3.40%	2.00%	2.19%	2.51%	3.04%	3.12%	
3rd/4th degree tears (sustained at instrumental birth)	6.80%	NA		2.90%	6.81%	5.30%	2.30%	2.00%	4.25%	6.70%	2.60%	8.30%	1.00%	4.87%	2.94%	% 3rd & 4th degree tear: NMPA SVD & Instrumental 3rd & 4th degree tear (NMPA) (denominator total singleton cephalic vaginal births / Instrumental births) (NMPA)	
3rd/4th degree tears (sustained at SVD)	2.80%	NA		1.10%	2.10%	0.50%	1.80%	1.70%	2.74%	1.28%	1.90%	1.39%	1.51%	2.56%	3.16%	% 3rd & 4th degree tear: NMPA SVD & Instrumental 3rd & 4th degree tear (NMPA) (denominator total singleton cephalic vaginal births / Instrumental births) (NMPA)	
Episiotomy rate (instrumental)	86.70%	NA		94.70%	84.10%	89.70%	89.10%	90.00%	83.00%	87.50%	92.30%	86.11%	91.70%	83.33%	94.29%		
Episiotomy rate (SVD)	8.30%	NA		9.00%	5.00%	5.20%	3.90%	4.80%	5.49%	7.38%	8.87%	7.73%	7.10%	8.53%	10.18%	Increasing Episiotomy rates at SVD. OASI project launch awaited.	
Complaints	No. of complaints opened in month	3	5	Datix	3	5	2	3	7	6	6	4	1	TBA	3	3	
Closures	Number of times the unit closed for admission	<1/month	>3/month	Risk Lead	1	0	0	0	0	1	1	0	0	0	0	0	

Maternity Dashboard (4)



		Updated/unchanged Goal	Updated/unchanged Red Flag	Data Source	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep 23	Oct 23	Nov 23	Dec 23	Jan24	Feb 24	Mar 24	Exception Reporting	
Saving Babies Lives Care Bundle	Smoking at booking	≤12.5%	≥12.6%	CMIS	5%	7%	5%	6%	4%	5%	5%	3%	6%	6%	5%	5%		
	Smoking at delivery	≤6%	≥8%	CMIS	5%	5%	3%	3%	4%	4%	4%	3%	5%	2%	3%	4%		
	Births>23+6 -36+6 weeks	<6% per month/year	≥7.5% in year	CMIS	7.60%	6.90%	7.30%	8.29%	6.00%	8.54%	11.00%	5.20%	6.6%	5.30%	7.43%	9.37%	Majority pre-term births >34/40. The Division acknowledges a raised pre-term birth rate. An ongoing review continues, optimisation work ongoing and Pre-term Birth Lead Midwife in post.	
	Births>23+6 -26+6 weeks	TBC	TBC		0.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.83%	0	0	0	0.28%		
	Steroid administration 2 doses < 7 days before birth	>55%	<40%	CMIS/records	29%	47%	50%	50%	100%	30%	60%	33%	TBA	100%	70%	6/8 75%	6/8 babies received full optimisation by way of steroids. All cases were managed appropriately.	
	Steroid administration 1 dose administered (% of cases occurring) Case reviews to take place to identify learning	No target	No target	CMIS/records	57%	14%	25%	25%	0%								1/8 12.5%	
	Steroid administration 2 doses > 7 days before birth (% of cases occurring)	No target	No target	CMIS/records	14%	29%	25%	25%	0%	10%	0%	33%	55%	0%	10%	2/2 100%		
	Magnesium Sulphate	80%	<80%	CMIS/records	100% (1/1)	0% (0/1)	0/0%	0/0%	0/0%	0/0%	0%	3/3 100%	2/3 66.66%	1/2 50%	100%	100%	100%	All pre-term babies had full optimisation by way of Magnesium Sulphate.
	Fetal monitoring training compliance	≥90%	<80%	CG training report	86%	93%	95%	94%	94%	91%	92%	96%	97%	TBA	TBA	MW		
	Babies with low birthweight (<10th centile)	<9%	>10%	CMIS	0.90%	1.40%	2.20%	1.20%	1.60%	0.75%	3.87%	1.11%	1.11%	TBA	TBA	MW		
	SGA detection rate <10th centile	>49.8%	<29.8	GAP			37.80%			41.70%				TBA	TBA	MW		
	Breast feeding	Breast feeding initiated	≥72.7%	<72.7%	CMIS	79%	79%	79%	77%	72%	77%	76%	81%	75%	96%	77%	80%	
Breast feeding at discharge		≥72%	<72%	CMIS	77%	77%	75%	78%	71%	76%	73%	79%	72%	81%	79%	72%		

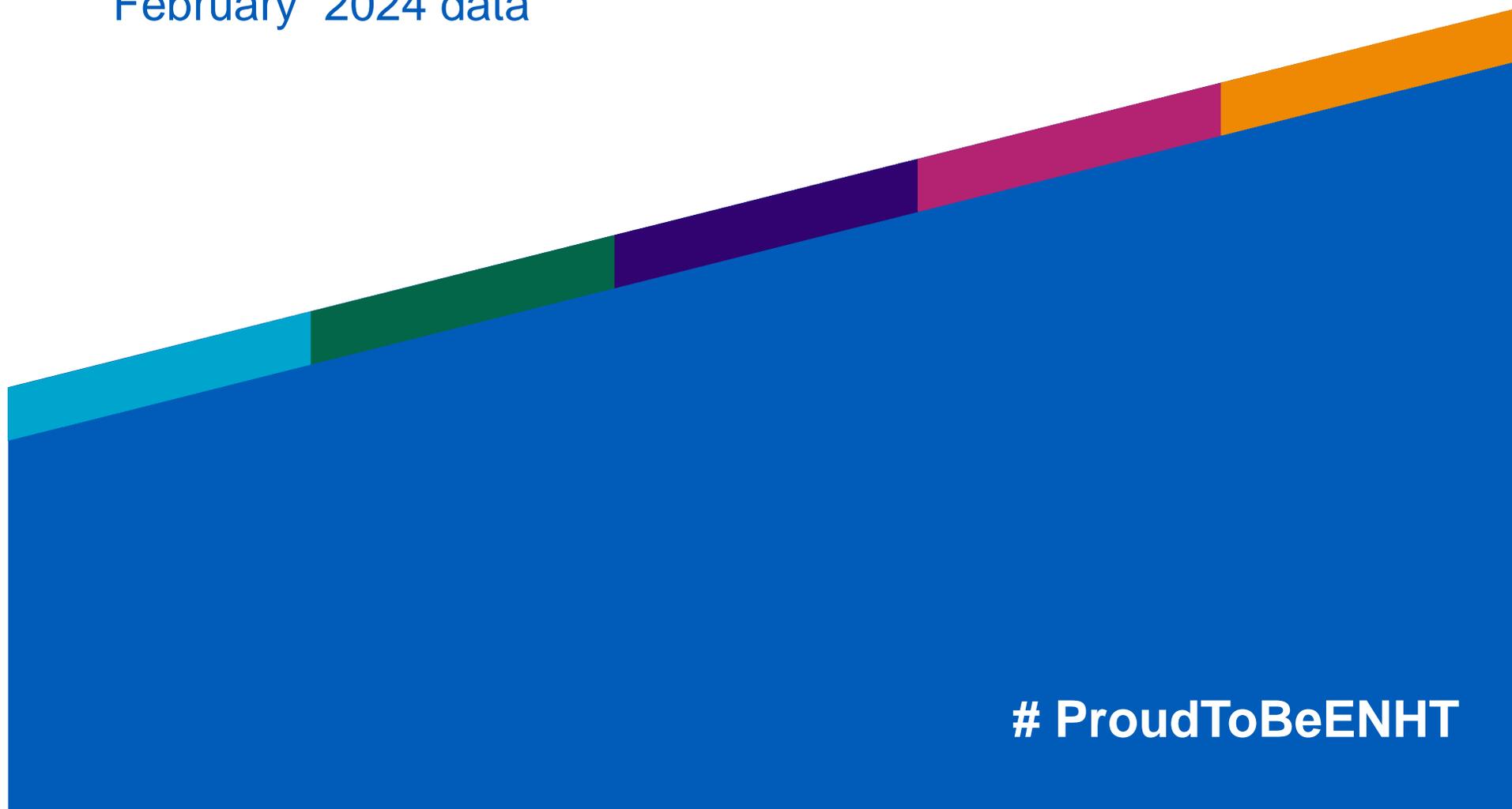


East and North
Hertfordshire
NHS Trust

Division – Maternity Services

Perinatal Quality Surveillance Model Tool

February 2024 data



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

Reporting Period: February 2024

KEY: CQC DOMAINS
Outstanding
Good
Requires Improvement
Inadequate



REGULATORY BODIES CQC DOMAINS

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

External stakeholder concerns (please give brief reason)	
NMC concerns	None
GMC concerns	None
RCM concerns	None
HEE concerns	Yes slide 30
HSIB concerns	None
CQC concerns	Yes slide 30
Total number of stakeholder concerns	1

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

CNST MIS Safety Actions achieved (out of 10)					Ockenden investment (Total allocation)
Yr 1 (2019/20)	Yr 2 (2020/21)	Yr 3 (2021/22)	Yr 4 (2022/23)	Yr 5 (2023/24)	
10	10	10	8	10	£482, 419

CQC Maternity survey results (2023)

CQC Maternity survey overall rating - improvement since previous year (N)	Statistically significant increase - 20 No statistical change – 29 Statistical decrease 0 Overall rating - N
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Survey scores:	
Start of your care during pregnancy	4.0 worse than expected
Antenatal check ups	8.2 (About the same)
During your pregnancy	8.4 (About the same)
Your labour and birth	8.5 (About the same)
Staff caring for you	8.3 (About the same)
Care in ward after birth	6.9 (About the same)
Feeding your baby	8.1 (About the same)
Care at home after birth	7.9 (About the same)

Other surveys

GMC survey results (2023) overall satisfaction	77.78%
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Clinical Outcome Measures



East and North

KPI (see final slide for detail)	Measurement / Target		Trust Rate (current reporting period)
			ENHT
Massive Obstetric Haemorrhage ≥ 1500 mls (as per NMPA descriptor, slide 8)	Vaginal birth	3.3%	3.05%
	Caesarean	4.5%	2.05%
3rd & 4th degree tear (as per NMPA descriptor, slide)	SVD (unassisted)	Unassisted 2.5%	3.21%
	Instrumental (assisted)	Assisted 6.3%	4.88%
Caesarean section (%age) (see guidance document)			
(primip, singleton , ceph, over 37/40, spontaneous labour)	Robson Group 1	N/A	29%
[primip, singleton, over 37/40, who had labour induced (2a) or LSCS prior to labour (2b)]	Robson Group 2	2a	50%
		2b	50%
(Multip, at least 1 uterine scar, singleton, ceph, over 37/40)	Robson Group 5	N/A	81.3%
Smoking at time of delivery	≤ 6%		3.3%
Preterm birth rate	≤36+6 weeks (over 24+0/40)	≤6% annual rolling rate (Total PTB all babies 24-36+6))	7.43%
			7.51% (360/4792)

KPI (see final slide for detail)	Measurement / Target	Trust Rate (current reporting period)	
		x	
Term admissions to NNU Reviews should now include all neonatal unit transfers or admissions regardless of their length of stay and/or admission to BadgerNet.	<6% (of total live term births)	5.96%	
	%age of total admissions that were avoidable	0	
Antenatal optimisation			
Right place of birth (≤27/40, 28 /40 with multiple or EFW<800g outside a maternity unit with a L3 NICU)	Number of births = 0	0	
Magnesium Sulphate Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior to birth.	80% (CNST)	100%	
Antenatal steroids Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth.	80% (CNST)	70%	7 out of 10 babies received full steroids optimisation. 2 babies were born before second dose could be administered. Third baby (case below) came in and received steroids on previous admission (not counted).
Percentage of singleton live births (less than 34+0 weeks) occurring more than seven days after completion of their first course of antenatal corticosteroids	ND (indicator should be as low as possible)	10%	
MBRRACE stabilised & adjusted mortality rates per 1000 births			
Stillbirth	Neonatal Death term baby <	Extended perinatal	
3.04	7/7 0.99	4.02	

Transformation & Incident reporting



East and North

KPI	Measurement / Target	Trust Rate (current reporting period)	% of women (booking) – Black, Asian, mixed Black & Asian / 10% most deprived decile (IMD1)*	Ethnicity data quality (%)	Post code data quality (%)	Request for Internal divert / Maternity deflect (if applicable)	Divert outside organisation	
CONTINUITY OF CARER								
Percentage of women placed on CoC pathway (at 29 weeks)	% women placed on continuity of carer pathway at 29 weeks gestation	n/a	N/A	99.79%	100%	0	0	
Percentage of women on CoC pathway :Black, Asian / Mixed Black and Asian / areas of deprivation IMD1) (at 29 weeks)	Black, Asian, mixed Black and Asian	≥75% (for each element)						n/a
	Most deprived 10% (IMD1) of neighbourhoods							n/a

Incident Reporting LMNS confirmation of SI oversight

Datix		Moderate harm and above incidents in month	Maternity Serious Incidents	Maternity Never Events	PMRT compliant (Ockendon IEA 1.4)	HSIB Cases (new)	Still Births			HIE cases (grade 2 or 3)	Neonatal deaths		Maternal Mortality	
Unactioned (no / % forms received)	Open > 30 days (no / % of all incidents)						All	Term	Intrapartum		Early	Late	Direct	Indirect
0	15 (oldest Jan 23)	0	0	0	Yes	0	0	0	0	0	0	0	0	

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

Workforce / Births

Leadership and Specialist Roles															
DoM in post	HoM in Post	Deputy HoM in post	Obstetric lead in post	Consultant Midwife in post	Retention Lead in Post	Lead PMA in post	MVP chair in post	Non exec director in post	Number of leadership & Specialist Roles not in place	Safety champions in place				Number of PMA's (no / WTE)	
Yes	Yes	NA	Yes	Yes x2	Yes	Yes	Yes	Yes		Mat	Obs	Neo	Exec		No=13
Yes	Yes	NA	Yes	Yes x2	Yes	Yes	Yes	Yes	2 (training lead)	Yes	Yes	Yes	Yes	No=13	

Total births (mth / YTD)	Predicted annual births	Total bookings (mth / YTD)	LW co-ordinator supernumerary (%)	One to one care in labour (%)	BR+ completed in last 3 yrs (please give date)	Full assessment (Yes/ No)	BR+ recommended ratio	Actual ratio	Midwife no's	%age of total staff	Summary of gaps	Obs Consultant cover
369/4703	4666	466/5537	100% (see exception report)	100% (see exception report)	November 2023	Yes	n/a	1:21	14.52 WTE vacancy	7	<i>Gaps relate to funded establishment for maternity theatres and recovery. Business Case has been submitted.</i>	125 hours/week

Assessed compliance with CNST MIS 10 Safety Actions	Y5
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Key (current position)	
	Compliant with all aspects of element
	On track to achieve
	Working towards (MIS & SBLCB) / Partially compliant (Ockendon)
	Not compliant/ At risk

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

Evidence of SBLCB V3 Compliance

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

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

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

Training & Competency

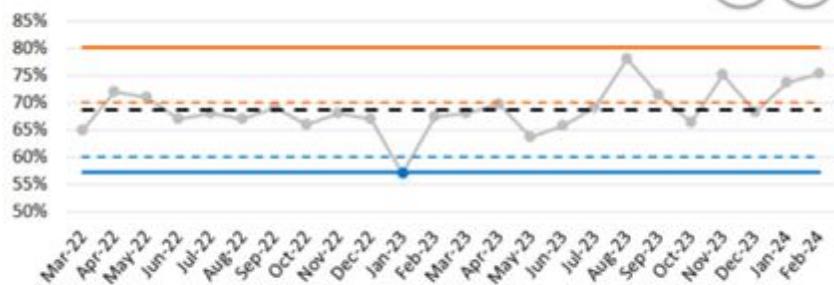
Staff group	PROMPT	Fetal Monitoring	NBLS	ABLS	CCF
Obstetric Consultant	100%	86%			95%
Obstetric Doctors	93%	100%			94%
Obstetric Anaesthetic Consultants	TBA				
Obstetric Anaesthetic Doctors	TBA				
Midwives	93%	93%	96%	96%	91%
Maternity Support Workers	92%				
Neonatal and Obstetric Nurses			95%	TBA	
Overall					

Exception reporting for compliance with national standards					
Trust/ Unit	Initiative: *Maternity Incentive scheme safety actions *Saving Babies Lives care bundle *Ockendon IEA	Element/Safety Action/IEA	Reasons, mitigation in place, progress and actions to be undertaken, timescales due to be met to achieve compliance.	Plan discussed with Trust Board level Safety champion and discussed at LMNS board meeting (Yes/ No)	
CQC	<ul style="list-style-type: none"> CQC Inspection report for maternity services. Inspection carried out 4th and 5th October 2023. Whistleblowing concerns 		<ul style="list-style-type: none"> Final report received 3rd November 2023. Overall rating improved from Inadequate to Requires Improvement. Section 29A complete and closed. Sustainability is key priority whilst Improvement works remain in progress. Both are monitored weekly at Maternity Improvement Committee and chaired by Chief Nurse. Next steps – working towards strategy to exit from Maternity Safety Support Programme. Weekly CQC Compliance meetings with Chief Nurse and Quality & Patient Safety Lead A number of whistleblowing concerns have been reported. Listening events and feedback delivered to staff. Robust internal escalation pathways for staff shared widely. 	Trust/ Date Nov 23	LMNS/ Date
CQC Survey	CQC maternity services survey report	ENHT identified within the worst 8 performing Trusts overall for the 2022 survey and a decline from the previous years results	<ul style="list-style-type: none"> ENHT reported as most improved Trust – feedback to staff – cause for celebration and evidence of hard work implemented. Women’s Experience daily ward rounds and monthly PACE report reported at Speciality. 	March 2024	
HEE	Culture	Feedback related to experience of Midwives and Junior Doctors Action plan ongoing	<ul style="list-style-type: none"> EDI Improvement Board implemented (MDT and inclusive representation), ToR agreed and BAME as first priority. An update was provided to HEE with progress in response to SCORE survey, culture and pastoral support and routes for escalation of concerns for trainees. 	Nov 23	March 24

Maternity Integrated Performance Report 1



Total caesarean section rate from RG1, 2 and 5 combined



Key issues and executive response

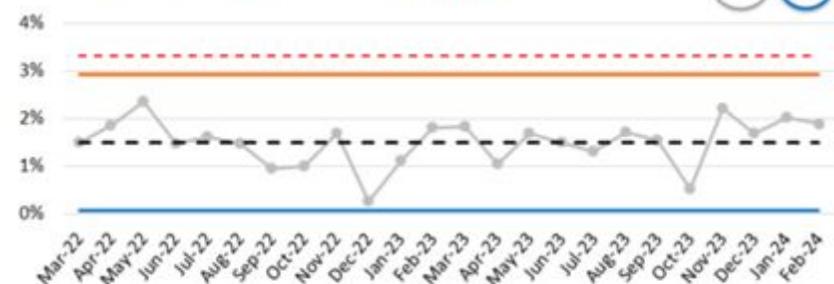
In January 2024, 1 Potential PSII was identified (pressure ulcer = never event), this was discussed but not progressed to PSII following Patient Safety Review. AAR and learning response discussed at SIRP. Train the trainer skin assessment training by Tissue Viability Team, to disseminate to wider team. Patient Safety Alert highlighting importance of skin assessment proforma to all staff. **No PSII declared for February 2024.**

3rd / 4th degree tears - Normal variation noted, however total incidences of cases increased for February 2024. Monthly audit continues by Obstetric Lead and Perinatal Pelvic Health Lead Midwife. Working party in progress, working towards implementation of the Obstetric Anal Sphincter Injury (OASI) 2 Care Bundle as a quality improvement initiative.

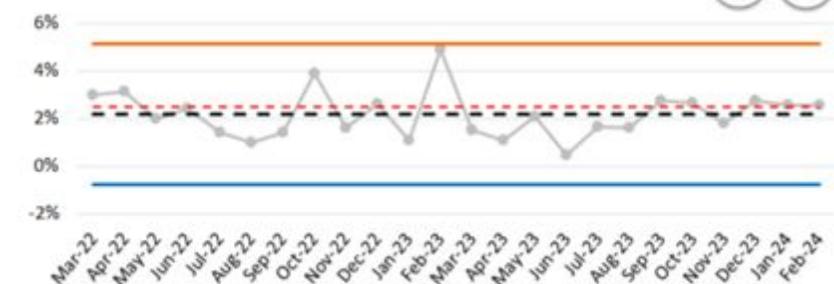
Massive Obstetric Haemorrhage (MOH) - Normal variation continues, however total incidences have risen in comparison with 2023 rates. Thematic review ongoing with Obstetric Lead and Risk Management Midwife. Themes and learning identified. Risk factors associated, therefore most cases not identified for further deep dive investigation. PPH/MOH Proforma reviewed locally – now referred for collaboration amongst MDT. Regional working party to feedback following generalised increase in MOH rates across all Trusts within the LMNS. Normal variation for **Breast Feeding Initiation rate** and remains consistent for all of 2023-2024.

Avoiding Term Admissions to the Neonatal Unit (ATAIN) incidence has reduced for February 2024 in line with national limits. Two cases were identified as avoidable for the month (one obstetric, where an earlier decision for EMLSCS may have been made following reduced cycling and variability on CTG monitoring and one neonatal, where transitional care may have been stepped down earlier). **Robson Group Criteria** considers the obstetric variables to enable classification into one of ten groups. Categorisation assists in understanding reasons for the increasing trend in caesarean section rates: Robson groups 1,2 and 5 combined normally contribute to two thirds of all CS performed in most hospitals. For month 11 the combined rate is 75%.

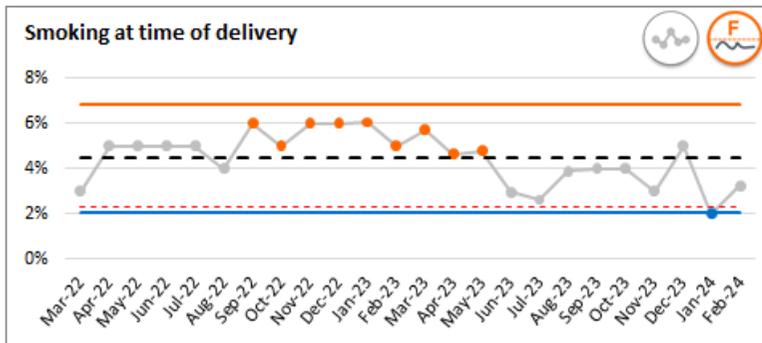
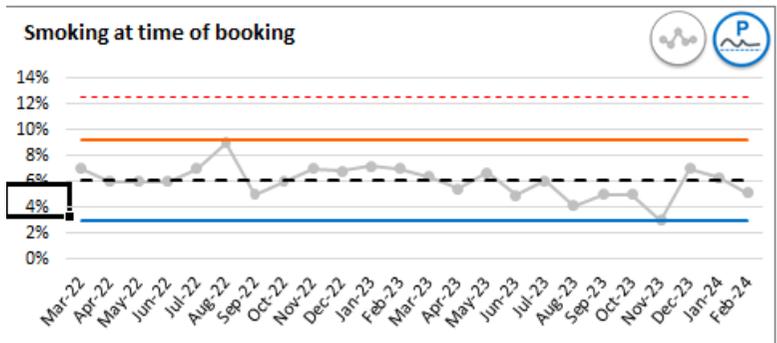
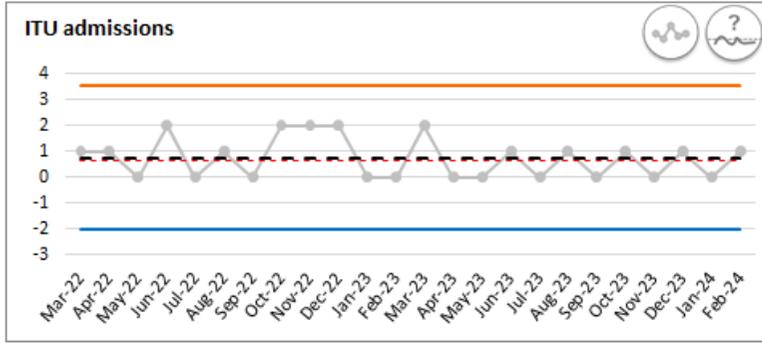
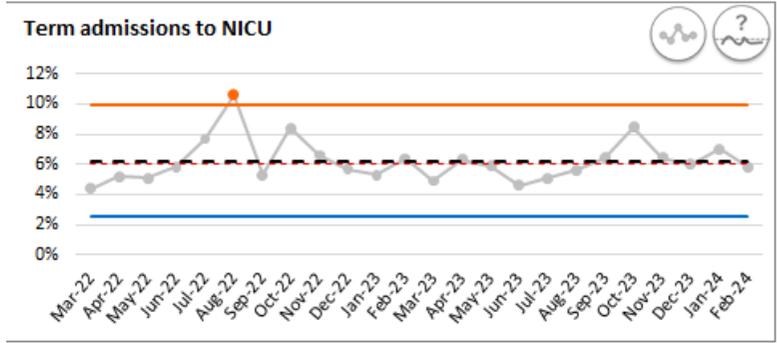
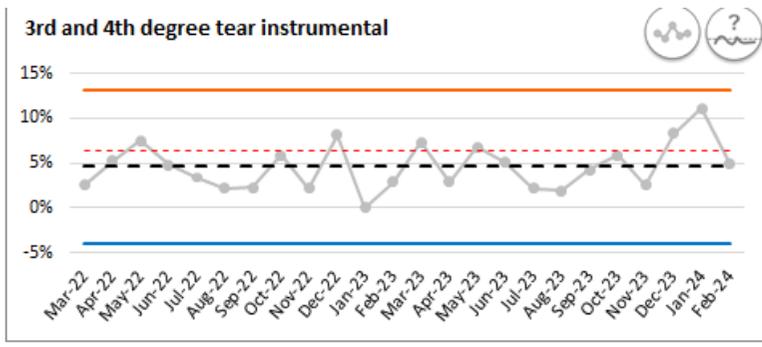
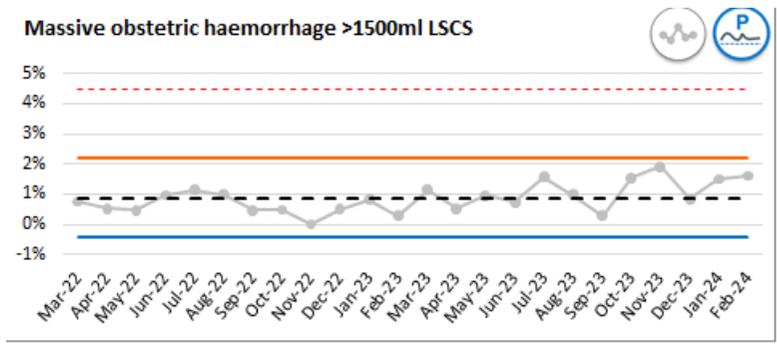
Massive obstetric haemorrhage >1500ml vaginal



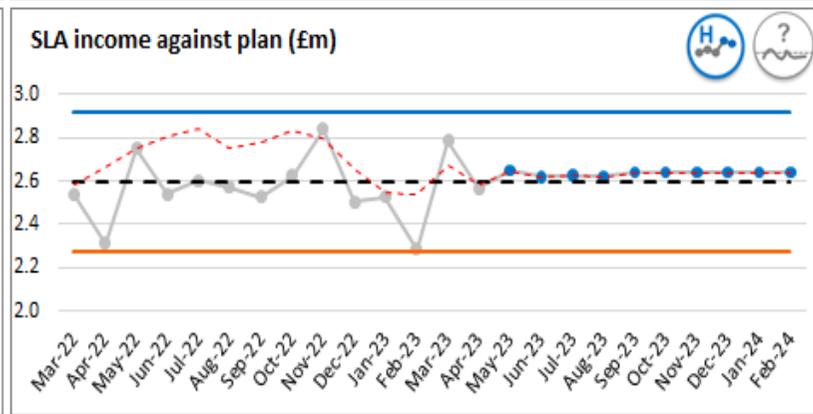
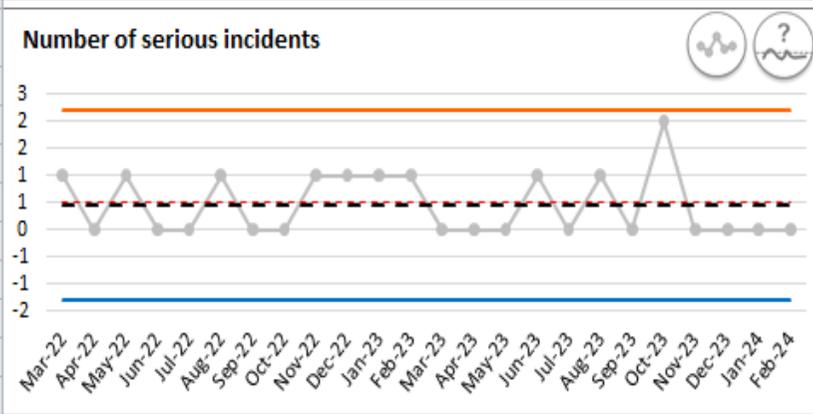
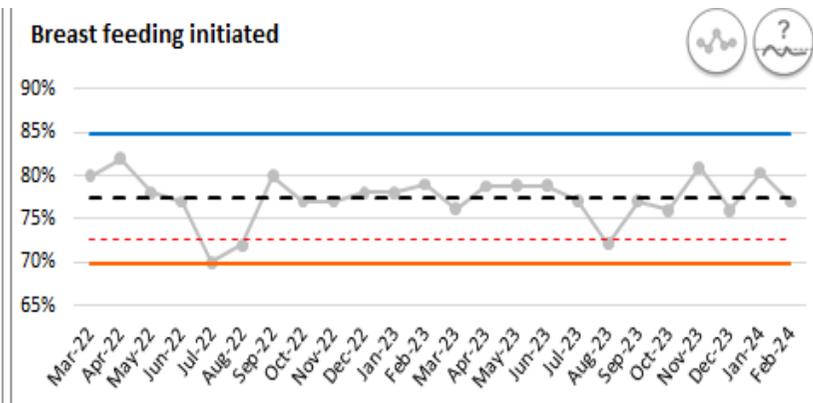
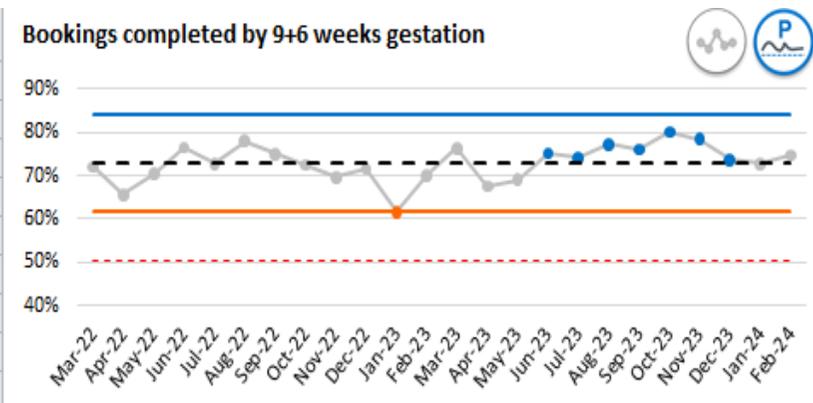
3rd and 4th degree tear vaginal



Maternity Integrated Performance Report 2



Maternity Integrated Performance Report 3



Action ID	Category	Sub Cat	Sustainability Action Plan	Opportunities for Improvement	Specific actions to be implemented to ensure ongoing sustainability	Progress	Measurement	RAG Rating	SRO	Action Owner	Target Date/ Timeline	Evidence	NOTES	LEGEND
SAP1	Policy and process	Estates	Assurance that there is a sustainable estates and equipment maintenance programme, with allocation of financial resource to replace and repair existing equipment in the future.	Mapping process of escalation of issues regarding estates. Collection of data for time between reporting and closing the issue, scrutiny on these measures. If there is a financial barrier, then a plan should be made to mitigate risk and the inability to complete the repair put on a register that is reviewed for risk.				Green	Josie Reynolds Alessandro Sironi	Alli morris and Kevin Howell		Engineering and maintenance policy Equipment Replacement Email		Little to no risk to evidence delivery
				Ideally, routine estates refurbishment should be budgeted for in the longer term, as this will provide overall cost savings through maintenance.				Green	Josie Reynolds Alessandro Sironi	Alli morris and Kevin Howell		Engineering and maintenance policy Equipment Replacement Email		Possible risk to evidence delivery
SAP2	Policy and process	Assurance	MIP and action tracker in place to ensure unit are on track to fulfil Ockenden, Kirkup, SBL, MS. Three-year delivery plan and Core Competency framework.	Admin support to assist training team with recording of mandatory training attendances and updating the Academy Software enrolment for new and rostering staff.	Development of Doctors induction programme by consultant obstetricians Mary Goodin and Sunitha Eastman, in conjunction with midwifery education lead	Schedule new and rotating doctors into mandatory training as part of their induction, in a revised programme that is appropriate to their grade – this will ensure safe and supported practice as well as MIS Compliance with Core Competency Framework. Full time administrator within training team. Have a temp to help with updating of training data for upcoming year.		Green	Josie Reynolds Alessandro Sironi	Deborah Macpherson Lauren Mitchell		Image of Training compliance and Description		
				Work with Trust Appraisal (Grow Together) and Realisation team to review Appraisal recording and database process.				Green	Josie Reynolds Alessandro Sironi	Deborah Macpherson Lauren Mitchell Douglass Salvesen		Image of Training compliance and Description		
								Green	Josie Reynolds Alessandro Sironi	Fariba Oak / Josh Jacobs / Steve Andrews / Julia Seez Lesley Owen/ Deborah Macpherson		GROW together annual appraisals and 1:1 approach for 24/25 opened 1st April 2024 due for completion in September 2024	How will GROW together translate onto Qikview?	
SAP3	Policy and process	Midwifery Workforce	Ensure HR processes are in place and used for effective management of sickness absence and none performance.					Green	Josie Reynolds Alessandro Sironi	Josh Jacobs and Julia Seez / Steve Andrews		Absence policy Performance policy Listening Event Slides Support Leaflet All maternity staff Communication	Has Joy in Work been done? Where is the evidence? Has anything been done with the info? Can joy at work focus more on 15S/30M rather than a 1 hour long feedback which may deviate?	
SAP4	Policy and process	Digital	The trust is aware that the lack of a digital plan	The timescale for maternity is a problem needing an urgent response.	Re-scalable to Trust Board the impact of digital immaturity to include lack of compliance with CNST, impact on audit etc including financial implications.			Green	Josie Reynolds Alessandro Sironi	Amanda Rowley Helen Trewhith Adrienne Taylor		EPR Programme Board presentation of timescale to implementation and action plan with mitigations Directorate Board Risk Escalation for lack of digital system Risk Management Report April 2024		
				Identify clear actions for the board such a planned date of implementation of digital system.			Green	Josie Reynolds Alessandro Sironi	Amanda Rowley Helen Trewhith Adrienne Taylor		EPR Programme Board presentation of timescale to implementation and action plan with mitigations Directorate Board Risk Escalation for lack of digital system Risk Management Report April 2024			
SAP5	Policy and process	QI	Embed QI as standard practice into the maternity service	Work with QI team to integrate QI methods into teams and staff leading projects. It may be that with specific aims and measures, and a "testing" PDCA approach, improvements on process and outcome measures can support scale and spread of change ideas requiring financial investment and outlay.	Invite QI team to senior team meetings as a regular standing item.			Green	Josie Reynolds Alessandro Sironi	Alessandro Sironi Qi Leads		CareQ Suite Example LOG - MS List of QI (and other maternity) activity		
SAP6	Policy and process	Governance	Governance systems and process	Try plotting PMRT data onto rare events chart to see if 2022 rise is still a concern.		Meeting arranged 12/04/24 with Consultant Obstetric Lead for Bereavement to plan representation of PMRT reported data to capital MBRRACE and plotting on SPC going forwards.		Yellow	Josie Reynolds Alessandro Sironi	Rachel Woodfridge / Josie Reynolds		See Progress Column		
				Ongoing use of G or T charts for rare events so that effects of learning and improvement work, including SBL/CBv3 effects can be clearly visualised.		Incident Data Pivot created, from which we can process data to use in G and T charts.		Yellow	Josie Reynolds Alessandro Sironi	Alessandro Sironi Josie Reynolds		Incident data spreadsheet		
				Work with Safeguarding team and stipulation of Core Competency Framework for enhanced Safeguarding training to improve SG reporting processes for staff (make it easy to do the right thing) and to increase awareness of what needs reporting. We have spoken as a team, and with the Maternity leadership and training teams about uploading recordings of 'how to' information for: Completing an ISF Completing a Children's services referral Navigating the SG information and database All of this information is currently delivered during the training. We feel that by recording this information to be accessed digitally, the training slots will then be freed up for more bespoke and targeted training which would hopefully be beneficial to mitigate any gaps in safeguarding provision.			Green	Josie Reynolds Alessandro Sironi	Sarah Jane Brazier (Safeguarding Lead) / Debs Macpherson / Lauren Mitchell / Helen Trewhith		Email evidence provided - Named midwife for safeguarding			

				Involvement of MNVP in Governance processes and Complaints handling. Development of the Patient Safety Partner role in line with national recommendations.							Josie Reynolds Alessandro Sironi	Josie Reynolds / Sarah-Jane Patrick		PSIRF Plan as detailed in Maternity Senate Report 22 March 2024	
SAP7	Policy and process	Governance	PSIRF processes embedded into governance structures, and evidence available for learning from incidents.	Continue engagement with the new PSIRF framework to shift from current risk management and governance processes into one more focused on CI and learning from incidents.							Josie Reynolds Alessandro Sironi	Josie Reynolds / Sarah-Jane Patrick		PSIRF Plan as detailed in Maternity Senate Report 22 March 2024	
SAP8	Leadership and Staffing	Assurance	Ward to board reporting processes in place, with D&I or other quad member reporting at every board meeting.								Josie Reynolds Alessandro Sironi	Amanda Rowley / Kate Fruin		Awaiting emailed evidence	
SAP9	Leadership and Staffing	Obstetric Workforce	Review of Obs and Gynae consultant workforce.	Review locum/agency consultant spend for past 4 years to justify need for "headroom" due to average absences from sickness, maternity leave, etc.	Compare cost of locum/agency spend versus cost of substantive roles to formulate business cases based on financial evidence.	2 additional posts out on Trac-Kate Fruin to provide business cases for 2WTE Consultants with ERF spend and annual spend on other locum activity and short-term sickness. These jobs are being advertised in 252.					Josie Reynolds Alessandro Sironi	Douglas Salvesen Amanda Rowley / Kate Fruin		See Progress Column	
				Look to appoint into roles to reduce agency spend, specifically within the medical rota		2 additional posts out on Trac-Kate Fruin to provide business cases for 2WTE Consultants with ERF spend and annual spend on other locum activity and short-term sickness. These jobs are being advertised in 252.			Josie Reynolds Alessandro Sironi	Douglas Salvesen Amanda Rowley / Kate Fruin		See Progress Column			
SAP10	Leadership and Staffing	Obstetric Workforce	Look to support substantive roles which will support a reduce the use of locum cover and overspend.	Potential financial savings from reduction in agency/locum consultant spend. Business planning for new consultant posts to include projected savings from reduction in agency/locum spend, as well as potential for savings from CI projects and in helping secure 10% CNST rebate from achieving MIS 10 safety targets.	Identify impact of 10% CNST rebate and include in costings in business cases.	2 additional posts out on Trac-Kate Fruin to provide business cases for 2WTE Consultants with ERF spend and annual spend on other locum activity and short-term sickness. These jobs are being advertised in 252.					Josie Reynolds Alessandro Sironi	Douglas Salvesen Amanda Rowley / Kate Fruin		See Progress Column	
SAP11	Leadership and Staffing	Obstetric Workforce	Review PA allocation down to 10-11. This has potential to release 7PA's.	Job planning review to aim to move all consultants down to 10-11 PAs.	Review all consultant job plans and move all PAs to 10-11	Repurposing our current medical spend from agency use, locum use and the cost associated with programme activities above 10 and using that money to fund x2 Obs/Gynae consultants.					Josie Reynolds Alessandro Sironi	Douglas Salvesen Amanda Rowley / Kate Fruin		See Progress Column	
				This should reasonably free up 7-15 PAs of funding to create 1-2 new job plans for new Obstetric consultants	Utilise funding to create 1-2 new job plans for new obstetric consultants.	Consultants are OBS and Gynae. Require one more WTE OBS consultant			Josie Reynolds Alessandro Sironi	Douglas Salvesen Amanda Rowley / Kate Fruin		See Progress Column			
SAP12	Leadership and Staffing	Obstetric Workforce	On call currently 1:12 potential to review to 1:14 which will significantly improve the work-life balance and sustainability of the obstetric consultant workforce. Or review head room as none for the medical team currently	Dilution of the on call cover from 1:12 to 1:14 will significantly improve the work-life balance and sustainability of the obstetric consultant workforce.	Utilise the newly created consultant job plans to adjust on call cover from 1:12 to 1:14	Approval received for x2 WTE Consultants combined Obs / Gynae. This will facilitate Obs on call moving to 1:13. Additional x1 WTE needed to move in 1:14.					Josie Reynolds Alessandro Sironi	Douglas Salvesen		See Progress Column	
				This is also an opportunity to allocate leadership and management responsibility towards SBL, CI and Risk Management.	Identify within individual roles, leadership responsibility for SBL, CI and Risk Management.	New consultant posts will have SPA time allocated to support quality and safety. Through Divisional restructuring there will be a new post of clinical service lead for women and neonatal services (3 x PA's) to support CI and governance.			Josie Reynolds Alessandro Sironi	Douglas Salvesen		See Progress Column			
SAP13	Leadership and Staffing	Midwifery Workforce	Succession planning for both Midwifery and Medical teams is vital with opportunity for professional development within the team.			Annual appraisals and personal development plans for all consultants on an annual basis. Mora Modi, Kelly Macpherson and Imani Kondo to provide evidence regarding reverse mentoring examples and other opportunities within the organisation for development.					Josie Reynolds Alessandro Sironi	Debs Macpherson / Douglas Salvesen / Mona Modi / Steve Andrews		GROW together annual appraisals and 1:1 approach for 24/25 opened 1st April 2024 due for completion in September 2024	
SAP14	Leadership and Staffing	Midwifery Workforce	Theatre staffing review to incorporate maternity theatre and remove midwives from taking on the role of scrub and circulating nurse in theatre	Currently midwives are used in maternity theatre to act as scrub and circulating nurse. This is not in line with current national anaesthetic guidance and removes midwives from their role to undertake a role that is for a non-midwife, impacting on workload specifically in the resus/atrium areas.	Recruit more appropriate staff such as scrub and recovery nurses with appropriate competency training to undertake these roles and release Midwives. Restructure of Theatre management and transfer of ownership to appropriate division	As of 1st April 2024 we have appointed 2 theatre staff (Theatre RN Band 5) Currently second round of recruitment in progress (Interviews scheduled for 11/04/24) End March 2024. Business case submitted to increase theatre staff by 12 WTE.						Josie Reynolds Alessandro Sironi	Amanda		See Progress Column
				Shift plan drafted to identify resource needed for elective and emergency theatre and theatre and recovery budget now separated into its own cost code to provide clarity. Business case completed and submitted which identifies funding needed to provide sustained theatre staffing model. Total cost of £772k. Implementation planned over 3 years with vacancy slippage identified to reduce cost pressure in year 1. Business case included as evidence						Josie Reynolds Alessandro Sironi	Debs Macpherson / Rebecca Merrifield / Lauren Mitchell		The following training must be completed by the theatre team: PROMPT, undertaken as close to commencing working as possible. Then annual attendance. Breastfeeding, undertaken at induction, with conversations observed and competency signed off by initial teaching team. All theatre staff are receiving a BF update in June Local systems (CMIS/ICE etc): training provided during induction Baby observations: taught session, with competency assessment Baby saturations: taught session, with competency assessment Theatre practice and scrub skills: supernumerary time and competency booklet		
				In house competency package developed by training matron to support newly recruited theatre and recovery staff specific to maternity (bespoke package). All midwifery staff have a competency booklet for theatre, recovery and scrub skills to complete as part of induction.						Josie Reynolds Alessandro Sironi					
SAP15	Leadership and Staffing	Finance	Budget setting needs to be undertaken collaboratively with the DDM and CD and the operations manager. Projections of clinical activity, staffing needs and adjustments, planned service development and clinical quality KPIs should all be considered.	A balanced scorecard approach may be considered to assist in bringing together financial metrics with quality/safety KPIs and staff/patient experience KPIs, aligned with the trust strategy and the maternity strategy.	Quadrumvirate	Business case considers divisional risks relating to staffing and risk of not supporting the case. The economic case is presented. Finance, people, operations and Quality are all domains on the balanced scorecard which is used in the divisional performance meeting each month.						Josie Reynolds Alessandro Sironi	Amanda, Douglas, Kate,		See Progress Column
				Work with new Div. D/I Ops to consider a Balanced Scorecard approach to evaluating drivers and measures for success in the Perinatal service, finding suitable quality measures that will complement the focal strategy (e.g. reduction of vacancy rate, reduction of staff turnover, achievement of MIS)	Quadrumvirate	The perinatal clinical surveillance framework is used to collect and report this data. This is included in the Quality and safety committee maternity assurance report and the Maternity IPR that feeds to Trust Board each month. Opportunity within monthly exec performance meeting to highlight areas needing escalation or support.			Josie Reynolds Alessandro Sironi	Amanda, Douglas, Kate,		See Progress Column			
				The current budgeting process is simplistic in extrapolating previous year's activity and spend. There are flaws in allocating areas for cost improvement (the overpend in middle grade staffing was predictable and the budget was always unrealistic)	Quadrumvirate	Medical staffing budgets across the trust do not include headroom. The division have worked with finance and medical staffing to clearly identify and explain the areas for overpend. Our overpend position has improved with a better understanding of the drivers and this understanding has supported the business case for additional consultants with a resulting increase in our baseline budget			Josie Reynolds Alessandro Sironi	Amanda, Douglas, Kate,		See Progress Column			
SAP16	Leadership and Staffing	Finance	Medical and Midwifery staffing budgets are reviewed and aligned to reflect sustaining an improved and developing service.	Medical and Midwifery staffing budgets are reviewed and aligned to reflect sustaining an improved and developing service.		2 additional WTE consultants approved. Business case to meeting staffing requirements for maternity theatres which will also give assurance of appropriate compliance for maternity services.					Josie Reynolds Alessandro Sironi	Amanda / Douglas		See Progress Column	
SAP17	Leadership and Staffing	Finance	Assurance around head room and shortfalls are proactively managed within and outside the division.	Assurance around head room and shortfalls are proactively managed within and outside the division.		Currently establishments based on 21% headroom for clinic non-medical roles with 17% of that recoverable. We do have 7WTE midwifery posts allocated to support the maternity leave rate of 8-10%					Josie Reynolds Alessandro Sironi	Amanda		See Progress Column	

Tab 16.1 Maternity Assurance Report

SAP18	Leadership and Staffing	Finance	Clear escalation up and down when business cases are submitted, with clear timely outcomes reported back.	Clear escalation up and down when business cases are submitted, with clear timely outcomes reported back.		As a divisional leadership team, we can ensure that we provide evidence of clear escalation through good governance processes with regards to reporting. All staffing risks are clearly articulated on our divisional risk register with actions and mitigation where possible identified.			Josie Reynolds Alessandro Sironi	Amanda / Douglas		See Progress Column	
SAP19	Culture and Diversity	Experience	Development of MNVP	Integration of neonatal and maternity service users' groups into a single MNVP.					Josie Reynolds Alessandro Sironi	Frankie Kilmurray / Deb Macpherson		Same from MIS 7 / local QI projects agreed at MNVP board with LMNS oversight	
				The development of patient improvement partners, recruited from the MNVP, who could attend team training in QI via the trust QI team, and could be bubbled up with QI projects in the department.					Josie Reynolds Alessandro Sironi	Frankie Kilmurray / Deb Macpherson		Same from MIS 7 / local QI projects agreed at MNVP board with LMNS oversight	
				More widespread engagement of service users, including 'lesser heard' groups in the community.					Josie Reynolds Alessandro Sironi	Frankie Kilmurray / Deb Macpherson		Same from MIS 7 / local QI projects agreed at MNVP board with LMNS oversight	



Hertfordshire and
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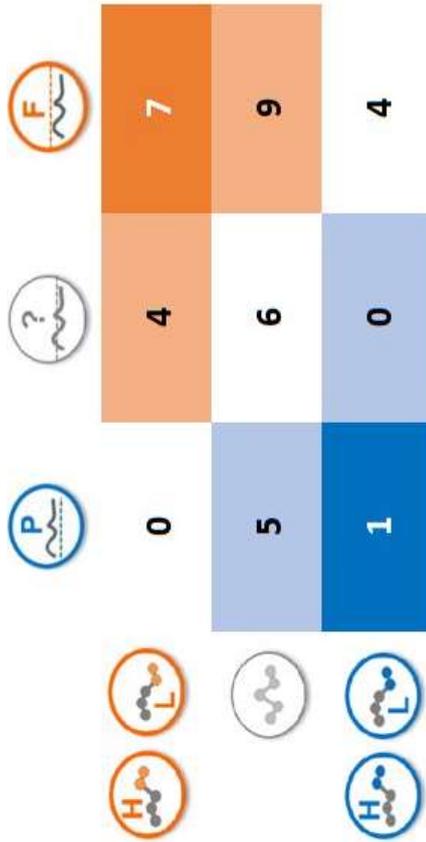
HWE ICS Performance Report

March 2024

Working together
for a healthier future



Executive Summary – KPI Risk Summary



Highest Risk	Programme
ED 4 Hour Standard	UEC
% in ED > 12 Hours	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
NHS 111 Calls Abandoned	UEC
Ambulance Response Times	UEC
Ambulance Handovers	UEC
4 Hour Stroke Unit	Stroke
Thrombolysed < 1 Hour	Stroke
Adult 28 Day Standard	Mental Health
CAMHS 28 Day Standard	Mental Health
Community MH - Adult Waits for 2nd Appt	Mental Health
62 Day Standard	Cancer
6 Week Waits	Diagnostics
Autism Spectrum Disorder (ASD)	Community
CHC Assessments < 28 Days	Community

Variable Risk	Programme
Dementia Diagnosis	Primary Care
Learning Disability (LD) Health Checks	Primary Care
No Criteria to Reside (NCTR)	UEC
Out of Area Bed Days	Mental Health
Community MH - CYP Waits for 1st Appt	Mental Health
CYP Eating Disorders	Mental Health
Learning Disabilities - Time to 1st Assess.	Mental Health
31 Day Standard	Cancer
62 Day Backlog	Cancer
HPFT Early Memory Diagnosis (EMDASS)	Mental Health

Lowest Risk	Programme
CHC Assessments in Acute	Community

Low Risk	Programme
2 Hour UCR	UEC
90% Stroke Unit	Stroke
Adult Crisis 4 Hour	Mental Health
28 Day Faster Diagnosis	Cancer
Community Waits (Adults)	Community

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



Executive summary

URGENT CARE, Slides 8-13	4 Hour Performance	Region: HWE worse than average	National: HWE worse than average
<ul style="list-style-type: none"> Hours lost to handover improved further to 1,963 hours in January. Whilst still not meeting trajectory, the gap to planned recovery is narrowing; Performance against the 4-hour ED standard improved to 67.8% in January, but remains adrift of the 73.7% recovery trajectory; NHS 111 abandoned calls increased further in December and January to 22.8%; Category 2 ambulance response times remain significantly above the 30-minute ambition, averaging 57 mins in January. HWE response times are the highest in East of England. 			
CANCER, Slides 18-19	28 Day FDS / 31 Day / 62 Day	Region: HWE better than average	National: HWE better than average
<ul style="list-style-type: none"> 28 Day Faster Diagnosis Standard (FDS) continues to improve, and the system met the 75% standard for the first time in 6 months; Patients waiting >62 days increased in December & January because of industrial action (IA) and seasonal leave / patient availability; 62-day performance betters the national and regional averages at 72.1%, but has been below the historic mean for the last 12 months; 31-day cancer performance achieved the national standard at 96.4%; 			
PLANNED CARE, Slides 14-15	18 Week RTT	Region: HWE better than average	National: HWE worse than average
<ul style="list-style-type: none"> The overall elective PTL had been increasing since April 21, but has shown some improvement in each of the last 4 months – down by c.10,000 patients since August Patients waiting >78 weeks continue to increase; all HWE acute trusts had breaches in December and were impacted by the ongoing IA. The majority remain in Community Paediatrics at ENHT; The 65 weeks backlog is largely unchanged since September and not achieving trajectory. Community Paediatrics again is the key risk; 			
DIAGNOSTICS, Slide 16	6 Week Waits	Region: HWE better than average	National: HWE worse than average
<ul style="list-style-type: none"> 6 week wait performance fell to 63.9% in December, driven by declines at ENHT & PAH. Performance continues to better the regional average. 			
COMMUNITY (Adults), Slides 37-38	% <18 Weeks	National: HWE better than average	Adult waiting times better than CYP
<ul style="list-style-type: none"> % of adults waiting <18 weeks remains strong and betters the national average. 			
CHILDREN, Slides 27-29, 32-36	Various	Community 18 Week %: HWE worse than national	Community MH 1st Appts: HWE better than national
<ul style="list-style-type: none"> The total number of children on community waiting lists remains very high. Longest waits are largely unchanged at 107 weeks, compared to 53 weeks for adults; Pressures are predominantly in Community Paediatrics, as well as therapies and Audiology services; Autism Spectrum Disorder (ASD) lists and waiting times remain high. Backlog funding ended in December 23. Without continuation of the backlog funding investments, ASD waiting lists will start to grow; CAMHS caseloads have been consistently reducing over the last 12 months, but the 28-day access standard has not been achieved since 2021; Children’s waits for a Community MH 1st appointment are more stable and better than the national average. However median waits are 110 days, compared to 78 days for a 2nd contact is adult services. 			
MENTAL HEALTH, Slides 21-31	Community MH (1st / 2nd Appts)	National: HWE better than average (Adult)	National: HWE better than average (CYP)
<ul style="list-style-type: none"> Mental Health (MH) out of area bed days have improved for the 7th consecutive month. Access to community MH services however remains challenged and high risk; Community adult MH waits for a 2nd contact are high risk and declining, but better the national average. 			
PRIMARY CARE & CHC, Slides 43-46	Appointments <14 Days	National: HWE in line with national average	
<ul style="list-style-type: none"> 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 remains high risk, with performance particularly challenged in South & West Hertfordshire. 			

Executive Summary – Performance Overview (1)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
A&E - 4 Hour Standard	Jan 24	67.8%	76.0%			68.3%	63.4%	73.2%
A&E - % spending more than 12 Hours in Dept	Jan 24	13.6%	-			10.3%	7.8%	12.8%
A&E - ED Attendances	Jan 24	46690	-			43722	37557	49888
Trolley Waits	Jan 24	348	-			174	-43	391
2 Hour Community Response	Jan 24	77.9%	-			82.6%	71.1%	94.1%
14 day LOS	Jan 24	25.6%	-			25.2%	21.8%	28.5%
Ambulance - Handover >60 Mins	Jan 24	1097	-			1001	611	1390
EEAST: Cat 1 - Mean (<7min)	Jan 24	00:09:02	00:07:00			00:09:30	00:08:00	00:11:01
EEAST: Cat 2 - Mean (<18 Mins)	Jan 24	00:57:01	00:15:00			00:52:58	00:20:07	01:25:48
CHC - Decision within 28 days	Dec 23	67.9%	80.0%			68.6%	52.8%	84.5%
CHC - Assessments in Acute	Dec 23	0.0%	0.0%			0.2%	-0.7%	1.0%
111 - Calls received by telephony system	Jan 24	49298	-			53148	31533	74762
111 - Calls answered within 60 seconds	Jan 24	35.6%	100.0%			48.4%	16.4%	80.3%



Hertfordshire and West Essex Integrated Care System



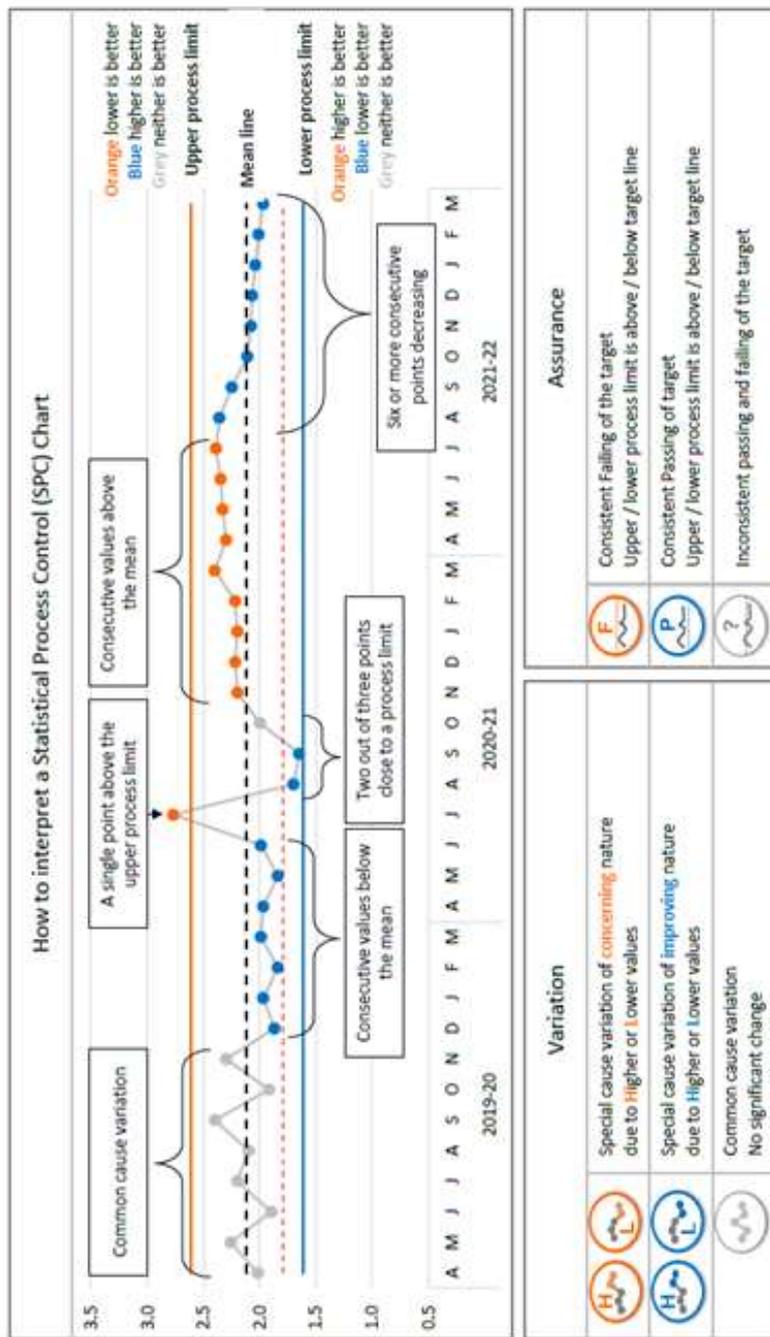
Executive Summary – Performance Overview (2)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
RTT - 18 Weeks	Dec 23	49.5%	92.0%			55.7%	52.8%	58.5%
RTT - 52 Week Waits	Dec 23	9777	-			8182	6748	9617
RTT - PTL Size	Dec 23	145930	-			130499	123363	137636
RTT - 78 weeks	Dec 23	1334	-			929	600	1259
RTT - 65+ weeks	Dec 23	3596	-			2999	2433	3565
Cancer - 2 Week Wait Referrals	Jan 24	7955	-			7014	3224	10804
Cancer - 62 Day Standard	Dec 23	72.1%	85.0%			72.5%	63.6%	81.4%
Cancer - 62 Day Total Waiting	Jan 24	508	-			570	382	759
Cancer - 104 Day Total Waiting	Jan 24	145	-			156	106	207
Cancer - 28 Day Faster Diagnosis Standard	Dec 23	77.2%	75.0%			70.9%	61.5%	80.4%
Cancer - 31 Day Standard	Dec 23	96.4%	96.0%			95.1%	90.8%	99.3%
Diagnostics - 6 Week Wait	Dec 23	63.9%	99.0%			64.9%	57.2%	72.6%
Diagnostics - PTL Size	Dec 23	24000	-			25216	20373	30059
Primary Care - Attended Appointments	Nov 23	726599	-			657331	491783	822879
Primary Care - Routine Referrals	Jan 24	28141	-			24916	11388	38444
Primary Care - Urgent Referrals	Jan 24	6700	-			5451	2565	8338
Mental Health - Out of Area Bed Days	Dec 23	106	-			878	503	1253
Mental Health - Recorded >65s Dementia Diagnosis	Dec 23	64.8%	66.6%			62.3%	61.6%	63.0%
Mental Health - IAPT Entering Treatment	Dec 23	2009	-			2389	1416	3362
Early Intervention in Psychosis	Dec 23	83.3%	60.0%			81.3%	58.6%	104.1%

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



Statistical Process Control (SPC)



Hertfordshire and West Essex Integrated Care System

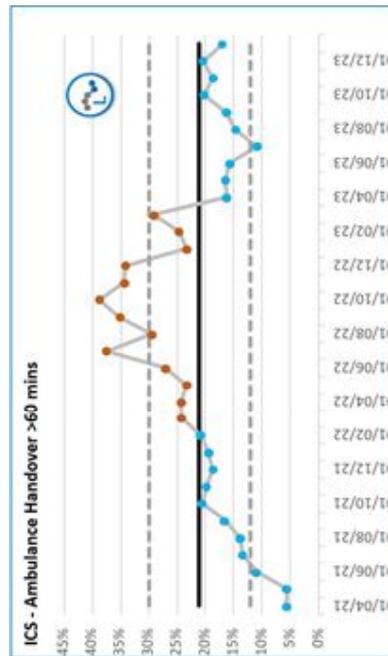
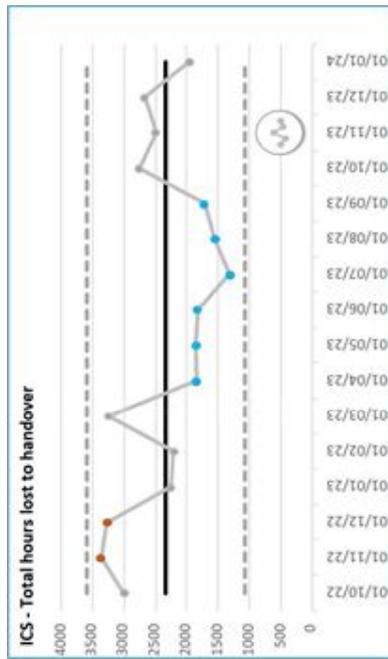
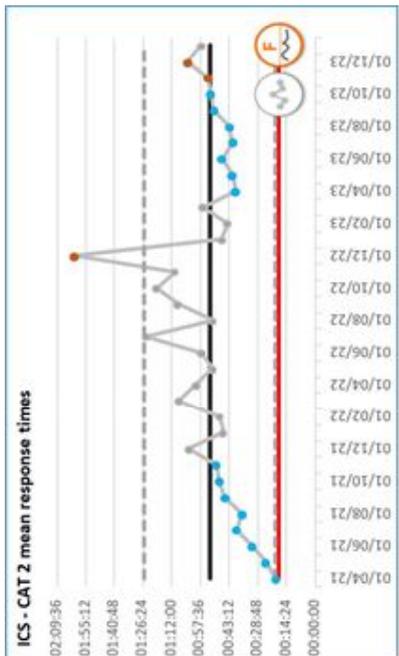
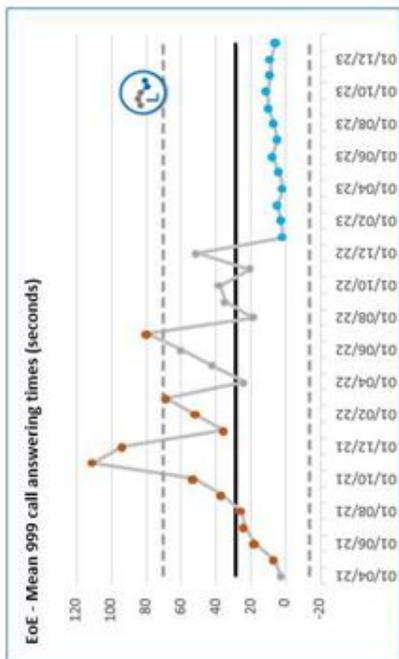


Performance by work programme

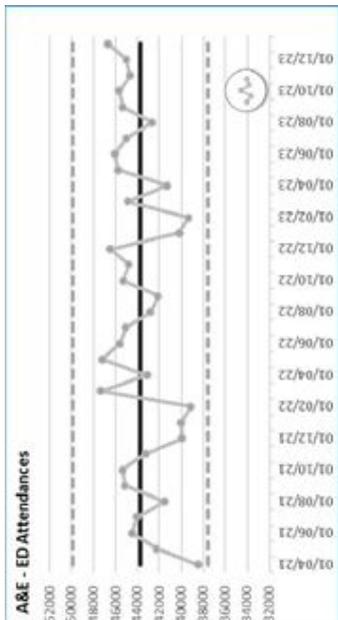
- Slide 8: Urgent & Emergency Care (UEC)
- Slide 12: NHS 111
- Slide 13: Urgent 2 Hour Community Response
- Slide 14: Planned Care PTL Size and Long Waits
- Slide 16: Planned Care Diagnostics
- Slide 17: Planned Care Theatre Utilisation
- Slide 18: Cancer
- Slide 20: Stroke
- Slide 21: Mental Health
- Slide 32: Autism Spectrum Disorder (ASD)
- Slide 35: Community Wait Times
- Slide 39: Community Beds
- Slide 41: Integrated Care Teams
- Slide 43: Continuing Health Care
- Slide 44: Primary Care
- Slide 47: Performance against Operational Plan
- Slide 48: Appendix A, Performance Dashboard
- Slide 49: Appendix B, Commissioned Community Services
- Slide 51: Glossary of Acronyms



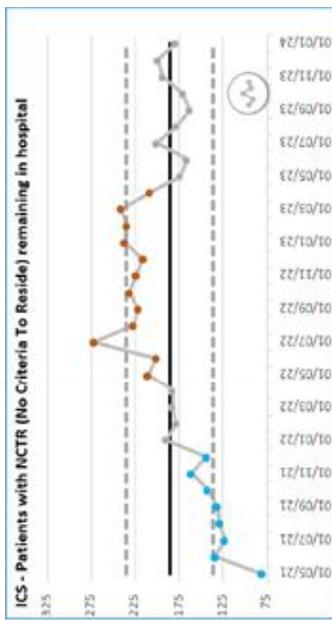
UEC - Ambulance Response and Handover



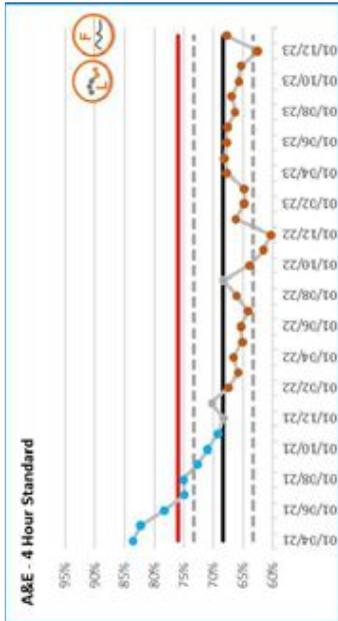
Urgent & Emergency Care (UEC)



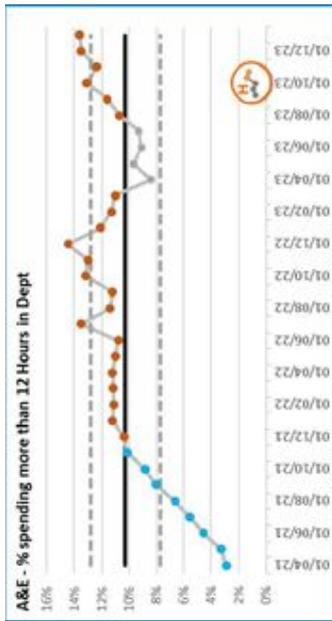
For full details on the data for this report, please refer to the 'Data' tab. The data is derived from the 'A&E - ED Attendances' report. The data is presented in a line chart format. The x-axis represents the time period from 01/04/21 to 01/12/23. The y-axis represents the number of attendances, ranging from 32,000 to 52,000. A black trend line is overlaid on the data points. A red horizontal line is drawn at the 42,000 mark. A blue circle with a line graph icon is located in the top right corner of the chart area.



For full details on the data for this report, please refer to the 'Data' tab. The data is derived from the 'ICS - Patients with NCTR (No Criteria To Reside) remaining in hospital' report. The data is presented in a line chart format. The x-axis represents the time period from 01/05/21 to 01/01/24. The y-axis represents the number of patients, ranging from 75 to 325. A black trend line is overlaid on the data points. A red horizontal line is drawn at the 175 mark. A blue circle with a line graph icon is located in the top right corner of the chart area.



For full details on the data for this report, please refer to the 'Data' tab. The data is derived from the 'A&E - 4 Hour Standard' report. The data is presented in a line chart format. The x-axis represents the time period from 01/04/21 to 01/12/23. The y-axis represents the percentage, ranging from 60% to 95%. A black trend line is overlaid on the data points. A red horizontal line is drawn at the 75% mark. A blue circle with a line graph icon is located in the top right corner of the chart area.



For full details on the data for this report, please refer to the 'Data' tab. The data is derived from the 'A&E - % spending more than 12 Hours in Dept' report. The data is presented in a line chart format. The x-axis represents the time period from 01/04/21 to 01/12/23. The y-axis represents the percentage, ranging from 0% to 16%. A black trend line is overlaid on the data points. A red horizontal line is drawn at the 10% mark. A blue circle with a line graph icon is located in the top right corner of the chart area.

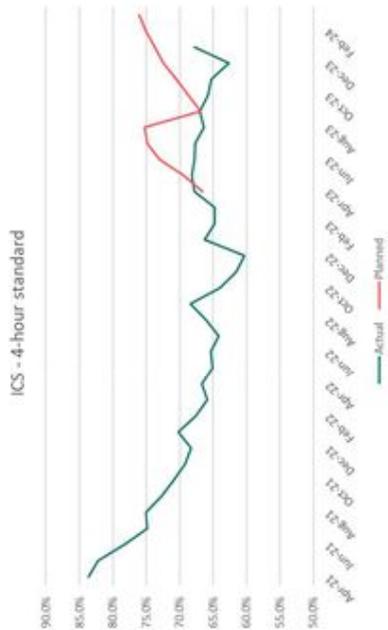


Hertfordshire and West Essex Integrated Care System

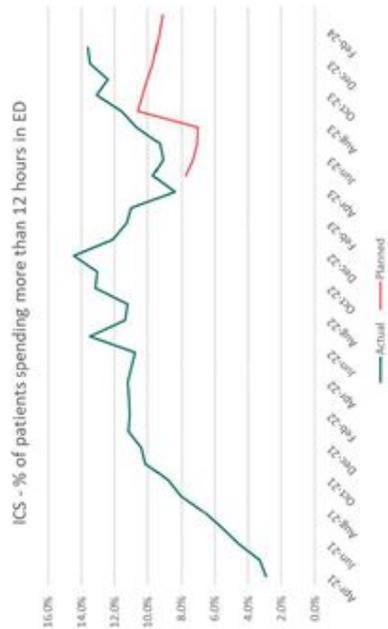


Urgent & Emergency Care (UEC) Improvement Trajectories

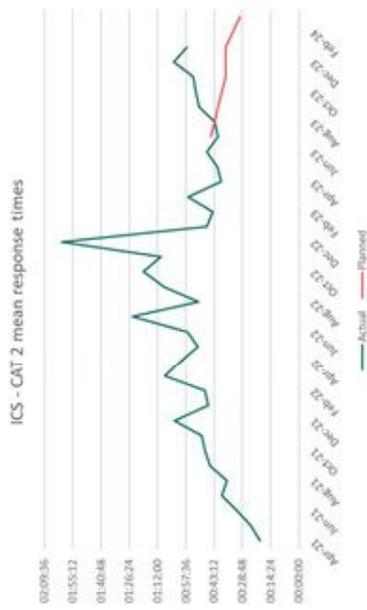
4 Hour Standard



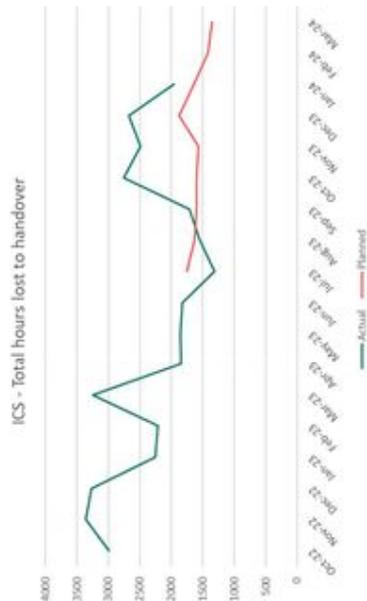
% of Patients Spending > 12 Hours in ED



Ambulance Category 2 Mean Response Times



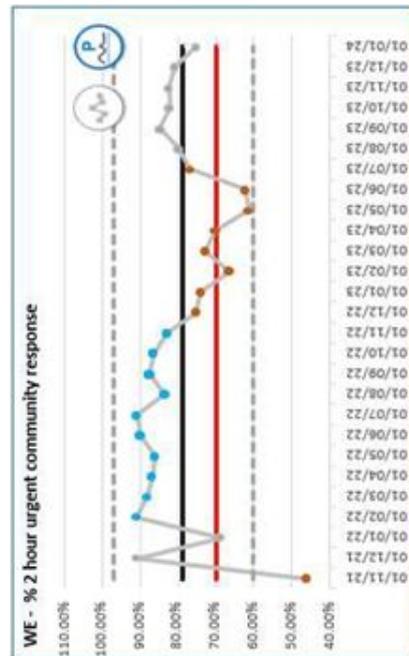
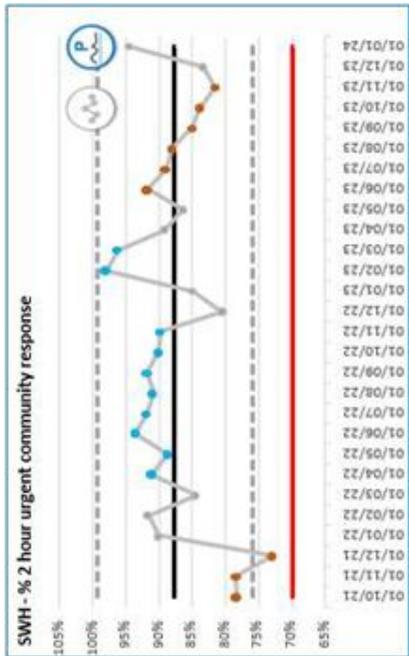
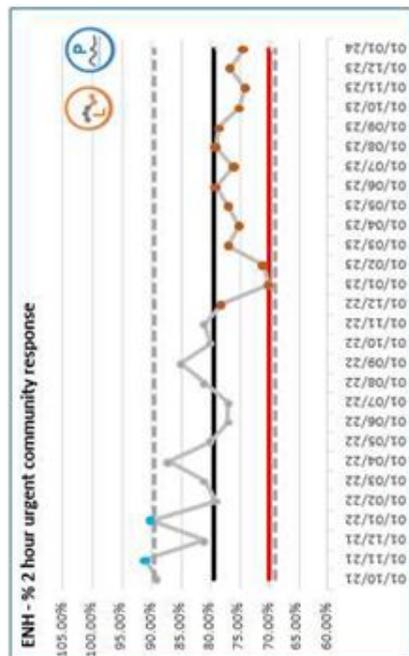
Hours Lost to Handover



Urgent & Emergency Care (UEC)

ICB Area	What the charts tell us	Issues	Actions
ICB Area	<ul style="list-style-type: none"> Performance against the 4-hour ED standard improved to 67.8% in January which is the best performance since Jun-23. It is also worth noting that there were 16% more ED attendances in Jan-24 compared to Jan-23. There remains variation at a place level for performance against the 4-hour standard. However, the gaps have reduced: <ul style="list-style-type: none"> SWH = 69.5% ENH = 70.2% WE = 61.8% 999 call answering times have remained low with an average of 6 seconds in January. This is the 13th consecutive month with performance between 2 and 10 seconds The mean category 2 ambulance response time was 57 mins in January. Category 2 response times have been consistently worse than the recovery trajectory and are consistently longer than other systems in the region Hours lost to handover reduced to 1963 hours in January which is best performance since September. However, it is still worse than the recovery trajectory of 1645 hours for January Across the ICS, the average patients per day with NCTR remaining in hospital improved to 172 in January to 179 in January. This is ahead of the recovery trajectory for Jan-24 	<ul style="list-style-type: none"> Continued high demand and high acuity of attendances and ambulance conveyances across the health system in Jan-24 were 16% higher than in the previous year Increase in 111 call volumes during the winter months; call volumes in Jan-24 were 8.6% higher compared to Jan-23. Call volumes have been particularly high between 7am and 10am. Accuracy of 111 call abandonment data is currently under review Recruitment challenges continue for HUC Mental Health presentations at ED remain high, coupled with a shortage of beds / assessment space. Analysis suggests that mental health patients are more likely to wait >12 hours in ED Hospital flow remains very challenging with high occupancy rates, especially at PAH where average bed occupancy in January was 98.3% 	<p>System</p> <ul style="list-style-type: none"> At the end of December, a series of actions were introduced to help reduce handover times, including: <ul style="list-style-type: none"> Zero tolerance over 45 mins – patient brought into hospital and ambulance released Never over 5 ambulances outside – on arrival of 6th ambulance, most appropriate patient brought into hospital and ambulance released Place based escalations and incremental actions to support delays beyond 1 hr Aspiration of 3 hr ambulance handover delays to never happen in HWE These protocols have reduced handover times during January Access-to-stack patients passed continues to increase. In January there was an average of 30.8 patients passed per day compared to 12.7 patients per day in May-23 EEAST developing a plan for category 2 segmentation rollout Mobilisation plan in development for category 2 revalidation <p>East and North Herts</p> <ul style="list-style-type: none"> New Lister site UTC went live on 15/01/24 In addition, there has been an expansion of the medical SDEC and the introduction of the surgical SDEC during January New ED nursing rotas have been introduced and new ED medical rotas are being progressed Access-to-stack workshop took place with Herts Community Trust Next steps for UTC at Lister: NHS DOS go live; walk-ins to Lister UTC to commence 12/02; Paediatric UTC to commence from end of Feb <p>West Essex</p> <ul style="list-style-type: none"> Two corridors being used as secondary cohort areas to support ambulance handovers Additional transfer team to support moves from ED in place from Jan-24 111 pathways now have direct access to SDEC GPs can contact SDEC through the GP navigator, direct access to medical SDEC Phase 2 work programme for the IUATC commencing in Jan-24 <p>South and West Herts</p> <ul style="list-style-type: none"> Access-to-stack acceptance rates have been maintained since November workshop Discharge process review project in progress and four workstreams / task and finish groups agreed Virtual ward diabetes pathway provisional launch date set for Jan 24 CLCH to move to a trusted assessor model for transfers of patients into rehab beds
ICB			

UEC - Urgent 2 Hour Community Response (UCR)



Activity	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
West Essex	442	466	376	348	472	430	489	375	413	464	357	374
East & North Herts	459	471	454	545	545	641	649	693	643	631	650	709
South & West Herts	103	136	203	222	196	232	159	175	180	158	157	213

ICB Issues, escalation and next steps

- All three Places continue to consistently achieve the 70% standard
- Increased activity in SWH, with 2-hour performance also improving to 92%
- Although activity capture has improved, work continues at CLCH to review and improve recording practices, and how data is pulled
- The system is working with the regional team to ensure consistency of reporting and capture of all UCR activity. There may be eligible activity in areas such as GP Out of Hours and Hospice at Home which is not currently being reported as UCR



Planned Care – PTL Size and Long Waits

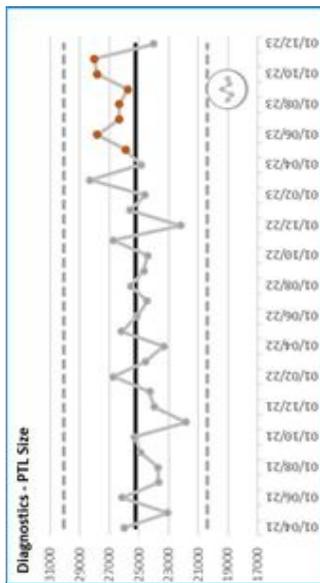
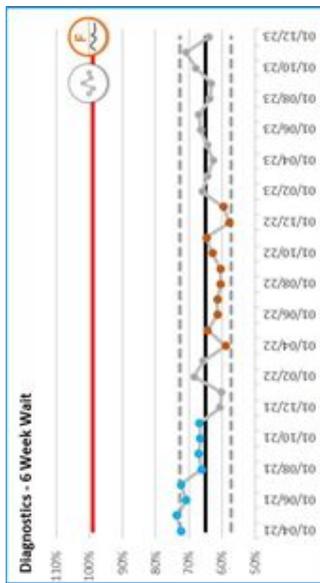
ICB Area	What the charts tell us	Issues	Actions
HWE	<ul style="list-style-type: none"> The overall PTL size remain high, although showing a decreasing trend over the last four months. It is driven predominantly by Outpatients at ENHT. WHTH and PAH are showing signs of stability December saw a significant increase in numbers of patients waiting >78 weeks. The increases were driven mainly by ENHT, PAH also increased, whilst WHTH has remained both steady and low 97% of the patients >78w are Community Paediatrics at ENHT. Going forward, following national guidance, community paediatrics patients will no longer be reported in RTT submissions, they will be reported in the community health services sitrep The number of patients waiting >65 weeks decreased in November and remained steady in December, although it is not on trajectory The number of patients waiting >52 weeks has decreased over the last three months, but remains an area of concern 	<ul style="list-style-type: none"> Trauma and Orthopaedics (T&O) and Community Paediatrics remain the main specialties under pressure Industrial action (IA) in December and January saw increases in waiting lists. Future action remains high risk, although Trusts have had robust plans in place Staffing remains a challenge, particularly Anaesthetics & Community Paediatrics at ENHT ENHT 78-week waits are primarily in Community Paediatrics PAH 78-week waits have been increasing steadily due to IA and reduced capacity over the festive period The latest 78ww forecast for the end of February (as of 21/2) is 90 for the system excluding community paediatrics (ENHT 17 / WHTH 16 / PAH 54 / ISP 3) 	<p>Management of waiting lists</p> <ul style="list-style-type: none"> System focus on reducing number of patients waiting >78 weeks and >65 weeks, with regional and national oversight Demand, capacity & recovery plans are in place to monitor 78 & 65 weeks Weekly KLOEs in place with NHSE to track 104/78/65-week positions Fortnightly performance meetings with each of the three acute Trusts are in place with NHSE support Validation and robust PTL management in place <p>Increasing capacity and improving productivity</p> <ul style="list-style-type: none"> Pro-active identification of pressured specialties with mutual aid sought via local, regional & national processes Outpatients has a full programme of work to increase productivity including PFIU (patient initiated follow up), reducing follow ups including discharging where appropriate, and increasing take up of advice & guidance Maximising use of ISP capacity and WLIs where possible Theatre Utilisation Programmes in place including an ICB wide programme Anaesthetist recruitment <p>Community paediatrics ENHT</p> <ul style="list-style-type: none"> Going forward Community Paediatrics patients will no longer be reported in RTT submissions, the service will be reported in the community health services sitrep Hertfordshire wide single service model for Community Paediatrics has been developed. Not all elements have been agreed with all providers yet. Once in place, the new service model will improve RTT performance through: <ul style="list-style-type: none"> ADHD pre-screening service will increase the number of patients referred into a more appropriate service and reduce demand on Community Paediatrics Increased use of the MDT will free-up Consultant time for the most complex patients and reduce the number of pathways which are Consultant-led Ongoing monitoring of ADHD patients outside of an acute setting will increase Consultant capacity for new patients at ENHT



Hertfordshire and West Essex Integrated Care System



Planned Care – Diagnostics



PLEASE NOTE: THE CHARTS ABOVE ARE FOR INFORMATIONAL PURPOSES ONLY. THE DATA IS SUBJECT TO CHANGE AND SHOULD BE USED AS A GUIDE ONLY. THE DATA IS SUBJECT TO CHANGE AND SHOULD BE USED AS A GUIDE ONLY. THE DATA IS SUBJECT TO CHANGE AND SHOULD BE USED AS A GUIDE ONLY.

ICB Area	What the charts tell us	Issues	Actions
HWEICB	<ul style="list-style-type: none"> 6-week wait performance across the ICS fell by 6.9% in December ENHT & PAH saw decreases of 8-9%, whilst there was a small improvement at WHTH The overall PTL fell below the historic mean for the first time since April 23 	<ul style="list-style-type: none"> Workforce remains the key area of concern across the ICS ENHT <ul style="list-style-type: none"> Imaging is the highest risk modality, with the number of people waiting over 6 weeks increasing to 7550, compared to 1848 at PAH, and 321 at WHTH Non-Obstetric Ultrasound (NOUS) is also a significant factor in the worsening 6-week wait performance PAH <ul style="list-style-type: none"> Audiology, NOUS, Echocardiography and Cystoscopy are the key challenges at PAH. Audiology is seeing some improvement due to extra capacity at St Margaret's Hospital WHTH <ul style="list-style-type: none"> Audiology presents the greatest risk to 6 week wait performance Cystoscopy is an area of challenge at WHTH, but a suspected data quality issue is expected to improve the WHTH position Nuclear medicine has also been flagged as an area of concern at PAH due to staffing There has been substantial improvement in Echos and DEXA 	<ul style="list-style-type: none"> Workforce lead for diagnostics in post and working with providers on the various projects Recovery trajectories in place and monitored through the performance meetings and diagnostic programme ENHT <ul style="list-style-type: none"> Seeking to outsource imaging to the independent sector Increased DEXA capacity through return from sickness, and more radiographers qualifying to scan autonomously New Cardiac CT Consultant capacity coming online PAH <ul style="list-style-type: none"> Audiology funding approved from NHSE for additional CDC activity being used for insourcing. This activity has commenced PAH CDC is live for MRI and ultrasound extended access using insourcing and existing facilities Working with PAH on CDC and Endoscopy Unit mobilisation Additional Saturday Cystoscopy capacity planned at PAH subject to additional required equipment WHTH <ul style="list-style-type: none"> Continued focus on DEXA is improving the position Working with WHTH on CDC and Endoscopy Unit mobilisation WHTH are putting on ad hoc additional clinics and have looked at insourcing / outsourcing options, however this is costly. Included in CDC funding bids for 24/25

Planned Care – Theatre Utilisation

Theatre Utilisation (w/e 28/01/24 unless otherwise stated)						Watford	St Albans City	
Number of theatres		ENHT	WHTH	PAH	ICB Total	Peer Average	6	5
Number of cases*		417	233	199	849	694	93	140
Average cases per 4 hour session*		2.7	2	1.9	2.3	2.1	1.6	2.6
Utilisation - Capped		79.7%	73.9%	74.5%	78%	76.9%	71.5%	76.6%
Average late starts (Minutes)**		29	28	44	33	30	33	24
Average inter case downtime (Minutes)		15	13	15	15	16	24	7
Average early finish (Minutes)**		68	106	73	80	75	128	87
Average unplanned extensions (Minutes)**		40	41	93	56	43	54	27
% of emergency surgery conducted within elective lists*		0.7%	1.7%	0%	0.8%	1.5%		
BADS day case (August - October 2023)		83.8%	77.0%	77.1%	77.5%	77.9%		
Conversion from day case to inpatient (August - October 2023)		7%	11%	18%	13%	12%		
* no national target								
** lists started late/finished early/extended time								

Performance is RAG rated against internal operational aims

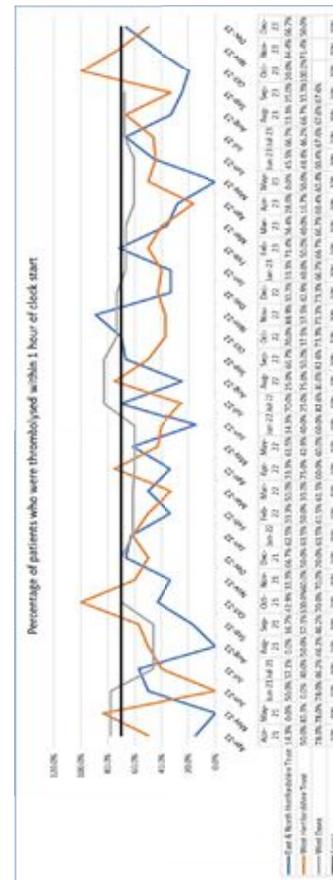
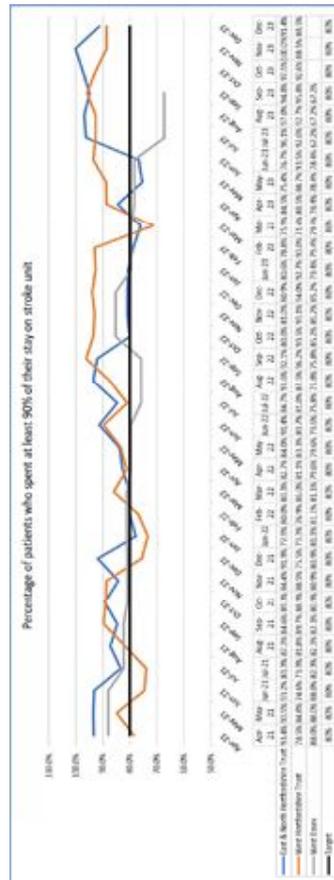
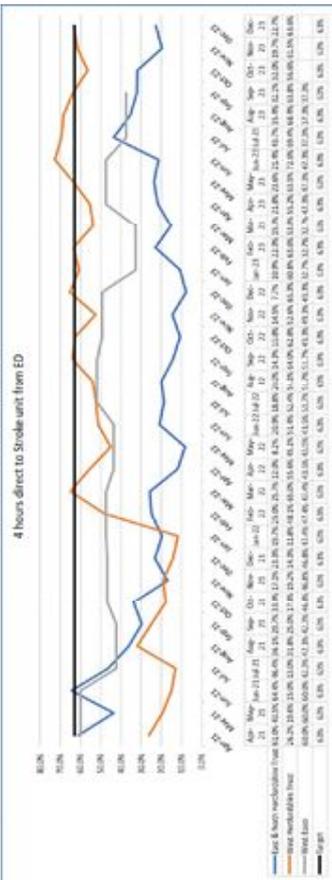
ICB Area	What the charts tell us	Issues	Actions
HWEICB	<ul style="list-style-type: none"> Comparative performance v. peers for Capped Utilisations, BADS and average late starts Average cases per session for the ICB is higher than peer average, although ENHT are performing better, and PAH & WHTH worse than average Average early finishes are worse than peer average and much higher than the accepted 15-30 minutes BADS rate is lower than the 85% target 	<ul style="list-style-type: none"> Overall productivity has dropped in January / February across all three providers. The main drivers are early finishes and cancellations on the day ENHT – although overall good performance, capped utilisation has yet to achieve the national target of 85%. The average inter case downtime has decreased PAH – consistently high conversion from day case to inpatient rate, alongside a low day case rate WHTH – lower efficiency and increased emergency surgery rate on Watford site. Although capped utilisation rates and average cases per session have maintained improvement over the last 4 months UEC pressures and Industrial Action have meant the utilisation is not consistent 	<ul style="list-style-type: none"> Drop in productivity, early finished and cancellations on the day are being discussed at the monthly Theatre Utilisation Network Group A series of reviews of DQ issues and solutions have taken place with Trusts through the GIRFT theatre programme team A theatre utilisation away day was held on 25 January with participants from ICB and each acute trust. Five areas of improvement have been identified and will be reviewed over the next 5 monthly meetings. Active theatre improvement programmes at each of the acute providers There will be a further GIRFT review visit in 6 months



Cancer

ICB Area	What the charts tell us	Issues	Actions
<p>ICB</p>	<ul style="list-style-type: none"> 28 Day Faster Diagnosis Standard (FDS) performance has improved over the last two months and is now at 77% PAH and ENHT both achieved the 75% FDS standard, with performance also improving sharply at WHTH The 31-day combined KPI met the 95% target The 62-day backlog increased over the last two months, predominantly at WHTH and PAH Performance against the 62-day standard remains below the national target, but is achieving the 70% standard expected in the 24/25 National Planning Guidance 	<p>ENHT</p> <ul style="list-style-type: none"> 62-day backlogs increased in January due to Industrial Action (IA) and annual leave, but improved in early February Issues include: <ul style="list-style-type: none"> Late referrals from other providers (up to 55 patients currently on the backlog were late referrals vs. a plan of 25 patients) Patient choice delaying TP biopsies Skin capacity impacted IA <p>WHTH</p> <ul style="list-style-type: none"> Dermatology Pathway remains challenged but improving. Head and Neck, Gynaecology and Lower GI pathways are also challenged Although cancer patients are prioritised during IA, overall capacity has been compromised Relative backlog position has deteriorated to 148 patients (7.8%) Delays in referrals received from breast screening services <p>PAH</p> <ul style="list-style-type: none"> 62-day backlogs increased significantly as a direct result of the IA in December and January PAH have now returned to a position of improvement, but the further IA planned in February will again impact 62 day % performance remains low as the Trust continues to focus on treating the longest waiting patients Urology is the key tumour site driving underperformance, with 30% being achieved across Q3 Urology recruitment delayed, and notable increase in prostate referrals 	<p>ENHT</p> <ul style="list-style-type: none"> New PET Unit is up and running at Lister which will increase capacity for PET CT Operational Teams working with consultants to remove negative results patients Consultant admin turnaround times delays for Gynaecology and Head & Neck have been resolved Ongoing use of the pathway analyser tools to help identify bottlenecks in pathways Increased regularity of meetings with leads at Watford, Hillingdon, Luton and Northwick Park Continued Colonoscopy outsourcing to Pinehill <p>WHTH</p> <ul style="list-style-type: none"> Cancer Improvement Programme Board now overseeing service level improvement plans and service developments Key actions on FDS and challenged areas include: <ul style="list-style-type: none"> Benign diagnosis project (discharge from MDT via template letter) pilot sites Gynaecology and LGI now live. Next phase – Urology and Skin Review of Urgent Suspected Cancer referral forms; Gynaecology and Urology forms close to completion. Agreement given by Primary Care Transformation Committee to proceed with 'strict mandatory fields' Increased scrutiny over the Skin pathway, with Cancer Alliance RCAT process along with outsourcing Dermatology clinic provision and additional photography clinics. New consultant appointed Impact of delays in breast cancer screening referrals escalated to Regional Screening Lead. All patients who are treated after Day 62 will be subject to a Clinical Harm Review Clinical review is requested by MDT trackers as they track patients and escalated as necessary using new escalation process. Any patient found to have cancer will be subject to a clinical harm review after treatment <p>PAH</p> <ul style="list-style-type: none"> Aiming to maintain cancer operating and MDTs wherever possible during February IA Cancer Improvement Plans refreshed and agreed at tumour site level New prostate RAPID pathway in implementation Urology recruitment now back on track. CNS Triage post starts 1st March. New registrar, return of long-term sick registrar, and return of consultant on restricted practice all expected by end of April Additional Saturday Cystoscopy capacity planned to support Urology pathway Ongoing participation in the national GIRFT programme, with a particular focus on Urology Participation in FDS Lower GI programme System support and oversight in place, with Cancer Alliance & NHSE attendance
<p>ICB</p>			

Stroke



ICB Issues and actions

West Essex:

- Barking, Havering and Redbridge Trust (BHRT) is the main provider of Stroke for WE patients, reported quarterly via SSNAP. BHRT overall 23/24 Q2 SSNAP rating is D. At the time of writing Q3 is yet to be published
- Integrated Stroke Delivery Network (ISDN) have escalated TIA pathway delay issues at Queens Hospital. There has been some improvement from c.21 day waiting times to 10-12 days, but this remains a significant concern. Escalation ongoing through contractual routes with the lead commissioner
- Local meetings taking place between PAH / Queens to review pathways, capacity and potential approach to alternative HASUS for PAH stroke patients
- Catalyst Project awarded £183k for one year to implement a vocational rehab service for people affected by stroke of working age with EPUT. Service opened to referrals on 1/11 – evaluation scheduled from July
- SQUIRE ICSS (Integrated Community Stroke Service) programme with 4 objective areas: workforce, 7 day working, training and 6-month reviews. Gap analysis to be completed by April. Working through a case for change paper to be presented LTC board in May

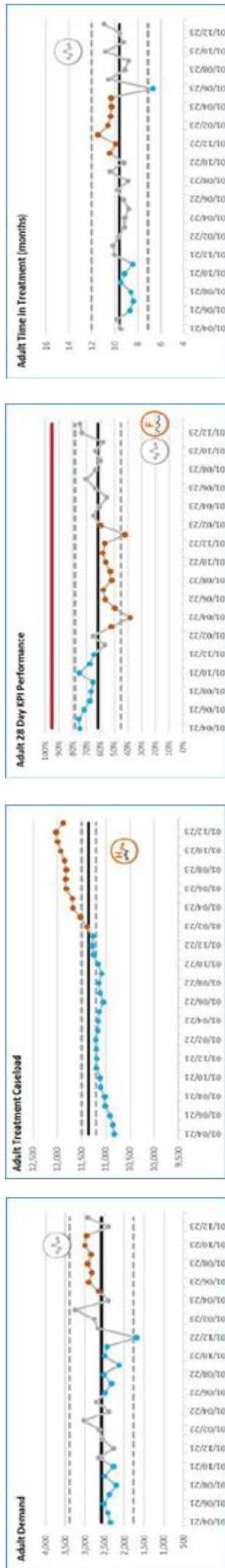
ENH

- The ENHT SSNAP performance for Q2 FY2324 improved from a C to a B rating. Q3 FY2324 is pending
- The % of patients spending >90% of their stay on a stroke unit remained above target for the 6th month in a row. Four ring-fenced stroke beds remain in place. Dec. % dipped due to winter pressures and outlier patients on the stroke wards
- Stroke Video Triage Pilot went live in Dec-23 and will support improvements in 4 hour direct to stroke unit target. In December performance was 23% vs a target of 63%. Recovery being progressed through ENHT regular performance calls
- The % of patients thrombolysed within 1 hour of arrival was 66.7% in December which is just below target of 70%
- Thrombolysis in Acute Stroke Collaborative (TASC) project launched in Jan-24. This will take a quality improvement and data driven approach to improving the thrombolysis rate. Improved thrombolysis rates will support overall flow within the stroke wards, due to positive impact on simple discharges

S&W Herts

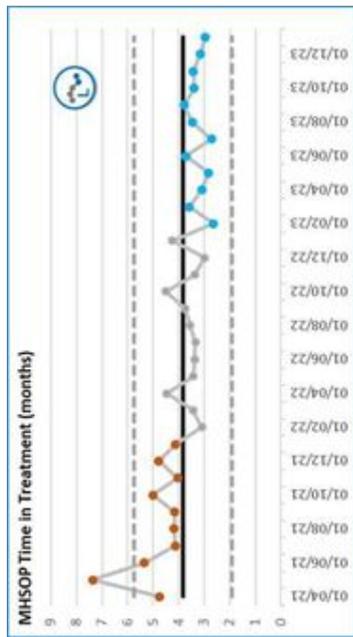
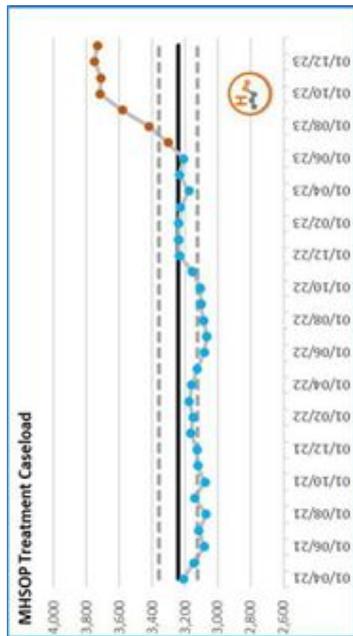
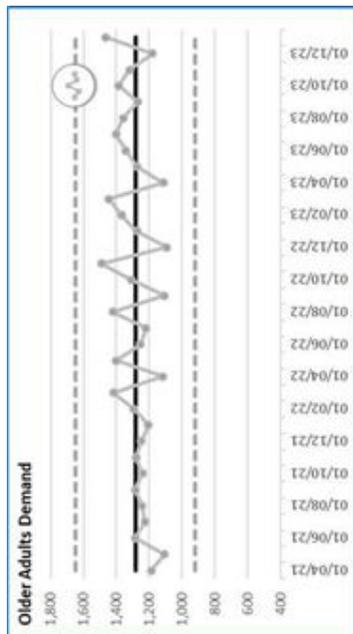
- Wider system pressures and industrial action has impacted on stroke performance across the whole pathway
- Performance remains consistently below the national standard (90%) for 4 hours direct to stroke unit from ED at 63.6%. However, this has increased from November 2023 (61.5%) and is higher than neighbouring providers. Ring-fenced beds on HASU and a side room for thrombolysis have been maintained, and patients receive stroke consultant input for their care while waiting for admission to the stroke unit
- The % thrombolysed within 1 hour of clock start has decreased again to 50% (local standard 50%). WHHTT are taking part in the EOE Ambulance Video Triage pilot (started December 2023), it is hoped that this will have a positive impact on patients' movement through ED and time to Thrombolysis. (Awaiting impact data)
- Rehab gym continues to be used as a bed capacity surge area which impacts the whole rehabilitation pathway
- TIA performance has been consistent with 79.5% of patients referred seen within 24hrs of referral (Nov 23-Jan 24). TIA services are under increased scrutiny from the ISDN, focus likely to continue 2024/2025. Noted by the ISDN that TIA clinics to have been particularly affected by ongoing industrial action
- ESD, NETT and Community Stroke Service: ESD now fully staffed but experiencing high levels of staff sickness. Performance has improved with ESD patients seen within 1 week of referral and NETT waiting list reduced to 9 weeks

Mental Health – Adult Services



ICB Area	What the charts tell us	Issues	Actions
<p>Adult Community Mental Health Services</p> <p>Herts & West Essex</p> <p>Herts data includes ADHD patients with the exception of the KPI. ADHD is excluded from the WE data</p>	<ul style="list-style-type: none"> Referral demand is stable, but remains high across the ICS Demand in Herts fell slightly due to seasonal variation in December, but returned to pre-Christmas level in January Community caseload dropped slightly in Hertfordshire for the first time since August 2023, but was static over the last two months in West Essex Initial assessments within 28 days of referral showed significant improvement as part of the Hertfordshire recovery work – 87% in January against a 95% standard EPUT continue to meet the 28-day referral standard Overall time spent on treatment pathways remains stable 	<ul style="list-style-type: none"> Good progress has been made in Herts towards the recovery of the 28 day to assessment indicator. Full recovery of the 95% target is expected in March / April 24 Increased referrals for adult ADHD diagnosis continue to impact on capacity, which is a recognised trend across the NHS Ongoing work with HPFT to split ADHD and SMI referrals. Separate service for West Essex as ADHD is not mental health Working with HPFT to bring Voluntary Community, Faith and Social Enterprise (VCSFE) activity into the transformed community offer 	<ul style="list-style-type: none"> Additional assessments including out of hours clinics Continued use of agency to improve capacity across Hertfordshire Recruitment deep dive into areas most challenged with access Additional admin. support to community MH teams Herts demand and capacity review as part of the community transformation programme. ADHD review ongoing with commissioners to propose plan to address increased demand Continued focus on triage to increase numbers signposted to more appropriate services from SPA, rather than post-assessment Recovery of 28-day referral standard on track for March/April 2024 in Hertfordshire Ongoing review of Care Coordination Centre (CCC) use in West Essex to enable access to right service first time and reduce delays in waits Robust waiting list management and risk management protocols in place with daily and weekly reviews

Mental Health – Older Adults Services

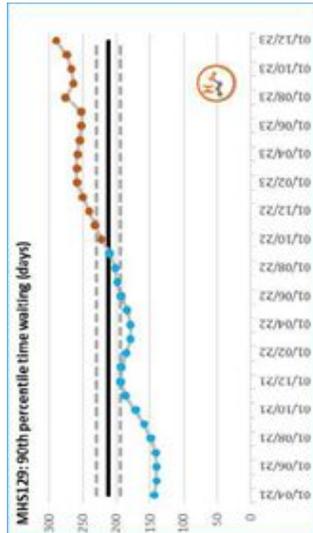
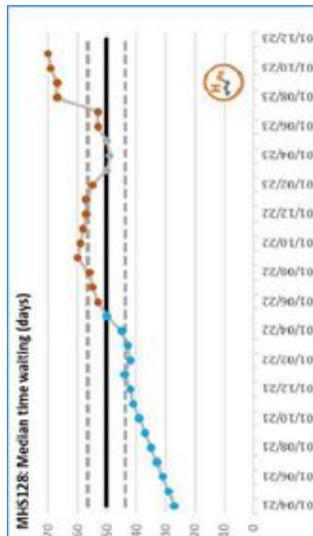
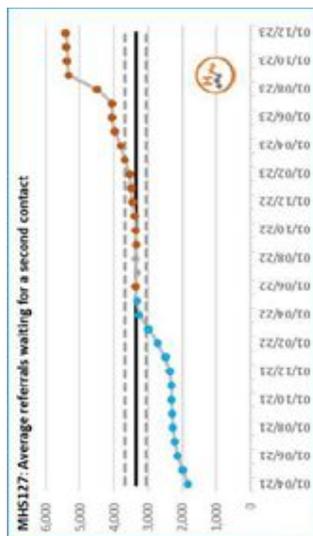


ICB Area	What the charts tell us	Issues	Actions
Older Adult Community Mental Health Services	<ul style="list-style-type: none"> Demand is variable and remains within expected common cause variation limits Rising caseload in Hertfordshire has stabilised and starting to see some reduction 	<ul style="list-style-type: none"> Recruitment continues to be an issue across the ICS New waiting times from NHSE come into full effect at the end of Q4. This is expected to present an initial challenge for older adult services in Hertfordshire to meet the 28 days to intervention standard, as currently they are working to an 18 week wait to treatment standard 	<ul style="list-style-type: none"> Robust workforce mobilisation plan in place for West Essex, including a positive recruitment pipeline projection. Currently working with the University of Essex
Herts & West Essex	<ul style="list-style-type: none"> Overall time spent on treatment pathways has improved for the last four months 	<ul style="list-style-type: none"> West Essex adult services are all age (18 plus) and currently achieving 28 days for older adults 	<ul style="list-style-type: none"> A joint deep dive into Hertfordshire older people services as part of the SDIP will be reviewing current service delivery and ensuring transformation is in line with adult community transformation plans CQI project underway in Hertfordshire to prepare for introduction of full waiting time measures Risk review and prioritisation for longest waiting service users Reviewing older adults with SMI have a primary and community care offer



Mental Health – Community Waits

Adults and Older Adults – time still waiting for second contact



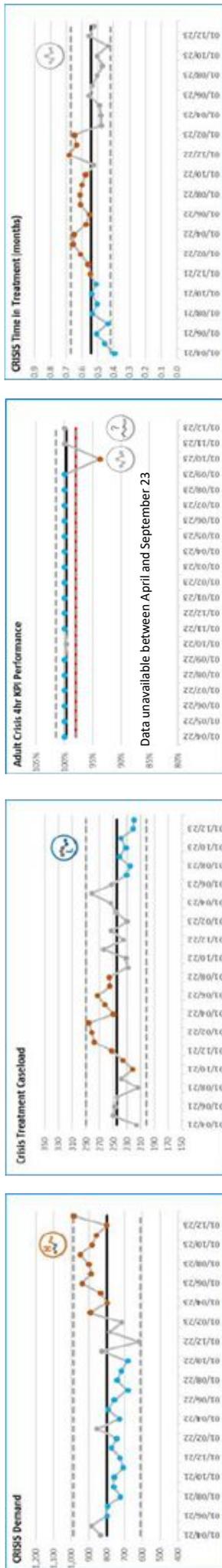
ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	<ul style="list-style-type: none"> Median waiting times for a 2nd appointment increased slightly to 78 days 78 days benchmarks well against the national average of 118 days, however there is a long-term trend of variation above the historic norm Within the system there is variation of between 62 & 90 days: <ul style="list-style-type: none"> East & North Herts 62 days South & West Herts 90 days West Essex 66 days 90th percentile waits increased to 290 days 290 days benchmarks well against the national average of 703 days, however again there is a long-term trend of variation above the historic norm Within the system there is variation of between 231 & 306 days: <ul style="list-style-type: none"> East & North Herts 231 days South & West Herts 306 days West Essex 303 days 	<ul style="list-style-type: none"> Datasets are not currently complete, and work is ongoing with ICBs and NHSE to finalise collections and reporting The data flow from Primary care and VCSE providers to MHSDS or the GP equivalent has not been worked through either locally, regionally or nationally This relates to the transformed PCN areas that have ARRS workers and Enhanced Primary Care The data collection from these new services is recorded locally on System one or EMIS 	<ul style="list-style-type: none"> NHSE working with all ICBs to finalise the data In Hertfordshire, a CQI project has been initiated to take forward the new waiting times and ensure that they are reflected in the design and processes of services. Awaiting the publication of SQL scripts to replicate this reporting internally We are also working with NHSE and Voluntary Community, Faith and Social Enterprise (VCFSE) providers to look at the data flow from them to MHSDS, to include as part of the second contact information



Hertfordshire and West Essex Integrated Care System



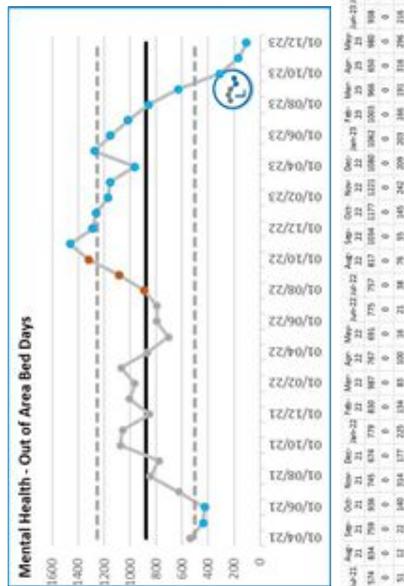
Mental Health – Adult Crisis Services



ICB Area	What the charts tell us	Issues	Actions
<ul style="list-style-type: none"> Crisis Services – Adults and Older Adults West Essex data is not included in the caseload chart as the service does not hold a caseload 	<ul style="list-style-type: none"> Crisis demand remains high. There was an additional spike of referrals in Dec 23, however, the caseload has reduced slightly Hertfordshire has re-modelled the way they record waiting times in line with the latest UEC guidance 100% of people requiring a very urgent assessment were seen within 4 hours in December and January The average time in treatment remains stable 	<ul style="list-style-type: none"> Recruitment to vacancies continues to be a significant issue across the ICS 	<ul style="list-style-type: none"> Ongoing focus on recruitment to vacancies and retention of existing staff Review of community mental health caseloads to improve flow ICB wide communications to be developed to promote 24/7 crisis lines (through NHS 111 for public and dedicated professionals' lines) Wider communications re. crisis directory have been prepared as part of the winter planning and will be shared with system partners ICB ongoing programme of engagement with ambulance and urgent care partners Continue to identify delayed transfers of care on crisis caseload Ongoing monitoring and MDT discussion to identify treatment pathway and discharge plans

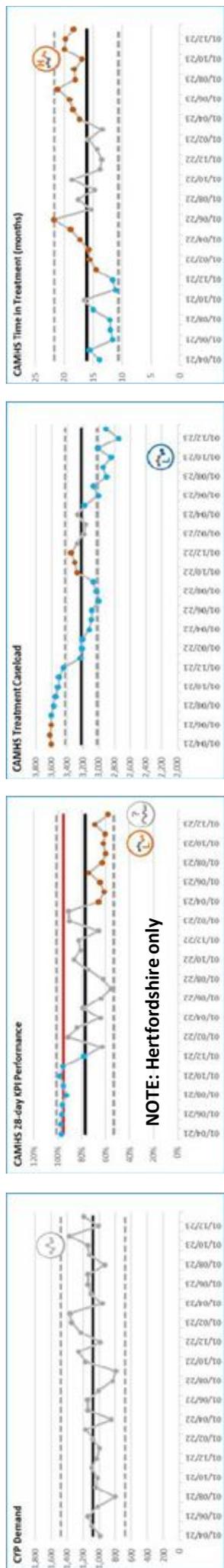


Mental Health – Out of Area (OOA) Bed Days



ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none"> Out of Area Bed Days remain challenged and at higher than pre 23/24 The 95 bed days December position was however the lowest since September 22 	<ul style="list-style-type: none"> A national shortage of MH beds and increased pressures on service use of inappropriate OOA beds is very likely to continue 	<ul style="list-style-type: none"> Review of Essex bed stock continues with system partners and the Essex wide risk share contract continues with system partners System mapping due end of January 2024 Review of West Essex Community Rehab requirements remains ongoing. This has seen an increase in discharges at place to support repatriation Weekly system Delayed Transfer of Care (DTC) calls and ongoing focus on 'time to care and purposeful admissions' OOAP Elimination & Sustainability Impact System Group (Essex wide) to monitor the impact of the NHSE OOAP Action Plan Continued engagement with national Getting It Right First Time (GIRFT) programme to identify areas of improvement
Herts	<ul style="list-style-type: none"> Out of Area Bed Days have reduced for the last 7 months due to the provision of additional block beds 	<ul style="list-style-type: none"> Hertfordshire low number of beds per population – now supported by provision of additional block beds A national shortage of MH beds, high occupancy rates and use of OOA beds is likely to continue Challenges finding suitable placements for service users with complex needs who are clinically ready for discharge Inpatient and Community recruitment 	<ul style="list-style-type: none"> Daily OOAP reviews / dedicated clinical ownership Gatekeeping process and on call gatekeeping consultant Consultant-led bed management meetings 3 per day, 5 days per week COO sign-off for all out of area placements remains in place Introduction of Enhanced Discharge Team, dedicated to supporting discharge Review DTCs and plan discharges with ongoing MADE type events 10 additional block beds in place – a total of 42 remain in place Enhanced community offers for rehab and assertive outreach Introducing further alternatives to admission – Crisis House Wider Executive led work at system level to support placement of longer term DTCs Bed management system being deployed in Hertfordshire and new arrangements in place to monitor demand and capacity East Regional Mental Health, LD & Autism Inpatient Quality Transformation Group in place. Initial meeting Jan 24 to identify local priorities and actions

Mental Health – CAMHS Services

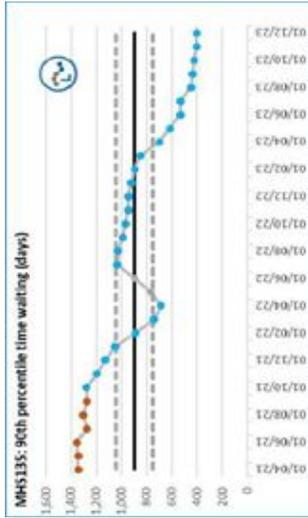
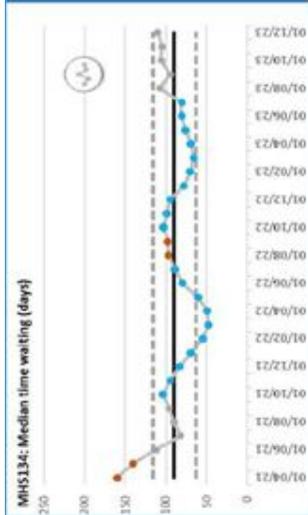
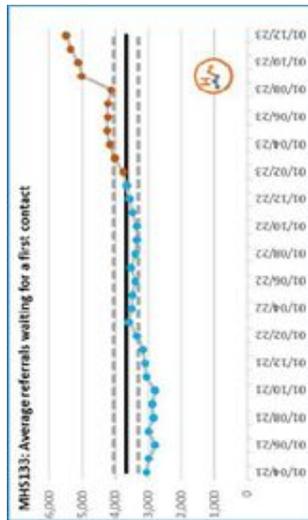


ICB Area	What the charts tell us	Issues	Actions
CAMHS Herts and West Essex.	<p>West Essex</p> <ul style="list-style-type: none"> West Essex does not have a formal KPI for 28 days, but this is monitored at monthly provider meetings Demand at SPA remains high, with seasonal downturn showing in December CAMHS caseload remains on an improving trend through 23/24 <p>Herts</p> <ul style="list-style-type: none"> Demand in December remained at a similar level to 22/23 Caseloads (Community Quadrant teams including ADHD with open referrals & 2 contacts) continue to fall on previous year, following a caseload cleansing exercise 28 days from referral to initial assessment in Hertfordshire remains below standard for Q3 at 53% Time in treatment remains above the historic mean 	<ul style="list-style-type: none"> Essex SPA and Eating Disorders (ED) services are undergoing changes to site location and management Active issue regarding recruitment to vacancies across Herts and West Essex impacting on capacity and performance. Acquiring highly skilled CAMHS clinicians remains difficult. Non health support roles being used to bolster teams 	<ul style="list-style-type: none"> In Herts Community Quadrant teams an action plan is in place with weekly recovery meetings focusing on recruitment & review of resources across all teams In Herts the East Quadrant is beginning to see a slow recovery, following some successful recruitment. Vacancies in West Quadrant remain challenging, and we continue to see an impact on waiting times Both teams being supported by the wider leadership team NELFT Kent ED team providing support and supervision to Essex ED service Ongoing focus on recruitment and retention in both HPFT/NELFT, including recruitment incentives in NELFT and more recently exploring international recruitment Successful recruitment to senior clinical posts in West Essex CAMHS WE - New SPA team manager recruited and rolling advertisement for ED clinical lead SPA Triage Tool improved to meet 5 day pass on to teams target in Hertfordshire The Hertfordshire service had aimed to recover the 28-day KPI by end of Q4, however continuing vacancies have meant that the recovery prediction has moved to Q1 24/25
	<p>The CAMHS 28-day KPI Performance target relates to Herts only</p>		



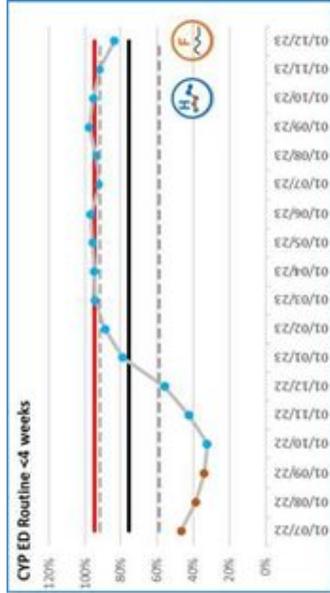
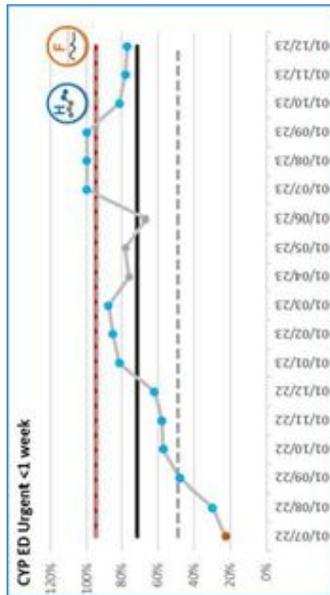
Mental Health – Community Waits

Children – time still waiting for a first contact



ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	<ul style="list-style-type: none"> • Median waiting times were up slightly at 110 days, but within expected common cause variation • 110 days benchmarks well against the national average of 186 days • Within the system there is variation of between 42 and 137 days: <ul style="list-style-type: none"> • East & North Herts 42 days • South & West Herts 137 days • West Essex 83 days • 90th percentile waiting times were down to 404 days, and on a long-term trend of improvement • 404 days benchmarks well against the national average of 696 days • Within the system there is variation of between 306 & 430 days: <ul style="list-style-type: none"> • East & North Herts 306 days • South & West Herts 430 days • West Essex 306 days 	<p>The Hertfordshire data reflects the historically longer waiting times in the South and West of the County.</p> <p>The biggest impact on the Hertfordshire waiting list (long waiters) is Autism & ADHD backlogs / waiting lists for diagnostic pathways. NHSE to confirm if this will be included or excluded in the long-term. Currently it is included, which is masking the waiting times for core MH services.</p>	<p>In Hertfordshire a CQI project has been initiated to take forward the new waiting times and ensure that they are reflected in the design and processes of services. Awaiting the publication of SQL scripts to replicate this reporting internally.</p> <p>GIRFT project to present some waiting times / flow data as part of CYPMHS, which excludes ASD/ADHD might provide a more accurate position on core MH waiting times and whether it has changed over the last few years.</p> <p>A local waiting time for each service is reported via provider dashboards, as well as the number of CYP waiting for assessment & treatment, and the average number of days waited to be seen per month. Where there are waiting lists, a recovery action plan is in place and closely monitored by commissioners.</p> <p>Commissioners, HPFT and now a HCT representative are linked into EOE waiting times standards group.</p> <p>HPFT have undertaken an initial cleansing exercise to remove any long waiters that are not true long waiters.</p>

Mental Health – CYP Eating Disorders

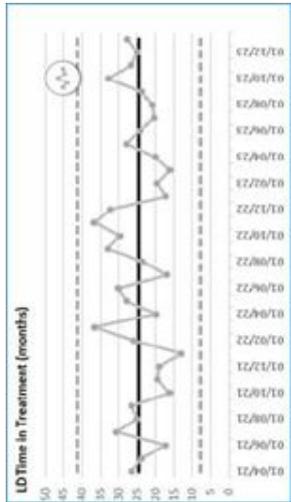
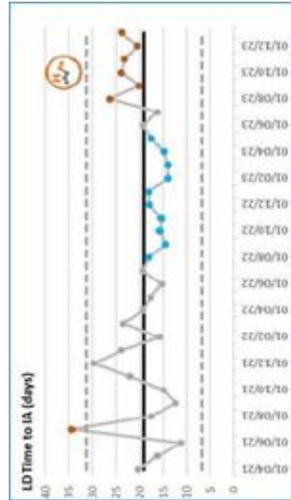
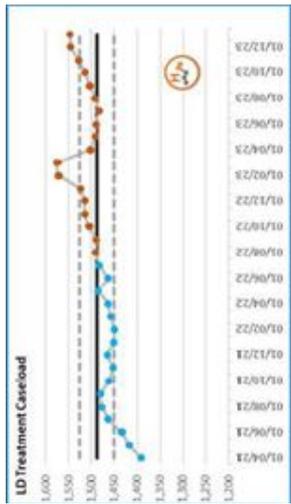
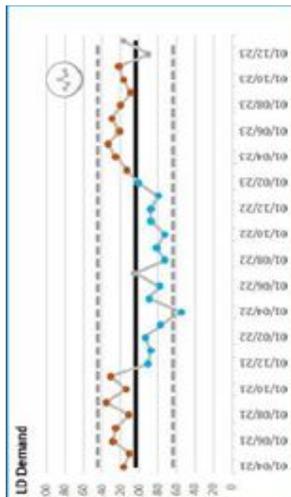


Description	Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
CYP ED Urgent <1 week	95%	12%	20%	43%	53%	54%	58%	80%	83%	86%	76%	78%	67%	100%	100%	100%	100%	80%	77%	76%
Herts	95%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
West Essex	95%	37%	30%	26%	25%	36%	49%	75%	86%	94%	95%	96%	97%	92%	94%	98%	96%	96%	97%	83%
CYP ED Routine <4 weeks	100%	97%	97%	97%	90%	90%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	90%	90%
Herts	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
West Essex	100%	97%	97%	97%	90%	90%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	90%	90%

ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none"> Urgent 1 week standard consistently achieved in West Essex Performance dropped to 90% in Q3 for routine referrals 	<ul style="list-style-type: none"> West Essex data from NELFT not currently flowing through MHSDS 	<ul style="list-style-type: none"> Commissioners working with NELFT and NHSE to secure more current data, as well as to flow data through the MHMDS
Herts	<ul style="list-style-type: none"> The Eating Disorders Team had been performing consistently until a spike in referrals in Oct-Dec, coupled with an increase in vacancies A number of breaches (urgent & routine) in December were due to patient choice There are small numbers of urgent referrals. In December only 1 breach = 78% performance 	<ul style="list-style-type: none"> The increase in referrals Oct-Dec is a seasonal factor and mirrors previous years Review of the ED service is currently in progress. Acuity and complexity tool shows CYP remain in service for a considerable amount of time and require input from a number of clinical resources. We have no baseline for acuity & complexity so cannot demonstrate the increase, but clinicians are flagging this as an issue 	<ul style="list-style-type: none"> The following actions are in place to improve access to the service: <ul style="list-style-type: none"> Recruitment in progress and at pace Strict adherence to inclusion criteria and service specification with non-ED diagnostic cases being signposted to relevant services ED Consultation to referrers in place to support other services Caseload and RAG rating review and equitable redistribution of caseload across workforce Agreement for First Steps ED Service to manage a cohort of stabilised children and young people from the caseload

Mental Health – Learning Disabilities Services

ICB Area	What the charts tell us	Issues	Actions
<ul style="list-style-type: none"> Learning Disabilities Service LD services are 18+ years and includes those with a learning disability who may have a diagnosis of Autism 	<ul style="list-style-type: none"> Overall referrals remain stable Caseload has been consistently above the historic mean for the last 18 months Time in treatment is subject to common cause variation Within the services there is a wide range of treatment types with timeframes ranging from a few days to many years 	<ul style="list-style-type: none"> Lack of social care placement and housing in West Essex impacts on in-patient Length of Stay Physical Health needs has a very clear area of focus for all MHLDA 	<ul style="list-style-type: none"> Service user and carer engagement and involvement programme continues aimed at improving care planning, service delivery and outcomes for LD service users across Herts and Essex Ongoing review of Essex services with system partners across all ages to identify the wider impact for WE place Work commenced on further development of the Adults Dynamic Support Register to increase support and access to services Continuing work with commissioners to ensure that GPs are aware of and know how to refer directly into LD services Inpatient flow is better, with some discharges in recent months and a reduction in length of stay Opportunities for capturing feedback - ongoing partnership working Continue progress on LD AHCs The action plan approved for the new LeDeR three-year Essex plan Overall LeDeR in Essex is performing better than both regional and national averages



Mental Health – Learning Disability (LD) Health Checks

LD Health Checks December 2023	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks *	Comparison to December 2022
NHS Hertfordshire and West Essex ICB	8,297	3,422	77	4,798	41.2%	47.8%
East & North Hertfordshire	3,480	1,421	38	2,021	40.8%	50.4%
South & West Hertfordshire	3,570	1,544	28	1,998	43.2%	48.6%
West Essex	1,247	457	11	779	36.6%	37.7%

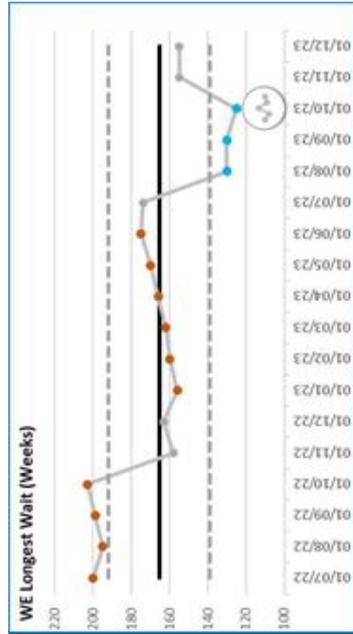
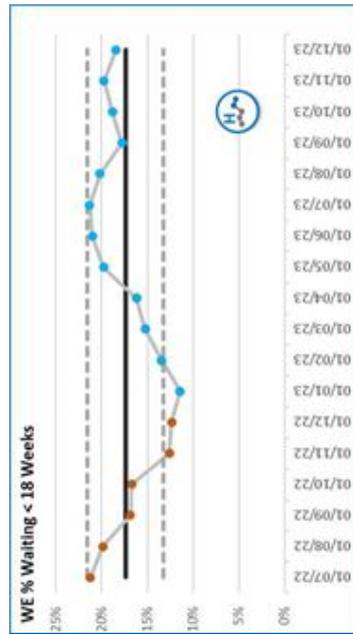
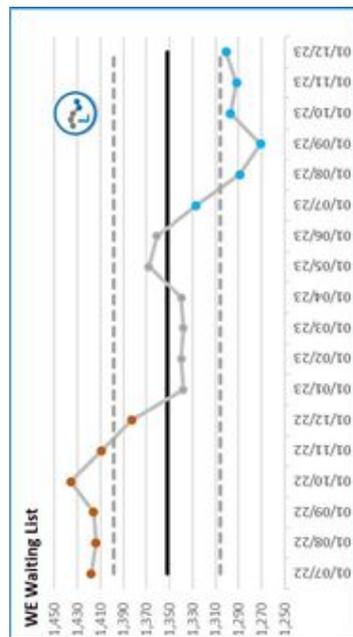
* 75% Year End Target

ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	<ul style="list-style-type: none"> As of December 2023, the ICB is 6.6% behind the equivalent 2022 position. This is an improvement from a 7.6% gap in November Indicative local data for January suggests further improvement East & North Herts is 9.6% behind its 2022 position South & West Herts is 5.4% behind West Essex is 1.1% behind 	<ul style="list-style-type: none"> There is a national issue with LD read codes that may be inflating denominators for this performance metric Percentage achievements may therefore be understated It is challenging to forecast end of year performance against the 75% LD Health Checks standard, as a large proportion of health checks are carried out towards the end of the year, and particularly in Quarter 4 	<ul style="list-style-type: none"> National resolution of LD read codes was expected by end of January, but has been delayed Ongoing work between HWE Team and NHSE to cross check local data against national systems



Autism Spectrum Disorder (ASD) – West Essex

Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			Latest data
			Current Month	Previous Month	Month Change	Current Month	Previous Month	Month Change	Current Month	Previous Month	Month Change	
WE	HCRG	Children	1301	1292	↑	18.45%	19.74%	↓	155	155	⇒	December

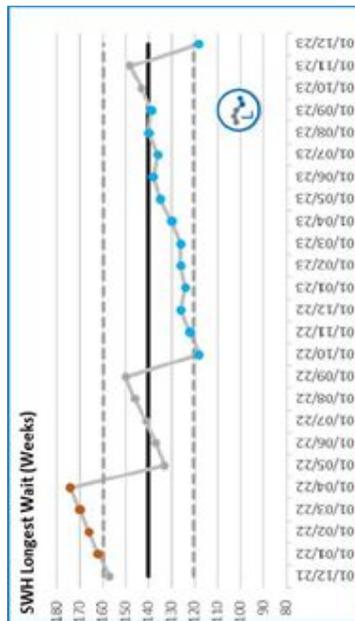
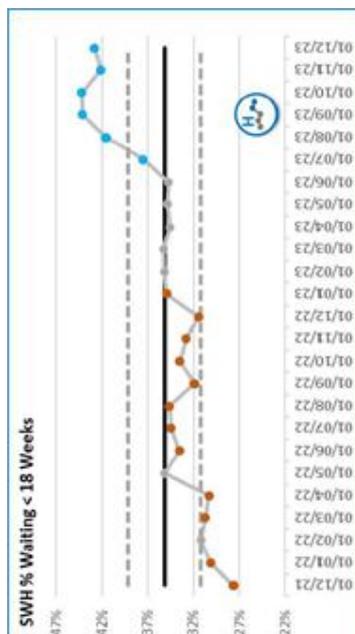
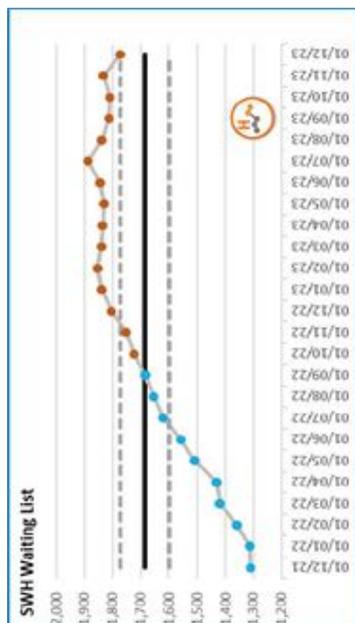


ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none"> The ASD waiting list has been broadly flat for the last 5 / 6 months. Whilst still below the historic mean, the December position is 168 behind the agreed recovery trajectory The % of ASD waiters < 18 weeks continues to fluctuate between 18-20% There was one child at the end of December with a 155 week wait. They have since been seen, with the current longest wait now c.130 weeks 	<ul style="list-style-type: none"> Average monthly referral rate for Q3 was 67, against commissioned capacity of 40 assessments per month Growth funding used to offset additional prescribing costs for ASD / ADHD. No additional funding so support ongoing in year additional capacity 	<ul style="list-style-type: none"> Business case submitted to increase core capacity for sustainable delivery and address prescribing gap not supported due to available funding 24/25 plans in discussion, but levels of available funding will still leave a capacity gap 'Waiting well' workstream continues with local partners at place, led by HCRG, also linking in with Essex wide joint commissioning initiatives Working with Herts partners on applying a Neurodiversity Segmentation Model. Although this is similar to that already in place under the WE JADES model and requires additional resource to be effective. Therefore, likely limited impact for WE



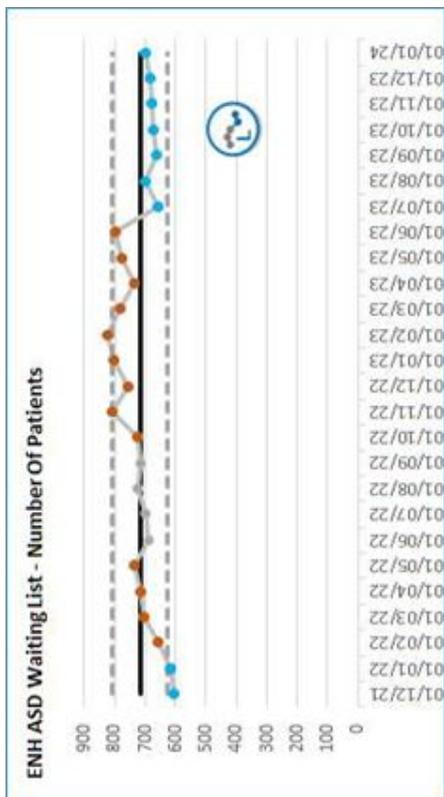
Autism Spectrum Disorder (ASD) – South & West Hertfordshire

Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
			Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Latest data
SWH	HCT	Children	1773	↓	1833	42.12%	↑	42.81%	118	↓	148	December



ICB Area	What the charts tell us	Issues	Actions
South & West Herts	<ul style="list-style-type: none"> The overall waiting list remains consistently above the historic mean, but did improve in December The % of ASD waiters < 18 weeks was largely unchanged in December, but the trend is one of improvement The longest wait reduced by 30 weeks in December to 118 weeks 	<ul style="list-style-type: none"> Capacity in existing services does not meet demand Further increases in demand predicted Funding for outsourcing additional diagnostic assessments to reduce the waiting list ended in December 2023. HCT continue to review the potential of extending this work, but it is dependent on funding 	<ul style="list-style-type: none"> Significant additional diagnostic assessments have been delivered in year through outsourcing There is some additional internal capacity and processes have been improved significantly Learning Disabilities, Mental Health and Autism HCP continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with autism and / or ADHD. Funding has been agreed until March 2025 for the Neurodiversity Support Centre, and further funding has been agreed for 2024/25 for a framework of support centred around supporting children and young people to understand their diagnosis and improve their mental wellbeing EPs allocated to clinics with SLTs for quality check assessments Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through the HCT clinical governance and agreed by operational teams to inform business case that will be developed in Q1 2024 Expression of interest submitted for Partnership for Inclusion of Neurodiversity in schools (PINs programme) on behalf of Herts and West Essex ICB

Autism Spectrum Disorder (ASD) – East & North Hertfordshire



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

Waiting list bucket	Number of patients (Nov-23)	Number of patients (Dec-23)
<18 weeks	100	103
18 – 65 weeks	422	443
66 – 78 weeks	46	88
>78 weeks	111	86

ICB Area	What the charts tell us	Issues	Actions
East & North Herts	<ul style="list-style-type: none"> • The ASD waiting list continues to fluctuate within the normal range of 600-800 patient • However, since July, the number of waiters has been below the mean in every month • The number of patients waiting >65 weeks has been relatively stable over the last three months, with 174 patients >65 weeks at the end of Dec-23 • The waiting list shown above does not include patients waiting for their first community paediatrics appointment, even if they have been referred by their GP as query ASD. It only shows patients who have been assessed by a community paediatrician and referred for a detailed ASD assessment 	<ul style="list-style-type: none"> • Data not currently reportable on the same basis as the other two ICB Places • ENHT is currently subject to Tier 2 Oversight and Scrutiny meetings for Community Paediatrics with NHSE every 6 weeks because of increasing >78-week waiters • Backlog funding ended December 2023. Without continuation of the backlog funding investments, ASD waiting lists will start to grow • Further increases in demand predicted 	<ul style="list-style-type: none"> • Significant additional diagnostic assessments have been delivered through outsourcing to the Owl Centre. Funding ended in December 2023 • Learning Disabilities, Mental Health and Autism HCP continuing to develop support offer for parents, carers, families and CYP with behaviours and / or needs associated with autism and / or ADHD. Funding has been agreed until March 2025 for the Neurodiversity Support Centre, and further funding has been agreed for 2024/25 for a framework of support centred around supporting children and young people to understand their diagnosis and improve their mental wellbeing • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through the HCT clinical governance and agreed by operational teams to inform business case that will be developed in Q1 2024 • Expression of interest submitted for Partnership for Inclusion of Neurodiversity in schools (PINs programme) on behalf of Herts and West Essex ICB



Community Waiting Times (Children)



Place	Age	Referrals		Patients Waiting		% waiting <18 weeks		Longest wait (weeks)	
		Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month
ICS	Children	2672	1066	11533	11200	40.30%	46.14%	100	107
Place	Provider	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month
ENH	HCT	380	272	1092	1057	70.42%	71.52%	43	46
ENH	AJM/Millbrook	22	29	121	129	75.21%	73.64%	32	36
ENH	ENHT Community Paeds..	307	228	4987	5054	17.73%	17.12%	108	107
ENH	All	709	529	6200	6240	28.13%	27.50%	108	107
Place	Provider	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month
SWH	HCT	1370	1051	4754	4672	45.23%	46.58%	76	78
SWH	AJM/Millbrook	24	13	110	107	71.82%	71.03%	32	36
SWH	All	1394	1064	4864	4779	45.83%	47.12%	76	78
Place	Provider	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month
WE	EPUT - Wheelchairs	22	12	33	31	96.97%	96.77%	20	19
WE	HCRG / Virgin	548	361	836	850	96.17%	91.65%	26	52
WE	All	570	373	869	881	96.20%	91.83%	26	52

NOTE: ENHT Community Paediatrics data is included above to give a full picture for Children's Services, but is also included in the Planned Care position described in Slides 16 & 17



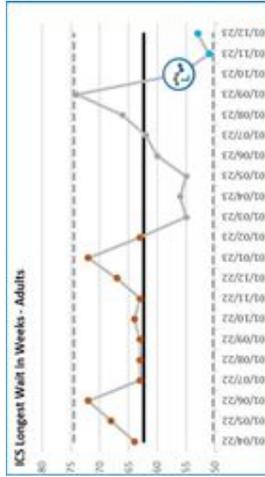
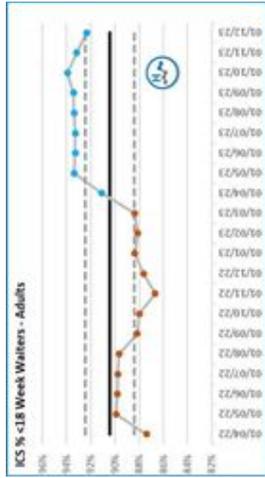
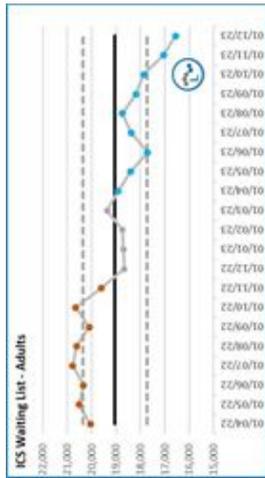
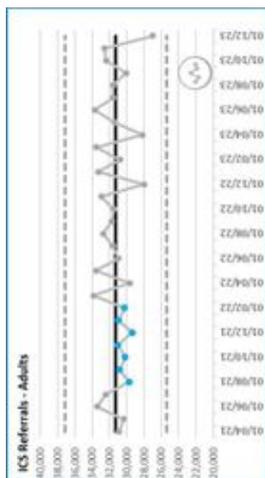
Hertfordshire and
West Essex Integrated
Care System

Community Waiting Times (Children)

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

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> Referrals were low in December but within expected common cause variation The total number of children on waiting lists remains very high, but has plateaued at c.12,000 The % of children waiting less than 18 weeks remains of concern at c.40%, compared to the national average of 56.7% The longest waits are within the ENHT Community Paediatrics Service at 107 weeks. There are also long waits of up to 78 weeks within HCT services in South & West Hertfordshire Consultant led 18-week RTT performance: SWH Community Paediatrics – 44.8% SWH Children's Audiology – 25.7% ENH Community Paediatrics – 17.1% WE Community Paediatrics – 93.6% The ENHT Community Paediatrics position is described within the Planned Care and ASD slides of this report 	<p>Hertfordshire</p> <ul style="list-style-type: none"> Referrals to HCT children's specialist services in have increased by 33% YTD compared to 2019/20, with the majority of services seeing a marked increase in demand Waiting times in the SWH HCT Community Paediatrics service are improving, with a decreasing number of long waiters. Service productivity shows clear improvement since 2019/20, but referrals have increased by c.30% There are continued waiting time pressures in Paediatric Audiology in SWH. The service is also currently supporting ENHT newborn hearing pathways Waiting times across Hertfordshire for children's therapies (OT, Speech & Language and Physiotherapy) remain under pressure <p>West Essex (WE)</p> <ul style="list-style-type: none"> 18 week % has fallen further to c.92% Waits for first appointments have increased as HCRG have targeted longest waiting follow ups in recent months The volumes on the Community Paediatrics waiting list is increasing as a result Admin exercise to review / discharge long waiters – completion delayed to February 	<p>Hertfordshire</p> <ul style="list-style-type: none"> For HCT services the number of over 52-week waits has reduced from 605 in July, to 362 in January, and continues to improve in the most recent data Outsourcing in place in several services Community Paediatrics in SWH is receiving non-recurrent additional investment to increase workforce capacity and introduce new specialist nursing posts. Recruitment remains a risk Community Paediatrics also working with NHSE Elect to optimise waiting list management Paediatric Audiology in SWH is focusing on higher priority appointments, especially follow ups, and signposting to interim advice whilst awaiting assessment. Analysis for workforce business case has resulted in increased capacity, with recruitment successful to two posts Children's Therapies – increasing capacity through successful recruitment, waiting list initiatives and outsourcing EHCP dashboard developed to improve waiting list management <p>Community paediatrics ENHT</p> <ul style="list-style-type: none"> New clinical model agreed by all providers: HPFT, HCT and ENHT Herts Mental Health Learning Disability and Autism Care Partnership developed capacity model to be populated with input parameters from the providers in order to develop the business case Target date for the business case is April 2024; dependent on populating capacity model Single point of access / single referral form expected to be in place by Apr-24 Target implementation date for the new model is January 2025 Providers have forecast investment levels to continue with outsourcing / backlog work in 2024/25. Neurodiversity Directors Group to review / agree; then governance process to be agreed ICB / HCC has agreed to expand the Neurodiversity Support Centre across Herts. (staffed by experts by experience). Diagnosis not required to access the support. External evaluation completed and the feedback is extremely positive. Full evaluation will be available in the next two months <p>West Essex (WE)</p> <ul style="list-style-type: none"> WE Community Paediatrics Business Case: Additional in year funding and annual growth for future years now agreed, although not at the requested levels. Funding this year is being utilised to offset prescribing overspend New Community Paediatrician in post from January. Staffing now at full establishment 24/25 plans in discussion, but levels of available funding will still leave a capacity gap

Community Waiting Times (Adults)



Place	Age	Referrals		Patients Waiting		% waiting <18 weeks		Longest wait (weeks)		Latest data
		Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	Previous Month	Current Month	
ICS	Adults	32620	27017	17052	16562	93.17%	92.35%	51	53	December
ENH	HCT	9210	7445	7595	7751	91.65%	90.61%	51	53	December
ENH	AJM/Millbrook	83	91	481	457	73.80%	71.55%	47	46	December
ENH	All	9293	7536	8076	8208	90.56%	89.55%	51	53	December
SWH	CLCH	6347	5523	2124	1627	95.01%	91.64%	39	39	December
SWH	Connect	3689	2816	3139	3172	99.55%	99.75%	34	34	December
SWH	HCT	949	734	1007	988	88.35%	87.65%	36	40	December
SWH	AJM/Millbrook	110	119	505	495	72.28%	72.73%	44	46	December
SWH	All	11095	9192	6975	6282	94.58%	93.62%	44	46	December
WE	EPUT	12141	10208	1893	1979	98.75%	99.70%	31	22	December
WE	EPUT - Wheelchairs	91	81	108	93	98.15%	97.85%	19	25	December
WE	All	12232	10289	2001	2072	98.75%	99.61%	31	25	December



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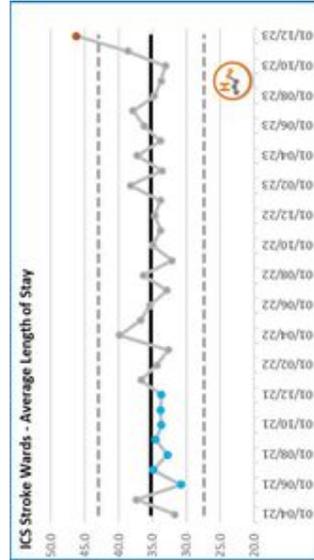
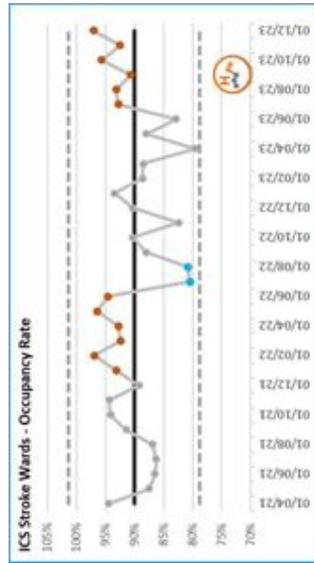
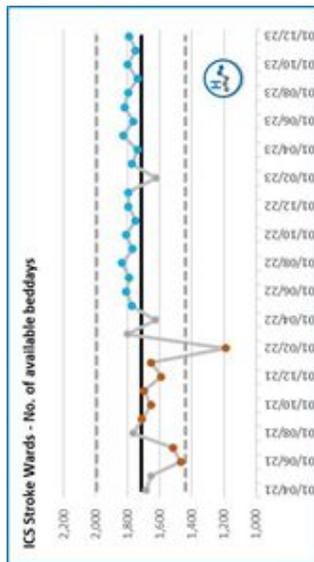
Community Waiting Times (Adults)

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

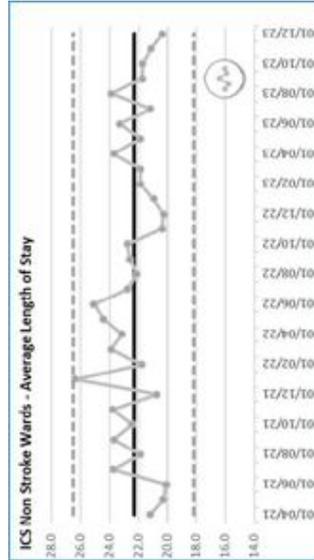
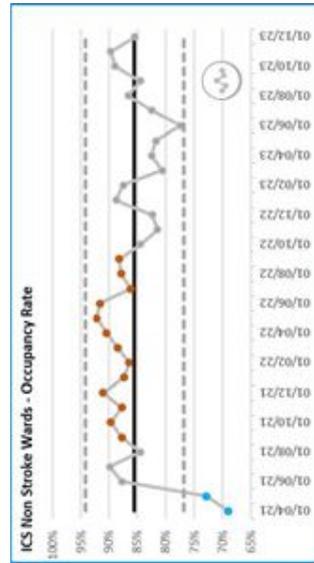
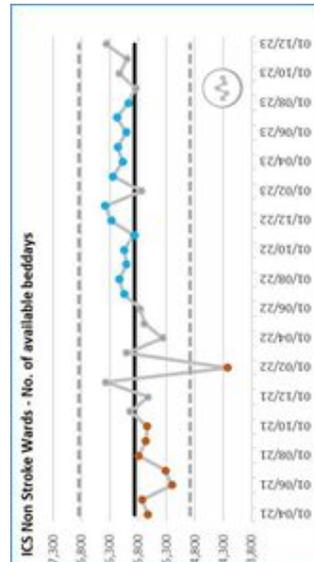
ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> Referrals were low in December but within expected common cause variation The % of patients waiting less than 18 weeks has dipped but remains strong at 92.4%, compared to the national average of 84.1% The total number of adults waiting on waiting lists decreased for the 4th consecutive month Longest waits are within HCT services in East & North Hertfordshire – up slightly to 53 weeks Consultant led 18-week RTT performance: ENH Skin Health – 86.7% SWH Respiratory – 88.1% WE Podiatric Surgery – 100% 	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Referrals have increased by 14% compared to 2019/20 (and are also up compared to last year, but overall 'waiting within target' performance continues to be more favourable when compared to the pre-pandemic baseline) <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Overall decrease in number of referrals from previous month. Good progress continues to be made in reducing waiting list numbers Longest waiter remains within the Neuro Rehab service (ABI patient waiting for psychology input) Candidate for psychology post has now withdrawn application. Recruitment restarted Good progress has been made on MS and PD nursing caseloads where longest waiters have reduced to 14 weeks and 11 weeks <p>West Essex (WE)</p> <ul style="list-style-type: none"> Reduced capacity / workforce in Pulmonary Rehab Small number of wheelchair breaches due to supplier delays and ordering of bespoke equipment 	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> All waits are closely monitored and are subject to robust internal governance Service productivity analysis continues Forecasting suggests a stable trend over the next 12 months, and that overall current waiting time performance will be maintained or slightly improved <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> External provider continuing to support with PD and MS nursing caseloads. External provider also approached to support with ABI patients whilst service recruits to post External provider now supporting with Lymphoedema follow up patients to improve capacity within the service to focus on 1st appointments External provider now also supporting with planned care therapy waits Plans being put in place for additional external support for NETT, Lymphoedema and Community Therapy Divisional weekly waiting times group remains in place which also feeds into Trust group Division specific recruitment plan underway, including developing videos to compliment adverts and targeting social media channels. A number of recruitment fairs held, with more being planned Trajectories now in place for all services of concern. These are reviewed and monitored weekly <p>West Essex (WE)</p> <ul style="list-style-type: none"> Pulmonary Rehab recruitment – challenged as applicants withdrew at short notice impacting trajectory for recovery. Improvement in wait times not expected until Quarter 1 2024/25 Wheelchair temporary equipment supplied where impact from supplier delays and bespoke equipment delays



Community Beds (Stroke & Non-Stroke)



Place	Provider	Number of available beddys			Occupancy Rate			Average length of stay (days)		
		Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change
ENH	HCT	720	744	↑	83.33%	92.88%	↑	37.9	31.6	↓
SWH	CLCH	611	614	↑	98.20%	100.00%	↑	44.9	38.2	↓
WE	EPUT	420	434	↑	99.76%	100.00%	↑	31.0	81.0	↑
ICS	All	1751	1792	↑	92.46%	97.04%	↑	38.7	46.3	↑



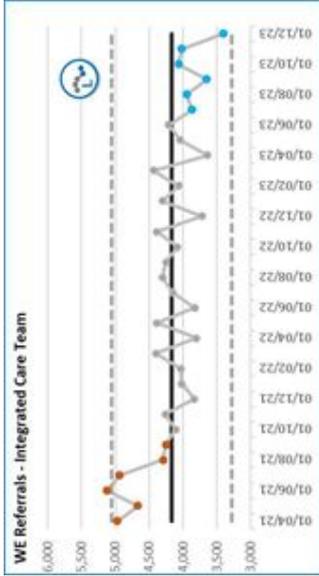
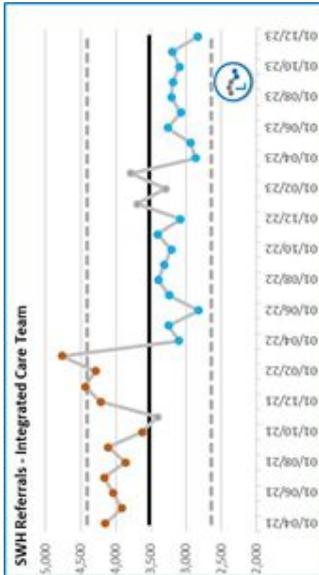
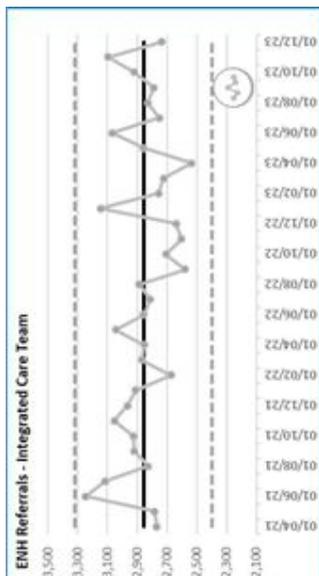
Place	Provider	Number of available beddys			Occupancy Rate			Average length of stay (days)		
		Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change
ENH	HCT	1590	1691	↑	87.11%	74.28%	↓	24.6	24.3	↓
SWH	CLCH	2216	2405	↑	85.65%	84.99%	↓	24.4	23.8	↓
WE	EPUT	2190	2263	↑	95.57%	94.17%	↓	15.9	14.7	↓
ICS	All	5996	6559	↑	89.66%	85.41%	↓	21.1	20.3	↓

Community Beds (Stroke & Non-Stroke)

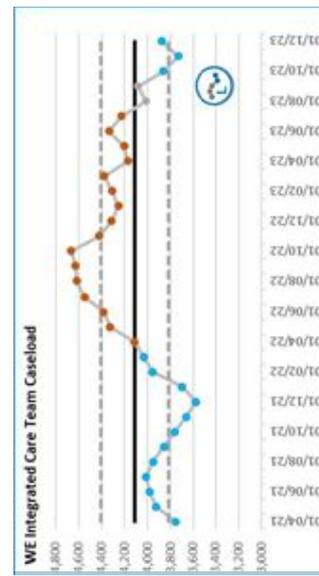
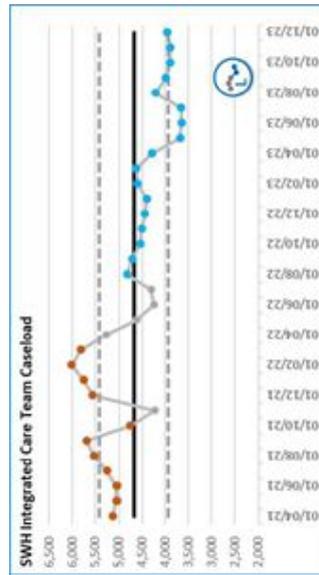
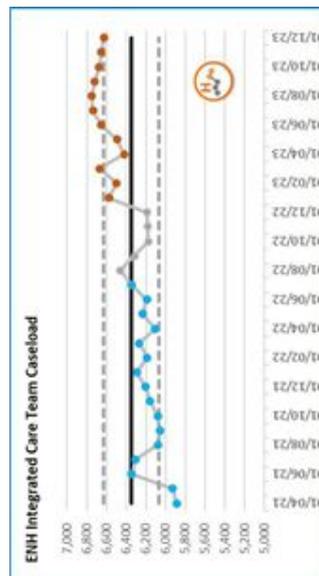
ICB Area	What the charts tell us	Issues	Actions
<p>Stroke Beds Days</p> <ul style="list-style-type: none"> Available stroke bed days remain consistently higher than the historic mean Overall occupancy rates continue on an upward trend, reaching 97% in December. CLCH and EPUT were both at 100% Overall length of stay increased significantly in December as a result of a number of long stay patients at EPUT in West Essex <p>Non-Stroke Beds Days</p> <ul style="list-style-type: none"> Available non-stroke bed days remain consistently higher than the historic mean Overall occupancy rates across the system are within common cause variation limits. Occupancy is lowest in East & North Hertfordshire at 74.3% Overall length of stay has reduced in recent months but remains within common cause variation limits <p>ICB</p>	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Bed occupancy remains highest at Danesbury with an average of 92% over the past 12 months. Herts & Essex and QVM have an average occupancy of 80% and 82% respectively. Average length of stay for Herts & Essex shows normal variation with an average of 24 days. For QVM (24 days) following a period of lower average length of stay (ALOS), there is now normal variation At Danesbury, there is now normal variation for ALOS following a trend of a reduced length of stay with an average of 33 days. Danesbury is achieving the contractual target for stroke beds, which is < 42 days Following a period of increased admissions into Danesbury over the winter period at the beginning of 2023, there is now normal variation. Admissions into community hospitals show no significant change in trend in recent years for Herts and Essex and QVM. Danesbury has the least admissions with an average of 18 a month, with QVM averaging 20 and Herts & Essex averaging 30 <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Stroke bed occupancy remains high due to supporting system flow and admitting higher acuity patients. Slight reduction in general rehab. beds Slight reduction in average length of stay due to better management of No Criteria to Reside (NCTR) patients <p>West Essex (WE)</p> <ul style="list-style-type: none"> Lack of specialist dementia nursing placements High volume of bed days lost in December due to delays in transfers to care home placements Four long stay stroke patients awaiting placements significantly increased December length of stay to 81 days. Now resolved and January length of stay has reduced to 41 days 	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Safe staffing measures fully configured in PowerBI <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Daily assurance calls remain in place with HCC with clear escalation process In collaboration with system partners, action plan agreed to support flow and winter plan also drafted In collaboration with system partners, SPOC review completed, and action plan agreed which is currently being worked through (most actions completed) In partnership with social care colleagues, currently reviewing escalation plan <p>West Essex (WE)</p> <ul style="list-style-type: none"> All patients awaiting Care Homes reviewed on daily social care escalation call 	



Integrated Care Teams (ICT)



Place	Provider	Age	Referrals			Referral Rate per 1,000 Population		
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change
ENH	HCT	All	3096	2739	↓	4.4	4.4	↓
SWH	CLCH	All	3196	2832	↓	4.7	4.1	↓
WE	EPUT	All	4021	3408	↓	10.3	10.3	↓
ICS	All	All	10313	8979	↓	6.3	5.5	↓



Place	Provider	Age	Caseload			Caseload per 1000 population		
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change
ENH	HCT	All	6654	6628	↓	10.6	10.5	↓
SWH	CLCH	All	3896	3952	↑	5.7	5.8	↑
WE	EPUT	All	3732	3874	↑	11.3	11.7	↑
ICS	All	All	14282	14454	↑	8.7	8.8	↑

Integrated Care Teams (ICT)

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> Overall referral volumes to Integrated Care Teams have been consistently reducing since the restoration of services post-Covid Integrated Care Team caseload in East & North Hertfordshire remains high and above the historic mean, but has been steadily in recent months The West Essex caseload has been consistently reducing and now shows a trend of an improving nature The caseload in South & West Hertfordshire remains consistently below the historic mean 	<ul style="list-style-type: none"> The 3 Provider BI teams have completed a review to understand the reasons behind the referral and caseload variances seen between the three places. Due to internal recording differences, looking at unique patients in contact with ICT Teams is a better reporting measure, and ratios align with expectations given the relative population sizes. New reporting will be rolled out in the next report <p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Overall, referrals show a small increase compared to pre-pandemic, although the pattern differs at Locality level Increasing patient complexity has driven an increasing in caseload and first to follow up ratios Service and staff are under growing pressure Focus on increased deferral rates <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Slight reduction in referrals number in month. However, caseload numbers are largely unchanged <p>West Essex (WE)</p> <ul style="list-style-type: none"> Since April 2021 ICTs have seen a reduction in referrals. Contacts per patient however have increased from 7.5 to 9.7 (c.30% increase), suggesting an increase in acuity of patients receiving care in the community 	<ul style="list-style-type: none"> Implement change of reporting next month to the volume of unique patients in contact with ICT Teams Community services review underway across HWE to reduce variation and shift to reporting outcomes and impact, to compliment the activity driven data that exists <p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Steering group in place chaired by HCT COO Various recruitment initiatives underway A comprehensive support programme in place focused on workforce, wound care and diabetes management with the ICT <p>West Essex (WE)</p> <ul style="list-style-type: none"> ICTs are focussing on proactive working within the Integrated Neighbourhood Teams, aligned to the 6 West Essex PCNs

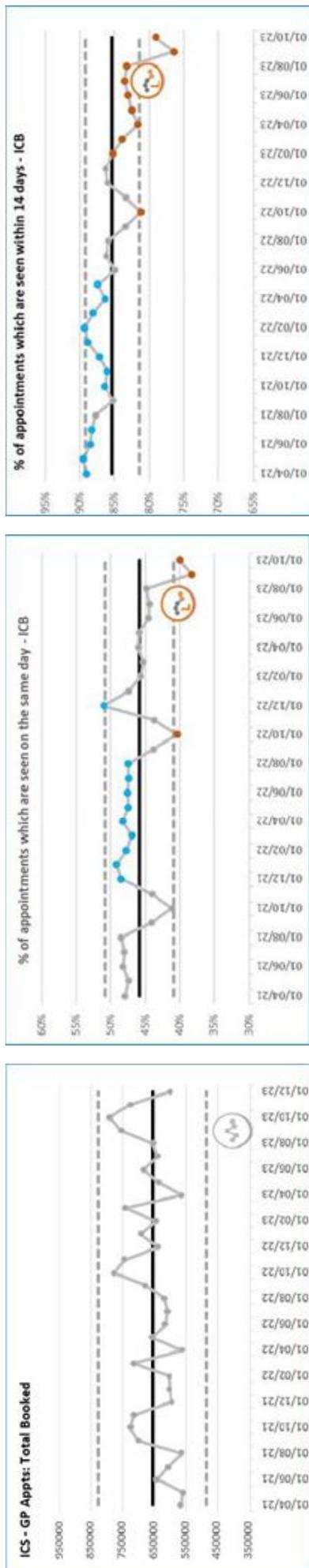


Primary Care – performance summary

Current Performance Period vs Prior Period										ICB	ENH	SWH	WE
Area	Indicator	Type	Prior Mth	Current	Change	Movement	Period	Rank (out of 42 ICBs)	Rank (out of 106 ICBs)				
Primary Care	S001a: Number of general practice appointments per 10,000 un-weighted patients	Monthly	4,703	4,304	(400)	↓	Nov-23						
	% of appointments which are seen on the same day	Monthly	40.0%	43.8%	3.8%	↑	Nov-23						
	% of appointments which are seen within 14 days	Monthly	79.0%	83.4%	4.4%	↑	Nov-23		79	34	50		
	S074a: FTE doctors in General Practice per 10,000 weighted patients	Monthly	6.22	6.13	(0.09)	↑	May-23						
	S075a: Direct patient care staff in GP Practices and PCNs per 10,000 weighted patients	Quarterly	6.29	6.67	0.38	↑	Q3 23-24						
	S037a: Percentage of patients describing their overall experience of making a GP appointment as good	Annual	70.5%	54.5%	(16.0%)	↓	2022	31					
	S085a: Proportion of people with severe mental illness receiving a full annual physical health check and follow up interventions	Quarterly	68.7%	74.9%	6.2%	↑	Q1 23-24						
	S030a: Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check ICB	Monthly	22.4%	29.8%	7.4%	↑	Oct-23	38					
	S055a: Number of referrals to NHS digital weight management services per 100k head of population	Quarterly	24.7	37.9	13.2	↑	Q4 22-23						
	S050a: Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	Quarterly	73.6%	73.8%	0.2%	↑	Q1 23/24	7	27	45	24		
	S047a: Proportion of people over 65 receiving a seasonal flu vaccination	Seasonal	80.3%	80.7%	0.4%	↑	Feb-23	26	47	51	82		
	S109a: Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	Annual	67.1%	72.5%	5.4%	↑	2022-23						
	S044a: Antibiotic items prescribed in primary care per STAR-PU (specific age-sex related prescribing unit)	Monthly	1.143	1.132	(0.011)	↓	Sep-23	28	56	20	80		
	S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	8.52%	8.51%	(0.01%)	↑	Sep-23	33	80	83	67		



Primary Care – key indicator trends



What the charts tell us

- GP appointments fell below the historic mean in December, but remain within expected common cause variation limits
- The % of appointments which were seen on the same day noticeably decreased in Sep-23 and Oct-23, with both months are below the lower process limits. However, historically, September and October are usually low months due to flu vaccinations which won't be same day appointments
- The % of appointments which were seen within 14 days has been consistently below the mean for the last nine months, reflecting a steadily reducing trend over the last two and half years. In October (latest data available), <80% of primary care appointments were seen within 14 days of booking



Primary Care – narrative

ICB Area	Issues	Actions
ICB	<ul style="list-style-type: none"> General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal New 23/24 contractual requirement for an offer of assessment, an appointment, signposting to occur when the patient contacts the practice 	<p>Engagement with the National Access Recovery Plan</p> <ul style="list-style-type: none"> All 34 PCNs have an agreed Access Improvement Plan (AIP) as outlined in the Primary Care Access Recovery Plan Comms to all practices noting AIP requirements by year end to be eligible for payment Some practices transitioning to Modern General Practice through demand / capacity analysis, use of cloud base telephony, enacting the National GP Improvement Programme (19 practices and 4 PCNs), roll out NHS app, online GP registration, development of GP and PCN websites and testing triage models Transformation support funding - Indicative £13.5k per qualifying practice available for 23/24, and also the same for 24/25. Place teams reviewed and approved submissions from practices 28 sites identified for cloud base telephony. Delays in national procurement hub implementation may result in practices unable to deliver improvement in telephone access for 2023/24. Escalated to the regional team Good progress on online access to GP records. Targeted work with practices to enable access by opting into (EMIS) or following self-enablement process (TPP) – proactive follow up of practices with low take up or high exclusion rates Partnership working to increase self-referrals in high volume services: Physio, IAPT, Podiatry etc. Support Level Framework (SLF) - Self assessment tool to support practice teams in understanding what they do well, what they might wish to do better, and where they might benefit from development support. Aim for all practices to have had a facilitated discussion using the SLF during the year Comms. to support ICB and practice websites, media statements and patient comms re the Delivery Plan Attendance at NHSE regional weekly drop-in sessions to escalate any issues or questions for clarification <p>Winter Pressure Funding</p> <ul style="list-style-type: none"> No additional national funding for winter pressures this year specifically aligned to Primary Care. However, HWE have continued with local primary care funding to commission additional activity in primary care at the same level as last year £1.43 per weighted patient is subject to PCN plans being appropriate to meet the local and national priorities. This capacity should support surges in practices in PCNs when reaching OPEL 3 or 4. PCNs requested to consider partnership working, same day access & phasing over the winter period Additional funding agreed through double lock panel to support additional capacity in Primary Care during Industrial Action <p>Other</p> <ul style="list-style-type: none"> Enhanced Commissioning Framework (ECF) reviewed and streamlined for 23/24, review for 24/25 to focus on outcomes and reducing bureaucracy Trend analysis to identify practices with poor access via complaints and patient contacts PCCC and Primary Care Board oversight of GPPS results. Action plan developed through the Access MDT Group Initiatives for Primary Care Workforce to support recruitment and retention, supported by the HSE ICB Training Hub Continued funding for spot booking hotels for health checks and MDT site visits agreed by PCCC at the February meeting Daily review of OPEL reporting by practices and follow up by place Primary Care Teams with individual practices Oversight of all Access plans as submitted and sharing of best practice across the ICB Pharmacy First now live, work with Community Pharmacy leads and practices to promote service. Local UTI service to close 29 Feb 24

Performance v. 23/24 Operational Plans

POD	Description	M7 Only					Year To Date				
		Plan	Actual	Actual vs Plan %	Change	Performance	Plan	Actual	Actual vs Plan %	Change	Performance
EM13	Number of attendances at all type A&E departments	37,898	42,244	11.47%	4,346	↑	291,168	286,836	-1.49%	-4,332	↓
EM11a	Number of specific acute non-elective spells in the period with a length of stay of zero days	3,544	3,095	-12.67%	-449	↓	24,538	20,700	-15.64%	-3,838	↓
EM11b	Number of specific acute non-elective spells in the period with a length of stay of one or more days	6,327	6,688	5.71%	361	↑	43,144	46,570	7.94%	3,426	↑
EM10a	Elective day case spells	9,754	10,221	4.79%	467	↑	61,475	67,460	9.74%	5,985	↑
EM10b	Elective ordinary spells	1,284	951	-25.93%	-333	↓	7,949	6,145	-22.69%	-1,804	↓
EM32g	Outpatient attendances (all TFC; consultant and non consultant led) - First attendance	46,177	43,555	-5.68%	-2,622	↓	300,938	290,650	-3.42%	-10,288	↓
EM32h	Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance	54,195	68,003	25.48%	13,808	↑	365,552	445,582	21.89%	80,030	↑
EB20	The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 65 weeks or more	2,364	3,727	57.66%	1,363	↑	17,831	22,411	25.69%	4,580	↑

ICB Issues and escalations

- Performance v. plan data above has not been updated due to reporting issues in the Month 8 Freeze and Month 9 Flex positions
- Resolution is being progressed and we expect a return to normal reporting in the next report



Hertfordshire and West Essex Integrated Care System

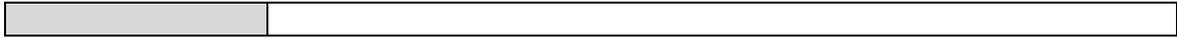


Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board	Agenda Item	18
Report title	Audit and Risk Committee 9 April 2024 highlight report	Meeting Date	1 May 2024
Chair	Jonathan Silver – Committee Chair and Non-Executive Director		
Author	Debbie Okutubo – Deputy Company Secretary		
Quorate	Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>
Agenda:			
<ul style="list-style-type: none"> • Internal Audit summary internal controls assurance (SICA) report • Annual report and Head of Internal Audit opinion • Internal audit strategy and plan 2024/25 • Internal Audit recommendation tracker • Anti-Crime progress report • Anti-Crime proactive review: declarations of interest • Anti-Crime recommendation tracker • External Audit planning report • Update on annual report progress • Integrated Compliance report – Incident, Compliance and Risk report • Quality account • Board Assurance Framework • Hertfordshire and West Essex ICS NHS procurement annual waiver report • Bad debt write off. 			
Alert:			
<ul style="list-style-type: none"> • Procurement had highlighted that the number and value of waivers had increased this year. Members sought assurance with evidence that there was a process in place to manage and approve waivers. • On declarations of interest, a process and plan explaining how a significant increase in compliance would be managed, to be presented at the next meeting. • The Trust has too many outstanding actions arising from internal audits. 			
Advise:			
<ul style="list-style-type: none"> • N/A 			
Assurance:			
<ul style="list-style-type: none"> • The draft report Head of Internal Audit opinion report was Reasonable assurance. • The External Audit was proceeding to plan. • Good progress was being made to reduce open risks. 			
Important items to come back to committee (items committee keeping an eye on):			
<ul style="list-style-type: none"> • The cyber security report to be brought to the next meeting. • Long standing/outstanding issues from the SICA report to be brought to the next meeting. • An update on the process for declarations of interest. 			
Items referred to the Board or a committee for a decision/action:			
<ul style="list-style-type: none"> • None 			
Recommendation	The Board is asked to NOTE the Audit and Risk Committee report.		



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Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board	Agenda Item	19a
Report title	Finance Performance and Planning Committee – Highlight report 27 February 2024	Meeting Date	1 May 2024
Chair	Karen McConnell - Committee Chair and Non-Executive Director		
Author	Chloe Milton – Committee Secretary		
Quorate			
	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Agenda:			
<ul style="list-style-type: none"> - Finance report month 10 - 23/24 Trust and System Outturn - CIP Programme update - Productivity and ERF report - Business planning 2024/2025 - Costing Programme update - Discharge Spotlight - Performance Report - EPR upgrade to Lorenzo update - Board Assurance Framework 			
Alert:			
<ul style="list-style-type: none"> - Meeting RTT wait times remains challenging particularly for T&O. - Discharge remains a system wide concern. 			
Advise:			
<ul style="list-style-type: none"> - Forecasts have been revised to an anticipated £0.7m year-end deficit against a planned £2.5m deficit at the start of the year. This reflects the actual cost of industrial action in December and the forecast impact in January. National guidance is awaited as to whether industrial action costs will be funded. - A contract had been signed with Daedalus for the EPR upgrade to Lorenzo. - A spotlight on discharge highlighted that despite efficiencies internally we are currently discharging 20 less patients per day (in unplanned care) than in the same period in 19/20. The focus going forward is on increasing our capacity to discharge more per day, primarily through our ability to assess more patients and to assess them earlier using the “trusted assessment approach”. A 5 phase plan is in place. 			
Assurance:			

<ul style="list-style-type: none"> - An update was provided on Business planning for 24/25 including the allocation of funding at a system level and progress against significant elements of the budget setting process including CIP development. - Good progress is being made with the development of financial service line reporting data and functionality. - There had been some improvement with meeting the ED 4-hour performance time following the opening of the UTC. 	
Important Items to come back to committee:	<ul style="list-style-type: none"> - An update on progress against the phased plan for “Trusted assessment” and improving discharge processes.
Items referred to the Board or a Committee for decision or action:	N/A
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	19b
Report title	Finance Performance and Planning Committee – Highlight report 26 March 2024	Meeting Date	1 May 2024
Chair	Karen McConnell - Committee Chair and Non-Executive Director		
Author	Chloe Milton – Committee Secretary		
Quorate	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Agenda:			
<ul style="list-style-type: none"> - Urgent Emergency Care Spotlight - Finance Position Month 11 - Trust Out Turn Forecast - CIP Programme update - Capital Programme update. - Procurement update - Productivity and ERF report - Business planning 2024/2025 - Performance report - Terms of Reference - Committee Effectiveness review 			
Alert:			
<ul style="list-style-type: none"> - There were 37 patients waiting over 78 weeks at the end February, excluding Community Paediatrics. This was due to industrial action, patient choice and complexity delay. - There were 500 patients, excluding community paediatrics, waiting over 65 weeks. A revised trajectory to be compliant with this target has been submitted from the end of August 2024. 			
Advise:			
<ul style="list-style-type: none"> - There had been significant and continuous improvement in performance against the 4 hours wait in ED since January. This aligns with the introduction of the UEC programme. Many schemes to improve performance are now live and impact is being closely monitored and actions prioritised. Additional schemes to be delivered were outlined to the Committee and FPPC will continue to monitor progress closely. 			

<ul style="list-style-type: none"> - During March 2024 the ICB confirmed two additional funding allocations of £4.4m for industrial action and £3.2m for system support funding. As a result of this additional funding the Trust has revised its forecast to £3.2m surplus for the 23/24 financial year. - there has already been a decrease in electricity usage following the UV lights being installed. - 	
Assurance:	
<ul style="list-style-type: none"> - Lister UTC is performing well with attendances consistently into the 70s with highest at 98 and performing close to 100 percent. - Ambulance handover performance has continued to improve as a consequence of the UEC improvement programme. - At Month 11 the Trust had delivered £32m of validated savings against a plan of £28.3m. The Trust is on track to meet its CIP target of £33.1m for the year. It should be noted, however, that only £18.1m of the £32m has been achieved recurrently. - The Trust has a robust business planning process for 24/25 including the use of demand and capacity modelling. - All three national cancer targets were achieved in January 24. Work continues to sustain and improve cancer wait times performance across the Trust across all pathways. 	
Important Items to come back to committee:	<ul style="list-style-type: none"> - Procurement - Productivity spotlights to be undertaken throughout 24/25. - Trajectory for and risks to achieving required targets for D&C and RTT. - Business planning 2024/25
Items referred to the Board or a Committee for decision or action:	N/A
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	
Report title	Finance Performance and Planning Committee – Highlight report 23 April 2024		Meeting Date	1 May 2024
Chair	Karen McConnell - Committee Chair and Non-Executive Director			
Author	Chloe Milton – Committee Secretary			
Quorate	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Agenda:				
<ul style="list-style-type: none"> - Productivity Spotlight Radiology and DMO Efficiency and Waste report - Divisional CIP Plans - Performance Report - IT/Digital Report - Finance Position Month 12 - Productivity and ERF Report - Business planning 2024/25 				
Alert:				
<ul style="list-style-type: none"> - There has been considerable investment in the Emergency Department and a 10% improvement in Emergency Department performance (73.18%) has been achieved in March. However the extent and sustainability of the improvement at the Lister site and for paediatric pathways was an area that the Committee felt more assurance was needed. - Diagnostic performance remains challenging and the Committee expressed particular concern over the gap between demand and capacity for MRI. Although productivity improvements have been identified they will take time to implement and therefore capacity from the private sector is likely to be required to enable RTT target wait times to be achieved. - Community Paediatrics remains a concern. The number of patients waiting is growing. The PMO is looking to support improvements such as the single point of access with HCT for neurodiversity referrals. However, substantial and sustained improvement relies upon the long-term plan for service redesign. This plan will not mitigate the immediate service delivery risks. 				
Advise:				

- Non elective activity at the Lister had seen a significant increase which was felt to be due to the opening of the UTC.
- Further focus is required to improve the 78 week and 65 week Trauma and Orthopaedic performance.
- Following the PMO works the demand and capacity gaps in CT and Ultrasound are understood and productivity improvements have been identified.
- The challenging financial position across the ICS was discussed.
- The Business Planning process and next steps for the submission of the ENHT financial plan for 24/25 was agreed.

Assurance:

- The Trust is reporting a year end surplus of £3.2m at the end of the financial year against a £2.5 m deficit plan. This is subject to audit verification.
- Pay control continues to be a concern and will be a focus for the Committee in 24/25.
- Capital expenditure of £39.7m, including the purchase of 3 Linac machines, was slightly below the Capital Resource Limit for the Trust.
- CIP achievement for 23/24 was £35.8m against a challenging CIP target of £33.1m. Divisional CIP plans are in place for 24/25.
- Category B for Stroke was sustained. However, it was noted, that the criteria to achieve a category B was changing and it would be more challenging to sustain and improve the score moving forward.

Important Items to come back to committee:	
Items referred to the Board or a Committee for decision or action:	<ul style="list-style-type: none"> - Community Paediatrics - Return from the substantial investment in ED - DMO1 performance particularly in relation to MRI capacity

Recommendation	N/A
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Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board	Agenda Item	20
Report title	Quality and Safety Committee 27 March 2024 - highlight report	Meeting Date	1 May 2024
Chair	David Buckle – Committee Chair and Non-Executive Director		
Author	Debbie Okutubo – Deputy Company Secretary		
Quorate	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Agenda:			
<ul style="list-style-type: none"> • Safe, Care, Effective report • Maternity Assurance report • Sepsis action plan • Cancer deep dive • Board Assurance Framework • Integrated compliance report- incident, compliance and risk report • Quality account • Community acquired pneumonia • Renal incident update • Strategic food and drink review • GP query helpline policy • Learning from deaths report • Escalation report – Clinical effectiveness • Patient and Carer experience group • Quality and safety effectiveness report. 			
Alert:			
<ul style="list-style-type: none"> • C difficile incidents and E coli rates were high and work was ongoing and will be reported back at the next meeting. 			
Advise:			
N/A			
Assurance:			
<ul style="list-style-type: none"> • Cancer care: on the gynae-oncology pathway, members commented that they were assured that 30-day mortality for systemic anti-cancer therapy (SACT) was being reviewed. • Members were assured that as part of PSIRF there was a duty of candour working group. 			
Important items to come back to committee (items committee keeping an eye on):			
<ul style="list-style-type: none"> • Sepsis action and management to be brought back to the committee if the expected improvement has not occurred by the summer. • The renal incident update to be brought back to the next meeting. 			
Items referred to the Board or a committee for a decision/action:			
<ul style="list-style-type: none"> • None 			
Recommendation	The Board is asked to NOTE the Quality and Safety Committee report.		

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Board



East and North
Hertfordshire
NHS Trust

Meeting	Public Trust Board		Agenda Item	20a
Report title	Review of Quality and Safety Committee's Terms of Reference		Meeting Date	1 May 2024
Presenter	Head of Corporate Governance			
Author	Deputy Trust Secretary			
Responsible Director	Chief Finance Officer & Deputy CEO		Approval Date	
Purpose <i>(tick one box only)</i> [See note 8]	To Note	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>
Report Summary:				
<p>At the 27 March 2024 Quality and Safety Committee (QSC) meeting during deliberation on the annual committee effectiveness, members agreed to move to having nine meetings a year from 2025. This will change the frequency of meetings as contained within the terms of reference and requires the board's approval.</p>				
<p>Impact: where significant implication(s) need highlighting <i>Significant impact examples: Financial or resourcing; Equality; Patient & clinical/staff engagement; Legal Important in delivering Trust strategic objectives or CQC domains</i></p>				
<p>Service areas were present at the committee meeting and participated in the deliberation of the annual committee effectiveness item. This will however remain under review to ensure no service area is adversely affected.</p>				
<p>Risk: <i>Please specify any links to the BAF or Risk Register</i></p>				
<p>No current risk has been identified but this will be kept under review.</p>				
Report previously considered by & date(s):				
<p>At the QSC meeting held on 27 March 2024</p>				
Recommendation	The Board is asked to APPROVE the change to the terms of reference.			

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QUALITY AND SAFETY COMMITTEE TERMS OF REFERENCE

1. Purpose

The purpose of the Quality and Safety Committee (QSC) will be to ensure that appropriate arrangements are in place for measuring and monitoring quality and safety including clinical governance, clinical effectiveness and outcomes, health inequalities, research governance, information governance, health & safety, patient and public safety, compliance with CQC regulation and workforce issues where there is a clear and direct link to quality and safety issues. The Committee will be responsible for assuring the Board that these arrangements are robust and effective and support the delivery of the Trust's Clinical Strategy and Quality Strategy.

Please note the Trust's Audit and Risk Committee will ensure the Board has a sound assessment of risk and that the Trust has adequate plans, processes and systems for managing risk and the Finance, Performance and Planning Committee will ensure the monitoring of financial risk, unless there is potential impact or actual risk to quality identified; in these circumstances QSC will provide scrutiny.

2. Status and Authority

The Committee is constituted as a formal committee of the Trust Board.

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee challenges and provides assurance on all areas of risk within the remit of the Committee to the Audit Committee and the Trust Board. Please note: the Audit Committee provides an independent and objective review of the appropriateness and fitness for purpose of the Trust's systems of internal control and risk to the Trust Board.

3. Membership

Three Non-Executive Directors, one of whom will chair the committee.

Core Attendees

Chief Executive
Chief Nurse
Medical Director
Chief Operating Officer or nominated deputy
Chief Finance Officer or nominated deputy

Other attendees:

Director of Quality
Associate Medical Directors
Deputy Chief Nurse
Chief Pharmacist
Patient Safety Leads
Head of Corporate Governance
Director of Midwifery
Director of Estates and Facilities
Director of Improvement

In addition to the above list of attendees the committee will co-opt attendance as required from the Chief Information Officer, Divisions, Infection Control, Health and Safety, Patient Safety, Clinical Governance, Information Team etc.

If a conflict of interests is established, the above member/ attendee concerned should declare this and withdraw from the meeting and play no part in the relevant discussion or decision.

4. Quorum

The Committee will be quorate if two non-executive members are present, and two core attendees; one of which must be the Medical Director or Chief Nurse or their nominated representative.

5. Frequency of Meetings

The Committee will ~~normally meet~~ at least nine times in a year monthly with the exception of August (unless a meeting is required)-. The format of the meetings will be agreed with the Committee Chair and some meetings may include a focus on deep dive presentations if deemed appropriate and effective. The Chair of the Committee may convene additional meetings if required to consider business that requires urgent attention.

All attendees are expected to attend each meeting or to send a nominated deputy when they are unable to do so.

6. Duties

Managing Quality and Safety Risks

- To provide assurance to the Board that the services the Trust provides meet all national standards and are safe, effective, high quality and patient-focused
- To endorse and monitor the Trust's key governance strategies relating to quality and safety, such as the Quality Strategy.
- To review and monitor the Board Assurance Framework and the Corporate Risk Register risks assigned to the Committee, ensuring appropriate action is taken to mitigate risks where possible and advise the Board where acceptance of risk may need to be considered
- To monitor the standards and reviews from external bodies through receiving development plans, outcome reports and associated action plans, e.g. Care Quality Commission, NHS resolution, Health & Safety Executive (HSE), NHS Improvement (NHSI) and ensure action is taken for compliance.
- To improve and develop the effectiveness of the quality and safety assurance systems across the Trust by monitoring activity across the Trust through regular reports specified by the Committee in the Committee's Annual Cycle, and by exception

- To receive reports and monitor the progress in mitigating quality and safety risks arising from the Trust's major service developments
- To review the quality risk assessment of the CIP programme
- To work with the Audit and Risk Committee when appropriate, and specifically in agreeing the Annual Internal Audit plan and providing a review of effectiveness on the clinical audit.

Ensuring Compliance

- To monitor and advise the Board on progress against national and local quality and safety governance standards and compliance framework.
- To receive and review regular progress reports for achieving compliance against all aspects of the Quality of Services through the monitoring of the Fundamental Standards and CQC regulations.
- To monitor and advise the Board on compliance with the Hygiene Code and CQC Registration and Regulation
- To receive reports on the changes to Healthcare Regulation and assurance as to how the Trust will manage this process
- To review and approve the annual reports as stated in the annual cycle, with the exception of Health and Safety and Safeguarding which will be scrutinised prior to final approval by Trust Board
- Working with the Audit and Risk Committee to approve the Quality Account

Improving Quality

- To endorse and monitor the implementation of the Trust's key quality strategies.
- To receive regular reports from the Trust and Divisions on Patient Safety and Clinical Quality and Outcomes ensuring appropriate action is taken
- To receive regular reports from the Trust and Divisions on Patient Experience Indicators ensuring appropriate action is taken
- To receive regular reports from the Trust and Divisions on Nurse/Patient Indicators and safer staffing ensuring appropriate action is taken.
- To review the biannual nursing establishment review prior to consideration and decision by the Trust Board.
- To support the implementation of quality improvement programmes.
- To be advised of the progress of any major quality initiatives in the Trust.
- Deliver better health outcomes for our whole community, and actions to reduce health inequalities.
- Improve access and experience for our patients.
- Improve data collection, use and reporting in relation to equalities and inclusion.
- To consider reports regarding any workforce issues where there is a clear and direct link to quality and safety issues.
- To monitor the quality and safety performance metrics.

7. Reporting arrangements

The Committee will provide a report of each meeting to the Trust Board. It will make recommendations to the Board, Executive Team and Executive Directors for these groups/individuals to take appropriate action.

The Committee will provide reports to the Audit Committee as requested.

The core attendees and attendees will provide reports to the committee in relation to all areas of their portfolio and in line with the Annual Cycle and Action Log.

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

The committee will monitor and review its compliance through the following:

- The Committee report to Trust Board
- QSC annual evaluation and review of its terms of reference

9. Support

The Trust Secretariat will ensure the committee is supported administratively and advising the Committee on pertinent areas.

Approved at Board on 5 July 2023

Updated on 1 May 2024

Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board		Agenda Item	20b
Report title	Quality and Safety Committee 24 April 2024 - highlight report		Meeting Date	1 May 2024
Chair	David Buckle – Committee Chair and Non-Executive Director			
Author	Debbie Okutubo – Deputy Company Secretary			
Quorate	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Agenda:				
<ul style="list-style-type: none"> • Renal Update • Safe, Care, Effective report • Maternity Assurance report (Including the External Maternity Review) • Research Strategy • ENHT Teaching Hospital Application • Integrated compliance report- incident, compliance and risk report • Quarterly Complaints and Patient Experience report • Health and Safety Assurance report • Patient and Carer Experience Group. 				
Alert:				
<ul style="list-style-type: none"> • On renal services, there were patient incidents that are being investigated. The committee continues to seek assurance that the trust has the capacity, skills and governance to address and deal with any future patient incident. 				
Advise:				
N/A				
Assurance:				
<ul style="list-style-type: none"> • It was noted that the recent changes to SHMI were simply a data collection error. Recent national changes in SHMI methodology were being monitored but not considered to be significant from a trust perspective. 				
Important items to come back to committee (items committee keeping an eye on):				
<ul style="list-style-type: none"> • An external maternity review was considered by the committee. Follow up will be at the People and Culture Committee but with Quality and Safety involvement. 				
Items referred to the Board or a committee for a decision/action:				
<ul style="list-style-type: none"> • The Health and Safety report precipitated a discussion on the number of violence and aggression incidents. Follow up to be discussed with the People and Culture Committee. 				
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	21
Report title	People Committee – Highlight report 19 March 2024		Meeting Date	1 May 2024
Chair	Val Moore - Committee Chair and Non-Executive Director			
Author	Chloe Milton – Committee Secretary			
Quorate	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Agenda:				
<ul style="list-style-type: none"> - Committee Effectiveness review - People Report - Voice of our People Women’s Network - Staff survey Improvement and Engagement - Turnover Deep dive - Flexible working - E-Roster/workforce deployment - Equality Delivery System - Grow Together - Board Assurance Framework 				
Alert:				
<ul style="list-style-type: none"> - Proportion of temporary staff relative to the overall pay bill is not likely to reach target by the end of the year, however, issues impacting ability to hit target understood and positive progress has been made. - Staff engagement with the staff survey reduced slightly by 0.5% although overall number increased and the proportion by protected characteristics was representative of the entire Trust. 				
Advise:				
<ul style="list-style-type: none"> - Flexible working paper set out strategic intent and how to become an employer which offers more flexible working opportunities to retain and attract future talent. - There was positive coverage of medical rostering across the Trust at 89% with aims to get to 90%. - The software contracts for both medical and non-medical were up for renewal. It was also advised that they were remaining with their current suppliers and proceeding with the contract renewal. - Equality Delivery System report set out the extensive evidence which the Trust has to meet its requirement. It was noted that the report was incomplete in the domain of health outcome and experience, however a structure is in place to now capture this over the course of the coming year. 				
Assurance:				

<ul style="list-style-type: none"> - The Trust remained at an 8.3% vacancy rate even with the new positions opened in January to support the UEC. - The Trust is performing exceptionally well with regard to staff retention and a report presented to the committee demonstrated the positive impact of the interventions made - Statutory and mandatory training was currently at 90% compliant. - Sickness rates were lower this year than they were the year before, indicating that efforts to improve employees' well-being at work were beneficial. 	
Important Items to come back to committee:	- Equality Delivery System verbal update, including on health inequalities
Items referred to the Board or a Committee for decision or action:	N/A
Recommendation	The Board is asked to NOTE the People Committee report.

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Board



**East and North
Hertfordshire**
NHS Trust

Meeting	Public Trust Board			Agenda Item	22
Report title	Charity Trustee Committee – Highlight report 4 March 2024			Meeting Date	1 May 2024
Chair	David Buckle – Committee Chair and Non-Executive Director				
Author	Chloe Milton – Committee Secretary				
Quorate					
	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Agenda:					
<ul style="list-style-type: none"> - Major projects update – Sunshine Appeal - Charity Finance Report - Investment portfolio - Approvals of budgets/forecasts - Approvals In excess of £5000 - Charity highlight report 					
Alert:					
<ul style="list-style-type: none"> - Income was £59K over budget. Legacy income remains difficult to predict but was a possible concern. - Expenditure was reported to be £450k below budget. - Legacies reported lower at £236k behind plan 					
Advise:					
<ul style="list-style-type: none"> - It was advised that half a million had been withdrawn from the cash fund for investments leaving the final amount at £365k which was an increase from year end. - The following was approved by the committee: 					
Corporate	Continuation of the Forget me not volunteer service coordinator role.	£17,580	Ruth Bradford	Forget me not funds raised.	
Cancer MVCC	To establish a consortium of trained staff and volunteer facilitators from Watford General and Mount Vernon to deliver HOPE	£11,000	Ginnie Abubakar	MVCC general	

	self-management courses.			
Cancer	To continue (for 12-months) a free cancer related hair loss and scalp cooling advisory consultation/service delivered by Cancer Hair care for patients at MVCC and the Lister.	£26,880	Alison Patterson	MVCC general LMCC general
Cancer	Sky art panels for linnac machines x3	£11,002	Daniel Megias	To fundraise for-funders found for 2
Planned Care	To purchase specialist seating to support patients who require additional support to sit out and encourage early rehabilitation. 2x Azalea wheelchairs.	£5,000	Emma Bates	To fundraise for.
Cancer MVCC	Chemotherapy suite staff kitchen/break room refurbishment (45staff)	£5,978.00	Dean Watson	To fundraise for.
Corporate	Thank you week provisional budget	£10,000	Thomas Pounds	Skim from all funds

Assurance:

-

Important Items to come back to committee:	N/A
Items referred to the Board or a Committee for decision or action:	N/A

Recommendation	The Board is asked to NOTE the Charity Trustee 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	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
Integrated Performance Report	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
Employee relations (Part 2)	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
Finance, Performance and Planning Committee Report	X		X		X		X		X		X		X
Quality and Safety Committee Report	X		X		X		X		X		X		X
People Committee	X		X		X		X		X		X		X
Strategic reports													
Planning guidance											X		
EPR implementation to Lorenzo	X		X		X						X		X
Trust Strategy refresh and annual objectives	X												X
Strategy delivery report					X						X		

Board Annual Cycle 2023-24

Items	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
Mount Vernon Cancer Centre Transfer Update (Part 2)											X		
Estates and Green Plan													
Workforce Race Equality Standard											X		
Workforce Disability Equality Standard											X		
People Strategy											X		
Enabling Strategies													
Estates and Facilities Strategy							X						
Green Strategy									X				
Clinical and Quality Strategy											X		
Equality, Diversity and Inclusion Strategy	X												X
Digital Strategy			X										
Engagement Strategy					X								
Other Items													
<i>Audit Committee</i>													
Audit Committee TOR and Annual Report (if required)													

Board Annual Cycle 2023-24

Items	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
Review of Trust Standing Orders and Standing Financial Instructions (if required)													
<i>Charity Trustee Committee</i>													
Charity Annual Accounts and Report									X				
Charity Trust TOR and Annual Committee Review	X												
<i>Finance, Performance and Planning Committee</i>													
Finance Update (IPR)	X		X		X		X		X		X		X
FPPC TOR and Annual Report					X								
<i>Quality and Safety Committee</i>													
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		
Nursing Establishment Review											X		
Patient Safety and Incident Report (Part 2)			X						X				
University Status Annual Report					X								
QSC TOR and Annual Review (if required)			X										
<i>People Committee & Culture</i>													

Board Annual Cycle 2023-24

Items	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
Workforce Plan													
Trust Values refresh					X								
Freedom to Speak Up Annual Report							X						
Staff Survey Results			X										
Equality and Diversity Annual Report and WRES							X						
Gender Pay Gap Report			X										
People Committee TOR and Annual Report (if required)			x										
Shareholder / Formal Contracts													
ENH Pharma (Part 2) shareholder report to Board					X								