Public Trust Board

Online meeting

12/03/2025 09:30 - 12:00

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For noting				
23.	Date of Next Meeting	Trust Chair		

Wednesday, 14 May 2025 - Room 2&3 - Hertford County Hospital, North Road, Hertford, Hertfordshire SG14 1LP

East and North Hertfordshire NHS Trust

Minutes of the Trust Board meeting held at Mount Vernon Cancer Centre, Rickmansworth Rd, Northwood HA6 2RN on Wednesday, 15 January 2025 at 9.30am.

Present:	Ms Anita Day	Trust Chair
	Mrs Karen McConnell	Deputy Trust Chair and Non-Executive Director
	Dr David Buckle	Non-Executive Director
	Ms Diana Skeete	Non-Executive Director
	Ms Janet Scotcher	Non-Executive Director
	Mr Richard Oosterom	Associate Non-Executive Director
	Ms Gillian Hooper	Non-Executive Director
	Mr Adam Sewell-Jones	Chief Executive Officer
	Ms Theresa Murphy	Chief Nurse
	Mr Martin Armstrong	Chief Finance Officer and Deputy Chief Executive Officer
	Dr Justin Daniels	Medical Director
	Ms Lucy Davies	Chief Operating Officer
	Mr Kevin Howell	Director of Estates and Facilities
	Mr Kevin O'Hart	Chief Kaizen Officer
	Mr Thomas Pounds	Chief People Officer
	Mr Mark Stanton	Chief Information Officer
	Ms Eilidh Murray	Director of Communications and Engagement
From the Trust:	Ms Amanda Rowley	Director of Midwifery
	Dr Jon Bramall	Associate Medical Director Patient Safety
	Ms Lydia Mugambi	Nurse Team Manager, Renal Services (25/007)
	Ms Alison Anderson	Clinical Practice Matron, Renal - Harlow, St Albans, Bedford and Chiltern Kidney Centre (25/007)
	Ms Jennifer Godwin	Partnership Manager (25/010)
	Mr Stuart Dalton	Head of Corporate Governance
	Mrs Debbie Okutubo	Deputy Company Secretary (Board Secretary - minutes)

No	Item	Action
	The Chair welcomed everyone to the meeting in particular, Kirit Modi, Ros Aird, Lister Area Kidney Patient Association (LAKPA) and Ms PF, a patient. The Chair commented that the meeting was a live streamed meeting of the Trust Board to ensure transparency to patients, staff and the wider community.	
25/001	**DECLARATIONS OF INTEREST** There were no new interests declared.	
25/002	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Ms Nina Janda, Associate Non-Executive Director, Professor Zoe Aslanpour, Dean, University of	

Hertfordshire Medical School, Ms Ivana Chalmers and Mr Neil Tester from Healthwatch, Hertfordshire.

25/003 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 6 November 2024 were **APPROVED** as an accurate record of the meeting.

25/004 ACTION LOG

The Board **NOTED** the status of the action log.

25/005 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

25/006 PATIENT SAFETY INCIDENT INVESTIGATION (PSII)

The Medical Director presented this item. The Board was reminded that a Patient Safety Incident Investigation (PSII) is undertaken to identify new opportunities for learning and improvement.

A PSII was carried out following the closure of Bedford Renal Unit.

It was noted that there has been a renal service in the Trust for the last 36 years and there had never been an interruption, however, the incident caused patient harm. It also caused inconvenience to both patients and staff and the Medical Director on behalf of the Trust apologised for this.

The Medical Director went on to explain that the Trust follows national guidance and has moved away from Serious Incident Investigations to Patient Safety Incident Investigations (PSII). It was noted that with an SI, a root cause analysis would have been undertaken and this would have had fewer reasons. With a PSII, it looks for many causes, learns from it and spreads the learning across the NHS.

In February 2024, 69 of the 97 patients receiving dialysis at the Bedford Renal Unit had a drop in their haemoglobin. This led to concerns about the quality of the water at the unit and it was believed that this incident is likely to have contributed to 15 patients needing admission to hospital as they became unwell. In total 30 patients required a transfusion. One patient suffered a stroke which is likely to have been contributed to by their anaemia (which was caused by the incident).

A PSII was commissioned, and 17 causes were found which were grouped into 11 themes. The themes including the details were highlighted and 28 areas of improvement were identified. It was noted that some improvements needed to be completed immediately which was done and there are some long-term improvements with systems in place for these to be implemented.

Following the presentation, the Medical Director went on to thank the investigation team – Dr Jon Bramall, Clare Carr, Sam Hoskins and Kim Walker; he also thanked the Lister Area Kidney Patients Association (LAKPA), patients and staff.

The Chair reiterated the appreciation to everyone mentioned and recognised the thoroughness of the investigation carried out.

A clinical board member commented that previously when harm occurred in such an instance, it was not identified as harm. Therefore, the report was very reassuring. Questions were also asked about the commercial contract and the Trust's capacity to dialyse further renal patients.

In response, it was noted that in terms of capital availability, all four of our hospitals are kept running with our £15m annual capital allowance. There is a significant backlog of engineering works and competing priorities to keep our infrastructure fit for purpose. It was also felt that not enough was spent on renal services in the past but it would be addressed going forward.

There will be a new 20-station unit which should increase the capacity going forward. A discussion will be had with our commissioners to ensure there is enough money to staff the new unit.

On contracts, it was remarked that there were several contracts in the Trust and all contracts are managed by the procurement team. Some technical contracts require specialist input which could be clinical and / or operational.

Members echoed it being a thorough, open and transparent investigation and asked who made the decision to close the service. They also asked about the controls put in place to prevent this happening in future. In terms of the number of themes identified, the question was asked how the lessons learned were being applied elsewhere in the Trust.

Members thanked the Medical Director for a clear summary. It was noted that the Quality and Safety Committee (QSC) had given some considerations to the report before it was presented to the Board. They felt that there was good co-operation from all staff involved across the various teams and good teamwork was demonstrated.

Members were advised that there were wider implications beyond renal that had been picked up.

The Chair welcomed Kirit Modi, Chair of LAKPA and gave him the opportunity to address the Board.

He thanked the Chair for the opportunity to attend and speak and asked if the Trust had learnt and applied the lessons. He noted that for dialysis patients they do not seem to be getting a good enough service.

He thanked Dr Andrew Findlay, Renal Medical Director and his team and commented that he was a patient 30 years ago and received good care.

He noted that there will have been five closures altogether of the Bedford, Lister and St Alban's renal units which would exacerbate renal patients' concerns about the infrastructure and resilience of the service into the future.

He commented that the closure in February affected over 100 patients and some of them became anxious as some needed to travel to Northampton.

He commented that LAKPA welcomed the immediate action taken as a result of the investigation, but he was disappointed that the capital project to relocate the home dialysis unit, scheduled to start this financial year, had lost its funding. He informed the Board that he had discussed this with Martin

Armstrong, Chief Finance Officer and asked that the funding be reinstated for 2025/26 financial year.

He further commented that increase in dialysis patients had been known for some time as it had been projected and felt that there was the risk if we do not give this the priority it deserves, and the Trust engage with ICB and NHSE to have some detailed plans. He stated that if not done now, there was the risk of overcrowded units with minimal resilience in provision. It was further suggested that the report did not touch on the effect on the mental health and well-being of renal patients due to the closures.

LAKPA offered to provide half the funding for any proposals that arise out of this development, so long as the Trust funded the other half.

He reiterated that the purpose of LAKPA was to improve the lives of kidney patients, and they would continue to work in partnership to restore patients' confidence in the renal services provided by the Trust. However, they could not do so without the commitment of the Trust to:

- fully address the issues raised in the report
- develop robust, funded proposals to ensure that dialysis capacity reflected future demand
- reinstate the funding for the Home Therapies project as this would alleviate some of the pressure on in centre dialysis units and
- set up an independent investigation of the unplanned closures at Bedford and Lister.

The Medical Director thanked Kirit Modi and LAKPA for the support to the organisation. He commented that a PSII had already been done for the February 2024 closure. The second and subsequent closure would be going through the patient safety incident response framework (PSIRF) and a decision would be made on how to best to handle this.

It was reiterated to the Board that no harm came to patients on the second or third occasion.

The Board was reminded that expansion of services would be reliant upon the Trust being commissioned to provide these.

The Chief Finance Officer commented that £3.2 million had been spent on improving Renal services to date. Difficult decisions were made to reprioritise other expenditure.

The Board **NOTED** the Patient Safety Incident Investigation (PSII).

25/007 PATIENT STORY

Ms PF addressed the board. She was supported by Lydia Mugambi, Nurse Team Manager and Alison Anderson, Clinical Practice Matron (Renal). She thanked the board for the opportunity to give feedback. She commented that although it was a difficult time, what she saw was the team pulling together on both occasions, from the driver to the cleaners to clinical staff. They all worked as a team. She commented that in her case she still had her treatment three times a week even if some of the treatments happened late at night.

She had to attend Lister for treatment at 11pm but no staff complained even at Bedford, no staff grumbled.

She continued that the only one she heard complain was a patient and that was to say that they could not drive all the way to another site.

She commented that the Board should be proud of the staff. She would have loved to give gifts but was unable to do so. She had been a patient for over a decade, lost her eyesight, she was an amputee below the knee but still living.

She further stated that 10 years ago, she did not know what the future would hold but due to the care received she was still living.

The Chair, on behalf of the Board thanked Ms PF and all staff who had supported Ms PF over the years and would support her into the future.

Other Board members also thanked Ms PF and the team who had worked hard and late into the night to support this service. They thanked Ms PF for her generous words.

The Board noted that the PSII report concentrated on harm for the right reasons but there was also inconvenience. A lot of people had to change their arrangements to ensure service continuity which showed what caring individuals could do for patients.

The Chief Executive reiterated that because of the incident a number of patients had to go through avoidable procedures and one patient came to harm and for this an apology was echoed to the individual and their family. Staff worked hard to minimise inconvenience but with renal patients the relationship is usually long-term, which is why the work LAKPA does is exemplary in our engagement work. LAKPA was thanked for the ongoing input into renal services at the Trust to shape the service.

It was noted that we would see future disruptions, but they would be planned. Also, lessons learned would be taken forward.

The Chief Executive continued that PSIRF was a national framework and still in early days, we would therefore be looking for learning. He continued that we decided to bring this incident to the public Board, it was not mandated as part of the process, but it was felt that as part of being transparent, this was part of our commitment to feel properly assured and challenge if required.

The incident happened a while ago, but the challenge of renal services is about capacity. The Chief Executive agreed with Kirit Modi that the Trust needed to get the resourcing right and get a funding service. This was being worked on. When patients need care, we try to provide the best care possible.

We would continue to work with our commissioners and ICB on our funding.

The Chair thanked Ms PF for attending and presenting her view. Kirit Modi and Ros Aird were also thanked for attending and presenting the LAKPA view.

The Board **NOTED** the Patient Story.

25/008 CHAIR'S REPORT

The Chair presented and commented on four areas:

East and North Hertfordshire NHS Trust

1. The Board was formally notified that the Trust had reached an agreement to resolve the dispute with Unison regarding the back dated payment for care support workers (CSWs) whose jobs had been re-evaluated from band 2 to band 3. The costs related to the resolution which was approved under Chair's action for urgent decision-making in accordance with the Standing Orders, which required the next Board meeting to be alerted to the decision and seek the Board's ratification of the urgent decision.
   The Board formally **RATIFIED** the decision.
2. Secondly, she informed the Board that a distressing incident occurred at Lister hospital where a local woman fell from our multi story car park and despite the efforts from medical services, she sadly died at the scene. The Board was advised that her death was not being treated as suspicious, however, ongoing investigations would be taking place, along with Hertfordshire Partnership Foundation Trust (HPFT). The thoughts of Trust staff are with the woman's family and friends.

   She continued that she appreciated how sad and triggering the event was and that it would affect staff in a variety of ways. She encouraged staff to reach out to their line manager and access the wellbeing support that the Trust had on offer. Finally, she thanked patients and staff for their understanding.
3. The Trust's application to become a teaching trust has been considered by the DHSC. The Chair advised all that it was an agenda item at this meeting but just to mention that very shortly we would welcome Professor Zoe Aslanpour, Dean University of Hertfordshire Medical School to the board and Dr Justin Daniels would become a board member at the University of Hertfordshire.
4. Ms Gillian Hooper was welcomed to the Board as this was her first board meeting even though she had attended a number of committees since December when she joined the Trust.

The Board **RECEIVED** and **NOTED** the Chair's report.

25/009 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

It was explained that we were still in our busy winter period and there was pressure on emergency services. It was noted that our ED performance held up reasonably well despite the pressure, but patients with flu were kept inside rooms for longer due to staff absences. This also affected the ability to offload ambulances. The Chief Executive apologised for this.

The Board was advised that in relation to Planned Care, the government had launched the Elective recovery plan. We were expecting the detailed planning guidance and the financial framework and once it became available, the Board would be updated. It was noted that long waiting times remained a major concern for the Trust, but we continue to be one of the leading trusts in the NHS in delivering elective activity beyond that delivered pre-pandemic.

Thriving People
The Board was advised that 2024 had been a year full of success and achievements for our Trust. This included National awards where we were recognised for several of them, including the Armed Forces Covenant Employer Recognition Scheme Gold Award.

Seamless service
Reducing admissions of frail older patients into hospital is a Trust priority - as they could be better cared for in alternative settings. The ambition is therefore to align services across East and North Herts Health and Care Partnership to further develop services.
The Postnatal Contraception Service was now in operation. Women would have immediate and convenient access to contraception following the birth of their child.

Continuous improvement
Professor Nikhil Vasdev and his team were presented with an international award in New York for outstanding contribution for their State-of-the-Art Artificial Intelligence collaborative research between the East and North Hertfordshire NHS Trust, and the University of Hertfordshire.

The Board was informed that the Chief People Officer, Thomas Pounds had been successfully appointed to the same post at the Royal Free London NHS Foundation Trust. Thom would be leaving at the end of this financial year.

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

25/010 ESTABLISHMENT ORDER

The Medical Director presented this item. In attendance was the Partnership Manager. It was noted that following board approval of the application documents in May 2024, the Trust applied to the Department of Health and Social Care (DHSC) to become a Teaching Trust and change our name.

The Board was advised that massive amount of teaching already takes place across the Trust in different disciplines, hence, why it was being proposed that we formalise it and get it signed off by the Secretary of State. It is expected to come into effect on 1 April 2025 subject to final approval from the Department of Health and Social Care.

Professor Zoe Aslanpour would then be officially welcomed to the Board as a Non-Executive Board member in the Trust.

The Board **RECEIVED** and **APPROVED** the Establishment Order and that we change our name to East and North Hertfordshire Teaching NHS Trust.

25/011 INTEGRATED PERFORMANCE REPORT

The Executive Directors gave an update on their respective areas.

Quality

The Chief Nurse advised that for C difficile (C diff.), there had been an increase in the number of cases although there was no cross contamination

of patients or poor outcomes. There were zero MRSA BSI in the C Diff, however, there are challenges around flu which would appear in the next report.

On Friends and Family, there was a Patient and Carer Experience (PACE) meeting with good attendance and there were compliments coming through in particular from the voice of the patient.

In October, the Trust agreed to adopt 14-hour timescale to complete venous thromboembolism (VTE) risk assessments in line with NHSE requirements. This led to an anticipated drop due to a stricter timescale. Senior leadership are working on how to bring the figures up.

On pressure ulcers (PU), the Board was advised that PURPOSE-T was being rolled out and the digital team had been forwarded all the relevant paperwork for their input. This move would align our Trust with the ICS/ICB and National Wound Care Strategy Programme (NWCSP) recommendations for PU prevention.

The Medical Director advised the Board that good care events had increased and the same way we learn from mistakes, we need to learn when things go right.

The Quality and Safety (QSC) Chair asked for an update on staff sickness and vaccination uptake rates. In response, it was noted that sickness has been short term illnesses, mainly respiratory related. The vaccination rates are low across the NHS including our Trust. Flu has also been on the increase, but we have not seen a predominant strain but a multiplicity of different strains some of which are vaccine sensitive and some are not.

He continued that this explained why some staff had been off sick with flu. There was also a new strain of norovirus, but the Trust had not particularly been hit by it. Lesson for next year, is what do we do differently for our staff to get vaccinated.

The Board was reminded that flu could be deadly even though it was rare.

Members asked about the spike in C diff, and RSI and also mentioned that there was a peak in E.coli. In response, the Board was advised that the Infection, prevention, and control (IPC) team continued to work with the vascular access lead nurse in improving management of intravenous devices and working with the urology nurse specialist for indwelling urinary catheter device care to ensure there was no cross contamination. The Board was also assured that there were no reports of E.coli coming from food.

Action: Members asked about emergency re-admissions within 30days. The Medical Director to take a paper to Quality and Safety Committee (QSC), as a re-assurance to the Board that this is being scrutinised.

Members asked about the increase of violence and aggression (V&A) incidents reported in paediatrics and asked if it would be linked to the training in the Trust as there was de-escalation training being offered. In response, it was noted that the reporting was not just in paediatric but also in ED and that the increase could be due to better reporting.

Operations
The Chief Operating Officer advised the board that for urgent and emergency care, in November, patients waiting no more than four hours from arrival to admission, transfer or discharge performance decreased to 67.2% which was as a result of staff sickness and closed medical beds due to business continuity incidents. This has since increased to 69.3% in January 2025.
On cancer waiting times, the Trust achieved all three of the key targets, 28-day faster diagnosis; 31-day decision to treat to treatment and 62-day referral to treatment standards in October. The Board was advised that the team would continue to push for improvements by implementing better processes.
The Referral To Treatment (RTT) performance was discussed. It was noted that performance continued to show improving trends in-month. The Board was advised that community paediatrics remained a challenge and a paper would be presented to Trust Management Group (TMG) on the progress that is being made.
Members asked about community paediatrics and if the paper to be presented to TMG would be on the young people on waiting lists or it would be extended to the future of the service. In response, it was noted that it was a system plan that aimed to deal with both. However, they were waiting on the commissioners who were yet to resolve the funding for the service.

On diagnostics, the number and proportion of patients waiting over 6 and 13 weeks continued to decline positively.
Members asked about RTT performance and if there was certainty of its trajectory. In response, it was explained that this was not yet the case, but the detail would be shared at Finance, Performance and Planning Committee (FPPC) meetings.

Finance
The Chief Finance Officer reminded the Board that the Trust approved a surplus financial plan of £1m for 2024/25. This plan assumed that both a £33.8m cost improvement programme would be delivered, and ERF performance of 138% would be achieved. It was noted that in November, the Trust reported an actual year to date surplus of £0.2m which was adverse to plan by £0.7m. The Board was advised that the gap related to lost income resulting from industrial action earlier in the year.

The Board was informed that the financial pressures had been managed by utilising non-recurrent reserves and divisions had developed a range of recovery plans. The financial recovery board (FRB) had also been set up to monitor this and get us as close as possible to the projected surplus plan even though at system and regional level it would be challenging.

The Chair of the FPPC commented that December and January activity levels were lower than planned which was a risk. Using the balance sheet in some cases meant we were able to manage financially but the concern was about exit run rates which could impact 2025/26. Also, the funding of the OneEPR remained a key issue. In response, it was noted that NHSE and the

ICB were aware of the OneEPR project and we would continue to dialogue with them in relation to funding.
Members further commented that the pressure going into the financial year 2025/26 had been noted therefore, in relation to OneEPR was there scope for additional funding? In response it was said that this was not yet clear at this stage but a modest amount had been received for the OneEPR project.

People
The Chief People Officer presented this part of the agenda. It was noted that progress was being made on improving the vacancy rates which was currently at 8.8% due to commencement of newly qualified nurses and midwives, as well as key medical posts being filled.

The improved vacancy rate and stronger monitoring reduced bank spending to 8% from 10.2% in August. Although covering winter sickness absences could increase costs, but monitoring should minimise the impact.

The staff survey field work concluded with a 50% response rate. Indicative results would be made available in month 10 with full bench marking data to be released in the following months.

Sickness absence rate was above average at 5%. Targeted work to support leaders to prevent and manage sickness absence was continuing with coaching for managers.
The Chair of the People and Culture Committee commented that it was good to receive the survey results as once this was analysed, we would know what areas we needed to focus on.

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

25/012 LEARNING FROM DEATH REPORT

The Medical Director presented this item. Four risks were identified and the Board was advised that progress was being made on the structured judgement review (SJR) numbers.

The Board was informed that the next iteration of this report would include cumulative baskets of why patients die. There was still a small number of preventable deaths at 3% which would continue to be analysed and monitored and watched.

Members asked about the joint clinical coding activity and if there were underlying data quality issues and if so, how they were being addressed.

Members also asked about the preventable deaths percentage and asked if there was any comparison to peers.

In response, it was noted that clinical code at the Trust was good quality, however, whenever there was the need to look at the coding, there were challenges due to the rules. The Medical Director continued that this did not prevent them from challenging when required.

Action: Regarding the preventable deaths question, an answer would be brought back to the next Board meeting.

The Board **NOTED** the learning from death report.

25/013 BOARD ASSURANCE FRAMEWORK (BAF)

The Head of Corporate Governance presented the BAF. He commented that there was nothing significant to add to the report but following the refresh at the last board meeting, the Trust was working on getting better traction to actions. Updates and overdue actions would be taken to the relevant Committees.

BAF Risk 3: System and internal financial constraints lead, the Chief Finance Officer presented this risk. He explained the controls and assurances against the controls and noted that the challenging environment remained and that the rating of 12 was for the present but that might change as we move forward and it could increase significantly. It was noted that as the planning guidance became clearer, the risk rating would increase but this might not reflect until next year.

The Audit and Risk Chair asked about limited capital resources and the constraints and if the BAF risk needed to be explicit about this. It was also stated that the new Procurement regime coming in would also have an impact as discussed at the Audit and Risk Committee (ARC) meeting on 14 January 2025. In response, it was noted that the outlook on capital spend was less bleak compared to revenue spend. A critical infrastructure group which is a management cross cutting team led by a divisional director were meeting and they make rational critical judgments on how our finite funds would be used to manage risk and development.

It was reiterated that the new Procurement Act would pose its own challenges.

BAF Risk 4: Workforce shortages and skills mix lead, the Chief People Officer commented that this risk was at the risk rate of 12. Significant mitigations had taken place to reduce the risk from 16 in 2022 to 12, its current rate.

The Board was advised that the recruitment carried out previously was done in a less sustainable way as the Trust made the decision not to continue with the expansion of international recruitment based on the NHS long term plan. Instead, they focused on the training routes for home-grown recruitment to fill the skill shortages. Funding remained a challenge into next year and would need to be watched.

The Chair of the People and Culture Committee commented that she would welcome the triangulation between the People and the Finance agendas to ensure the risk was managed effectively considering the history behind the figures.

A member commented on the seven levels of assurance score and asked that the Executive should consider a level 5 which indicated that the evidence of a number of agreed actions being delivered, with limited evidence of the achievement of desired outcomes which would then be discussed at a future meeting.

The Board **NOTED** the BAF

East and North Hertfordshire NHS Trust

25/014 MATERNITY INCENTIVE SCHEME

The Director of Midwifery presented this item. She informed the Board that the report presented provided assurance that the Maternity unit was in year six of the Clinical Negligence Scheme for Trusts (CNST)
Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care.

She commented that oversight had been provided by the QSC and Board members had been kept informed at all levels. It was noted that we were fully compliant with all 10 standards of the scheme, and we were due to get a rebate due to this.

Members congratulated the team and commented that not every Trust could achieve this. The QSC Chair commented that this was seen at the committee meeting in December and the committee went through the report in detail.
Members also asked if at some point the Board would be willing to delegate oversight of Maternity Services to the QSC following their exit from the safety programme.

It was acknowledged that last year we were at a critical stage hence why it needed to come to Board. The Chief Executive commented that he was happy to sign this off as they had now exited the CNST and that consideration should be given to the appropriate for oversight of maternity and it was suggested that duplication needed to be avoided because to date there had been that level of duplication at committee and at Board.

Following further discussion, the Chair commented that she had the discussion with the Chief Executive and due to the maturity and sophistication seen in the reporting, they were comfortable to delegate to the QSC. However, taking into consideration the alternative view, further discussion should be held offline and a decision reached.
The Chair on behalf of the board congratulated the Maternity unit on achieving all 10 standards of the CNST.

The Board **RECEIVED** and **APPROVED** the Maternity Incentive Scheme and **AGREED** that the Chief Executive could sign the Board declaration form which would then go to the Accountable Officer at the ICB and be submitted to NHS Resolution before the deadline of 3 March 2025.

25/015 SYSTEM PERFORMANCE REPORT

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

A member asked about the benchmarked information and the MADE event with a target of <80% occupancy and asked if the Executive could enquire from ICB if they could do the analysis on comparing bed occupancy across the system as it would not be worthwhile for the Trust doing it on its own.

Action: This should be scoped through the FPPC, to know what the exact question is. This can then be taken forward, the work done by others and can then be brought back.

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

BOARD COMMITTEE REPORTS

25/016 AUDIT AND RISK COMMITTEE (ARC) REPORT TO THE BOARD

The Board **RECEIVED** and **NOTED** the summary report from the 20 November 2024 and the verbal report from the 14 January 2025 meeting.

The ARC Chair commented that at the Charity accounts was approved on behalf of the Board and an unqualified audit opinion was issued.

At the 14 January ARC meeting, standing orders, SFIs and Scheme of delegation was reviewed prior to it coming to the Board, and a number of amendments need to be made including matters relating to the teaching status of the Trust. Also, changes would also be required once the Procurement Act goes live.

Following a discussion and proposal, the action below was agreed.

Action: All documents once updated would be made available to all board members but the documents would not be brought back to a Board meeting as stated in the Standing Orders until all documents are complete.

Board members **AGREED** with this approach.

25/017 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 24 October, 25 November and 16 December 2024.

25/018 QUALITY AND SAFETY COMMITTEE REPORT TO BOARD

The Health and Wellbeing Guardian asked that it be noted that the annual Safeguarding Report was presented at the QSC meeting. It gave the committee significant assurance as staff were working to safeguard vulnerable patients and clients which required resilience and support to maintain their well-being and importance was given to that in the report.

The Board **RECEIVED** and **NOTED** the summary report from the Quality and Safety Committee meeting held on 18 December 2024.

25/019 PEOPLE AND CULTURE COMMITTEE REPORT TO BOARD

The People and Culture Committee Chair commented that the Sexual safety in the workplace Act had become law since October 2024, but we were waiting for NHSE to let us know what the likely requirements would be around mandatory training.

On a point of escalation, the Board was advised that following a discussion around Freedom To Speak Guardians, there was a request for consideration of them to have protected time.

Action: The Chief People Officer commented that it would be taken through our internal mechanisms and reported back to the board.

The Board **RECEIVED** and **NOTED** the verbal summary report from the People and Culture Committee meeting held on 19 November 2024.

25/020 CHARITY TRUSTEE COMMITTEE REPORT TO THE BOARD

The Chair of the Charity Trustee Committee advised the board that the Sunshine appeal was delayed. In response, the Director of Estates and Facilities commented that there had been a recent update from the Health and Safety Executive (HSE), and of significance was that HSE now need to sign this off. There was also a £25,000 to £30,000 extra fees on top of costs.

The Board was advised that the appeal was about the open space for the Intensive Care patients on the balcony. This still needed to remain a priority even though there were the challenges as mentioned by the Director of Estates and Facilities.

The Board **RECEIVED** and **NOTED** the summary report from the Charity Trustee Committee meeting held on 9 December 2024.

25/021 ANNUAL CYCLE

The Board **RECEIVED** and **NOTED** the latest version of the annual cycle.

25/022 ANY OTHER BUSINESS

There was no other business.

25/023 DATE OF NEXT MEETING

The date of the next meeting is 12 March 2025 and will be held online.

Ms Anita Day
Trust Chair
February 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 2025

Meeting Date	Minute ref	Issue	Action	Update	Responsibility	Target Date
11/9/24	24/097	Quality account to target our audience	A summary of the Quality Account to be produced for the end user.	Work is underway with stakeholders to combine an easy read handheld version for the Quality strategy, which will encompass quality account objectives. We anticipate this being completed by quarter four.	Chief Nurse	July 2025 (as previously shared)
06/11/24	24/122	There is a desire/appetite for a health inequality discussion	Health inequality to be brought to a future Board meeting.	It remains a standing agenda item at the QSC meetings and will come to the May Board meeting.	Medical Director	May 25
15/1/25	25/011	Emergency re-admissions within 30days.	The Medical Director to take a paper to Quality and Safety Committee (QSC), as a re-assurance to the Board that this is being scrutinised	This will be presented at QSC in March 2025.	Medical Director	May 25
15/1/25	25/012	On preventable deaths percentage is there was any comparison data to peers	An answer to be brought back to the next Board meeting.	Verbal update at the meeting in March 2025. Information taken from: Implementing the Learning from Deaths framework: key requirements for trust boards July 2017 (NHS Improvement).	Medical Director	March 25

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

Meeting Date	Minute ref	Issue	Action	Update	Responsibility	Target Date
15/1/25	25/015	Benchmarked information and the MADE event with a target of <80% occupancy, can the Executive enquire from ICB if they could do the analysis on comparing bed occupancy across the system.	This would be scoped through the FPPC, to know what the exact question is. This can then be taken forward, Once work is done it will be brought back.	This will be discussed at the April FPPC meeting as a matter referred from Board.	Chief Finance Officer	April 2025
15/1/25	25/016	Standing orders, SFIs and Scheme of delegation was reviewed prior to it coming to the Board	A number of amendments need to be made. All documents once updated would be made available to all board members, but the documents would not be brought back to a Board meeting as stated in the Standing Orders until all documents are complete	Once the Procurement Team have made changes to the SFIs the document will be brought to Board for approval.	Head of Corporate Governance	July 2025
15/1/25	25/019	Freedom To Speak Up (FTSU) Champions, request for consideration of them to have protected time	The Chief People Officer commented that it would be taken through our internal mechanisms and reported back to the board.	Although that it is recognised that there are benefits in protected time for FTSU, this is being reviewed against other quality investments that are being considered as part of the Trust's planning round.	Chief People Officer	May 2025

Board

East and North Hertfordshire NHS Trust

Chief Executive's Report

March 2025

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

Quality

Our chief nurse, Theresa Murphy, visited the chief nurse and Martha's Rule Team at Barnet Hospital. The purpose of the visit was to speak to a particular ward who were piloting Martha's Rule and to see how things were going whilst this is in effect. Martha's Rule will help improve both the quality and safety of care for patients whose condition is worsening. Part of the initiative will empower patients, families, carers, and staff to ensure that their concerns are listened to and acted upon.

At the beginning of March, the provision of pathology services transferred from the Trust and the other trusts in our Integrated Care System to HSL. Services will be maintained on each site as well as a new centralised laboratory to be based near Watford. I'd like to thank staff who have actively engaged during the transfer process and for their ongoing contribution to patient care at the Trust.

As well as consistently outstanding care, our Trust vision also includes exemplary service. We know that contacting the Trust and the administration of appointments causes much frustration when we don't get it right. We have embarked on a major transformation programme supported by new technology that will improve the experience for many patients in this error. A progress report will be brought back to the Board later in the year.

Thriving People

We are fortunate to have many outstanding individuals across the Trust, but I'd like to take a moment to highlight a few.

Congratulations to Mr Jim Adshead, Consultant Urological Surgeon who has been awarded the John Anderson Award from the British Association of Urological Surgeons.

Congratulations to Lucy Davies (Chief Operating Officer) who has been elected to co-chair the NHS Providers network of Chief Operating Officers.

Our finance team have been recognised at the Healthcare Finance Managers Association (HFMA) Eastern Branch Awards, winning the Finance Team of the Year, and assistant finance manager Nabeeha Sajid awarded the Unsung Hero Award.

The team were also awarded their Level 2 One Finance Quality Certification.

Our Trust staff awards return in July, generously funded by our Hospitals' Charity and sponsors – and we are seeking nominations from members of the public for the People's Award.

You can nominate for the People's Award here – entries close at 11.59pm on Sunday 30 March.

Seamless Services

An acute provider collaborative has been formed including all the acute trusts across Hertfordshire, West Essex and Bedfordshire. The scope of work includes:

- Ensuring sustainability of service provision
- Building work force resilience
- Improving outcomes through networking and consolidation
- Better system wide management of capacity
- Address unwarranted variation
- Delivery efficiencies

Initial work is being undertaken on a 'fragile services' review by each trust to set out a workplan for the collaborative's aim of ensuring sustainability of service provision.

Continuous Improvement

As we move forward into 2025, our digital teams are working diligently to make OneEPR happen. The aim during 2025 is to have completed the work on moving inpatient services and the emergency department to OneEPR. OneEPR will bring all patient records and specialty systems together into one electronic patient record (EPR).

This digital change programme (OneEPR) will be based on the ORBIS U platform from Dedalus and will embrace current clinical functions.

Additionally, our new bleep system, Alertive, replaced urgent and emergency bleeps in January this year. Clinicians have used the bleep system to communicate for many of years, whilst this was highly effective, Alertive enables users to instantly provide more information about a patient's condition than is currently possible through a bleep.

There has been a significant amount of work put into 25-26 business planning for the next financial year, with final details still to be confirmed from some of our funding sources. However, the expectation is that the efficiency requirement in the Trust, as with all parts of the NHS, will be the highest in my NHS career. In practical terms, this means will need to be more resourceful than ever to meet these financial challenges.

Adam Sewell-Jones
Chief Executive

Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board	**Agenda Item**	9
Report title	Introduction of smoke-free sites across ENHT	**Meeting Date**	12 March 2025
Presenter	Medical Director		
Author	Medical Programme Director, Senior Planning Manager, Respiratory Consultant and Clinical Lead for Respiratory infection and TB		
Responsible Director	Medical Director	**Approval Date**	

Purpose (*tick one box only*) [See note 8]	**For information only**	☐	**Approval**	☒
	Discussion	☒	**Decision**	☐

Report Summary:

Smoking remains the single biggest cause of health inequality in the UK.

At present it is illegal to smoke within an NHS hospital but there is currently no legislation banning smoking within the grounds of a hospital – this may change later this year.

Many hospitals have already implemented a smoking ban within their grounds.

This paper provides an update on the introduction of completely smoke-free sites to promote smoking cessation amongst both patients and staff.

A working group has been developing a delivery plan and the recommendation set out in this paper is for a phased approach to achieve successful implementation of smoke-free sites.

The strategy has been approved at TMG and quality and Safety committee and comes to the board for final ratification.

The smoke-free? policy has been included for information.

Impact: tick box if there is any significant impact:

Equality (patients or staff)	☒	**Patients / Public benefit or detriment**	☒	**Financial / Resourcing**	☐	**Legal / Regulatory**	☐	**Green Sustainability**	☐

There will be a need to engage with patients, carers, visitors and staff.

Trust strategic objectives: tick which, if any, strategic objective(s) the report relates to:

Quality Standards	☒	**Thriving People**	☒	**Seamless services**	☐	**Continuous Improvement**	☐

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

Report previously considered by & date(s):	
TMG – 5 December 2024	
Recommendation	To approve

To be trusted to provide consistently outstanding care and exemplary service

Update on the introduction of smoke-free sites across ENHT in 2025

1. Executive Summary

Smoking remains the leading preventable cause of death and disability in the UK and is the largest cause of health inequalities. More than half of people who smoke will die early because of smoking. Trust Management Group has previously agreed in principle to the introduction of smoke-free sites, with the aim of supporting smoking cessation for patients and staff.
This paper updates on progress and provides options and a recommendation for the Trust Board to consider.

2. Background

Cigarettes release thousands of different chemicals when they burn – many are poisonous and up to 70 cause cancer. Most of the harmful chemicals in cigarette smoke, including tar and carbon monoxide, are not contained in vape aerosol (electronic cigarettes).

Stopping smoking at any time has considerable health benefits, including for people with a pre-existing smoking-related disease. For people using secondary care services, there are other advantages. These include:

- shorter hospital stays
- lower drug doses
- fewer complications
- higher survival rates
- better wound healing
- decreased infections
- fewer re-admissions after surgery

Systematic smoking cessation interventions reduce medical admissions too – there are fewer re-admissions after surgery and acute medical admissions .

The proposed Tobacco and Vape bill includes measures to create a smoke-free generation, phasing out the sale of tobacco products across the UK to anyone aged 15 or younger this year, with the aim of breaking the cycle of addiction and disadvantage.

In addition, the government will be given powers to extend the indoor smoking ban to specific outdoor spaces - with children's playgrounds and outside schools and hospitals all being considered, subject to consultation.

The Smoke Free Working Group has been meeting regularly to discuss options for introducing smoke free sites and has produced an action log of the main areas of work required, including communications plan, signage and removal of the current smoking shelter. The group includes a Deputy Medical Director, a respiratory physician and clinical nurse specialist, a midwife, a pharmacist, health at work colleagues, communication team, planning team, estates and facilities representative and a patient carer engagement and experience representative, staff side representative, staff smoker representative along with colleagues from the local government's public health and smoking cessation teams. Work on reviewing and updating our smoke free policy is in its final stages.

There is funding available through the ICB tobacco dependency group to support the introduction of smoke free sites through initiatives such as removal of smoking shelters,

signage, pre-recorded “please do not smoke” audio speaker system at entrances, staff training, posters, and other promotional material. A bid is being drafted.

3. Smoke Free Sites Options

The working group has narrowed the options for the introduction of smoke free sites to:

a) Introducing smoke free sites, including not allowing vaping on site from April 2025. The benefit of this option is there is one clear message. The downside is that it does not support people who are aiming to stop smoking by using vaping as an alternative, which is part of the “swap to stop” initiative promoted by Public Health

b) Introducing a ban on cigarette smoking on the hospital sites but allowing the use of vapes (electronic cigarettes) for staff and patients in allocated zones. The benefit of this option is that it is line with current initiative to encourage smoking cessation using electronic cigarettes (swap to stop). This will require identifying and marking an area on sites where vaping is permitted, the estates and facilities team are actioning this.

The working group recommends a two phased approach.

Phase 1 – introduce option B in April 2025
Phase 2 – review evidence and current legislation in two years (2027) to establish whether a move to option A is appropriate or not at that stage.

Rationale for allowing vaping:
E-cigarettes have grown in popularity, especially among young people, due to their perception as a less harmful alternative to traditional smoking. People who switch completely from smoking to vaping have significantly reduced exposure to toxins associated with risks of cancer, lung disease, heart disease and stroke. (Vaping myths and the facts - Better Health - NHS)
It is recognised that there are concerns particularly for younger people that vaping could act as a gateway to smoking cigarettes rather than helping with cessation. Currently there is a Cochrane review being undertaken which aims to synthesise existing research on whether e-cigarette use leads to an increased likelihood of taking up cigarette smoking in people under 30. The outcomes from this should be considered as part of phase 2.

6. Recommendation

The Trust Board is requested to approve proceeding with option B, with a phased approach, aiming to be smoke free by April 2025.

Insert DOC ID

East and North Hertfordshire NHS Trust

Smoke-free Policy

About this document	
Document ID	Insert DOC ID **Version:** 15 19022025
Full review due before	[ADMIN ONLY]
Document type	Policy
Version type	Updated policy – full consultation and endorsements
Usage & applicability	Trust wide (at corporate level for both clinical and non-clinical roles

Summary

- This policy underpins the Trust's decision to promote a Smoke-free environment, for the benefit of patients, staff and visitors. It re-enforces the role of East and North Hertfordshire NHS Trust (ENHT) as a health promoting organisation. The policy recognises that smoking and second-hand smoking adversely affects the health of all patients, carers, visitors, employees, volunteers and the public. It is concerned with protecting and promoting the health of individuals who attend ENHT for whatever reason.

What you need to know about this version

This policy is an updated version of the Smoke-Free Policy, 2015, HR60 Version 3, extended from April 2019 to November 2021

Document control info and governance record in "PART 4 - Document information"
Disclaimer: This document is uncontrolled when printed. See intranet for latest version.

Contents

Part 1 – Preliminary document information

1. Introduction

As of 1st April 2025, East and North Hertfordshire NHS Trust is a smoke-free site. The decision to become smoke-free has been taken because smoking has a significant negative impact on people's health – both those people who smoke and who are passive smokers. Becoming smoke-free means a better environment for all users of the site – patients, visitors and staff.

Despite falling rates of smoking, it remains the leading cause of preventable morbidity and premature mortality in England. 12.7% of the population smoked in 2022 and smoking accounts for approximately 74,600 deaths and 506,100 hospital admissions per year.[1]

In addition to the human cost, smoking is estimated to cost the NHS in England £2.6 billion a year.[2] This does not include other costs to Hertfordshire such as payment of sickness or invalidity benefits, litter and smoking related house fires.

Smoking prevalence is continuing to decline, but there are still approximately 99,414 adult smokers in Hertfordshire - that is 11.5% of the adult population.[1] The Trust Policy respects the needs of smokers by providing help and assistance to those who wish to cease smoking.

Second-hand smoke is a hazard to health. Anyone exposed to second-hand smoke is at increased risk of lung cancer and heart disease. Second-hand smoke can trigger or worsen respiratory conditions such as asthma or COPD. It can also irritate eyes, cause cough and headache and make non-smokers feel ill.

Different hospital trusts have different policies with regard to smoking and electronic cigarette use on their site. In 2021 only 18% continued to offer designated smoking areas.[3] Enforcement of smoke-free areas is a challenge nationally. According to national BTS audit data, 30% of NHS hospitals explicitly permit vaping on hospital grounds 8% having designated vaping areas. This contrasts with mental health trusts where 91% permit vaping and 42% provide e-cigarettes to their patients.[4] Devolved nations can also issue fines to people smoking on hospital grounds, for example Greater Glasgow and Clyde permit staff and visitors to use e-cigarettes away from entrances, and a £50 on the spot fine for smoking tobacaco.[5] Such fines are not possible in England under current legislation.

[1] Statistics on Public Health, England 2021 Official statistics, National statistics Publication Date: 20 Jul 2023 (Accessed here)
[2] NHS England. (n.d.). Guide for NHS Trust tobacco dependence teams and NHS Trust pharmacy teams. *NHS England*. (Accessed here)
[3] British Thoracic Society. (2021). National smoking cessation audit 2021. *British Thoracic Society*. (Accessed here)
[4] NHS Digital. (December 2020). Using electronic cigarettes in NHS mental health organizations. *GOV.UK*. (Accessed here)
[5] NHS Greater Glasgow and Clyde. (n.d.). New smoke-free perimeter information for staff. NHS Greater Glasgow and Clyde. (Accessed here)

East and North Hertfordshire NHS Trust is committed to:

- Ensuring a healthy and safe environment for patients, staff and visitors and to promoting their health and wellbeing.
- Developing a Trust smoke-free culture, where the role of the NHS in discouraging smoking and tobacco use is a priority and all staff take responsibility for implementing this policy.
- Encouraging patients, staff and visitors to stop smoking and to promote the Trust as a Smoke-free organisation by not permitting smoking anywhere on Trust premises, grounds or in hospital transport.
- Providing smoking cessation advice and providing pharmacotherapy in line with NICE Guidelines, which may include providing pharmacotherapy for inpatients who are not ready to quit smoking (NG209).[6]
- Promoting smoking cessation. Staff, patients and visitors are encouraged to stop smoking and should be offered referral to Hertfordshire Stop Smoking Service.
- Ensuring that patients have access to pharmacotherapy whilst in hospital and that smoking cessation support and the provision of pharmacotherapy following discharge is seamless.
- Allowing staff to attend on-site smoking cessation services during working hours.

This policy is expected to be reviewed after 2 years of its implementation or sooner if there are significant changes to Government Tobacco Control Policy or if electronic cigarettes become licensed by the MHRA and able to be prescribed as medication.

It is a future aspiration of the Trust to move to being a completely smoke-free site including the use of e-cigarettes in line with anticipated future legislation. The Trust does not encourage the use of e-cigarettes but acknowledges their potential to help people quit smoking. The use of e-cigarettes will therefore be permitted on the site in designated areas only but will be evaluated as part of the next policy review.

An earlier review may be commissioned by the Trust's Board if this is deemed necessary. The policy will remain in place until such time as it is reviewed.

[6] https://www.nice.org.uk/guidance/ng209

2. Scope

The Scope of the policy applies to:

- All people including patients, staff, bank and agency staff, visitors, volunteers and contractors on Trust premises.
- People travelling in ENHT hospital transport. who are carrying out the duties of the Trust.
- Staff in uniform and or wearing ENHT identification badges and representing the Trust on or off the premises who must adhere to this policy, including when providing services to patients/clients in any place, including a patient's home, and at social events.

3. Purpose

The key objectives of this policy are to:

- To ensure a healthy and safe environment for patients, visitors and staff. This policy seeks to establish as far as is reasonably practicable, a smoke-free environment for all, whilst being sensitive to the needs of those who smoke, offering support to those who wish to give up.
- Protect and improve the health and safety of staff, patients and visitors by preventing smoking on all hospital property.
- Implement NICE Guidance [NG209] 'Tobacco: preventing uptake, promoting quitting and treating dependence'
- Motivate and support all smokers to quit by providing smoking cessation advice and support
- Ensure that in-patients and staff have easy access to smoking cessation support, Nicotine Replacement Therapy or prescription only medication to aid quitting, treat withdrawal symptoms and assist with compliance of the Smoke-free policy.

The policy is intended to:

- Ensure that all patients, staff and visitors to ENHT premises and sites benefit from a Smoke-free environment.
- Promote a culture of health and safety across ENHT premises and to promote opportunities and support to staff and patients who wish to quit.
- Comply with Hertfordshire's Health and Wellbeing Board's Strategy 2022-2026 help more people to quit smoking, leading to fewer people with smoking-related health conditions and fewer smoking-related hospital admissions.
- Encourage and support staff to quit smoking or to manage their addiction whilst on Trust premises in order adhere to this policy and reduce the harm from tobacco.
- Work with partner organisations who use ENHT sites to promote a smoke-free environment across the health system.

4. Definitions

List terms and phrases useful to know when reading this document.}

Term/acronym	Definition
Smoke-free site	Where smoking, including use of shisha, water pipes or other inhaled tobacco products and oral tobacco (excluding e-cigarettes) is not permitted anywhere, including outside areas, within the defined boundaries of the organisation.
Electronic Cigarettes/Vapes	They consist of a cartridge of liquid nicotine, propylene glycol and/or glycerine, flavourings and a battery operated heating element. They turn the nicotine, flavours and other chemicals into a vapour that is inhaled (vaped). The newer devices contain a rechargeable battery. Under the regulations, only e-cigarette products with a nicotine concentration of up to 20mg/ml (2%) and a volume of nicotine-containing liquid not exceeding 2ml for pre-filled disposable e-cigarettes, cartridges and pods, or 10ml for e-liquid refills, can be supplied to consumers; any e-cigarettes or e-liquids with a nicotine strength and/or volume exceeding these limits are not legally compliant and are not approved for supply in the UK. E-cigarettes and e-liquids that have been successfully notified and therefore meet the requirements for supply in the UK are published on the MHRA ECIG Publications List. New government policy will soon ban the sale of disposable vapes.
Nicotine Replacement Therapy (NRT)	Pharmacological products such as transdermal (skin) patches, gum, lozenges, inhalators and mouth spray are licensed products to help people stop or reduce smoking and available on prescription, and on general sale. NRT is also licensed for use in pregnancy. Using the combination of a patch and an intermittent product offers the best chance of success
Varenicline (Champix), cytisine and Bupropion	A prescription-only medication licensed for use in the treatment of nicotine addiction. Currently varenicline is unavailable in the UK, but NICE recently approved the use of cytisine as an alternative[7]

5. Duties

This document is updated by The Smoke Free Working Group, developed to provide information on the established Smoke-free zones and provide information into the detriments to smoking and the resources needed for quitting.

6. Associated Documents

The policy complies with Smoke-free legislation (Health Act, 2006), NICE Guidelines for Smoking: acute, maternity and mental health services (NICE, NG209). It is also aligned with the ambitions set out in The NHS Long Term Plan (2019) and the Roadmap to a Smokefree 2030 published by Action on Smoking in Health (2020).

Trust Policies: Smoking Cessation Pharmacotherapy Guidelines CGSG 007

7. Monitoring compliance

This document will be reviewed in **2 years** or earlier if any evidence or change in practice comes to light requiring an update to the document. Any further activity to monitor to the use and compliance of the document at the Trust is documented below.

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Reports of smoking related incidents on ENHANCE	Through reports on incidents to the Health and Safety Committee	Health and Safety Lead	Health and Safety Committee	Not Applicable
Referrals to health at work for smoking cessation advise and support	Annual	Lead for Health at Work	People & Culture Committee	Not Applicable
Patient Referrals for Smoking Cessation advise	Annual	HCC	Smoke free Working Group	Not Applicable
Nicotine replacement therapy activity for inpatients	Annual	Pharmacy	Smoke Free Working Group	Not Applicable
Disciplinary Action related to smoking/vaping on site	Annual	Associate People Business Partner	People Committee	Not Applicable
Roll out of swap to stop initiative in UTCs and ED	Annual	HCC/ Senior Planning Manager	Health and Safety Committee	Not Applicable

7.1. Equality Impact Assessment

The Trust supports the practice of evidencing due regard to equality considerations. This means those involved have ensured the document and the function, outlined therein, applies to all, regardless of protected characteristic - age, sex, disability, gender-re-assignment,

race, religion/belief, sexual orientation, marriage/civil partnership and pregnancy and maternity.

This evidence is in the form of an equality impact assessment (only if initial screening form below prompts a full EIA) – a process which should be embedded within the early stages of planning or developments that relate to or impact on equality diversity and inclusion. This also applies to new proposals or changes on previous policy, procedure, strategy or processes that are coming up for review. More on this process for completing Equality Impact Assessments can be found on the Equality, Diversity & Inclusion section of the intranet

Initial EIA screening form

The document author has ensured this document avoids affecting one group less or more favourably than another on the basis of:		**No impact**	**Yes, impact (Explain how)**
1	Age (younger people & children & older people)	☒	☐
2	Gender (men & women)	☒	☐
3	Race (include gypsies and travellers)	☒	☐
4	Disability (LD, hearing/visual impairment, physical disability, mental illness)	☒	☐
5	Religion/ Belief	☒	☐
6	Sexual Orientation (Gay, Lesbian, Bisexual)	☒	☐
7	Gender Re-assignment	☒	☐
8	Marriage & Civil Partnership	☒	☐
9	Pregnancy & Maternity	☒	☐
10	Is there any evidence that some groups maybe affected differently?	☒	☐
11	Could this document have an impact on other groups not covered by a protected characteristic? (e.g.: low wage earners or carers)	☒	☐
If '**NO IMPACT'** is identified for any of the above protected characteristics, then no further action is required.			
If '**YES IMPACT**' is identified a full impact assessment should be carried out in compliance with HR028 Equality & Human Rights Policy. As per instructions, evidence of the EIA is to be recorded in Consultation & review section.			
Any other comments: [Default statement: There is no evidence that this policy will impact on any of the protected characteristics listed above, or other groups not covered by protected characteristics.] Smoking rates and related morbidity and mortality are much higher among the routine and manual group, LGBT community and people with mental health problems. These differences in smoking rates are a major contributor to inequalities in health status and outcomes. Smoking also exacerbates poverty. Reducing and preventing tobacco use can help reduce these effects.			
EIA screening form completed by: Bridget Sanders, Medical Programme Director **Date completed**: 2024-05-22			

7.2. Dissemination and Access

This document is considered valid when viewed via the staff intranet for East and North Hertfordshire NHS Trust. If this document is printed (in hard copy), or saved at another location, users of this document must ensure they are using the same version that is on the intranet.

8. References

1. NHS Digital. (2021). Statistics on public health 2021. *NHS Digital*. https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-public-health/2021
2. NHS England. (n.d.). Guide for NHS Trust tobacco dependence teams and NHS Trust pharmacy teams. NHS England. https://www.england.nhs.uk/long-read/guide-for-nhs-trust-tobacco-dependence-teams-and-nhs-trust-pharmacy-teams/#:~:text=It%20is%20estimated%20that%20smoking,and%20mental%20health%20care%20services
3. British Thoracic Society. (2021). National smoking cessation audit 2021. British Thoracic Society. https://www.brit-thoracic.org.uk/quality-improvement/clinical-audit/national-smoking-cessation-audit-2021
4. NHS Digital. (December 2020). Using electronic cigarettes in NHS mental health organizations. GOV.UK. https://www.gov.uk/government/publications/e-cigarettes-use-by-patients-in-nhs-mental-health-organisations/using-electronic-cigarettes-in-nhs-mental-health-organisations
5. NHS Greater Glasgow and Clyde. (n.d.). New smoke-free perimeter information for staff. NHS Greater Glasgow and Clyde. www.nhsggc.scot/staff-recruitment/staff-resources/new-smoke-free-perimeter-information-for-staff/

9. Acknowledgements

All members of the smoke-free working group (Terms of Reference and Membership, appendix 6).

Part 2 – Smoke-free Policy

1. Smoke-free zones

Smoking is not permitted anywhere on any East and North Hertfordshire NHS Trust sites; this includes all internal and external areas, including car parks, hospital transport and covers the Trust boundaries.

East and North Hertfordshire NHS Trust only recommends the use of licensed nicotine containing products and prescription-only medication licensed for the treatment of tobacco addiction.

According to a recent Cochrane review, nicotine e-cigarettes are more effective than traditional nicotine replacement therapy (NRT) in helping people quit smoking. NICE guidance for treating tobacco-dependence recommends ensuring adults who smoke have access to nicotine-containing e-cigarettes. For the time being, the use of e-cigarettes/vaping is permitted in designated areas.

The Trust does not encourage the use of e-cigarettes/vaping but acknowledges their potential to help people quit smoking. The use of e-cigarettes is therefore permitted on the site in designated areas only.

2. Stop Smoking Support

Staff, contractors, visitors and patients are not permitted to smoke or on hospital sites.

2.1. Stop Smoking support for staff

NHS Trust staff should be encouraged and supported to quit smoking. The Health at Work team should assess the smoking status of staff, offer stop smoking advice, provide information on the range of interventions available to help staff to stop smoking, explain how to access them and refer people to stop-smoking support if appropriate.

Staff who wish to quit smoking should be allowed protected time during working hours to attend smoking cessation appointments.

Staff are discouraged from smoking at any time during the working day. However, staff who continue to smoke when at work, must only do so during official break times and they must leave the site completely. Staff are required not to smoke within 10 metres of hospital boundaries.

East and North Hertfordshire NHS Trust is a health promoting organisation, therefore, staff who choose to smoke off site must ensure that any form of Trust Identification is completely covered up. Staff are required to change out of uniform prior to smoking to reduce the impact of smoke on their clothes when administering patients care, and at the very least, should wear a coat or similar clothing to cover uniform. This is to ensure that

staff are not identified as Trust staff and to keep uniforms clean and free from smoke odour. This applies to all NHS service staff, including the East of England Ambulance Service staff and Hertfordshire Partnership Foundation Trust staff. It also applies to other staff regularly on site, such as our cleaning contractor's and security contractor's staff.

Staff choosing to go off site particularly when on late shift or night duty, should undertake a risk assessment to ensure their personal safety is not compromised.

Staff are not permitted to smoke, or have smoking materials, visible at any time in public when representing the Trust and when attending meetings on behalf of the Trust, whenever and wherever these are held. This also applies to the use of e-cigarettes.

If a member of staff is found to be smoking on site while on duty (or on a work related activity) they should initially be advised and information given on how to access support to stop smoking, but also advised that if there is a repeat incidence of non-compliance with the Smoke-free Policy then this will be dealt with through Trust disciplinary procedures.

Applicants for positions at East and North Hertfordshire NHS Trust will be advised of the Smoke-free policy. Smoking cessation, advice and support will be offered. The Smoke-free Policy will be referred to in relation to health and safety information at staff induction.

2.2. Stop Smoking support for visitors

Visitors are not permitted to smoke on the Trust premises. Information for visitors, including information on the hospital website, should inform visitors of the Trust's Smokefree policy.

Distressed relatives or carers who wish to smoke should be dealt with sympathetically, but no provision can be made for them to smoke on site. The staff member dealing with them may wish to direct them to the boundary of the Trust site.

Visitors should have access to information about local NHS Stop Smoking Services and are able to self-refer or be referred by a member of staff. Posters and leaflets are in place throughout the organisation advertising these services.

Licensed nicotine containing products (NRT) should be available to be purchased within Trust retail premises.

2.3. Stop Smoking support for patients

All patients should be asked their smoking status and this recorded in their clinical record. Patients who smoke should be advised that they are unable to smoke on site and the benefits of quitting smoking and that they are 4 times more likely to be successful with a stop smoking service. If they wish to quit they and their partner (if appropriate) should be referred to the local stop smoking service – unless they choose to opt out of this invitation.

If time allows a more comprehensive assessment of the smoker's intention to quit in the short term can be made and more motivational support can be provided.

- Herts Health Improvement Service: www.hertfordshire.gov.uk/services/health-in-herts/smoking/stop-smoking-service.aspx

2.3.1. Smoking cessation pharmacotherapy

Medical staff or other qualified staff will, if appropriate, prescribe NRT on ePMA (electronic Prescribing and Medicines Administration system) or outpatient prescription. Only NRT products that have been approved by the New Drugs and Formulary Committee should be prescribed. Outpatient prescriptions may include all NRT products, Cytisine or bupropion as these are available through Community Pharmacies in line with Hertfordshire's Pharmacological Guidance 2023.[7]

For heavier smokers and smokers that have been unsuccessful on previous quit attempts, combination NRT should be considered (i.e. a NRT patch and lozenge). Refer to CGSG 007 Smoking Cessation Pharmacotherapy Guidelines for Hospital Inpatients for further information.

The pharmacist will dispense NRT for a maximum of two weeks on receipt of the patient's prescription. No other documentation is required. Hertfordshire Health Improvement Service Stop Smoking – Referral Form should be completed for all Hertfordshire patients who consent to smoking cessation (Appendix 2). Bedfordshire patients should be referred using this online form.[8] Pregnant patients may be referred to their midwife using the Love Your Bump online referral form. Love Your Bump online referral form.[9]

Due to the addictive nature of nicotine and the difficulties that patients may have in complying with the Trust's Smoke-free Policy, a harm reduction approach should be offered and NRT should be available to smokers regardless of their intention to quit.[6]

2.3.2. Pregnancy

During pregnancy, a Carbon Monoxide (CO) breath test should take place at booking and repeated at every routine appointment regardless of smoking status. After every CO test, smoking status and exposure to second-hand smoke should be asked and documented along with the CO score. At the booking appointment, all pregnant women/birthing people with a CO score of 4ppm or more should have an opt-out appointment made with the Maternity Stop Smoking Service (contact details below). At subsequent antenatal appointments, re-referral should be offered if previously declined or disengaged from the

[7] Hertfordshire Guidance: Stop Smoking Medication April 2023- March 2025 https://www.hertfordshire.gov.uk/media-library/documents/public-health/professionals/hertfordshire-guidance-stop-smoking-medication-april-2023-%C2%AD-march-2025.pdf
[8] https://www.thestopsmokingservice.co.uk/professional-referral/
[9] https://www.hertfordshire.gov.uk/services/health-in-herts/smoking/love-your-bump.aspx

programme. Relevant information about the risks of smoking, second-hand smoke and benefits of quitting should be discussed. Please see: ENHT Department Guideline For Carbon Monoxide Monitoring and Reducing Smoking in Pregnancy for further guidance.

The Maternity Stop Smoking Service, in collaboration with Herts Health Improvement Service (HHIS) and the Love Your Bump Campaign, offers pregnant women/birthing people individual tobacco dependency treatment plans by qualified Maternity Stop Smoking Advisors, including behavioural support, nicotine replacement therapy and electronic cigarettes.

Partners/significant others should be offered support to quit and referred to HHIS if they accept. Family quit attempts are offered by HHIS if joint appointments are preferred.

- Maternity Stop Smoking Service e-mail: enh-tr.Smoke-freematernity@nhs.net
- Self-referral portal: www.hertfordshire.gov.uk/services/health-in-herts/smoking/love-your-bump.aspx
- Herts Health Improvement Service: www.hertfordshire.gov.uk/services/health-in-herts/smoking/stop-smoking-service.aspx

2.3.3. Inpatients wishing to smoke

Patients should be advised against leaving the site to smoke and ensure that they are using sufficient NRT to manage withdrawal symptoms. Should they still choose to leave the ward or department, staff must highlight the risks of accident, deterioration of condition and reduced access to care and treatment. These risks are set out in Appendix 5. Use of electronic cigarettes on site is permitted in the designated area only.

If you advise a patient against leaving the ward to smoke, but they still choose to do so, please document this in their clinical record and complete the risk assessment to be signed by the patient. Inpatients wanting to smoke must be directed to do so off the hospital site.

Inpatients unable to leave the ward on their own for safety reasons, should be advised that staff are unable to accompany them offsite to smoke but that they can be escorted by a member of staff outside to vape. The staff member concerned must risk assess the situation and record this in the medical records.

Due to the significant fire risk involved, patients on portable oxygen must not be allowed to smoke or use e-cigarettes.

The Smoke-free policy also applies to ENHT patients with mental health conditions who are being cared for by the general hospital. Consideration may needed to provide much higher doses of NRT, as smokers with mental health conditions are usually very addicted smokers and at greater risk of smoking-related disease.

Advice and support in managing very addicted smokers can be obtained from Hertfordshire Health Improvement Service.

2.3.4. Seeing patients at home

The Trust is responsible for ensuring that all patients receiving NRT, Cytisine or Bupropion are offered referral to stop smoking support service before discharge as there is a high risk of relapse once the patient returns home without ongoing support. This will prevent a gap in service to the client and ensure that access to pharmacotherapy and smoking cessation support is provided seamlessly.

Staff that visit patients/clients in their homes to deliver treatment and/or care will not be expected to be exposed to second-hand smoke. It is recommended that if it is known that a visit is being made to a patient who smokes (or a relative or carer) they are asked (usually by letter), to refrain from smoking in the room to be used for at least one hour prior your arrival and for the duration of your visit. If a patient/client/ other person refuses to do this, the patient may be asked to attend a suitable Smoke-free venue instead for their treatment/care to be delivered.

It is unlikely that the use of electronic cigarettes by patients or carers in their own homes will pose any significant risk to staff.

3. Managing the policy on Sites

The smoking policy will be made available on the Trust intranet and website. Information leaflets are also available throughout the Trust for patients, staff and visitors. All correspondence to patients will inform them of the Trust's Smokefree Policy.

Adequate signage will be prominently displayed at the entrances to buildings, and other necessary locations throughout the Trust re-enforcing and identifying that the Trust operates a Smokefree Environment.

There will be identified areas for the use of electronic cigarettes.

The smoking policy will be made available on the Trust intranet and website. Information leaflets are also available throughout the Trust for patients, staff and visitors. All correspondence to patients will inform them of the Trust's Smokefree Policy.

3.1. Responsibilities

3.1.1 Directors

- Are responsible for ensuring there are sufficient resources available to implement this policy.

- Ensure that staff, patients, visitors and contractors are made aware of the smoke free policy.
- Comply fully with the policy and provide suitable role models for staff and patients.

3.1.2. Service, Ward and Line Managers

- Are responsible for ensuring employees, contractors and those who use their services comply fully with this policy. They will:
- Comply fully with the policy and provide a suitable role model for staff and patients.
- Support any Trust employee who wishes to quit smoking in accordance with NICE guidelines. Managers must discuss and agree reasonable times during normal working hours for them to receive relevant treatment and/or counselling.
- This includes the provision of adequate cover when people attend such counselling or smoking cessation sessions so that Trust work, and especially clinical care, can continue uninterrupted.
- They are responsible for supporting employees who bring this policy to the attention of any person in breach of it, by reinforcing the 'no smoking' message and by intervening in situations that become difficult for people to handle.
- Will ensure staff do not take smoking breaks during working hours. There will be no additional breaks for smoking over and above normal work break entitlements.

3.1.3. Employees

Have a duty to comply with this policy by:

- During working hours Trust employees must not smoke on Trust premises, nor be seen to be smoking either whilst in Trust uniform or wearing Trust identification or whilst they are representing the Trust.
- Can access support to quit smoking from https://stopsmokinglondon.com/support-to-quit-smoking/ or through their GP.
- Staff who smoke and are dependent on tobacco should consider using NRT whilst at work. Ensuring that visitors, staff and patients are compliant with the Smokefree policy and to inform visitors, patients and staff of the policy if they are found to be in breach of it. Smokers should be dealt with non-judgementally and smokers should be offered help to quit or to manage withdrawal symptoms (including cravings) by staff members offering smokers information on how to quit.
- Staff will need to make a dynamic risk assessment and use their judgement before approaching someone who is smoking on site. Staff will not be expected to enter into any personal confrontation that is likely to put their personal safety at risk. It is hoped staff will contribute to increasing awareness of the Smokefree policy and that, through appropriate training, contribute to its implementation.

- Should any member of staff have a complaint made against them for politely informing someone of the Trust's Smokefree Policy, they will have the Trust's full support in taking action which is in compliance with this policy.

Partner organisations will be informed of the Trust's Smokefree Policy.

4. Impact on Health Inequalities and Diversity

Smoking is a profound source of inequalities in health. Smoking has worst health and economic cost to women, those in deprived communities, black and minority ethnic communities and lesbian, gay, bisexual and transgendered communities, mental health service users, prisoners and the homeless and is a major cause of long term disability.

It is believed that the implementation of this policy will have no negative impacts on anyone with in relation to a protected characteristic. Reduction in second-hand smoking and reduction in smoking has overwhelmingly positive impacts on all communities and all ages and this is evidenced in extensive research. Please see the attached Equalities Impact Assessment.

4.1 Equality and Diversity statement

It is the policy of East and North Hertfordshire NHS Trust to provide a Smokefree Policy that ensures appropriate and equitable responses to smoking in an efficient and fair manner. This document takes into account current employment legislation and other relevant legislation in conjunction with the Trust's Equalities Framework, The Trust's Equal Opportunities Policy and Procedure and the 2010 Equalities Act.

- Sex Discrimination Act 1975 (as amended)
- Race Relations Act 1976 & Amendment 2000
- Disability Discrimination Act 1995
- Rehabilitation of Offenders Act 1974
- Religion or Belief Regulations 2003
- Sexual Orientation Regulations 2003
- Age Discrimination Regulations (2006)
- Employment Rights Act 1996
- Equal Pay Act 1970 (as amended)
- Human Rights Act 1998
- Part-time Workers Directive 1999
- Employment Act 2002
- EU Directives and Legislation
- Equality Act 2010

Managers have a particular responsibility to ensure their management practices do not discriminate in the provision of their service or in the employment of staff. The Trust monitors and publishes information on the profile of its workforce based on age, disability, ethnicity, gender and marital status and appropriate actions will be taken by the Equality & Diversity Group to identify and address any problems.

5. Education and training for hospital staff

All front-line health care professionals should undertake Very Brief Intervention advice to smokers "30 seconds to save a life". This is line with the NHS commitment to 'Making Every Contact Count'[10] 'Making Every Contact Count' (MECC training) is available through Hertfordshire Health Improvement Service (HHIS) and on ENH Academy. Please contact HealthImprovementService@hertfordshire.gov.uk for more information and to arrange training.

Further training is available on ENH Academy.

All wards/departments should have a dedicated smoking cessation champion who is responsible for ensuring staff attend Very Brief Advice training and that the identification of smokers, the assessment of their addiction, the provision of medication and referral pathways are in place. The champion should also ensure that posters and displays materials are clearly visible and for patient information and referral forms are accessible to patients and staff.

The Trust should have a named consultant responsible for smoking cessation (usually a chest physician).

Part 3 - Appendices

Appendix 1 – Smoking Cessation Pharmacotherapy CGSG 007

https://intranet.enherts-tr.nhs.uk/sorce/beacon/dmd/59992/view/Smoking%2BCessation%2BPharmacotherapy%2BGuidelines%2BCGSG%2B007.pdf

Appendix 2 – Hertfordshire County Council Guidance

Hertfordshire Guidance: Stop Smoking Medication April 2023- March 2025
https://www.hertfordshire.gov.uk/media-library/documents/public-health/professionals/hertfordshire-guidance-stop-smoking-medication-april-2023-%C2%AD-march-2025.pdf

Appendix 3 – Smoke-free pregnancy service – sign up

https://surveys.hertfordshire.gov.uk/s/loveyourbump-signup/

Appendix 4 – Stop smoking referral form

https://www.hertfordshire.gov.uk/services/health-in-herts/smoking/stop-smoking-referral-form.aspx

Appendix 5 – Risk Assessment for Patients Leaving Ward/Dept

https://intranet.enherts-tr.nhs.uk/sorce/beacon/dmd/81202/view/Risk%2Bassessment%2Bfor%2Bpatients%2Bleaving%2Bward%2Bor%2Bdepartment.docx

Appendix 6 – Smoke-Free Working Group - Membership

TERMS OF REFERENCE FOR
SMOKE FREE SITES WORKING GROUP 2024

Purpose	The purpose of the Smoke-Free Sites Working Group is to update the Trust Policy on smoke-free sites, and to oversee the introduction of the principle on all of our sites.
Objective	To oversee the updating on the Trust's smoke free site policy and introduction of smoke free sites.
Terms of Reference	• Agree priorities, objectives, deliverables and timeline for the introduction. • Provide multi-disciplinary leadership to update the Trust Policy

	and introduce smoke free sites. • Develop an action plan and action tracker. • Ensure we have a robust communication plan to raise awareness of the planned change, encompassing all our stakeholders - staff, contractors, patients, visitors, carers and the wider public. • Ensure all stakeholders are prepared and supported for the change. • Ensure our estate is suitably prepared (i.e. removal of smoking shelters if appropriate, suitable signage is displayed) • Agree, governance, controls and processes. • Advise on any key risks. • Invite professional advisers to the group where appropriate.
Accountability	Accountability and reporting from the working group will be to Trust Management Group
Delegated Authority	All decision will be in accordance with Trust policies, including the Trust SFI's and Standing Orders.
Proposed Membership	*Respiratory Consultant (Chair) Senior Planning Manager *Respiratory Lead Nurse *Estates and Facilities representative Deputy Medical Director Deputy Chief Nurse *Medical Programme Director (deputy Chair) *Head of Health and Wellbeing at Work Advanced Pharmacist, Respiratory and Acute Medicine Staff Side Representative Staff representatives Communication representative Staff Experience Coordinator Complaints, PALS and Patient & Carer Experience Lead HPFT representative Healthy Lifestyle Specialist Midwife Clinical Operations Manager, New QEII & Hertford County Hospital Renal Matron Business & Commercial Service Manager, Cancer Services MDO PA (for note taking and action log) Pre-operative assessment rep Prevention Programme Manager, ICB Public Health representatives, HCC When a member of the group is unable to attend they should send their nominated deputy in their place where applicable. CORE MEMBERS *
External Organisations	The following organisations will be consulted/liaised with

	Hertfordshire Partnership Foundation Trust (HPFT), East of England Ambulance Service (EEAS), Mitie (Cleaning contractors), Security Contractors
Quorum	At least 6 members including Chair/Deputy Chair
Decision Making	All decisions on operational issues require the agreement of the majority of the group.
Frequency of Meetings	The meetings will be scheduled to be held monthly until the introduction of smoke-free sites.
Meeting Notes	The MDO PA will ensure accurate minutes are taken, in addition to an action tracker log being maintained and monitored
Amendments to ToR	Any amendments to the ToR will be made via the Chair and will need the approval of the group.
Performance monitoring	The group will report to the Medical Director who will regularly update the Trust Management Group (TMG)
Confidentiality	Meetings will not be exempt from Freedom of Information Act unless specific information is commercially sensitive.

Part 4 - Document record

As per policy **CP 116 Trust policies and procedural documents**, this document is using the latest format of **Trust policy template TMP 001.**

Document info	Doc ID: Insert DOC ID, Version – 15 19022025 Smoke-free Policy ADMIN ONLY Legacy DOC ID: [Insert Legacy DOC ID]
Document type	**Policy**
Document applicability across the organisation	SELECT ONE for each of the 3 items 1. **For use** ☒Trust wide (at corporate level for both clinical and non-clinical roles); ☐ clinical cross specialty; ☐ in multiple areas (non-clinical); ☐ locally 2. **For use by** (ROLES): ☒All roles, ☐clinical roles only, ☐non-clinical roles only 3. **For use at** (SITES): ☒All sites,☐ Lister Hospital, ☐New QEII, ☐Hertford County Hospital, ☐Renal Satellite sites, ☐Mount Vernon Cancer Centre, ☐Other: **Input your selection here:** Trust wide (at corporate level for both clinical and non-clinical roles
Review cycle	☒ Every 3 years (standard) ☐Annual review ☐ Other: **Date of next full review – always FIRST day of month and year** **(DATE BASED ON POLICY COMPLIANCE GROUP ENDORSEMENT DATE)**
Version type	SELECT ONE ☐New document – full consultation and endorsements ☒Full review of document - various amendments/ complete re-write ☐Full review of document - minor amendments ☐Full review of document - no changes to content, still fit for use ☐Interim update - document not fully reviewed, amendments only **(interim updates permitted if review is not overdue)** Updated policy – full consultation and endorsements
Keywords	
Version author/owner	Alex Wilkinson, Respiratory Physician & Bridget Sanders, Medical Programme Director ☐Cancer ☐Planned ☒Unplanned ☐Women & Children ☒Corporate/Directorate
Document classifications	Please select all that apply to this document: ☐ **Sensitive information**: This document contains sensitive information that should not be shared outside the organisation (ie process for password creation, locations of ligature risks for patients, etc). Such content has been identified on the following pages/sections: ☒ **Public website**: The document owner has an agreement with the Communications Dept that this document is held on the Trust website. The owner will provide Communications with the current version when updated. ☒ **Forms** - This document contains forms in use at the Trust and

	provides location where to find them. ☐ None of the above

Consultation & review

In the checklist below, the document author has considered the following **resource implications** and **impact to Trust-wide functions/services**, which also require **oversight** of local processes. Any of these listed stakeholders may also be an endorser of the final version of this document in the Record of agreement section.

If a new document, or newly amended content to this version contains processes that will have an impact on Trust functions and their users, the following actions are required.

Trust stakeholder	Action required by author
1. **Equality, Diversity & inclusion**	Trust **policies** require an Equality Impact Assessment (EIA) as evidence that the protected characteristics under Equality Act 2010 have been considered, as per Part 1, section 6.1 in this document. If the initial EIA screening form determines a full EIA is required, visit the Equality, Diversity & Inclusion intranet section for next steps. It could take **3 to 4 weeks to receive approval.** EIA approval (supplied via email): Click or tap to enter a date.
2. Clinical Ethics Committee	This document may contain content that is contentious or raises moral debate. ☒No – proceed to next item ☐Yes – please see following actions **Step 1**: Seek advice from Clinical Ethics committee: ethics.enh-tr@nhs.net **Step 2**: Please provide the following info: Date of recommendations received: Were recommendations implemented and/or incorporated into document? ☐yes ☐no State recommendations:
3. Medicines Management (Pharmacy)	This document contains processes about the use of medicines at the Trust. ☐No – proceed to next item ☒Yes – please follow these steps **Step 1**: Contact local pharmacy lead to coordinate presentation to Therapeutics Policy Committee to request their **endorsement (formal agreement the document is fit for use at the Trust)**

Trust stakeholder	Action required by author
	Step 2: Record consultation activity under Document stakeholders **Step 3**: TPC requires sign off on the final file and will be the final approver in the Record of agreement.
4. Nursing, Midwifery & AHP	This document contains processes that will have an impact on staff and care or that would affect work routines. ☒No – proceed to next item ☐Yes – please see following steps **Step 1:** For documents that are for Trust-wide use, **contact Nursing & Midwifery Excellence team** to discuss who would need to be involved in reviewing and agreeing the document is fit for use at the Trust. ☐Clinical skills group and/or ☐Clinical Standards Board and/or ☐Appropriate training team eg Nursing/Maternity Training Team (For documents for local use, contact in the first instance). ☐Other: **Step 2**: Record consultation activity under Document stakeholders **Step 3**: If stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
5. Safeguarding	This document (either for local or Trust-wide use) contains processes or information that may have an impact on children or vulnerable adults using our services. ☒No – proceed to next item ☐Yes **Step 1**: Contact **Safeguarding** team for initial discussion. **Step 2**: Record consultation activity under Document stakeholders
6. People (Human resources)	This document (either for local or Trust-wide use) contains processes or information about the recruitment or management of staff or other processes applicable to staff. ☐No – proceed to next item ☒Yes **Step 1**: Contact Trust Partnership committee, staff side and/or staff network groups for initial discussions. **Step 2**: Record consultation activity under Document stakeholders **Step 3**: In most cases, for these Trust-wide documents owned by the People team, the **Trust Partnership** requires sign off on the final file and should be the **approver** in the Record of agreement.

Trust stakeholder	Action required by author
7. Finance	This document contains processes or information that affects the acquisition of resources (recurring or one-off) or payments of salaries or anything that has financial implications either Trust wide or locally within the Trust. ☒No – proceed to next item ☐Yes – please follow steps **Step 1**: Request input from: ☐payroll, ☐local budget holders, ☐anti-fraud team Name of contact: **Step 2**: Record consultation activity under Document stakeholders **Step 3**: If the stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
8. Estates & Facilities	This document contains processes or information about the use of Trust property or affects facilities and security on Trust premises. ☐No – proceed to next item ☒Yes **Step 1**: Involve/request input from ☒Estates ☒Facilities **Step 2**: Record consultation activity under Document stakeholders **Step 3**: If the stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
9. Digital (IT)	This document contains processes or information about the use of Trust computer hardware, software or systems. This includes systems either managed by our local Digital team or an external supplier. ☒No – proceed to next item ☐Yes **Step 1**: Involve/request input from the appropriate team in Digital services **Step 2**: Record consultation activity under Document stakeholders **Step 3**: If the stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
10. Senior division/ directorate staff	Document owner must apprise senior staff in their relevant area of this new or fully reviewed document. **Step 1** **Divisions (clinical areas)**: Apprise **divisional clinical governance**

Trust stakeholder	Action required by author
	group of document development or send final draft for the formal meeting record and so respective the clinical director is apprised at that meeting. **Directorate (corporate/ non-clinical areas)**: Advise respective senior level group meeting of updated document so this activity is on the formal record. **Step 2** In the Document stakeholders list, record date and name of clinical governance meeting/ senior level group meeting as a stakeholder (select external). Select the activity type as "other" and indicate "for information only".

Document stakeholders

Activity (such as meetings or emails) with departments, groups, stakeholders involved in the update/development of this document are listed below. A document can have unlimited number of stakeholders but at least one stakeholder must be listed.

NOTE: An endorser and/or approver (listed in the Record of agreement) may request evidence of consultation (with any of the document stakeholders or others not mentioned) before their sign off is granted.

Document stakeholder	Date	Activity type
Smoke-Free Working Group - core members Alex Wilkinson, Con Respiratory Phys Emily Byway, Senior Planning Manager Helen O'Keefe, Estates and Facilities Lead Jennifer West, Health at Work Lead	☒ Email date 130225 ☒ Email 180225 ☒ Email ☒ Email 180225	☒Content contribution ☒Read and agree fit for use ☐Other:
Trust Board	☐Meeting date	☐Content contribution ☒Read and agree fit for use ☐Other:

***Internal** – a stakeholder within document author's dept/service/area – a service manager, team meeting, etc.
****External** - a stakeholder outside of dept/service/area or outside the organisation

Other consultation and stakeholder actions required

N/A

Record of agreement

Full details of the **endorsement and approval process** can be found in policy **97 - Management of Trust policies and procedural documents (CP 116)**.

DOC ID & title	Insert DOC ID, Version: 15 19022025, Smoke-free Policy Legacy DOC ID: [insert Legacy DOC ID]
Due date of next full review	[expiry date]
Document type	Policy
Version type	Updated policy – full consultation and endorsements
Applicability	Trust wide (at corporate level) and clinical roles
Version author	Alex Wilkinson, Respiratory Physician & Bridget Sanders, Medical Programme Director

This part of the record of agreement is auto filled with content from PART 4.

AUTHORS: Please complete Part 4 first before deleting this box!

Endorsement	Record of formal agreement this version is fit for use at the Trust by the Quality and Safety Committee (delete as appropriate) is supplied in email dated **YYYY-MM-DD /** is in meeting minutes/ meeting action log under item [**insert reference number**], held on **YYYY-MM-DD**.
DELETE THIS ROW IF NOT REQUIRED **Additional endorsement**	Record of formal agreement this version is fit for use at the Trust by the {**Insert committee/group or Trust function stakeholder's name, role, dept}** (delete as appropriate) is supplied in email dated **YYYY-MM-DD /** is in meeting minutes/ meeting action log under item [**insert reference number**], held on **YYYY-MM-DD**.
Approval	Upon considering the above endorsements, the approver* **{Insert name of approver, as identified in formal sign-off process for doc owner's area}** agrees this document is fit for use at the Trust. Confirmation of this agreement (delete as appropriate) is supplied in email dated **YYYY-MM-DD /** is in meeting minutes/ meeting action log under item [**insert reference number**], held on **YYYY-MM-DD**.
Agreement for interim update	For Interim updates only: Endorsement and approval info to remain as is. Endorser or approver of (ie Chair or stakeholder) of full review can agree a current interim update. Please delete this box and fill in blanks with details.
Trust endorsement	Record of formal agreement this version is fit for use at the Trust by the Policy Compliance Group [illegible] held on YYYY-MM-DD
Document checks	ADMIN USE ONLY

For completion by Policies Compliance Group

*Types of approvers (as per policy 97- Management of policies and Trust procedures/ CP 116):

- Please consult the **Trust Scheme of Delegation**, which stipulates which formal boards, committees and/or executives required to sign off specific policies.
- A member of senior leadership or divisional triumvirate, a Trust committee/group or Trust function stakeholder (including name, role, dept) can approve a fully reviewed and endorsed document.
- A head of service, or stakeholder or committee chairperson (usually endorser listed at the last full review) can approve an interim update of a document.
- A head of service or department can approve documents for local use only (for all version types).
- All policies require "Trust endorsement" from the Policy Compliance Group.

Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board	**Agenda Item**	10
Report title	Strategic Goals Annual Refresh	**Meeting Date**	12 March 2025
Presenter	Chief Kaizen Officer		
Author	Chief Kaizen Officer		
Responsible Director	Chief Kaizen Officer	**Approval Date**	18 February 2025

Purpose (*tick one box only*) [See note 8]	**For information only**	☐	**Approval**	☐
	Discussion	☒	**Decision**	☐

Report Summary:

This report provides an update following the annual refresh of the Trust's strategic goals and outlines the process undertaken to review, engage and cascade these across the organisation; to build collective ownership and ensure they remain fit for purpose. The alignment between ENHPS as the single method for improvement and our strategic goals provides the golden thread for how we engage and motivate our workforce to apply and learn from the method to deliver our vision. This is therefore not a short-term approach; it is a long-term philosophy involving a complex socio-technical system that will shape our culture to one relentlessly focused on consistently delivering outstanding care and exemplary service.
This change will require time for adoption and spread, and there will be an uncomfortable period where progress may feel slow, uncertainty for some is high, and the new way of doing things is not yet established and embedded as part of day-to-day custom and practice.

Impact: tick box if there is any significant impact:

Equality (patients or staff)	☒	**Patients / Public benefit or detriment**	☒	**Financial / Resourcing**	☒	**Legal / Regulatory**	☒	**Green Sustainability**	☐

The strategic goals are deliberately framed to encourage all staff to engage in kaizen that positively impacts our patients, staff and the communities we serve across the key domains of quality, thriving people, seamless services and continuous improvement.

Trust strategic objectives: tick which, if any, strategic objective(s) the report relates to:

Quality Standards	☒	**Thriving People**	☒	**Seamless services**	☒	**Continuous Improvement**	☒

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

BAF risk 11 ENH Production

Report previously considered by & date(s):

Trust Management Group 13 February 2025

Recommendation	The Board is asked to discuss and note this report.

To be trusted to provide consistently outstanding care and exemplary service

1.Introduction

The NHS and the Trust have been through a huge number of changes in recent years and against this backdrop, it felt right to redefine our vision to guide our work in the years ahead. This process was completed in 2023 and set out our new vision “to be trusted to provide consistently outstanding care and exemplary service” with our values defining how we achieve this: by including, respecting and improving.

Working alongside our improvement partner, the Virginia Mason Institute, we have applied their learning and successful deployment of strategic alignment to develop a process for agreeing and cascading our annual strategic goals, so they point the way for everyone in the organisation, at every level. Without this structure, departments and teams would function in silos, rather than a cooperative whole and teams would struggle to engage, because they would lack motivation or accountability to a clear and meaningful purpose.

2.Strategic Alignment and Deployment

The annual refresh of our strategic goals was launched in November 2024 at a senior leadership stakeholder event involving over ninety representatives from each of our divisions, care groups, corporate departments, and executive team. This workshop provided an opportunity to complete a horizon scan of the internal and external health and social care environment, ensuring current thinking was in line with future policy direction, and our goals were still fit for purpose and adaptive given the dynamic and fast-moving environment we work within.

The prioritisation of a few key goals is vital, as if everything is considered important in an organisation, nothing will get finished. It was therefore important to narrow the focus and engage teams in order that all our efforts are directed toward the highest priority goals. ‘Catch ball’ is an approach for involving the wider senior leadership team in this process, actively asking for feedback and input creating a two-way communication loop. To make the strategic plan as meaningful and purposeful as it can be, it is important staff have a voice rather than being given a mandate from above. Playing back proposed objectives and asking for feedback also captures the best ideas and thinking of frontline staff.

These strategic goals are then cascaded down into the organisation, so that every department, team and individual can understand and contribute at their level. This approach is integrated into our annual Grow Together conversations, the ENHT appraisal process, so in effect the power of all seven thousand staff is harnessed and pulling in the same direction. Teams are encouraged to publish their locally agreed objectives that align to the strategic goals in their department and ward areas, and this is then one of the points of focus when senior leaders visit the genba.

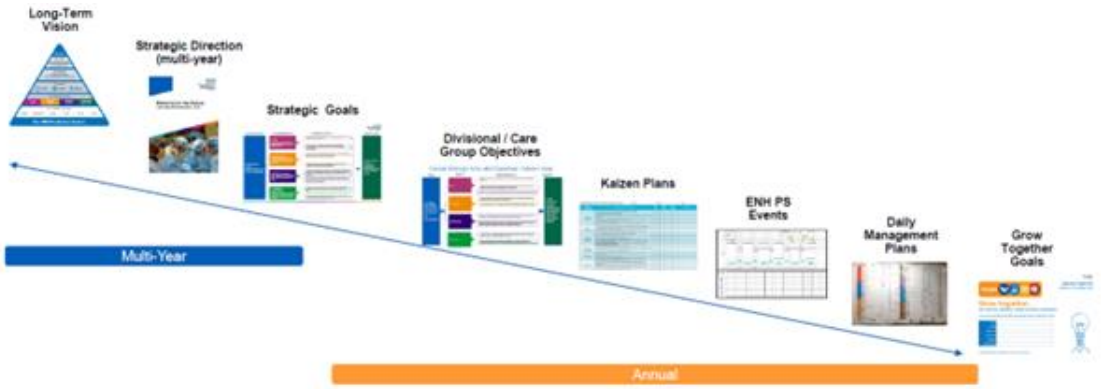

Figure one: strategic goal cascade from vision to individual grow together conversations

3.Sustainability

This approach is new in the Trust and this strategic goal setting, alignment and deployment promotes long-term impact in two ways. First, its repeatable and based on learning, evolves year after year learning. Second, it allows the opportunity to use elements of advanced daily management, tools and concepts from our new improvement method, the ENH Production System, to weave strategic goals into the day-to-day work, conversations and attention of teams.

Daily management involves a structured system that helps teams and departments ensure their day-to-day operations run smoothly and improve continuously, whilst also embedding accountability. This includes leader standard work with emphasis on leaders being present where the work is done (genba), teaching, guiding and coaching frontline staff to improve their daily work by reducing waste. Many of the concepts (i.e. production boards) involve visual management, these are highly visible cues that drive action so people can know at-a-glance the status of the team's daily work or can see when to take action and what action to take if abnormal conditions are observed. Whilst production boards focus on real-time issues, we will soon launch strategic alignment boards that will capture local activities aligned to the Trust's goals and vision. Coaching staff in these skills and tools is facilitated through a newly established ENHPS for Leaders training programme. During 2024/ 25 the first three cohorts were launched involving over sixty senior leaders, and in 2025/ 26 this number will increase to include an additional ninety leaders.

The importance and relevance of strategic alignment is reinforced through executive positive leader rounds involving senior leaders visiting the genba to role model and establish new standard work. This allows leaders to test the health of local processes, engage staff and create curiosity and encourage positive action. These visits are scheduled in advance to ensure local staff availability and are intentional; that is to say they use structured prompts to guide and coach teams to think about daily management, kaizen and strategic alignment.

However, this is about more than goals, it's also about organsiational culture that consistently respects and values people. In this environment staff know their voices and actions fuel the organisation's success and that is the ambition we have set out to achieve. This type of orgnsisational change does not happen overnight, and is as much a new philiosphy then way of working and is a longer-term commitment.

4.2025/ 2026 Strategic Goals

Improvements that the Trust, divisions, care groups, departments, teams and individuals commit to deliver to meet the strategic goals will naturally range from large scale transformational programmes that are cross functional and span multiple teams, to small scale, incremental daily improvements. The following is therefore not an exhaustive list, but instead provides a range of examples of the types of activity that are already underway as part of this process for 2025/ 26 -

The elimination of avoidable waits though innovation will include the transformation of the outpatient pathway with a planned new electronic patient record which will enable patients to access their records and manage appointments through a dedicated patient portal, enhancing patient choice and streamlining the booking process, while driving operational efficiencies within clinics.

Artificial intelligence powered solutions, integrated within the new electronic patient record will further transform operations by optimising waiting list management through predictive analytics and automating clinic scheduling and resource allocation for maximum efficiency and reduction in avoidable waits for patients.

The strive for zero harm is a key principle of the ENH Production System and in response to a reported serious incident, members from our ophthalmology team, with support from the kaizen promotion office, undertook a rapid process improvement workshop in late 2024. The aim was to improve the patient injection pathway for age related macular degeneration. The week generated over 62 ideas and a

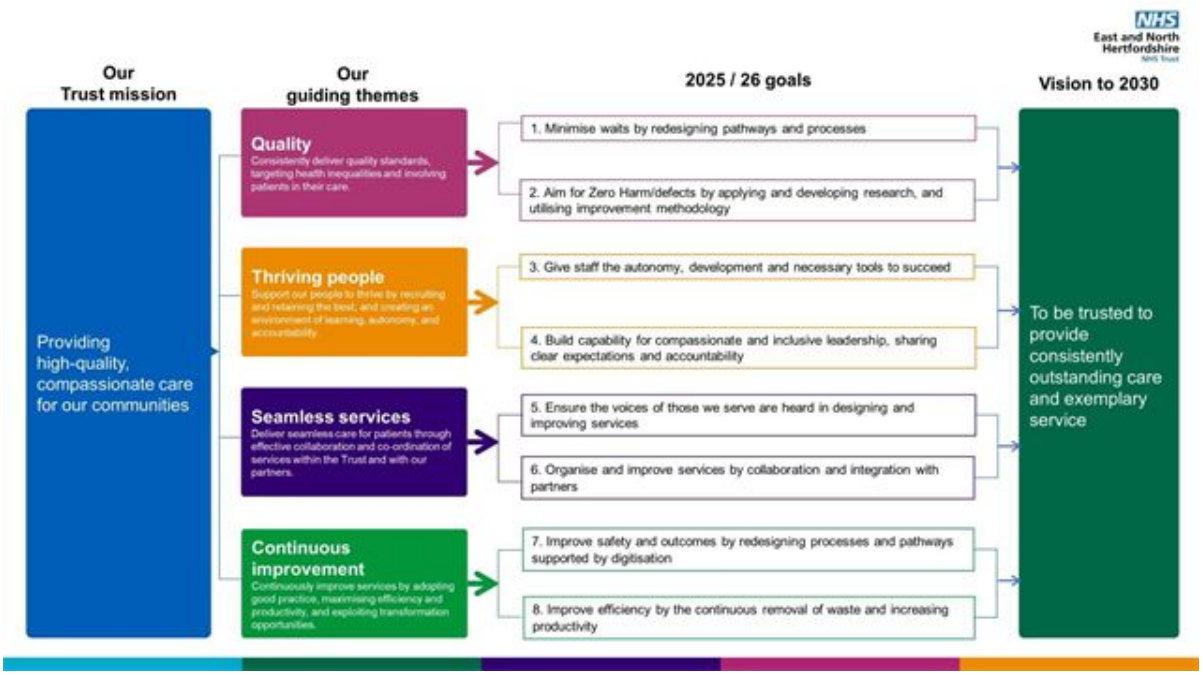

Figure 2: 2025/ 2026 strategic goals

series of PDSA's that were then tested on the genba evidenced patient's physical steps in the process were reduced from 282 to 104 following a redesign of flow in the environment. In addition, PDSAs involving the value stream evidenced a reduction in time for each individual attendance from 46 mins to 24mins for patients requiring pressure checks, and from 34mins to 13mins for patients not requiring pressure checks. There were also savings in excess of £17k per annum identified from a reduction in medicines waste.

In response to the commitment to maximise the potential of our staff through the provision of the tools and skills to deliver high quality service a senior leadership development programme has been launched. This incorporates a series of facilitated workshops that will coach new leaders to embed a multi-disciplinary, boundaryless approach to leadership, promote cross-team working, and a culture whereby people work with others to achieve their own objectives whilst also helping others to deliver theirs. These outcomes will be achieved though evidence-based leadership development and will utilise real situations and shared experiences and connect peers to help learn and offer support to one another.

To build leadership capability that creates an inclusive culture and environment a new EDI steering group has been established which will oversee the delivery of a recently published EDI strategy. Initiatives under development include the adoption of a first 'do no harm' philosophy and policy across our employee relations framework which builds on the foundations of our embedded healthy teams' interventions. Staff will also continue to build on the excellent work of our various staff networks which have delivered a range of successes during the last eighteen months.

To use insights from our patients and communities, working in partnership to better understand their experience and improve our services the Trust is working as part of the ENH place to join up patient engagement, insight and resources across the area. This involves reviewing and restructuring our offer for Trust Members, working with the ICB as part of an engagement community of practice, and taking an active part in the ENH Community Assembly. In addition, as part of standard work, all future kaizen events and rapid process improvement workshops will include elements of patient engagement and co-production in their preparation, planning and implementation.

To build relationships for how we work with partners to build and grow equitable, high quality compassionate services we have established an Acute Provider Collaborative with Bedfordshire

Hospitals, The Princess Alexandra Hospital and West Herts Hospitals. This creates a formal model through which the Trusts have committed to work together to improve patient care and outcomes and improve efficiency. The collaborative will initially focus on elective care, developing sustainable clinical services, with 'quick win' projects identified in interventional radiology supporting the vascular hub services at Luton and Lister Hospitals and in emergency ophthalmology.

The OneEPR programme which will deliver a single, unified electronic patient record will help transform patient flows and standardise processes to reduce waste, improving patient care by providing real-time, accessible, and accurate health records. This digital transformation will empower healthcare teams with efficient workflows, seamless collaboration, and data-driven decision-making, ultimately improving patient outcomes and operational performance. The new electronic patient record will serve as a centralised digital record, creating a platform for artificial intelligence integration and emerging technologies that will enhance clinical decision-making and drive efficiency across the healthcare system.

To achieve the best use of our resources through eliminating waste our new kaizen promotion office has delivered training to over six hundred staff through our 'Introduction to ENHPS' course. The session helps attendees gain and apply an understanding of the foundational concepts of waste and value in healthcare. By learning the 5S tool, participants learn a strategy for waste reduction through a simple process of sort, simplify, sweep, standardise, and self-discipline. Teams across the organisation are using 5S to improve efficiency and make best use of the resources they already have: the outpatients pharmacy team completed a 5S which enabled them to find things more quickly, speeding up the dispensing of medicines, increasing their effectiveness and improving patient experience. The team implemented a new process, reduced their packaging product lines by 44%, but still have what they need to hand, and no longer need additional storage or preparation space.

The examples previously described will multiply in the months and years ahead as we increase awareness, application and learning from the method through the various training and coaching offers provided. Ultimately each department and team no matter how big or small, will develop their own annual kaizen plans that will align their planned short and long-term improvements to the Trusts strategic goals.

Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	11
Report title	OneEPR programme			**Meeting Date**	12 March 2025
Presenter	Chief Information Officer				
Author	Chief Information Officer				
Responsible Director	Chief Information Officer			**Approval Date**	23 February 2025
Purpose (*tick one box only*) [See note 8]	**For information only**	☐	**Approval**		☒
	Discussion	☐	**Decision**		☐

Report Summary:

Purpose of the Paper
To update the Board on the status of the OneEPR programme, including re-phasing impacts, governance developments, and next steps.

The overall project status is red primarily to not having an agreed plan, this is still in discussion and due to be published by the end of March 2025.

Key updates
1. Programme progress

Leadership and governance:
An experienced professional EPR Programme Director commenced in December, providing strong leadership for the programme. A clear governance structure is now in place:

- Each workstream has an identified lead.
- Oversight is provided by the steering group, with Dedalus (the supplier) embedded in all levels of governance.
- A new governance group (Clinical and Operations Group) has been formed chaired by the Interim Deputy COO which is focused on implementation across the Trust and engagement with the workforce.

Product Roadmap and Timeline Impact:
Dedalus has delivered a detailed roadmap for phase 1 functionality. However, the proposed delivery dates extend beyond the original plan, impacting the phase 1 go-live target of June 2025.

- A new go-live window for phase 1 has been identified as **Q3/Q4 2025/2026**.
- Winter pressures have been highlighted as a constraint, making **October 2025** the most viable go-live option for phase 1.
- The overall project completion date of **June 2026** remains unaffected, as parallel activities will continue.

- A NED-chaired Board Sub Committee has been approved to oversee the project and will commence this quarter 24/25.

Next Steps

1. **Revised Phase 1 Plan:**

A comprehensive re-phased plan, including key milestones and dependencies for an October 2025 go-live, will be presented to the programme board in March 2025.

Impact: tick box if there is any significant impact:

Equality (patients or staff)	☐	**Patients / Public benefit or detriment**	☒	**Financial / Resourcing**	☒	**Legal / Regulatory**	☐	**Green Sustainability**	☐

Trust strategic objectives: tick which, if any, strategic objective(s) the report relates to:

Quality Standards	☐	**Thriving People**	☐	**Seamless services**	☐	**Continuous Improvement**	☒

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

Strategic Risk 10 – Digital Transformation

Report previously considered by & date(s):

Recommendation	The Board is asked to: 1. Note the updated timeline for phase 1 delivery and the overall programme timeline. 2. Confirm whether the PMO-generated papers are appropriate for FPPC reporting or if additional adjustments are required. 3. Provide input on the proposed establishment of a NED-chaired task and finish group. 4. Endorse the focus on readiness for an October 2025 phase 1 go-live and confirm alignment with key stakeholders.

To be trusted to provide consistently outstanding care and exemplary service

OneEPR
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NHS Trust

Programme Update – Trust Board

March 2025

(update as of 23/2/25)

ProudToBeENHT

Programme highlight report

OneEPR

Programme Highlight Report

Programme commentary

The Programme is currently red due to the lack of an approved and baselined plan. Amendments to the plan are being reviewed and amended.
Session held with programme leadership and clinical digital leads this week to review the plan and discuss scope. Changes are to be incorporated into the plan and approach.
The PMO is currently under review with changes under way to improve programme processes.

Programme RAG Status

Red

Workstream	RAG Status Last Week		2	Explanation of RAG if not Green	Commentary	This Week's Achievements	Next Week's Key Planned Activities
						Requirements review ongoing. Planning ongoing. Radiology catalogue collection - commenced.	Requirements alignment to Dedalus tracker. Continue radiology catalogue collection. Commence endoscopy form build. Engagement with respiratory for CPOE. Re-review with MVCC.
Communications & Engagement	Green	Green				CAOG (Clinical And Operations Group) now in operatiion and key messages shared across the divisions following the meeting. News story shared in Trust News and Intranet focussing on leadership team for CAOG.	Continue to expand Comms Plan. Engage with CNIO and team re SMEs/Digital champions for programme. Identify next story for comms.
Data Migration & Archiving	Green	Green					
Information Governance	Green	Green					
Infrastructure	Green	Green			Focus has been to review the plan to reduce the delivery time and reviewing the dependencies.	Reviewed the Infrastructure strategy feedback and revised the document. Reviewed and updated risks and issues. Identified dependencies in preparation of dependencies meeting.	Progress with Infrastructure actions. Review the PowerBI Azure design.
Integration & Interfaces	Green	Green					
Registration Authority & Security	Green	Green					
Reporting & Data Warehousing	Green	Green					
Service Management	Green	Green					
System Configuration	Green	Green				Continued work on detailed planning. Ward / bays and bed reconfiguration proposal complete for review next week.	Radiology requests work to continue. ePMA workshops for ICU and ED planned for Wednesday 19th Feb.
Testing	Green	Green					
Training	Green	Green					

Workstream Health Check

East and North Hertfordshire NHS Trust

Clinical and Operations Group highlight update

East and North Hertfordshire NHS Trust

Highlight Report for: Clinical & Operations Group **Lead:** Sarah James/Kate Fruin **RAG** Green

Commentary

The Clinical Design Committee has now been extended to be the Clinical & Operations Group. The new group will focus on supporting the implementation across the trust with specific focus on clinical, nursing, AHP's, operational and administration teams.

The main aim of this group will be to provide recommendations to the Programme Board on suggested workflow, processes and mitigations for risks and issues whilst driving the delivery of the new EPR.

High level update/ progress on this period's activity

- Draft Terms of Reference for the group.
- Schedule the weekly meetings.

Key Risks and Issues

ID	Title	RAG	Owner
	None.		

Top Deliverables / activities planned for next period

- Commence sessions.
- Agree the Terms of Reference.

Key Considerations/Decisions for the board

ID	Title	Priority	Owner
	None.		

4 | OneEPR Programme Board

Technical Design Authority (TDA) highlight update

East and North Hertfordshire NHS Trust

Highlight Report for: TDA **Lead:** Ollie Morley **Period end:** 17 Feb 25 **RAG** GREEN

Commentary

TDA (Technical Design Authority) is a digital group focused on the consideration and approval of all technical design. We have 2 groups, one focusing on all digital subjects outside of EPR and the other just focusing on OneEPR. Attendance is mainly Digital senior technical staff and service leads. The groups meet bi-weekly however this will be flexed up or down depending on demand.

All workstream lead's have access to the OneEPR TDA. Any technical design that is required within each workstream gets drafted for the workstream lead to present to the TDA. All technical decisions for OneEPR will first come to TDA before it can be considered by other areas of the programme governance.

High level update/ progress on this period's activity

We have had 2 x OneEPR TDA's since the last programme board. Although there have been technical considerations discussed around Pathology and Dedalus upgrades, there have been no new design decisions needing to be made, and no escalations needing to be reported to programme board.

Key Risks and Issues

ID	Title	RAG	Owner
	None for this period		

Top Deliverables / activities planned for next period

2 x TDA's on 18th Feb and 4th March

Key Considerations/Decisions for the board

ID	Title	Priority	Owner
	None for this period		

5 | OneEPR Programme Board

Risk statistics

East and North Hertfordshire NHS Trust

OneEPR **Risk Statistics as at Tuesday, 11 February 2025**

1. Open Risks - Count of Current Likelihood x Current Impact

Likelihood	Negligible	Minor	Moderate	Major	Catastrophic	Total
Rare	1	0	0	0	0	1
Unlikely	0	2	1	1	0	4
Possible	0	0	2	6	4	12
Likely	0	0	3	5	2	10
Almost Certain	0	1	2	2	1	6
Total	1	3	8	14	7	33

This table shows the number of open risks in each category for current likelihood & current impact.

2. Open Risk Score Totals - Current Likelihood x Current Impact

Likelihood	Negligible	Minor	Moderate	Major	Catastrophic	Total
Rare	1	0	0	0	0	1
Unlikely	0	8	6	8	0	22
Possible	0	0	18	72	60	150
Likely	0	0	36	80	40	156
Almost Certain	0	10	30	40	25	105
Total	1	18	90	200	125	434

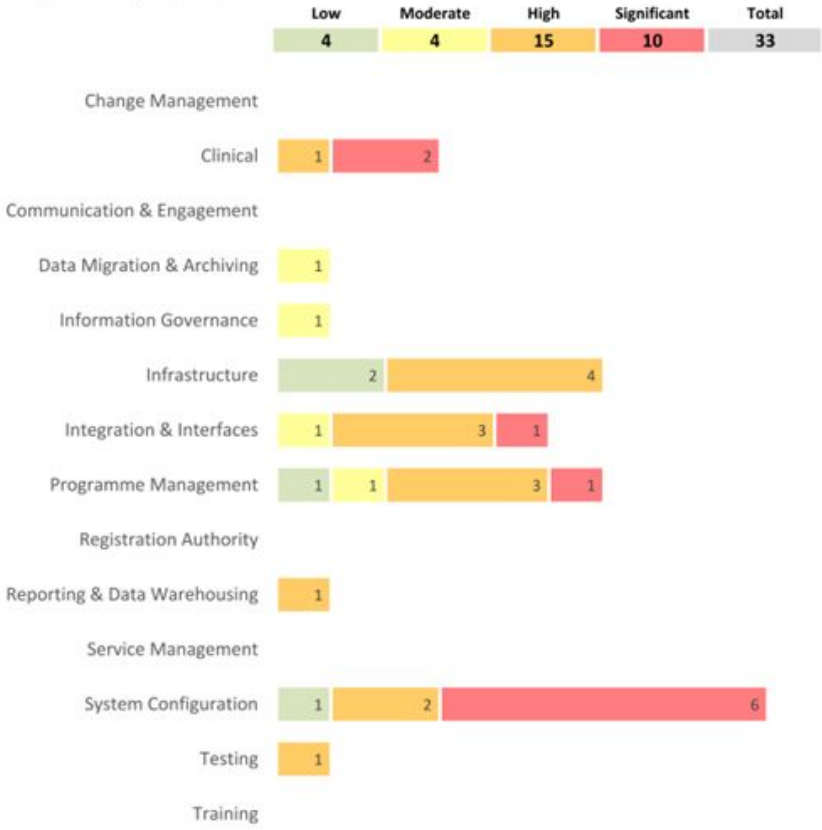
This table shows the sum of open risk scores in each category for current likelihood & current impact.

3. Risk Analysis - Change in Open Risk Score

Likelihood	Negligible	Minor	Moderate	Major	Catastrophic	Total
Rare	0	0	0	0	0	0
Unlikely	0	0	-6	0	-13	-19
Possible	0	0	0	-8	-24	-32
Likely	0	0	-3	-4	-28	-35
Almost Certain	0	0	0	0	-15	-15
Total	0	0	0	0	0	-101

This table shows the changes in scores of open risks in each category for initial likelihood x initial impact vs. current liklihood x current impact.

4. Open Risks by Workstream



Issue statistics

East and North Hertfordshire NHS Trust

OneEPR Issue Statistics as at Tuesday, 11 February 2025

1. Open Issues - Count of Current Urgency x Current Impact

Urgency \ Impact	Negligible	Minor	Moderate	Major	Catastrophic	Total
Low	0	0	0	0	0	0
Medium	0	0	3	0	0	3
High	0	0	16	12	0	28
Total	0	0	19	12	0	31

This table shows the number of open issues in each category for current issue urgency & current impact.

2. Open Issue Score Totals - Current Urgency x Current Impact

Urgency \ Impact	Negligible	Minor	Moderate	Major	Catastrophic	Total
Low	0	0	0	0	0	0
Medium	0	0	18	0	0	18
High	0	0	144	144	0	288
Total	0	0	162	144	0	306

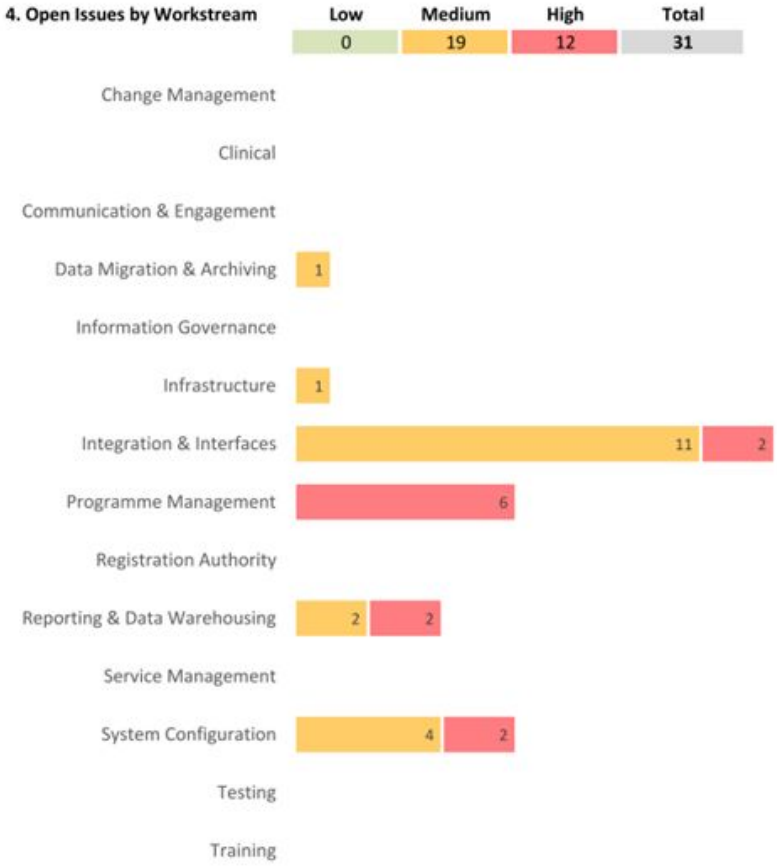
This table shows the sum of open issue scores in each category for current issue urgency & current impact.

3. Issue Analysis - Change in Open Issue Score

Urgency \ Impact	Negligible	Minor	Moderate	Major	Catastrophic	Total
Low	0	0	0	0	0	0
Medium	0	0	0	0	0	0
High	0	0	-12	0	0	-12
Total	0	0	0	0	0	-12

This table shows the changes in scores of open issues in each category for initial issue urgency x initial impact vs. current issue urgency x current impact.

4. Open Issues by Workstream



7 | OneEPR Programme Board

East and North Hertfordshire NHS Trust

Integrated Performance Report

Month 10 | 2024-25

	P	?	F
H, L	1	7	4
	7	45	11
H, L	1	5	3

Data correct as at 20/02/2025

Performance Highlights

East and North Hertfordshire NHS Trust

Quality

- MRSA BSI - there were zero MRSA BSI in Jan-25. YTD one (Dec-24). A post infection review (PIR) was held for this incident in Jan-25. Learning has been identified and shared with the Unplanned Care division. An agreed set of actions have been commenced to prevent reoccurrence.
- *C difficile (C diff.)* infection (CDI) - the number of CDI cases for the month of Jan-25 is four and is on the threshold level. All cases were under Unplanned Care division. The weekly multidisciplinary team (MDT) meetings found the cases were unavoidable. YTD 71, threshold 92.
- The rolling 12-month crude mortality rate continued to decrease in Jan-25, HSMR remained below 100 and SHMI is same as previous month in their latest respective publications.

Operations

- Urgent and Emergency Care - Performance improved to 69.44%. A Regional level 3 incident was declared 31/12/24 - 14/1/25.
- Cancer Waiting Times - The Trust achieved all 3 standards in December 2024.
- Referral To Treatment (RTT) 18 weeks - Numbers of patients waiting over 65, 78 and 104 weeks for treatment (excluding Community Paediatrics) continued to show improving trends in-month.
- Diagnostics - While the number and proportion of patients waiting over 6 and 13 weeks excluding Audiology continue to show positive statistical trends, the performance against target is remains significantly above the 5% target both including and excluding Audiology.

Finance

- The Trust approved a surplus plan of £1.0m for 24/25. This plan assumes that both a £33.8m cost improvement programme will be delivered, and ERF performance of 138% will be achieved.
- At Month 10, the Trust has reported an actual YTD deficit of £0.9m. This is adverse to plan by £1.9m. This gaps relates to both lost income resulting from Industrial Action earlier in the year and poor elective delivery in M9.
- The YTD position reports a material shortfall in elective activity delivery compared with plan. Daycase and Inpatient Elective gap are of particular concern, and reflects a delay in mobilising additional capacity. ERF delivery in January was impacted by the effect of the major incident declared across the East of England during early January.

People

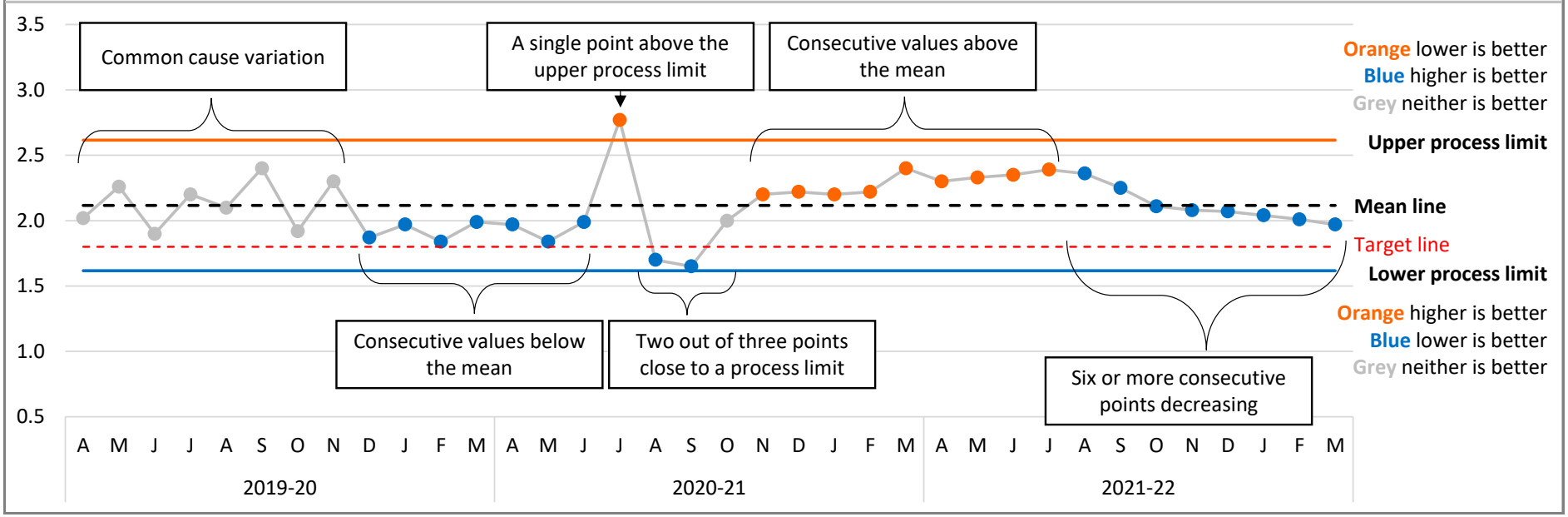
- Vacancy rates are at their lowest level since November 2023.
- Grow Together compliance to be targeted in 2025, with work to focus on struggling teams early with supportive information on team demographics and early time allocation for conversations. System improvement should ease use of tech and increase compliance rates.
- In January, the number of days lost to sickness absence lost due to mental health issues and musculoskeletal health issues reduced and targeted support to prevent and manage absence will continue to help sustain reductions.
- National staff survey results are due to be published in early March supported by engagement plans for divisions to discuss and agree local actions.

Month 10 | 2024-25

Integrated Performance Report

East and North Hertfordshire NHS Trust

How to interpret a Statistical Process Control (SPC) Chart



Variation

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

Assurance

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

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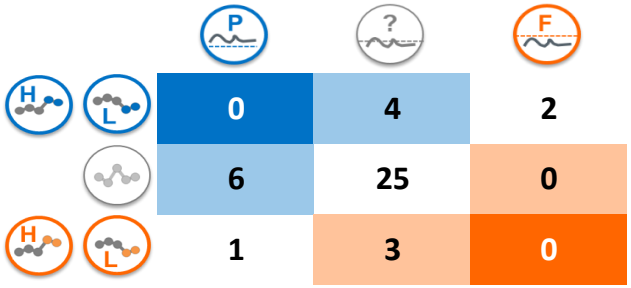
Quality

Month 10 | 2024-25



Quality

NHS East and North Hertfordshire NHS Trust

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Patient Safety Incidents	Total incidents reported in-month	Jan-25	n/a	1,530	H		4 points above the upper process limit No target
Infection Prevention and Control	Hospital-acquired MRSA Number of incidences in-month	Jan-25	0	0		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired c.difficile Number of incidences in-month	Jan-25	0	4		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired MSSA Number of incidences in-month	Jan-25	0	3		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired e.coli Number of incidences in-month	Jan-25	0	3		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired klebsiella Number of incidences in-month	Jan-25	0	2		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired pseudomonas aeruginosa Number of incidences in-month	Jan-25	0	0		?	Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired CPOs Number of incidences in-month	Jan-25	0	0	L	?	24 points below the mean Metric will inconsistently pass and fail the target
	Hand hygiene audit score	Jan-25	80%	93.7%		P	Common cause variation Metric will consistently pass the target
Safer Staffing	Overall fill rate	Jan-25	n/a	83.7%			Common cause variation No target
	Staff shortage incidents	Jan-25	n/a	29			Common cause variation No target

Month 10 | 2024-25

Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cardiac Arrests	Number of cardiac arrest calls per 1,000 admissions	Jan-25	n/a	0.64			Common cause variation No target
	Number of deteriorting patient calls per 1,000 admissions	Jan-25	n/a	0.85			Common cause variation No target
Sepsis Screening and Management	Inpatients receiving IVABs within 1-hour of red flag	Jan-25	95%	84.1%	H	?	8 points above the mean Metric will inconsistently pass and fail the target
	Inpatients Sepsis Six bundle compliance	Jan-25	95%	59.1%		?	Common cause variation Metric will inconsistently pass and fail the target
	ED attendances receiving IVABs within 1-hour of red flag	Jan-25	95%	89.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	ED attendance Sepsis Six bundle compliance	Jan-25	95%	79.3%	H	F	12 points above the mean Metric will consistently fail the target
VTE Risk Assessment	VTE risk assessment stage 1 completed	Jan-25	85%	59.7%	L	?	4 points below the lower process limit Metric will inconsistently pass and fail the target
HATs	Number of HAT RCAs in progress	Jan-25	n/a	158	H		4 points above the upper process limit No target
	Number of HAT RCAs completed	Jan-25	n/a	25			Common cause variation No target
	HATs confirmed potentially preventable	Jan-25	n/a	0			Common cause variation No target
PU	Pressure ulcers All category ≥2	Jan-25	0	13		?	Common cause variation Metric will inconsistently pass and fail the target

Month 10 | 2024-25

Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Patient Falls	Rate of patient falls per 1,000 overnight stays	Jan-25	n/a	3.7			Common cause variation No target
	Proportion of patient falls resulting in serious harm	Jan-25	n/a	0.0%			Common cause variation No target
Other	National Patient Safety Alerts not completed by deadline	Sep-24	0	0			Metric unsuitable for SPC analysis
Friends and Family Test	Inpatients positive feedback	Jan-25	95%	95.4%		?	Common cause variation Metric will inconsistently pass and fail the target
	A&E positive feedback	Jan-25	90%	77.9%		?	Common cause variation Metric will inconsistently pass and fail the target
	Maternity Antenatal positive feedback	Jan-25	93%	79.0%	L	?	1 point below the lower process limit Metric will inconsistently pass and fail the target
	Maternity Birth positive feedback	Jan-25	93%	90.5%		?	Common cause variation Metric will inconsistently pass and fail the target
	Maternity Postnatal positive feedback	Jan-25	93%	99.0%	H	?	5 points above the upper process limit Metric will inconsistently pass and fail the target
Friends and Family Test	Maternity Community positive feedback	Jan-25	93%	100.0%	H	F	7 points above the upper process limit Metric will consistently fail the target
	Outpatients FFT positive feedback	Jan-25	95.0%	96.9%		?	Common cause variation Metric will inconsistently pass and fail the target
PALS	Number of PALS referrals received in-month	Jan-25	n/a	477		-	Common cause variation No target

Month 10 | 2024-25

Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Complaints	Number of written complaints received in-month	Jan-25	n/a	85		-	Common cause variation No target
	Number of complaints closed in-month	Jan-25	n/a	90		-	Common cause variation No target
	Proportion of complaints acknowledged within 3 working days	Jan-25	75%	98.9%		P	Common cause variation Metric will consistently pass the target
	Proportion of complaints responded to within agreed timeframe	Jan-25	80%	83.8%	H	?	1 point above the upper process limit Metric will inconsistently pass and fail the target
Maternity Safety Metrics	Caesarean section rate Total rate from Robson Groups 1, 2 and 5 combined	Jul-24	60 - 70%	70.4%		?	Common cause variation Metric will inconsistently pass and fail the target
	Massive obstetric haemorrhage >1500ml vaginal	Jan-25	3.3%	2.1%		?	Common cause variation Metric will inconsistenly pass and fail the target
	3rd and 4th degree tear vaginal	Jan-25	2.5%	1.5%		?	Common cause variation Metric will inconsistenly pass and fail the target
	Massive obstetric haemorrhage >1500ml LSCS	Jan-25	4.5%	2.9%		P	Common cause variation Metric will consistenly pass the target
	3rd and 4th degree tear instrumental	Jan-25	6.3%	5.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	Term admissions to NICU	Jan-25	6.0%	4.2%		?	Common cause variation Metric will inconsistently pass and fail the target
	ITU admissions	Jan-25	0.7	0		?	Common cause variation Metric will inconsistently pass and fail the target

Month 10 | 2024-25

Quality

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Maternity Other Metrics	Smoking at time of booking	Jan-25	12.5%	5.7%		P	Common cause variation Metric will consistenly pass the target
	Smoking at time of delivery	Jan-25	2.3%	4.2%		?	Common cause variation Metric will inconsistently pass and fail the target
	Bookings completed by 9+6 weeks gestation	Jan-25	50.5%	61.2%	L	P	1 point below the lower process limit Metric will consistenly pass the target
	Breast feeding initiated	Jan-25	72.7%	76.3%	L	?	8 points below the mean Metric will inconsistently pass and fail the target
	Number of serious incidents	Jan-25	0.5	0		?	Common cause variation Metric will inconsistently pass and fail the target
Mortality	Crude mortality per 1,000 admissions In-month	Jan-25	12.8	9.9		?	Common cause variation Metric will inconsistently pass and fail the target
	Crude mortality per 1,000 admissions Rolling 12-months	Jan-25	12.8	8.5			Rolling 12-months - unsuitable for SPC
	HSMR In-month	Nov-24	100	110.9		?	Common cause variation Metric will inconsistently pass and fail the target
	HSMR Rolling 12-months	Nov-24	100	84.6			Rolling 12-months - unsuitable for SPC
	SHMI In-month	Aug-24	100	87.8		?	Common cause variation Metric will inconsistently pass and fail the target
	SHMI Rolling 12-months	Aug-24	100	92.1			Rolling 12-months - unsuitable for SPC

Month 10 | 2024-25

Quality

Summary

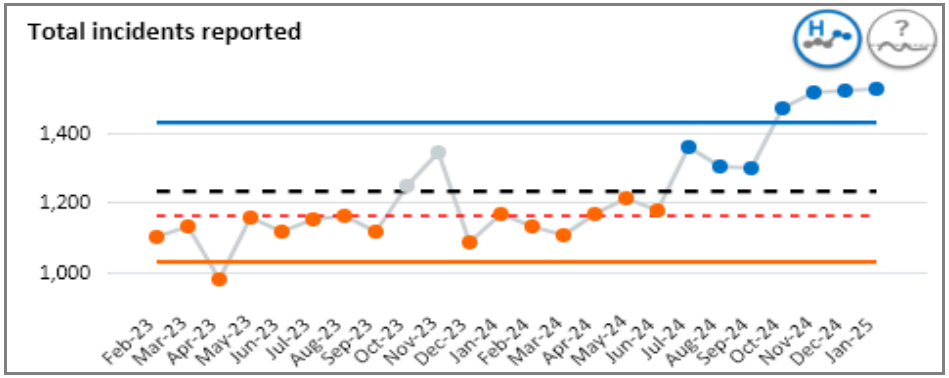
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Re-admissions	Number of emergency re-admissions within 30 days of discharge	Nov-24	n/a	788	H		11 points above the mean No target
	Rate of emergency re-admissions within 30 days of discharge	Nov-24	9.0%	6.3%		P	Common cause variation Metric will consistently pass the target
Length of Stay	Average elective length of stay	Jan-25	2.8	2.0		P	Common cause variation Metric will consistently pass the target
	Average non-elective length of stay	Jan-25	4.6	5.1		?	Common cause variation Metric will inconsistently pass and fail the target
Palliative Care	Proportion of patients with whom their preferred place of death was discussed	Jan-25	n/a	92.0%			Common cause variation No target
	Individualised care pathways	Jan-25	n/a	31			Common cause variation No target

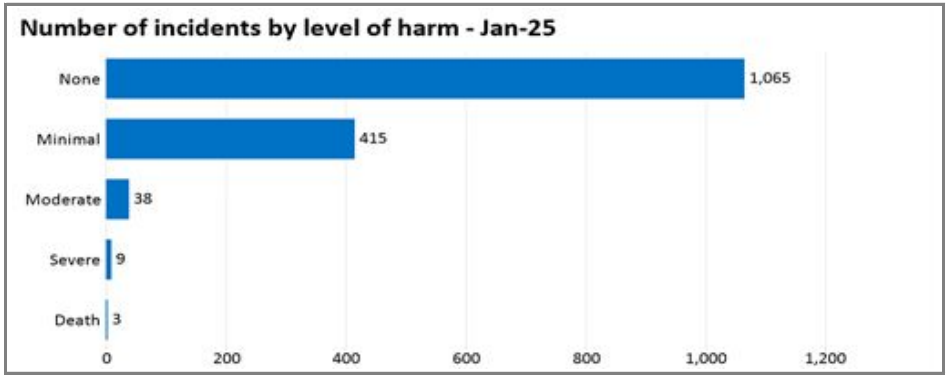
Month 10 | 2024-25

Quality

Patient Safety Incidents

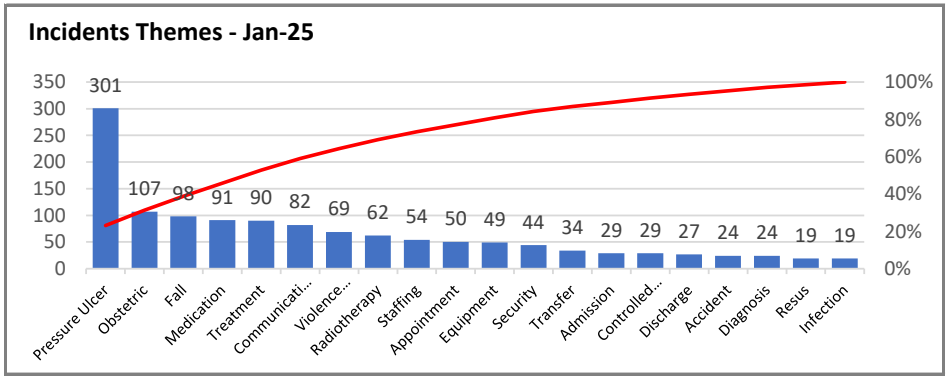
East and North Hertfordshire NHS Trust

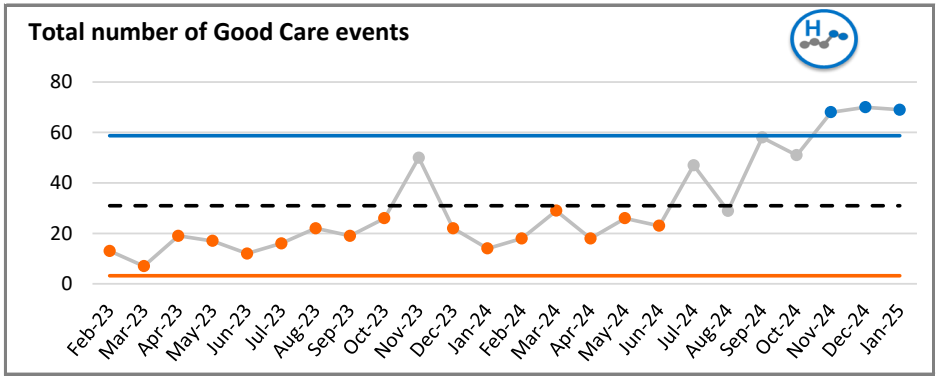




Key Issues and Executive Response

- The reporting of incidents and good care has been increasing and this has been influenced by active promotion of reporting and the emerging use of daily incident review huddles across all Care Groups.
- 97% of incidents resulting in no harm / low harm.
- 1 death by suicide - multi-agency de-brief took place. Multi-agency PSII learning review in progress (HPFT, Police), led by ENHT. In addition, early estates learning in progress and support to family.
- Emergency Medicine, Obstetrics, Cancer Services and Acute Medicine continue to be the highest reporting specialties in line with previous months.
- The number of accumulated open incidents remains an improvement priority.
- Four serious incidents remain open, all relate to Paediatric Audiology.
- 2 new PSII agreed in January; 1 maternity incident where baby required transfer to tertiary centre for cooling, case referred to and accepted by MNSI as agreed process. Also, death by suicide case detailed above.
- Ongoing thematic review of surgical never events. Early learning identified regarding communication and equipment storage. Ongoing work reviewing LocSSIPS data, observational work, and engagement with staff.



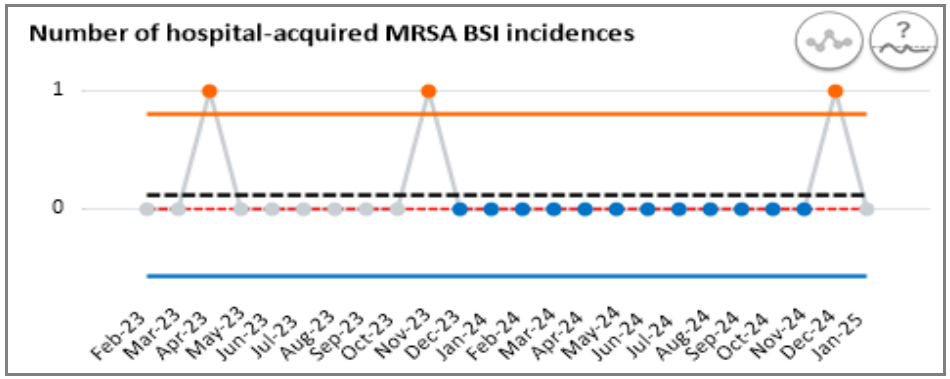


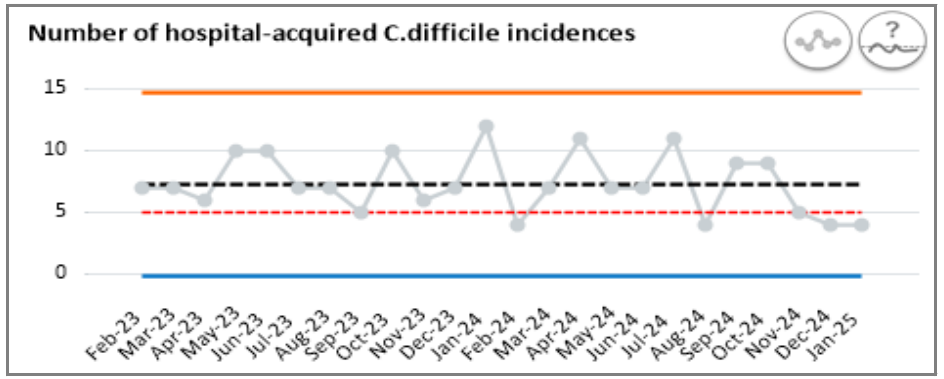
Month 10 | 2024-25

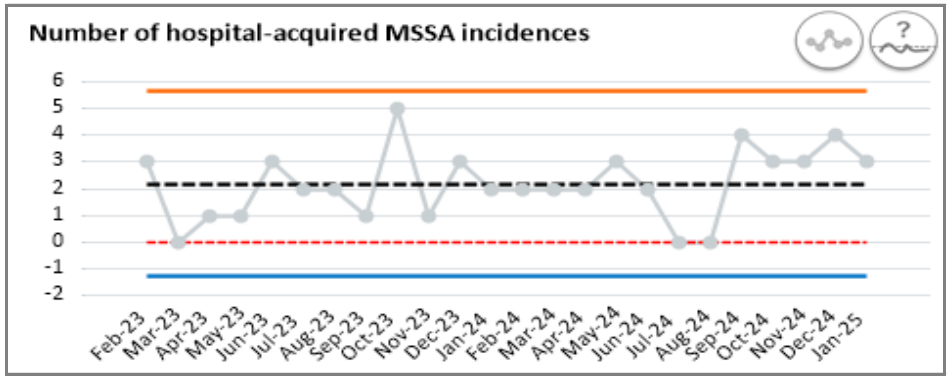
Quality

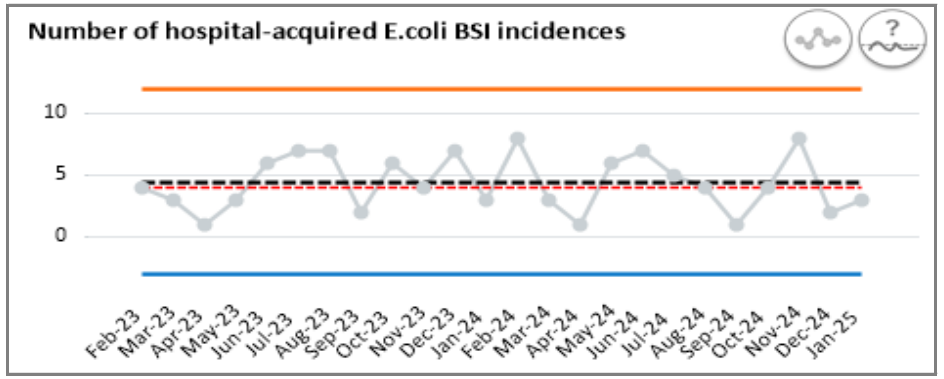
Infection Prevention and Control

East and North Hertfordshire NHS Trust









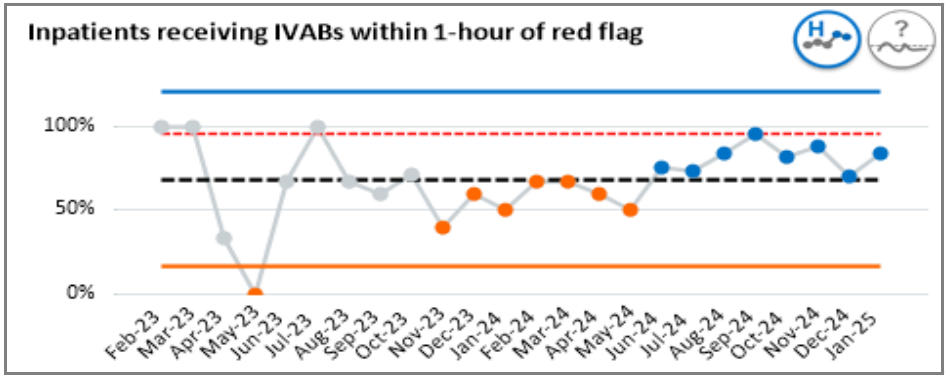
- MRSA BSI - there were zero MRSA BSI in Jan.'25. YTD one (Dec.'24). A post infection review (PIR) was held for this incident in Jan.'25. Learning has been identified and shared with the Unplanned Care division. An agreed set of actions have been commenced to prevent reoccurrence
- MSSA BSI - there were three cases in Jan.'25, one case lower than the previous month. Two cases under Planned Care division and one case under Unplanned Care division. YTD 24, zero threshold.
- *C difficile (C diff.)* infection (CDI) - the number of CDI cases for the month of Jan.'25 is four and is on the threshold level. All cases were under Unplanned Care division. The weekly multidisciplinary team (MDT) meetings found the cases were unavoidable. YTD 71, threshold 92.
- *E.coli BSI* - there were three cases of healthcare-associated infection in Jan.'25. YTD 40, threshold of 55. Preventative work continues, further actions will be identified by the division.

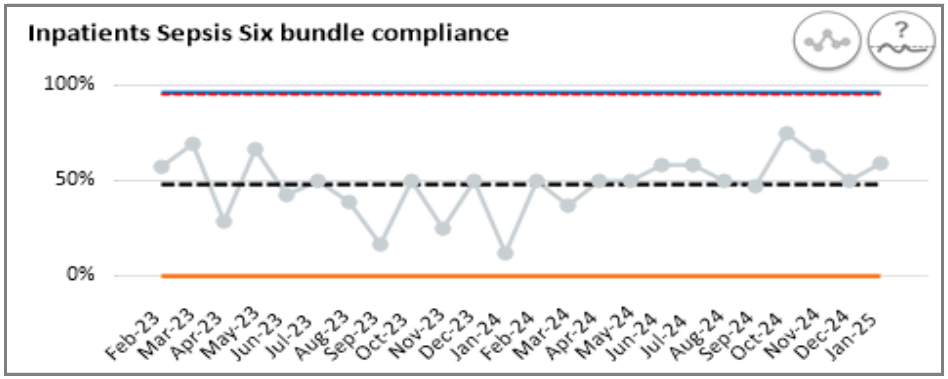
Month 10 | 2024-25

Quality

Sepsis Screening and Management | Inpatients

East and North Hertfordshire NHS Trust





Themes

Sepsis IP	2023-24		2024-25									
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Oxygen	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Blood cultures	100%	63%	78%	88%	75%	95%	65%	67%	88%	93%	90%	84%
IV antibiotics	75%	67%	60%	50%	75%	74%	83%	95%	81%	89%	70%	86%
IV fluids	100%	100%	67%	71%	67%	77%	83%	80%	83%	93%	64%	93%
Lactate	86%	63%	89%	100%	75%	89%	59%	81%	88%	78%	68%	73%
Urine measure	57%	75%	89%	88%	92%	74%	94%	76%	94%	95%	84%	95%

Key Issues and Executive Response

Themes

- January shows a positive correlation in compliance across inpatients after a challenging December.
- Both IV antibiotic and IV fluid compliance rose in January making positive steps towards the trust target.
- Compliance for oxygen administration remains at 100%.
- Blood cultures and lactate levels remains the improvement focus for IP sitting at 84% and 73%.
- Urine measurement hit trust target sitting at 95%.

Response

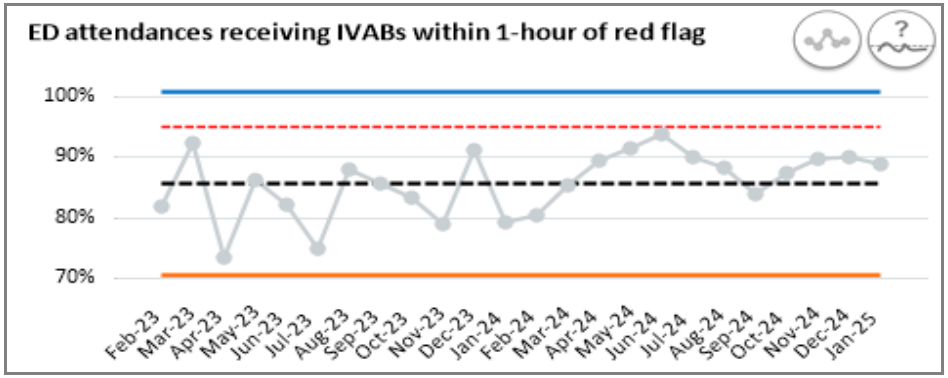
- Sepsis Grab boxes are fully embedded across the Lister site - the Sepsis Team are currently in the process of auditing the continued use. We have received positive feedback on the use of these from multiple sources.
- Quality Improvement project in place for urine output measurement on 10B
- The team continue to respond to unwell septic patients across the trust, reviewing them and assisting to implement the sepsis six.
- 19/22 patients received IV antibiotics within an hour, of the 3 that were delayed, 3/3 were during normal working hours which is an anomaly compared to previous findings.
- Remembering to obtain a lactate result has been a focus on recent training particularly teaching with the elderly care and IMT doctors that has taken place recently. Work has been initiated to promote blood gas analyser training across IP areas with the aim of improving lactate measurement.
- The team successfully delivered MDT Sepsis/AKI simulation sessions with more sessions planned for April.

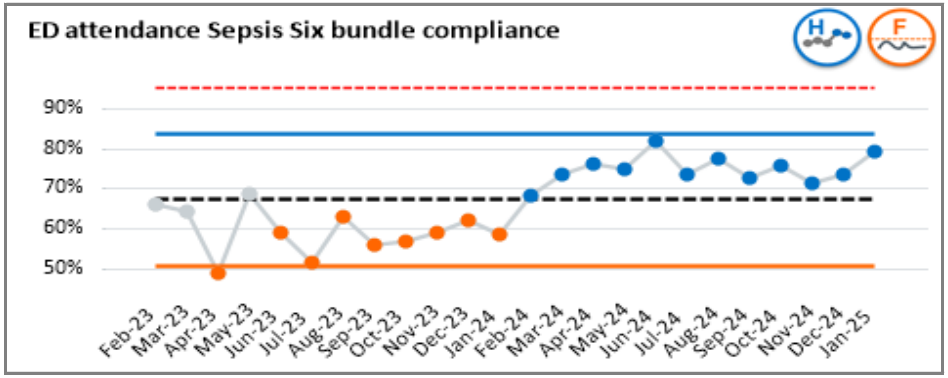
Month 10 | 2024-25

Quality

Sepsis Screening and Management | Emergency Department

East and North Hertfordshire NHS Trust





Themes

Sepsis ED	2023-24		2024-25									
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Oxygen	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%
Blood cultures	100%	97%	97%	91%	100%	99%	93%	97%	97%	90%	93%	95%
IV antibiotics	80%	85%	89%	92%	94%	90%	88%	84%	87%	90%	90%	89%
IV fluids	85%	84%	91%	92%	94%	92%	90%	87%	93%	95%	91%	92%
Lactate	100%	98%	100%	100%	100%	100%	96%	98%	99%	97%	94%	99%
Urine measure	78%	86%	79%	83%	86%	74%	79%	81%	80%	81%	80%	88%

Key Issues and Executive Response

Themes

- 65/82 patients audited across January showed 6/6 compliance within the hour.
- Urine output measurement has seen an increase in compliance across January.
- Despite the clinical pressures faced by the emergency department there has been an improvement in overall sepsis six compliance compared to previous months.
- Blood culture and Lactate measurements hit the trust target 95% across January.
- Digital Fluid balance and its documentation remains a focus for the ED department.

Response

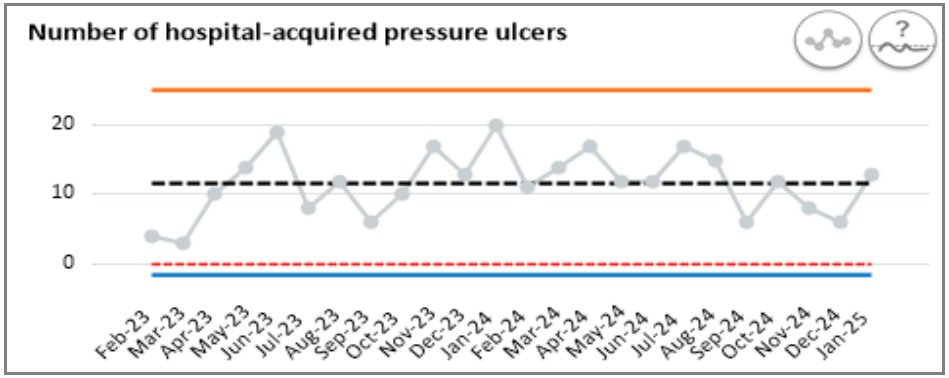
- The Sepsis Team continue to provide bedside education to staff, often attending patients in ED and going through the Sepsis Screening Tool in real time. ENHance reports are submitted to ED matrons for non-compliance to be reviewed and set a plan for continuous improvement.
- Sepsis drawer now implemented in all Resus spaces to allow for prompt treatment.
- Mandatory e-learning updated and now live on ENH Academy for all staff to refresh their sepsis knowledge and review the updated guidance.
- The team collaborates with an antimicrobial pharmacist to provide teaching to nursing staff regarding appropriate and timely antimicrobial use in septic patients.
- The team are linking with the ED practice educators with the aim for facilitating some teaching sessions for staff.

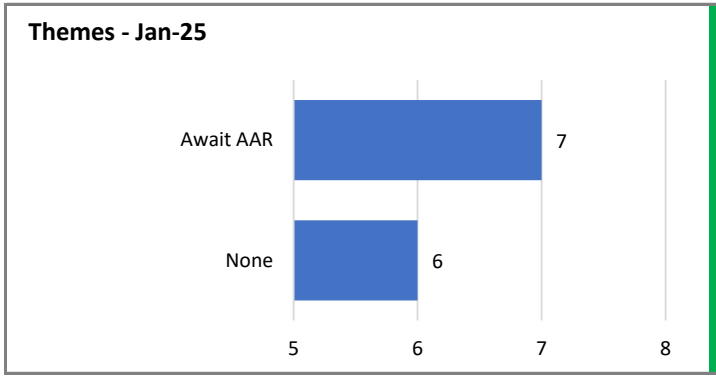
Month 10 | 2024-25

Quality

Pressure Ulcers | VTE

East and North Hertfordshire NHS Trust

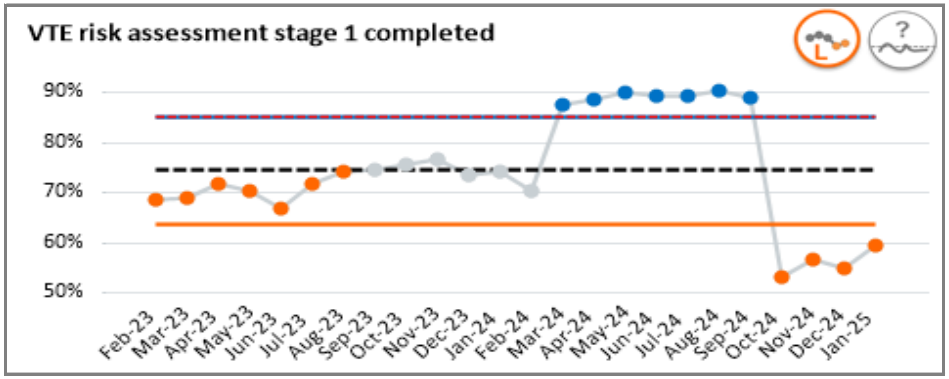




584

days since last category 4

as at 18/02/2025



Key Issues and Executive Response

Pressure Ulcers

- TVN team is currently engaged with the digital team to build up the PURPOSE-T PU prevention risk assessment tool to the new EPR system to be rolled out this year. This move will align our Trust to the NWCSP recommendations and the ICS/ICB.
- Data shows a sharp increase in pressure ulcer figures as compared to January. Tissue Viability team, HoNs and DHoNs working on addressing SEIPS in line with PSIRF. This rise is still within normal cause variation.
- As part of response to PSIRF learning response, the Tissue Viability service has amalgamated the Pressure Ulcer report among the Divisions to encourage trust wide shared learning. There is engagement of DoNs and DHoNs.

VTE

- In October, Trust agreed to adopt 14-hour timescale to complete VTE risk assessments in line with NHSE requirements. This led to an anticipated drop due to a stricter timescale.
- VTE Lead has left the Trust, and the post is proving challenging to recruit to.
- Trust wide pilot of digital 'welcome pack' to improve patient awareness of VTE, VTE risk assessments and VTE prevention.

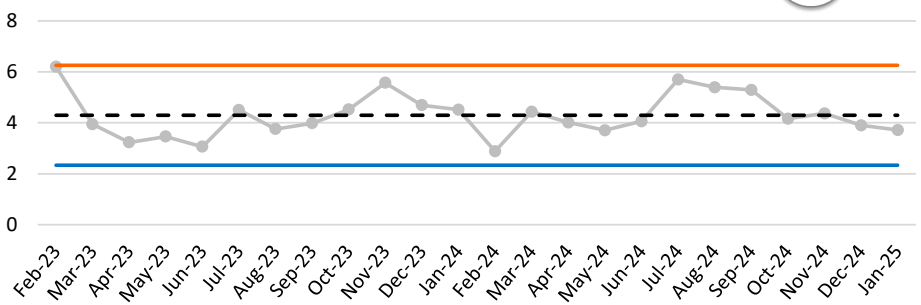
Month 10 | 2024-25

Quality

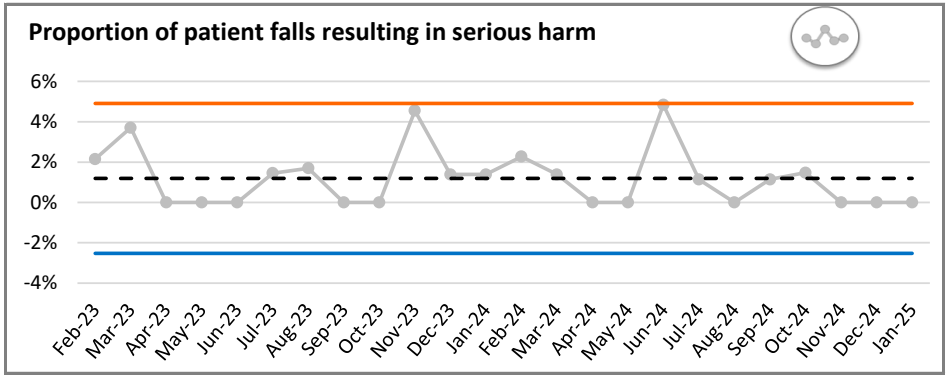
Patient Falls

East and North Hertfordshire NHS Trust

Rate of patient falls per 1,000 overnight stays



Proportion of patient falls resulting in serious harm



Key Issues and Executive Response

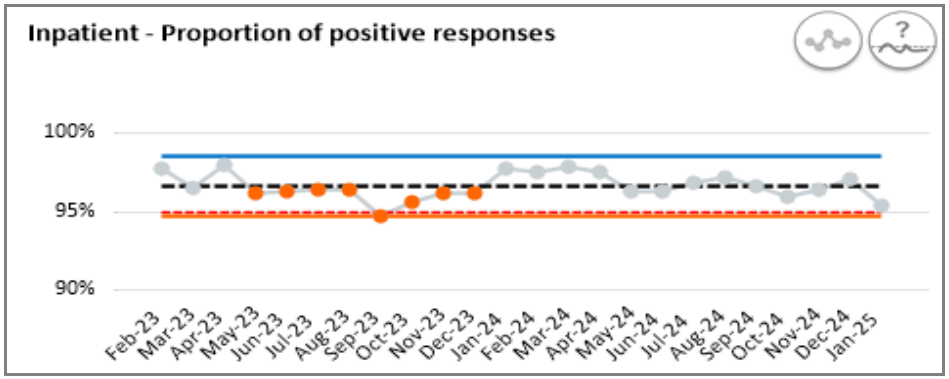
- Inpatient falls data continues to show common cause variation, with an average of 4 per month per 1,000 bed days.
- We have recorded zero falls with serious harm in the last 3 months.
- We are currently reviewing falls documentation and updating this prior putting to the new EPR system (ORBIS). Once this is agreed and in place, we will test this on inpatient areas for feedback.
- The agenda for the first quarter of the year is to re-introduce baywatch in clinical areas. Falls lead to work closely with ward leaders and managers to own these falls safety measures and monitor compliance.

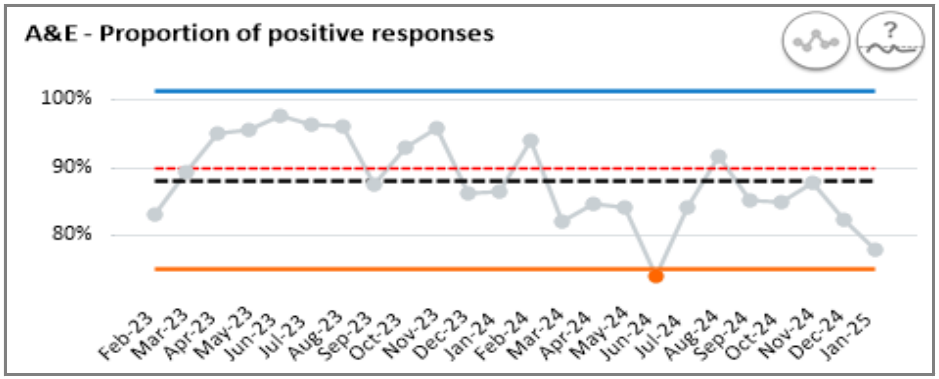
Month 10 | 2024-25

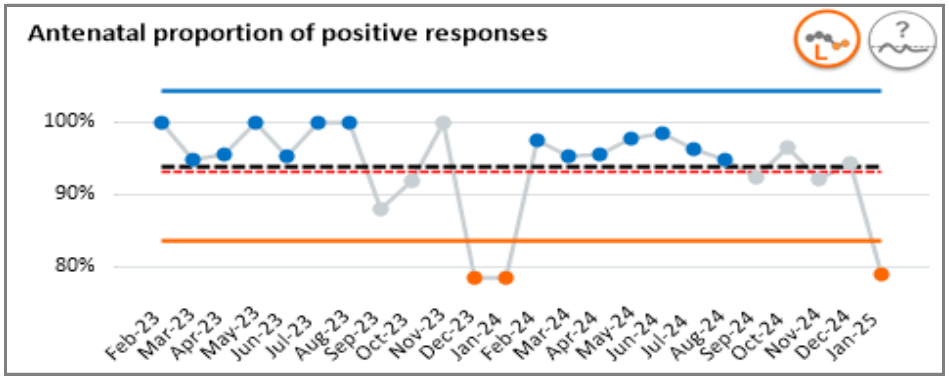
Quality

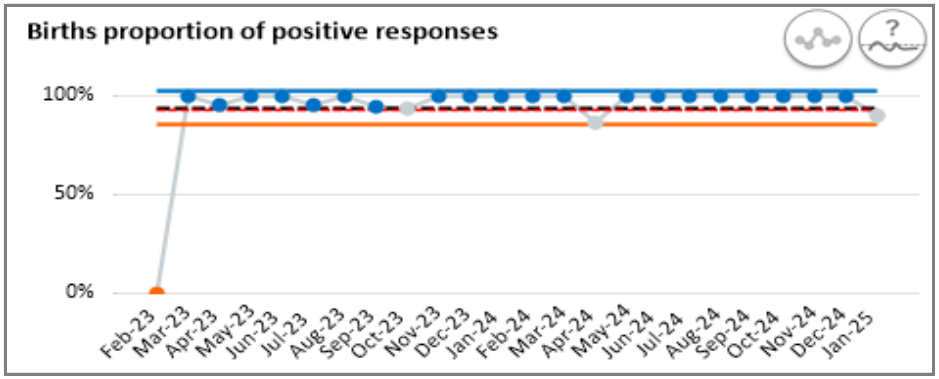
Friends and Family Test

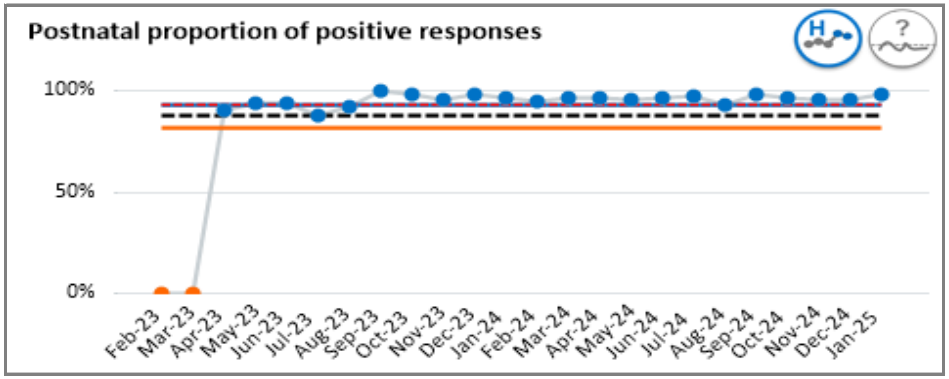
East and North Hertfordshire NHS Trust

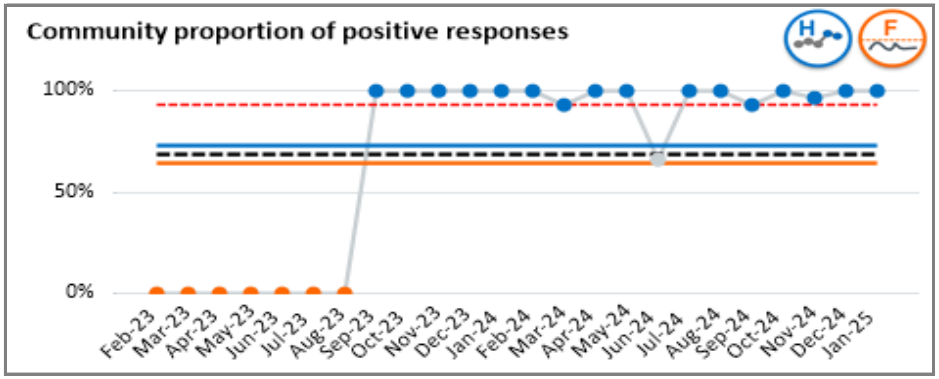










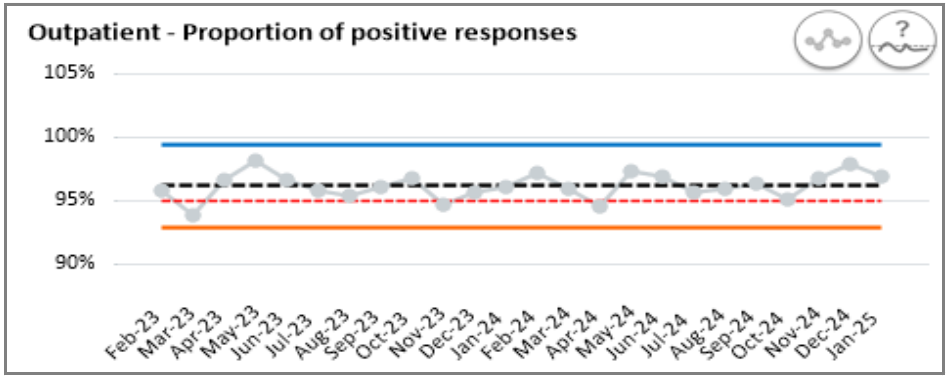


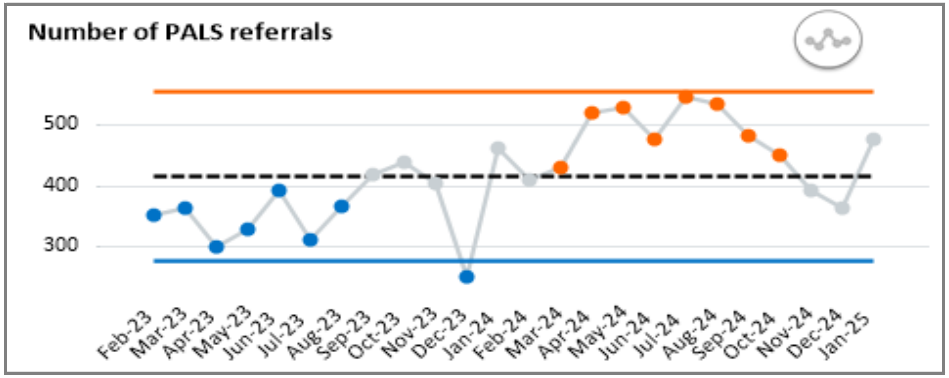
Month 10 | 2024-25

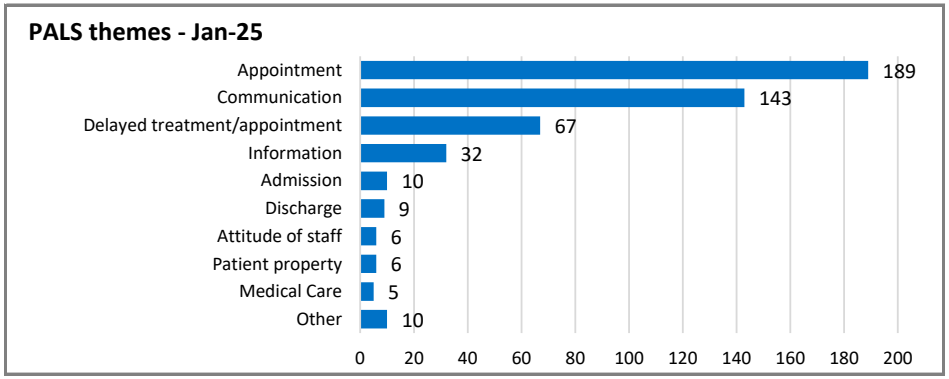
Quality

Friends and Family Test | Patient Advice and Liaison Service

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

Friends and Family Test

- Continued increase of FFT responses due to the work within Unplanned Care.
- Slight reduction in A&E satisfaction themes as waiting times, staff organisation/waiting time and communication were highlighted.
- Slight reduction is Antenatal due to 2 comments relating to negative attitude.

Patient Advice Liaison Service

- 4-week response timeframe within the department, but continued volume of concerns does not allow the emails to be reduced. Currently 190 emails to review.
- Significant increase in concerns following the usual annual reduction in December.
- Increase in voicemails received.
- Continued high volumes of concerns raised about appointments that are cancelled and not rebooked.
- Continued high volumes around service voicemails being full and no one picking up the phones in departments.
- Continued high volumes of concerns around the waiting time on the appointment lines. People being cut off after waiting long periods or having to wait over an hour to speak to someone.
- Several emails from January to still be reviewed and logged - number received will increase significantly.

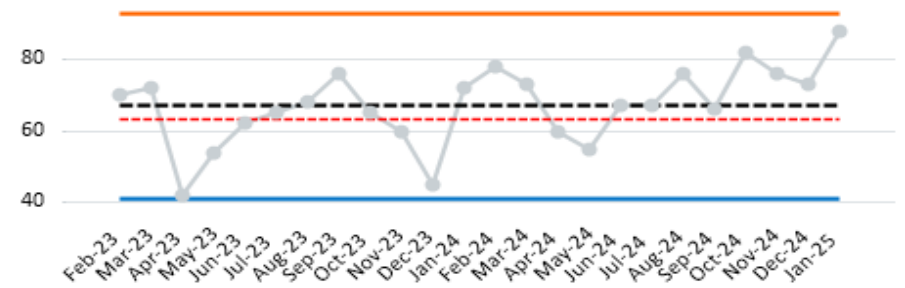
Month 10 | 2024-25

Quality

Complaints

East and North Hertfordshire NHS Trust

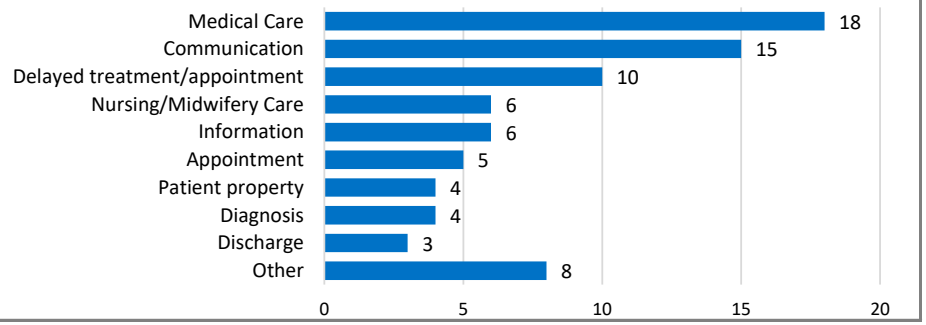
Number of written complaints received



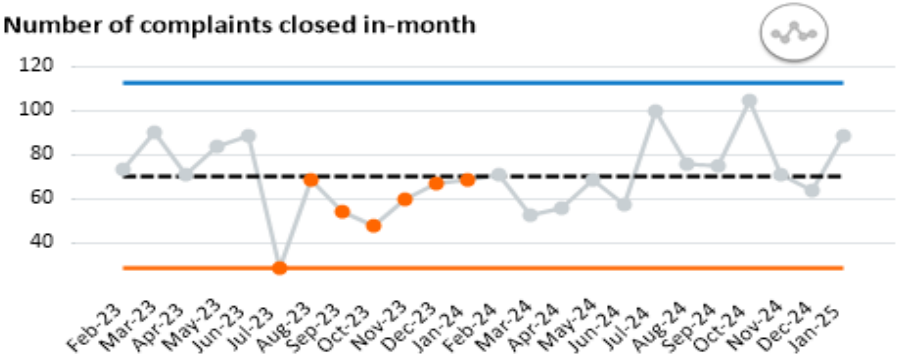
Key Issues and Executive Response

- At the end of January 2025, the Trust had 134 open complaints, with 24 complaints awaiting scope confirmation.
- ED (12), Gynaecology (10) Obstetrics (6) are the top three directorates to receive complaints in January 2025.
- The priority remains to reduce the oldest overdue complaints in particular overdue Gynaecology complaints.
- Push for divisions to prioritise action plans - many becoming overdue.

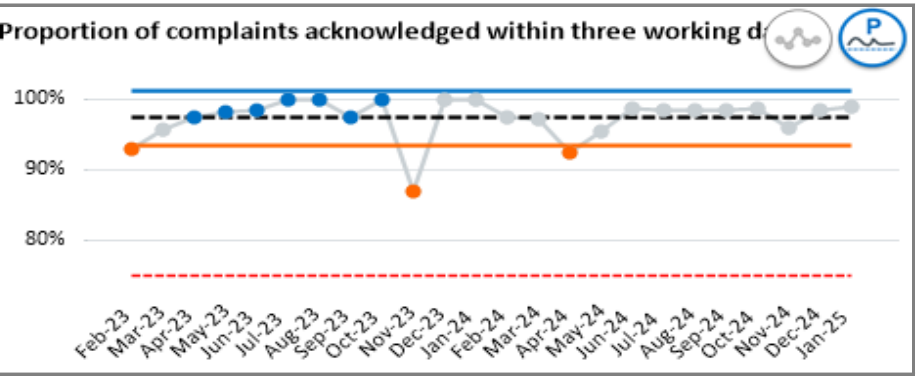
Complaints themes - Jan-25



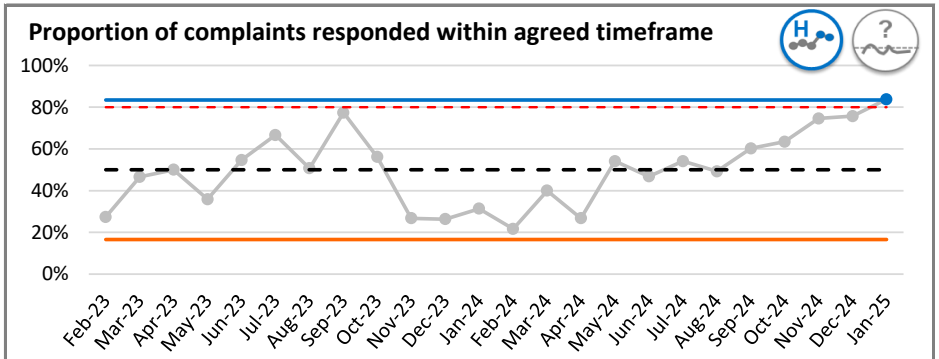
Number of complaints closed in-month



Proportion of complaints acknowledged within three working d



Proportion of complaints responded within agreed timeframe

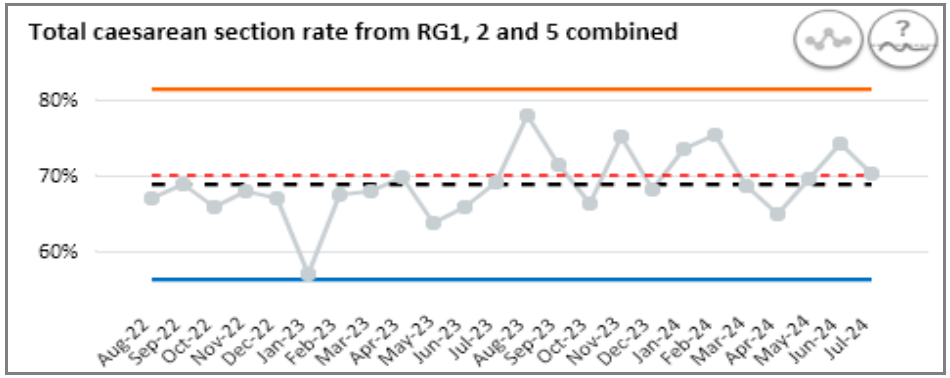


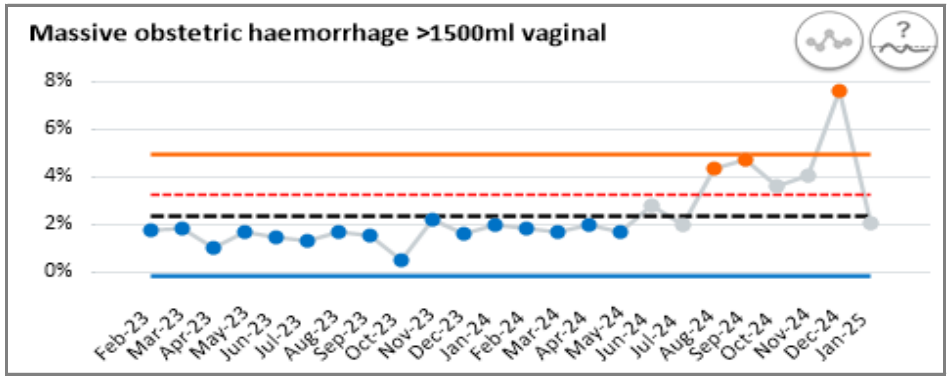
Month 10 | 2024-25

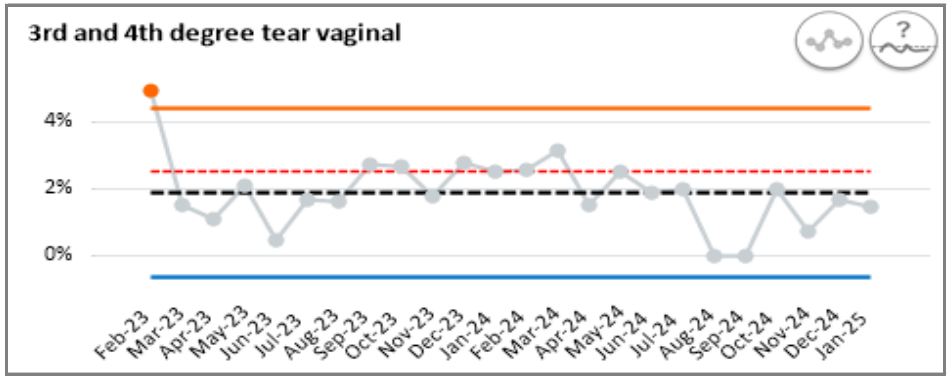
Quality

Maternity | Safety Metrics

East and North Hertfordshire NHS Trust







Key issues and executive response

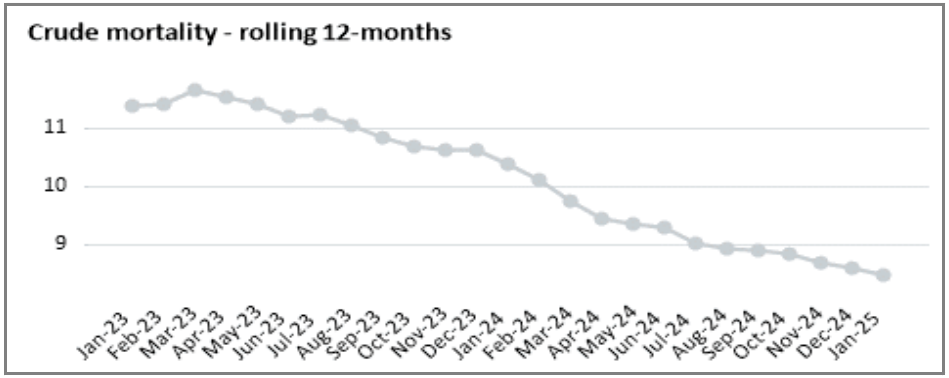
- There were no incidents meeting criteria for referral to MNSI nor qualifying as PSII in January 2025. An MNSI investigation report was received from July 2024 for presentation at RHD and to QSC. Safety action surrounds telephone failsafe for maternity triage. Audit ongoing and risk acknowledged on the register for calls missed due to capacity.
- A reduction in the rate of 3rd and 4th degree perineal tears were seen at both vaginal and instrumental births. OASI2 project launch November 2024 and training ongoing. Review of all cases continue.
- MOH >1500mls at vaginal births have significantly reduced in January 2025 (4,2.07%), following special cause variation seen in December 2024 (13,7.6%). NMPA targets are set at 3.2%. Weekly thematic review ongoing. Immediate learning and actions include early obstetric escalation and review during 2nd stage, re-introduction of PPH risk assessment on the PPH scribe/proforma, prophylactic TXA and early support for perineal suturing (incidence associated with trauma). Escalation for PPH commences at 500mls and is escalated again at 1000mls and 1500mls, in accordance with guidance. Rates of MOH >1500mls at LSCS and >2000mls remain within common cause variation.
- ATAIN rate under national limit. TC risk acknowledged on risk register due to capacity restraints. Anticipated increase since inclusion of short-stay admissions in line with national requirements from January 2025.
- Total LSCS= 151 (42.66%), Total Cat 1-3 (Emergency) = 81 (22.88%), Total Cat 4 (Elective) = 70 (19.77%). First Robson Group criteria reports since K2 launch: RC1 = 16.67%, RC2 = 48.57%, RC5 = 72.09%. Incomplete denominator data by clinicians for 'short-booked' women (expected to end March/April 2025). Although not our total numbers due to missing data, figures are a proportionate representation of actual cases for the month. Data assurance will strengthen following staff training and education initiatives and women no longer needing to be short booked.

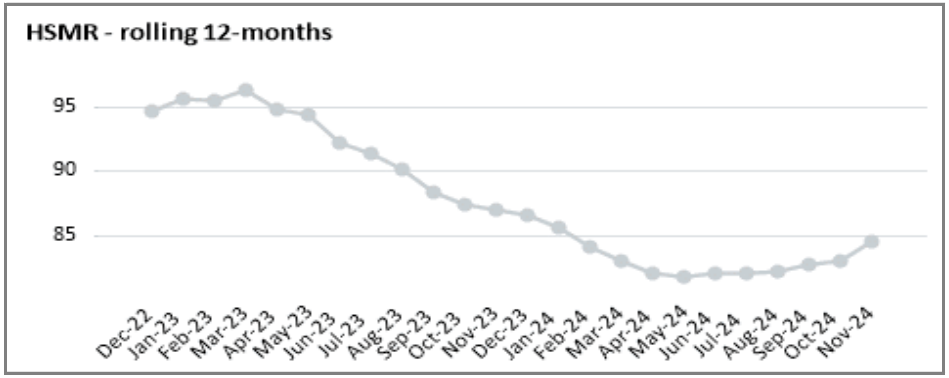
Month 10 | 2024-25

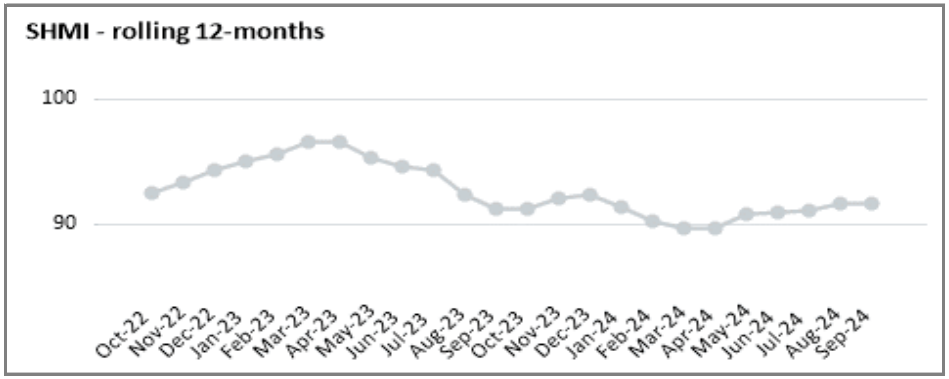
Quality

Mortality

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

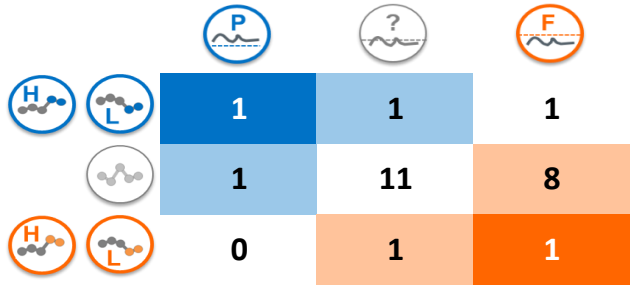
- Crude mortality is the factor which usually has the most significant impact on HSMR. The exception was during the COVID pandemic, when the usual correlation was weakened by the partial exclusion of COVID-19 patients from the HSMR metric. This partial exclusion continues.
- The general improvements in mortality (excluding the COVID-19 period) have 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 maintain a high standard of clinical 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.
- There was a significant downward trend in rolling 12-month HSMR from March 2023 to April 2024, when the metric plateaued, with increases seen in October and November 2024.
- The latest rolling 12-month HSMR to Nov-24, reported by CHKS, stands at 84.6. This positions us in the mid-range of trusts nationally. It should be noted that national peer currently stands well below 100 at 89.3. CHKS has confirmed that a rebase of their HSMR is due imminently.
- Latest NHSD published rolling 12-month SHMI available to September 2024, stands at 91.7, marginally lower than the previous month. This positions us in the first quartile of trusts nationally and well below the national average within the 'as expected' band.
- The latest figures provided by CHKS are for Aug-24 and stand at 87.8 in-month and 92.1 for rolling 12-month, both well below the national average.
- For the period to Aug-24, CHKS reported 5 3SD outlier alerts: Coronary atherosclerosis; Respiratory failure; UTI; Nephritis group; and Leukemias.

Month 10 | 2024-25

East and North Hertfordshire NHS Trust

Operations

Month 10 | 2024-25



Operations

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Emergency Department	Patients waiting no more than four hours from arrival to admission, transfer or discharge	Jan-25	95%	69.5%		F	Common cause variation Metric will consistently fail the target
	Patients waiting more than 12 hours from arrival to admission, transfer or discharge	Jan-25	2%	9.4%		F	Common cause variation Metric will consistently fail the target
	Percentage of ambulance handovers within 15-minutes	Jan-25	65%	11.3%		F	Common cause variation Metric will consistently fail the target
	Time to initial assessment - percentage within 15-minutes	Jan-25	80%	55.2%		F	Common cause variation Metric will consistently fail the target
	Average (mean) time in department - non-admitted patients	Jan-25	240	206.0		P	Common cause variation Metric will consistently pass the target
	Average (mean) time in department - admitted patients	Jan-25	tbc	743.0			Common cause variation No target
	Average minutes from clinically ready to proceed to departure	Jan-25	tbc	267			Common cause variation No target
RTT & Diagnostics	Patients on incomplete pathways waiting no more than 18 weeks from referral	Jan-25	92%	56.4%	H	F	1 point above the upper process limit Metric will consistently fail the target
	Patients waiting more than six weeks for diagnostics	Jan-25	0%	55.2%	H	F	10 points above the mean Metric will consistently fail the target

Month 10 | 2024-25

Operations

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cancer Waiting Times	62-day referral to treatment standard	Dec-24	85%	87.0%			Common cause variation Metric will inconsistently pass and fail the target
	31-day decision to treat to treatment standard	Dec-24	96%	97.8%	H		17 points above the mean Metric will inconsistently pass and fail the target
	28-day Faster Diagnosis standard	Dec-24	75%	76.6%			Common cause variation Metric will inconsistently pass and fail the target
	Proportion of cancer PTL waiting more than 62 days	Dec-24	7%	17.6%		F	Common cause variation Metric will consistently fail the target
	Number of cancer PTL waiting more than 104 days	Dec-24	16	142		F	Common cause variation Metric will consistently fail the target
	Patients waiting more than 104-days from urgent GP referral to first definitive treatment	Dec-24	0	7			Common cause variation Metric will inconsistently pass and fail the target
	Two week waits for suspected cancer	Dec-24	93%	85.7%	L		7 points below the mean Metric will inconsistently pass and fail the target
	Two week waits for breast symptoms	Dec-24	93%	80.0%			Common cause variation Metric will inconsistently pass and fail the target

Month 10 | 2024-25

Operations

Summary

East and North Hertfordshire NHS Trust

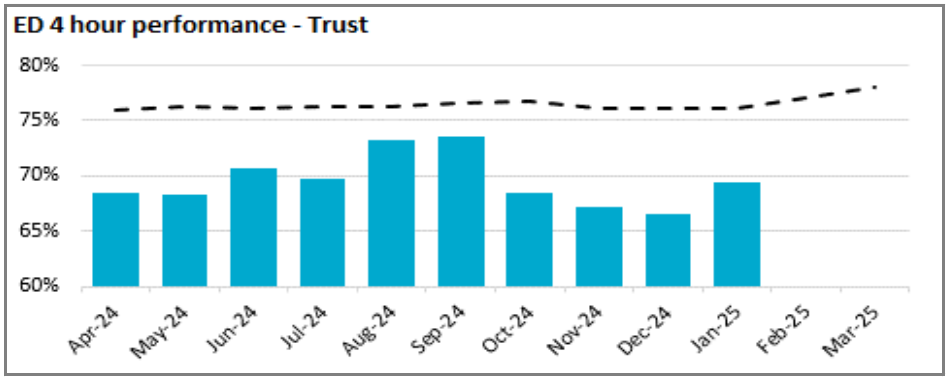
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Stroke Services	Trust SSNAP grade	Q2 2024-25	A	B			
	4-hours direct to Stroke unit from ED	Jan-25	63%	18.0%		F	Common cause variation Metric will consistently fail the target
	% of patients discharged with a diagnosis of Atrial Fibrillation and commenced on anticoagulants	Sep-24	80%	100.0%	H	P	7 points above the mean Metric will consistently pass the target
	4-hours direct to Stroke unit from ED with Exclusions (removed Interhospital transfers and inpatient Strokes)	Jan-25	63%	15.4%		F	Common cause variation Metric will consistently fail the target
	Number of confirmed Strokes in-month on SSNAP	Jan-25	n/a	71			Common cause variation No target
	If applicable at least 90% of patients' stay is spent on a stroke unit	Jan-25	80%	82.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	Urgent brain imaging within 60 minutes of hospital arrival for suspected acute stroke	Jan-25	50%	54.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	Scanned within 12-hours - all Strokes	Sep-24	100%	97.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	% of all stroke patients who receive thrombolysis	Jan-25	11%	7.0%		?	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)	Sep-24	70%	29.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	Discharged with JCP	Sep-24	80%	91.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	Discharged with ESD	Jan-25	50%	37.0%		?	Common cause variation Metric will inconsistently pass and fail the target

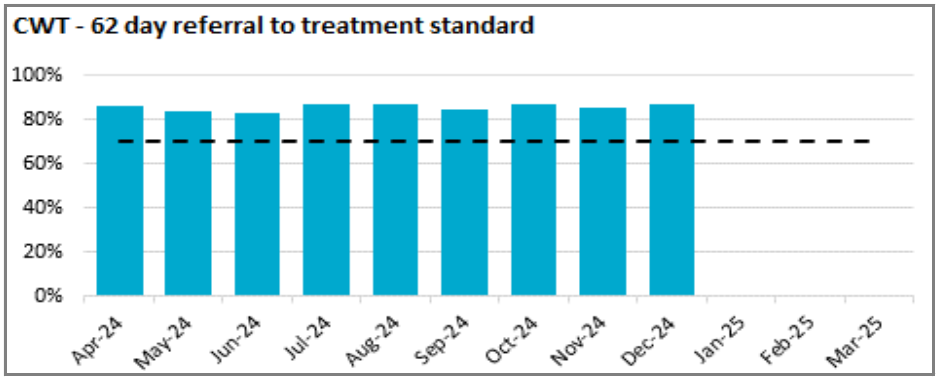
Month 10 | 2024-25

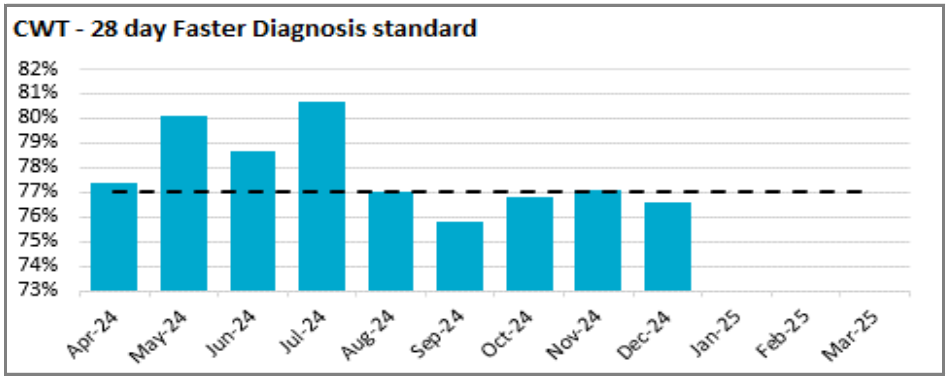
Operations

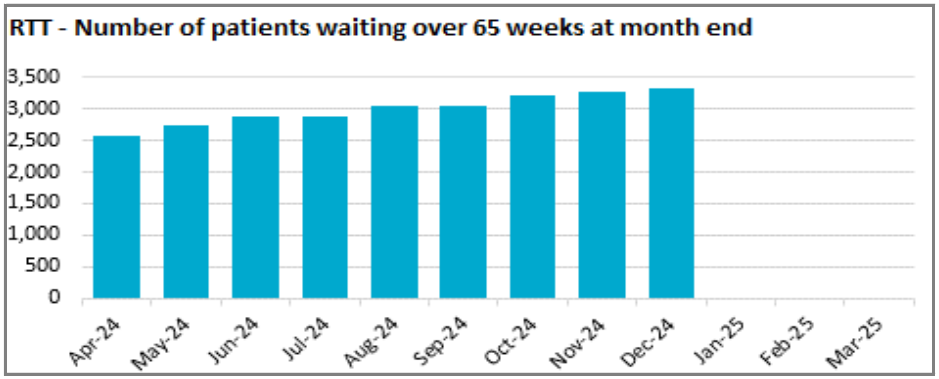
Trajectory monitoring 2024-25

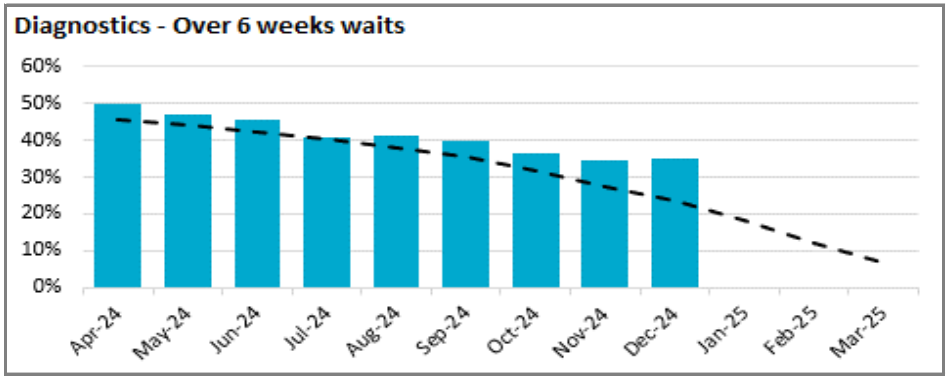
East and North Hertfordshire NHS Trust









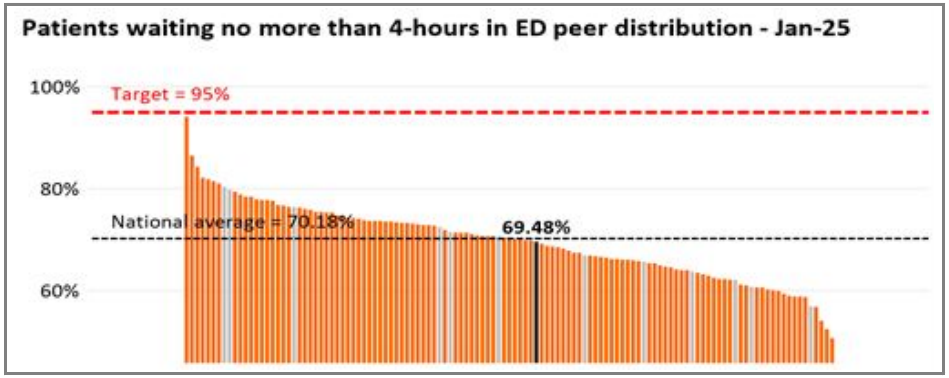


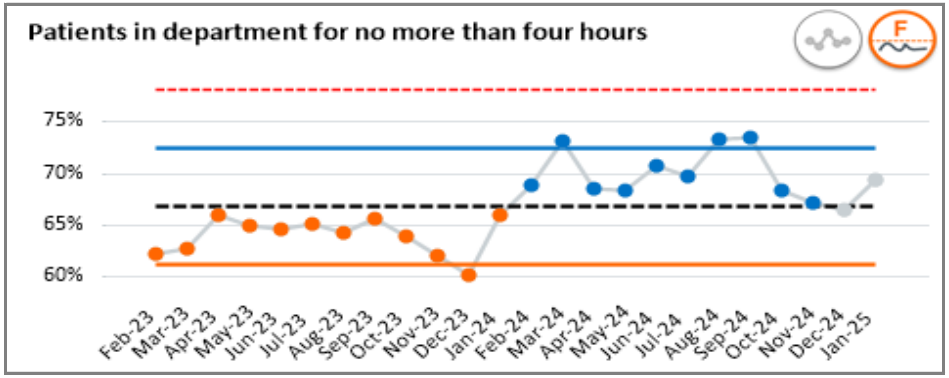
Month 10 | 2024-25

Operations

Urgent and Emergency Care New Standards

East and North Hertfordshire NHS Trust



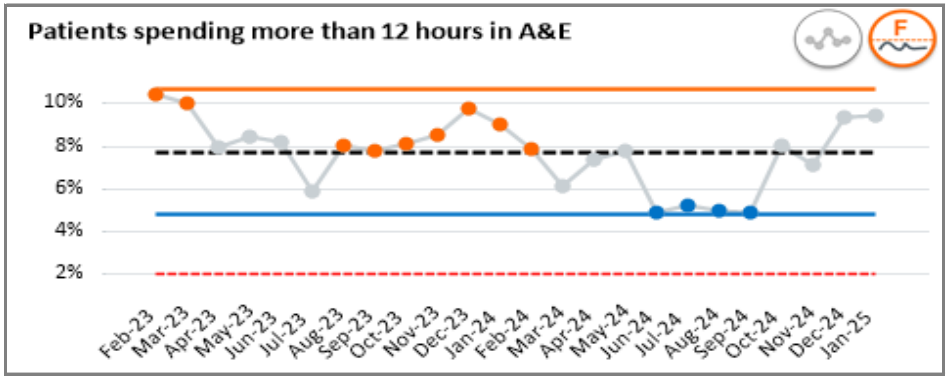


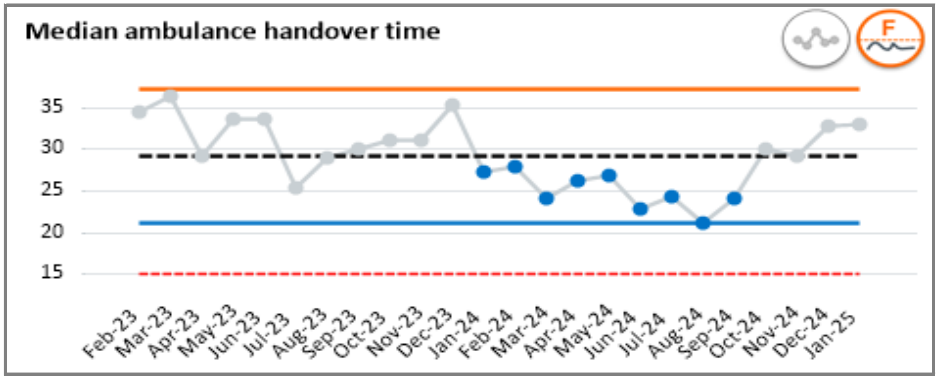
Key Issues and Executive Response

- In January, 69.44% of patients were treated within the 4-hour target, showing 3% improvement from December but below national target of 76%.
- Jan saw increases in patient acuity, bed occupancy, length of stay and SDEC activity as well as staff sickness.
- A Regional level 3 incident was declared 31/12/24 - 14/01/25.
- Ambulance handover times increased because of the factors above.

Actions

- Working Groups implemented across UEC to focus on improvements in performance, patient care, and safety. The focus areas within ED are Main Waiting area, Ambulance Handover, Resus and CDU.
- Lead divisional director for Unplanned Care working alongside clinical teams to strengthen clinical leadership, autonomy and decision making.



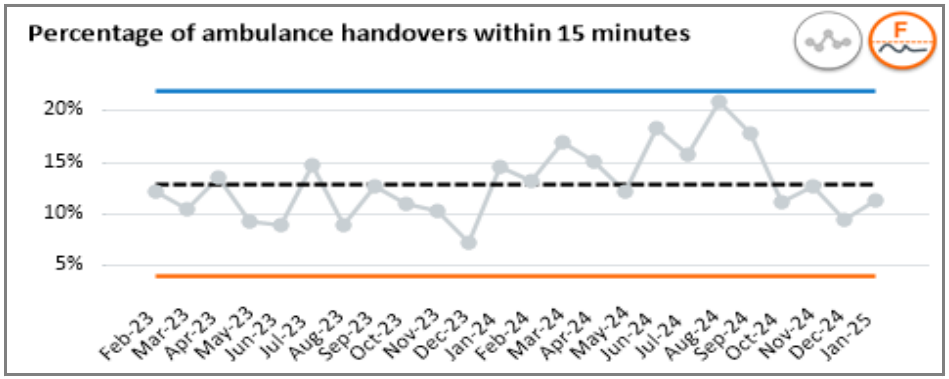


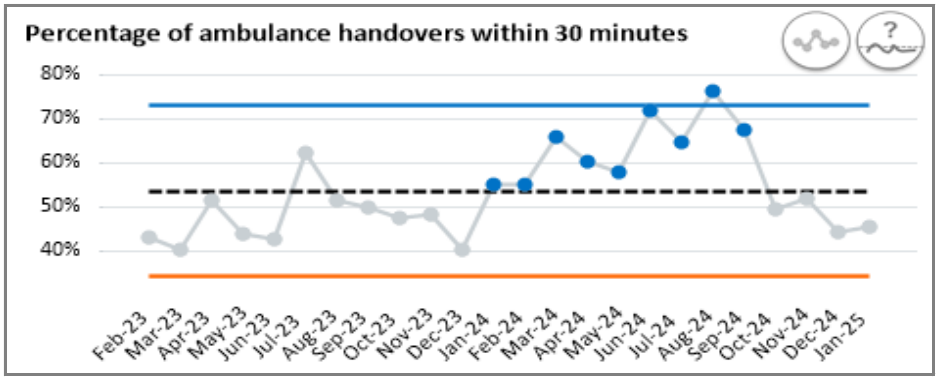
Month 10 | 2024-25

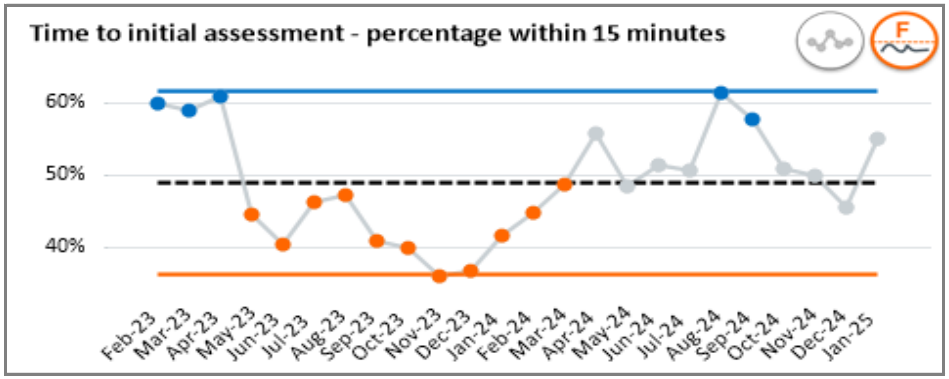
Operations

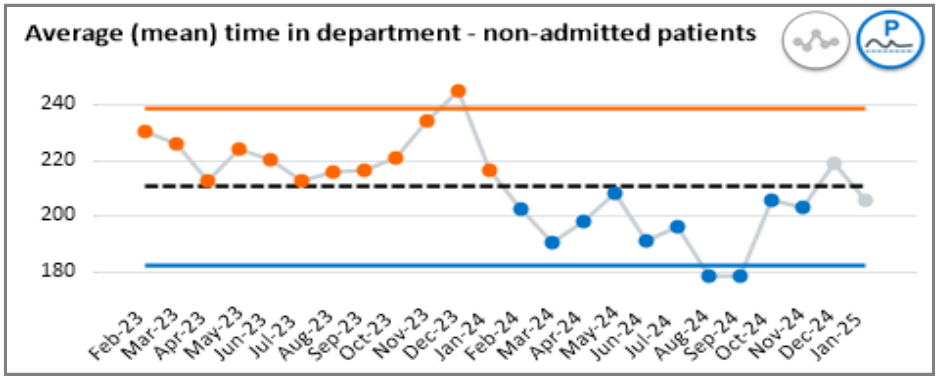
Urgent and Emergency Care | Supporting Metrics

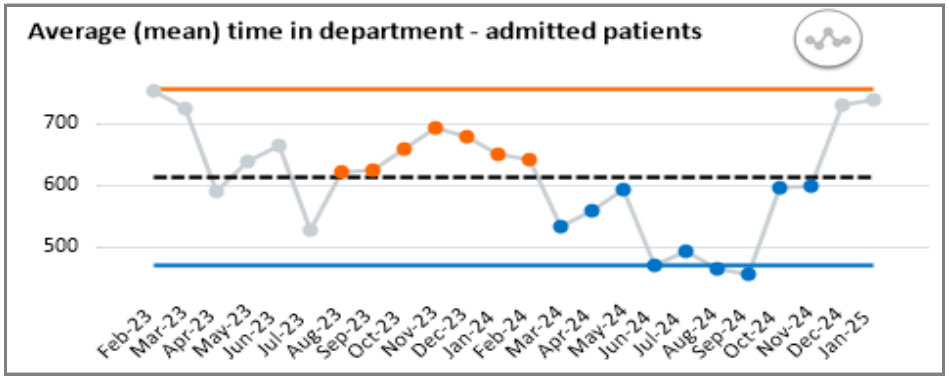
East and North Hertfordshire NHS Trust

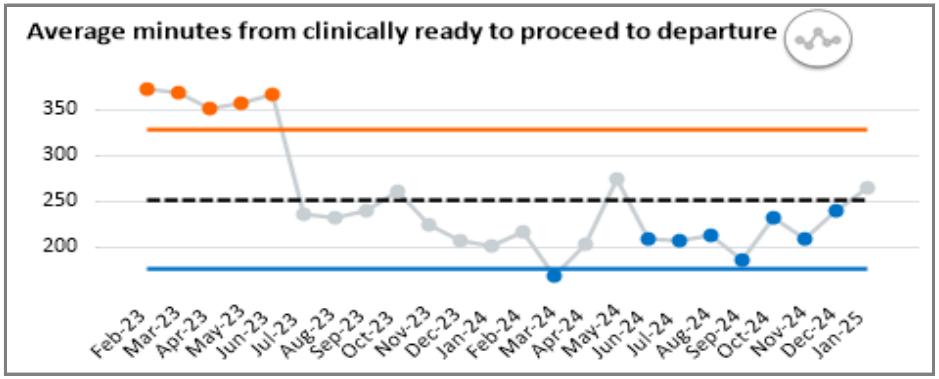








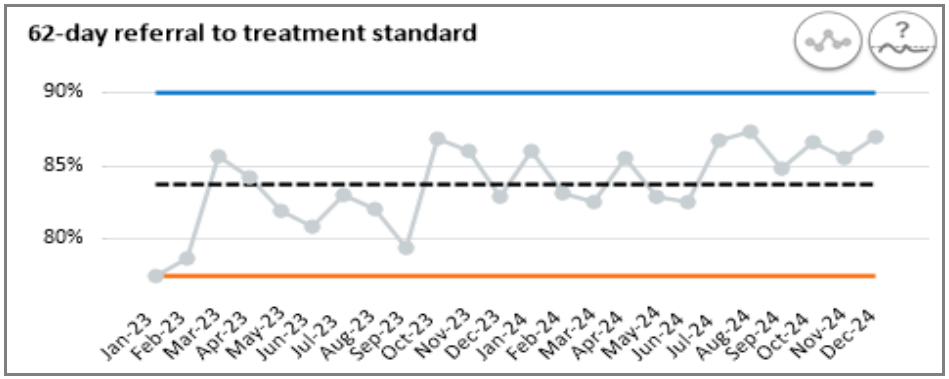


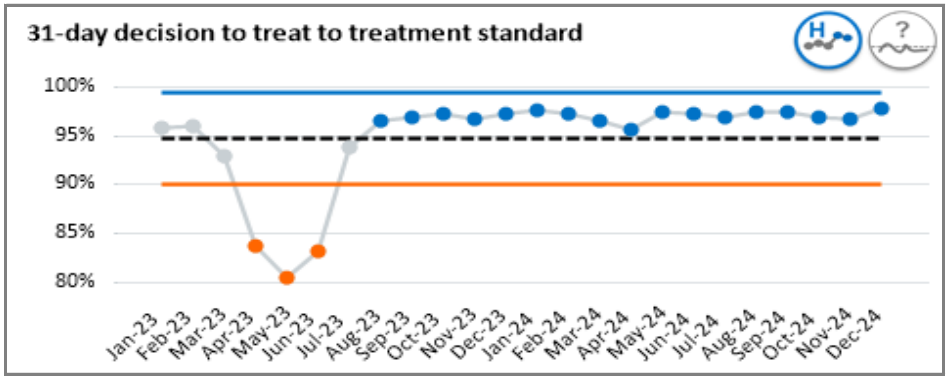


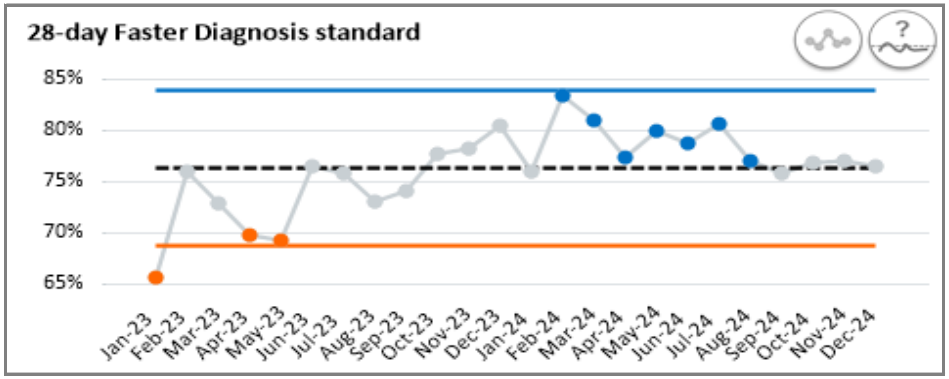
Month 10 | 2024-25

Operations

Cancer Waiting Times | Supporting Metrics







Key Issues and Executive Response

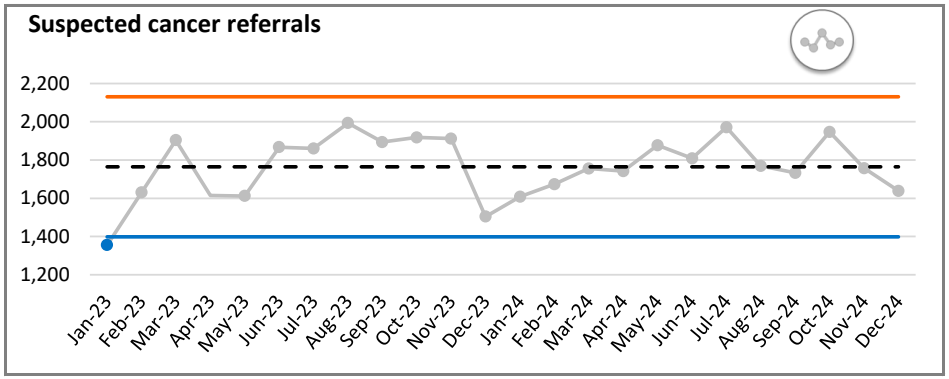
- We achieved 3 out of the 3 national targets in December 2024 with compliance in the 28-day Faster Diagnosis Standard (FDS), 31-day Decision to Treat to Treatment standard, and the 62-day Referral to Treatment standard. All 3 standards continue to be met year to date - and exceed regional and national performance levels by around 20%.
- Despite seasonal dips in performance the aggregate 62-day performance for the year shows a compliant performance at 85.64%.
- Work continues with the operational teams to sustain and improve CWT performance for the Trust with more focus on the Lower GI colonoscopy capacity (partly mitigated with WLI and use of private sector colonoscopy), MRI capacity (mitigated with a mobile MRI at Lister), breast radiology delays (partly mitigated with WLI and a locum radiologist) and radiology reporting (partly mitigated with WLI and prioritisation of cancer patients).
- Breach analysis continues for all patients against all standards to influence pathway redesign and learning.

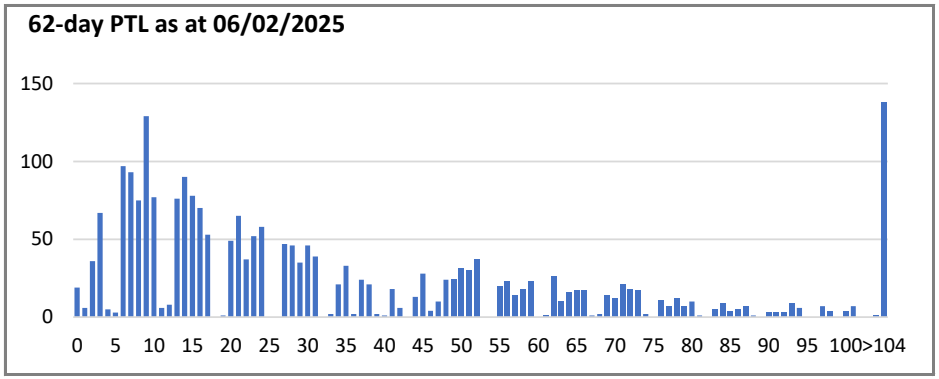
Month 10 | 2024-25

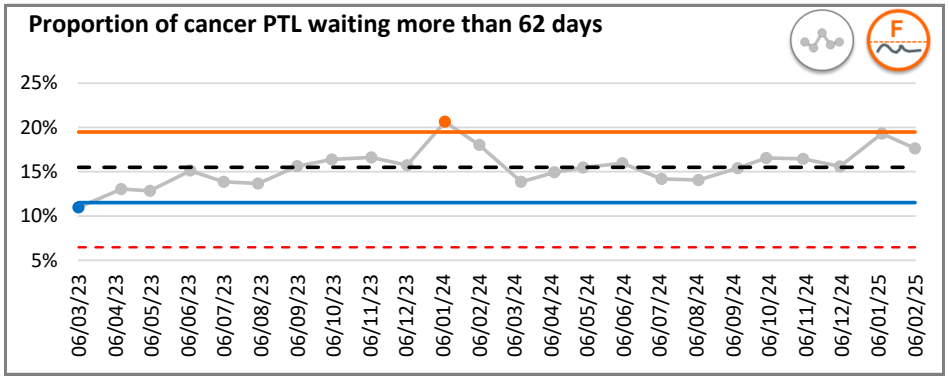
Operations

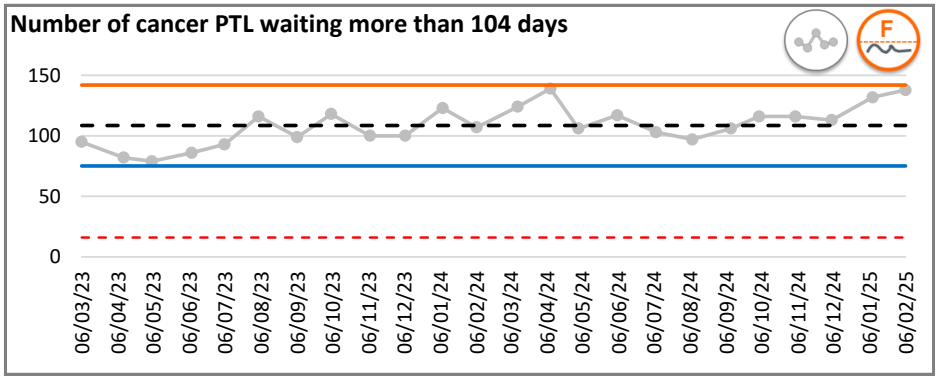
Cancer Waiting Times | Supporting Metrics

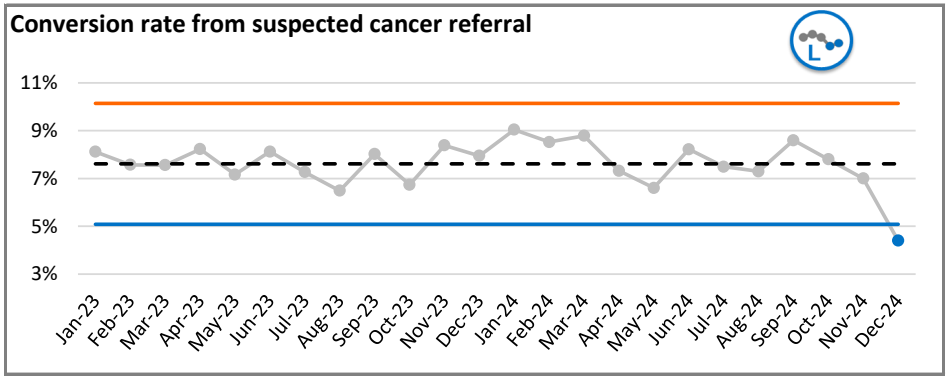
East and North Hertfordshire NHS Trust

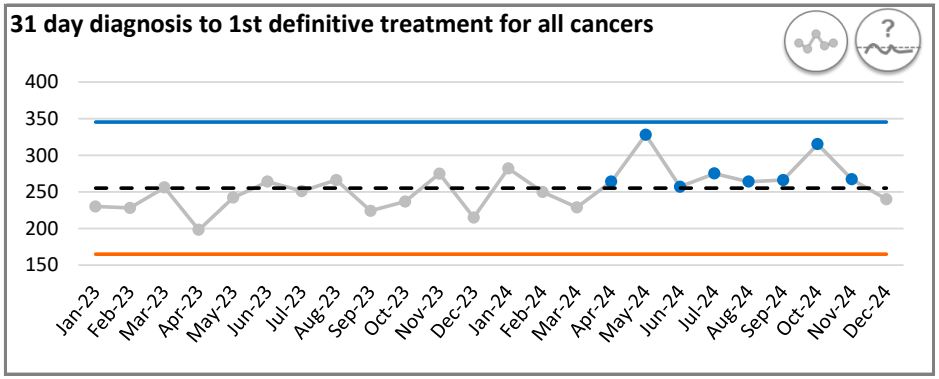










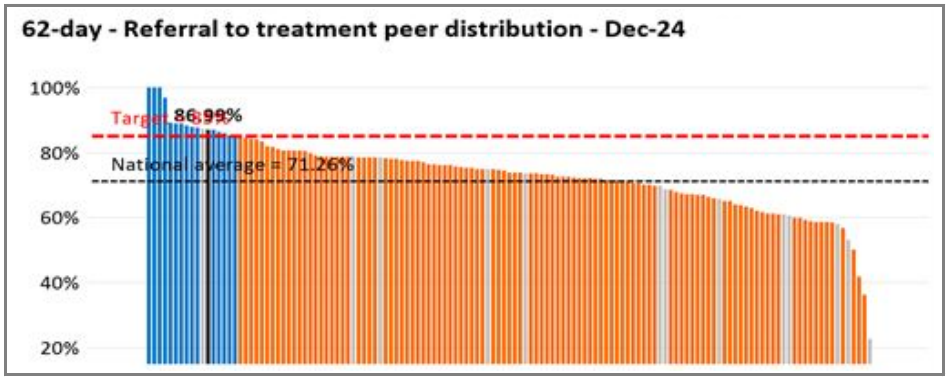


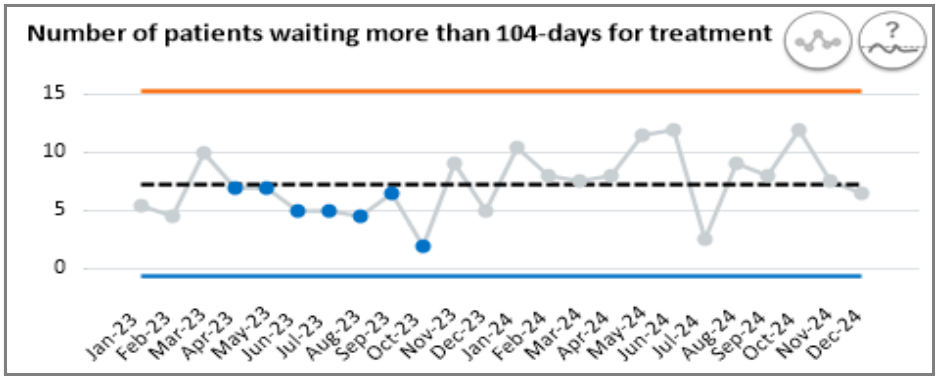
Month 10 | 2024-25

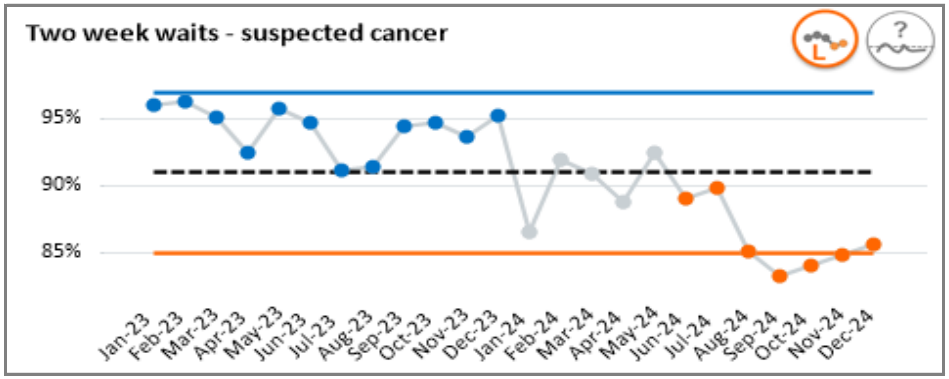
Operations

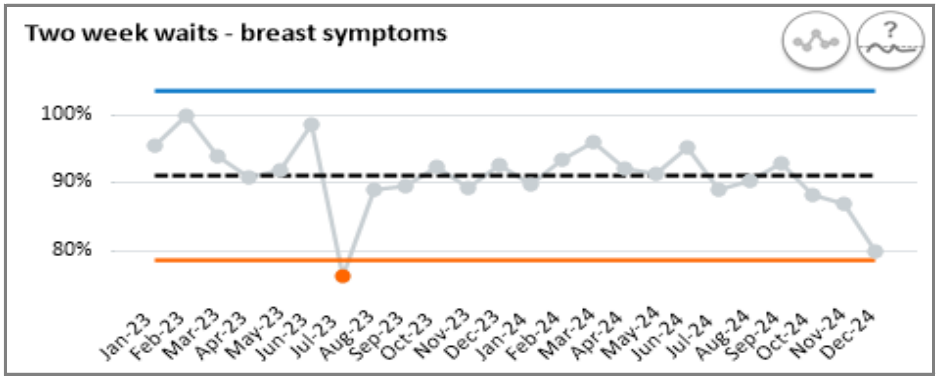
Cancer Waiting Times | Supporting Metrics

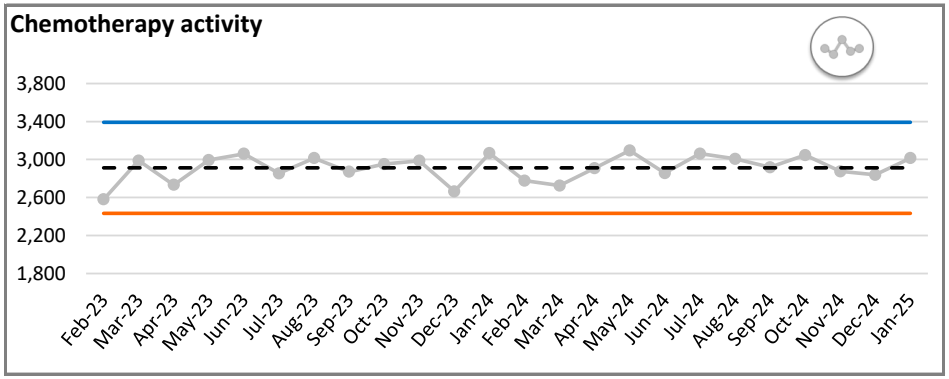
East and North Hertfordshire NHS Trust

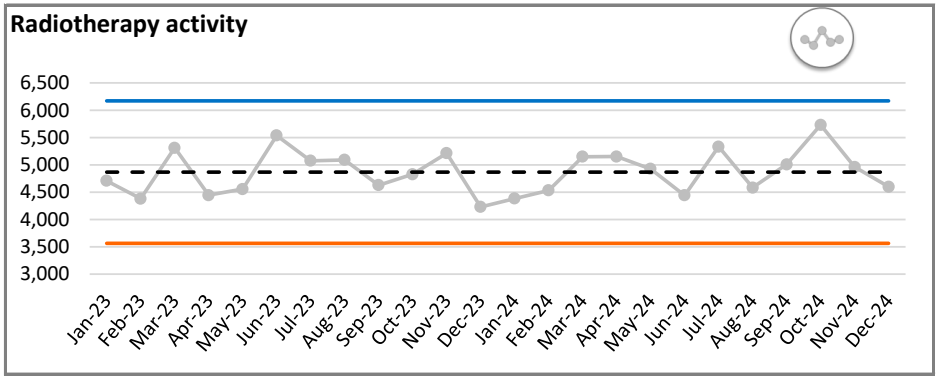










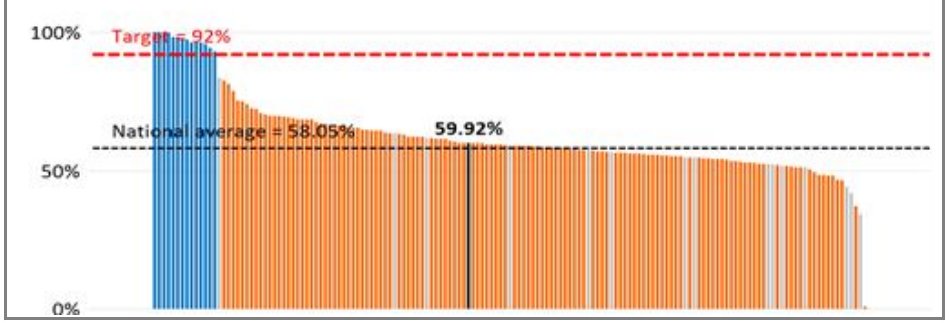


Month 10 | 2024-25

Operations

RTT 18 Weeks

East and North Hertfordshire NHS Trust



Key Issues and Executive Response

Community Paediatrics

- Community Paediatrics is now reported via the Community Data Set.
- Referrals have started to stabilise since April 2024, albeit at a level higher than capacity, so the waiting list continues to increase, but at a slower rate.
- Internal pathway improvements are starting to deliver additional capacity, with the system business case due later this year.
- Single point of referral due to be implemented April 2025.
- **104 Weeks** - There were 1,466 Community Paediatric patients waiting over 104 weeks at the end of January, an increase of 142 patients in month.
- **78 Weeks** - There were 2,950 patients waiting over 78 weeks at the end of November, compared to 2,739 the previous month, an increase of 211 patients.

Key Issues and Executive Response

Excluding Community Paediatrics

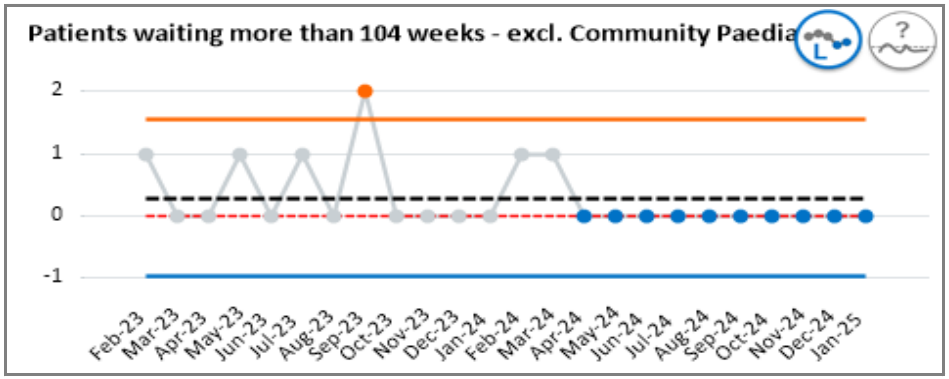
- The Trust reported an improved performance for the sixth month in a row of 61.15% of patients treated within 18 weeks in January, which remains above last month's national average of 58.05%.
- **65 Weeks** - The Trust had 35 patients waiting more than 65 weeks at the end of January 2025.
- All the breaches were T&O and only a third (12) were due to capacity issues. The rest were due to patient choice (45%) and complexity (20%).
- The Trust is anticipating approximately 20 patients waiting over 65 weeks at the end of February, due mostly to patient choice and complexity with the main capacity risks remaining in T&O. Focused management at patient level to mitigate is in place.
- **52 Weeks** - Number of 52-week waiters reduced for the tenth month in a row by 78 patients in month to 967. The biggest decreases were seen in Gastro, Dermatology and Gynaecology.
- 1.77% of the total incomplete waiting list was waiting over 52 weeks for treatment in January.
- Plans are being developed for the Trust to deliver 18-week performance of 65% by March 2026 in line with the Elective Reform Plan.
- There has been an increase of 371 in the overall RTT waiting list from last month.

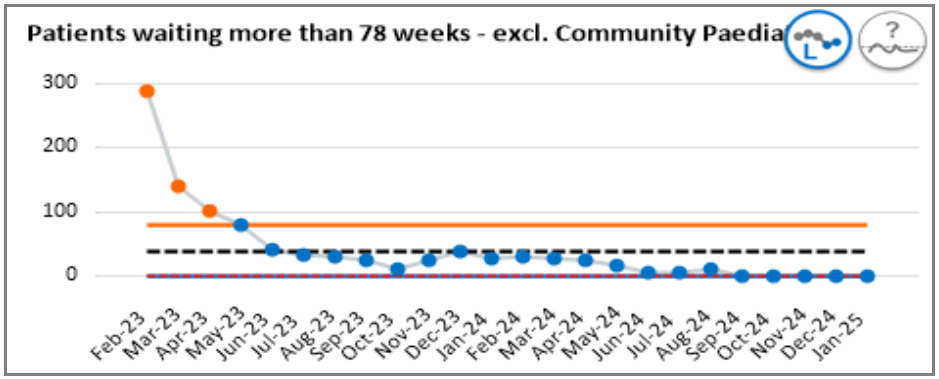
Month 10 | 2024-25

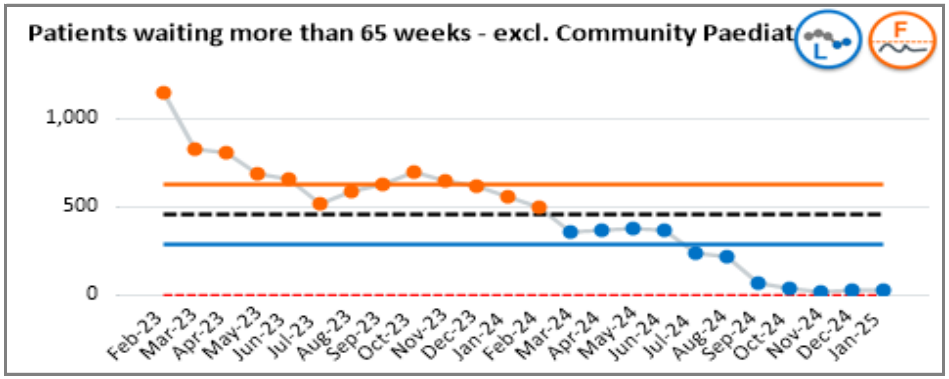
Operations

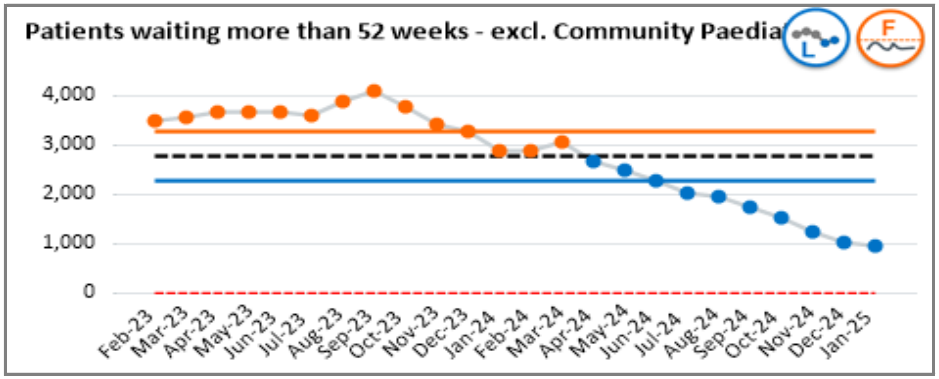
RTT 18 Weeks

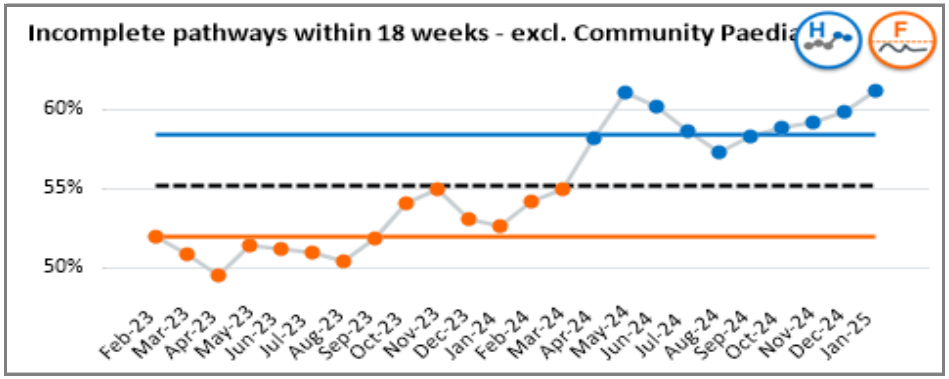
East and North Hertfordshire NHS Trust

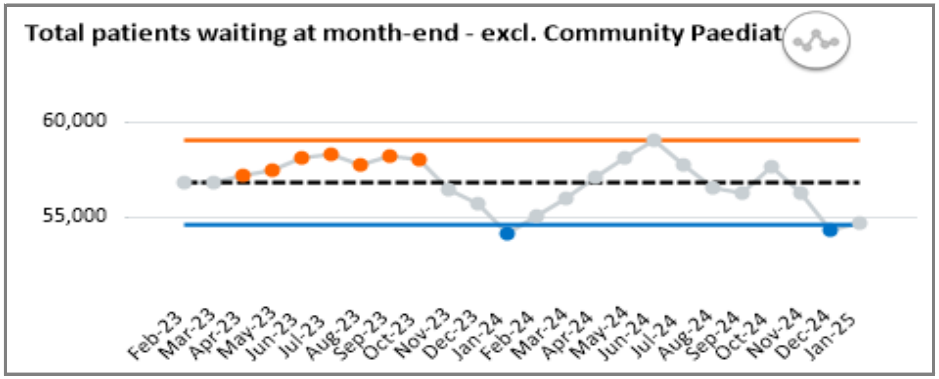










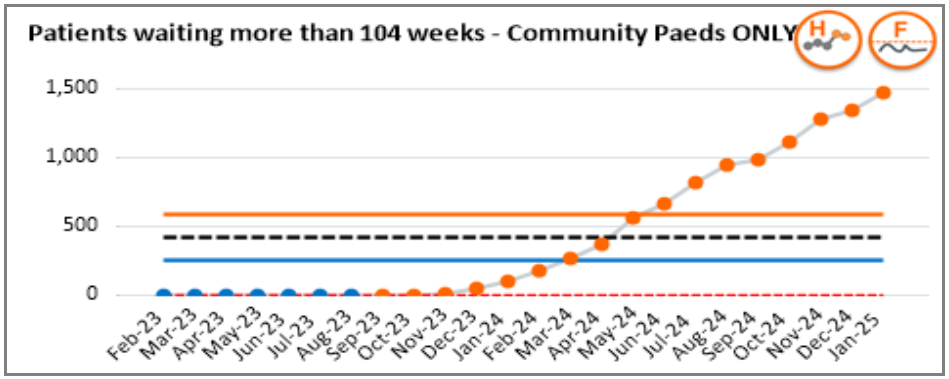


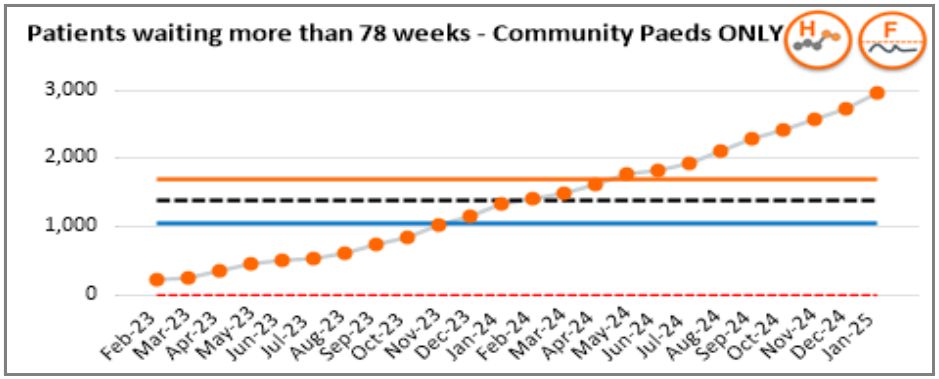
Month 10 | 2024-25

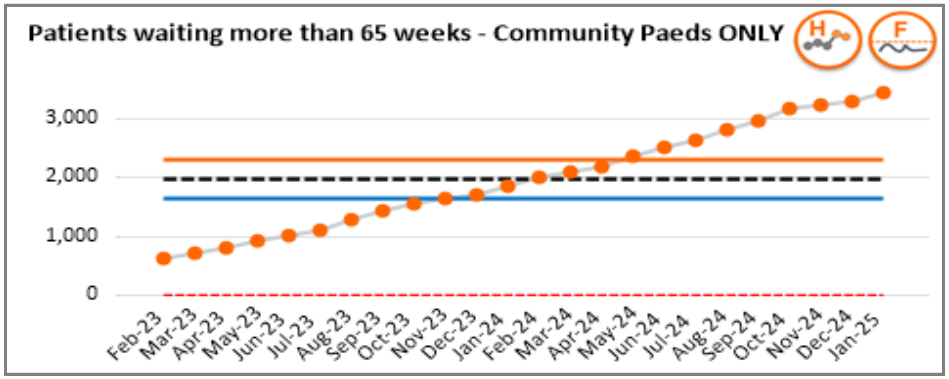
Operations

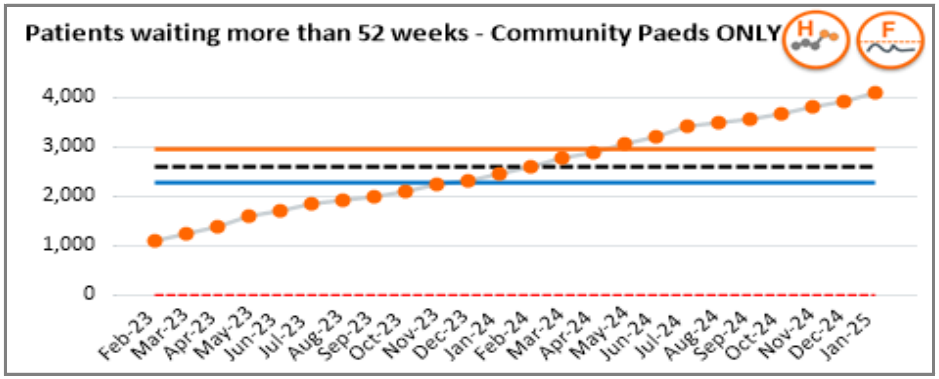
RTT 18 Weeks

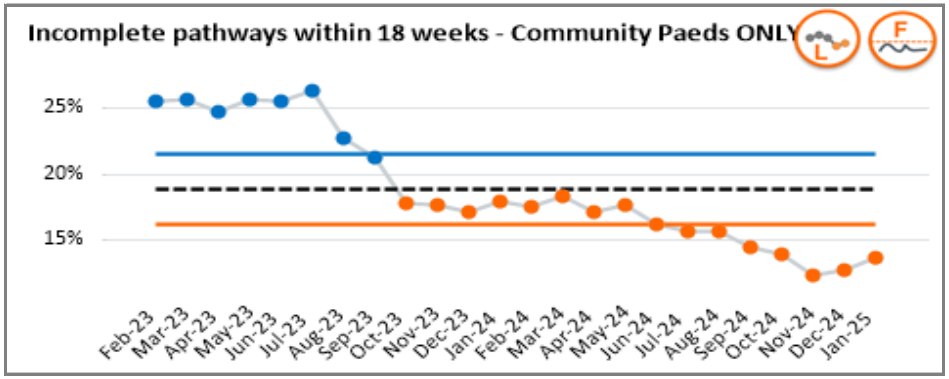
East and North Hertfordshire NHS Trust

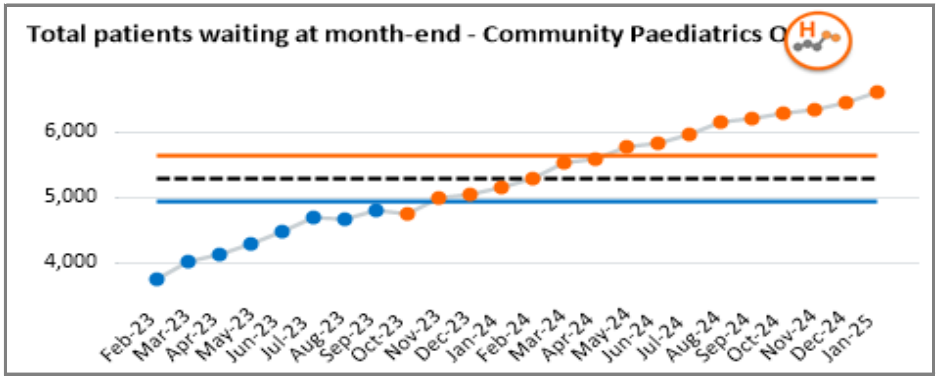










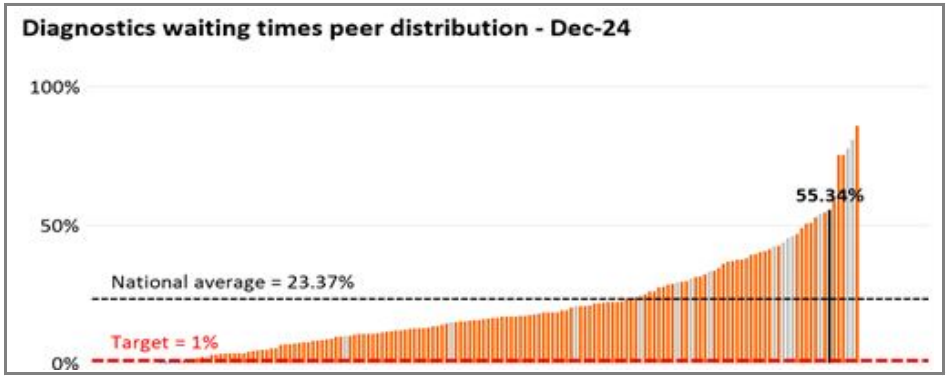


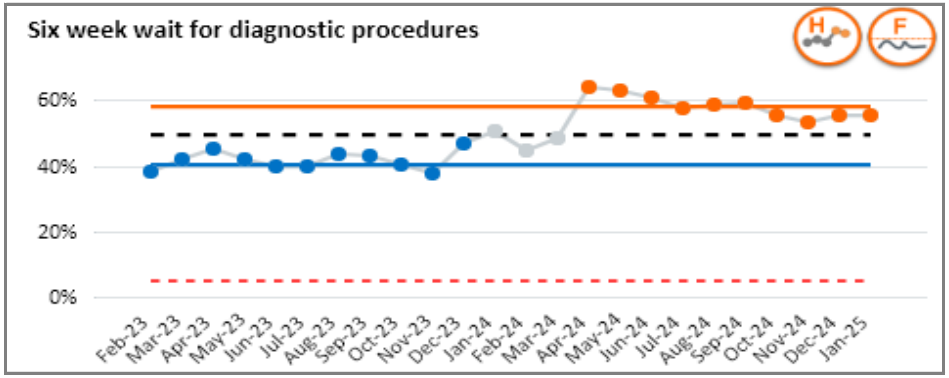
Month 10 | 2024-25

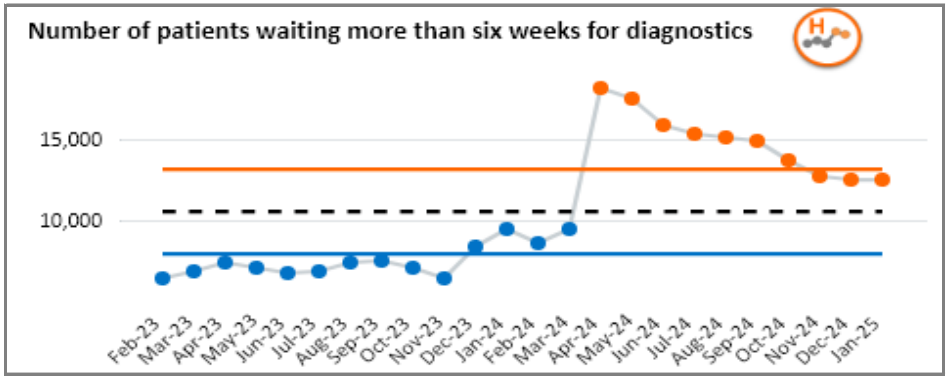
Operations

Diagnostics Waiting Times

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

- January DM01 performance inclusive of audiology has improved from 55.34% to 54.77%.
- Excluding audiology, and MRI, the overall DM01 trajectory is on track to deliver target performance by March 2025.
- The number and % of patients waiting >6 weeks and > 13 weeks continued to reduce and have now reduced by 43 % (4283) > 6 weeks and 64% (2433) > 13 weeks since April.
- Excluding Audiology average wait down from 6.9 to 4.6 weeks, April to January.

Challenges / Actions

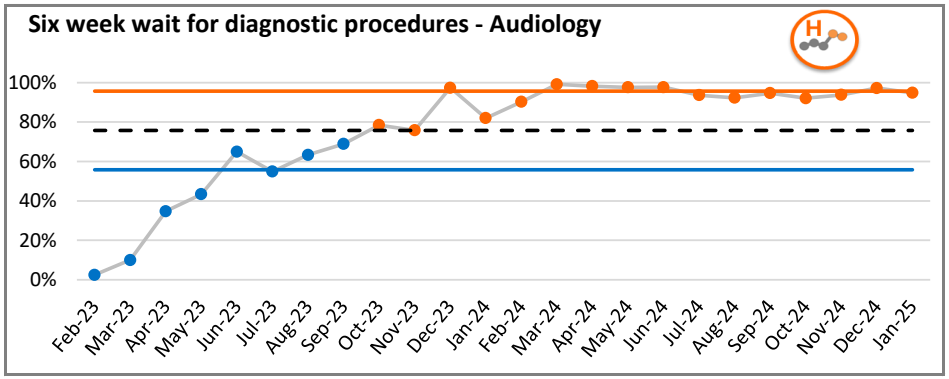
- There is a significant MRI capacity gap in house to meet service demand and DM01 compliance by March 2025. Cancer demand has increased and is being addressed through additional 111 MRI van days from August to March on the Lister site. T&O long waiters being outsourced to Pinehill with 45 slots per week.
- Refreshed capacity and demand modelling for MRI has been completed which shows significant gap (110 scans/week) in capacity to meet demand and backlog clearance. Business case to TMG in Feb.
- Audiology PTL validation is now complete with development of clear recovery trajectories, using outsourcing where possible. Paediatrics audiology remains highly challenged, with very little mutual aid possible. Exec involvement with recovery plan and system / regional approaches.
- Increase of referrals for sleep studies has caused a capacity gap. The business case for insourcing has now been approved to deliver compliance by March 25.
- Specialist US MSK, Head & Neck and cardiology CT scans remain a challenge for capacity. Active recruitment underway to address gap in capacity.
- Work with partners to promote GP uptake of community diagnostic.

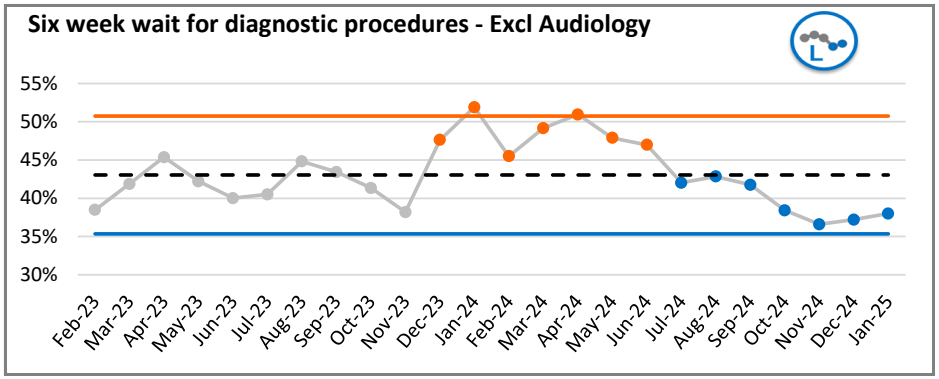
Month 10 | 2024-25

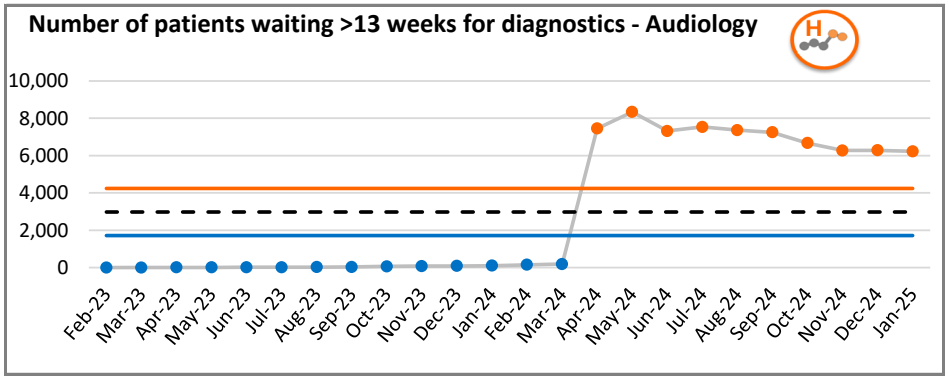
Operations

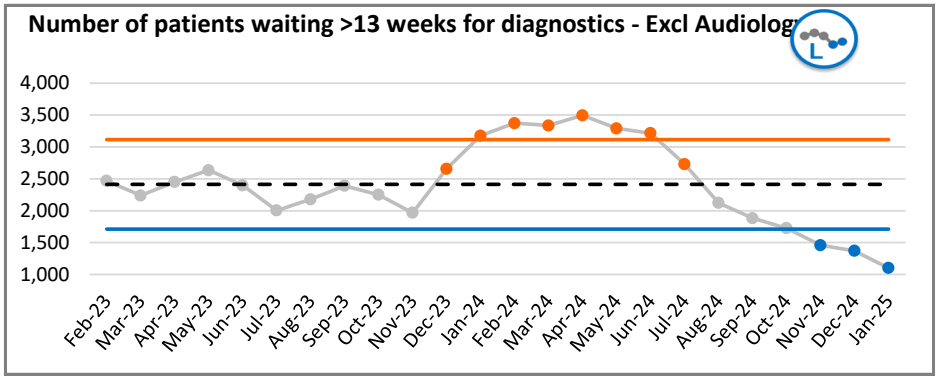
Diagnostics Waiting Times | Audiology / Excluding Audiology

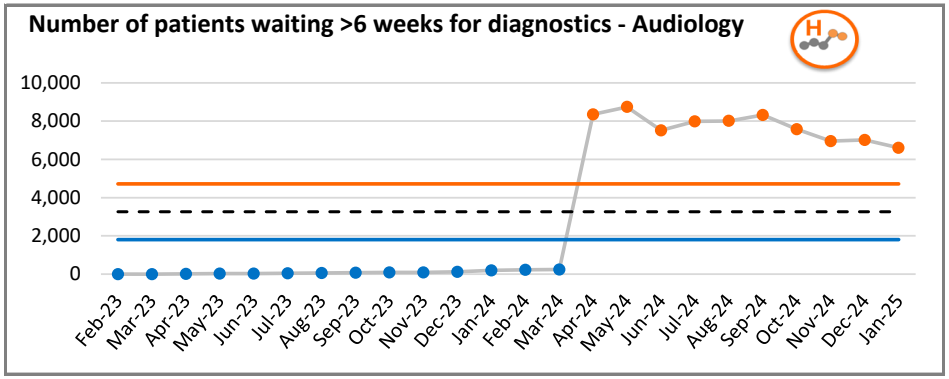
East and North Hertfordshire NHS Trust

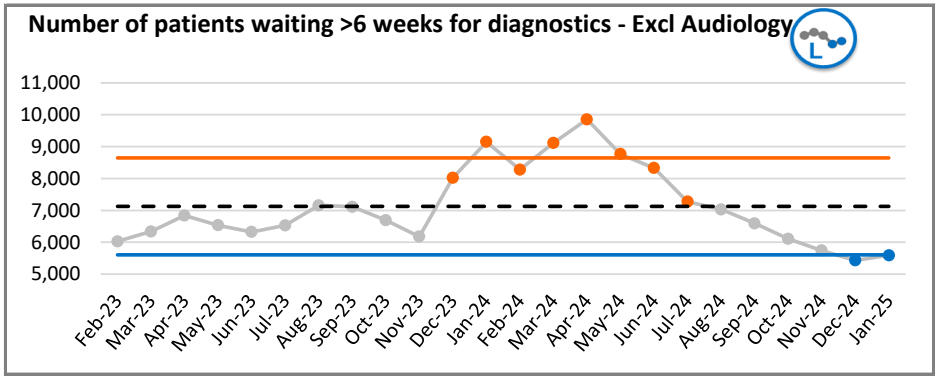










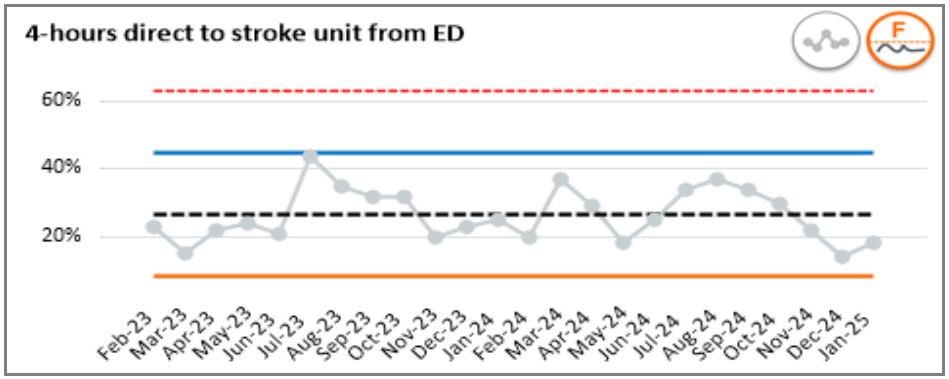


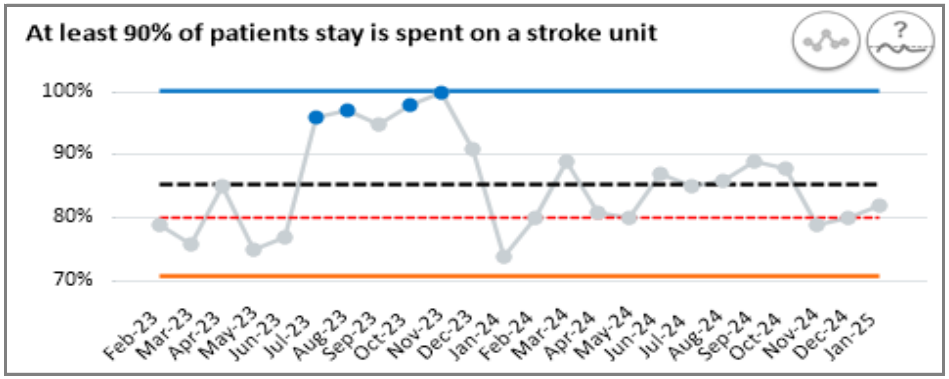
Month 10 | 2024-25

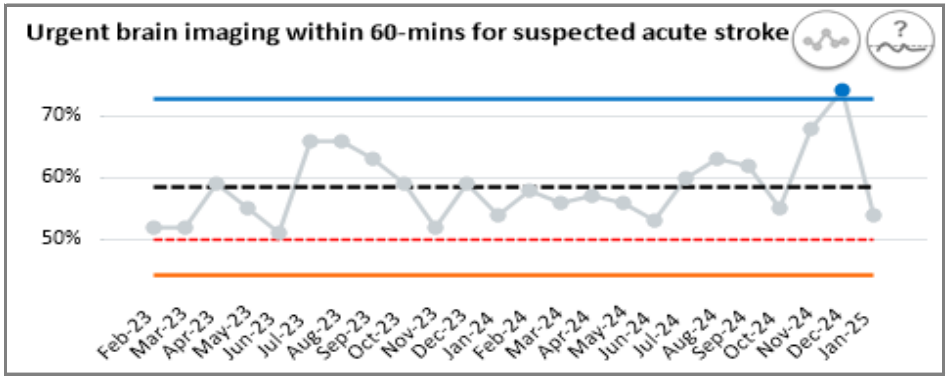
Operations

Stroke Services

East and North Hertfordshire NHS Trust

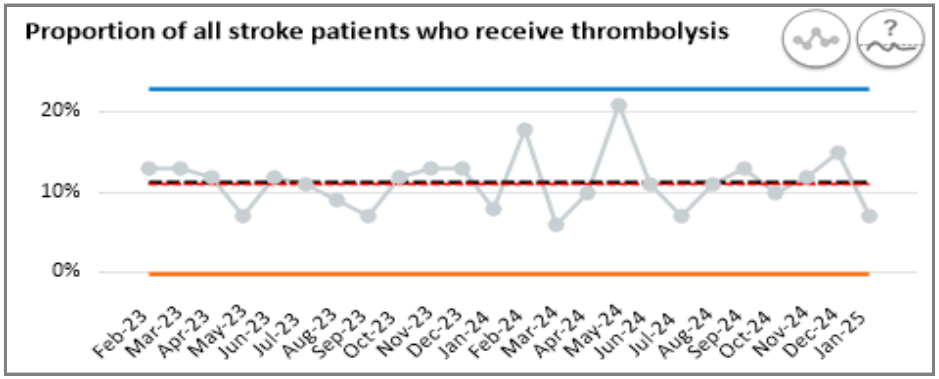






Key Issues and Executive Response

- Thrombolysis rating dropped to a D but on target for improvement in Q4 to return to achieve a C rating - Thrombolysis % = 7%. TASC project finalised. Trust specific Thrombolysis performance rate of 14%. Pre-alert & ED Pathways projects underway to streamline ED Stroke pathways.
- SSNAP dataset changes applied in October impacting performance with stricter key performance indicators. This will increase workload particularly within the therapy and data teams. SLT frequency continues to decline. Main issues = % patients given therapy, and frequency of days therapy is provided. Recruitment pipeline in place - b7 educational post recruited for long-term/sustainable improvement plan.
- Stroke reset from March 2025 featuring clinically led working groups dedicated to enhancing 4-hour performance, length of stay in wards, TIA performance, efficiency and productivity, and diagnostic performance. These groups will focus on improvements, continuous monitoring, and identifying key areas for development.

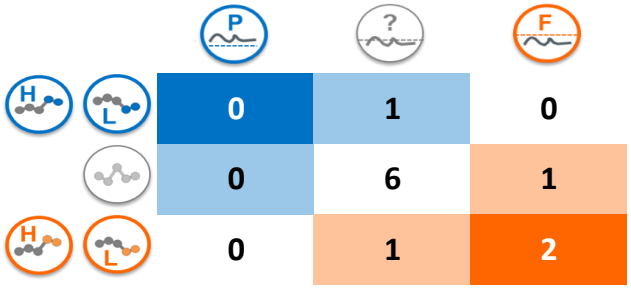


Month 10 | 2024-25

NHS
East and North Hertfordshire
NHS Trust

Finance

Month 10 | 2024-25



Finance

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Summary Financial Position	Surplus / deficit	Jan-25	-2.4	-0.31		?	Common cause variation Metric will inconsistently pass and fail the target
	CIPS achieved	Jan-25	1,245	2,440			Common cause variation No target
	Cash balance	Jan-25	77.9	34.8	L	F	6 points below the lower process limit Metric will consistently fail the target
Key Financial Drivers	Income earned	Jan-25	45.3	58.6		?	Common cause variation Metric will inconsistently pass and fail the target
	Pay costs	Jan-25	29.5	35.9		?	Common cause variation Metric will inconsistently pass and fail the target
	Non-pay costs (including financing)	Jan-25	15.5	23.0	H	F	7 points above the mean Metric will consistently fail the target

Month 10 | 2024-25

Finance

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Key Payroll Metrics	Substantive pay costs	Jan-25	24.9	31.9		?	Common cause variation Metric will inconsistently pass and fail the target
	Average monthly substantive pay costs (000s)	Jan-25	0.9	5.2		F	Common cause variation Metric will consistently fail the target
	Agency costs	Jan-25		0.8			Common cause variation No target
	Unit cost of agency staff	Jan-25		10.7			Common cause variation No target
	Bank costs	Jan-25	3.7	3.2		?	Common cause variation Metric will inconsistently pass and fail the target
	Overtime and WLI costs	Jan-25	0.5	0.9	H	?	11 points above the mean Metric will inconsistently pass and fail the target
Other Financial Metrics	Private patients income earned	Jan-25	0.4	0.7	H	?	7 points above the mean Metric will inconsistently pass and fail the target
	Drugs and consumable spend	Jan-25	2.8	4.2		?	Common cause variation Metric will inconsistently pass and fail the target

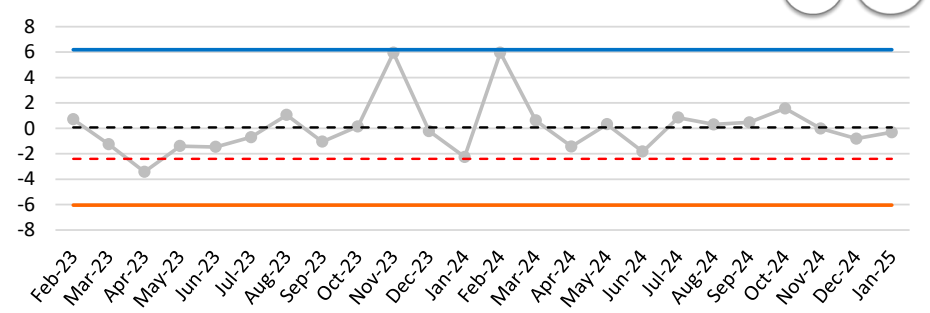
Month 10 | 2024-25

Finance

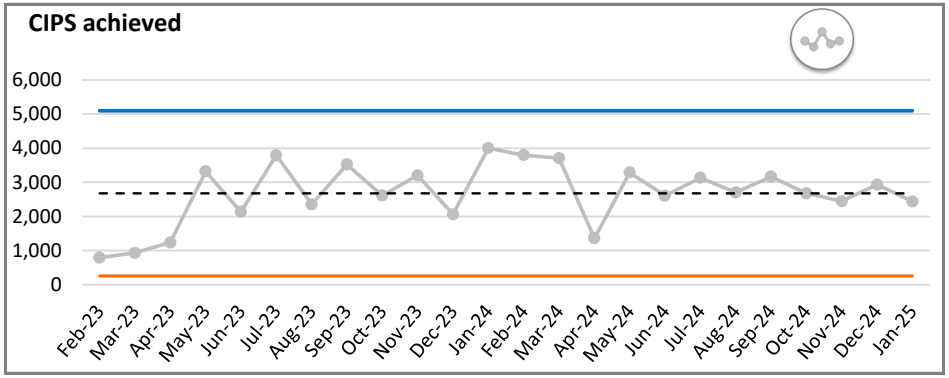
Summary Financial Position

East and North Hertfordshire NHS Trust

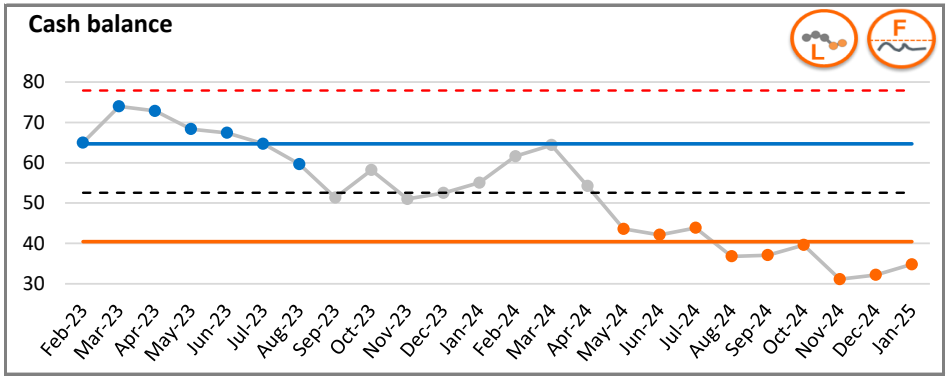
Surplus / deficit



CIPS achieved



Cash balance



Key Issues and Executive Response

- The Trust approved a surplus plan of £1.0m for 24/25. This plan assumes that both a £33.8m cost improvement programme will be delivered, and ERF performance of 138% will be achieved.
- At Month 10, the Trust has reported an actual YTD deficit of £0.9m. This is adverse to plan by £1.9m. This gap relates to both lost income due to Industrial Action earlier in the year and poor elective delivery in M9.
- The YTD position reports a material shortfall in elective activity delivery compared with plan. Day Case and Inpatient Elective gap are of particular concern and reflects a delay in mobilising additional capacity. ERF delivery in January was impacted by the effect of the major incident declared across the East of England during early January.
- Pay budgets report a YTD overspend of £1.1m. A number of hotspots of concern have also emerged in respect of management of medical, nursing and admin spend staffing spend. Non pay budgets report a significant overspend of £8.8m YTD.
- CIP savings are to date in line with plan expectations, although a series of non-recurrent benefits have offset the impact of shortfalls in elective activity delivery.

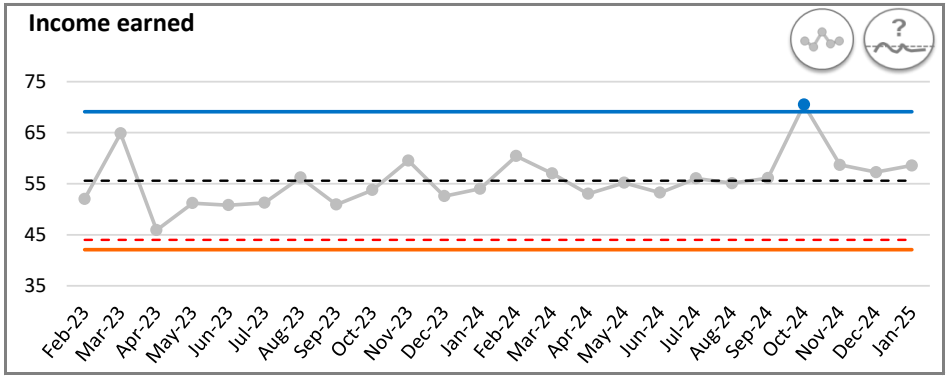
	Annual Budget £m	Budget YTD £m	Actual YTD £m	Variance YTD £m
Income	678.6	565.4	573.8	8.4
Pay	-427.9	-356.9	-358.0	-1.1
Non Pay	-216.0	-179.3	-188.1	-8.8
EBITDA	34.8	29.2	27.7	-1.6
Financing Costs	-33.8	-28.2	-28.5	-0.4
Surplus / Deficit (excl Fin Adj's)	1.0	1.1	-0.9	-1.9

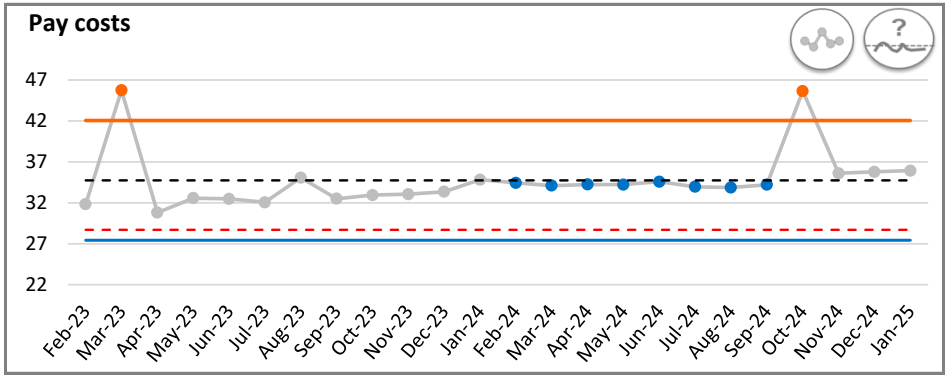
Month 10 | 2024-25

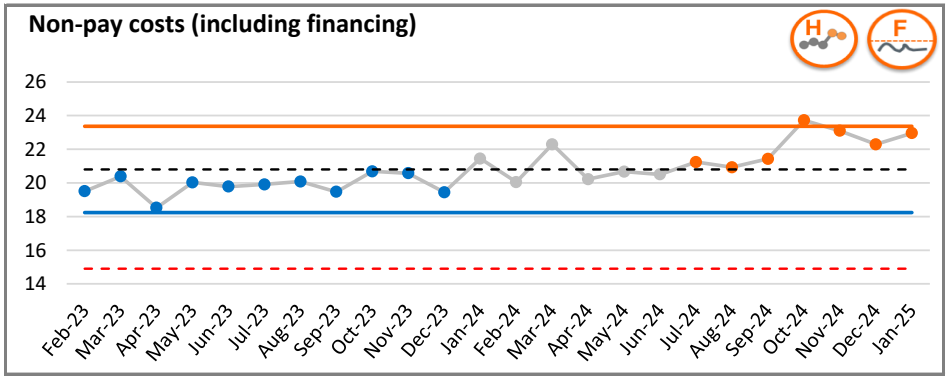
Finance

Key Financial Drivers

East and North Hertfordshire NHS Trust







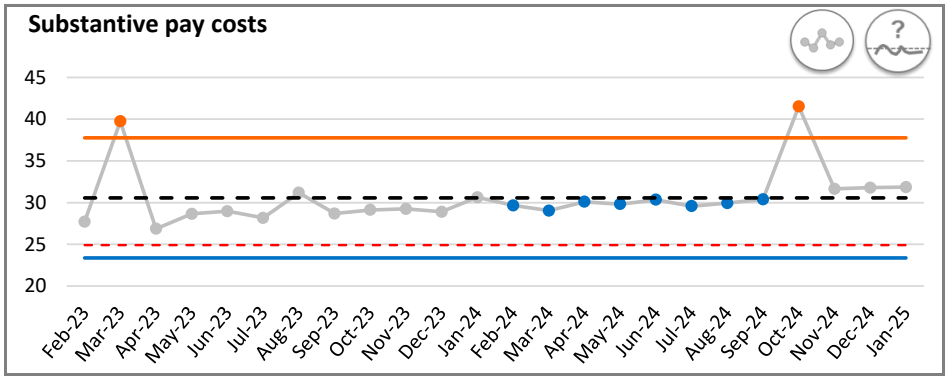
- At Month 10 year to date, there was a planned surplus of £1.1m, and an actual deficit position of £0.9m. The £1.9m adverse variance is due to the ERF activity impact of a 7-day junior doctor strike during June/July, as well as low ERF activity in M9.
- The year-to-date position continues to rely upon significant non recurrent reserves. The current underlying run rate will not support either 24/25 financial plan delivery or the setting of a balanced budget in 2025/26. Whilst Divisions have developed recovery plans these have had limited impact in improving the run rate to date.
- In month, the Trust delivered a £0.3m deficit, which was £1.2m adverse to the plan of a £0.9m surplus due to a continuation of pay and non-pay pressures despite low ERF activity in the month.
- ERF income was behind plan in month, and this will be reported in further detail in the ERF and Productivity report. The EOE major incident in early January contributed to this.
- Pay was £0.6m adverse to plan in month, excluding the impact of non-recurrent reserves. This has partly (£0.3m) been driven by higher waiting list initiative payments, despite activity being significantly below plan. Orthopaedics, ED, and Paediatric medical staff were above budget in month due to high-cost locums required to cover rota gaps. High midwifery and renal staffing usage continue to be a pay hotspots and actions are being undertaken to mitigate in future months.
- Agency expenditure continues to be below the 3.2% target set by NHSE and was 2.3% of pay expenditure in month. Year to date agency expenditure is 2.7% of pay expenditure.
- There continues to be significant non pay cost pressures within the Pathology department due to pathology tests charged from other Trusts as well as under delivery of CIP schemes. There are also significant non-pay hotspots in Orthopaedics and Cardiology, as well as drugs across several specialties. These hotspots are only partially explained by an increase in activity. Mitigating actions, and enhanced governance arrangements, have been developed as part of the financial recovery plan.

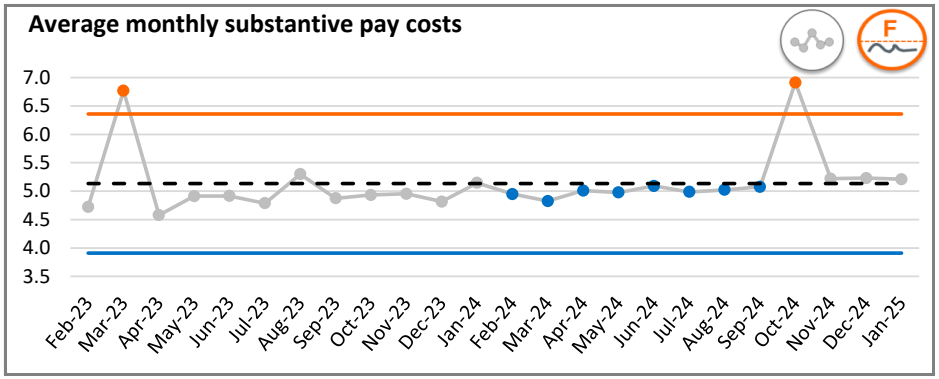
Month 10 | 2024-25

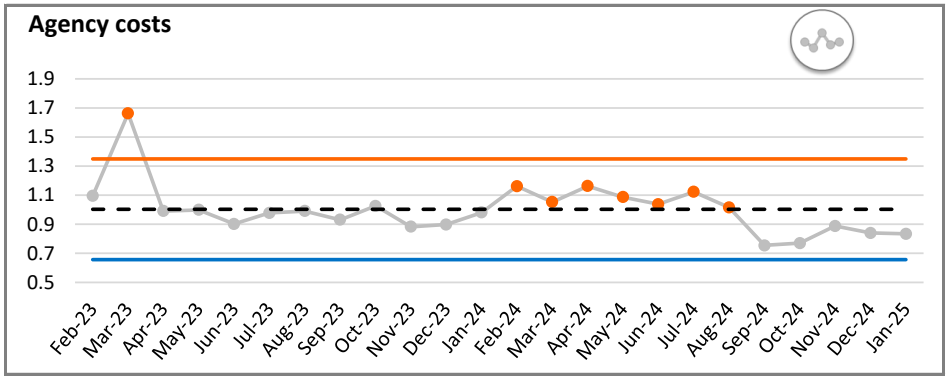
Finance

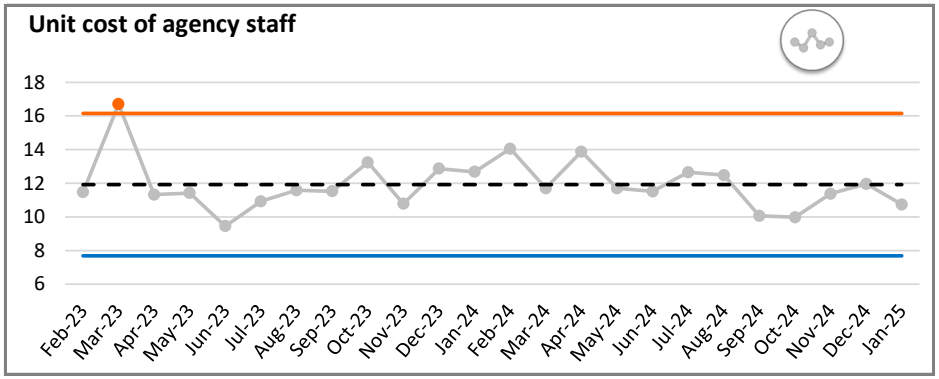
Other Financial Indicators

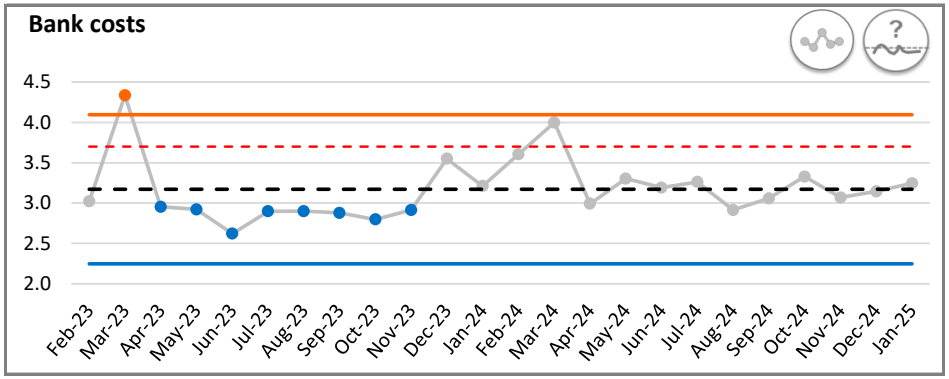
East and North Hertfordshire NHS Trust

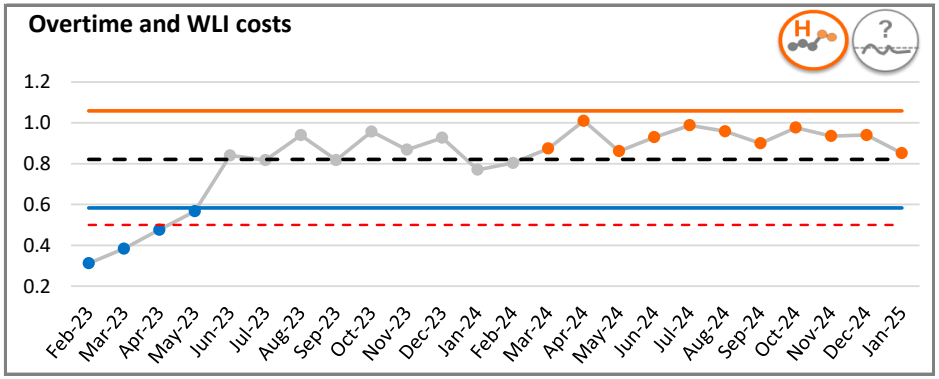












Month 10 | 2024-25

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People

Month 10 | 2024-25

	P	?	F
H, L	0	1	1
	0	3	2
H, L	0	0	0

People

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Work	Vacancy rate	Jan-25	8%	8.1%		?	Common cause variation Metric will inconsistently pass and fail the target
	Bank spend as a proportion of WTE	Jan-25	5%	9.6%		F	Common cause variation Metric will consistently fail the target
	Agency spend as a proportion of WTE	Jan-25	3%	2.5%		?	Common cause variation Metric will inconsistently pass and fail the target
Grow	Statutory and mandatory training compliance rate	Jan-25	90%	87.8%		?	Common cause variation Metric will inconsistently pass and fail the target
	Appraisal rate	Jan-25	90%	86.9%	H	F	5 points above the upper process limit Metric will consistently fail the target
Thrive	Turnover rate	Jan-25	10.5%	8.2%	L	?	5 points below the lower process limit Metric will inconsistently pass and fail the target
Care	Sickness rate	Jan-25	4.0%	5.3%		F	Common cause variation Metric will consistently fail the target

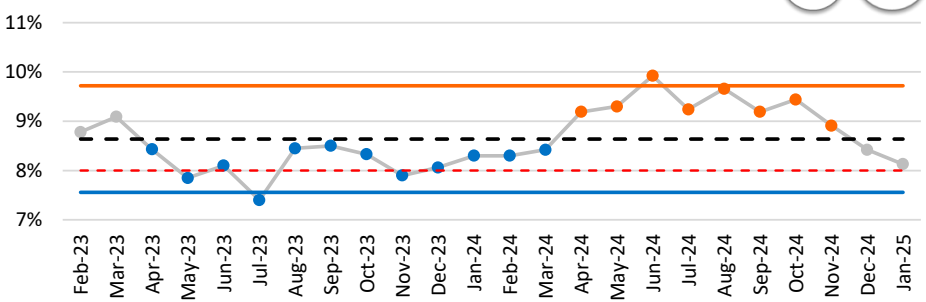
Month 10 | 2024-25

People

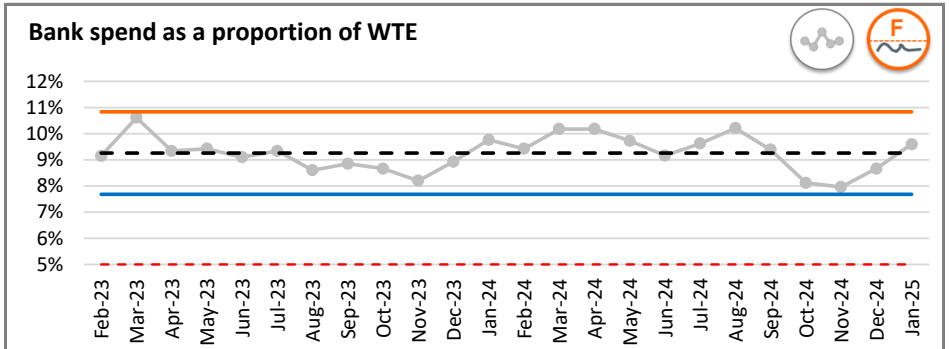
Work Together

East and North Hertfordshire NHS Trust

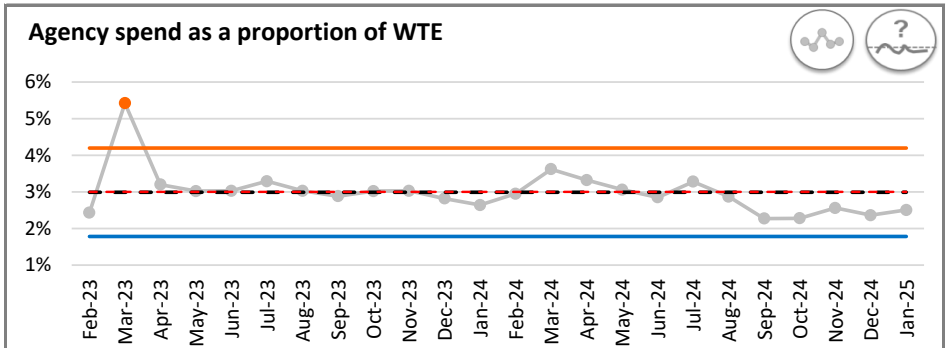
Vacancy rate



Bank spend as a proportion of WTE



Agency spend as a proportion of WTE



Key Issues and Executive Response

- Vacancy rates are at lowest since November 2023 with 76 starters +28 for previous month. Recruitment pipeline consists of 311.
- Total WTE in post increased with 32 more WTE staff in post compared to previous month, and 134 more WTE than the same time last year.
- Time to hire increased from 11 weeks to 13 and to support and a guidance document on shortlisting and interviewing was launched in January for hiring managers.
- Robotics for Employee Appointment Forms to Trac, will have a direct positive impact on time to hire.
- Professional Scientific and Technic vacancy rate remain a concern. Current vacancy rate of 27% (68 vacancies). The resourcing team commencing a deep dive.
- Three assessment days held for CSWs and MSWs, with a total of 107 candidates with 92 passing assessments, 14 candidates are appointed and 39 invited to interview and 18 candidates placed in a candidate pool to be interviewed as vacancies are approved.
- Talent acquisition update: Attended Highfield School careers fair, collaborated closely with key hot spot areas, such as Cardiac Physiology. Increase in Medical bank spend across ED and Acute Medicine consistent with winter pressures and additional staff to bolster ED flow in the first week of January.
- Increase in N&M temporary staffing spend to support escalation spaces bedded overnight due to Opel 4 levels.
- Agency spend reduced for the second month, despite seasonal pressures.
- Agency price cap breaches increased within A&C, N&M and M&D staff groups.
- Direct Engagement (DE) compliance reached 98.09% as result of pro-active actions to reduce missed savings target ceases from April 2025.
- NHSE/I agency price caps ceiling at its lowest ever following on-going focus to reduce agency spend.

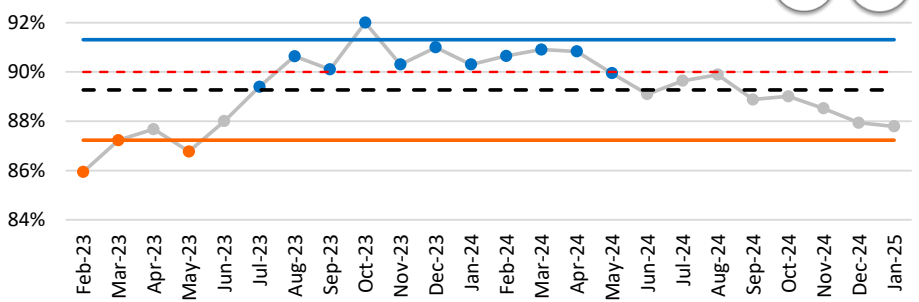
Month 10 | 2024-25

People

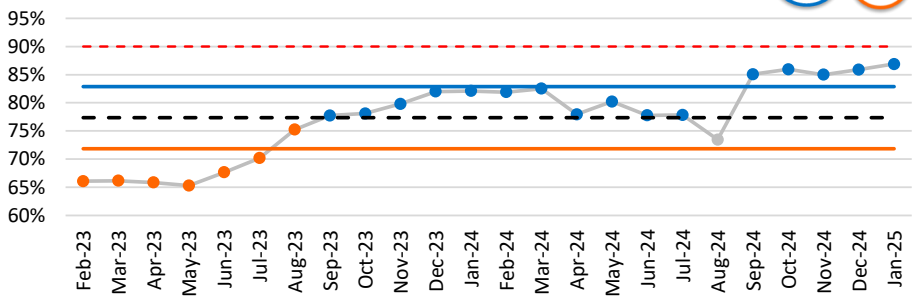
Grow Together

East and North Hertfordshire NHS Trust

Statutory and mandatory training compliance rate



Appraisal rate



Key Issues and Executive Response

- Grow Together Review compliance rates @ 31st Jan is now at 85.3%.
- Our 2025 work is to focus on struggling teams early with supportive information on team demographics and early time allocation for Grow Together ...Review conversations.
- System improvement should ease use of tech and increase compliance rates.

Grow Together - Clinical & Medical Education

- To improve overall statutory and mandatory training, the trust is working on improving moving and handling compliance which is now 92.7% - level 1 and 82% level 2.
- Pre / Post Registration – currently 118 students on site across all programmes, 71 members of staff currently on preceptorship programme, anticipating an increase in attendees as 16 NQN and 6 OSCE nurses completing the SIFE pathway.
- International Nurse Training – 5 people currently on the OSCE programme via the SIFE route – Exams have been booked for 19th February; all 6 people passed last month after resit.
- CPD – current spend ongoing, on track to spend the investment in full, TNA for 25/26 currently no indication of funding allocation, current £1.5 million request, final date of applications was 14th February to ensure funding released prior to year-end.
- 4 newly installed ceiling hoists in Maternity unit, bespoke in situ training has been scheduled to ensure safe use of the new equipment.
- NHS England quality assurance visit preparation continues, a further 2 quality assurance visits from Cambridge University (March 17) then UCL (May 20) planned.
- GP DiTs sitting exams, additional teaching sessions set up and delivered virtually. 18 ARCPs ran in Jan/early Feb.
- A new protocol for escalating Undergraduate accommodation issues has been developed with Estates and agreed with Origin Housing.

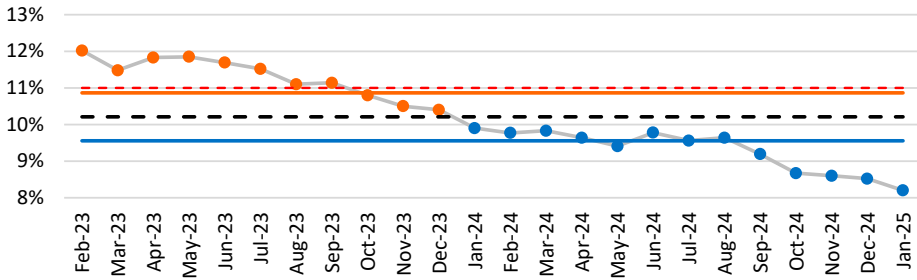
Month 10 | 2024-25

People

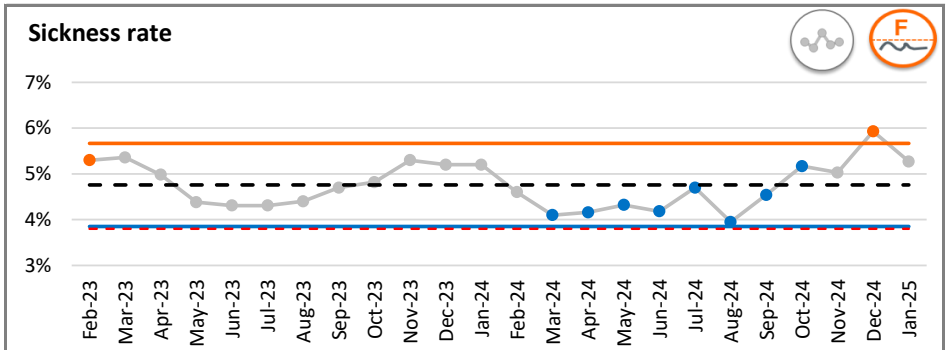
Thrive Together | Care Together

East and North Hertfordshire NHS Trust

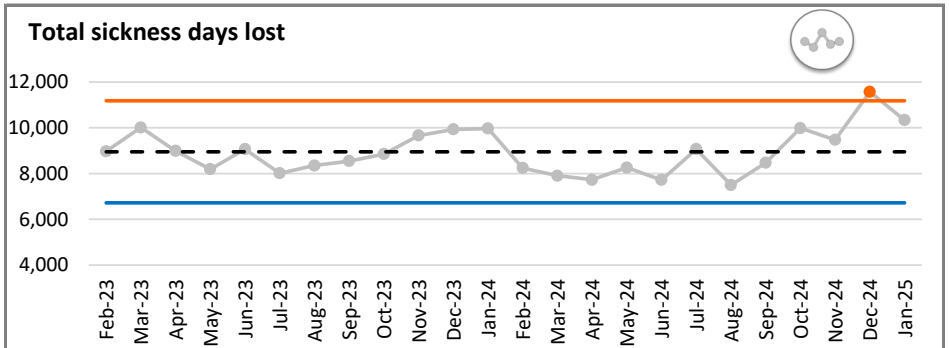
Turnover rate



Sickness rate



Total sickness days lost



Key Issues and Executive Response

Thrive Together

- A deep dive into the data on Relative likelihood of white applicant being shortlisted and appointed over BAME applicant indicates key focus area of interview process. Resourcing has several initiatives to address including: developing detailed guidance for managers on shortlisting and interviews; Creation of "More than Just an Interview" encouraging consideration of alternative methods to assess candidate suitability beyond interview for candidates who may not perform well in interviews, yet otherwise a great fit for the role.
- Work has commenced to review previous and to plan and deliver a range of recognition and appreciation initiatives during "Thank you" week happening in July.
- There are no suspensions in the trust for this period. Removal of 2 long standing cases reduces average time for disciplinaries is 61 days. Length of grievances continues to decline, demonstrating our commitment to resolve matters swiftly.
- National staff survey results are due to be published in early March supported by engagement plans for divisions to discuss and agree local actions.

Care Together

- In January days lost to sickness absence lost due to mental health issues and musculoskeletal health issues reduced and targeted support to prevent and manage absence will continue to help sustain reductions.
- Wellbeing promotion events are offering information and resources to help colleagues to access support and make healthier lifestyle choices. Access to talking therapies was promoted on Time to Talk day. Training opportunities to enhance wellbeing are being promoted including the Building Resilience Skill booster and Wellbeing Conversation eLearning. Support for eating disorders will be promoted with help from 'Mind in Mid Herts' during Eating Disorders Awareness week at the end of February.

Month 10 | 2024-25

Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board	**Agenda Item**	13
Report title	**Board Assurance Framework (BAF) – Strategic Risks**	**Meeting Date**	12 March 2025
Presenter	Head of Corporate Governance		
Author	Head of Corporate Governance		
Responsible Director	Deputy CEO & Chief Finance Officer	**Approval Date**	

Purpose	**For information only**	☐	**Approval**	☐
	Discussion	☒	**Decision**	☐

Report Summary:

Key updates

- Finance, Performance & Planning Committee (FPPC) on 24 February recommended that the risk scores increase for BAF **risks 1** (Investment) and **3** (System and internal financial constraints) to reflect the level of financial savings the Trust and system similarly to Trusts across the country. Therefore, risk scores have been increased from 12 to 16.
- Given the level of savings needed in 2025-26, 30 minutes has been set aside on the next Quality & Safety Committee (QSC) agenda to specifically consider ensuring quality and safety of services where savings are needed.
- **Risk 2** (Health inequalities): QSC discussed that there are no agreed delivery dates for two identified gaps (Dedicated resource for health inequalities and No dedicated work plan) with agreement for a proposed way forward to be provided on these at a forthcoming QSC. Unless the Board objects the lead Director is recommending Workforce health strategy is removed as a gap and the decision not to seek data is tolerated.
- **Risk 7** (System inertia): FPPC raised whether the risk score needed to increase. Prior to determining the risk score, a related paper is on the Private Board agenda that may inform decision-making.
- **Risk 10** (Digital transformation): It is envisaged that the creation of a dedicated Digital Committee should help drive this risk score down from its current 16 rating.
- **Risk 11** (ENHPS delivery): A discussion is proposed at the next People and Culture Committee to discuss the impact of challenging savings and OneEPR on the roll-out of ENHPS and how to ensure focus remains on ENHPS.
- BAF coversheets to Committees have now started overtly flagging overdue actions.
- The new assurance methodology is proving a useful tool to focus discussions in committees such as FPPC focusing on the medium term plan assurance score on **Risk 3** (System and internal financial constraints).
- There has been good progress in ensuring that the BAF risks are informing Committee agendas. For example, the QSC Chair has agreed to having dedicated agenda time in the coming months on all three risk topics that it is lead BAF owner for.
- Board members are asked to consider in advance of the discussion of what are the top risks to be on 2025-26 BAF at April Board Seminar whether there are any more pressing risks to delivering our strategic objectives that should be on the BAF (appreciating risks must come off the BAF for any more serious risks to be added).

Board spotlight on two BAF risks

The two spotlighted risks below were reviewed at the last meeting of the People & Culture Committee on 21 January.

Spotlighted BAF Risk 5 *(*Culture, leadership and engagement*) – Thomas Pounds*

- The Staff Survey results are embargoed but an update can be provided at the Private Board which will shed light on this risk.
- Thematic analysis of survey data being created with key areas of for improvement to be highlighted and structures in place to deliver improvements through local action plans
- Further culture diagnostic work planned to assess the impact of ENH Production System and assess trajectory from initial assessment
- EDI sub-committee of P&C, with a NED chairing, has completed its inaugural meeting and is intended to improve accountability for delivering key actions within the EDI Strategy.
- Assurance ratings of 5 have been amended as the new ratings system is being embedded.

Spotlighted BAF Risk 6 *(*Autonomy and accountability*) – Thomas Pounds*

- It is recognised that addressing the accountability element of this risk is a crucial element in delivering our financial plans on target.
- The Board Seminar will allow the opportunity to consider the possibility of the Autonomy and Accountability BAF risk 6 and ENH Production BAF risk 11 being merged for the 2025-26 BAF. The rationale for merging being that the biggest mitigation to the Autonomy and Accountability risk is implementing the ENH Production system successfully. BAF risk 11 is the risk of the Trust not getting what it needs from the ENH Production commitment.

Impact: tick box if there is any significant impact (positive or negative):

Equality (patients or staff)	☒	**Patients**	☒	**Finance/ Resourcing**	☒	**System/ Partners**	☒	**Legal/ Regulatory**	☒	**Green/ Sustain-ability**	☐

The BAF risks present potentially significant negative impacts relating to inequality, patients, finances, the system and regulatory compliance should the risks materialise which is why they are top risks on the BAF.

Trust strategic objectives: tick which, if any, strategic objective(s) the report relates to:

Quality Standards	☒	**Thriving People**	☒	**Seamless services**	☒	**Continuous Improvement**	☒

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

The BAF is based on risks to these strategic objectives and the top three risks to each strategic objective are included on the BAF.

Report previously considered by & date(s):

The BAF was last considered at 15 January Board; then People & Culture Committee on 21 January; FPPC on 24 February; and QSC on 29 January.

Recommendation	The Board is asked to discuss and **NOTE** the BAF.

To be trusted to provide consistently outstanding care and exemplary service

East and North Hertfordshire NHS Trust

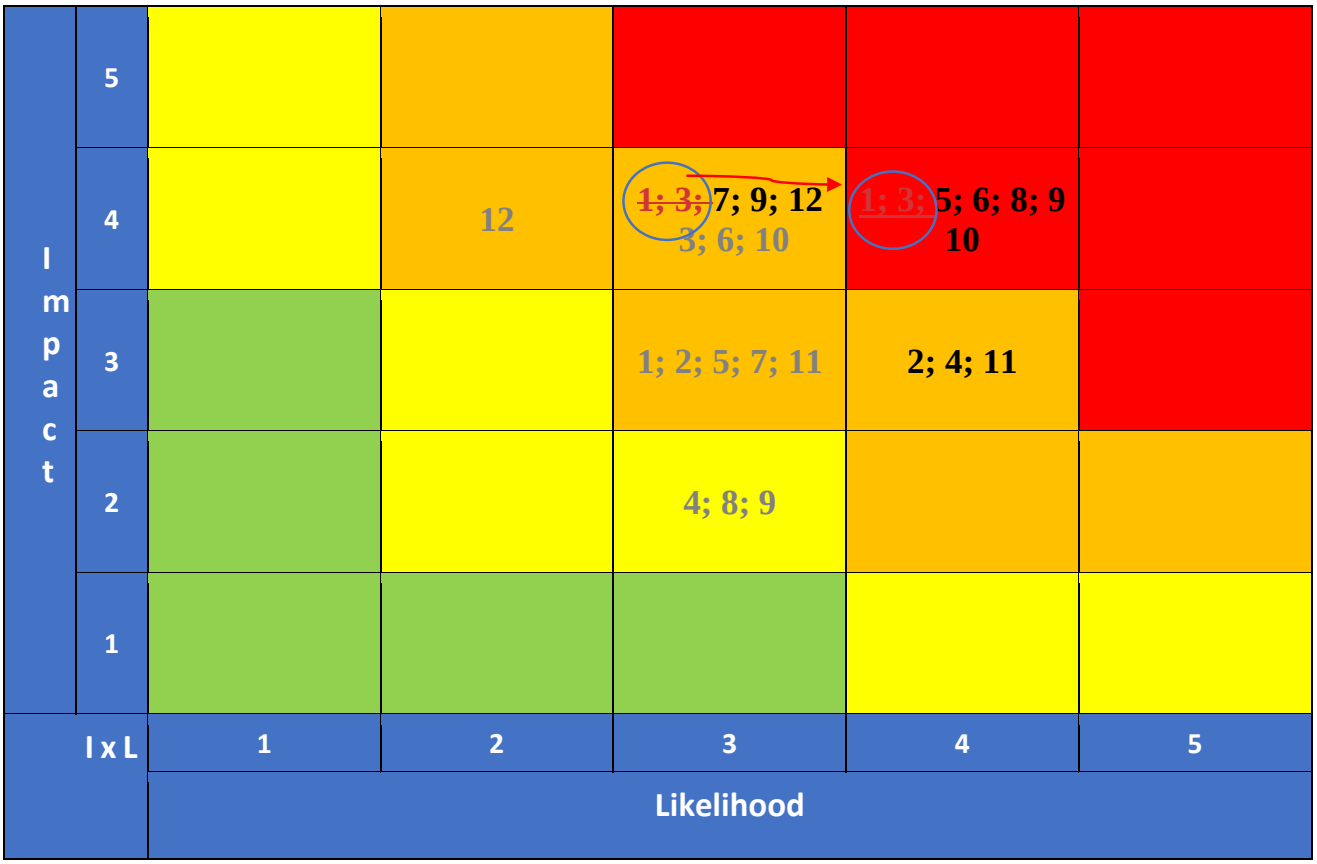
BOARD ASSURANCE FRAMEWORK REPORT

Section 1 - Summary

Risk no	Strategic Risk	Lead(s) for this risk	Assurance committee(s)	Current score	Trajectory
Consistently deliver quality standards, targeting health inequalities and involving patients in their care					
1.	**Investment (capital, system allocation and no growth)**	Chief Financial Officer	Finance, Performance & Planning	~~12~~16	↑
2.	**Health inequalities**	Medical Director	Quality & Safety	12	↔
3.	**System and internal financial constraints**	Chief Financial Officer	Finance, Performance & Planning	~~12~~16	↑
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 to meet quality standards**	Chief People Officer	People	12	↔
5.	**Culture, leadership and engagement**	Chief People Officer	People	16	↔
6.	**Autonomy and accountability**	Chief People Officer	People	16	↔
Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners					
7.	**System inertia**	Deputy Chief Executive (CFO)	Finance, Performance & Planning	12?	↔
8.	**Improving performance and flow**	Chief Operating Officer	Finance, Performance & Planning	16	↔
9.	**The future of cancer services**	Chief Operating Officer	Quality & Safety	16	↔
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.	**VMI – getting out what the Trust needs**	Chief Kaizen Officer	People	12	↔
12.	**Clinical engagement and change**	Medical Director (Chief Nurse)	Quality & Safety	12	↔

Section 2 Strategic Risk Heat Map

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



Section 3 Risk Appetite

Risk level	0 - Avoid Avoidance of risk and uncertainty is a Key Organisational objective	1 - Minimal (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	2 - Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	3 - Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM)	4 - Seek Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	5 - Mature Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
APPETITE	**NONE**	**LOW**	**MODERATE**	**HIGH**	**SIGNIFICANT**	
Quality			✓			
Financial				✓		
Regulatory				✓		
People					✓	
Reputational					✓	

Section 4 Risk Scoring Guide

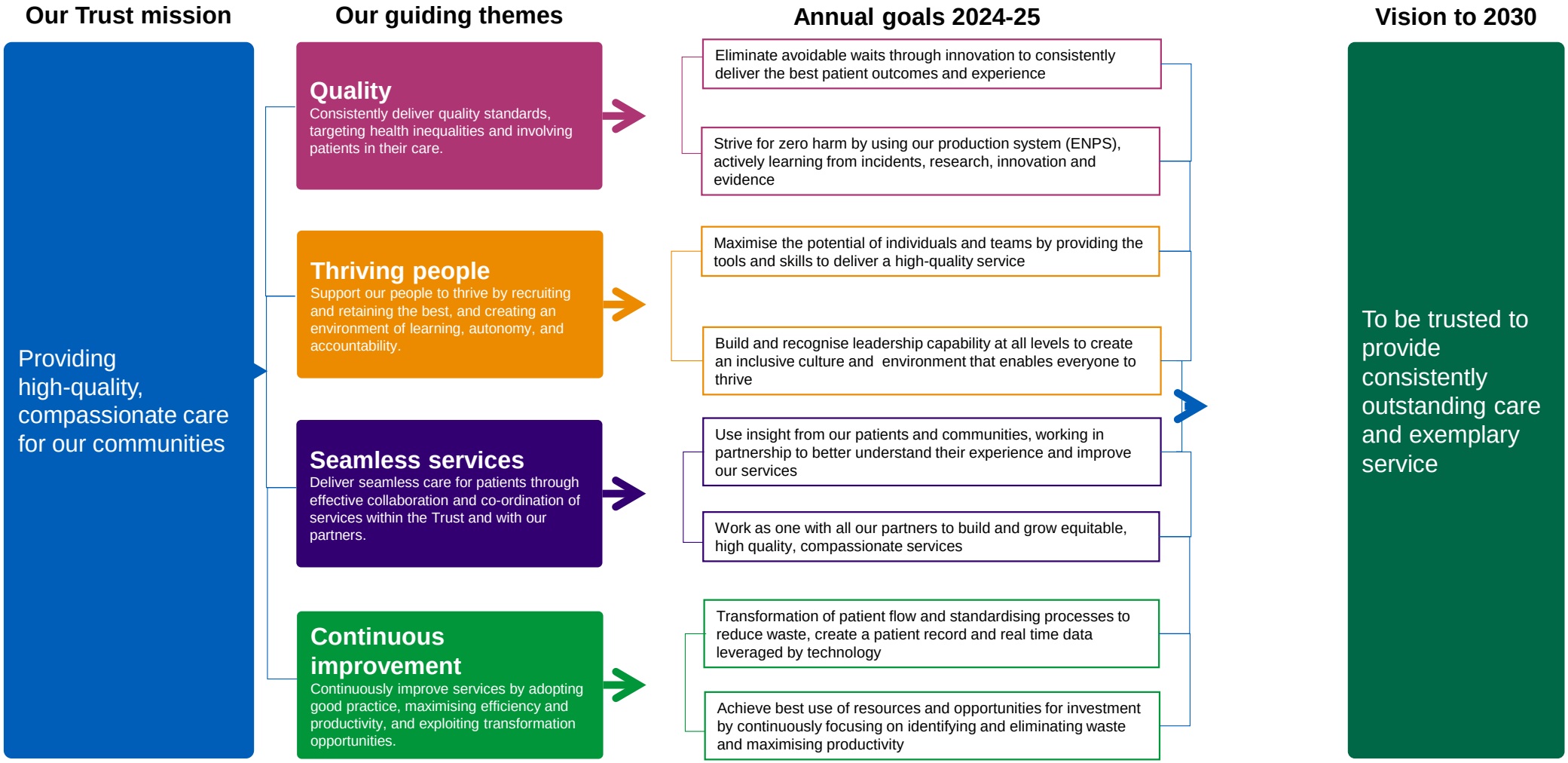
Risks included in the Risk Assurance Framework (RAF) are assessed as extremely high, high, medium and low based on an Impact/Consequence X Likelihood matrix. Impact/Consequence – The descriptors below are used to score the impact or the consequence of the risk occurring. If the risk covers more than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

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

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

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

NHS East and North Hertfordshire NHS Trust

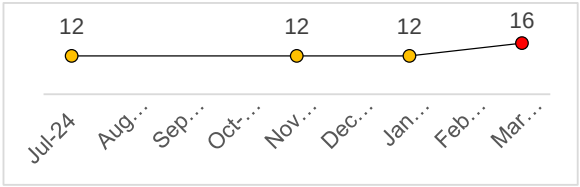


Assurance Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systematic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes over a defined period of time i.e. 3 months.
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systematic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systematic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of desired outcomes.
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systematic causes/reasons for performance variation.	Evidence of several agreed actions being delivered, with little or no evidence of the achievement of desired outcomes.
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systematic causes/reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability with agreed measures to evidence improvements.
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
Level 1	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
Level 0	Emerging action not yet agreed with all relevant parties.	No improvements evident.

Strategic Priority: **Consistently deliver quality standards, targeting health inequalities and involving patients in their care**			**Risk score** ~~12~~16
Strategic Risk No.1: **Investment (capital, system allocation and no growth)**			
If there is insufficient investment (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.	

	Impact	Likelihood	Score	Assurance
Inherent	4	~~3~~4	~~12~~16	5
Current	4	~~3~~4	~~12~~16	
Target	3	3	9	

Risk Trend



Risk Lead	Chief Financial Officer	Assurance committee	FPPC

Controls	Assurances against stated controls, with assurance level 1st line (front line); 2nd (corporate); 3rd (independent)	Assurance score
Strategies and Plans		
Digital Strategy	Strategy approval by Board & annual progress report (2)	6
Estates Strategy	Strategy approval by Board & annual progress report (2)	~~2~~3
Approved Financial & Capital Plans 24/25	Annual Capital Plan reviewed and approved by FPPC (2)	5
Integrated Business Plan and supporting strategies inform investment priorities	Strategy approval by Board & annual progress report (2)	4
Productivity Framework	Monthly report to FPPC defining a productivity framework and change at the Trust (2)	~~2~~3
Operational Systems and Resources		
HWE ICS annual operating plan	ICB approval (3)	4
Trust LTFM & System Medium Term Financial Plan (MTFP)	System CEOs review (1) Reports to FPPC bi-annually (2) Regional and national NHSE review (3)	2
Governance & Performance Management Structures		
Finance People and Performance Committee	Monthly finance and performance reports to Committee Scheduled annual planning briefings to Committee (2)	3
Board seminar sessions (include strategy review)	Annual Board Seminar review (2)	4
Financial Recovery Group (FRG)	Co-ordination of financial improvement activity to support in year delivery of financial plan (2)	4
Monthly Capital Review Group meetings & Critical Infrastructure Weekly meetings	Reports (1) Qtrly Capital Plan Reports to FPPC (2)	5
ICS Directors of Finance meeting	Reports to ICS Directors meeting (1)	4
Trust Management Group ratification of investment decisions	Quarterly reports to TMG (1)	5

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date

• Transformational solutions to address the system financial gap	• The System is evaluating options to structure transformation programmes across the system, and the potential commissioning of consultancy resource to pump prime delivery	MA	~~Q3~~Q4 24/25
• Confidence in the appropriate deployment of resources across place and providers	• The system has invested in a PHM system that can generate data to support analysis of the distribution of system resources. Consultancy deployment may be required. Timeline TBC	MA	25/26 planning timetable
• Long Term Financial Planning Infrastructure	• Trust to refresh its LTFM (linking to system MFTP) to clearly set out options for resource utilisation within the context of national and local drivers and strategies. Complete during 2024.	MA	25/26 planning timetable
• Responding to in year investment opportunities	• In addition to the annual planning process, the Trust will establish a monthly 'Investment Group'. This will provide a forum to consider in year opportunities for affordable investment as they arise	DDOF	~~Nov 24~~Monthly investment group meeting
• ICS capital prioritisation framework and associated investment plan	• Plan being produced by ICS Estates Director (reliant on ICS for the timescale to be met)	MA (internally)	~~Dec 24~~25/26 planning timetable
• Absence of a clear space utilization baseline and strategy limits the effectiveness of estate investment	• Space Utilisation survey commissioned as part of the 24/25 capital programme to inform 25/26 and long term capital planning	AM	Mar-25
• ~~Provider Collaborative framework and associated workplan~~	• ~~Producing framework and associated workplan~~ • ~~Agreement of governance and strategy with providers~~ • ~~Mobilisation of work stream activity~~	~~ASJ~~	~~Nov 24~~In place
• ~~Estates strategy finalisation, including addressing aging infrastructure, guiding local capital investment decisions~~	• ~~as part of an ICS wide programme.~~ • ~~Board approval of Estates Strategy~~	~~KH~~	~~Nov 24~~Complete
• Medium term financial plan	• FPPC review of medium term financial plan ~~– to Oct FPPC~~refreshed post 25/26 planning round	MA	~~Oct 24~~Jun - 25
• Consistent process/oversight of business case approval and post project evaluation	• Capital review group oversight of business cases to produce recommendations and undertake post implementation evaluation	MA	Dec 24

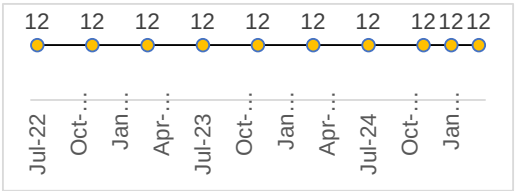
Current Performance – Highlights from the Integrated Performance Report:
• The Trust workforce has expanded significantly since COVID. This represents a significant financial investment, although activity delivery and productivity has declined. • Underlying in year financial performance is at significant variance to plan. • The Trust has agreed a £15m capital investment plan for 24/25.

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

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

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

Risk Trend



Risk Lead	Chief Medical Officer	Assurance committee	Quality & Safety Committee

Controls	Assurances against stated controls, with assurance level *1st line (front line); 2nd (corporate); 3rd (independent)*	Assurance score
National Strategies		
Core 20 plus 5	National reporting (3)	7
System Plans		
ICS EDI Policy and Strategy 23-27	No current report on delivery of the Trust's elements	1
Trust Plans		
EDI strategy – which includes health inequalities	Report to People Committee and Board (2)	3
Appointment of deputy MD with responsibility for health inequalities (Started 1.11.24)	N/A	2
Changes to waiting lists for patients with learning disability	Report to QSC on LD annually (2)	4
Targeted lung health checks	National policy, enacted locally, assured via SQAS – (3)	7
Workforce health strategy	Brought to board, one off (2)	2

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
• Lack of a unified smoking cessation policy	• Developing a site policy	MD	• April 2025
• Large PTLs with associated risk post pandemic	• Increasing service awareness	COO	Individual national targets
• Paediatric audiology	• Weekly meetings with ICB and region whilst the service restarts [21 Jan 25 update: parts of the service have re-opened]	DON	See Corporate Risk Register
• Community paediatric long waits for assessment	• Ongoing ICB working group	COO	See Corporate

			Risk Register
• Childrens wellbeing bill • Tobacco and vape bill • Mental health bill	• Implement actions once legislation enacted	MD	2025
• Workforce health strategy – no evidence of impact being collected	• Decision not to seek data at present (gap tolerated)	MD	To close if Board accept no action
• An ICS delivery plan is needed for its Patient EDI Strategy	• Requesting ICS to produce a delivery plan	ICB	Apr 25
• Dedicated resource for health inequalities	• MD / deputy MD and MD ops lead spend a limited amount of time, in addition there is a small amount of support from the business planning team • For November Board spotlight discussion	MD	
• No dedicated work plan	• Lack of resource makes this challenging • For November Board spotlight discussion	MD	

Current Performance – Highlights from the Integrated Performance Report:

- ED 4 hour standard
- 28 day faster diagnosis standards
- DMO1 – audiology
- 65 week waits for community paediatrics

Update 12/24

- ENHT presented at the inaugural Centre for Population Health, Health Inequalities conference on the partnership working we were involved in following work done with The King's Fund
- TMG endorsed moving to a smoke free site from 4/25, with the decision going to QSC for approval in January 2025 and then to Public Board in March 2025 seeking ratification.
- Paediatric audiology – first large pathway reopened
- Community paediatrics - work ongoing
- Corporate risk 3079 – agreement to rebuild paediatric unit

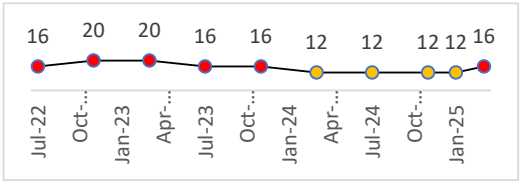
Associated Risks on the Corporate Risk Register

Risk no.	Description	Current score
3027	Risk of Regulatory non-compliance within Audiology Service	20
3079	Disrepair of the Building Fabric and unmet electrical needs and mechanical requirements relating to Bluebell Ward & Bramble Day Services.	20
3420	Risk of increased waiting times for initial and subsequent appointments within Community Paediatrics	20

Strategic Priority: **Consistently deliver quality standards, targeting health inequalities and involving patients in their care**		**Risk score** ~~12~~16
Strategic Risk No.3: System and internal **financial constraints**		
If far-reaching financial savings are required (either due to system financial instability or internal pressures), and we do not deliver greater efficiencies	***Then*** we will need to make difficult decisions that could have a negative impact on quality and delivery of our strategy	***Resulting in*** poorer patient outcomes, longer waiting times; reduced staff morale, reputational damage and not delivering all of our strategy.

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

Risk Trend



Risk Lead	Chief Financial Officer	Assurance committee	FPPC

Controls	Assurances against stated controls, with assurance level *1st line (front line); 2nd (corporate); 3rd (independent)*	Assurance score
Strategies and Plans		
Approved 24/25 Financial Plans	Monthly Finance Update to TMG (2)	4
	Monthly Finance Report / Key Metrics to FPPC (2)	4
	CIP report & productivity report to FPPC (2)	4
	Outturn Reports to TMG, FPPC and Board (2)	4
	Delivery & Progress reports to Finance Recovery Group (2)	4
	24/25 Financial plan submitted to & approved by NHSE (3)	4
Operational Systems and Resources		
Financial Reporting & BI Systems	Monthly financial reporting to NHSE & HWE System (1)	5
Detailed monthly CIP performance reporting	Reports to FPPC and FRG and national reporting (2)	4
Monthly ERF & Productivity Report to FPPC	Internal performance monitoring and Model Hospital / GIRFT / Use of Resources benchmarking (2)	3
Monthly Finance Reports	External / Internal audit review of key financial systems and processes (3)	4
Outturn Forecast report to TMG, FPPC and System	Review at FPPC and TMG (2)	4
Monthly ICS Financial Recovery Board	Facilitated by ICS financial and executive leaders (3)	2
Monthly system finance oversight meeting with NHSE	Regional confirm and challenge of Trust and system financial deliver (3)	3
Biweekly System CEO / CEO finance review meetings	System stakeholder review of financial delivery and planning (3)	3
Vacancy Review Panel & Non-Pay controls	Daily / Weekly executive led mechanisms to review and challenge the application of recruitment and spending request relative to tightened criteria (1)	3

Rostering & Job Planning system	Variety of Rota and rostering tools to regulate workforce deployment (2)	2
Ratified SFI's and SO's, Counter Fraud Policy	Annual review and ratification by Board and Audit Committee. Deployment in Trust finance, workforce and governance systems. Annual audit review of effectiveness (3)	4
Governance & Performance Management Structures		
FPPC, FRG & TMG Reporting	Monthly meetings Exec/ NED chaired – agreed agenda (2)	4
Divisional Finance Boards meetings	Monthly meetings Exec chaired – finance delivery review (2)	4
Monthly Capital Review Group	Monthly meeting DDOF chaired – capital plan review (2)	4
Weekly D&C / ERF delivery meetings	Weekly session – Info led / divisional attendance – review of ERF plans and delivery (2)	4
Monthly cost-centre / budget holder meetings	Scheduled review of CC performance with budget holders and finance managers. Frequency determined by performance (2)	4
Bi-weekly ICS Director of Finance meetings	System stakeholder review of financial delivery and planning (3)	3
Bi-weekly Income Recovery Group	Internal corporate review of counting and coding effectiveness and accuracy	4
Monthly Workforce Utilisation & Deployment Group & MEOG medical staffing group	Monthly workforce groups (exec chaired) to review temporary staffing deployment across key workforce groups (2)	2
Procurement Governance Board	Monthly meeting of procurement service stakeholders to review delivery against workplan (3)	4

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
• Delivery of levels of planned ERF activity	• recruitment of additional ERF capacity – progress now tracked through FRB and FPPC	• CO	• Q4 24/25
• Risk of non delivery of CIP / Savings Targets	• Review and Implementation of PWC CIP actions • Internal Audit Review of CIP effectiveness arrangement commissioned • Regular review of CIP and Recovery plan delivery through FPPC and FRB	• MA • MA • All Execs	• Nov-24 • April 25 • Q4 24/25
• Risk of significant overspend against Trust expenditure budgets	• Go Live of 'No PO – No Pay' system • Tightened Vacancy Control Panel • UEC and Establishment Growth Review Work steams • Pathology activity and cost control workstream	• MA • MA • SJ / KOH • CM	• Jan-25 • ~~Oct-~~ Ongoing • Q4 24/25 • ~~Oct-~~ Q4 24 • ~~Oct-~~ ~~24~~/25
• Understanding of financial dynamics underpinning service line performance	• Implementation and testing of SLR model • Service Line review and validation • Link of output to productivity metrics and levers – revised productivity report to FPPC • Development of supporting ~~incentivisation~~incentivization mechanisms	• DP / LL • Divisions • DP • MA	• ~~Q3 24~~ • ~~Q3/~~Q4 24/25 • Q3~~ 24~~ • /Q4 ~~24~~ • April 25 • Business Planning 25/26

• Risk around absence of a short and long-term financial strategy for the system and stakeholders to address underlying deficit	• The Trust has generated a medium terms financial plan based upon agreed national and local assumptions. To be used to frame the development of the 25/26 financial plan	• MA	• Q1 25
• Absence of effective job planning framework	• Trust to develop a programme of activity to review (1) review historic additional duties allocations (2) benchmarking job planning principles and assumptions (3) link team job plans to demand and capacity modelling	• MA / JD / TP	• ~~Q3~~ Q4 24/25
• Significant reductions in Trust productivity vs pre-pandemic levels. Significant increases in staff volumes and costs not related to activity change.	• This has framed areas for review and restatement. This is formalized in 'Establishment Growth' workstream, • Productivity report, with an emphasis on the development of a 'Productivity Index, to FPPC. Productivity QV app deployed to assist service line level productivity reviews.	• KOH • DP	• ~~Oct~~ Q4 24/25 • ~~Q3 24~~April 25

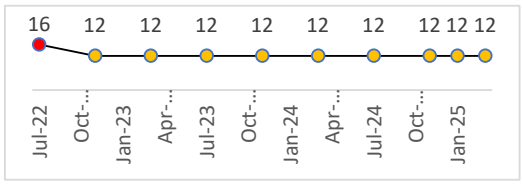
Current Performance – Highlights from the Integrated Performance Report:
• The Trust reports a YTD surplus of £0.2m @ M8, this is adverse to plan by £0.7m • As at Month 8 the Trust ERF plans are significantly behind plan. Significant pay and non pay hotspots have emerged. • The utilisation of significant reserves funding has been required to support YTD achievement of the financial plan. • All Divisions have been requested to develop and implement run rate recovery plans. • Additional Financial Recovery Workstreams have been developed and mobilized to bridge remaining gaps to plan.

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
~~3026~~	~~Unavailability of safe medical equipment~~	~~16~~
~~0036~~	~~Risk of delay in patient treatment within plastics as a result of same day clinical appointment cancellation due to inadequate clinical space for paediatric plastics~~	~~15~~
~~3336~~	~~Water quality for the inpatient dialysis areas~~	~~15~~

Strategic Priority: **Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability**		Risk score **12**
Strategic Risk No.4: **Workforce shortages and skillset**		
If we fail to have sufficient high-quality staff, with the right technical and professional skillset, given the local, national 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.

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

Risk Trend



Risk Lead	Chief People Officer	Assurance committee	People and Culture Committee

Controls	Assurances against stated controls, with assurance level *1st line (front line); 2nd (corporate); 3rd (independent)*	Assurance score
Strategies and Plans		
People Strategy	People Committee reports (2) Annual report to Board (2)	6
Clinical Strategy 2022-2030	Report to QSC (safer staffing quarterly; Establishment review; Q&S metrics monthly) (2)	6
EDI Strategy	People Committee reports (2) Annual report to Board (2)	4
Annual Divisional demand and capacity modelling, workforce plans and local Skill mix reviews	Planning reports to FPPC and PCC (2)	6
Apprenticeship strategy	People Committee reports (2) Oversight at Education Committee (1)	5
Mechanisms for identifying hotspots and shortfalls	People Committee reports (temp staffing; resourcing; people report; retention deep dive) (2)	6
NHS Workforce long-term plan	Annual People Committee updates on progress (2)	5
Learning and Development		
Succession plans, talent management & development plans	Grow Together Reviews embedded within organisation and reported to PCC (2) VSM and future leaders' remuneration committee annual report (2) Annual talent review executive team meeting (1) Staff survey question on appraisals (3)	4
Apprenticeship schemes	People Committee reports on progress with strategy (2) Utilisation of apprenticeship levy (1)	5
Leadership and Manager Development programmes	Leadership and management training reported to Education Committee (1) Management competency framework reported on ENH Academy (1)	6

	Staff experience scores captured through pulse survey (1) Access to non-mandatory training captured within staff survey (3)	
Clinical skill development and clinical education	Utilisation of CPD funding – short course and Higher education qualifications - upskilling of staff (1) Bi-monthly update at Education Committee (1) Training needs analysis reviews (capability building) (1) Annual report to PCC (2)	6
Pre and post reg training programs	Bi-monthly update at Education Committee (1) Annual report to PCC (2)	6
Recruitment and attraction		
Workforce Plans aligned with Financial budgets and agreed establishments	Reported annually to PCC (2) Reported to ICB and monitored at ICB People Board (3)	5
Engagement with schools and colleges as part of the widening participation programme as well as offering work experience	Reported annually to PCC (2) ICS sustainable workforce supply committee (3)	5
Targeted campaigns, working with local job centers and open day events	Reported twice yearly to PCC (2)	5
Great for 8% - workforce deployment and bank/agency pay bill reduction programme	Reported annually to People Committee (2) Progress report taken to financial recovery board (1) Vacancy Control Panel implemented for approval and scrutiny of Bank and Agency requirements. Triangulation implemented for 360 view of Bank/Agency usage in line with vacancies, establishments, recruitment activity & pipeline and other pressures such as sickness levels	6
Retention		
Improvement to induction and onboarding, including coaching and mentoring support	Reported annually to PCC (2) Retention steering group (1)	4
Delivery of wellbeing being strategy – Care Support Pyramid	Reported annually to PCC (2) Wellbeing questions part of annual staff survey Included in monthly IPR (3) Sickness rates monitored in Divisional Performance Reviews (1)	6
Delivery of management competency framework	Reported annually to PCC (2)	6
Staff survey team talks and action plan	Divisional update provided to each PCC (2)	5
Governance & Performance Management Structures		
Medical establishment oversight working group	Held monthly & feeds into People report taken to PCC (2)	5
Clinical oversight working group	Held monthly & feeds into People report taken to PCC (2)	5
Recruitment and retention group	Held monthly & feeds into People report taken to PCC (2)	5
Workforce reports – time to hire, pipeline reports	Figures incorporated into the IPR which are taken to PCC and Trust Board (2)	6
Education committee	Held bi-monthly and feeds into People report taken to PCC (2)	6

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date

• How we prioritise delivery • Capacity to deliver scale of changes alongside day to day service delivery	• Prioritisation of programmes through board and agreed by executives in line with annual planning cycle • Improving workforce plans at divisional levels to inform prioritisation of plans to Board in line with the annual planning cycle (planning cycle Sept-March) • Demand and capacity planning sessions support and inform the above	• Thomas Pounds • Lucy Davies • Laura Moore	• Apr 25
• Competition for funding and resources across budgets to enable change at scale to happen	• Commitment to new roles based on long term invest to save model aligned to long term workforce plan • Funding flows to support release for training time and sponsored courses.	• Thomas Pounds • Martin Armstrong	• Mar 25
• Capacity of key clinicians and senior leaders to work on the areas of change due to conflicting priorities	• Change in Care Group Structure and appointment to clinical roles with protected time build into job plans to increase level of clinical leadership. • Job Planning deep dive senior project group now live.	• Theresa Murphy • Justin Daniels	• Mar 25

Current Performance – Highlights from the Integrated Performance Report:

- ~~Successful recruitment drive for newly qualified nurses trained in the UK with increased attraction from outside of region and for key areas such as Emergency Department and theatres.~~
- ~~Significant numbers of Care Support Worker applicants with a renewed focus on assessment standards to ensure skills correctly align with role~~
- Pre / Post Registration – currently 118 students on site across all programmes, 71 members of staff currently on preceptorship programme, anticipating an increase in attendees as 16 NQN and 6 OSCE nurses completing the SIFE pathway. GP Doctors in Training (DiT) sitting exams, 18 ARCPs ran in Jan/early Feb.
- To support managers in carrying out fair, inclusive, and transparent recruitment in line with agreed KPIs, a guidance document on shortlisting and interviewing was launched in January.
- Outputs from the '90~~-~~day challenge' which has focused on developing more inclusive recruitment practices is being built into new processes ~~in order~~ to broaden attraction and increase diversity.
- Working group ~~set up to develop~~enabled against an action plan based on the recommendations from the Healthwatch report on internationally educated colleagues within the workforce.

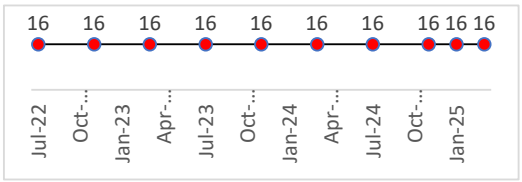
Associated Risks on the Corporate Risk Register

Risk no.	Description	Current score
	N/A	

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

	Impact	Likelihood	Score	Assurance
Inherent	4	4	16	6
Current	**4**	**4**	**16**	
Target	3	3	9	

Risk Trend



Risk Lead	Chief People Officer	Assurance committee	People Committee

Controls	Assurances against stated controls, with assurance level *1st line (front line); 2nd (corporate); 3rd (independent)*	Assurance score
Strategies and Plans		
People Strategy	People Committee reports (2) Annual report to Board (2)	6
People policy reviews	Key changes discussed at PCC (2) Trust Partnership (2)	6
Freedom to speak up strategy	Twice per year at PCC & annual report to Trust board (2)	6
EDI Strategy	People Committee reports (2) Annual report to Board (2)	4
People development plans – including education, learning and development	Annually to PCC (2) Education committee reports (1)	6~~5~~
Learning and Development		
Healthy culture and healthy teams' framework	Reported annually to PCC (2) Divisional performance reviews (1) Divisional updates to PCC (2)	6
ENHT Values and behaviour charter	Aligned to CEO objectives (1) Positive leadership rounds (1)	4
Core Management Skills & Knowledge	Reported annually to PCC (2)	4~~5~~
Delivery of wellbeing being strategy – Care Support Pyramid	Reported annually to PCC (2)	4~~5~~
Mentoring and coaching programmes	Reported annually to PCC (2)	4~~5~~
Talent management approach and programmes	VSM and future leaders' remuneration committee annual report (2) Annual talent review executive team meeting (1)	4
Grow Together Reviews training and support	Grow Together Reviews embedded within organisation and reported to PCC (2) Staff survey question on appraisals (3)	6

Retention		
Annual staff survey and quarterly pulse surveys	Reported in IPR taken to PCC (2) Twice per year updates to PCC & annual to Trust Board (2)	6
Delivery of EDI strategy including inclusive recruitment activities	Regular update reports at PCC focused on different areas (2)	~~6~~5
Stay interviews and exit questionnaires	New approach agreed by PCC, assurance report to be presented by Mar 25 (2 once starts)	3
Staff survey team talks and action plan	Divisional update provided to each PCC (2)	~~6~~5
Staff Engagement and Wellbeing		
Delivery of wellbeing being strategy – Care Support Pyramid	Reported annually to PCC (2) Wellbeing questions part of annual staff survey (2) Included in monthly IPR (2) Sickness rates monitored in Divisional Performance Reviews (1)	6
Core offer of support available linked to financial, physical, mental, spiritual and social wellbeing for all staff	Reported annually to PCC (2)	6
Annual engagement events and days to raise awareness of specific topics	Reported annually to PCC as well as monthly updates (2)	6
Staff networks /Freedom To Speak Up/ Meet the Chief Executive/ Positive Leadership Rounds	Voice of our people featured at PCC (2) Staff story featured at Trust board (2)	6
Internal communications - all staff briefing, in brief and newsletter	Reported through CEO report and IPR (2)	6
Governance & Performance Management Structures		
Divisional boards	Monthly and report through to Divisional Performance Review (1)	~~6~~5
Recruitment and retention group	Held monthly and feeds into People report taken to PCC (2)	~~6~~5
Staff networks	7 core networks held monthly and report to PCC (2)	6

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
• Capacity to undertake support and development in identified areas to improve leadership practice and engagement • Challenges in the level of organisational engagement across ENHT to make things happen and embed sustainable change	• Targeting where to focus management competency framework due to limitation on capacity • Healthy Teams work is being implemented in Gynae, Maternity, Theatres, paediatrics, ITU and ED. to support leaders and teams develop a good leadership rhythm and build healthy culture • Staff survey action plans support improvements happening locally and results are used to identify priority areas and specific support to low score areas - Team talks on staff survey and on values charters remain active within divisions. These are now based on the Care Support Pyramid (4 dimensions that make a difference to staff experience) this makes the intervention organisationally consistent but locally owned and accountable.	• TP	• Mar 25
• Capacity to release staff and leaders to participate in	• Creative delivery and support to enable release and participation. Pilots with local events, bitesize and development coaching in order to use time effectively.	• TP	• Mar 25

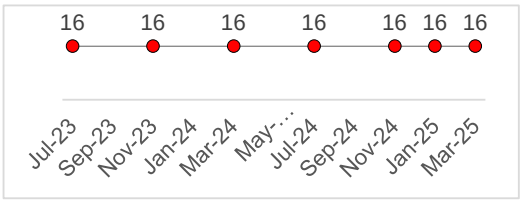
development alongside day-to-day priorities	Use of rolling half day and leadership forum as an opportunity for development. • Introduction to ENH Production System and ENH Production System for leaders now launched with participants supported to attend		
• Accountability for delivering key actions within the EDI Strategy • Investment and support levels organisationally for EDI programmes and resources restricts progress	• EDI steering group ~~to be set up to oversee key actions and ensure milestones are met~~now formally in place and reporting to the People and Culture Committee • Management competency framework ~~now launched and being promoted across the organisation –~~is being expanded and focuses on EDI as~~is~~ one of the main pillars for learning and development • ~~Wider delivery of programmes such as cultural intelligence and civility matters across the whole organisation – plans and costs being mapped out for 2024 onwards as part of EDI strategy delivery~~	• TP	• Jul 25~~Dec 24~~

Current Performance – Highlights from the Integrated Performance Report:
• Initial Staff survey results have been made available to organisations but remain under embargo until 18 March 25. However, data can be analysed to that the trust can develop key themes to focus on improvement and where specific local action plans are required. • Following the completion of the operating model restructure and the finalisation of appointing to new posts, a development plan is now underway for the new teams. • 'Healthy Teams' development work being targeted to key areas to support leadership and team culture improvement • Roll out of 'do no harm' programme focused on employees entering into formal employee relations procedures and educating managers on early resolution

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

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

	Impact	Likelihood	Score	Assurance	Risk Trend
Inherent	4	5	20	6	
Current	**4**	**4**	**16**		
Target	4	3	12		



Risk Lead	Thomas Pounds, CPO	Assurance committee	People

Controls	Assurances against stated controls, with assurance level *1st line (front line); 2nd (corporate); 3rd (independent)*	Assurance score
Strategies and Plans		
People Strategy	People Committee reports (2) Annual report to Board (2)	6
ENHT Production System	Reported annually to board (2)	6
Freedom to speak up strategy	Twice per year at PCC & annual report to Trust board (2)	6
EDI Strategy	People Committee reports (2) Annual report to Board (2)	4
People development plans – including education, learning and development	Annually to PCC Education committee	~~4~~5
Governance & Performance		
Revised Scheme of Delegation	ARC and Board review annually (2)	~~6~~5
Balanced scorecard	Divisional Board reports (1)	4
Well-led review action plan	ARC & TMG progress reports (2)	4
Management Structures		
Divisional operating model – structure and responsibilities	Reviewed as part of Trust Management Group (1)	4
Divisional Performance reviews	Reviewed as part of Trust Management Group (1)	~~5~~6
Divisional boards	Divisional Performance Reviews (1)	~~5~~6
Grow together reviews and talent forums	Reported annually to PCC (2)	~~6~~5
Improvement Partner		
Principles and values related to the ENH Production system to be embedded through training programmes	To be reported to PCC (2 once start)	3
Positive leadership rounds	To be reported to PCC (2 once start)	3

Core skill and knowledge programmes (management and Leadership)	Reported annually to PCC (2)	45
Staff Engagement and Involvement		
Staff networks /Freedom To Speak Up/ Meet the Chief Executive (Ask Adam)	Voice of our people featured at PCC (2) Staff story featured at Trust Board (2)	6
Internal communications - all staff briefing, In Brief and newsletter, leadership briefings	Reported through CEO report and IPR (2)	6
Reciprocal mentorship programme	Update provided to PCC (2)	6

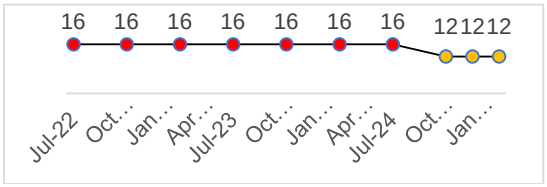
Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
• Lower tiers operational & clinical restructure – operating model change	• Consultation concluded and new Care Group structure in place • Review of the full organisation chart taking place to ensure clear lines of accountability • Divisional performance review structure under review following set up of Care Groups • Training and development programmes in place across all care groups	• LD	• Mar 25
• Organisation goals affectively cascaded to Care Group and department level	• Focus on driving up Grow Together Review compliance rates • ~~Organisation Goal approved by board and template disseminated~~ • ~~Reviewed~~Assessment of dissemination and understanding of goals as part of Positive Leadership Rounds • Reviewed in divisional performance review meetings	• Exec and Divisional Directors • TP	• ~~Dec 24~~Mar 25
• Values charter not yet embedded in all areas	• Part of CEO objective to have Values charters visible in all departmental areas • Reviewed as part of Positive Leadership Rounds • Healthy leadership/healthy teams training and coaching taking place	• CEO	• Mar 25
• Leadership culture modelling/enabling autonomy	• Exec development and team building programme – ~~phase one completed~~development days completed in January and February • ~~LEIPA (360 review) being completed for all members of the Trust Guiding Team~~ • ~~VMI visit – Execs and Lead Directors~~Completion of ENHPS for leaders • Increased visibility through Positive Leadership Rounds	• Exec	• ~~Dec 24~~Jan 25 • Aug 25
• The efficacy review and feedback of the performance framework (active cycle of learning) e.g. efficacy of pushing it down within the organisation	• ~~Engagement with divisions to support evolution of the format and feedback shared in performance reviews~~ • Externally led cultural assessment	• KOH~~MA~~	• Aug 25~~Dec 24~~

Current Performance – Highlights from the Integrated Performance Report:
• Follow on from care group development sessions to support on-going learning and development needs. • Leadership live session completed to engage senior colleagues on strategic challenges and support with developing and embedding strategic priorities as all levels. • Positive Leadership ~~r~~Round now embedding with better structure and greater frequency.

- ENHPS for leaders ~~has started~~is nearing completion for 3 cohorts
- Latest RPIW ~~completed for Ophthalmology~~started for cancer services outpatients

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

Strategic Aim: **Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners**		**Risk score 12**
Strategic Risk No.7: **System inertia**		
If effective system working does not develop at pace	***Then*** the issues the Trust needs system solutions to resolve will perpetuate	***Resulting in*** ~~in~~ enduring areas of sub-optimal health services and patient outcomes and costs.

	Impact	Likelihood	Score	Assurance	Risk Trend
Inherent	4	4	16	**3**	
Current	**4**	**3**	**12**		
Target	3	3	9		

Risk Lead	Chief Executive	Assurance committee	FPPC

Controls	Assurances against stated controls, with assurance level *1st line (front line); 2nd (corporate); 3rd (independent)*	Assurance score
Strategies and Plans		
Trust Strategy and Trust objectives·linking and helping deliver the ICB strategy	• Annual Board approval of new strategic priorities (2) • Annual Board review of Strategy delivery (2) • CEO update to Board includes system developments (2)	~~5~~6
ICB strategy includes creation of HCPs as multi-agency delivery vehicles	• Approved by ICB (3) • ICB Chair & CEO walks the Board through ICB priorities at least annually	~~5~~6
HCP Strategy pillar covers ways of working	• ToRs HCP Partnership Board & committees approved by ICB (3) – but lacks Trust Board oversight	~~3~~4
Financial Controls		
System finances reviewed monthly	• DoFs bi-weekly meeting (1) • CEOs monthly meeting (1) • ICB Board & Finance Committee (3) review system finances • Report to Trust Board includes the system financial position (2)	~~5~~6
Governance & Performance Management Structures		
NHSE East of England oversight of ICS	• Letter of assessment from NHSE Director to ICB (3)	N/A
ICS Directors of Finance bi-weekly meeting	• Reports/updates to FPPC (2)	~~5~~6
Relational		
Provider Trust Chairs Forum	• Chair's update to Board where relevant (2)	N/A
Trust CEOs group development work	• CEO's update to Board where relevant (2)	N/A

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
• Improving how is the Board currently assured/updated on progress with system working	• Embedding newly started CEO system updates to the Board	• CEO	• Mar 25 • ~~Jan 25~~ complete

	• ~~Minutes from HCP to start being provided to Board~~ [received by Board Secretariat and starting March 25 Board]		
• Trust objectives linking and helping deliver the ICB strategy	• When 25-26 priorities ICB/HCP priorities will be explicitly referenced.	• CEO	• Q1 25
• ICB BAF does not include effective system-working	• Propose to the ICB that effective system-working is added to the ICB BAF	• CEO	• Q4 25
• Lack of a shared view across Providers and ICB on optimal structuring to create a sustainable financial and operational delivery model	• CEOs developing the delivery strategy for the ICB.	• CEO	• Q1 25
• Embedding the effectiveness of the HCP	• Carry out HCP Board effectiveness review	• CEO	• Q4 25

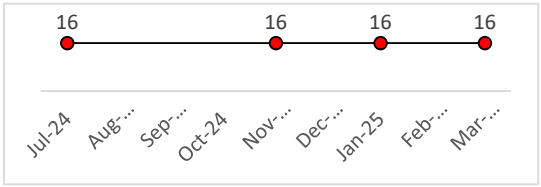
Current Performance – Highlights from the Integrated Performance Report:
• The over-arching system financial plan targets achievement of £30m deficit in 24/25. • Output of HCP effectiveness review • CQC assessment of ICB • HCP performance dashboard metrics tracking progress against HCP priorities

Associated Risks on the Corporate Risk Register		
Risk no.	Description	Current score
1923	Emergency Department pressures	16

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

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

Risk Trend



Risk Lead	Chief Operating Officer	Assurance committee	FPPC

Controls	Assurances against stated controls, with assurance level *1st line (front line); 2nd (corporate); 3rd (independent)*	Assurance score (from 7 levels)
Strategies and Plans		
Recovery trajectories (Elective, cancer, diagnostics), refreshed for 24/25 and being refreshed for 25/26	• Board IPR; transformation reports; escalation reports (2) • FPPC (IPR & deep dives papers (2) • Access Board reports (2)	6
Cancer timed pathway analysis work and associated action plan	• Herts & West Essex Cancer Board reports (3) • Cancer Board reports (1) • Access Board reports (2)	6
UEC Phase 2 Improvement Plan	• Board report (2) • FPPC reports (2) • Access Board report (2) • UEC Board minutes (2) • GIRFT GEMI score (3)	6

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
• Impact of ERF cap and requirement to improve RTT by 5% in 2025/6	• Reverse engineered RTT trajectories being developed based on detailed demand and capacity analysis • Increase validation volume	• Laura Moore, Head of Performance & Planning	• March 2025
• Improve UEC pathways	• Sharpen ED processes • Optimise SDEC pathway • Optimise Frailty pathway • Redesign of specialty pathways • Full Capacity Protocol refreshed and in use • Mental Health Urgent Care Centre at Lister	• Claire Gowland, Interim Lead DD • Junaid Qazi, Divisional Medical Director	• June 2025

• Ambulance intelligent conveyancing - improving	• System solution to intelligent conveyancing/ambulance intelligence will improve, but not fully address the challenge – ongoing • EEAST trialing call before convey and access to the stack to identify those patients who would be best cared for by alternative providers • EEAST Local Operations Cell participation in HWE System Coordination Centre • *Handover @ 45* launched Nov 2024	• Lucy Davies, COO • EEAST • HWE SCC	• Jan 2025
• Robust pathway oversight and earlier discharge planning for medical specialties • Lack of social care and community capacity to support discharge • Utilisation of Hospital at Home not yet optimal	• Work being undertaken to increase uptake of Hospital at Home • Work ongoing with system partners on discharge processes • Regular MADE weeks • Further work required to prevent admission for frailty patients includes a frailty assessment unit in ED	• Redeemed Mzila, Head of Site • Junaid Qazi • Moreblessing Zvorwadza, Divisional Nursing Director	• March 2025
• Diagnostic wait times – MRI and U/S, Audiology	• Weekly PTL tracking meetings for all modalities now in place. • Clear recovery trajectories created with action plans to deliver compliance by March 25 (excluding MRI, Audiology) • Robust plan for long term MRI capacity to bridge gap in demand • Optimise use of community diagnostic capacity • MRI outsourcing now in place with commercial provider	• Sarah James	• March 2025
• Theatre utilisation and pre – tci cancellation rate	• Recruitment plans ongoing. • 'Drumbeat' huddles to manage activity	• Claire Moore, Lead DD	Dec 2025

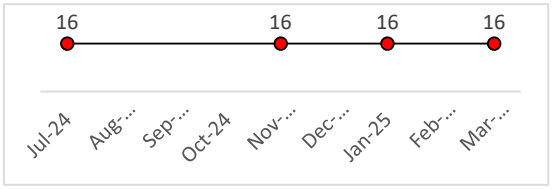
Current Performance – Highlights from the Integrated Performance Report:
• % of 62 day PTL over 62 days • 28 day faster diagnosis • Cancer 31 day waits • RTT performance • 65 and 52 weeks RTT • Ambulance handovers • ED 4 and 12 hour performance • Diagnostic waits / DM01 • Patients not meeting the criteria to reside

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
0064	Risk to staff and patients' wellbeing and quality of care delivered due to an increase in mental health patient admissions and attendances and reduced admission spaces/beds	20
0051	Ophthalmology service recovery	16

Strategic Aim: **Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners**		**Risk score 16**
Strategic Risk No.9: **Future of cancer services**		
If the future of cancer services 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.

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

Risk Trend



Risk Lead	Chief Operating Officer	Assurance committee	QSC

Controls	Assurances against stated controls, with assurance level *1st line (front line); 2nd (corporate); 3rd (independent)*	Assurance score
Clinical Strategy	• Mount Vernon Programme review with NHSE – quarterly (3) • Cancer peer review (3) that reports to QSC • National annual cancer patient experience survey (3)	5
Cancer divisional risk register (up to date with no overdue risks and all risks have mitigation actions)	• RMG monthly and deep dive (1) • Divisional Performance review (1) • Corporate Risk Register to Board (2)	5
Fabric improvement capital investment to address the sites two year backlog maintenance priorities (partial but not a long-term control)	Q&S Committee reports as required (2) NHSE sustainability group (3) – quarterly	4
New Q&S governance structure Mortality and morbidity meeting oversight of risk (Q&S meetings)	Trust Mortality Committee (1) with 30 day SACT mortality data	3
Business Plan approved for joint acute oncology provision and ward at Watford	Mount Vernon Programme Board (3) AOS Steering Group with NHSE and ICB reps (3)	4
Cancer services deep dives to QSC and FPPC	QSC and FPPC reports (2)	4
Standing Board updates on progress with the Mount Vernon transfer	Updates to each Board (2)	4

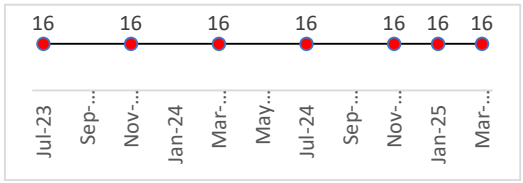
Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
• Clear ownership and roles and responsibilities for making decisions on the future of the current service and ENHT's role in this • Fragmented decision-making between ICB and NHSE which could make	• Add to agenda/ensure continued visibility on joint ICB/NHSE cancer contract meetings to push for prompt decision-making • Add to agenda/ensure continued visibility on joint ICB/NHSE cancer contract meetings to push for prompt decision-making	• NHSE	• April 2025

decision-making more challenging			
• Public awareness of the impact of the delay on quality of services	• Proactive communication plan if gap agreed.	• NHSE/ICB	• Nov 2025
• Access to specialist oncology advice at local DGH sites for those that cannot access Mount Vernon	• Need a clinical oncology strategy for Lister once Mount Vernon transfers	• Sarah James	• April 2025
• Business continuity plan should acute MV services need to close suddenly	• Business continuity/evacuation plan pre-agreed with other cancer providers (UCLH, Circle, Watford, Hillingdon etc)	• Paula Statham	• Dec 2025
• Outcome of service options to NHSE to enable Trust planning	• Obtaining answer from NHSE/ICB about capital and revenue plans to sustain current services	• Lucy Davies	• April 2025
• Lack of a financial mitigation plan for sudden loss of services or significant interim costs whilst awaiting a decision	• Work with NHSE to identify interim funding opportunities that address investment above and beyond NHS contract negotiations	• Martin Armstrong	• Dec 2025
• Assurance gap: Improving QSC oversight of the Mount Vernon strategic plans/patient pathways	• Introduce regular assurance/progress reports to QSC until this risk is resolved	• Justin Daniels	• Nov 2025
• Even if the building is fully equipped it does not fully resolve the issue of fragmented care	• Services need to move to an acute site	• NHSE	• April 2026

Current Performance – Highlights from the Integrated Performance Report:
• 62 and 31 day cancer performance standards • Faster diagnosis standard • 30 day SACT mortality data • COSD cancer data

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
3028	Risk of delay in transfer of deteriorating patients [from Mount Vernon] with co- morbidities as a result of inadequate onsite acute facilities to support patient care.	20

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

	Impact	Likelihood	Score	Assurance	Risk Trend
Inherent	4	4	16	4	
Current	**4**	**4**	**16**		
Target	4	3	12		

Risk Lead	Chief Information Officer	Assurance committee	FPPC

Controls	Assurances against stated controls, with assurance level *1st line (front line); 2nd (corporate); 3rd (independent)*	Assurance score
Strategies and Plans		
Board approved 23/24 Strategic Objectives	• Annual Board review (2)	4
23/24 Digital Strategy and Roadmap	• Digital programme boards (1) • Assurance submissions to NHSE for front line digitization (3) • National benchmarking reports (3)	5
Governance & Performance Management Structures		
Clinical Digital Design Authority (Clinical Decision Committee) with clinical safety review signed off by clinical directors.	• Programme update monthly report to FPPC (2) • Report to Programme Board (1) • Report to Clinical Safety Committee (1)	6
Training and Adoption		
Training and development programme	KPI reporting to Programme Board (1)	2
Learning events, safety huddles and debriefs	Reports to Divisional Boards (1)	2

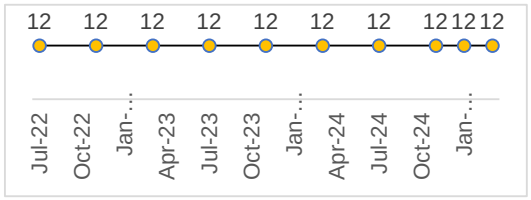
Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
Control gaps • Market movement from Perpetual licensing to Software as a Service (SaaS) is preventing the capitalisation of Software licenses and deployment	**Control treatments** • Review Vendor licensing models 1/8/23 • Identify NHS E revenue funding models (not capital) 1/8/23 • Identify Blended Capital/revenue models 1/8/23 • Trust funds identified to fund EPR programme. • Fully mitigated for EPR	Mark Stanton	June 26
• Variation in business-as-usual systems and processes	• Adoption of lean thinking in pathway redesign model as part of the ENH production system for later phases of the project	Mark Stanton	Jan 26
• Improvement training compliance is variable across	• Develop a robust training program to include classroom and f2f and communicate requirements with notice via the	MS	Feb 25

staff groups and levels of seniority	programme board. Senior stakeholder to share responsibility		
• Digital Solutions and Delivery team has been historically funded through Capital using contract resource, but new Capitalisation rules mean a move towards revenue, this could significantly reduce the size of the team for Road map deliveries	• Move towards a substantive team to reduce spend • Seek NHS E revenue funding streams • This is now funded through an agreed Benefits case through Trust Revenue •	MS	CLOSED
• Training delivery	• Recruitment of a training lead as per the programme plan	MS	Feb 25
• Engagement with the divisions to embed digital as part of learning events, safety huddles and debriefs	• Engagement at appropriate forums to raise awareness and understanding – has started an ongoing	MS	Apr 25
Assurance gaps • Performance data indicates issues with sustaining changes & embedding culture of improvement & learning	**Assurance treatments** • Cultural changes via ENH production System	TGT	Dec 25
• Programme milestones and KPIs reflect compliance issues with Trust project management principles	• New strategic project management governance framework project Management established. Ext audit scheduled • Project Management model in place	MS	CLOSED
• Engagement in the design and adoption of digital systems	• Review of mechanisms to ensure stakeholders have adequate time to engage in design and transformation. • Executive Programme Board to provide oversight and leadership regarding alignment resourcing and decisions	MS	Ongoing
• Alignment of new transformation portfolio digital requirements with overarching Digital Roadmap	• Executive Programme Board to provide oversight and leadership regarding alignment resourcing and decisions • Full governance model in place and aligned with Outpatients transformation under a board sub commitee	MS	CLOSED

Current Performance – Highlights from the Integrated Performance Report:
• A successful recruitment campaign in Digital has secured a number of Substantive roles ahead of the EPR enhancement programme. • Digital Roadmap presented to FPPC January 2024 • Digital programme commenced April 2024

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
~~0034~~348 6	Risk of Cyber Attack	20

Strategic Aim: **Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities**		**Risk score 12**
Strategic Risk No.11: **ENH Production System delivery**		
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.

	Impact	Likelihood	Score	Assurance	Risk Trend
Inherent	4	4	16	4	
Current	**3**	**4**	**12**		
Target	3	3	9		

Risk Lead	Chief Kaizen Officer	Assurance committee	People

Controls	Assurances against stated controls, with assurance level *1st line (front line); 2nd (corporate); 3rd (independent)*	Assurance score
Strategies and Plans		
Trust Strategy, Vision and Annual Goals	Board report – annual progress (2)	4
People Strategy	Board report – annual progress (2) People and Culture Committee reports (2)	6
EDI Strategy	Board report – annual progress (2) People and Culture Committee reports (2)	4
Freedom to Speak Up Strategy	Board report – annual progress (2)	6
Operational Systems and Resources		
PSIRF	QSC quarterly updates (2)	4
Governance & Performance Management Structures		
TGT oversight of ENH Production System programme	TGT monthly (2)	6
Staff survey	Board report – annual (3)	4
Improvement Partnership contract management	TGT monthly (2)	6
Executive Value Stream Guiding Teams	TGT monthly (2)	2
Divisional operating model – structure and responsibilities	Reviewed as part of Trust Management Group (1)	4
Core skill and knowledge programmes (management and leadership)	People and Culture Committee reports (2)	4

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
• Single improvement methodology not established across the organisation	• ENH PS 18-month work plan approved via TGT. • Intro to ENHPS training programme. • Establish 'Report Out' framework to celebrate kaizen successes and spread learning.	• KOH • KOH • KOH	• Mar 25 • Sept 24 • Nov 24

• Leaders acting as coaches and learning to become problem framers, not fixers	• Executive LEIPA development programme. • Deliver three cohorts ENH PS for Leaders. • Positive leadership rounds.	• TP • KOH • KOH	• Oct 24 • Mar 25 • July 24
• Managers understanding their duties and responding to resolve issues and concerns raised by staff (i.e. Freedom to Speak Up framework)	• Management competencies framework and training programme. • Identified as a key priority in response to the staff survey therefore included as part of the 'team talk' discussions where actions are being developed and delivered locally. • Freedom to speak up training included in required learning for all staff on ENH Academy. • Reciprocal mentoring programme in place to develop greater appreciation and understanding of colleagues from different personal and professional background. • Coaching and mentoring framework and guidelines been implemented. • Grow Together reviews and 1-1 conversations.	• NN • TP • TP • TP • TP • TP	• Dec 24 • Dec 24 • Sept 24 • Mar 25 • Mar 25 • Aug 24
• Variation in ward to Board quality governance structures and operational procedures	• Embed new Divisional model and deliver developmental training programme for leadership teams. • Implement daily management via the ENH PS for Leaders programme. • Roll-out weekly Positive Leader Rounds initiative. • Introduction of leader standard work.	• LD • KOH • KOH • KOH	• Sep 24 • Dec 24 • Sept 24 • Dec 24
• Evaluation of ENH Production	• Annual transformation continuum assessment	• KOH	• Mar 25
• Prioritisation of finite KPO resource in the context of multiple competing legitimate demands and the importance of strategic alignment (relates to Executive Value Stream Guiding Teams)	• Kaizen event • Development of Executive values streams • KPO members going through certification process, which takes time	• KOH • KOH • KOH	• Aug 25 • Feb 25 • Jan 25

Current Performance – Highlights from the Integrated Performance Report:
• Intro to ENHPS training attended by over 620 staff and is on track to cover 10% or 700 staff by the target date of end March. • Positive feedback from first three ENHPS for Leaders cohorts continues with KPO undertaking a VMI assessed competency programme the week commencing 10 February. This will build internal resilience for KPO delivery of future cohorts. • ENHPS delivery plan for 25/26 agreed and signed off by Trust Guiding Team in January, this includes detail and targets for Intro to ENHPS and ENHPS for Leaders training courses, as well as a proposed RPIW schedule for the next eighteen months. • A further six KPO staff members have successfully completed their Advanced Process Improvement Training programme. • The first Value Stream Guiding Team incorporating Mount Vernon Cancer Services was launched in February with a further three value streams under development. • The divisional and care group leadership development programme continues with the most recent away day event completed in January. • The advanced daily management taught elements of ENHPS for Leaders commenced from January with attendee fieldwork requiring application of ideas boards, production boards and leader standard work . • An additional 9 freedom to speak up champions have been recruited and trained, bringing the total to 42 staff. • All staff are assigned the Speak Up training module on ENH Academy and whilst not mandatory, 87% of staff have already completed this session.

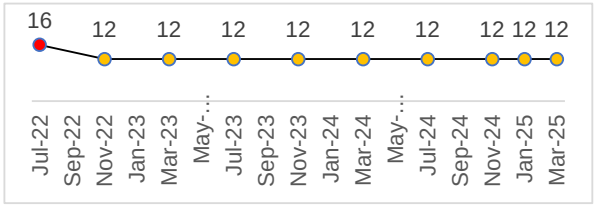
Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
	N/A	

Strategic Aim: **Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities**	Risk score **12**
Strategic Risk No.12: **Clinical engagement and change**	

If the conditions for clinical engagement with best practice and change are not created and fostered	***Then*** we will be unable to make the transformation changes needed at the pace needed	***Resulting in*** not delivering our recovery targets or improved clinical outcomes; not building a financially sustainable business model; and being unable to contribute fully to system-wide transformation

	Impact	Likelihood	Score	Assurance
Inherent	4	4	16	~~5~~4
Current	**4**	**3**	**12**	
Target	4	2	8	

Risk Trend



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

Controls	Assurances against stated controls, with assurance level *1st line (front line); 2nd (corporate); 3rd (independent)*	Assurance score
Strategies and Plans		
Quality Strategy	• QSC annual review (2)	6
Clinical Strategy	• QSC approved strategy. Updates needed to QSC. (2)	2
People Strategy	• People Committee reviewed annually (2)	6
Information systems and resources		
Staff survey	• Board and People Committee annually (2)	6
GMC trainees survey	• Education Board (1)	4
GIRFT (addressing unwarranted variation)	• QSC bi-annually (2)	4
ENH academy	• People Committee progress reports (2)	4
Governance and Performance Management Structures		
New operational model introduced in May ’24 that provides additional clinical leadership capacity	• Model approved by Board (2)	2
Rolling half day training	• No independent assurance	N/A
Medical Advisory committee (run by consultants)	• No independent assurance	N/A
Quality Management Processes		
Patient Safety Incident Framework	• QSC each meeting and Board reports (2)	~~5~~6
ENH Production System	• TGT (1)	~~5~~4
Training and sharing best practice		
Clinical Directors development Programme	• MEOWG updates (1)	4
Clinical Directors’ Away Days	• MEOWG updates (1)	4
New Consultants development programme	• MEOWG updates (1)	4

ENHPS introduction course	• TGT quarterly reports (1)	~~5~~6
Leadership and human factors development programmes	• QSC annual report (2)	4
Research and design programmes	• R&D QSC report annually (2)	6
Mentoring for new and existing consultants programme	• MEOWG updates (1)	4
Staff engagement and well being		
Here for you health at Work	• People Committee report annually (2)	~~6~~5
Freedom to speak up guardian / network (psychological safety)	• Report to Board annually (2)	6
Medical Director's weekly newsletter to all doctors	• No independent assurance	N/A
Regular Clinical Senate meetings	• No independent assurance	N/A
MAC, LNC & JDF	• No independent assurance	N/A
Kindness and Civility Programme	• No independent assurance	N/A
Weekly Positive Leadership Walk rounds (just started)	• TGT (bi-monthly) report (1)	3

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
Skills and knowledge within clinical workforce to learn how to drive change	• Embedding ENH Production system	• KOH	• 2027
Clinical strategy updates to QSC	• New clinical strategy to be written in 2025	• JD	• Dec 2025
Assessment of efficacy of clinical element of new operational model introduced in May '24	• TBC	•	•

Current Performance – Highlights from the Integrated Performance Report:

- Staff survey
- GMC survey
- R&D annual report performance information – number of clinical studies and patients recruited
- Sustained improvement in mortality outcomes

12/24 update

- >400 staff have been trained in the introductory ENHPS methodology, >50 have commenced ENHPS for leaders, first clinical RPIW completed
- Simulation process for learning from incidents shared with TMG in conjunction with the team
- Staff survey engagement increased from 45% in 2023 to 50% in 2024
- GMC survey less good with enhanced support in place for four specialities
- Positive leadership rounds ongoing
- New consultant programme restarted

Associated Risks on the Corporate Risk Register

Risk no.	Description	Current score
	N/A	

Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board	**Agenda Item**	14
Report title	Nursing and Midwifery Establishment Review	**Meeting Date**	12 March 2025
Presenter	Lead Nurse for Workforce		
Author	Strategic Nursing Program Manager and Lead Nurse for Workforce		
Responsible Director	Chief Nurse	**Approval Date**	

Purpose (*tick one box only*)	**For information only**	☐	**Approval**	☐
	Discussion	☒	**Decision**	☐

Report Summary:

This report provides the board with oversight of the bi-annual Establishment Growth Review undertaken in April 2024. This review followed a structured, evidence-based approach that provides a triangulated insight to nurse staffing needs mapped against clinical acuity requirements. All inpatient wards within Un-planned and Planned Care which also included all Emergency and Assessment areas throughout the ED Complex.
A further nursing review was undertaken in September 2024 reviewing Actual Worked Staffing hours, patient Acuity/Dependency Data and quality indicators. Birth-rate Plus® (BR+) was not captured during this review, this has been reported separately through Maternity governance.

The urgent and emergency care establishments (UEC / UTC) were finalised in December 2023 and continue to be embedded in the Trust's approach to emergency care.

Key findings/impact:

- Most clinical areas were working within their expected shift plan/skill mix.
- Wards 9A and 9B have requested an uplift of 1 RN Monday – Friday due the acuity and complexities of this patient group and aligning with other medical wards.
- 5A also requested an escalation shift to be added to their roster template for the night shift for when they have tracheostomy/Flap/MTOP patients. This RN shift will only be in use when the ward has high acuity.
- Major organisational investment has been seen into developing safer staffing establishments across all areas of Emergency Care throughout Adult and Paediatric ED, AMU 1 & 2.
- The introduction of a SAU, medical SDEC and UTC are transforming the treatment of Emergency Care patients throughout the organisation within an agreed financial envelope.
- There is a Trustwide commitment to fill existing vacancies and further reduce the reliance on high-cost bank/agency against the backdrop of meeting the multifaceted needs of the clinical service within a viable financial environment.
- The financial re-alignment of these nursing establishments adds value to meeting the clinical needs of each area, reducing the reliance of temporary staffing and stabilising sickness rates.
- New controls on the bank/ agency usage have been initiated and are underway.

Key recommendations of the review:

Nursing and Midwifery Establishment Review

- Continue to review and evidence the acuity of patients within identified areas.
- Complete the next data collection in April 2025.
- Funding for backfilling training posts has been agreed and this has been added to the rosters, continue to monitor.
- Continue roster review processes across the Trust, revisiting E-roster templates.
- Continue to undertake biannual establishment reviews including CCU, Theatres, Renal and Cancer services to ensure their establishments meet the clinical demand.

Impact: tick box if there is any significant impact:

Equality (patients or staff)	☒	**Patients / Public benefit or detriment**	☒	**Financial / Resourcing**	☒	**Legal / Regulatory**	☒	**Green Sustainability**	☐

- Safer staffing establishments support the safer, reliable, and equitable delivery of care. The minimum nursing standard nursing ratio for high acuity areas are well defined, and mitigation is required where emerging risks are evident.
- Financial stability can be achieved through reduction in temporary staffing requirements, and stable sickness rates.
- Patient experience and formal complaints themes can often reflect perceived understaffed clinical areas, this paper reviews the potential emerging risks and assurance to staffing provision meets the needs of service users at point of care.

Trust strategic objectives: tick which, if any, strategic objective(s) the report relates to:

Quality Standards	☒	**Thriving People**	☒	**Seamless services**	☐	**Continuous Improvement**	☐

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

BAF 4 -Workforce
BAF 8 -Improving performance and flow.
BAF 12 -Clinical engagement
BAF 2 -Health inequalities

Report previously considered by & date(s):

Quality and Safety Committee 29 January 2025

Recommendation	The Board is asked to review and approach and content

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

Introduction

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

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

Establishment Review methodology

This review triangulated the new Safer Nursing Care Tool (2024 SNCT) for Safer Staffing collected over a 30-day period on all inpatient wards. This data was then analysed using current validated frameworks, professional judgement, quality and safety indicators, benchmarking with other trusts using NHSI Model Health system and National Guidance for Safe Staffing.

This review is underwritten by a bottom-up triangulation approach involving all clinical Divisional nursing Directors and their Deputies, finance, and senior nurses throughout each area. Using a zero-based budget approach for each area. SNCT Safer Staffing Data and the latest National Safer Staffing Guidelines of each speciality. Accompanied by a collaborative professional judgement through a clinical check and challenge of each establishment, matching each areas clinical needs within an agreed financial budget. To undertake the establishment review, various national guidance validation tools were used by the nursing directorates to assist with this calculation:

- Current assumptions & validation
- Care Hours Per Patient Day
- Updated Safer Nursing Care Tool
- Professional judgement
- National benchmarks

The review consisted of having full clinical engagement with Ward Managers, Matrons, Divisional Nursing and Quality Directors / Deputies, the People Partner Team, and financial colleagues. Thus, ensuring robust clinical discussions and appropriate context were captured by all involved in the undertaking of this review. Appendix 2 shows the summary of proposals for each inpatient area.

Current assumptions – Skill Mix and Registered Nurse to bed ratio

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

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

Care Hours per Patient Day (CHPPD)

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

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

To note the Cancer division comprises of ward 10 and shows that they are over on CHPPD (table 1) and SNCT (table 2). This Clinical Ward is a stand-alone unit at Mount Vernon and requires a minimum staffing level for patient safety. It also has ambulatory ward attenders that were not able to be captured within the data sets. During the data collection period the ward was also closed over several nights due to industrial action, so the data does not accurately reflect actual need when the ward is fully operational.

Table 1 below shows the average ward recommended SNCT CHPPD (excluding level 1c and 1d patients), the planned CHPPD (as per the funded roster template), and the actual worked CHPPD per care group.

Table 1

Care Group	SNCT CHPPD (Ward Recommended)	CHPPD Planned (roster template)	CHPPD Actual Worked
	Sep-24		
1	7.04	7.17	8.39
2	6.26	7.24	8.13
3	6.40	6.07	6.85
4	6.44	6.29	6.31
10	-	6.32	9.17

A full ward breakdown of the Care Hours per Patient Day (CHPPD) for the reference period can be found in Appendix 3

Safer Nursing Care Tool (SNCT)

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

The process involves using the acuity tool over a period of 30 days on each inpatient ward to establish patient need and dependency. The tool is based on six levels of care, defined by National guidance.

The SNCT multipliers are based on dependency, workload literature and empirical data. The Trust uses licensed software to gain this information. There is now an updated version of this tool with two additional levels of care included. These new levels include 1c & 1d to help identify those patients who require specialling either by 1:1 or 2:1. However, as our current SafeCare application does not reflect these new levels, for the purpose of this review, paper audits were completed throughout all the in-patient wards to provide this additional information. In addition, a new ED specific SNCT tool, which looks at data over a 12-day period, has also been developed. Acuity is recorded twice a day 12 hours apart (for example 12:00 & 24:00, 01:00 & 13:00 etc), this ensures a full 24-hour period is captured within the 12 days. The staffing establishment for these areas was unreliable due to the need for more than one establishment review to identify any recommendations.

Table 2 below shows the average occupancy information for each care group for the sample period, with the total SNCT recommended establishment per care group (whole time equivalent - WTE), current funded establishment and the variance between the two metrics.

Other factors that should be considered would be.

- Clinical speciality
- Ward size and layout (evidence suggests the tool does not work well in small wards)
- Wards that have a higher number of side rooms
- Staff capacity, skill mix, competence, and leadership
- Organisational support and support roles
- Ward Manager supervisory time
- Additional care hours provided by the Enhanced Nursing Care (Specialling) team.

Table 2

Care Group	Average Occupancy	SNCT Recommended Ward WTE	SNCT 1c and 1d cover	Total SNCT	Funded M6 (QlikView excl. Ancillary)	Variance of Total Funded Est. to SNCT recommended
		Sep-24			Sep-24	
1	87.60%	162.40	14.64	177.04	201.08	38.68
2	93.10%	150.25	12.41	162.66	176.90	26.65
3	95.64%	246.81	29.62	276.43	275.01	-3.47
4	88.12%	235.02	3.53	238.55	223.74	-11.28
10	84.51%	32.29	0.00	32.29	28.29	-4.00

(see Appendix 4 for Full Breakdown)

Professional Judgement

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

National Benchmarks

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

Data Validation

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

- SNCT training was delivered throughout September 2024 – this was to ensure that the SNCT data was validated and consistent; inter-rater reliability exercises were undertaken with the nursing teams to ensure consistent application of the acuity multipliers.
- Comparing recommended establishment for both CHPPD and SNCT
- Senior Nurse Acuity Audits - throughout the data collection period, senior nurses trained and competent in the SNCT, peer audited wards to validate data inputs. Any discrepancies in the acuity data scoring were corrected and senior nurses worked with wards to ensure consistent application of the tool. It

should be noted that further training is required with SNCT scoring in areas below 90% accuracy (prior to validation and correction). Ongoing workshops continue and the wards acuity scoring is closely monitored daily through the SafeCare application.
- External benchmarking with other organisations using the NHS Model health system.
- Professional Judgement
- Review and discussion at ward board rounds and quality huddles.

Nursing and Midwifery Quality Indicators

The Trust uses information and statistical tools to examine quality of care indicators. These indicators include pressure ulcer prevalence, complaints, patient falls, drug administration errors, Clostridium-difficile rates, and MRSA rates. Standardising these metrics by occupancy and length of stay creates a statistical tool that highlights outlying areas whose indicators are higher than anticipated.
Any indicator triggering above established threshold is subject to detailed root cause analysis and an action plan developed, where appropriate, to improve patient safety and experience.

Monitoring and Governance

The Trust has a robust system of reviewing daily staffing utilising the RL Datix SafeCare system and e-roster. Staffing is reviewed 4 x day and risks mitigated across the divisions. Due to the current situation regarding the CSW bank spend, all current bank shifts booked at short notice and those booked for the following day are reviewed and approved, where appropriate, daily within the 12.30 staff review meeting. In addition, each roster and its clinical effectiveness is closely monitored at the daily, weekly staffing review and monthly roster KPI review meetings, which are attended by the ward managers, matrons, deputy divisional directors of nursing, finance, and recruitment, to ensure information is shared and actions put in place for safe staffing and cost effectiveness.

SNCT Establishment Review

Post the SNCT staffing review in April 2024, involving all inpatient wards and newly formed UEC clinical areas, a second establishment review was completed in September 2024 using the updated version of SNC Tool. Feedback sessions post this review with the Deputy Chief Nurse, Divisional Directors of Nursing, Matrons, and Ward Managers were held to review the results of this review and discuss any concerns.

Areas of concern raised and discussed within the SNCT feedback sessions within some care groups were:

- Concern around the CSW levels for the acuity level of the wards due to ongoing vacancy rates and delays in recruiting staff. To address this the recruitment team have been working hard to improve the recruitment process to reduce delays.
- Quality instability due to Ward Managers having to work clinically on their supervisory days.
- AMU 1 + SSU continue to work within their new shift plan which is going well. Full realisation of the establishment review in September 2024 regarding these wards at the time of the third SNCT staffing review had not been realised, due to ongoing staff re-alignment with each area's budgets and their remaining vacancy levels, all of which are being addressed.
- 11a/b Ward Managers often pulled into clinical numbers on their supervisory days due to acuity/occupancy as ward open to beds more than summer bed model and staffing establishment was noted. Situation to be monitored and reviewed within next SNCT review. When the SV is pulled to support clinically an optional band 7 clinical shift is added to the roster to reflect this.

- In care groups 3 & 4, concerns around patient acuity and specialling needs in the care of the elderly wards were discussed. Indeed, most areas within this care group concurred with Ashwell's concerns regarding reduced CSW staffing levels on the late shift. Due to the higher acuity experienced on a regular basis in the afternoon due to 'sundowning' and increased confusion and agitation, the risk of falls and aggressive behaviour becomes harder to manage when the CSW staffing levels are reduced during the late shift. It was noted, throughout this discussion, concern had been raised at the previous

staffing review but due to planned ward moves due in late October 2023 this was put on hold and the wards such as Ashwell have been allowed to cover this acuity with bank shifts during the late shift in the interim when the acuity is high. Moreover, due to the multifaceted needs of this care group, it was suggested that a full-service review would need to be completed to ascertain the best way to address these issues going forward. To consider whether these wards would be better served by increasing the Enhanced Care Specialist Team to give greater support across the care group or to maintain the level of CSW's throughout the day. Concerns were raised around the acuity and complexity of the patients being admitted to 9A & 9B. It was felt that an additional RN on the early shift would support this in line with our other acute medical wards. As a result, evidence to support this will be provided by the HON/Matron for this area prior to the next SNCT review.

- In Wards 10A/10B the discussion that, although staffing levels were stable, staff were still required to escort patients being transferred for treatment, which resulted in a shortfall in ward staffing which was identified as a concern. DDON said they would consider alternative arrangements available and analysed in the next staffing review. As 10B will be moving to the Strathmore wing further discussions to be held outside of this meeting. The bed base for 10B will reduce to 24 patients.

- Ward 5A's acuity was also high within the period of this review. Due to the complexity of the specialism within this ward it was also felt that comparing this area with the Model hospital offered an unrealistic comparison when applied to other hospitals. Concern was raised over the complexity of the patients on 5A especially at night when there are 4 RNs only on shift. It was highlighted that when the ward has patients with tracheostomies, MTOPs or Flap patients they often require 1:1 nursing. An optional RN escalation shift has been added to the night staff template in which the ward manager could utilise if the ward had patients described above. This shift would only be utilised in such circumstances.

- Within Swift Ward it was noted that the side room factor had increased SNCT staffing level recommended within this review. The SNCT data collection supports the need for an additional CSW on the day shift due to the complexities and care requirements of this patient group.

Nurse and Midwifery Education

Throughout 2024, the Trust has reduced international nurse recruitment to a preferred 'grow your own' programmes such as the student nurse associate, top up degree and the 4-year degree apprenticeship. It is recognised that our study leave is above the 2% headroom threshold in most inpatient wards, and this will continue next year to support these initiatives which will push wards and departments over their budgeted headroom allowance.

For example, a newly qualified registered nurse requires 34 hours mandatory training. The 2% headroom allowance equates to 39 hours per year per 1 WTE, there is no adjustment of this allowance for part time staff that will require the same time. This leaves very few hours to meet revalidation requirements, specialist training for specific services and future growth and development of our staff.

Work is currently ongoing regarding streamlining study leave processes and supernumerary time allocated. The proposed way to manage the study leave allocation is to have some degree of flexibility with the use of % headroom that is applied for 'training.' It would then be up to departmental managers to determine their priorities for staff training/CPD release, depending on the overall needs within each department, e.g., it might be that not all staff can be supported to do courses in the same year/period.

Decreasing the annual leave KPI level within the current headroom from 17% to 15% is supporting managers to keep within budgets and exercise flexibility when allocating study leave. In addition, the Trust is currently supporting some staff development through financing placement backfill shifts centrally taking some of the financial burden away from the clinical areas reducing the cost pressure within ward budgets of developing our staff further.

Temporary Staffing Controls

The Trust has undertaken a significant drive to reduce vacancies through both international and domestic recruitment. However, Temporary Staffing costs have not reduced in line with this substantive recruitment due to the length of time taken to give start dates to newly recruited staff. Therefore, additional controls regarding roster management and within the e-Rostering System were put in place in December 2023 to restrict the ability of certain staff groups to send shifts through the NHSP interface. All bank shifts now require second level approval from the Senior Nursing & Midwifery team prior to being released from the e-roster to the NHSP booking system.

At the point of double approving each roster, only clinical shifts covering parenting leave, long-term sickness and vacancies confirmed within their budget are allowed to be placed out to bank. Permission to add Other Leave (paid and unpaid leave as per the Special Leave policy) has been restricted to Band 7s and above. Special Leave must have approval of either the Deputy Divisional Director (DDDON) or Divisional Director of Nursing / Midwifery. Additional changes to the coding applied to certain shifts released to bank have been changed to ensure those released will be reflective of the skill mix required. This is relevant for ED and Paediatrics but will be rolled out throughout all clinical areas. All Flexible working agreements are being reviewed and signed off with a robust process in place as part of the ongoing roster reviews. All reasons for the use of bank /agency go through second approval and are far more accurate than previously. This temporary staffing usage is transferred from the live e-rostering system weekly to QlikView giving greater transparency regarding the main drivers for this usage. Thus, enabling the Nursing Directorate and the Executive team to address the main drivers/ identified issues in a timely manner.

Summary

This establishment review has considered and analysed the data relating to shift plans and actual staffing requirements to continue to deliver safe and effective care to our patients, using evidence-based tools and safer staffing guidance and worked through with the divisional directors of nursing and finance.

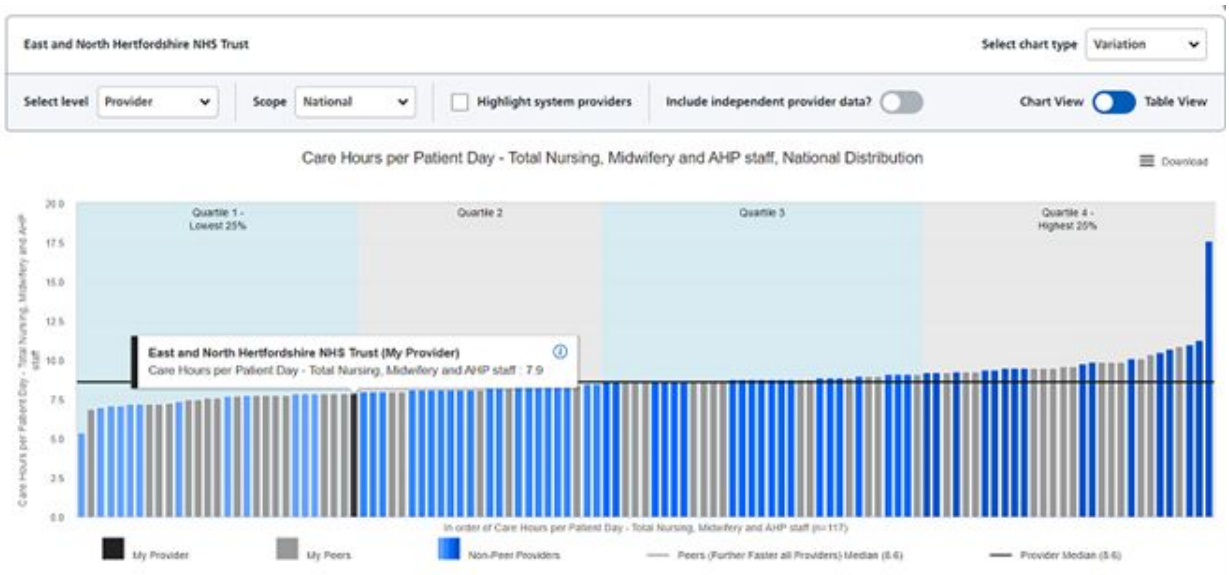
Recommendations

- Continue to work with divisions and finance to re-align budgets to the agreed shift plan rosters.
- Continue to invest and fund appropriately the nursing and midwifery staffing budgets in line with bed base and service demand considering national guidance and safer staffing reviews.
- Continue to review staffing establishments on wards with continued high acuity to ensure the area remains safe for both staff and their patients.
- Consider obtaining the updated version of the SafeCare application to enable the capture the 1c/1d acuity accurately within our clinical areas in line with the new SNC Tool
- Continue to review funding for study leave and placement backfill for budget planning 2025/2026
- Trust to explore investment for staff completing top up degree programmes, with possible continuing central budget as this should not be a cost pressure on the wards.

Nursing and Midwifery Establishment Review

Appendix 1 - NHS Model Health system

Chart 1 Model Hospital Care Hours per Patient Day - Total Nursing, Midwifery and AHP staff Latest data set (September 2024)



Nursing and Midwifery Establishment Review

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

Care Group	Ward/Unit Name	Bed Numbers	Early		Late		Night		Registered staff to bed ratio			Actual Registered to patient ratio per 24 hours
			Reg	Unreg	Reg	Unreg	Reg	Unreg	Early	Late	Night	
1	AMU1	40	9	8	9	9	11	9	2/9	2/9	2/7	1:4.53
1	SSU	20	4	3	4	3	3	2	1/5	1/5	1/7	1:5.67
1	Barley	24	4	4	4	3	3	3	1/6	1/6	1/8	1:6.61
1	Pirton	22	5	2	5	2	3	2	2/9	2/9	1/7	1:4.45
2	11A	29	4	4	4	4	4	3	1/7	1/7	1/7	1:7.35
2	11B RSU	10	3	2	3	2	3	2	2/7	2/7	2/7	1:3.16
2	8A	29	5	4	4	4	4	2	1/6	1/7	1/7	1:7.30
2	ACU	22	4	3	4	3	4	3	1/5	1/5	1/5	1:5.08
2	10A	24	4	4	4	4	4	2	1/6	1/6	1/6	1:6.08
3	10B	30	5	5	4	5	4	3	1/6	1/7	1/7	1:7.31
3	6A	30	5	4	4	4	4	2	1/6	1/7	1/7	1:7.02
3	6B	24	5	4	5	3	4	1	1/5	1/5	1/6	1:5.63
3	9A	30	4	5	4	5	4	3	1/7	1/7	1/7	1:7.86
3	9B	30	4	5	4	5	4	3	1/7	1/7	1/7	1:7.85
3	Ashwell	24	4	4	4	3	3	3	1/6	1/6	1/8	1:6.35
4	7A	29	4	4	4	4	4	2	1/7	1/7	1/7	1:7.16
4	7B	30	4	4	4	4	4	2	1/7	1/7	1/7	1:7.32
4	5A	30	5	3	5	3	4	2	1/6	1/6	1/7	1:6.36
4	5B	30	4	5	4	5	4	2	1/7	1/7	1/7	1:7.36
4	Swift	27	4	3	4	3	4	3	1/7	1/7	1/7	1:6.36
4	SAU	22	5	3	5	3	3	2	2/9	2/9	1/7	1:5.30
10	Bluebell	16	4	1	4	1	4	1	1/4	1/4	1/4	1:3.24

Appendix 3 - Care Hours per Patient Day (CHPPD)

Care Group	Ward/Unit Name	SNCT CHPPD (Ward Recommended)	CHPPD Planned (roster template)	CHPPD Actual Worked
		Sep-24		
1	AMU1	7.39	9.51	10.79
1	SSU	5.73	6.75	7.38
1	Barley	6.72	6.28	7.36
1	Pirton	8.31	6.14	8.03
2	11A	5.80	5.82	6.09
2	11B RSU	8.88	11.25	12.78
2	8A	4.58	5.39	5.83
2	ACU	6.28	7.16	8.75
2	10A	5.75	6.58	7.22
3	10B	6.07	6.20	6.91
3	6A	6.18	5.45	6.50
3	6B	5.71	6.41	7.67
3	9A	6.76	6.00	6.51
3	9B	6.72	6.00	6.10
3	Ashwell	6.94	6.34	7.41
4	7A	5.12	5.25	5.77
4	7B	5.06	5.25	6.29
4	5A	5.73	5.25	6.00
4	5B	7.28	5.63	6.22
4	Swift	9.21	6.06	6.61
4	SAU	6.22	10.29	6.98
5	Critical Care		18.63	20.74
10	Bluebell		6.32	9.17

Appendix 4 - Average occupancy information for each care ward/unit for the sample period, SNCT recommended establishment per care group (whole time equivalent - WTE), M6 funded establishment and the variance between the two metrics.

Care Group	Ward/Unit Name	Average Occupancy	SNCT Recommended Ward WTE	SNCT 1c and 1d cover	Total SNCT	Funded M6 (QlikView excl. Ancillary)	Variance of Total Funded Est. to SNCT recommended
			Sep-24			Sep-24	
1	AMU1	91.47%	68.11	6.92	75.03	**103.34**	**35.23**
1	SSU	93.28%	25.75	0.32	26.07	**31.31**	**5.56**
1	Barley	91.90%	35.18	5.57	40.75	**34.72**	**-0.46**
1	Pirton	73.74%	33.36	1.83	35.19	**31.71**	**-1.65**
2	11A	96.05%	38.66	0.00	38.66	**65.90**	**8.53**
2	11B RSU	87.67%	18.71	0.64	19.35		
2	8A	99.62%	32.08	4.07	36.15	**37.42**	**5.34**
2	ACU	86.41%	29.13	0.00	29.13	**36.81**	**7.68**
2	10A	95.74%	31.67	7.70	39.37	**36.77**	**5.10**
3	10B	96.15%	42.09	4.82	46.91	**42.84**	**0.75**
3	6A	93.74%	41.58	2.89	44.47	**40.70**	**-0.88**
3	6B	96.62%	32.14	4.82	36.96	**35.37**	**3.23**
3	9A	98.85%	48.30	12.06	60.36	**41.53**	**-6.77**
3	9B	98.67%	46.82	1.61	48.43	**41.37**	**-5.45**
3	Ashwell	89.81%	35.88	3.43	39.31	**36.43**	**0.55**
4	7A	92.64%	33.80	0.00	33.80	**36.39**	**2.59**
4	7B	90.67%	33.57	2.78	36.35	**36.85**	**3.28**
4	5A	85.00%	36.71	0.75	37.46	**36.26**	**-0.45**
4	5B	92.89%	48.48	0.00	48.48	**38.94**	**-9.54**
4	Swift	88.68%	51.49	0.00	51.49	**36.39**	**-15.10**
4	SAU	78.84%	30.97	0.00	30.97	**38.91**	**7.94**
10	Bluebell	84.51%	32.29	0.00	32.29	**28.29**	**-4.00**

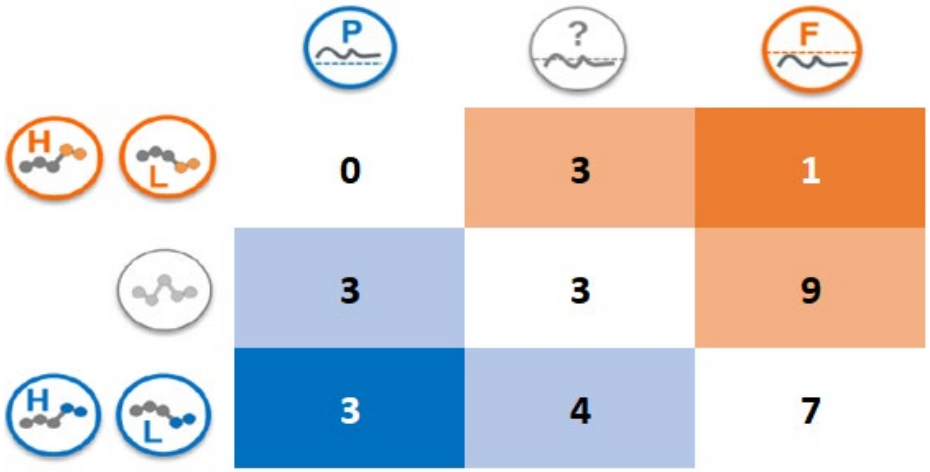
Hertfordshire and West Essex Integrated Care System

HWE ICS Performance Report

January 2025

Working together
for a healthier future

Executive Summary – KPI Risk Summary



Further information regarding high level risks can be found within the accompanying Risk Report

Highest Risk	Programme
Community Waits (Children)	Community

Lowest Risk	Programme
Learning Disability (LD) Health Checks	Primary Care
28 Day Faster Diagnosis	Cancer
CHC Assessments in Acute	Community

Low Risk	Programme
2 Hour UCR	UEC
NHS 111 Calls Abandoned	UEC
No Criteria to Reside (NCTR)	UEC
Community Waits (Adults)	Community
% of on the day GP Appointments	Primary Care
31 Day Standard	Cancer
62 Day Standard	Cancer

Variable Risk	Programme
Day Case Rates	Elective
% of <14-day GP Appointments	Primary Care
Dementia Diagnosis	Primary Care
ED 4 Hour Standard	UEC
Patients discharged before Noon	UEC
Talking Therapies	Mental Health
Severe Mental Illness (SMI) Health Checks	Mental Health
62 Day Backlog	Cancer
RTT 65 Week Waits	Elective
RTT 52 Week Waits	Elective

High Risk	Programme
Ambulance Handovers	UEC
18 Week RTT	Elective
CHC Assessments < 28 Days	Community
6 Week Waits	Diagnostics
Ambulance Response Times	UEC
Out of Area Placements	Mental Health
CAMHS 28 Day Standard	Mental Health
Community MH - CYP Waits for 1st Appt	Mental Health
Community MH - Adult Waits for 2nd Appt	Mental Health
Theatre Utilisation	Elective
Autism Spectrum Disorder (ASD)	Community
Attention Deficit Hyperactivity Disorder (ADHD)	Community

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

Executive summary

URGENT CARE	**4 Hour Performance**	**Region: HWE worse than average**	**National: HWE worse than average**

- NHS 111 abandoned call performance continues on an improved trend however has slipped slightly over the last two months and narrowly missed the 3% national standard in November;
- Cat 2 ambulance response times have continued to increase reaching 68 mins in Nov; HWE response times remain significantly adrift of the national 30-minute std, and consistently longer than the regional average;
- Hours lost to handover >15mins also saw a steep increase over the last two months, moving significantly above our fair shares handover target and into our high risk category for November;
- Although still on an improved trend, HWE 4-hour ED performance declined over the last two months to just under 70% in Nov moving further adrift from the recovery trajectory; PAH remains most challenged.

PLANNED CARE	**18 Week RTT**	**Region: HWE better than average**	**National: HWE worse than average**

- The overall elective PTL size remains high, however has continued to reduce over the last two months . The increase to the PTL this year is largely due to PAH converting Appointment Slot Issues (ASIs) to the live PTL;
- All three Trusts have now reached zero waits over 78 wks and continue to focus on reducing 65 and 52 wks. The focus will also return to 18 wks which is now included in this report;
- 65 wk waits have continued to reduce however along with all ICBs, HWE did not meet the end of Sept clearance target, The new national end of Dec clearance target remains challenging with variances at Place;
- 52 wk waits have continued to reduce on a trend of improvement. The 18 wk position has plateaued around 50% with common cause variation, however continuing significantly below national standard is of high risk.

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

- Although remaining at lower performance levels, 6-week waits improved at every Trust in October to achieve just under 60% at System level, moving from highest risk to high risk for the ICB. Significant variation remains by Trust however; a return to reporting of the challenged paediatric audiology service at ENHT in June 24 saw a step change decline in system performance.

CANCER	**28 Day FDS / 31 Day / 62 Day**	**Region: HWE better than average**	**National: HWE better than average**

- 28-day Faster Diagnosis Standard (FDS) performance continues to meet this year's ambition of 77%, achieving just under 80% in October. 31 day performance also continues to meet the national standard of 96%;
- HWE 62-day performance continues to meet the 70% planning target but there remains notable variation by Trust with PAH the most challenged. All three cancer standards are now at lowest or low risk for the ICB.

MENTAL HEALTH / LD	**Community MH (2nd Appt)**	**National: HWE better than average (Adult)**

- Learning Disability Annual Health Check (LDAHC) performance remains strong with all Places exceeding their equivalent 23/24 positions; the 75% target was met in 23/24 and remains on track to deliver in 24/25;
- Increase in number of HWE Out of Areas Placements in Oct at 39 against plan of 6. The re-opening of Lister's Aston Ward has seen Herts numbers improve to October however West Essex numbers have increased;
- Community Adult MH median waits for a 2nd contact remained consistent in the quarter to October at 57 days; this continues to benchmark well against the national average of 95.

CHILDREN	**Various**	**Community 18 Week %: HWE worse than national**	**Community MH 1st Appts: HWE better than national**

- The number of children on community waiting lists remains very high with children's community waits now our single area of highest risk. Waits over 52 weeks increased in Oct to 3,743, predominantly at ENHT;
- 18 week % for children's community waits continues to decline at 35.9% in Oct compared to the national average of 50.4%. The main pressure areas continue to be Community Paeds, therapies and Audiology services
- Autism Spectrum Disorder (ASD) waiting lists and times continue to grow as 24/25 funding / investment remains unresolved. ADHD services are also high risk due to rising demand and waiting lists;
- The 28-day CAMHS access standard in Hertfordshire has not been achieved since 2021. Performance declined further in November to below 40%. Vacancy rates continue to impact;
- Children's waits for a Community MH 1st appointment increased slightly to 143 days in November with variation across the system, however continues to better the national average of 243 days.

COMMUNITY (Adults)	**% <18 Weeks**	**National: HWE better than average**	**Adult waiting times better than CYP**

- The % of adults waiting <18 weeks remains comparatively strong at 90.3% compared to the national average of 84.2%;

PRIMARY CARE & CHC	**CHC Assessments Within 28 Days:**	**HWE worse than regional and national average**

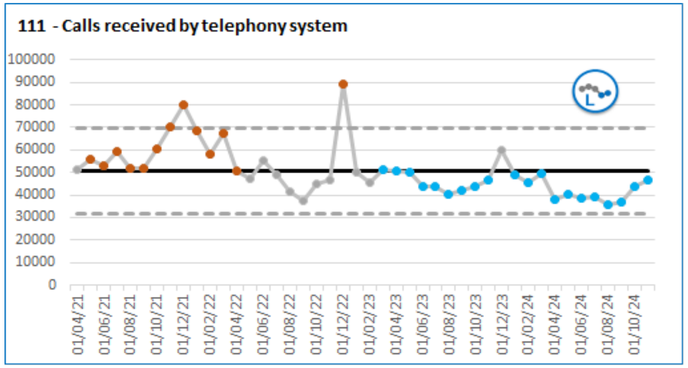
- There has been sustained improvement in the % of gp appts seen on same day, moving from variable to low risk. The % seen within 14 days continues along the mean and is marginally below this year's plan of 89%;
- CHC assessments within 28 days has significantly improved in the last two months to 71% in October, moving from highest area of risk to high risk; performance most notably improved in South & West Hertfordshire.

Performance by work programme

Click to link to relevant slides:

Hertfordshire and West Essex Integrated Care System

NHS 111

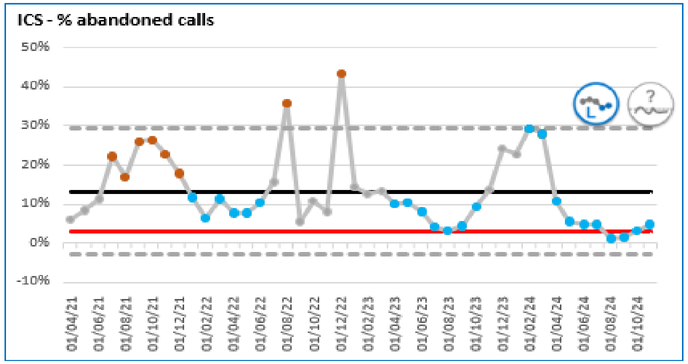


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Hertfordshire	40,96	44,29	42,71	47,28	41,15	41,25	48,10	59,03	67,42	58,72	50,28	5801
West Essex	10,19	11,29	10,45	12,19	10,59	10,78	12,17	10,98	12,41	9,549	8,013	9377
ICS	51,16	55,58	53,17	59,47	51,74	52,04	60,27	70,01	79,84	68,27	58,29	67,38

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Hertfordshire	40,99	38,10	44,67	39,74	33,48	30,01	35,97	37,40	72,59	40,95	37,02	4137
West Essex	9,904	9,165	10,64	9,452	8,020	7,255	8,861	9,121	16,41	9,145	8,739	9878
ICS	50,89	47,26	55,32	49,19	41,50	37,26	44,84	46,52	89,01	50,09	45,76	51,24

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Hertfordshire	40,90	40,64	35,30	35,33	32,70	34,06	35,31	37,48	48,14	39,46	36,87	39,93
West Essex	9,924	9,715	8,465	8,275	7,472	7,799	8,626	9,368	11,96	9,629	8,770	9,846
ICS	50,83	50,35	43,77	43,61	40,17	41,86	43,93	46,84	60,11	49,09	45,64	49,77

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Hertfordshire	30,55	32,59	31,14	31,47	29,02	29,59	14,88
West Essex	7,303	7,949	7,469	7,731	6,874	7,030	3,552
ICS	37,85	40,54	38,61	39,20	35,89	36,62	18,44



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Hertfordshire	6.1%	8.3%	11.2%	21.7%	16.4%	25.6%	25.7%	22.5%	18.0%	11.7%	6.5%	11.6%
West Essex	7.1%	9.4%	12.4%	25.1%	19.2%	29.1%	29.0%	25.1%	19.0%	11.8%	6.3%	11.9%
ICS	6.3%	8.5%	11.5%	22.4%	17.0%	26.3%	26.4%	23.0%	18.2%	11.7%	6.4%	11.6%

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Hertfordshire	7.8%	7.4%	10.3%	15.0%	35.5%	5.6%	10.5%	8.1%	42.7%	13.8%	12.7%	13.0%
West Essex	8.5%	9.4%	11.8%	18.5%	38.5%	6.2%	11.8%	9.6%	46.2%	16.2%	13.7%	14.7%
ICS	7.9%	7.8%	10.6%	15.7%	36.1%	5.7%	10.7%	8.4%	43.4%	14.3%	12.9%	13.4%

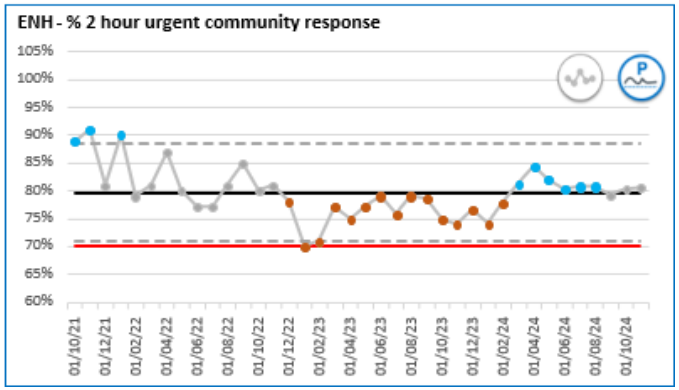
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Hertfordshire	10.2%	10.3%	8.2%	4.3%	3.3%	4.5%	9.6%	13.7%	24.3%	23.3%	29.8%	28.1%
West Essex	10.9%	12.1%	8.7%	4.7%	3.3%	4.8%	8.6%	13.6%	23.5%	21.2%	28.2%	29.2%
ICS	10.3%	10.6%	8.3%	4.3%	3.3%	4.6%	9.4%	13.7%	24.1%	22.9%	29.5%	28.3%

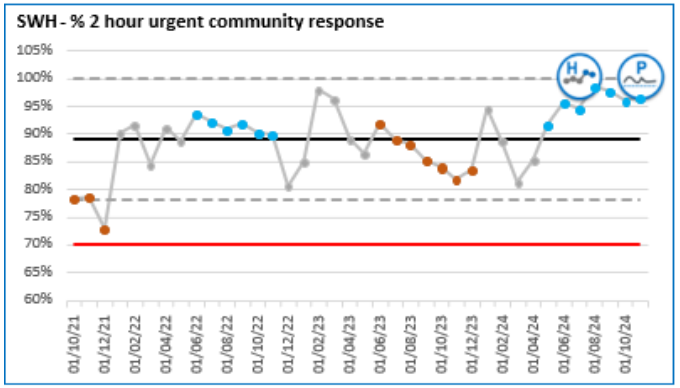
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Hertfordshire	10.8%	5.6%	5.0%	4.9%	1.3%	1.6%	3.4%
West Essex	11.5%	5.3%	4.7%	5.0%	1.3%	1.6%	3.2%
ICS	10.9%	5.6%	5.0%	4.9%	1.3%	1.6%	3.4%

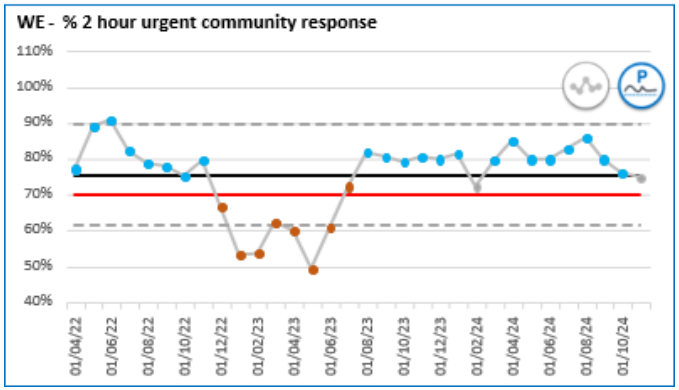
ICB Area	What the charts tell us	Issues	Actions
HUC	• Call volumes fell considerably in October but have returned to historic mean levels in November • Abandoned call rates have slipped for the last two months, narrowly missing the 3% national standard in November	• Increased call volumes in October – up 20% compared to September • Average Handling Time up due to the impact of Care Advice SMS solution being switched off. Pathways have confirmed a resolution for early January • Pan-HUC operating model now live – short term capacity impact resulting from staff 1:1s etc.	• Recruitment continues across all sites to support future potential attrition, with a particular drive to recruit into evening / weekend rota patterns in line with call demand and new Pan-HUC rota patterns • Launch of new management structure in train with new roles going live from January. These roles will improve real time staff management (for support and productivity), which in turn will improve key performance indicators • Additional non-clinical floor walkers (NCFWs) so support shortfall in Clinical Advisors • Deep dive into HUC-wide rotas to ensure sufficient capacity to meet demand spikes, including review of seasonality forecasting. Also reviewing "shrinkage", including break usage etc, and how these can be managed to improve efficiencies across HUC sites

Hertfordshire and West Essex Integrated Care System

Urgent 2 Hour Community Response (UCR)







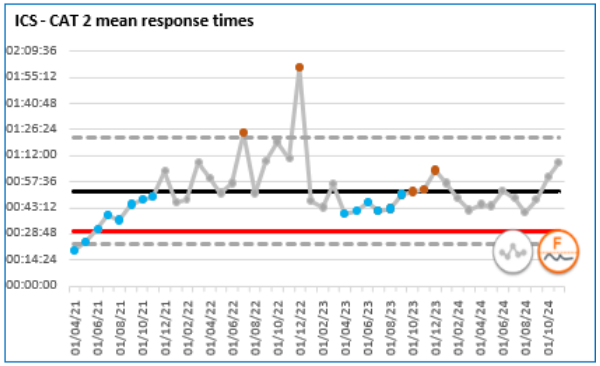
Referrals	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
West Essex	344	301	313	317	412	397	416	391	461	386	454	511	483
East & North Herts	631	650	709	568	707	736	691	621	659	676	657	678	717
South & West Herts	158	157	213	212	209	237	217	246	204	197	176	200	230

ICB Issues, escalation and next steps

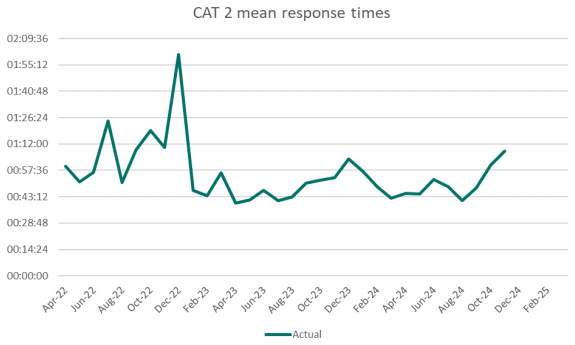
- The ICS and all 3 Places continue to achieve the 70% standard
- Whilst CLCH is achieving the 2hr target, activity remains low compared to EPUT and HCT
- Further system work is required to ensure like for like is being reported. This review will also include a review of workforce to help understand capacity
- Scheduled for discussion at the Community Providers Leads meeting in January 25

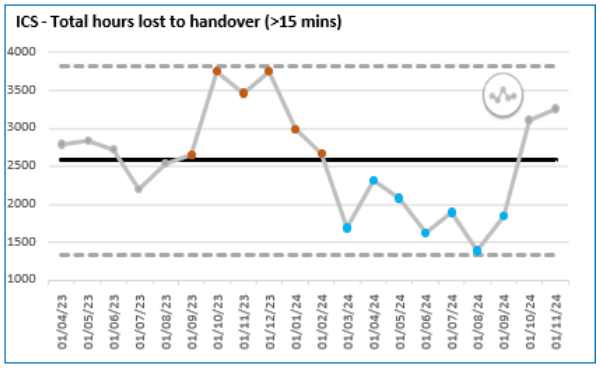
Hertfordshire and West Essex Integrated Care System

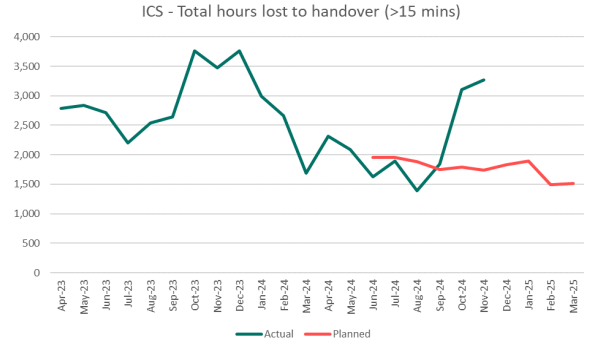
Urgent & Emergency Care (UEC) - Ambulance Response and Handover



Recovery Trajectories







24/25 HWE target is 1,515 per month

What the charts tell us

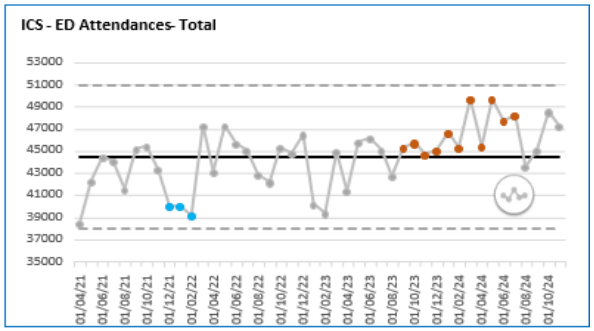
- The mean Category 2 ambulance response time was 68 minutes in November. This remains significantly adrift of the national 30-minute standard and is the third month in a row when performance has deteriorated
- Mean C2 response times in HWE are consistently longer than the regional average (Nov-24 = 51 mins) and national average (Nov-24 = 42 mins)
- Hours lost to handover >15 mins have increased during October and November and reached 3268 hours in November. This is significantly worse than the target of 1744 hours for November, but remains better than FY2324

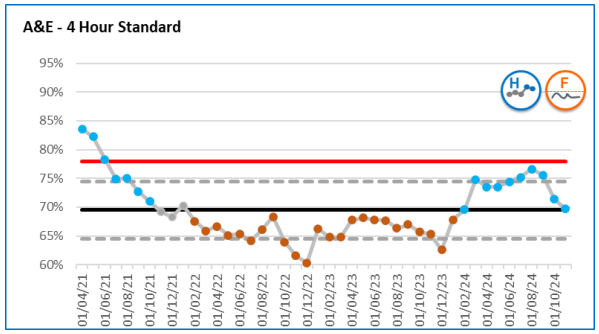
ICB Issues and actions

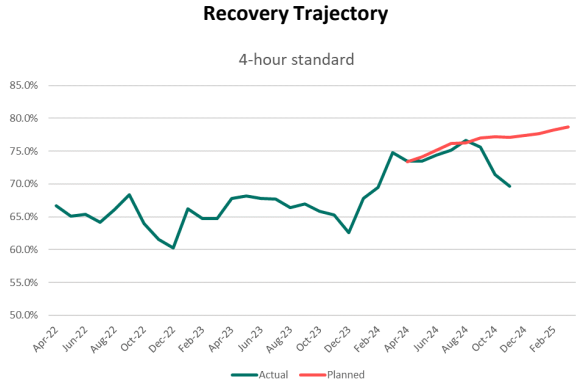
- Ambulance incidents were 5.2% higher in Nov-24 v. Nov-23. However, conveyances were similar compared to Nov-23
- There are c.70 x WTE vacancies at EEAST in the HWE region
- This means that the deployed staffing hours per incident was 4.3 in HWE in compared to 5.0 across the region as a whole
- Current plans for EEAST to reduce vacancies in HWE from 78 to 27 by Mar
- Handover-45 was introduced at the end of November with the goal of limiting the number of handovers >45 minutes
- The minimum viable product for the unscheduled care and coordination hub was implemented in Nov; there has been reduction in face-to-face responses and conveyances since it was introduced
- PAH: New PDSA cycle commenced with further expansion of cubicles for triage from 2 to 4. System initiated trial of EAAST access to UTC commenced
- WHTH: All patients assessed by senior decision maker on arrival and treatment commenced if delayed. Increased nursing establishment through winter funding to support timely offloading and release of crews

Hertfordshire and West Essex Integrated Care System

UEC – Emergency Department



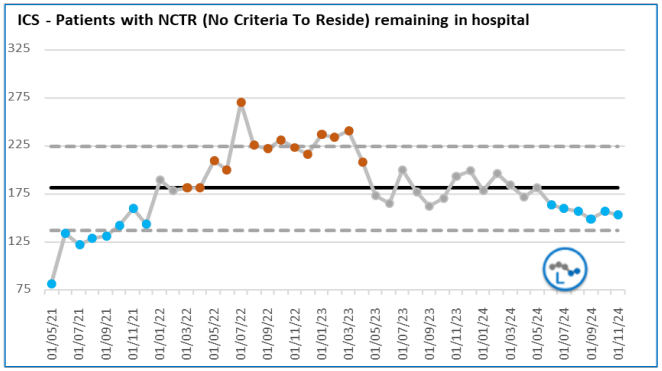


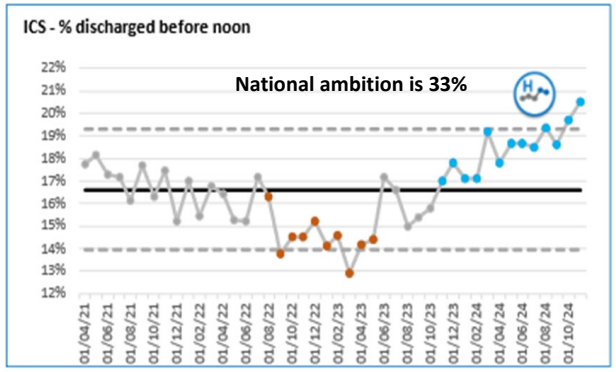


What the charts tell us	Issues	Actions

• There has been a deterioration in ED performance in October (71.4%) and November (69.7%)
• Performance is below plan for November (77.1%), but better than during FY2324
• The number of attendances remains high and has been above average for 11 out of the last 12 months
	• There remains significant variation at place level. In November:
	  ○ SWH = 75.9%
	  ○ ENH = 70.6%
	  ○ WE = 58.8%
	• PAH performance has been impacted by rollout of their new Electronic Health Record (EHR) system
	• Continued high demand: ED attendances across the system were 5.8% higher in Nov-24 compared to Nov-23
	• Mental Health (MH) presentations at ED remain high, coupled with a shortage of beds / assessment space. 22.8% of MH patients spent >12 hours in ED in Oct-24, compared to 11.7% for patients overall
	• Hospital flow remains challenging with high occupancy rates, especially at PAH where average bed occupancy in November was 98.5%
		System
		• The minimum viable product for the Unscheduled Care and Coordination Hub (UCCH) is now in place with a GP in the hub. Reduction in conveyances during November, but walk-in attendances have been very high
		• Straight to SDEC pathways now in place for EEAST crews
		East and North Herts
		• Lister UTC opening hours extending to 12am in December
		• Introduction of a dedicated rota for leadership of 4-hour performance
		• ED admitting rights work ongoing for some defined pathways – e.g. NOF direct to ward
		• Doctor wait-to-be-seen times deteriorated in October. Workshops held to agree process improvements
		West Essex
		• PAH Internal Winter Plan and trajectory refreshed for agreement at Trust January Board
		• IUATC utilisation - improvement for last 3 months - November achieved 76.1% utilisation
		• Relaunch trust wide Internal professional standards to support speciality assessment outside of the ED
		• Plans for estates work to increase footprint for non-admitted patients drawn up
		South and West Herts
		• Walk-ins separated from ambulance stream to provide clearer visibility across the department and decompress bottleneck areas
		• High Impact Changes work focussing on rapid clinical assessment

UEC – Discharge & Flow

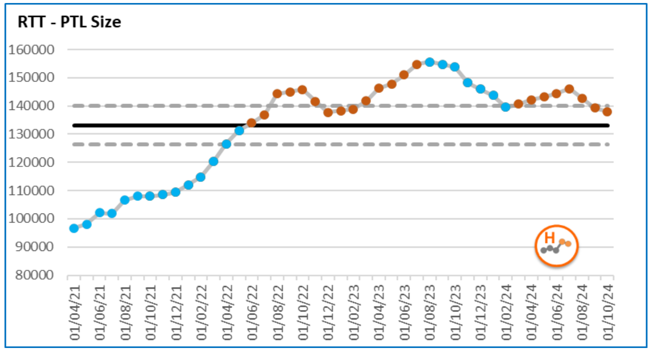




What the charts tell us	Issues	Actions
• The system-level daily average number of patients with no criteria to reside remaining in hospital has been reducing over the last two years and reached 153 in Nov-24 • The % of patients discharged before noon is continuing to improve and reached 20.5% in November. This is the best performance since at least Apr-21	• There remains significant variation across the three HWE acute trusts for the % of patients discharged before Noon, although all three trusts are on an upward trajectory. In Nov-24: ○ ENHT – 19.9% ○ WHTH – 24.5% ○ PAH – 14.5% • The issues are typical discharge challenges, including: ○ Availability of out-of-hospital capacity ○ Complex discharges ○ Internal process challenges	**East and North Herts** • New complex care pathway implemented • Improved CHC process implemented • Discharge improvement group established **West Essex** • Virtual Ward / Community Beds Utilisation Workshop 12/12. Good clinical engagement from PAH, EPUT & HCT • NHSE clinical sessions with PAH during December focussing on pre-Noon discharge. Regional Team investigating further PAH support under Phase 2 of the National Rapid Improvement Offer (RIO) • Learning from 85% occupancy achieved during Mega MADE - Clinical and Ops Leads in place to improve internal flow **South and West Herts** • Discharge Improvement Programme continuing with a focus in December on renewed trial on Aldenham ward and develop of a standard operating procedure and internal professional standards • Discharge-to-Assess overstayers – continued reduction in discharge-to-assess overstayers and therefore discharge-to-assess bed occupancy

Hertfordshire and West Essex Integrated Care System

Planned Care – PTL Size and Long Waits



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	50312	50103	52368	51326	54504	54794	54200	53331	49521	48264	47103
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	25025	25842	27093	27823	28401	28438	28380	29017	32809	36110	40241
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	21297	22126	22654	22706	23706	24827	25359	26196	27081	27688	27444

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
EAST AND NORTH HERTFORDSHIRE NHS TRUST	49182	51259	52241	53993	55737	59979	58006	59917	60713	60999	60488
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	45085	49522	53146	54626	55530	57611	60326	59727	53831	49537	50343
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	26157	25780	25862	25287	25573	26759	26623	26237	27093	27172	27408

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
EAST AND NORTH HERTFORDSHIRE NHS TRUST	61406	61782	62296	62295	63245	63592	62958	63472	63258	61909	61208
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	50169	52995	56574	57933	60626	62689	64384	62966	63054	60236	58731
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	27247	27012	27372	27523	27137	28442	28312	28341	27426	26056	25991

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
EAST AND NORTH HERTFORDSHIRE NHS TRUST	59807	55116	56022	57103	58098	59050	57780	56594	56322	57704
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	58220	58693	58599	57474	55671	53409	51478	49894	47797	46168
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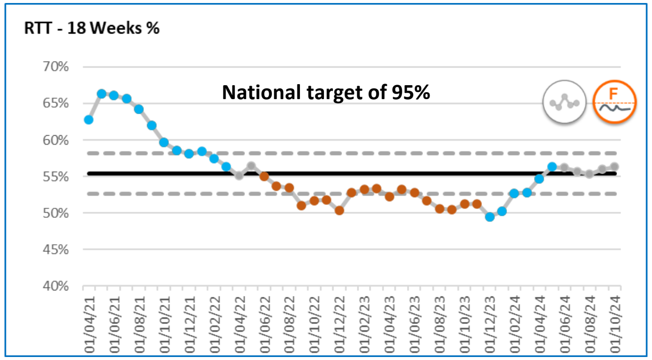
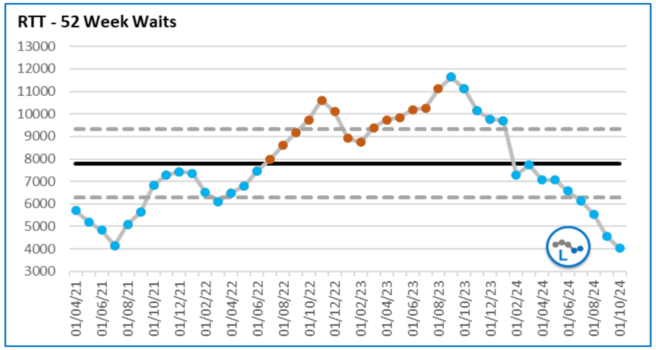


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	59.5%	64.1%	62.7%	63.2%	61.6%	59.4%	56.8%	55.1%	54.6%	55.9%	56.1%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	72.4%	75.6%	77.6%	76.6%	75.8%	73.3%	71.8%	70.2%	68.8%	67.5%	64.0%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	59.4%	60.7%	60.3%	57.6%	56.7%	54.9%	52.1%	52.9%	51.5%	51.0%	50.3%
ICS	62.8%	66.3%	66.2%	65.6%	64.3%	62.0%	59.7%	58.6%	58.1%	58.4%	57.5%

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
EAST AND NORTH HERTFORDSHIRE NHS TRUST	55.8%	55.2%	56.9%	55.4%	55.8%	56.6%	53.8%	54.4%	53.9%	50.5%	50.9%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	60.6%	57.5%	57.9%	56.4%	52.8%	51.0%	48.6%	49.4%	50.1%	51.2%	56.4%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	50.0%	50.4%	52.5%	51.4%	51.1%	51.5%	50.9%	50.9%	50.5%	48.4%	50.3%
ICS	56.4%	55.1%	56.5%	55.1%	53.7%	53.4%	51.1%	51.7%	51.8%	50.3%	52.8%

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
EAST AND NORTH HERTFORDSHIRE NHS TRUST	50.9%	49.8%	48.5%	49.9%	49.8%	49.5%	48.8%	49.8%	51.6%	52.2%	50.3%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	57.4%	58.2%	56.6%	57.0%	55.5%	52.6%	50.8%	49.9%	50.2%	49.9%	48.4%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	50.7%	51.4%	51.9%	52.8%	53.5%	54.5%	54.2%	53.2%	52.6%	52.6%	50.2%
ICS	53.2%	53.3%	52.3%	53.2%	52.8%	51.7%	50.6%	50.5%	51.2%	51.3%	49.5%

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
EAST AND NORTH HERTFORDSHIRE NHS TRUST	49.9%	54.2%	55.0%	58.2%	61.0%	60.2%	58.7%	57.3%	58.3%	58.9%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	50.0%	51.4%	51.4%	52.8%	54.6%	55.1%	56.0%	57.4%	58.3%	59.7%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	51.1%	52.7%	51.2%	51.2%	50.1%	50.6%	50.8%	49.4%	49.2%	47.2%
ICS	50.2%	52.7%	52.8%	54.7%	56.3%	56.2%	55.7%	55.3%	56.0%	56.3%

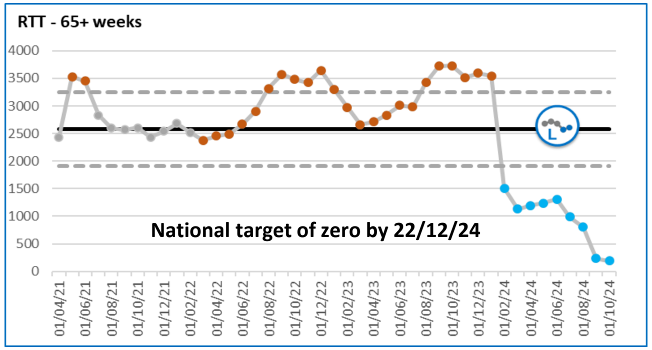


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	1	2	3	4	5	6	7	8	9	10	11	12
	202122											
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	1302	1249	1143	1269	1394	1536	2141	2321	2486	2613	2221	1737
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1462	1162	898	789	800	838	878	862	927	1006	1103	1059
EAST AND NORTH HERTFORDSHIRE NHS TRUST	2936	2791	2785	2095	2910	3259	3818	4102	4016	3739	3184	3313

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	1	2	3	4	5	6	7	8	9	10	11	12
	202223											
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	1818	1674	1785	1911	1909	1898	1804	1721	1773	1850	1814	1870
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1193	1431	1660	1783	2078	2587	3413	4272	3544	2681	2315	2729
EAST AND NORTH HERTFORDSHIRE NHS TRUST	3473	3699	4027	4294	4628	4688	4527	4618	4778	4404	4618	4797

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	1	2	3	4	5	6	7	8	9	10	11	12
	202324											
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	1973	2098	2280	2376	2516	2557	2171	1965	1919	1941	1959	1987
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	2694	2439	2504	2440	2769	2982	3039	2488	2246	2407	2420	2657
EAST AND NORTH HERTFORDSHIRE NHS TRUST	5064	5308	5400	5450	5831	6097	5912	5684	5612	5350	2909	3078

	Apr	May	Jun	Jul	Aug	Sep	Oct
	1	2	3	4	5	6	7
	202425						
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	2033	2290	2148	2364	2098	1726	1659
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	2334	2283	2156	1724	1473	1086	822
EAST AND NORTH HERTFORDSHIRE NHS TRUST	2696	2502	2283	2048	1978	1759	1554



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
ICS	2431	3528	3454	2829	2594	2567	2603	2433	2543	2684	2520
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	722	673	650	665	719	776	744	715	772	780
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1026	1007	783	578	477	431	399	351	390	437	461
EAST AND NORTH HERTFORDSHIRE NHS TRUST	1405	1799	1998	1601	1452	1417	1428	1338	1438	1475	1279

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
ICS	2376	2453	2493	2666	2901	3314	3575	3479	3420	3645	3293
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	685	701	679	739	768	765	745	636	572	636	658
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	413	459	480	499	480	566	680	719	767	831	819
EAST AND NORTH HERTFORDSHIRE NHS TRUST	1278	1293	1334	1428	1653	1983	2150	2124	2081	2178	1816

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
ICS	2977	2659	2709	2832	3013	2983	3425	3722	3727	3515	3596
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	592	549	604	707	816	878	955	1018	840	756	830
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	607	548	495	504	524	455	569	636	621	466	434
EAST AND NORTH HERTFORDSHIRE NHS TRUST	1778	1562	1610	1621	1673	1650	1901	2068	2266	2293	2332

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
ICS	3545	1508	1127	1198	1239	1307	991	801	235	194
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	718	655	519	583	571	596	455	399	162	137
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	402	353	245	242	289	343	296	180	3	12
EAST AND NORTH HERTFORDSHIRE NHS TRUST	2425	500	363	373	379	368	240	222	70	45

Community Paediatrics patients have been excluded from RTT reporting from February 2024 in line with national guidance
Waiting lists therefore show significant reductions

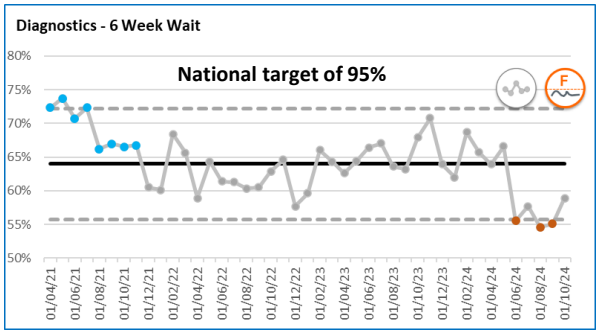
Planned Care – PTL Size and Long Waits

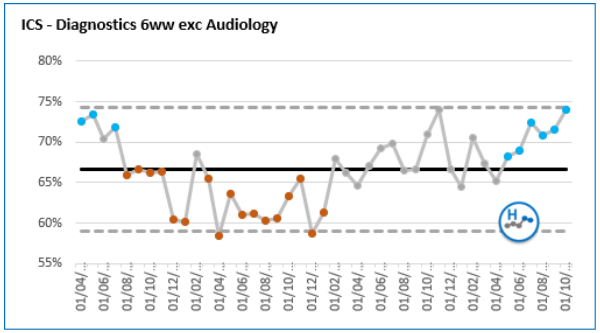
ICB Area	What the charts tell us	Issues	Actions

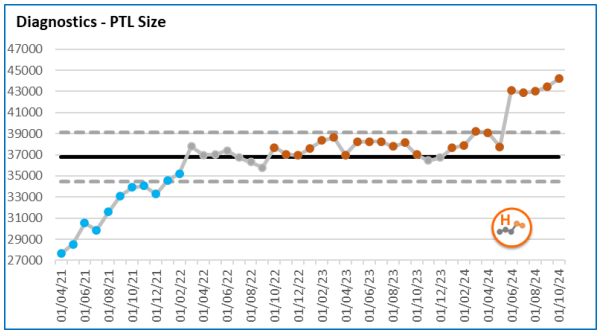
HWE	• The 78 week wait breaches chart has been removed as all three trusts have reached zero 78 week waits
	• The overall number of patients waiting >65 weeks has decreased significantly, although the September zero target was not achieved. There remains variation at place level
	• The number of patients waiting >52 weeks has been consistently improving since summer 2023
	• The overall PTL size remains high although it has seen a reduction in each of the last three months
	• Due to the change in national guidance, Community Paediatrics patients have been excluded from RTT reporting from February 2024. Waiting lists therefore show significant reductions from February 2024. These waits are included within the Community section of this report
		• The 65ww target of reaching zero by the end of September has not been achieved, although it should be noted that this was not been met by any ICB nationally
		• The new national target is to reach zero by the end of December, although that is very challenging
		• The end of December 65ww forecast (as of 18th December) at HWE is 125:
		  • ENHT: 38
		  • WHTH: 5
		  • PAH: 70
		  • ISP: 12
		• Trauma and Orthopaedics (T&O) remains the main specialty under pressure, with ENT also a notable risk
		• Staffing remains a challenge
			• Princess Alexandra Hospital is in Tier 2 of the national oversight and support infrastructure for Elective (including Diagnostics) recovery. Fortnightly tiering meetings with the NHSE EOE regional team commenced in May
			Management of waiting lists
			• System focus on reducing number of patients waiting >65 weeks, with regional and national oversight
			• Demand, capacity & recovery plans are in place to monitor RTT
			• 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
			Increasing capacity and improving productivity
			• 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 PIFU (patient initiated follow up), reducing follow ups including discharging where appropriate, and increasing take up of Advice & Guidance
			• Maximising use of ISP capacity and WLIs where possible
			• ICB wide GIRFT programme to improve productivity: Theatre Utilisation, Ophthalmology, MSK, Urology, Gynae and ENT

Hertfordshire and West Essex Integrated Care System

Planned Care – Diagnostics

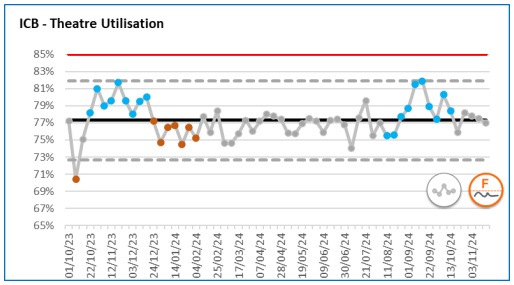


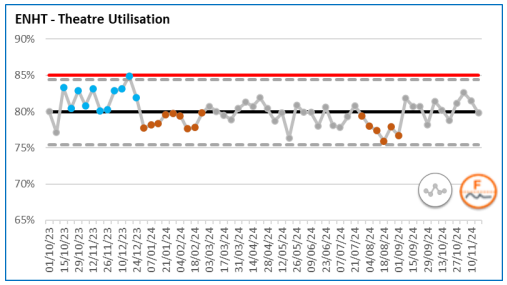


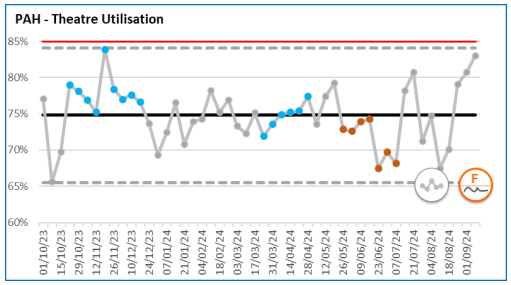


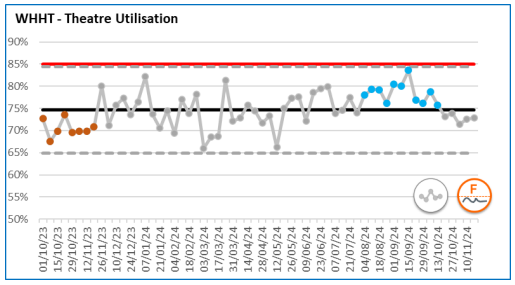
What the charts tell us	Issues	Actions
• October performance improved at all three trusts • 6-week wait performance across the ICS has improved to c.59% after four months of performance at c.56% • Decline since May driven by the inclusion of ENHT Audiology data • Excluding audiology, performance is just under 75% overall • After a period of stability there was a sharp increase in the overall PTL in June, again due to the inclusion ENHT Audiology data. The PTL has however since continued to steadily increase, partly due to some paediatric audiology services remaining closed at ENHT.	• There is significant variation in Trust performance: ENHT – 44.8% / WHTH – 93.4% / PAH – 70.2% **ENHT** • The significant drop in % <6 weeks in June was caused by Audiology returning to reporting. There are notable capacity issues within the service • Excluding Audiology, the % <6 weeks was 63.1% in Oct-24. This is worse than peers but has improved from 50.5% in April • Excluding Audiology, longest waits are in DEXA / MRI **PAH** • Non-Obstetric Ultrasound (NOUS), Echocardiography, Cystoscopy and Audiology remain the key challenges at PAH **WHTH** • In October, the lowest performing modalities were Cystoscopy and Neurophysiology	**ENHT** • Paediatric audiology: waiting list validation is now complete and the weekend jumbo ENT clinics are now running for over 5years. There is some mutual aid in place for the ABR pathway and hearing aids. The service remains paused for 0-3 years and complex pathways and mutual aid is being sought • Adult audiology: waiting list validation exercise 50% complete. Lister estates work will commence on 7th February. Patients have been contacted via text message with 418 having been discharged. There are ongoing discussions with one outsourcing provider • ENHT is continuing to increase imaging capacity through restarting MRI outsourcing in December, an MRI van at Lister, weekend & evening DEXA lists and productivity initiatives in ultrasound;, with weekend & evening CT lists **PAH** • NOUS: 1 x WTE vacancy appointed to - awaiting onboarding which will unlock capacity of a further 600 scans per month from February 2025 • Echocardiography: Additional clinics in place to target backlogs. Funding approved for vacancies, but unable to fill posts. Exploring advertising at higher rates • Cystoscopy: Additional lists have been running since mid-October providing 60 additional slots per week. Weekend GA Cystoscopy theatre lists also running since end of November providing 6 slots per list • Audiology: 3 x WTE in post from January will unlock additional capacity. Paed. recovery expected in Jan; Adults in April **WHTH** • There is month on month improvement with the recovery trajectory on track

Planned Care – Theatre Utilisation / Productivity





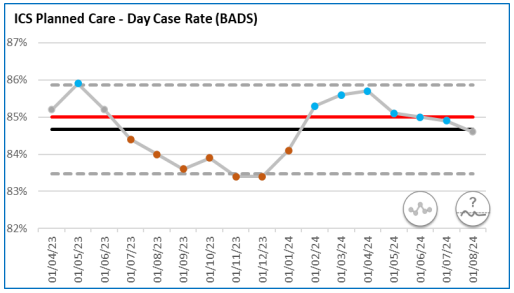


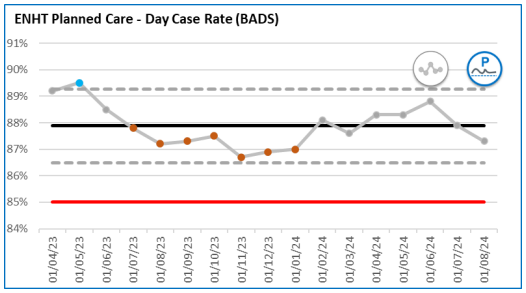


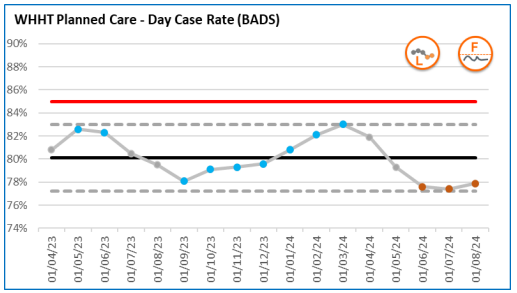
ICB Area	What the charts tell us	Issues	Actions
HWEICB	**PLEASE NOTE: Data has not been updated for PAH since 8th September and is under investigation; this impacts both ICB and PAH charts above from September onwards.** • ICB theatre utilisation on 3 November was 77.9% which is showing a slightly declining picture over the last two months. This will however have been impacted by the missing data for PAH which would have increased the system average • Comparable performance has slipped against peers who are performing with an average of 78.3% and a national value of 79.9% **Other data** • Average cases per session for the ICB are the same as peers at 2.4 • For sessions finishing early the average minutes lost was 46 in HWE, a worse position than peers at 40 minutes • Late starts average 25 minutes lost in HWE with peers losing an average of 21	• Overall productivity has declined slightly in October and the beginning of November, a slight improvement at WHTH and a decrease in productivity at ENHT • ENHT – although generally good performance, capped utilisation has yet to achieve the national target of 85% and is currently at 79.9% (1st December) • WHTH - capped utilisation rates have improved over the last month although they have been on a general declining trend since September. They are currently (1st December) achieving 71.6% • PAH missing data under investigation	• Improvement programmes are discussed at the Theatre Utilisation Network Group • A series of reviews have taken place with Trusts through the GIRFT theatre programme team and improvements are underway as demonstrated in the improved numbers • Active theatre improvement programmes at each of the acute providers • There is a GIRFT review planned for January 2025

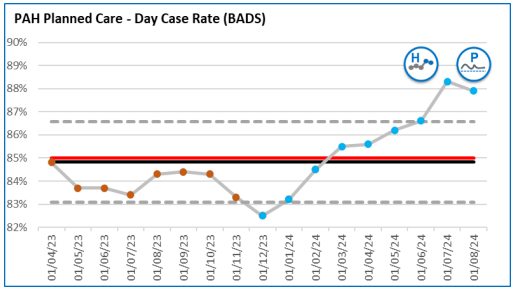
Hertfordshire and West Essex Integrated Care System

Day Case Rates







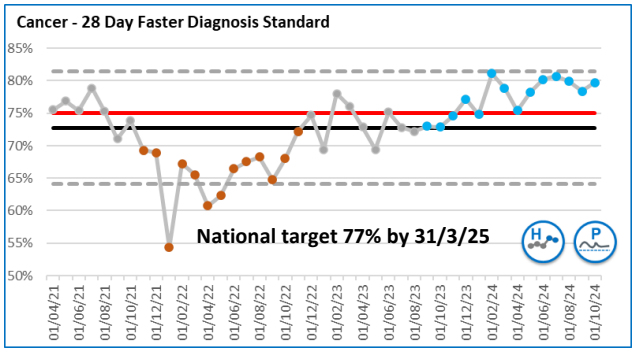


ICB Area	What the charts tell us	Issues	Actions

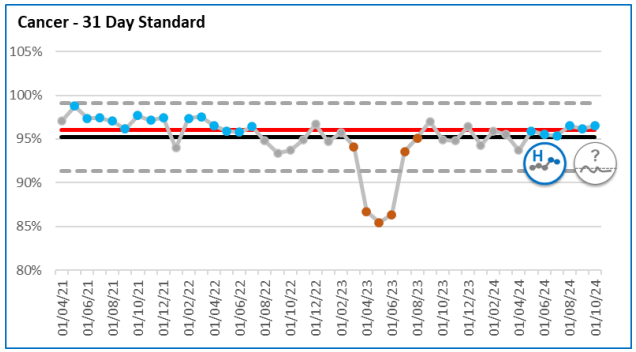
HWEICB	• August data is the latest available data in Model Hospital
	• Day case rates at the ICB were 84.6% in the three months to August, which is just below the 85% national target
	• HWE ICS is in the 2nd highest quartile nationally
	• There is variable performance across the system:
	  • ENHT 84.6%
	  • PAH 87.9%
	  • WHTH 77.9%
		• Specialities where BADS is less than national / peer average are Orthopaedics, Urology and Vascular. This may be attributed to the complexity of patient pathways, and the development of the vascular network, with subsequent pathway changes
		• Issues with not listing the intended procedure correctly (listing day case rather than inpatient and vice versa) create inconsistency and incorrect data. Model Hospital measures the intended procedure (rather than the actual), which leads to the under recording of the true day case rate
		• Conversion from day case to inpatient stay is high in some specialities due to incorrect listing, complications during surgery, poor pre-operative assessment and management. Specialities with high conversions rates are; Orthopeadics, Breast, General Surgery and Vascular
			• Improvements to administrative processes are underway to support the correct listing of procedures through process review, training and education
			• Further investigation into reasons for high conversation rate between day case to inpatient required with a possible review of patient pathways for Urology
			• Improvements to the pre-operative process to ensure patients are listed correctly and fully optimised for their procedures – project launched in November 2024

Hertfordshire and West Essex Integrated Care System

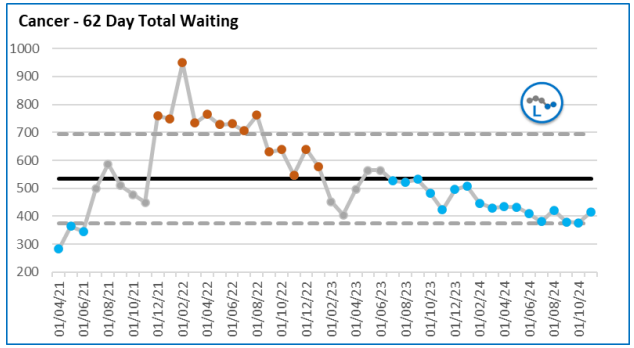
Cancer



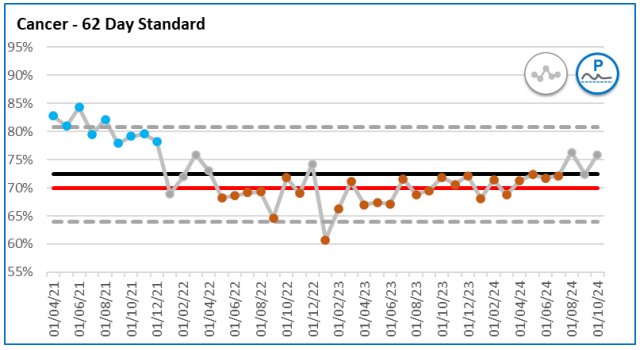
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
EAST AND NORTH HERTFORDSHIRE NHS TRUST	72.1%	75.6%	76.2%	76.7%	72.0%	71.8%	76.5%	74.8%	74.1%	64.2%	72.8%	74.6%	68.1%	64.2%	70.8%	71.8%	72.7%	69.7%	71.4%	71.7%	77.4%	65.8%	76.1%	72.9%	69.8%	69.5%	76.4%	75.9%	75.0%	74.1%	77.8%	78.2%	80.5%	76.1%	83.4%	81.0%	77.5%	80.1%	78.7%	80.6%	77.0%	75.9%	76.8%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.3%	79.8%	81.4%	82.1%	77.8%	77.2%	77.7%	71.9%	64.7%	47.0%	59.2%	54.6%	52.2%	58.3%	55.3%	60.6%	60.1%	57.8%	63.3%	71.6%	72.8%	70.1%	80.1%	78.7%	76.0%	68.0%	74.8%	68.6%	68.5%	69.8%	66.2%	68.7%	74.6%	74.1%	79.8%	78.1%	77.7%	80.5%	82.2%	81.3%	84.1%	80.7%	79.0%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	72.2%	74.6%	66.8%	77.1%	75.8%	62.9%	65.1%	65.6%	66.8%	50.8%	69.4%	69.3%	64.1%	65.9%	74.4%	72.2%	72.8%	68.4%	70.4%	71.6%	74.5%	72.1%	77.4%	76.6%	72.4%	71.2%	74.7%	74.5%	75.3%	75.7%	79.5%	77.9%	77.0%	74.5%	80.3%	77.9%	70.7%	74.4%	79.5%	80.3%	78.4%	78.3%	82.8%
ICS	75.6%	76.9%	75.4%	78.9%	75.5%	71.1%	73.8%	69.3%	68.8%	54.4%	67.3%	65.6%	60.8%	62.5%	66.3%	67.6%	68.1%	64.7%	68.0%	72.1%	74.8%	69.4%	78.1%	76.1%	72.8%	69.4%	75.2%	72.8%	72.2%	71.0%	72.9%	74.6%	77.2%	74.8%	81.1%	78.9%	75.4%	78.2%	80.2%	80.7%	79.8%	78.4%	79.7%



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	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	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
EAST AND NORTH HERTFORDSHIRE NHS TRUST	98.6%	98.8%	97.7%	98.4%	97.9%	97.4%	98.1%	98.2%	98.6%	96.9%	99.0%	98.6%	98.4%	97.6%	97.5%	97.1%	95.8%	93.2%	92.9%	95.5%	97.8%	95.8%	96.1%	93.0%	83.7%	80.5%	83.2%	93.8%	96.6%	97.0%	96.3%	95.9%	96.7%	96.8%	96.1%	96.0%	94.6%	96.4%	96.7%	96.6%	97.0%	96.8%	96.1%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	94.6%	97.8%	95.8%	95.9%	97.2%	95.5%	97.4%	92.9%	92.0%	85.1%	95.5%	96.2%	96.4%	96.4%	95.5%	95.9%	94.5%	95.5%	95.8%	94.8%	96.1%	92.6%	96.7%	93.5%	86.5%	89.0%	97.7%	94.1%	96.4%	98.0%	96.2%	94.4%	97.7%	88.1%	97.6%	96.1%	94.4%	94.3%	91.5%	93.3%	97.5%	98.1%	95.3%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	92.1%	100.0%	97.5%	93.3%	90.6%	88.9%	95.0%	97.2%	97.6%	89.5%	89.0%	92.7%	81.9%	82.9%	83.3%	92.9%	89.6%	90.4%	95.6%	90.7%	90.6%	91.0%	92.1%	92.9%	92.5%	95.3%	88.8%	91.3%	84.7%	91.3%	85.3%	88.8%	91.8%	87.4%	92.3%	92.3%	87.3%	94.9%	94.4%	91.8%	91.2%	91.1%	98.7%
ICS	97.1%	98.7%	97.3%	97.4%	97.1%	96.2%	97.7%	97.2%	97.5%	94.0%	97.4%	97.5%	96.5%	95.9%	95.8%	96.4%	94.8%	93.4%	93.7%	94.9%	96.7%	94.7%	95.7%	94.1%	86.7%	85.5%	86.3%	93.6%	95.1%	97.0%	94.9%	94.8%	96.4%	94.3%	95.9%	95.5%	93.7%	95.9%	95.5%	95.4%	96.5%	96.2%	96.5%



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	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	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	83	109	88	132	179	130	128	129	331	347	374	307	261	297	297	277	270	257	233	195	191	184	129	125	127	158	149	135	139	100	118	121	148	142	118	86	97	84	71	63	67	74	58	82
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	107	141	161	212	224	201	190	127	175	176	303	194	182	156	128	125	162	152	163	149	193	182	153	120	148	213	205	166	148	167	149	110	141	165	135	118	141	157	167	162	134	108	110	149
EAST AND NORTH HERTFORDSHIRE NHS TRUST	92	114	96	155	184	178	160	193	253	226	272	252	322	275	306	304	329	221	242	203	256	211	170	160	199	224	203	212	239	226	234	194	234	195	170	194	196	192	171	155	220	197	209	184



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	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	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
EAST AND NORTH HERTFORDSHIRE NHS TRUST	89.8%	87.2%	84.7%	88.9%	86.8%	88.2%	88.3%	88.1%	86.0%	80.4%	84.4%	86.1%	86.3%	79.1%	79.3%	85.4%	82.7%	79.3%	78.0%	78.8%	87.2%	77.5%	78.7%	85.7%	84.3%	82.1%	81.5%	82.7%	82.1%	78.6%	86.6%	86.3%	82.2%	86.1%	83.6%	82.5%	85.9%	83.6%	82.8%	86.9%	87.5%	84.4%	86.9%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	83.6%	74.5%	85.0%	79.9%	81.3%	71.5%	73.6%	75.4%	76.6%	58.7%	64.7%	72.1%	61.0%	64.6%	60.2%	61.8%	61.6%	59.9%	67.3%	63.7%	68.3%	54.6%	59.2%	61.1%	66.5%	60.2%	64.4%	69.7%	68.8%	75.3%	75.6%	75.5%	70.3%	62.6%	72.7%	71.6%	70.4%	69.5%	74.1%	68.9%	74.9%	78.3%	76.0%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	71.5%	78.6%	81.1%	61.4%	73.9%	67.5%	71.0%	68.7%	63.8%	57.4%	57.9%	64.9%	64.9%	51.8%	61.6%	52.3%	59.4%	44.8%	66.1%	58.0%	63.5%	46.9%	56.2%	57.7%	43.0%	48.8%	49.4%	56.4%	49.6%	48.3%	47.1%	40.9%	55.7%	44.2%	48.8%	46.4%	46.6%	54.1%	52.3%	56.0%	59.0%	51.1%	54.4%
ICS	82.8%	80.9%	84.3%	79.5%	82.2%	77.9%	79.2%	79.6%	78.3%	68.9%	71.9%	75.9%	73.0%	68.2%	68.6%	69.1%	69.3%	64.6%	71.8%	69.0%	74.2%	60.7%	66.2%	71.1%	66.9%	67.4%	67.1%	71.6%	68.8%	69.5%	71.8%	70.6%	72.1%	68.1%	71.4%	68.7%	71.3%	72.3%	71.7%	72.1%	76.3%	72.4%	75.9%

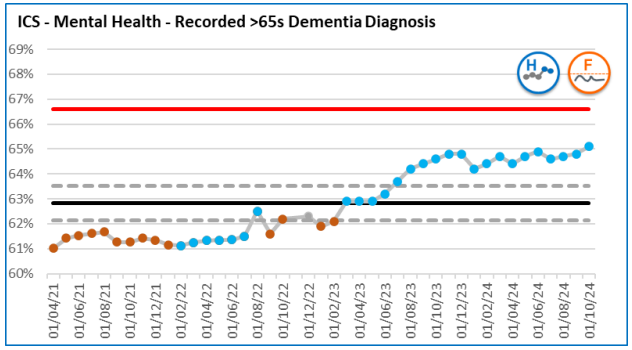
Hertfordshire and West Essex Integrated Care System

Cancer

What the charts tell us	Issues	Actions

• 28-day Faster Diagnosis Standard (FDS) performance has been steady since April and is above target in October, reaching 79.7%
• The 31-day target was reached both collectively and by each trust in October
• Performance against the 62-day standard improved in October and although remaining below the national target, it is surpassing the 70% standard expected in the 24/25 National Planning Guidance
• Each Trust has improved over the last three months but there is significant 62-day variation between Trusts:
  ○ ENHT 86.9%
  ○ WHTH 76%
  ○ PAH 54.4%
• The 62-day backlog is variable but with a generally improving trend
	ENHT
	• All three standards were met by ENHT in October and performance has been consistent across FY2425
	• There remain some challenged pathways. Urology is the most challenged of the high-volume pathways
	• For the week ending 8th December, there were 180 patients waiting longer than 62-days following an urgent cancer referral. This is above the Trust's recovery trajectory of 150 but an improvement on recent months
	
	WHTH
	• 28-day FDS has seen overall improvement, however four pathways are not meeting the standard: Haematology, Gynae, Brain/CNS and Urology
	• The 31-day performance standard has been met across all specialities
	• 62-day combined is above the interim target of 70, however the Lower GI, Upper GI and Lung pathways failed to meet the standard. Complex diagnostic pathways, patient choice, outpatient capacity and surgical capacity have been cited as reasons
	
	PAH
	• Rollout of the Trust's new Electronic Health Record (EHR) system is the key driver in the recent decline in performance - clinic build issues and reduced outpatient capacity
	• Urology remains the biggest challenge in terms of FDS performance, with 36.4% achieved in October
	• Urology and Skin remain the biggest challenges in terms of the greater than 62-day waits, collectively accounting for 68% of the overall patient backlog
		ENHT
		• The Urology two-stop service was introduced in October. There is currently an MRI van supporting the pathway, but MRI capacity remains the primary bottleneck. Outsourcing to Pinehill resumed in December
		• Breast radiology delays continue due to a Radiologist leaving in June. ENHT is currently organising waiting list initiatives and a locum in to meet capacity requirements
		• Some Head & Neck pathway delays due to Oral Surgery consultant admin delays – Deputy Medical Director for Cancer is meeting with consultants to address the delays
		
		WHTH
		• The Cancer Improvement Programme Board continues to oversee service level plans and service developments. Weekly long wait meetings continue, plus 2-3 times weekly breach validation reviews are in place. The service will be increasing capacity to validate more frequently
		• The Cancer Alliance review has been completed for Gynaecology patient pathways and local and specialist MDT processes in WHTHT and ENHT. Improvement/action plans have been developed with the majority of recommendations already actioned
		• There has been a Clinical Fellow appointed in the Gynaecology service to support with hysteroscopy clinics along with increased USS and clinic slots for Gynaecology USC referrals
		• Development continues for a one-stop diagnostic pathway for Urology using Cancer Alliance transformation funding. Registrar and Band 7 CNS roles began in November
		• Planning continues for the transformation of Acute Oncology Service (AOS) and the establishment of a cancer / Haematology ward (Granger) at WGH
		
		PAH
		• Princess Alexandra Hospital remains in Tier 2 of the national oversight and support infrastructure for Cancer recovery, with the focus being on 62-day recovery
		• Focussed bi-weekly escalation meetings are supporting work to provide a greater focus on patients being treated within 62 days
		• Significant progress during September in reducing the >62-day backlog. However, in the latest data (15/12) this has slipped again to 181 v. the Trust's fair shares target of 112
		• Additional Urology ANP training to increase biopsy capacity and streamline the front end if the pathway

Mental Health – Dementia Diagnosis in Primary Care



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-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	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
ENHCCH	59.4	59.7	60.2	60.2	60.2	59.5	59.3	59.5	59.2	59.0	58.8	59.2	59.2	59.2	59.0	59.1	60.9	59.0	59.8	59.7	59.6	59.7	60.5	60.7	60.7	61.3	61.8	62.5	63.0	63.6	63.8	63.7	62.7	62.8	63.7	62.9	62.9	63.1	62.9	62.7	62.6	63.2
HVCCG	59.2	59.6	59.6	59.8	60.0	59.8	60.1	60.3	60.6	60.5	60.6	60.4	60.6	60.8	60.7	60.6	61.2	60.9	61.3	61.7	61.3	61.1	61.4	61.3	61.3	61.5	61.9	62.2	62.2	62.0	62.1	62.3	61.9	62.1	62.0	62.0	62.6	62.5	62.3	62.3	62.6	62.8
WECCG	67.6	68.0	67.7	67.7	67.6	67.3	67.1	67.0	66.7	66.4	66.5	66.6	66.6	66.5	66.9	67.6	67.7	67.6	68.5	68.3	67.6	68.3	69.9	69.9	70.0	69.8	70.4	70.9	70.9	71.5	71.5	71.5	71.2	71.2	71.5	71.3	71.7	72.7	72.1	72.9	72.8	73.0
ICS	61.0	61.4	61.5	61.6	61.7	61.3	61.3	61.4	61.4	61.2	61.1	61.2	61.3	61.3	61.4	61.5	62.5	61.6	62.2	62.3	61.9	62.1	62.9	62.9	62.9	63.2	63.7	64.2	64.4	64.6	64.8	64.8	64.2	64.4	64.7	64.4	64.7	64.9	64.6	64.7	64.8	65.1

ICB Area	What the charts tell us	Issues	Actions

Dementia Diagnosis in Primary Care	• Overall ICS performance continues to move towards achieving the national target and betters the EOE average (64.4%)
	• October improved to 65.1% (+0.3%) with each HCP seeing a rise:
	  ○ SWH: 62.8% (+0.2%)
	  ○ ENH: 63.2% (+0.6%)
	  ○ WE: 73.0% (+0.2%)
	• Indicative November data shows ICS recorded rates increasing further in SWH (63.1%) and WE (74.1%)
		• In Hertfordshire, a trajectory is in place to reduce the waiting list and therefore recover performance against the 12 week wait to diagnosis KPI by the end of Q4
		• Estimated prevalence rate of people with dementia rises month on month
		• Actions needed in Primary Care (e.g. coding exercise), but not being prioritised in Hertfordshire due to GP capacity and not mandated in ECF
		
		West Essex
		• Increase in referrals to memory clinics this has placed pressure on the service model and resources leading to a potential delay in diagnosis
			• Monthly meetings continue to monitor HPFT progress in Hertfordshire
			• Hertfordshire memory service currently reducing waiting lists through increased capacity and on track to recover their KPI in Q4
			• Diagnosis remains a key focus of the Hertfordshire Dementia Strategy, with a subgroup progressing actions to improve diagnosis
			• Focused meeting of the Dementia Strategy Group (Workstream 2) in New Year to focus on Primary Care actions
			• A new and improved EMDASS referral form has been coproduced with partners and will be introduced in the New Year
			
			West Essex
			• Increase in demand to be raised in 25/26 planning

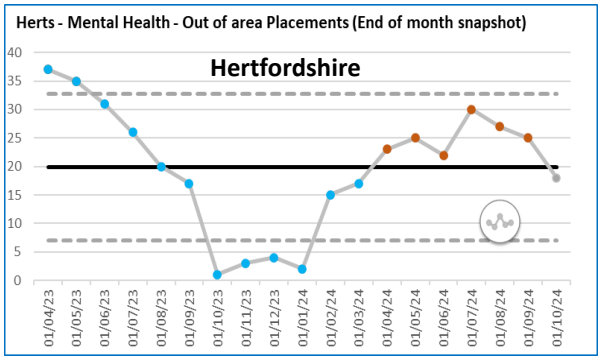
Hertfordshire and West Essex Integrated Care System

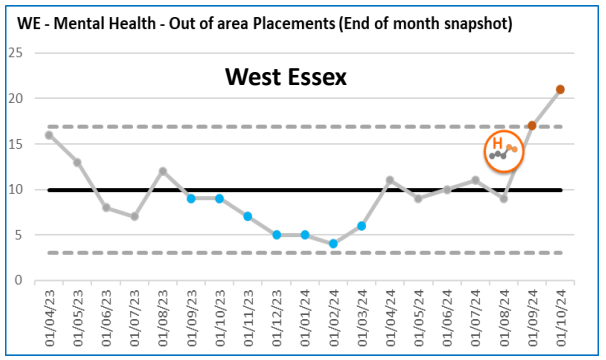
Mental Health – Out of Area Placements (OAPs)

Number of active inappropriate adult acute OAPs at month end

- The basis for measurement of OAPs has changed for 24/25
- Previous reporting was based on the number of out of area bed days in the month
- From April 24, reporting is based on the number of active OAPs at month end

HWE October total out of area placements: 39 vs. 6 plan

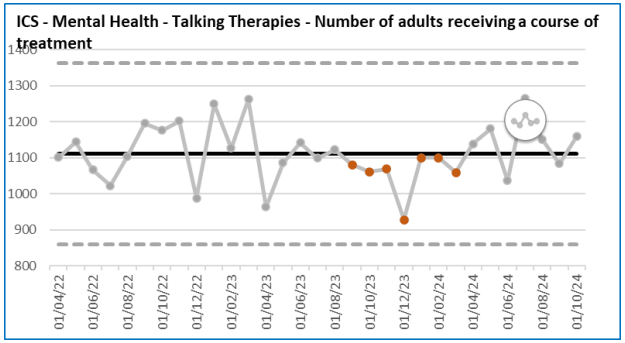




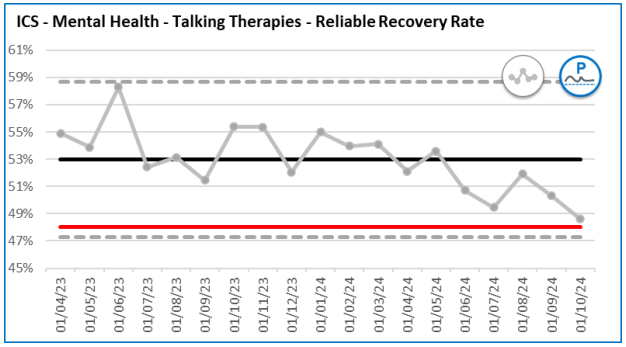
ICB Area	What the charts tell us	Issues	Actions
West Essex	• Further slippage in October, but indicative November data shows improvement to 11, with the total number of bed days being 997; this is partly due to reporting issues being resolved.	• The national shortage of MH beds continues • NHSE agreed that EPUT reporting for placements within Essex can be recorded as appropriate - 5 in total equating to 231 bed days • One placement equates to 324 bed days and was medically fit for discharge in the summer	• Essex wide review of all inpatient beds as well as at place (West Essex) continues • Review and remodel of weekly system DTOC calls with stronger governance and responsibilities • Essex wide challenge to EPUT reporting of placements within Essex as previously agreed with NHSE • Partnership working and legal support with provider regarding discharge of longest stay patient
Herts	• Third successive month of improvement following the phased reopening of Aston Ward in October	• Reduced capacity earlier in the year due to closure of Aston Ward • Hertfordshire has a low number of beds per population. Now supported by provision of additional block beds • National shortage of MH beds, high occupancy rates and use of OOA beds is likely to continue, particularly over the winter period • Placement challenges for service users with complex needs who are ready for discharge • Inpatient and Community recruitment	• Aston Ward now fully open • Further alternatives to admission – Crisis House – in place • Wider Executive led work at system level to support placement of longer term DTOCs • Bed management system continues to be developed and plans in place to include OAPs • System-wide group established to review and oversee some of the more complex discharge issues • Invitation letter from DHSC and NHSE for an information gathering visit to Hertfordshire ICS to help develop future policy and plans on discharge from mental health settings – initial meeting on 4 Sep 2024. Since this date HPFT have been able to re-open Aston ward and have also held a “perfect week” to support the ongoing flow • Key learnings and outcomes from the “Perfect Week” at HPFT included improvements in patient flow (e.g. OAP fell by 5 over the week) and improvements in discharges (especially in the morning), as well as further opportunities identified (such as improvements in ward shift planning process)

Talking Therapies

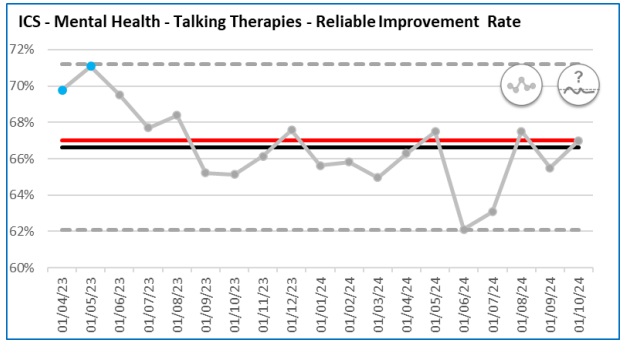
Number of people who are discharged having completed a course of treatment
Number of patients that achieved reliable recovery
Number of patients that achieved reliable improvement



Adults receiving treatment	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Hertfordshire	901	923	778	925	930	875	925	956	837	1043	950	911	976
WECCG	160	146	150	175	170	184	214	225	198	222	200	173	183
ICS	1061	1069	928	1100	1100	1059	1,139	1181	1035	1265	1150	1084	1159



Reliable recovery rate	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Hertfordshire - Actual	55.80%	55.80%	52.80%	55.20%	53.90%	54.00%	50.80%	52.60%	50.48%	48.56%	51.10%	49.00%	47.69%
West Essex - Actual	44.00%	42.90%	33.30%	48.00%	56.00%	57.10%	57.00%	57.50%	52.06%	53.24%	55.61%	56.55%	53.11%
ICS Actual	55.40%	55.30%	52.00%	55.00%	54.00%	54.10%	52.10%	53.60%	50.81%	49.46%	51.98%	50.31%	48.61%



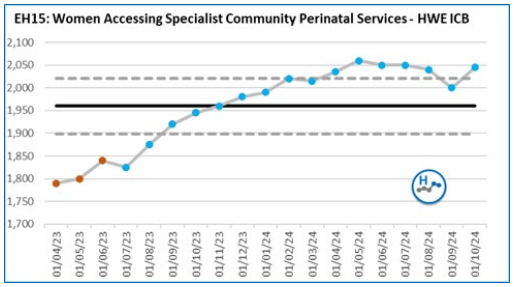
Reliable improvement rate	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Hertfordshire - Actual	64.30%	66.30%	68.30%	65.70%	65.30%	63.70%	64.80%	66.80%	65.71%	66.25%	66.35%	64.53%	65.68%
West Essex - Actual	70.00%	65.07%	64.00%	65.14%	68.82%	71.20%	72.90%	70.50%	73.23%	71.62%	73.00%	70.52%	73.77%
ICS - Actual	65.13%	66.14%	67.56%	65.64%	65.82%	64.97%	66.29%	67.50%	67.15%	67.19%	67.51%	65.49%	66.95%

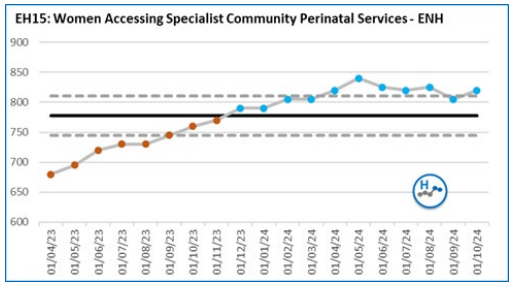
ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• Reliable improvement standard marginally missed in November at 66.95% • Overall completed treatments have increased since September and remain within common cause variation limits • Although decreased, the System and each Place is consistently achieving the reliable recovery 48% standard • West Essex services saw 183 people complete treatment in October rising to 188 in November	• Consistency of data collection and quality • Attrition and drop-out rates are a key challenge following the change in counting for 24/25 this remains ongoing • Measurement now relates to completion of a course, with at least two appointments. Previously was access / first appointments • Potential risk in Hertfordshire that procurement process not successful with building capacity to support 'counselling for depression'	• Partnership working with NHSE to provide support clarity and data validation • Ongoing NHSE discussions re. additional trainee posts for services in line with workforce planning ICB wide. Autumn statement meeting in place for January 2025 • Procurement of counselling providers in Hertfordshire by May 2025, leading to an improvement of pathways and ensuring right modality in place for service users. Extension in place for counselling providers until 30th April 2025 • Associated 'counselling for depression' tender documents live in January 2025 • NHS England representation embedded within West Essex contract meetings • HPFT NHS TT contract meeting in place January 2025

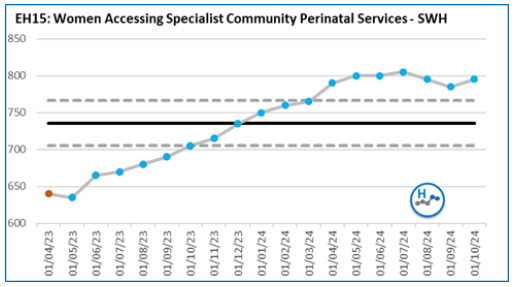
Hertfordshire and West Essex Integrated Care System

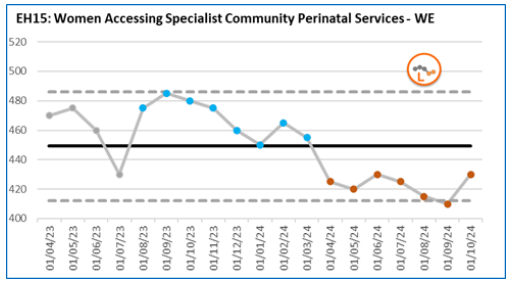
Community Perinatal Mental Health

Number of women accessing (1+ contact) specialist community PMH and MMHS services in the previous 12 months









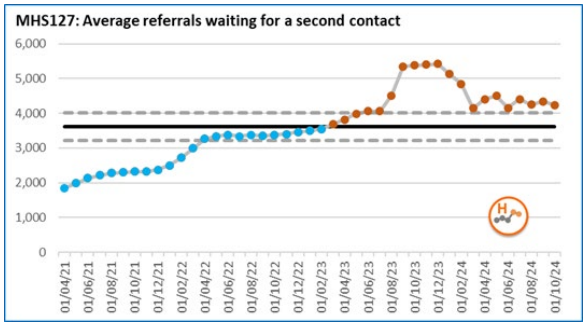
HWE 24/25 year-end plan: 2,089

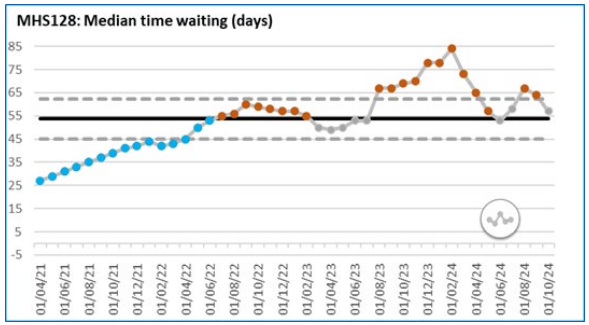
ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• The number of women accessing Specialist Community Perinatal MH Services is on an improving trend overall and within Hertfordshire **West Essex** • Access has been trending below the historic mean for the last 7 months • However, this remains above the national target of 10% with West Essex achieving 11.15%	• The system is on track to meet target access	• Hertfordshire - Perinatal performance and outcome measures are above target • Hertfordshire commissioners and Perinatal and BI leads checked target numbers and agreed target will be met • Outcome measures are the top of performance at region **West Essex** • Continually monitor local services on the 12-month access target to ensure services remain on track

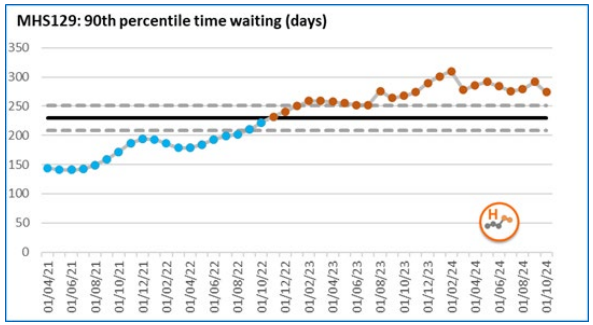
Hertfordshire and West Essex Integrated Care System

Mental Health – Community Waits

Adults and Older Adults – time still waiting for second contact





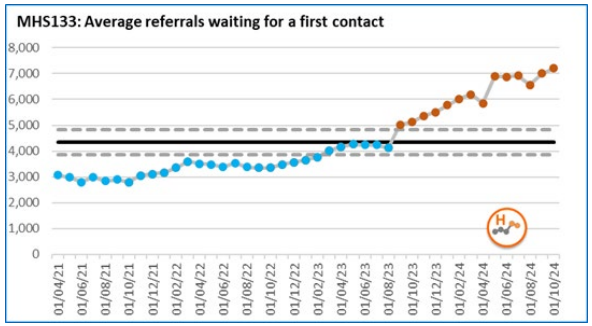


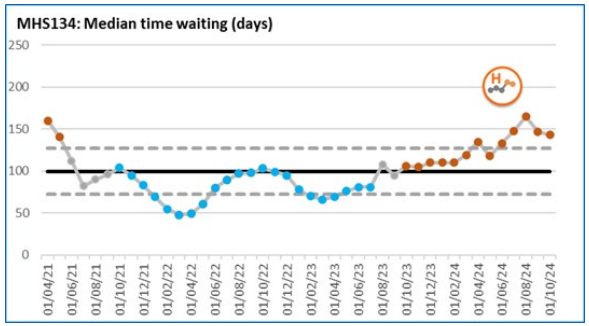
ICB Area	What the charts tell us	Issues	Actions

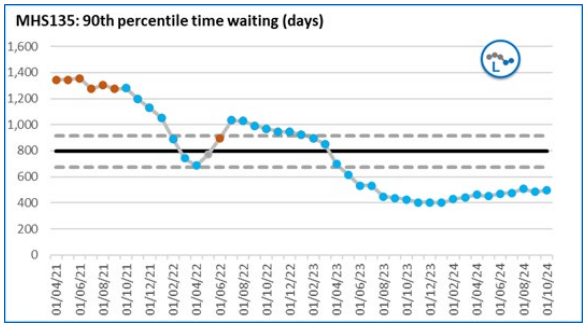
Hertfordshire & West Essex	• Median waiting times for a 2nd appointment for the quarter to October were 57 days
	• 57 days benchmarks well against the national average of 95 days, and has improved in each of the last two months
	• Within the system there is variation of between 35 and 64 days:
	  • East & North Herts 58 days
	  • South & West Herts 64 days
	  • West Essex 35 days
	• 90th percentile waits for the quarter to October were 274 days
	• 274 days benchmarks well against the national average of 653 days, however there is a long-term trend of variation above the historic norm
	• Within the system there is variation of between 270 & 287 days:
	  • East & North Herts 280 days
	  • South & West Herts 270 days
	  • West Essex 287 days
		• Datasets are not currently complete, and work is ongoing with ICBs and NHSE to finalise collections and reporting. Variation from local data sets to nationally published data
		• Improved performance expected with complete data; current waits reported are for specialist services which have longer waiting times
		• In Hertfordshire, the data flow from Primary Care and VCSFE providers to MHSDS or the GP equivalent has not been worked through. 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 but this is not a shared system with the MH Trust
		• Not an issue but for noting - West Essex VSCE data flow is via a shared system with MH Trust
			• NHSE work with ICBs to finalise the data and understand variations
			• In Hertfordshire, a CQI approach is being taken to introducing the new waiting times. Service lines have incorporated the new waiting times into their transformation work. SNOMED codes have been re-mapped on the HPFT EPR, PARIS, and continue to be reviewed as changes are made at National level. Internal reporting is being developed with a first draft expected in January 2025
			• A Trust-wide waiting times steering group is in place to ensure the care and safety of all people waiting for services
			• Hertfordshire is 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
			• Additional CQI process for Older People-s services to ensure that refs and treatment are recorded as for adults
			• All ICBs working with mental health Trusts to review 104 week waits as requested by NHS England
			• All ICBs and providers of services continue to engage with NHSE with regional discussions being held regarding the MH data platform and progress is being made to capture accurate data for all pathways

Mental Health – Community Waits

Children – time still waiting for a first contact



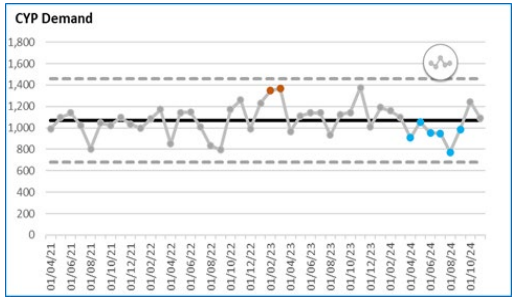


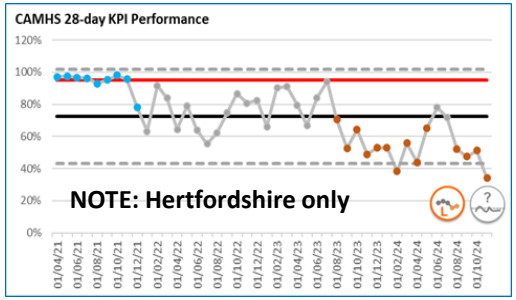


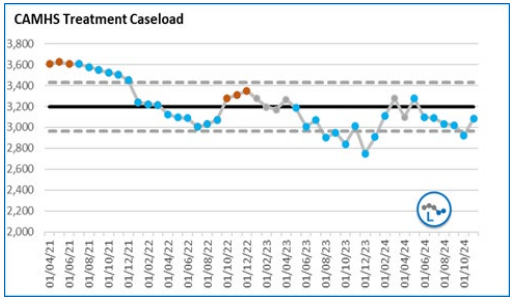
ICB Area	What the charts tell us	Issues	Actions

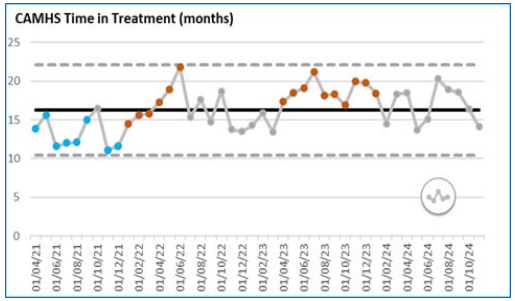
Hertfordshire & West Essex	• Median waiting times reduced slightly to 143 days, but continue to trend above the historic mean
	• 143 days benchmarks well against the national average of 242 days
	• Within the system there is variation of between 53 and 172 days:
	  • East & North Herts 71 days
	  • South & West Herts 172 days
	  • West Essex 53 days
	• 90th percentile waiting times for the quarter to October were 497 days, and continue on a long-term trend of improvement
	• 497 days benchmarks well against the national average of 794 days
	• Within the system there is variation of between 273 & 534 days:
	  • East & North Herts 273 days
	  • South & West Herts 534 days
	  • West Essex 374 days
		• The biggest impact on the Hertfordshire waiting list and long waiters is Autism & ADHD backlogs / waiting lists for diagnostic pathways
		• South & West Hertfordshire data is reflective of the historically longer waiting times in the patch, due to ASD / ADHD backlogs (for East & North these services are delivered by ENHT not HPFT/HCT)
		• The 18+ week waiters within West Essex (NELFT) are predominately within the Getting Help element of the Thrive model. At the end of August there were 7 x 18+ week waiters in the service, equating to 2.7% of all waiters
			• CAMHS services are incorporating the new waiting times in their transformation work and service design. SNOMED coding has been re-mapped on the HPFT EPR, PARIS and internal reporting is under development with first draft expected in January 2025
			• A Trust-wide waiting times steering group is in place to ensure the care and safety of all people waiting for services
			• Local provider dashboards in place assessment & treatment activity, caseloads and waiting times. Average waits not always reflective of challenges experienced by service, but recovery action plans in place where applicable and closely monitored by commissioning leads
			• Commissioners, HPFT and now an HCT representative are linked into EOE waiting times standards group. Long waiters in HPFT all relate to ADHD backlog
			• In NELFT Team Managers monitor their >18-week waiters on a weekly basis. All waiters >18 weeks have a clinical harm review in place and the teams will be working towards seeing all longest waiters as soon as possible. Team will continue to review the >18- week waiters and if there increase in risk, allocation for treatment will be considered as per team capacity and escalated via the Clinical Harm Audits

Mental Health – CAMHS Services









What the charts tell us	Issues	Actions
West Essex • West Essex does not have a formal KPI for 28 days, but this is monitored at monthly provider meetings • Slight increase to caseload as of end of Q3 2024/25 when compared to end of Q2 **Herts – HPFT only** • Demand into the service is, as expected, tracking around the historic mean • 28-day performance has been falling since May-24, issues and actions identified • Caseloads are steadily reducing • Time in treatment is variable and close to the historic mean	**West Essex** • Challenges continue with recruitment to specialist community eating disorder team manager and clinical lead roles **Herts – HPFT only** • Clinicians have reported increased acuity / complexity of caseloads • Active issue regarding recruitment to vacancies impacting on capacity and performance • Acquiring highly skilled CAMHS clinicians remains difficult. Non-health support roles being used to bolster teams • Awaiting updated forecast recovery plans/trajectory. Significant issues remain due to capacity within the CAMHS Quadrant Teams. Work on current and future capacity models is being undertaken to determine expected recovery timescale • Transfers of care for >18 years to CAMHS are impacting on flow	**West Essex** • Recruitment drives ongoing in NELFT with rolling advertisement for ED team manager and clinical lead roles. Support to the CYP ED team provided from within the wider organisation to minimise any impact on CYP engaged with the service; progress monitored at contract meetings **Herts – HPFT only** • CAMHS Community waiting times remain at Level 3 business continuity with the Divisional Director leading & monitoring recovery • SLT professional leads overseeing performance in their quadrant teams • Recovery trajectory is being updated to reflect vacancies and recruitment to show impact on waiting lists • Recruitment gaps producing low capacity – 21 WTE vacancies are in pipeline • Workforce skill analysis & immediate local plans including nursing and social worker workforce being employed via agency underway (Band 7 & Band 8a clinicians) • Interim leadership in West & East CAMHS and now also in South with focus on patient safety • Clear patient safety focused plan in situ and held at weekly Quadrant Safety Group • Care of Waiters (CoW) reviews completed in West and East and most urgent cases in South. Plan for all waiters to have had a clinical contact within 4 weeks. CoW mechanisms including 3-6-9-month waiter pre-treatment – parent / CYP workshops to put in place • Paris waiting lists to be centralised and activity to record interventions made at assessment stage will improve reporting on waits for treatment

Mental Health – Learning Disability (LD) Health Checks

LD Health Checks October 2024	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks *	Comparison to October 2023
NHS Hertfordshire and West Essex ICB	**7,750**	**2,817**	**50**	**4,883**	**36.3%**	**29.8%**
East & North Hertfordshire	3,198	1,164	16	2,018	**36.4%**	**29.7%**
South & West Hertfordshire	3,395	1,212	22	2,161	**35.7%**	**29.9%**
West Essex	1,157	441	12	704	**38.1%**	**25.7%**

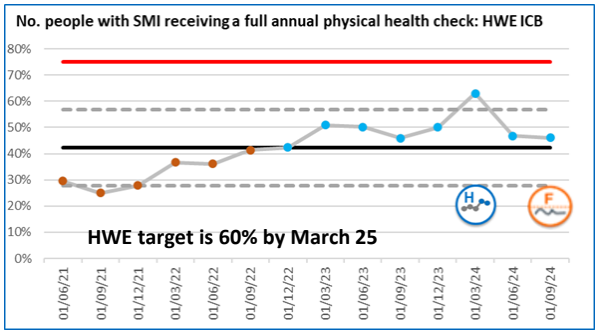
*** 75% Year End Target**

ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• All three places achieved the 75% standard in 23/24 • October 24 data shows the ICB and each place ahead of the equivalent 2023 position at this point in the year	• 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	• Ongoing work between HWE Team and NHSE to cross check local data against national systems

Hertfordshire and West Essex Integrated Care System

Severe Mental Illness (SMI) Health Checks

Number of people with severe mental illness (SMI) receiving a full annual physical health check – percentage achievement in the 12 months to the end of the period



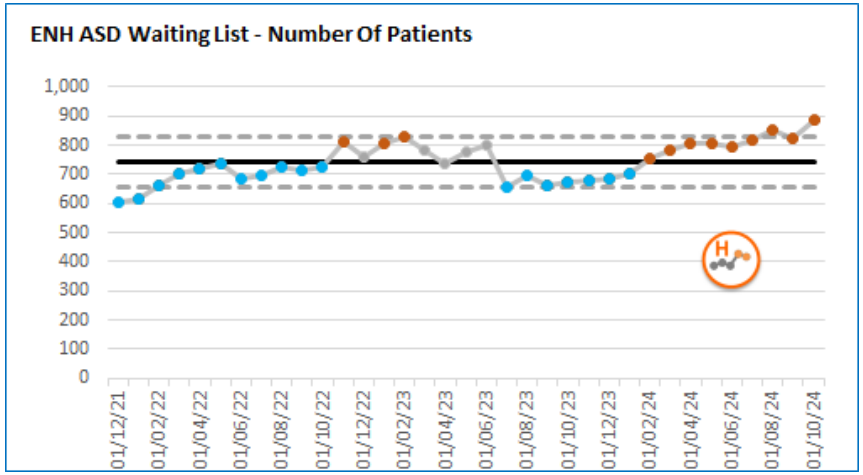
	2021/22				2022/23				2023/24				2024/25	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
East and North Herts Place	19.6%	11.9%	15.1%	25.8%	24.0%	36.3%	40.4%	45.9%	49.7%	47.7%	49.4%	60.5%	52.3%	52.7%
South West Herts Place	39.4%	38.2%	39.5%	47.5%	44.6%	46.4%	43.6%	55.9%	51.0%	44.8%	52.2%	66.9%	38.9%	36.8%
West Essex Place	28.9%	24.5%	30.6%	36.5%	38.5%	38.9%	44.0%	50.4%	49.4%	44.8%	46.4%	59.2%	52.1%	52.4%
NHS Herts & West Essex ICB	**29.6%**	**25.1%**	**27.9%**	**36.7%**	**36.1%**	**41.3%**	**42.4%**	**51.0%**	**50.2%**	**45.9%**	**50.0%**	**63.0%**	**46.8%**	**46.1%**

- The systems for submitting and reporting of SMI Health Checks data has changed for 24/25
- Health Checks undertaken in Secondary Mental Health Services may not currently be fully captured, and therefore a direct comparison to last year's data is not possible at present. This is a known national issue

What the charts tell us	Issues	Actions

• As described above, current data is not capturing all health checks undertaken in secondary care MH services
• Notwithstanding the incomplete datasets, East & North Hertfordshire and West Essex Q2 performance is still ahead of their equivalent 23/24 positions
• The position in South & West Hertfordshire is notably lower at 36.8%
• Q2 data pulled from Ardens however shows:
  ○ ENH: 54%
  ○ SWH: 56%
  ○ WE: 54%
	• Data presented here is considered experimental and accepted nationally by NHSE to be incomplete, both in terms of the number of Practices who have not supplied information, and that some of those that have supplied information have supplied partial data
	• The experimental nature of these statistics will be reviewed and removed once data completeness improves sufficiently
	• SDF funds for secondary mental health services to support primary care ceased in 24/25
		• The data is being extracted from General Practice Extraction Service (GPES), an alternative system this year in Primary Care. There is a piece of work that needs to take place in order that the GPs are recording the data for health checks undertaken in primary care, as well as those carried out when a person is under the care of the MH Trust. This is a known national issue
		• Practice level performance against target in place and to be shared with practices
		• Work with ICB BI leads and Provider leads to understand reporting requirements of secondary mental health services and primary care QOF data to ensure clear guidance and responsibilities, in line with the NHSE reporting procedures
		• Standardise record checking process agreed as an action for the Data Subgroup of the contract meeting
		• HCP place meetings in SW and ENH attended to present current support offer to GPs and identify further actions to support programme of work
		• Support the improvement of interoperability and provider electronic care records and information systems to enable monitoring of performance against equity of access to care
		• Working with Regional MH Team to look at shared care protocols to detail who is responsible for the physical health check, and how support for people who only engage with secondary care and not primary care will be captured, awaiting response
		• Review and development of a potential business case at the end of January 2025 following a decision at the PH SMI Local implementation group to support a request to fund an ICB wide primary care outreach support

Autism Spectrum Disorder (ASD) – East & North Hertfordshire



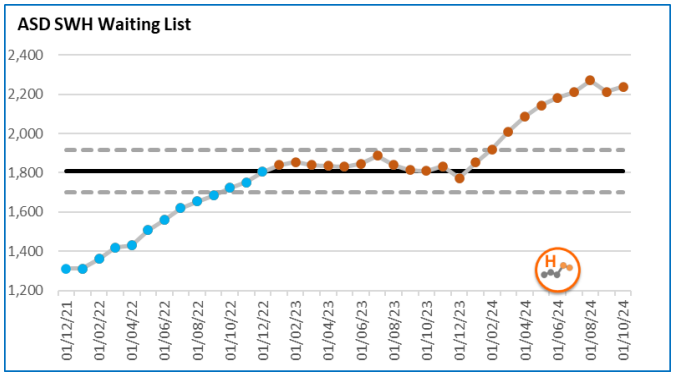
- In ENH, patients have a first appointment with Community Paediatrics. If the clinician, then considers that the patient requires an ASD assessment then they are added to the ASD waiting list
- Data is available on the waiting times for the first community paediatrics appointments and also for ASD assessments 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 Jun-24):

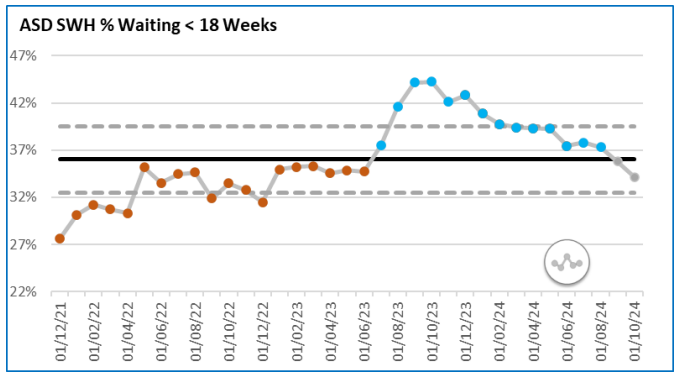
Waiting list bucket	Number of patients (Sep-24)	Number of patients (Oct-24)
<18 weeks	73	105
18 – 65 weeks	490	502
66 – 78 weeks	92	101
>78 weeks	170	179

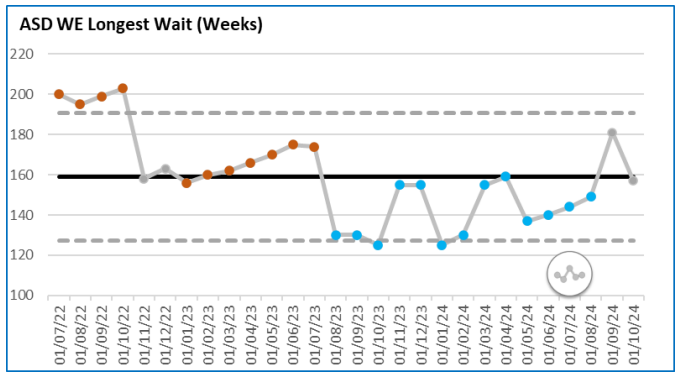
ICB Area	What the charts tell us	Issues	Actions
East & North Herts	• The ASD waiting backlog waiting list continues to increase and reached 887 patients in Oct-24 which is the highest recorded level • The number of patients waiting >78 weeks for an ASD assessment has risen from 86 in Dec-23 to 179 in Oct-24 • 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	• Data not currently reportable on the same basis as the other two ICB Places • Backlog funding ended December 2023 and waiting lists are increasing. In addition to this, further increases in demand predicted • Awaiting confirmation of investment into the service for 2024/25 and 2025/26	• Procurement process to outsource assessments for autism paused due to lack of funding • 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 approved for Neurodiversity Support Centre for the next 3 years • Business case completed and going through governance to extend the Understanding My Autism offer for children and young people beyond March 2025 • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams. The MHLDA HCP and providers are now planning implementation of the model • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in spring 2025 • Partnership for Inclusion of Neurodiversity in schools (PINs programme) is progressing well across the 25 selected schools

Autism Spectrum Disorder (ASD) – South & West Hertfordshire

			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HCT	Children	2212	2237	↑	35.80%	34.15%	↓	125	129	↑	October



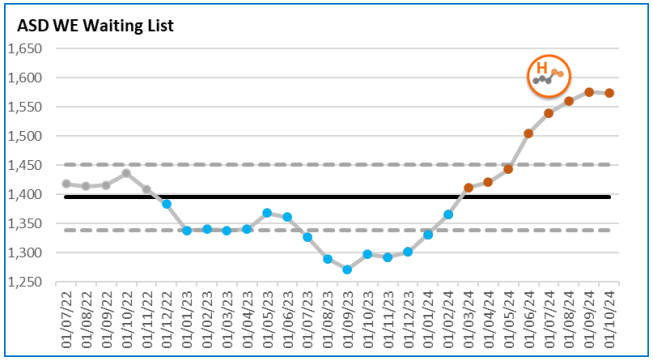


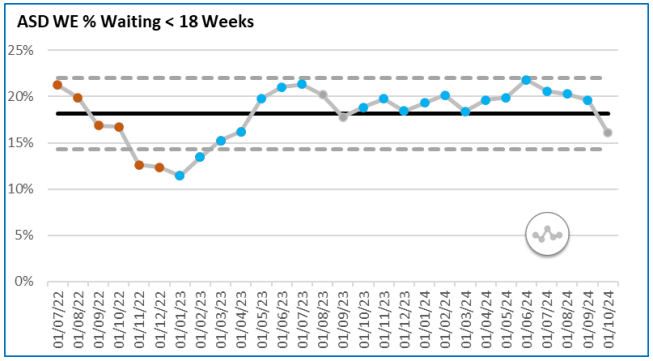


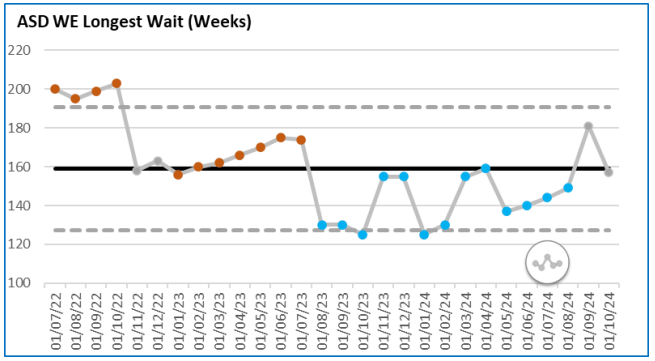
ICB Area	What the charts tell us	Issues	Actions
South & West Herts	• The overall waiting list remains consistently above the historic mean, but has not grown any further than the peak seen in August • The % of ASD waiters < 18 weeks continues to decline and is c.10% lower than October 23 • The longest waits are variable but within common cause variation limits	• Capacity in existing services does not meet demand • Further increases in demand predicted • Payment will be based on activity in 2024/25 • Awaiting confirmation of investment into the service for 2025/26	• Procurement process to outsource assessments for autism paused due to lack of funding • 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 approved for Neurodiversity Support Centre for the next 3 years • Business case completed and going through governance to extend the Understanding My Autism offer for children and young people beyond March 2025 • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams. The MHLDA HCP and providers are now planning implementation of the model • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in spring 2025 • Partnership for Inclusion of Neurodiversity in schools (PINs programme) is progressing well across the 25 selected schools

Autism Spectrum Disorder (ASD) – West Essex

			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
WE	HCRG	Children	1576	1574	↓	19.54%	16.07%	↓	181	157	↓	October





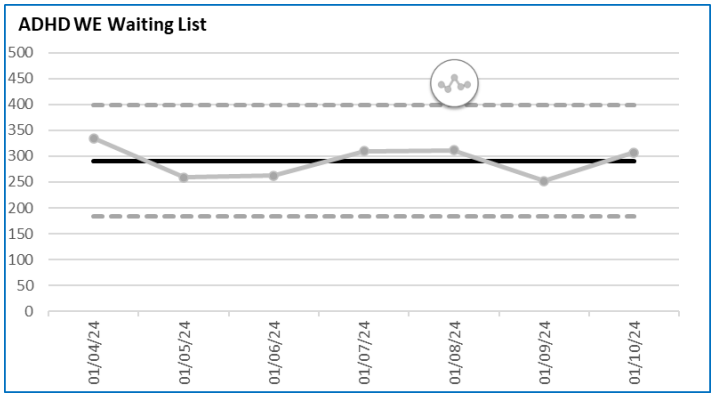


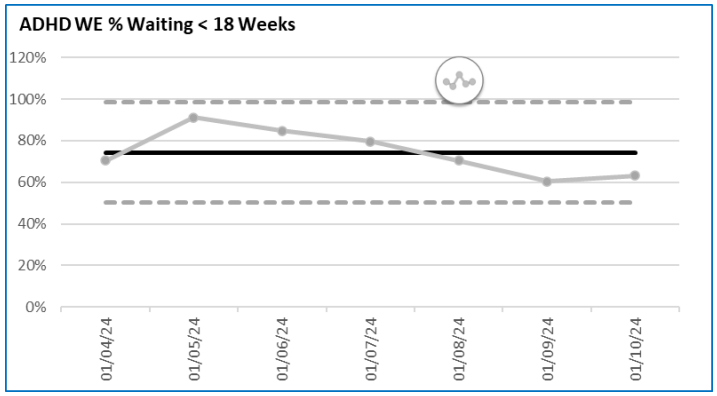
ICB Area	What the charts tell us	Issues	Actions
West Essex	• The ASD waiting list remains very high but did not increase for the first time this year • The % of waiters <18 weeks remains low and has fallen in each of the last four months • The longest wait is variable but within common cause variation limits • 281 of the 1,574 total waiting list are >104 weeks	• Average monthly referral rate continues to be 75-100% greater than commissioned capacity, for Q2 this was an average of 71 per month against capacity for 40 • Demand and capacity analysis forecasts continued waiting list growth • Imminent CQC / Ofsted SEND Inspection for Essex. ASD waiting times and progress with improvement since last inspections in 2019 and 2022 expected to be highlighted	• Business case submitted to increase core capacity for sustainable delivery. Awaiting release of identified ICS wide funding • 'Waiting well' workstream continues with local partners at Place, led by HCRG, also linking in with Essex wide joint commissioning initiatives

Hertfordshire and West Essex Integrated Care System

Attention Deficit Hyperactivity Disorder (ADHD)
West Essex & East & North Hertfordshire

			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	ENHT Paediatrics Service	Children	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
WE	HCRG	Children	252	307	↑	60.32%	63.19%	↑	51	56	↑	October

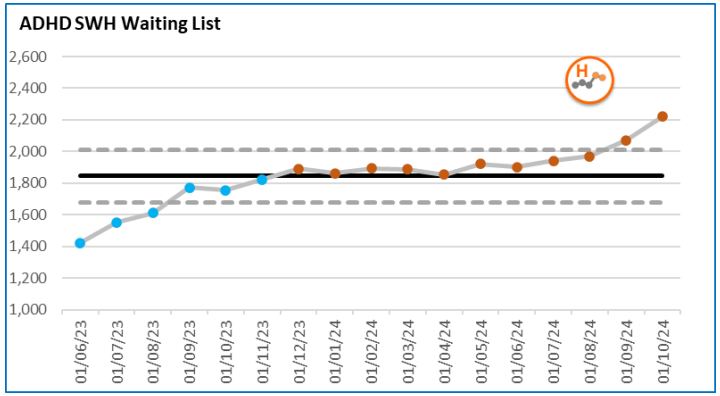


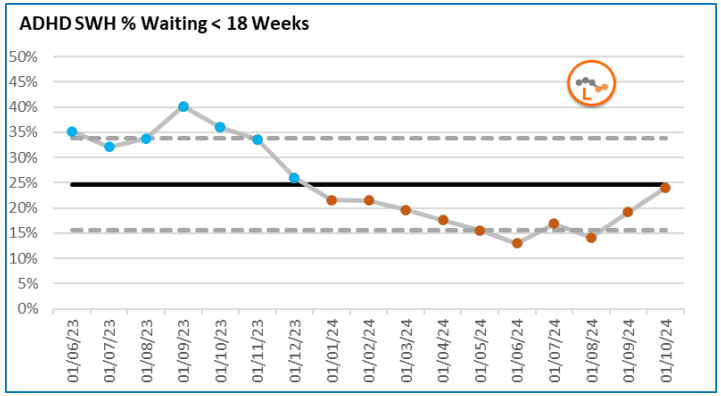


ICB Area	What the charts tell us	Issues	Actions
West Essex	• West Essex waiting lists continue to fluctuate at historic average levels • The % of children waiting <18 weeks are also within common cause variation limits • The longest wait in West Essex increased by 5 weeks to 56 weeks	• ENHT is not currently able to report on waiting times / waiting list sizes for patients waiting for an ADHD assessment • Partial reporting of the Essex ADHD Minimum Dataset whilst pathway improvements continue • Referral rates continues to rise, resulting in risk to maintaining waiting list performance	• Pathway redesign planned to incorporate ASD and ADHD into a single Neuro Diagnostic Service • Full accurate reporting will not be possible until this work is complete – ambition to complete by end of Q3. In the interim, manual ADHD has been included in this report

Attention Deficit Hyperactivity Disorder (ADHD) – South & West Hertfordshire

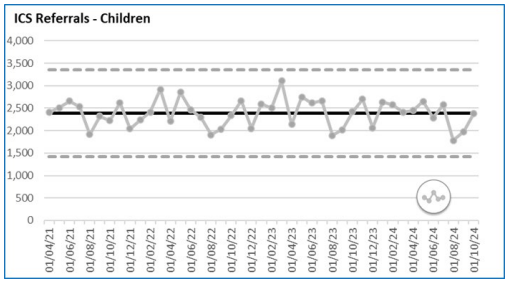
			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HPFT	Children	2072	2221	↑	19.21%	24.04%	↑	177	181	↑	October

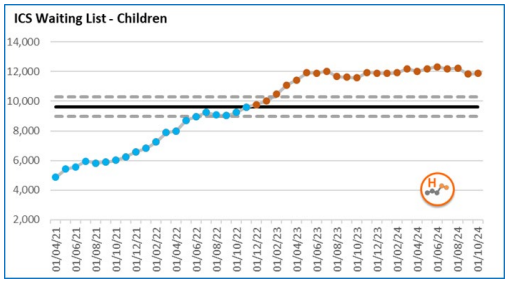


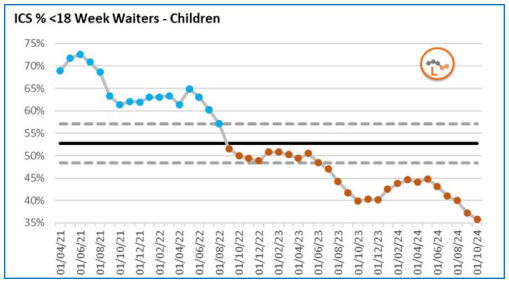


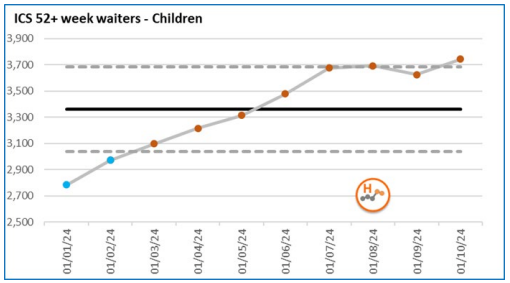
ICB Area	What the charts tell us	Issues	Actions
West Essex	• Overall waiting list was relatively stable but has increased in each of the last four months • The % of ADHD patients waiting <18 weeks has notable improved in the last two months (up c.10%)	• Payment will be based on activity in 2024/25 • Awaiting confirmation of investment into the service for 2025/26	• Procurement process to outsource assessments for autism paused due to lack of funding • 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 approved for Neurodiversity Support Centre for the next 3 years • Business case completed and going through governance to extend the Understanding My Autism offer for children and young people beyond March 2025 • Clinicians have agreed future best practice Neurodiversity Model for Hertfordshire. This has been signed off through clinical governance and agreed by operational teams. The MHLDA HCP and providers are now planning implementation of the model • Hertfordshire wide single point of referral for all ASD and ADHD is progressing well with providers working together to plan full implementation in spring 2025 • Partnership for Inclusion of Neurodiversity in schools (PINs programme) is progressing well across the 25 selected schools

Community Waiting Times (Children)









		Referrals			Patients Waiting			% Waiting <18 weeks			Patients Waiting >52 Weeks			
Place	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ICS	Children	1978	2386	↑	11833	11884	↑	37.28%	35.85%	↓	3626	3743	↑	October

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	325	386	↑	685	617	↓	84.67%	86.06%	↑	0	2	↑	October
ENH	AJM (W/Chairs)	25	25	→	134	132	↓	64.18%	55.30%	↓	1	1	→	October
ENH	ENHT Community Paeds.	201	265	↑	6215	6303	↑	14.50%	13.98%	↓	3555	3684	↑	October
ENH	**All**	**8957**	**9001**	↑	**10355**	**10489**	↑	**89.09%**	**88.62%**	↓	**23**	**37**	↑	**October**

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HCT	1009	1219	↑	3768	3664	↓	53.29%	50.60%	↓	70	54	↓	October
SWH	AJM (W/Chairs)	16	21	↑	129	121	↓	55.04%	52.89%	↓	0	2	↑	October
SWH	Communitas (ENT)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
SWH	**All**	**1025**	**1240**	↑	**3897**	**3785**	↓	**55.62%**	**53.35%**	↓	**70**	**56**	↓	**October**

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
WE	EPUT (W/Chairs)	22	23	↑	29	36	↑	100.00%	100.00%	→	0	0	→	October
WE	HCRG	380	447	↑	873	1011	↑	84.31%	81.21%	↓	0	0	→	October
WE	**All**	**402**	**470**	↑	**902**	**1047**	↑	**84.81%**	**81.85%**	↓	**0**	**0**	→	**October**

NOTE: **Work underway with all Community Providers currently not providing accurate community waiting list data**

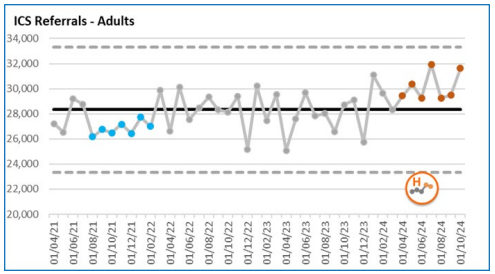
Hertfordshire and West Essex Integrated Care System

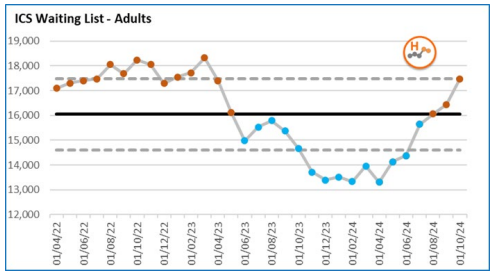
Community Waiting Times (Children)

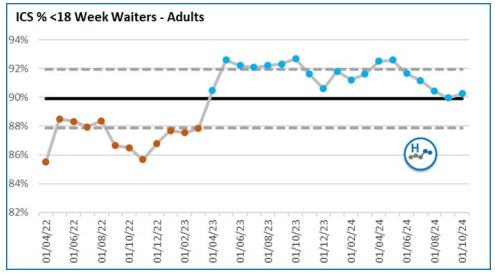
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Children's community services this include Community Paediatrics (ICS wide) and Children's Audiology (SWH). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services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

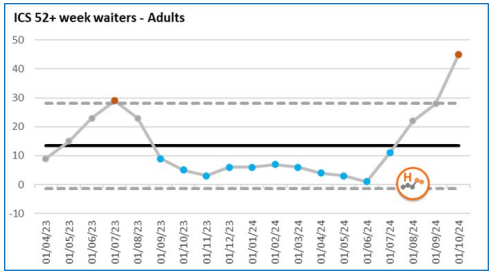
ICB Area	What the charts tell us	Issues	Actions
ICB	• Overall referrals to all services continue to fluctuate within expected common cause variation limits • The total number of children on waiting lists remains very high, but has plateaued at c.12,000 • The % of children waiting less than 18 has fallen for the last 5 months and is now at 35.9%, compared to the national average of 50.4% • The longest waits are within the ENHT Community Paediatrics Service where there are 3,684 x 52 week waits. There are additionally 54 x 52 week waits within HCT services in South & West Hertfordshire, but this is an improvement of 16 in month • Consultant led 18-week RTT performance: SWH Community Paediatrics – 42.1% SWH Children's Audiology – 40.4% ENH Community Paediatrics – 14.0% WE Community Paediatrics – 82.0%	**Hertfordshire** • Most HCT children's specialist services are seeing a marked increase in demand • Waiting times in the SWH HCT Community Paediatrics service are improving, with a decreasing number of long waiters and an improvement trend since August 2023 • There are continued waiting time pressures in Paediatric Audiology in SWH, but there has been improvement with a 36% decrease in total waiters since a high point in June 2023. 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, but EHCP performance and workforce position is improving **West Essex (WE)** • Dietetics was the most challenged service in October with 49% achieved. Allergy Dietitian required to manage increase in referrals within the Allergy service • Increased demand due to seasonal rise in referrals	**Hertfordshire** • For HCT services the number of over 52-week waits has reduced from 494 in September 2023, to 115 in October this year, and continues to improve in the most recent data • Focus on reducing DNA / NBI rates for children living in relatively more deprived neighbourhoods • Outsourcing in place in several services • Waiting list initiatives in place for some services to achieve no 65+ week waiters each month • Community Paediatrics in SWH is receiving non-recurrent extra investment to increase workforce capacity and introduce new specialist nursing posts. Service working at fully established WTE • 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. Implementing patient self-booking to reduce NBIs. Demand and capacity analysis completed and identified required staffing model to reduce the waiting list • Children's Therapies – increasing capacity through successful recruitment, waiting list initiatives and outsourcing. Pilot for self-booking in one locality has reduced NBI, now being rolled out to other localities • EHCP dashboard developed to improve waiting list management **Community Paediatrics ENHT** • 52-week waits are forecast to increase to c.4.2k by March 25. Whilst a deterioration from the current position, this is better than projected in our 24/25 System Operational Plan • Referrals have increased by 30% since 19/20, but activity has only increased by 17% (28% increase in follow-up activity, but a 15% decrease in new activity). Ongoing recruitment attempts have been unsuccessful • Development of a single model of care for neurodiversity in Hertfordshire is progressing. Proposed service will include a single point of referral for all ADHD / ASD referrals in Hertfordshire and make full use of the MDT for pathways that don't need to be Consultant led **West Essex (WE)** • Community Paeds caseload cleanse paused to target backlog of referrals – additional hours being provided to address • Considering a PIFU approach in Dietetics. Vacancy remains • Awaiting release of identified CYP funds from the ICB • Preparation for recommissioning of HCRG contract ongoing

Community Waiting Times (Adults)









		Referrals			Patients Waiting			% Waiting <18 weeks			Patients Waiting >52 Weeks			
Place	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ICS	Adults	29480	31618	↑	16441	17475	↑	89.97%	90.25%	↑	28	45	↑	October

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	8859	8888	↑	9731	9871	↑	90.85%	90.60%	↓	19	24	↑	October
ENH	AJM (W/Chairs)	98	113	↑	624	618	↓	61.54%	56.96%	↓	4	13	↑	October
ENH	**All**	**8957**	**9001**	↑	**10355**	**10489**	↑	**89.09%**	**88.62%**	↓	**23**	**37**	↑	**October**

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	CLCH	6851	7782	↑	1783	1680	↓	96.97%	97.38%	↑	0	0	⇨	October
SWH	CHEC (Ophthalmology)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
SWH	Circle Health (MSK)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
SWH	Communitas (ENT)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
SWH	The Gynaecology P/Ship	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
SWH	HCT	863	1016	↑	1187	1015	↓	83.74%	91.13%	↑	2	0	↓	October
SWH	AJM (W/Chairs)	107	93	↓	660	657	↓	58.94%	54.34%	↓	3	8	↑	October
SWH	**All**	**7821**	**8891**	↑	**3630**	**3352**	↓	**85.73%**	**87.05%**	↑	**5**	**8**	↑	**October**

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
WE	EPUT	12585	13628	↑	2314	3508	↑	100.00%	97.89%	↓	0	0	⇨	October
WE	EPUT (W/Chairs)	117	98	↓	142	126	↓	99.30%	99.21%	↓	0	0	⇨	October
WE	Mayflower	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	October
WE	**All**	**12702**	**13726**	↑	**2456**	**3634**	↑	**99.96%**	**97.94%**	↓	**0**	**0**	⇨	**October**

NOTE: **Work underway with all Community Providers currently not providing accurate community waiting list data**

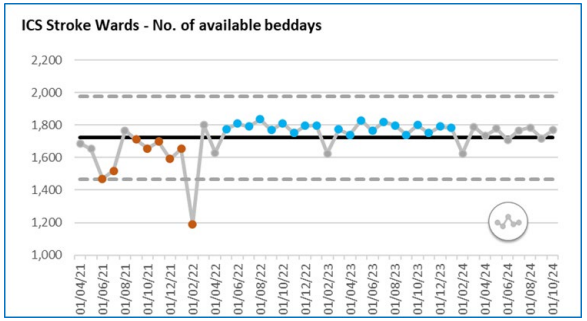
Hertfordshire and West Essex Integrated Care System

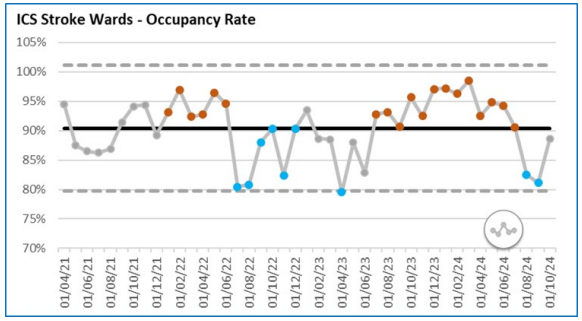
Community Waiting Times (Adults)

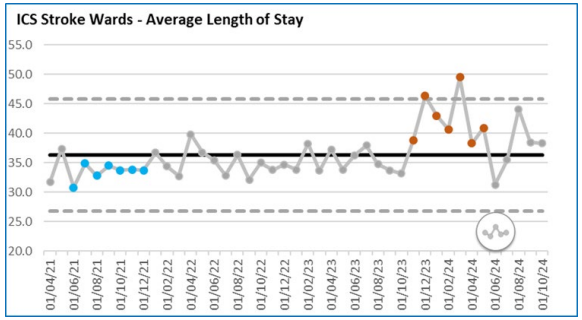
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Adult community services this include Skin Health (ENH), Respiratory (S&W), and Podiatric Surgery (WE). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services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

ICB Area	What the charts tell us	Issues	Actions
ICB	• **Data for five community providers is currently excluded from the overall HWE system position as noted on the previous slide. Work is underway to resolve reporting and quality issues with providers and include data in future reports.** • Overall referrals continue an upwards trend and are now showing special cause variation of a concerning nature • The % of patients waiting less than 18 weeks remains comparatively strong at 90.3%, compared to the national average of 84.2% • Overall waiting lists are also showing special cause variation of a concerning nature. This is driven by high referrals, ENH increases YTD, and the transfer of iMSK patients to EPUT in WE • 52 week waits increased from 28 to 45 in month – split between HCT and AJM wheelchairs • Consultant led 18-week RTT performance: ENH Skin Health – 88.5% SWH Respiratory – 92.7% WE Podiatric Surgery – 100%	**East & North Hertfordshire (ENH)** • Slight increase in referrals compared to 2022/23 • Slight reduction in the 'waiting within target' performance in recent months when compared to the pre-pandemic baseline and last year **South & West Hertfordshire (SWH)** • MSK services previously delivered by Connect have been reprocured with Circle. Work continues to resolve a number of data quality issues before incorporation into this report • Increase in overall number of referrals. However overall number of patients waiting has decreased • There are no patients waiting above 52 weeks **AJM (Wheelchairs)** • 21 x 52 week waits reported in the October position has been improved to 12 in the latest data, and commissioners are working with AJM to closely oversee these remaining cases. It should be noted that quoted waiting times are from referral to chair handover, and patients will have had multiple appointments in the interim with plans in place **West Essex (WE)** • SLT, Podiatry and Bio-Mechanics breaches of waiting times due to vacancies / capacity. Maximum wait of 12 weeks v. 8 week target • MSK breaches and increased PTL following transfer of iMSK patients from Stellar Healthcare on contract termination	**East & North Hertfordshire (ENH)** • All waits are closely monitored and subject to robust internal governance • Service productivity initiatives continue • Forecasting suggests a stable trend over the next 12 months, and that overall current waiting time performance will be maintained or slightly improved • Comprehensive health inequalities metrics in place and analysis has allowed the Trust to compare waiting times and DNA rates for those living in relative deprivation versus those that do not. Targets have been set to address discrepancies **South & West Hertfordshire (SWH)** • Working with Circle and ICB contract leads to resolve reporting issues following re-tender of SWH MSK contract from 1st April • Weekly Divisional review meetings with services remain in place • Trajectories currently being updated for services where there are concerns • Patient Initiated Follow Up (PIFU) SOP currently being worked up for Lymphoedema. Although this is aimed at follow ups, it will create additional capacity for 1st appointments **West Essex (WE)** • SLT Locum capacity in place from mid-November. High risk patients being prioritised • Podiatry / Bio-Mechanics – 2 x new starters commencing in November & December respectively • iMSK recovery plan agreed with full recovery of CRS / ESP services expected by January 25 • Trajectory for routine Physiotherapy TBC

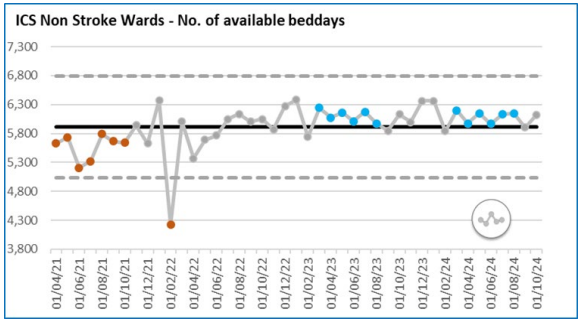
Community Beds (Stroke & Non-Stroke)

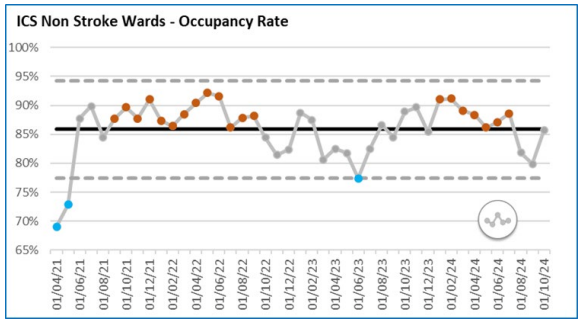


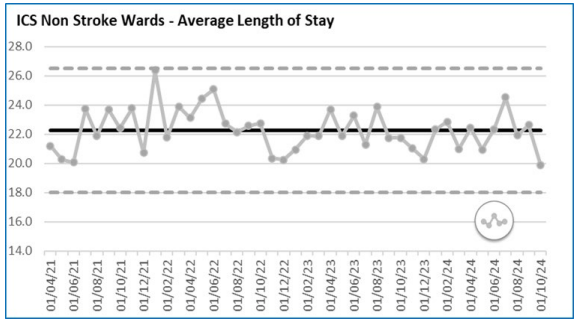




Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	720	744	↑	80.42%	86.83%	↑	30.3	29.9	↓	October
SWH	CLCH	577	592	↑	84.92%	99.49%	↑	40.5	36.3	↓	October
WE	EPUT	420	434	↑	77.14%	76.73%	↓	50.0	58.0	↑	October
ICS	**All**	**1717**	**1770**	↑	**81.13%**	**88.59%**	↑	**38.5**	**38.3**	↓	**October**







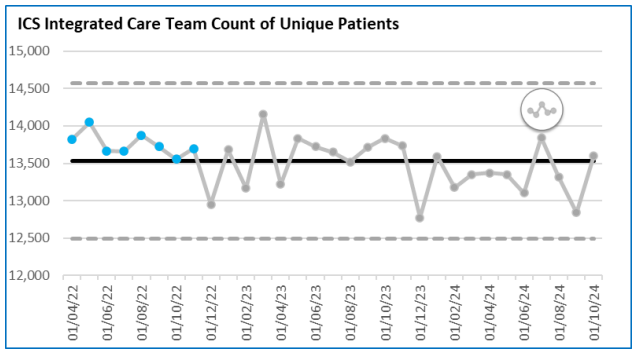
Non-Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	1590	1643	↑	77.86%	86.73%	↑	24.6	18.7	↓	October
SWH	CLCH	2124	2216	↑	89.50%	88.45%	↓	25.3	21.0	↓	October
WE	EPUT	2190	2263	↑	72.01%	82.15%	↑	17.9	19.6	↑	October
ICS	**All**	**5904**	**6122**	↑	**79.88%**	**85.66%**	↑	**22.6**	**19.9**	↓	**October**

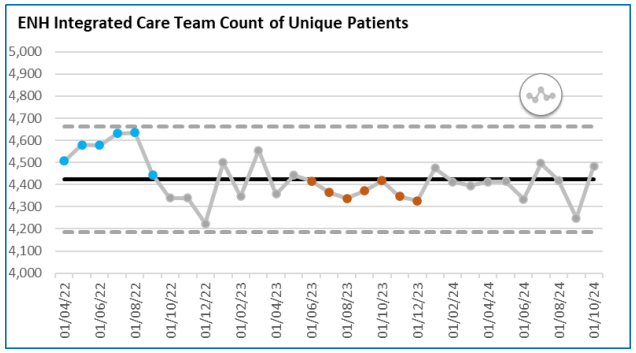
Community Beds (Stroke & Non-Stroke)

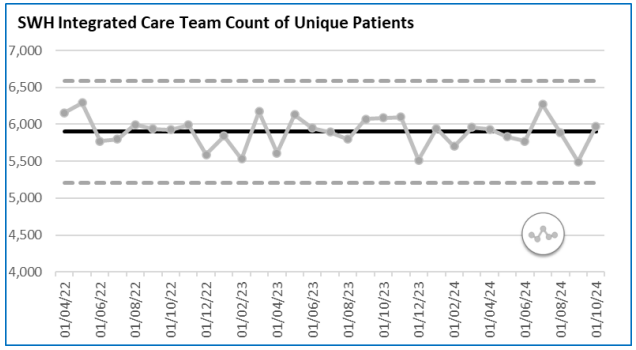
ICB Area	What the charts tell us	Issues	Actions
ICB	**Stroke Beds Days** • Available stroke bed days remain stable • Overall stroke bed occupancy rates have returned to historic average levels after the lows seen in August / September • CLCH occupancy remains very high at 99.5% • Overall length of stay is within common cause variation limits, but has been largely above the historic average during 2024 • EPUT length of stay remains notably higher than in Hertfordshire **Non-Stroke Beds Days** • Available non-stroke bed days remain consistent at c.6,100 per month • Overall non-stroke bed occupancy rates have returned to historic average levels after the lows seen in August / September • Overall length of stay remains within common cause variation limits	**East & North Hertfordshire (ENH)** • Bed occupancy remains the highest at Danesbury with an average of 90% over the past 12 months. Herts & Essex and QVM both have a 12-month average occupancy of 82 • Average length of stay over the past 12 months for Herts & Essex averaged 24 days, and 27 days at QVM. At Danesbury, there is now normal variation with an average of 37 days. Admissions into community hospitals show no significant change in trend at Herts and Essex and QVM • Danesbury has the least admissions with an average of 17 a month, with QVM averaging 18, and Herts & Essex averaging 32 **South & West Hertfordshire (SWH)** • Stroke occupancy rates increased. However slight dip in non-stroke • Reduction in length of stay for both stroke and non-stroke **West Essex (WE)** • Length of stay on stroke ward impacted by 4 patients with extensions to stay agreed with agreed with ICB commissioners • Non-stroke bed occupancy remains low but has improved	**East & North Hertfordshire (ENH)** • New process regarding criteria to reside in place to support discharge **South & West Hertfordshire (SWH)** • Daily assurance calls remain in place with HCC with clear escalation process • Review of Transfer of Care HUB with system partners currently underway • In partnership with social care colleagues, currently reviewing escalation plan **West Essex (WE)** • Daily escalation calls in place to support all delayed discharges • West Essex HCP + Essex County Council plan to use bed capacity to support Discharge to Assess (D2A) patients from November 2024

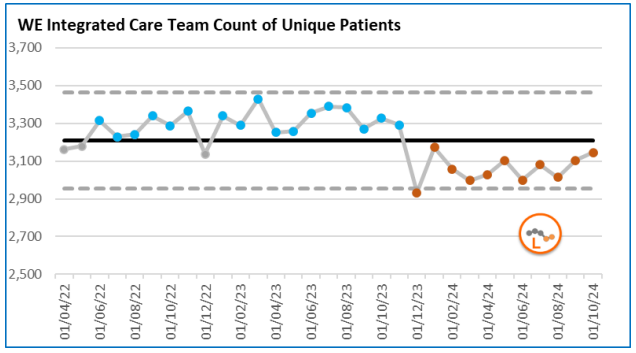
Hertfordshire and West Essex Integrated Care System

Integrated Care Teams (ICT)









			Contacts (unique patients)			Contacts (unique patients) per 1000 population			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	All	4248	4484	↑	6.7	7.1	↑	October
SWH	CLCH	All	5492	5975	↑	8.0	8.7	↑	October
WE	EPUT	All	3103	3146	↑	9.3	9.4	↑	October
ICS	**All**	**All**	**12843**	**13605**	↑	**7.8**	**8.2**	↑	**October**

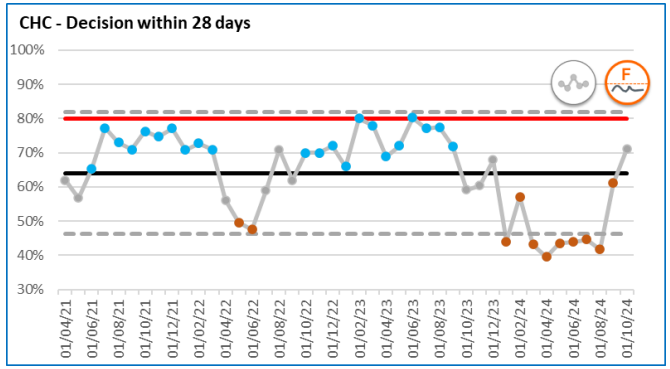
Hertfordshire and West Essex Integrated Care System

Integrated Care Teams (ICT)

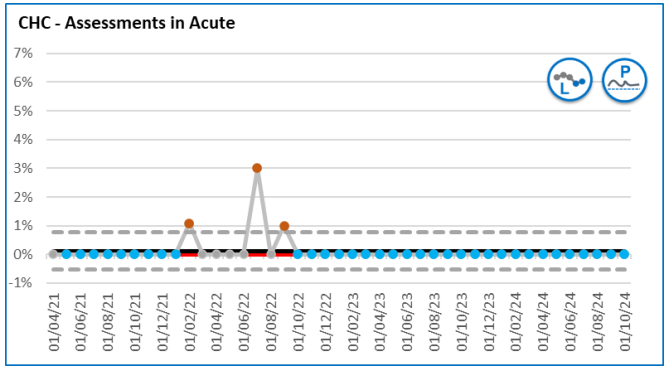
ICB Area	What the charts tell us	Issues	Actions
ICB	• Unique contacts across the ICS and within the two Hertfordshire Places are within expected common cause variation limits • Unique contacts in West Essex have trended below the historic mean for the last 11 months; this is reflective of patients being seen in the most appropriate setting, with the more complex patients sitting with ICTs.	**East & North Hertfordshire (ENH)** • The number of individuals rereferred to the ICT is similar to pre-pandemic • Contacts per month are lower than pre-pandemic (linked to increasing complexity) and there is an increase in the first-to-follow-up appointment ratio • The net effect of these factors is that the overall caseload is much higher than in 2019/20 across all localities • Patient complexity is increasing, with more intensive treatments required. e.g. numbers of intravenous antibiotics (IV) and End of Life (EOL) patients • Performance focus on deferral rates **South & West Hertfordshire (SWH)** • Increase in number unique patients and number of contacts **West Essex (WE)** • Since April 2021 ICTs have seen a reduction in referrals. Contacts per patient however have increased, suggesting an increase in acuity of patients receiving care in the community	• Care Closer to Home programme underway across HWE to reduce variation and shift to reporting outcomes and impact, to compliment the activity driven data that exists **East & North Hertfordshire (ENH)** • Steering group in place chaired by HCT Chief Operating Officer • A comprehensive transformation programme in place focused on workforce, wound care and diabetes management with the ICT • SystmOne optimisation project underway aiming to streamline use of clinical systems with a prospective productivity gain. Some promising initial progress in relation to revised design • The Hospital at Home service appears to be effectively supressing Acute demand **West Essex (WE)** • Work progressing to support development of Integrated Neighbourhood Teams of which the ICTs are integral, alongside socialisation of the new HWE care closer to home model of care. Proactive care model for segments 4 & 5 to support reduction on NELs by 25%

Hertfordshire and West Essex Integrated Care System

Continuing Health Care (CHC)



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	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	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
East & North Hertfordshire	38.7	23.3	50.0	58.3	50.0	66.7	77.4	70.4	47.8	52.6	72.0	69.0	70.8	74.2	94.9	86%	100	83%	100	70%	88%	83%	91%	87%	82.5	86.5	82.1	75.6	87.5	82.9	75.7	77.1	80.0	50.0	80.4	67.5	65.0	71.9	48.8	71.7	64.3	63.6	64.9
South & West Hertfordshire	47.2	65.7	74.4	81.5	80.4	66.7	61.1	72.3	85.7	80.5	71.2	72.5	47.2	35.2	23.4	36%	41%	33%	50%	63%	58%	63%	72%	67%	50.0	61.1	73.6	71.8	69.7	56.5	36.4	45.8	47.5	34.9	35.4	23.5	22.4	23.2	28.0	28.6	24.4	57.1	80.4
West Essex	100.	87.0	71.0	83.0	80.0	88.0	100.	93.0	92.3	68.4	80.0	70.0	88.9	89.5	85.0	75%	100	85%	89%	81%	78%	64%	87%	89%	91.7	91.3	87.9	92.9	83.9	87.5	92.6	70.8	92.9	76.5	84.6	76.2	71.4	56.8	71.8	52.1	66.7	73.1	65.5
ICS	62.0	56.8	65.4	77.3	73.0	71.0	76.3	74.8	77.2	70.9	72.8	71.0	56.2	49.7	47.6	59%	71%	62%	70%	70%	70%	72%	66%	80%	78%	68.9	72.1	80.3	77.1	77.5	71.9	59.2	60.4	67.9	44.0	57.1	43.2	39.6	43.5	43.9	44.6	41.7	61.1	71.1



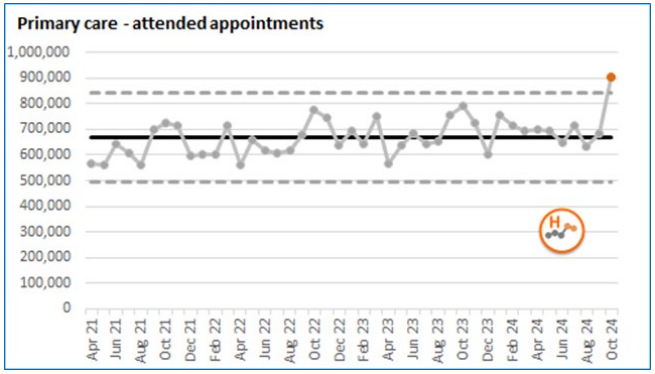
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
East & North Hertfordshire	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%	0%	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
South & West Hertfordshire	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
West Essex	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
ICS	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	3%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

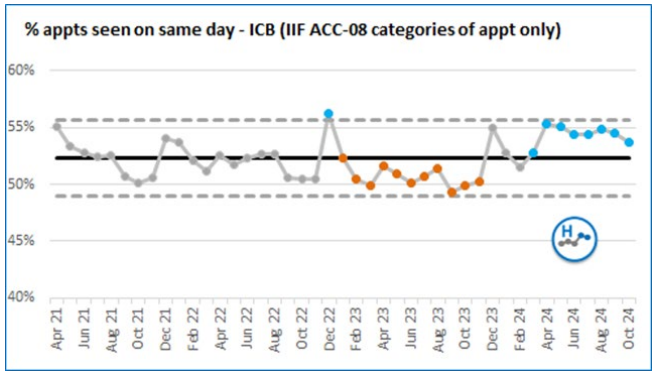
	What the charts tell us	Issues	Actions

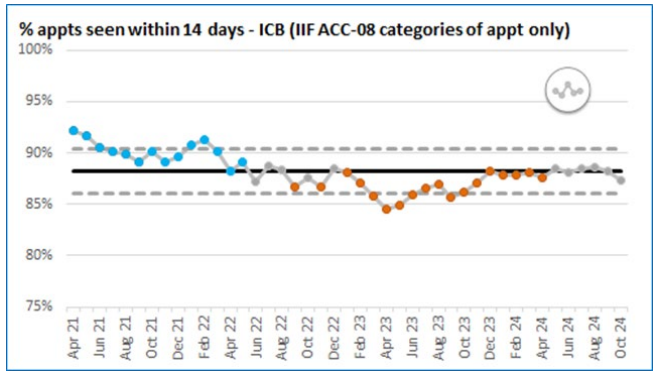
HWEICB	• The 28-day standard has notably improved over the last two months, most significantly in South & West Hertfordshire
	• Performance is trending above the historic mean, and ICB projections for the quarter are being met
	• October overall performance is significantly improved and has reached levels last seen in October 2023:
	  ○ Overall ICB – 71%
	  ○ West Essex – 65%
	  ○ ENH – 65%
	  ○ SWH – 80%
	• The assessments in an acute setting <15% standard continues to be routinely achieved
		• The newly recruited starters do not have previous CHC experience and therefore require robust training and development
		• The recovery of the 28-day standard is forecast be achieved by Q4 24/25 and is on track
		• West Essex 28-day performance has declined by 8% in October vs. September. The key issue is workforce. West Essex has a total of 15 WTE, with 5.4 WTE posts currently vacant. In addition to staff sickness issues, the vacancies have meant that West Essex are currently 40% reduced from their WTE establishment
			• Weekly meetings are in place across all areas to monitor performance. Additional assurance meetings are being held with NHSE
			• A further comprehensive layer of management control and support is being implemented across the West Essex service to significantly improve work allocation, daily analysis of completed work, case status and risk identification. This approach is similar to that which has improved the service in South & West Herts
			• More robust induction and training packs are being developed for new starters to ensure they can become as productive as possible with day-to-day operations as quickly as possible

Hertfordshire and West Essex Integrated Care System

Primary Care







NOTE: %s in the above charts are based on appointments made, not requests received

What the charts tell us

- There was a sharp increase in the number of attended appointments in Oct-24. This was likely driven by patients attending for winter vaccines. However, the increase was larger than observed in previous Octobers
- The % of appointments seen on the same day of booking has been above the long-term mean for the last seven months, suggesting that there has been a sustained improvement in the % of appointments seen on the same day. The chart above now shows the % of same day appointments for a subset of appointment types where the patient would typically want the first available appointment, rather than reviews / check-ups (IIF ACC-08 categories of appointment)
- The % of appointments which were seen within 14 days of booking has returned towards the mean over the last five months, and performance is only marginally below this year's plan of 89%. The chart above now shows the % of same day attendances for a subset of appointment types where the patient would typically want the first available appointment, rather than reviews / check-ups (IIF ACC-08 categories of appointment)

Hertfordshire and West Essex Integrated Care System

Primary Care

Issues	Actions
• National contract for 24/25 imposed without agreement and Collective Action in Primary Care added to the risk register • General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal • 24/25 focus on cutting bureaucracy, helping practices with cash flow and increase financial flexibilities and continue to improve patient experience of access	**Engagement with the National Access Recovery Plan** • Logging local intelligence on practices taking part in collective action and ongoing work with HETCG and liaison with LMC to identify and mitigate any issues arising • Annual GP Patient Survey (GPPS) was published in July (data collected Jan –Mar 24). Overall slight improvement and PCCC and Primary Care Board oversight of results. Action plan developed through the Access MDT Group Triangulation with other data held does not show any strong correlation e.g. number of appointments, digital telephony etc. • GPPS 2024 Dental Access results shows HWE as best performing in East of England • Many practices transitioning to Modern General Practice (MGP) through demand / capacity analysis, use of cloud-based telephony, roll out NHS app, online GP registration, development of GP and PCN websites and testing triage models. Audit of latest position for all practices being collated for 24/25 year-end update. • Local CAIP - 24 of 35 PCNs have submitted their self-declaration based on the PCN's progress in implementing the Modern General Practice Access (MGPA) model and specifically in delivering against three priority domains. Specifically, these are Better Digital Telephony – 24 PCNs; Simpler Online Requests – 18 PCNs; Faster Care Navigation, Assessment and Response – 21 PCNs. PCNs can submit their self-declaration up to 31 March 25 • Transition Cover – 121 practices supported with further funding to implement modern general practice • All practices now have Cloud Based Telephony of some level. Looking at options for improving services at the circa 25 practices who are on the lowest level of CBT • National GP Improvement Programme - 43 practices & 4 PCNs participated in this nationally supported facilitated programme • 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. Roll-out of SLF facilitated sessions for practices at increased pace in 24/25 • The majority of practices have progressed towards full enablement of prospective records access; over 725k patients across HWE have access to their records; 60% of practices have 90%+ of patients with online access + records access enabled; over 80% of practices with 80%+ • Partnership working to increase self-referrals in high volume services: Physio, IAPT, Podiatry etc. • Communications to support ICB and practice websites, media statements and patient comms re the Delivery Plan • Development of PC Dashboard to include further metrics to allow triangulation / narrative in the absence of plan / reporting requirement in national contract • Inclusion of newly qualified GPs in the ARR scheme from October 24 onwards **Other** • Funding for Additional Capacity via PCNs over Winter agreed locally as no National funding this year – action to review PCN plans against 2 agreed priorities - Prevention (frailty, LTC, EOL) or Same day access • Enhanced Commissioning Framework (ECF) refined for 24/25 and include shared care monitoring arrangements • Trend analysis to identify practices with poor access via complaints and patient contacts • Initiatives for Primary Care Workforce to support recruitment and retention, supported by the HSE ICB Training Hub • Daily review of OPEL reporting by practices and follow up by place Primary Care Teams with individual practices • Pharmacy First now live, work with Community Pharmacy leads and practices to promote service

Performance v. 24/25 Operational Plans – Month 7

		Year To Date					
Area	Description	Plan	Actual	Variance to Plan	Variance to Plan %	Performance	Latest Data
Planned Care	Elective day case spells	90,837	94,891	4,054	**4.5%**	↑	Oct-24
	Elective ordinary spells	8,106	8,526	420	**5.2%**	↑	Oct-24
	Outpatient procedures	161,242	181,447	20,205	**12.5%**	↑	Oct-24
	Percentage outpatients follow-up without a procedure	49.6%	47.5%	**-2.1%**		↓	Oct-24
	Total outpatient attendances	943,447	999,570	56,123	**5.9%**	↑	Oct-24
	Incomplete (RTT) pathways 65 weeks+	0	194	194		↑	Oct-24
	The number of incomplete Referral to Treatment (RTT) pathways	141,335	138,060	-3,275	**-2.3%**	↓	Oct-24
	Diagnostic test waiting list over 6 weeks - All Planning Modalities	5,889	16,613	10,724	**182.1%**	↑	Oct-24
Cancer	Percentage patients seen within 62 days	77.5%	73.2%	**-4.3%**		↓	Oct-24
	Percentage cancer 28 day waits (faster diagnosis standard)	74.2%	79.0%	**4.8%**		↑	Oct-24
UEC	Type 1, 2, 3 A&E attendances	299,562	305,832	6,270	**2.1%**	↑	Oct-24
	Percentage Type 1, 2, 3 A&E attendances < 4 hours	75.6%	72.5%	**-3.1%**		↓	Oct-24
	Non-elective spells - 0 days length of stay	18,147	28,334	10,187	**56.1%**	↑	Oct-24
	Non-elective spells - 1+ days length of stay	49,345	50,314	969	**2.0%**	↑	Oct-24
	Same day emergency care	24,835	-	-	**-**	↑	Oct-24
Primary Care	Percentage of appointments seen within two weeks	89.1%	88.1%	**-1.0%**		↓	Oct-24

Key	
↑	Value is above plan
↓	Value is below plan
	Variation of a positive nature
	Variation of a negative nature

Mental Health Performance v. 24/25 Operational Plans – Quarter 2

MONTHLY METRICS

Area	Description	Year To Date				Performance	Latest Data
		Plan	Actual	Variance to Plan	Variance to Plan %		
OAPs	Active inappropriate adult acute mental health OAPs	66	270	204	**309.1%**	↑	Oct-24
Talking Therapies	Percentage of patients that achieved reliable recovery	48.5%	51.0%	**2.5%**		↑	Oct-24
	Percentage of patients that achieved reliable improvement	67.1%	66.9%	**-0.2%**		↓	Oct-24
Dementia	Estimated prevalence of dementia based on GP registered populations	64.9%	64.7%	**-0.2%**		↓	Oct-24
CYP	Number of CYP supported through NHS funded mental health services receiving at least one contact	132,382	78,495	-53,887	**-40.7%**	↓	Oct-24

QUARTERLY METRICS

Area	Description	Year To Date				Performance	Latest Data
		Plan	Actual	Variance to Plan	Variance to Plan %		
Learning Dissability	% of AHCs carried out for 14+ year olds on the QOF Learning Disability Register	18.8%	17.3%	**-1.4%**		↓	Q2
	Learning Disability Inpatient Rate per Million ONS Resident Population	29.01	-	**-**		↑	Q2
	Learning Disability Inpatient Rate per Million ONS Resident Population	15.09	-	**-**		↑	Q2
SMI	Percentage of people with severe mental illness receiving a full annual physical health check	50.6%	46.1%	**-4.4%**		↓	Q2

Key	
↑	Value is above plan
↓	Value is below plan
	Variation of a positive nature
	Variation of a negative nature

Appendix A: Performance Benchmarking (ICB)

October 2024

Area	Activity	Hertfordshire and West Essex ICB: Latest published data	Data published	Trend against last month	NATIONAL position National vs (ICB)	REGIONAL position EoE Region vs (ICB)	ICB Ranking
111	Proportion of calls answered < 60 secs	67.4%	November 24	✗ -21.35%	78.45% (Worse)	76.19% (Worse)	26
	Proportion of calls abandoned	5.1%	November 24	✗ 33.81%	3.17% (Worse)	3.68% (Worse)	22
A&E	% Seen within 4 hours	69.7%	November 24	✗ -2.477%	72.14% (Worse)	71.01% (Worse)	32
	12 Hour Breaches	11.1%	November 24	✓ -5.86%	10.69% (Worse)	9.45% (Worse)	22
Cancer	28 days Faster Diagnosis	78.4%	October 24	✗ -0.06%	77.11% (Better)	74.53% (Better)	18
	31 days	92.5%	October 24	✗ -3.96%	91.51% (Better)	88.45% (Better)	23
	62 days	71.7%	October 24	✗ -0.98%	68.16% (Better)	65.07% (Better)	10
RTT	Incomplete Pathways <18 weeks	57.4%	October 24	✓ 0.50%	58.9% (Worse)	55.1% (Better)	26
	52+ weeks as % of total PTL	2.93%	October 24	✓ -9.90%	3.11% (Better)	4.22% (Better)	26
	65+ weeks as % of total PTL	0.20%	October 24	✓ -13.94%	0.28% (Better)	0.36% (Better)	24
	78+ weeks as % of total PTL	0.02%	October 24	✗ 26.54%	0.03% (Better)	0.04% (Better)	27
Diagnostics	6 week wait	35.0%	October 24	✓ -9.36%	20.69% (Worse)	31.27% (Worse)	41
Mental Health	Dementia Diagnosis rate	65.1%	October 24	✓ 0.46%	65.70% (Worse)	64.20% (Better)	24
	OOA placements	49	October 24	✓ 14.29%	n/a	n/a	n/a
CHC *	% of eligibility decisions made within 28 days	71.1%	October 24	✓ 14.04%	72.35% (Worse, at 49.13%)	68.35% (Worse, at 49.13%)	38
	% of assessments carried out in acute	0.0%	October 24	– 0.00%	0.57% (Worse, at 1.28%)	0.30% (Worse, at 1.28%)	37

LEGEND

Performance against target
- On/above target
- Below target

Performance against previous month
- ✓ Improvement
- ✗ Deterioration
- – No change

ICB Ranking
- First quartile
- Middle quartile
- Lowest quartile

*** CHC benchmarking and ranking** is based on quarterly data only.
The latest data is Q2 for 2024/25 (covering Jul - Sept 2024).

Appendix B: Performance Benchmarking (Providers / Place)

October 2024

			Hertfordshire and West Essex ICB (PROVIDER)																
Area	Activity	Data published	East and North Herts Trust	Trend against last month	Position against National	Position against Region	Provider Ranking	West Herts Teaching Hospital Trust	Trend against last month	Position against National	Position against Region	Provider Ranking	The Princess Alexandra Hospital Trust	Trend against last month	Position against National	Position against Region	Provider Ranking
A&E	% Seen within 4 hours	November 24	70.60%	✖ -1.71%			71	75.92%	✖ -2.344%			34	58.81%	✖ -5.251%			119
	12 Hour Breaches	November 24	13.04%	✔ -12.72%			75	8.82%	✖ 7.03%			47	no submission	0.00%			119
Cancer	28 days Faster Diagnosis	October 24	76.79%	✔ 1.164%			85	82.94%	✔ 2.70%			26	79.01%	✔ 0.90%			61
	31 days	October 24	96.14%	✔ -0.69%			54	98.72%	✔ 0.63%			21	95.33%	✔ 4.44%			61
	62 days	October 24	86.85%	✔ 2.82%			12	76.02%	✖ -3.00%			45	54.44%	✔ 6.14%			124
RTT	Incomplete Pathways <18 weeks	October 24	58.89%	✔ 0.93%			81	59.70%	✔ 2.33%			75	47.20%	✖ -4.27%			148
	52+ weeks as % of total PTL	October 24	2.69%	✔ -15.96%			97	1.78%	✔ -27.61%			73	4.85%	✔ -1.25%			104
	65+ weeks as % of total PTL	October 24	0.08%	✔ -59.25%			81	0.03%	✖ 75.85%			53	0.40%	✔ -15.07%			112
	78+ weeks as % of total PTL	October 24	0.00%	0.00%			1	0.02%	✖ 100.00%			122	0.00%	0.00%			1
Diagnostics	6 week wait	October 24	55.18%	✔ -7.03%			151	6.59%	✔ -21.68%			46	29.84%	✔ -6.33%			127
	Activity	Data published	East and North Herts (06K)	Trend against last month	Position against National	Position against Region	Provider Ranking	South and West Herts (06N)	Trend against last month	Position against National	Position against Region	Provider Ranking	West Essex (07H)	Trend against last month	Position against National	Position against Region	Provider Ranking
Mental Health	Dementia Diagnosis rate	October 24	63.2%	✔ 0.95%			74	62.8%	✔ 0.32%			76	73.0%	✔ 0.27%			25
	OOA placements	October 24	28	✔ 10.71%	n/a	n/a	n/a	28	✔ 10.71%	n/a	n/a	n/a	21	✔ 19.05%	n/a	n/a	n/a
CHC	% of eligibility decisions made within 28 days	October 24	64.9%	✔ 1.97%	66.90%	66.90%	74	80.4%	✔ 28.89%	37.50%	37.50%	101	65.5%	✖ -11.54%	61.62%	61.62%	85
	% of assessments carried out in acute	October 24	0.0%	0.00%	0.98%	0.98%	91	0.0%	0.00%	1.72%	1.72%	97	0.0%	0.00%	0.00%	0.00%	1

LEGEND

Performance against National/Regional
- Better
- Worse

Performance against previous month
- ✔ Improvement
- ✖ Deterioration
- No change

Provider Ranking
- First quartile
- Middle quartile
- Lowest quartile

Review of primary care and community data underway to include in future reports

Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board			**Agenda Item**	16
Report title	Audit and Risk Committee 14 January 2025 highlight report			**Meeting Date**	12 March 2025
Chair	Karen McConnell – Committee Chair and Deputy Trust Chair				
Author	Deputy Company Secretary				
Quorate	**Yes**	☒	**No**		☐

Agenda:

- Internal Audit Progress report
- Internal Audit recommendation tracker
- Local Counter Fraud Specialist Progress report
- External Audit Plan
- Risk Oversight Report/KPIs
- Duty of Candour risk deep dive
- Board Assurance Framework
- Annual review of Standing Orders, Scheme of Reservation and Delegation & Standing Financial Instructions
- Digital Submission – Cyber Security update
- ENHT & Procurement Act
- Accounting Standard and Policies Update Report
- Bad debt Write-off report
- HWE Tender and Waivers Report
- Emergency Preparedness, Resilience and Response
- Significant Losses /Special Payments

Alert:

- The visibility of duty of candour (regulation 20) compliance has been heightened following the implementation of new Trust incident reporting. Documentation remains weak and the Audit Committee Chair is working with other relevant Chairs of Committees to understand reasons and to ensure actions are in place to improve documented compliance.
- Significant amendments are being made to Standing financial instructions (SFI) as a result of the Procurement Act 2023 which comes into force on 24 February 2025. The changes have a significant impact on contract management and contract performance.

Advise:

Task Force on Climate-Related Financial (TCFD) disclosures were introduced in 23/24 and reflected in the Annual Report. For 24/25 additional disclosures are required detailing how processes for identifying, assessing and managing climate-related risk are integrated into the Trust's overall risk management approach.

Assurance:

- The internal audit programme is on track and there are no overdue actions on previous internal audit reports to note.
- The review of risk management and the assurance framework has been completed and internal audit has concluded that the Board can take reasonable assurance that controls are suitably designed, consistently applied and effective. 2 high priority recommendations were made and implementation of those will be monitored by the Committee. The report has been shared with Committee Chairs and is available to all members on Diligent.

• The external audit plan was received and discussed. There are no matters to bring to the attention of the Board at this stage. • The Committee approved the write off of bad debts.	
Important items to come back to committee (items committee keeping an eye on):	
• The Annual review of standing orders, scheme of reservation and delegation & standing financial instructions (SFI). • The Duty of candour.	
Items referred to the Board or a committee for a decision/action:	
• None.	
Recommendation	The Board is asked to **NOTE** the Audit and Risk Committee report.

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Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board	**Agenda Item**	17
Report title	Finance Performance and Planning Committee – Highlights January/February 2025 - 27 January, 4 and 24 February	**Meeting Date**	12 March 2025
Chair	Richard Oosterom - Committee Chair and Non-Executive Director		
Author	Committee Secretary		
Quorate	**Yes** ☒	**No** ☐	

Agenda:

- Board Assurance Framework	- Performance Report
- Performance Report	- Outpatient Transformation
- Trauma and Orthopaedic Deep dive and plan	- Productivity Update
- Contact Centre – Phase 1 update	- Front Entrance Project
- MRI Business Case	- UEC Strategy Update
- IT/Digital	- IT/Digital
- Green Plan update	- Consultant Job Planning
- Finance Position (In year and out turn)	- Finance Position (In year and out turn)
- Capital Plan update -	- Capital Plan Update - Pathology Cost Management - Business Planning Update

Alert:

- ED waits continue to be far above target and improvement trajectory is not defined
- While the UEC strategy and changes in leadership are promising, a clear improvement trajectory needs to be delivered
- Weekend discharges continue to be far below target, and improvement trajectory is not defined

- While Diagnostic generally shows good performance, MRI and Audiology are not; and MRI business case will become part of 2025/26 planning; for Audiology Mutual Aid is being sought, but no concrete plan was shared - The financial forecast shows an increasing deficit, which is the result of insufficient CIP and FRP delivery, while not achieving the re-forecasted activity levels; improvement is not expected based on past 6 months performance - Pathology costs are far above plan due to the number of tests ordered; demand management is being discussed, but no improvement trajectory is available - While Trauma & Orthopaedics shared a plan to improve performance and some first signs are visible, a clear improvement trajectory was not yet available - Concerns were raised about the delay of the first phase of the OneEPR programme due to late software delivery; the revised date for phase I moves to October/November, but is not certain, which could impact benefit delivery as part of the 2025/26 plan	
Advise:	
- Increase risk three from 12 to 16 due to the financial pressures - Consider including Diagnostics in the Contact Centre programme - Development of the 2025/2026 plan should not only focus on the content of the plan, but also on improving the capability to deliver the plan; difficult decisions should not be avoided and clearly risk assessed	
Assurance:	
- Significant assurance is provided for Cancer Performance and RTT progress, while front door performance and discharging only receive partial assurance - Partial assurance is also provided for the delivery of the financial objectives - Ophthalmology received full assurance for their productivity improvement approach, while Oral Surgery has improvements to be made - Significant assurance was obtained from the Green Plan Progress Update	
Important Items to come back to committee:	- MRI Business case - Oral Surgery productivity - T&O Improvement plan - Detailed plan, including baseline and targets for Outpatients transformation - The consultant job planning programme will report monthly progress until fully delivered - The plan for improving our Energy Generation Infrastructure - Improvement trajectories for ED metrics, pathology demand management, T&O improvement
Items referred to the Board or a Committee for decision or action:	- Financial position & consequences for 2025/2026 plan - Recommend approval for next phase Front Entrance Project

Recommendation	N/A

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Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board		**Agenda Item**	18
Report title	Quality and Safety Committee 29 January 2025 - highlight report.		**Meeting Date**	12 March 2025
Chair	Dr David Buckle - Committee Chair and Non-Executive Director			
Author	Deputy Company Secretary			
Quorate	**Yes**	☒	**No**	☐

Agenda:

- Safe, Care, Effective update
- Maternity Assurance
- Nursing & Midwifery Establishment Review
- Enhanced Nursing Care (Therapeutic observations)
- Lister Urgent Treatment Centre: Clinical Evaluation report
- Integrated compliance report- incident, compliance and risk report
- Board Assurance Framework
- Health inequality update
- Introduction of smoke-free sites across ENHT
- Estates and Facilities Compliance Report
- QSC annual committee effectiveness.

Alert:

- Outstanding actions for the health and safety improvement notices was brought to the attention of the committee. The committee were advised that the Trust was working with the Health and Safety Executive (HSE) and there should be a formal response from them soon.

Advise:

- Delayed discharge summaries have been an occasional issue and assuring this does not happen along with questions about their quality has prompted the committee to seek further information in the form of a report from the Medical Director. However, the committee was advised that the solution would involve the new EPR and almost inevitable AI. These would take time.

Assurance:

- On Maternity, the committee were significantly assured with the evidence presented that the Trust had achieved full compliance with all 10 standards of the Clinical Negligence Scheme for Trusts (CNST) and were now focusing on other priorities.
- On fire risk, the committee was assured that everything was covered and there were early detection systems, training programs and documentation in place.
- QSC received a report on the role and function of the enhanced nursing care team. The benefits were clearly described but the committee reflected that patients needed coordinated care and the increasing number of different roles made collaborative working even more important. The QSC chair has asked to meet the team.
- Clinical evaluation of the UTC. This report gave strong assurance to the committee. It was noted that some patients who could or perhaps should be seen by a primary care service were attending.

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

- Duty of Candour performance has remained poor for some time. The assumption is that patients are informed appropriately by clinicians, but record keeping is the problem. This has been picked up by other Board committees and the relevant chairs

met on 26 February to agree a combined deep dive date. • The Financial constraints risk (BAF 3) and its impact on quality and safety to be brought to a future meeting and given extra time for discussion. • The committee will continue to review the considerable volume of information it receives. The aim is to improve the assurance and the analysis it provides to the Board and to deliver this the committee chair is meeting with key service areas, to adequately understand the requirements and frequency of the items at committee. This will ensure that key issues are not obscured due to the volume of data the committee receives. • Patient emergency readmission numbers are high but it is understood that the percentage numbers are not a concern. QSC has asked for a detailed report so it can consider this matter more carefully.
Items referred to the Board or a Committee for a decision/action:
• N/A

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

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Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board	**Agenda Item**	19
Report title	People and Culture Committee Highlight report – 21 January 2025	**Meeting Date**	12 March 2025
Chair	Janet Scotcher - Committee Chair and Non-Executive Director		
Author	Committee Secretary		
Quorate			
	Yes ☒	**No** ☐	

Agenda:

- Board Assurance Framework
- Committee Effectiveness Review
- People Report
- Divisional update – staff experience and staff engagement improvement plans – Women's and Children's
- Voice of our People ENH Able Network
- Nursing Job matching review
- Statutory Mandatory Training
- Gender Pay gap
- EDS3 update
- Health Watch report on Internationally recruited staff
- Guardian of safe working report

Alert:

- Statutory and mandatory training was reporting below the target at 87.9% which had deteriorated by 3.1% compared to December 2023. Resus training remained a challenge area with a 72% compliance rate against the target of 90%.

Advise:

- Despite an increase in demand, Month 8 showed a favourable position with regard to the Trust's recruitment plans. The Trust's current vacancy rate was 8.8%, and bank and agency usage had decreased accordingly. At 2.3% of the pay bill, the agency was reportedly outperforming its aim of 3%.
- After the care support worker higher level role at band 3 was matched, an agreement was reached on how backdated payments would be handled. In preparation for additional

national job profile clarifications, the Trust was establishing a working group to analyse jobs and performing a risk assessment for other Agenda for Change responsibilities.

- In relation to the staff survey the people team were triangulating and reviewing areas of low response, following the review it was advised that this was due to sickness and turnover rates.
- The report outlined a 0.5% improvement on the gender pay gap in areas such as scientific, admin and clerical and medical and dental. International nursing data had been included within the report however where was a still a slight differential in pay.

Assurance:	
Important Items to come back to committee:	
Items referred to the Board or a Committee for decision or action:	

Recommendation	N/A

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Board

East and North Hertfordshire NHS Trust

Meeting	Public Trust Board	**Agenda Item**	20
Report title	Charity Trustee Committee Highlight report – 3 March 2025	**Meeting Date**	12 March 2025
Chair	David Buckle - Committee Chair and Non-Executive Director		
Author	Committee Secretary & Dr David Buckle		
Quorate			
	Yes ☒	**No** ☐	

Agenda:

- Major Projects update.
- Charity Finance Report.
- Charity Budget Plan 24/25.
- Investment Portfolio report (from Rathbones).
- Approvals in Excess of £5,000.
- Charity strategy delivery report.
- Charity highlight report.

Alert:

- N/A

Advise:

- The Following Requests for funding were approved;

Cancer	Ongoing funding for complementary therapist in LMCC	£14,000	LMCC Funds
Women's and Children's	Funding for one year to support clinical nurse specialist role for Children's and Young people with	£48,526	Childrens fund

	learning disability and/or Autism.		
Corporate	Network funding one year plan: 15 guest speakers for network events throughout the year at a cost of £3,285, 3 carers events at £325, 5 celebration events (Iftar, Christmas, Diwali, Onam, Philippines Independence day) at £15,500. Plus £3750 for all Trust celebration days.	£22,760	Skim all unrestricted funds
Corporate	Annual Time to Shine staff awards 2025 events	£30,700	Staff benefit fund (sponsorship will be secured)
Cancer	To continue collaboration with Cancer hair care for a further year	£13,440 (£6700 per site MVCC and LMCC)	LMCC/MVCC funds

- Legacy income banked stands at £134k (£90k banked in m11). We have notifications of legacy income worth £137k and are confident another £25k will be received in year.
-

Assurance:

- The investment portfolio of the Charity is stable and positive with a year return of 14%. On 31 January the total fund value was £2,764,226 and the total dividend received at year to date was £54k.
- At M10 fundraised income was on plan with the Charity raising more than the previous year.
- The cost of fund raising (including legacies) was calculated at 30% against income.
- CTC was very assured that the charity was adding value, well managed and benefiting patients and staff.

Important Items to come back to committee:	-A charity strategy half day is being planned and all non-executives are welcome to join.

	-CTC has received a viable plan to resolve the delays triggered by the new regulations which affect our sunshine appeal (major project) This will enable a final price to be established and work to start.
Items referred to the Board or a Committee for decision or action:	- Nil

Recommendation	N/A

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Board Annual Cycle 2024-25

Notes regarding the annual cycle:

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

Items	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026
Standing Items															
Chief Executive's Report	X		X		**X**		**X**		**X**		**X**		**X**		**X**
Integrated Performance Report	X		X		**X**		**X**		**X**		**X**		**X**		**X**
Board Assurance Framework							**X**		**X**		**X**		**X**		**X**
Corporate Risk Register			X				**X**				**X**				**X**
Patient/Staff Story (Part 1 where possible)	X		X		**X**		**X**		**X**		**X**		**X**		**X**
Employee relations (Part 2)	X		X		**X**		**X**		**X**		**X**		**X**		**X**
Board Committee Summary Reports															
Audit Committee Report	X		**X**		**X**		**X**		**X**		**X**		**X**		**X**
Charity Trustee Committee Report	X		X		**X**		**X**		**X**		**X**		**X**		**X**
Finance, Performance and Planning Committee Report	X		X		**X**		**X**		**X**		**X**		**X**		**X**
Quality and Safety Committee Report	X		X		**X**		**X**		**X**		**X**		**X**		**X**
People Committee	X		X		**X**		**X**		**X**		**X**		**X**		**X**
Strategic reports															
Planning guidance	X												**X**		
One EPR Digital update			**X**												X
Smoke free sites			**X**												
Trust Strategy refresh and annual objectives			X												**X**

Board Annual Cycle 2024-25

Items	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026
Strategy delivery report	X						X						X		
Strategic transformation & digital update			X				X				X				
Integrated Business Plan											X				
Annual budget/financial plan			X												
System Working & Provider Collaboration (ICS and HCP) Updates	X		X		X		X		X		X		X		X
Mount Vernon Cancer Centre Transfer Update (Part 2)	X												X		
Estates and Green Plan															
Workforce Race Equality Standard	X												X		
Workforce Disability Equality Standard	X												X		
People Strategy	X												X		
Enabling Strategies															
Estates and Facilities Strategy											X				
Green Strategy											X				
Quality Strategy							X								X
Clinical Strategy (Autumn 2025)															
Equality, Diversity and Inclusion Strategy			X												X
Digital Strategy					X										
Engagement Strategy							X								
Other Items															
Audit Committee															
Audit Committee TOR and Annual Report (if required)															

Board Annual Cycle 2024-25

Items	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026
Review of Trust Standing Orders and Standing Financial Instructions (if required)															
Charity Trustee Committee															
Charity Annual Accounts and Report											X				
Charity Trust TOR and Annual Committee Review															
Finance, Performance and Planning Committee															
FPPC TOR and Annual Report							X								
Quality and Safety Committee															
Complaints, PALS and Patient Experience Annual Report									X						
Safeguarding and L.D. Annual Report (Adult and Children)															
Staff Survey Results					X										
Learning from Deaths	X				X		X				X		X		
Nursing Establishment Review	X										X				
Patient Safety and Incident Report (Part 2)					X						X				
Teaching Status Report					X										
QSC TOR and Annual Review (if required)					X										
People Committee & Culture															
Workforce Plan															
Trust Values refresh							X								

Board Annual Cycle 2024-25

Items	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026
Freedom to Speak Up Annual Report							X								
Equality and Diversity Annual Report and WRES									X						
Gender Pay Gap Report					X										
Healthwatch Hertfordshire annual report/presentation on key findings and recommendations									X						
Shareholder / Formal Contracts															
ENH Pharma (Part 2) shareholder report to Board							X								