Public Trust Board

Hertford County Hospital, North Road, Hertford, Hertfordshire, SG14 1LP

NHS East and North Hertfordshire Teaching NHS Trust

14/05/2025 09:30 - 12:00

11.	Digital Strategy (annual implementation review)	Chief Information Officer	10:40-11:00	53
For approval				
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For noting				

22. Any Other Business — Trust Chair

For noting

23. Date of Next Meeting — Trust Chair

Wednesday, 9 July 2025 - Online

ASSURANCE RATING GUIDE

Whilst context and individual circumstances should be taken into account, the below descriptions are intended as an aid in applying and interpret ratings in a consistent way. The assurance rating is also intended to help identify where action is needed and level of monitoring required.

Assurance Rating	Description
Substantial	• Taking account of the issues identified, substantial assurance can be taken that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.
Reasonable	• Taking account the issues identified, reasonable assurance can be taken that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective. • However, issues have been identified that need to be addressed in order to ensure the control framework is effective in managing the identified risk(s).
Partial	• Taking account the issues identified, partial assurance can be taken that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective. • Action is needed to strengthen the control framework to manage the identified risk(s).
Minimal	• Taking account the issues identified, assurance cannot be taken that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective. • Urgent action is needed to strengthen the control framework to manage the identified risk(s).

East and North Hertfordshire Teaching NHS Trust

Minutes of the Trust Board meeting held Online on Wednesday, 12 March 2025 at 9.30am

Present:	Ms Anita Day (AD)	Trust Chair
	Mrs Karen McConnell (KMc)	Deputy Trust Chair and Non-Executive Director
	Dr David Buckle (DB)	Non-Executive Director
	Ms Diana Skeete (DS)	Non-Executive Director
	Ms Janet Scotcher (JS)	Non-Executive Director
	Mr Richard Oosterom (RO)	Associate Non-Executive Director
	Ms Nina Janda (NJ)	Associate Non-Executive Director
	Ms Gillian Hooper (GH)	Non-Executive Director
	Mr Adam Sewell-Jones (ASJ)	Chief Executive Officer
	Ms Theresa Murphy (TM)	Chief Nurse
	Mr Martin Armstrong (MA)	Chief Finance Officer and Deputy Chief Executive Officer
	Dr Justin Daniels (JD)	Medical Director
	Ms Lucy Davies (LD)	Chief Operating Officer
	Mr Kevin Howell (KH)	Director of Estates and Facilities
	Mr Kevin O'Hart (KOH)	Chief Kaizen Officer
	Mr Thomas Pounds (ThP)	Chief People Officer
	Mr Mark Stanton (MS)	Chief Information Officer
	Ms Eilidh Murray (EM)	Director of Communications and Engagement
	Mr Tichafara Phiri (TP)	NeXT Non-Executive Director
From the Trust:	Ms Amanda Harcus (AH)	Deputy Chief People Officer
	David Lamming (DL)	Service Manager, Ophthalmology (25/026)
	Joyce Schipani (JS)	Ophthalmic Technician (25/026)
	Mr Stuart Dalton (SD)	Head of Corporate Governance
	Mrs Debbie Okutubo (DO)	Deputy Company Secretary (Board Secretary - minutes)
Observing	Professor Zoe Aslanpour (ZA)	Dean, University of Hertfordshire Medical School
	Ms Ivana Chalmers (IC)	Chief Executive, Hertfordshire Healthwatch

No	Item	Action
	The Chair welcomed everyone to the meeting, in particular she welcomed Mr Tichafara Phiri, as this was his first board meeting as our new NeXT Director; Ms Ivana Chalmers, Chief Executive, Healthwatch Hertfordshire; and Professor Zoe Aslanpour who was observing this board meeting but would become a board member once we received final Ministerial approval of our application to become a Teaching hospital. The Chair commented that this was a live streamed meeting of the Trust Board to ensure transparency to patients, staff and the wider community.	
25/024	**DECLARATIONS OF INTEREST** There were no new interests declared.	
25/025	**APOLOGIES FOR ABSENCE** There were no apologies for absence.	

East and North Hertfordshire Teaching NHS Trust

25/026 STAFF STORY

Mr Thomas Pounds (TP) introduced the staff story. He introduced Mr David Lamming (DL), who introduced JS. JS spoke about being involved in the rapid process improvement workshop (RPIW) focusing on an area that she worked in, the eye injection pathway. She commented that she was involved in the whole process even though she was on a lower band to the decision makers. Everyone involved had an equal voice in the process and she was listened to. They looked at the process and got to test (PDSA) lots of different ideas to see how they worked and learnt a new way of improving the processes, followed and removed wasted time.

Following the staff story, the Trust Chair commented that she was pleased to hear that involvement in the improvement workshop had made such a difference, and especially that everyone felt able to contribute their ideas, regardless of their band. The Chief Executive mentioned that he found it helpful and inquired if JS's experience was shared by others. JS replied that as the week went on it became a shared experience.

KOH commented that the teamwork was impactful and asked JS about her advice for everyone involved regarding the suggested changes.

JS commented that initially she questioned the need for change and the involvement of so many people who were not directly involved with the work but over time, the benefits in saving time and money became clear.

DL expressed pride in the ophthalmology department's work and noted that while some changes were being implemented effectively, not all were fully embedded yet. DL further commented that as part of the learning, it appeared that they had some understanding of the processes they underwent to reach their current position.

KH inquired why they did not immediately identify the solution and JS responded that despite initial pessimism, progress was observed, and answers were obtained through following the process.

ZA commented that the learning was impactful, noting that interprofessional and inter-team collaboration was an initiative the University was also pursuing.

KOH commented that during a recent Trust Guiding Team (TGT) meeting, they had approved the delivery plan for 2025/2026. The plan included the necessary resources and incorporated more RPIWS, ensuring coverage across clinical divisions.

The Trust Chair, on behalf of the board, expressed gratitude to JS and DL for sharing their story and thanked JS for her honesty. The Trust Chair noted that the account was informative and emphasised the importance of learning from it.

The Board **NOTED** the staff story.

25/027 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 15 January 2025 were **APPROVED** as an accurate record of the meeting.

East and North Hertfordshire Teaching NHS Trust

25/028 ACTION LOG

The board was advised that actions with future dates were on track.

Regarding action 25/012 - the percentage of preventable deaths, JD noted that the data was sourced from 'Implementing the Learning from Deaths Framework: Key Requirements for Trust Boards' (NHS Improvement, July 2017). He clarified the reasons why these figures were not comparable and stated that we would not use these figures to benchmark our Trust against other Trusts.
The Board **NOTED** the status of the action log.

25/029 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

25/030 CHAIR'S REPORT

The Chair commented that Professor Aslanpour would soon join the board as a full board member, noting her role as the Dean of the University of Hertfordshire's Medical School. It was noted that this was part of our transition to Teaching hospital status, which we were expecting to be confirmed shortly. Additionally, Dr. Daniels would join the Medical School's board, strengthening links between our organisations and ensuring we worked closely together.

There were no additional reports.

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

25/031 CHIEF EXECUTIVE'S REPORT

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

Quality

Board members were advised that our 'Call for Concern' program allowed patients to request a second opinion when they had concerns, providing additional assurance from another clinician.

He continued that while as a Trust we were progressing well, we could learn from others and to aid this, TM recently visited the Chief Nurse and Martha's Rule Team at Barnet Hospital to observe their practices for potential improvements. He commented that we would keep collaborating to maximize this initiative's benefits in the coming years.
It was noted that work was ongoing as part of a national programme to consolidate pathology services, so that not every hospital ran a full range of services. Much of this work had been outsourced to HSL, a company with a long history of working in partnership with Trusts in London and the private sector. A new lab was opening in Watford that would handle routine work for neighbouring Trusts. At the beginning of this month, our staff transferred to HSL's employment. They would continue to have a presence at our site and would remain a valued part of our workforce.

Members were advised that a key component of our vision for consistently outstanding care was our exemplary service. It was noted that from data and patient feedback including complaints, concerns and surveys, that administrative issues such as booking or cancelling appointments and phone communication were major frustrations. To address this, there was going to be a redesign of our outpatient infrastructure with senior operational and clinical input. Members were assured that while improving the patient experience on-site was important, streamlining background processes was also critical. Updates on our progress would be provided in future reports.

Thriving People
Members were advised that our staff and teams continued to be recognised nationally and sometimes internationally.
There was a reminder that our Staff Awards was coming up in July. This was an evening that celebrated the accomplishment of our workforce through various panels reviewing all applications. The People's Award was also available for nominations, with a link provided in the board papers for submissions.

Seamless service
All the acute Trusts across Hertfordshire, West Essex and Bedfordshire were increasingly collaborating across various areas. It was noted that initial efforts were being directed towards addressing fragile services that may face sustainability challenges due to workforce pressures or financial constraints. Additionally, there is discussion about establishing centres of excellence, not just to support existing services but to enhance service delivery through collaboration. As the lead for the Acute Collaborative, our Trust was the lead on this initiative and updates would be provided to the board.

Continuous improvement
Board members were aware of the OneEPR programme, which represented a crucial digital transformation foundation. It was noted that this technology shift would integrate mobile phone-based communication, replacing outdated pager systems. The new method would be more reliable, would allow detailed information exchange, track response times and enhance staff accessibility. Additionally, significant efforts was being made in the annual NHS planning round to meet mandated quality and performance standards within financial constraints. The Chief Executive extended his gratitude to those working tirelessly on this challenging task.

The Chief Executive commented on the leadership changes in NHS England, with the current Chief Executive stepping down and Sir Jim Mackey assuming the role on an interim basis. Several senior leaders, including the Chief Finance Officer and Chief Medical Officer had also departed. It was noted that the changes may impact planning timelines and expectations, which should be clearer after the meeting on 13 March 2025 of the Chairs and Chief Executives in London. The Chief Executive stated that he would update members at the next board meeting.

GH inquired about the collaborative efforts to identify fragile services. She mentioned that there would be an assurance role for all committees and asked if there was a defined timeline for this. The Chief Executive responded that the framework to be used was a previously used one and that it would be revisited.

He mentioned that the team would also collaborate with the system. Planning was needed to prevent any mishaps, and it would be addressed at the July board meeting.

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

25/032 INTRODUCTION OF SMOKE-FREE SITES ACROSS ENHT

Dr Justin Daniels (JD), Medical Director presented this item. He mentioned that we aimed to update our smoke-free policy in line with other Trusts. Following the introduction, RO expressed his strong support for the initiative and asked about the rationale behind not banning vaping at the same time. JD stated that vaping was part of a national policy introduced to help people quit smoking, and as a Trust, we were required to follow this policy, although there were known to be concerns about people taking up vaping who were not previously smokers. He also mentioned that it was preferable for individuals to vape in designated areas rather than all over the hospital grounds.

RO suggested that our Trust policy should be reviewed in one year instead of the two years proposed. NJ supported RO's suggestion, noting that tobacco and vaping products were too accessible to younger people and that this aspect was not regulated. She continued that it would be beneficial to stay ahead of the national policy. JD agreed and confirmed that the review would be conducted in one year.

Regarding the impact section, DS expressed her desire to understand the nature of the public and staff engagement with this decision. JD responded by highlighting that smoking was a significant health inequality in the UK, this decision was in line with national policy and the majority of trusts, and mentioned that we could provide assistance to staff to help them quit smoking or vaping.

KH commented that there should be clear guidelines for implementing the new policy because many hospital patients were stressed, and smoking was one of the ways they managed stress. He also emphasised the importance of avoiding conflict, suggesting that only security staff should address individuals violating that policy. JD added that the smoking and vaping bill currently under consideration in Parliament would establish a legal framework, and that the Trust would work to prevent confrontations.

ThP assured the board that initiatives undertaken by the Health at Work Team would assist staff in smoking cessation.

The Trust Chair provided a summary. She expressed her support for the decision, noting that board members preferred a review period of less than two years, that is in one year's time. She added that the enforcement approach would be persuasive rather than punitive, and the security team would be encouraged to allocate sufficient resources. She inquired whether we understood the percentage of the workforce that would be affected, and whether we would have sufficient resources to provide them with the necessary support. ThP confirmed that we did not expect any issues with that aspect. JD mentioned that there was a smoking staff member on the group to provide the staff perspective.

DB, Chair of Quality and Safety Committee (QSC) commented that the policy was presented to the QSC, where it was approved and recommended for board consideration.

The Board **RECEIVED** and **APPROVED** the Smoke free policy.

East and North Hertfordshire Teaching NHS Trust

25/033 STRATEGIC GOALS ANNUAL REFRESH

Kevin O'Hart (KOH), the Chief Kaizen Officer, presented this item. The board was informed that the report provided an update following the annual review of the Trust's strategic goals and described the process undertaken to review and engage across the organisation.
KOH announced that an additional paper would be presented at the May board meeting. He mentioned that all staff members were being engaged to ensure alignment with the established objectives, and the purpose of the refresh was to confirm the goals' suitability rather than rewriting them. Board members were informed that positive leadership rounds (PLRs) were being conducted by all leaders within the Trust, and efforts were underway to enhance the improvement infrastructure across the organisation.

TM, Chief Nurse, commented that on her rounds, staff demonstrated ambition and drive, which aimed to ensure that the production system achieved standardisation and improvement. RO mentioned that he saw the goals as providing direction, and asked how success was being measured.

KOH commented that efforts were being made to improve the process so that it was measurable in a quantifiable way.
Action: KOH mentioned that this was work in progress and would be included in the May report for assurance purposes.

JS asked about how the description of leadership intervention aligned with the leadership offering and the equality, diversity and inclusion aspect. She asked what the issues were and if establishing a baseline would be possible.
KOH noted that the leadership programme aligned well and complemented the various leadership trainings within the Trust, with the Kaizen Production Office (KPO) also supporting this work.

ThP stated that teams within the Trust were collaborating to ensure alignment, which would be implemented throughout the organisation.

The Trust Chair remarked on the initiatives undertaken to engage individuals and gather their opinions, inquiring if any notable ideas emerged from these efforts.

The Chief Executive, commented on the previous engagements, noting that while there were substantial efforts made, some long-term goals diverted attention from the intended objectives. The refresh aimed to realign each division with the appropriate target. He highlighted that there had been valuable learning and emphasised that the organisation was improving year on year.

The Board **RECEIVED** and **NOTED** the Strategic Goals Annual Refresh.

25/034 ONE EPR PROGRAMME

Mark Stanton (MS), Chief Information Officer, presented this item. He explained the progress of the programme in terms of leadership and governance, the product roadmap and timeline impact. He further commented on the establishment of a board committee led by a non-executive director (NED).
It was noted that October 2025 was the go live date for the first project.

RO, Chair of the Finance, Performance and Planning Committee (FPPC) mentioned his support for the OneEPR programme and reiterated his concerns about it. He noted that these concerns were raised at the recent FPPC meeting, specifically regarding the delay of the. first phase of the OneEPR programme due to late software delivery. The revised date for Phase one had been moved to October/November, but it was not certain

In response, MS commented that an April delivery date of the software had been agreed. He noted that, if it was delayed further, the planned Phase one go-live date might be at risk.

TM asked whether Associate Health Practitioners (AHPs) were included on the OneEPR Committee. MS confirmed that they were.

EM remarked that the communications plan was being developed to ensure engagement with the appropriate stakeholders at the right time and stressed that it would be a detailed and comprehensive Communication Strategy.

JS questioned if there would be sufficient time to test and train on the programme if delivered in April, given the October go-live date. She suggested that a critical path would be beneficial. MS responded that a plan would be published with a critical path.

The Trust Chair commented that she was looking forward to the setting up of the new committee.

The Board **RECEIVED** and **NOTED** the One EPR programme update.

25/035 INTEGRATED PERFORMANCE REPORT

The Executive Directors gave an update on their respective areas.

Quality
Theresa Murphy (TM), Chief Nurse reported an increase in the reporting of incidents and examples of good care, attributed to the active promotion of reporting practices and the implementation of daily incident review huddles across all care groups. Currently, there were two patient safety incidents (PSIIs) under investigation.

TM noted that the Patient Advice and Liaison Service (PALs) continued to receive a high volume of concerns. DS noted that during her recent visit to the service, the team was experiencing significant pressure that needs to be addressed.

Dr Justin Daniels, Medical Director noted that there was an improvement in cases of massive obstetric haemorrhage (MOH) in January. Regarding C. difficile (C. diff) infection (CDI), this is being closely monitored, and the reduction observed thus far has been maintained.
DB, QSC chair stated that these matters were being reviewed at committee meetings and there were no concerns to report.
RO inquired why the non-elective length of stay exceeded the target.
Action: JD to provide a response at the next meeting.

NJ asked about the hospital standardised mortality ratio (HSMR) for the rolling 12-month period, which was recorded at 84.6. It was observed that this placed our Trust in the mid-range compared to other Trusts nationwide.

The national peer average is currently below 100, standing at 89.3.
On mortality, KMc asked if we should be concerned with the outliers. JD confirmed that the data was always kept under review.

Operations
Lucy Davies (LD), Chief Operating Officer informed the board that Urgent and Emergency Care performance improved to 77% in March. The Trust also reported improved referral-to-treatment (RTT) performance for six consecutive months, with 61.15% of patients treated within 18 weeks in January.
The diagnostic waiting times, including audiology, was showing a significant reduction. The number and percentage of patients waiting more than 6 weeks and 13 weeks decreased by 43%, equivalent to 4,283 patients.

DB inquired about the capacity of MRI services and noted that patient demand was expected to continue increasing. He highlighted the adverse effects of extended waiting times for patients. DB further queried whether current plans were adequate to address the growing needs and if there was sufficient capacity.

In response, LD stated that the Trust had a robust demand and planning model, upon which MRI resource allocation was based. She acknowledged the challenges associated with recruiting specialized staff and assured the board that there were plans in place to address these requirements adequately.

GH commented that it was encouraging to hear about the positive initiatives and inquired about the specific measures that had successfully impacted engagement. LD replied that the increased levels of engagement had been heartwarming, attributing this positive change to the efforts of Claire Gowland, the newly appointed Lead Divisional Director for Unplanned Care. She noted that site meetings had improved, and conditions now fostered a sense of involvement among staff.
GH added that delegating responsibility had marked a significant step forward. The Trust Chair commented that the atmosphere in the Trust felt notably different and congratulated everyone involved.

Finance
Martin Armstrong (MA), Chief Finance Officer highlighted to the board that the Trust's £1.0m surplus plan for 2024/25 remained approved. While cost pressures emerged during the year, confidence was reaffirmed in delivering the surplus plan, which would be supported by rigorous focus on next year's business planning efforts.

RO emphasised that the current financial position reflected successful mitigating actions and strengthened governance frameworks implemented under the financial recovery plan. However, he stressed the need for further improvements, particularly in building organisational capability to ensure consistent delivery of the plan.

KOH acknowledged the Trust's historical position as a top 10 performer nationally. Although performance had dipped slightly, he reiterated that the Trust remained a high-performing organisation.

People
Thomas Pounds (ThP), Chief People Officer presented his section, noting that vacancy rates was at its lowest level since November 2023, with 76 new

starters (an increase of 28 from the previous month) and a recruitment pipeline of 311 candidates.

Compliance with the '*Grow Together Review'* stood at 85.3% as at 31 January 2025.

The board was also advised that sickness absences linked to mental health and musculoskeletal issues decreased in January. It was noted that targeted support initiatives would continue to sustain this reduction.

JS, Chair of the People and Culture Committee highlighted that while headcount was increasing, progress was being made to reduce reliance on agency and bank staff. She emphasized the importance of triangulating data to validate outcomes and urged the trust to prioritize diversity targets.

DS commented on the declining disciplinary cases, questioning whether lessons from discrimination reports were being captured and addressed. ThP responded that the Trust had adopted a cautious approach to disciplinary processes, particularly regarding issues that previously led to industrial tribunals. On agency staffing, ThP clarified that while agency usage had decreased, challenges remained with utilising bank staff. A plan to further reduce reliance on both was underway.

MA flagged the use of up to 200 additional temporary staff near year-end to support clinical teams, stressing the need to review this practice. ThP added that a skill-mix review was in progress to standardise staffing models.

RO expressed concern that vacancy reductions had not translated to proportional decreases in bank/agency use. ThP reiterated that agency reductions was evident, but bank staff usage remained a focus.

The Trust Chair thanked everyone for their contribution.

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

25/036 BOARD ASSURANCE FRAMEWORK (BAF)

Stuart Dalton (SD), Head of Corporate Governance presented the Business Assurance Framework (BAF) to the Board. He reported that the FPPC on 24 February 2025 recommended increasing risk scores for BAF Risk 1 (Investment) and BAF Risk 3 (System and Internal Financial Constraints). This adjustment aligned with the financial savings' challenges faced by the Trust and the broader system, mirroring trends across the sector. Consequently, the risk scores were elevated from 12 to 16, which **the Board approved.**

Karen McConnell (KMc), Audit and Risk Committee (ARC) Chair highlighted that planning for the first 10 BAF risks had been reviewed. She noted that the Digital (OneEPR) Committee would oversee areas requiring niche technical expertise. Also, that productivity gains for the upcoming year would be assessed against these risks. It was noted that the risks would be addressed at the ARC meeting on 1 April 2025 and further discussed during the Board Seminar in April.

The Trust Chair identified two spotlighted risks at this meeting:

- BAF 5: Culture, Leadership and Engagement

- BAF 6: Autonomy and Accountability
  Both would also be prioritized at the April Board Seminar.

KMc raised a question about the ENHPS production system, requesting it be added to the agenda for the 1 April 2025 ARC meeting.
The Board **NOTED** the BAF.

25/037 NURSING ESTABLISHMENT REVIEW

The Chief Nurse presented the item. She informed the Board that the Nursing and Midwifery Establishment Review had been reviewed by the QSC meeting in January 2025. She noted that four daily safer staffing meetings were now held to monitor workforce levels.

The Chief Executive acknowledged the national challenges around staffing shortages and financial constraints but reaffirmed the Trust's commitment to transparency in addressing these issues.

GH highlighted that benchmarking against national trends indicated the Trust was effectively optimizing patient safety standards.

The Trust Chair thanked everyone for their contribution towards the establishment review.
The Board **RECEIVED** and **NOTED** the Nursing Establishment review.

25/038 SYSTEM PERFORMANCE REPORT

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

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

BOARD COMMITTEE REPORTS

25/039 AUDIT AND RISK COMMITTEE (ARC) REPORT TO THE BOARD

The Board **RECEIVED** and **NOTED** the summary report from the 14 January 2025 meeting.

KMc, Chair of the ARC informed the Board that following the 14 January ARC meeting, the chairs of three committees—ARC, People and Culture, and QSC convened to discuss the duty of candour framework. The Director of Quality would produce a cross-cutting report.

Additionally, positive assurance was received from Internal Audit regarding the Trust's risk management processes.

25/040 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 27 January and 24 February 2025.

RO, FPPC Chair emphasized that alerts and advice included next steps, and the committee would monitor progress in these areas. GH queried whether consultant job planning had undergone sufficient qualitative review. In response, it was

acknowledged that this review had not yet been completed but would be revisited at a FPPC meeting.

25/041 QUALITY AND SAFETY COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the Quality and Safety Committee meeting held on 29 January 2025.

DB, Chair of QSC addressed two key items:

1. HSE Alert Resolution: He acknowledged that there was an active Health and Safety Executive (HSE) alert but confirmed that these would be resolved.
2. Enhanced Care Team: He commented that during committee meeting discussions, the committee emphasized the need for staff to clarify new role definitions to avoid patient confusion arising from recent organisational changes.

25/042 PEOPLE AND CULTURE COMMITTEE REPORT TO BOARD

The Board **RECEIVED** and **NOTED** the summary report from the People and Culture Committee meeting held on 21 January 2025.

JS, Chair of People and Culture Committee noted that an Equality, Diversity, and Inclusion (EDI) Steering Group was currently in development. This group would operate under the oversight of the People and Culture Committee to align strategic priorities and governance.

25/043 CHARITY TRUSTEE COMMITTEE REPORT TO THE BOARD

The Board **RECEIVED** and **NOTED** the summary report from the Charity Trustee Committee meeting held on 3 March 2025.

25/044 ANNUAL CYCLE

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

25/045 ANY OTHER BUSINESS

The Chair invited Ivana Chalmers, Chief Executive, Hertfordshire Healthwatch to provide remarks. Ms. Chalmers commended the strategy document, emphasizing the importance of embedding the patient voice into governance. She inquired whether the Trust could further collaborate with the voluntary sector to strengthen this effort and thanked the Chair and board for the opportunity to contribute to the meeting.

Lastly, the Chair announced that this meeting marked the final session for Thomas Pounds, Chief People Officer and acknowledged his leadership and contributions. It was confirmed that Amanda Harcus would assume the role on an interim basis pending further appointment.

There was no other business.

25/046 DATE OF NEXT MEETING

The date of the next meeting is 14 May 2025 and will be held in Room 2&3 -Hertford County Hospital, North Road, Hertford, Hertfordshire SG14 1LP

East and North Hertfordshire Teaching NHS Trust

Ms Anita Day
Trust Chair
March 2025

	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 MAY 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 July Board meeting.	Medical Director	July 25
15/1/25	25/006	Renal services PSII	Progress on the implementation of the improvement plan is reported to the Board.	This is on track	Medical Director	July 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 Completed

	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 May FPPC meeting under the performance report item.	Chief Finance Officer	May 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.	This is part of a wider element of work of time release for voluntary roles: FTSu / MHFA/ Staff network chair/co-chair/ IA's to review numbers/time spent and cost and an update will come to Board in May.	Interim Chief People Officer	May 2025
12/3/25	25/033	Strategic goals annual refresh	How are the success of the goals being measured.	This is included in the report on the agenda	Chief Kaizen Officer	May 2025

	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
12/3/25	25/035	Integrated Performance report	The non-elective length of stay exceeds the target. Reasons for this and potential actions.	To be provided at the meeting.	Medical Director	May 2025

East and North Hertfordshire Teaching NHS Trust

Question to the Board

How have Audiology service wait times become so bad? The current expected wait time, shown on the department's website, for a hearing test is 18 months to 2 years. The expected wait between that test and the hearing aid being fitted is a further 6 months.

NHS figures show that the national median wait time for a hearing test is 4.3 weeks. Last month's figures show that nationally 28,000 people were waiting above 13 weeks. The Trust has 6,000. i.e. Approximately 20%. Or it must be one of the worst five trusts in the country.

This is with a set of metrics that stop at 13 weeks. It wouldn't be unreasonable to guess that the trust has a much higher proportion of the above 56 weeks numbers.

The trust shows the "Risk of Regulatory non-compliance within Audiology Service" has a score of 20, which seems to indicate a serious problem, but I haven't seen anything in the videos of the board meetings to show how this situation occurred or any solution.

It is interesting that the Trust's figures are often "excluding audiology". I appreciate that the trust has many pressing demands, but it is either assuming responsibility for the audiology service in this area or not.

Regards

Colin Porter

East and North Hertfordshire Teaching NHS Trust

Chief Executive's Report

May 2025

I set out in this report key issues affecting the trust since the board last met in March 2025

National and regional updates

There have been significant changes announced at NHS England (NHSE) and the Department of Health and Social Care (DHSC) since April. Sir James Mackey has taken up the role of CEO of NHSE and soon after this, the Government announced that NHSE and DHSC would merge with a resultant reduction in staff of 50%. In addition, it was further announced that integrated care boards (ICBs) would also have to reduce costs by approximately 50%.

While much further work is required over coming weeks and months, including changes to legislation, in order to enact these changes, the potential for destabilisation is very real and has been added to the trust's Board Assurance Framework as a significant risk. Further details will be shared with the board as they emerge.

NHSE are consulting on The NHS Performance Assessment Framework for 2025/26. The consultation, testing and engagement will take place during Q1 of this year with implementation and the first formal segmentation of trusts and ICBs in July 2025.

This will replace the NHS Oversight Framework that has been in place since July 2022. The trust was placed in segment 3 of the 4-segment model until April 2025 when, based upon a range of improved performance, it was moved up to segment 2. Attached to this report is the letter from the regional director of NHSE setting out the areas of improvement and where there is further work to do.

The Hertfordshire and West Essex ICB has committed to a model of local Health and Care Partnerships (HCPs) with increased devolution of responsibilities to these as part of its future operating model. In April, the ICB wrote and asked that the HCP complete the necessary work to ensure that the Trust becomes host provider for the HCP from 1 July 2025. The letter further said that it is also likely that over time the host provider will become the lead provider for a range of services within the HCP footprint, and accountable for the performance of those services.

Whilst the trust is supportive of this approach and willing to accept the request, extensive work is now required to put in place the necessary governance changes to enable this to happen.

Trust updates

I am delighted to announce that the DHSC has approved our application to add 'Teaching' to our name as a reflection of our ongoing commitment to teaching, training and education. From the 1 April 2025 onwards, we will be recognised as East and North Hertfordshire Teaching NHS Trust.

The trust provided placements for more than 1,300 student nurses and 227 student doctors in 2023-24. The Trust also supported career development with 268 members of staff enrolled onto an apprenticeship in 2024.

We are excited to be working with the University of Hertfordshire to help establish the new Hertfordshire Medical School opening in 2026. As part of the process for teaching status, the trust

has appointed Professor Zoe Aslanpour, Dean of the Medical School at the University of Hertfordshire as a non-executive director on the board.

The trust has been named as one of the most improved trusts in the country, following the publication of the 2024 NHS Staff Survey. the trust was listed as the fourth most improved nationally, with a 4% increase compared to 2023. The trust also saw a 4.8% increase of staff "agreeing" or "strongly agreeing" they would recommend it as a place to work.

The feedback of our staff is so important in helping us to improve their experience and how we deliver the very best care for patients.
The NHS Staff Survey is focused around the 9 NHS People Promises. The trust saw improvements in all 9 of the People Promises, significantly improving in 8 of these.

From April, the trust became a completely smoke-free hospital site. This means smoking will not be permitted anywhere on our sites – this includes the areas outside the hospitals, helping to create a cleaner, healthier environment for patients, staff, and visitors. This is a significant step forward in supporting people to live healthier lives while reducing exposure to second-hand smoke, which is also harmful.

Smoking remains the biggest cause of preventable illness and premature death in the UK. Every year, it leads to around 74,600 deaths and over 500,000 hospital admissions, particularly in conditions like chronic obstructive pulmonary disease (COPD), lung cancer, and heart disease.

Although smoking rates are declining, recent data indicates the smoking prevalence of people in Hertfordshire alone is 11.6%, that's over 144,400 smokers in the region.

We recognise that quitting is challenging, but there is plenty of support available to help. Many people do not realise that within six weeks of quitting, their mental and physical health significantly improves. Lung function begins to recover, circulation improves, and the risk of heart disease drops.

For those struggling to stop smoking, we encourage accessing support through the Hertfordshire Stop Smoking Service. Options like nicotine replacement therapies (patches, gum, or sprays) and expert advice from GPs, pharmacists, and NHS quit smoking services can double their chances of quitting successfully.

We will still allow vaping in designated areas as an alternative for those working towards quitting. While not risk-free, vaping is less harmful than smoking and can be a useful tool for those trying to quit.

People updates

I'd like to welcome our newest member of the executive team and trust board, Penny St Martin. Penny, our new Chief People Officer, will be joining the trust in July 2025.

Penny brings extensive experience in people leadership, most recently over seven years as people services director at A2Dominion Housing Association. She began her career in the Metropolitan Police, where she worked in operational roles, witness protection, and human resources (HR), before moving into senior HR positions at Transport for London.

As chief people officer, Penny will lead on all aspects of workforce strategy, staff wellbeing, and organisational development. She will play a key role in shaping our trust as a great place to work, supporting recruitment and retention, and enhancing staff experience across our sites.

The trust has been recognised for its outstanding contributions to maternity and neonatal care at the prestigious UK Maternity Unit Marvels (MUM) Awards 2025; the event celebrated the dedication and innovation of healthcare teams across the UK.

The Trust received acclaim with nominations in two key areas:

Investing in Education and Skills – Nominated by Amy Hunt, the trust was praised for its comprehensive and thoughtful approach to training. Judges highlighted initiatives addressing technical and cultural factors, with efforts including work on microaggressions and cultural awareness. "We work exceptionally hard to ensure our compliance meets the required standards and work together to ensure education and knowledge is shared at every opportunity," said Amy Hunt.

Excellent Care During the Pandemic – Dr Rabia and her team were commended for their extraordinary support of Charlotte Taylor during her high-risk pregnancy. Charlotte shared, "Dr Rabia and her team kept me safe throughout my pregnancy when I felt especially vulnerable. I honestly feel like Dr Rabia went over and above for me, even looking after me during her own time off."

The trust was also recognised as the National Winner on a prestigious night of celebration.

The judges described the care provided by midwifery staff as "supportive and excellent," acknowledging the team's ability to manage complex cases under the immense pressures of the pandemic.

Dr Geraint Brown, Consultant Rheumatologist, has been recognised as a Changemaker Winner for his exceptional work in creating and running a dedicated arthritis service.

He received the prestigious accolade at a ceremony hosted at the Palace of Westminster, organised by the National Axial Spondyloarthritis Society (NASS).

Adam Sewell-Jones
Chief Executive

Classification: Official

NHS England

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

NHS England – East of England
2-4 Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

16 April 2025

Dear Adam,

East and North Hertfordshire NHS Trust: NHS Oversight Framework Segmentation

I am writing to confirm that the NHSE East of England Regional Support Group (RSG) has considered the segmentation score of East and North Hertfordshire NHS Trust, in accordance with the provisions of the NHS Oversight Framework (NOF).

Following a review of operational performance for quarter 3, year-to-date financial performance and quality insight, RSG has agreed to improve the Trust's segmentation rating from Segment 3 to Segment 2. We will notify the National Team of this change.

This decision is underpinned by several positive developments, including:

- The Trust's successful exit from the National Maternity Safety Support Programme
- Strong and improving performance in RTT 18-week targets – the best in the region and among the top quartile nationally
- A reduction in RTT 65-week waits
- Consistent delivery against the Cancer 62-day and Faster Diagnosis Standard targets
- Strong financial performance and leadership within the system.

We have observed effective and engaged leadership at executive level, with evidence that issues are understood and being addressed. However, there are areas where we would like to see further and sustained improvement over the coming year, specifically:

- Diagnostic performance is poor, driven in part by the longstanding challenge with Paediatric Audiology. We are assured that plans are in place to deliver performance improvement, but the scale and pace of improvement needs to increase.
- 12 hours waits for treatment in A&E remain high. The Trust benchmarks poorly on this metric both regionally and nationally.

I would like to thank you and your team for the significant progress made in recent months and look forward to you continuing to progress as an organisation.

If you have any queries regarding your change in NOF segmentation score, please do contact me.

Yours sincerely,

Clare Panniker
Regional Director
NHS England – East of England

Cc: Simon Wood, NHSE Regional Director of Strategy and Integration, and Executive Lead for Hertfordshire and West Essex ICB

Jane Halpin, CEO Hertfordshire and West Essex ICB

Enc.

Board

East and North Hertfordshire Teaching NHS Trust

Meeting	Public Trust Board		**Agenda Item**	9	
Report title	Strategic Goals Update – 2024/25 Summary		**Meeting Date**	14 May 2025	
Author	Chief Kaizen Officer				
Responsible Director	Chief Kaizen Officer				
Purpose	**Assurance**	☒	**Approval/Decision**	☐	
	Discussion	☐	**For information only**	☐	
Proposed assurance level (*only needed for assurance papers*)	**Substantial assurance**	☐	**Reasonable assurance**	☐	
	Partial assurance	☒	**Minimal assurance**	☐	

Executive assurance rationale:

The strategic goal cascade remains an evolving and iterative process requiring organisational change and whilst there is an established framework, this remains relatively immature, and the subsequent assurance level reflects this position.

Engagement work undertaken through 2024/25 has significantly increased the commitment within the Trust's senior leadership faculty with impact reflected by the various initiatives included in the main report body. However, there remains considerable variation in how well these goals have cascaded down, through to the lower levels of leadership and amongst local teams and departments.

Key focus for 2025/26 will strengthen the ongoing reporting and monitoring of measurable objectives and activity at service line level through the Trust's Divisional Performance Review meetings. Accountability for delivery will be reflected and enhanced via new arrangements that are been drafted as part of a revised balanced scorecard and operating model for 2025/26.

Summary of key issues:

This paper sets out the annual strategic goal cascade process and provides highlights of the breadth and range of activities undertaken during 2024/25, at both organisational and local level, that aligned to delivery.

This process is a deliberate move away from historical top-down objective setting where the majority of teams struggled to understand how they could play their role in delivering the Trust's vision, to one where ambitious multi-year breakthrough goals are framed in a way in order that all teams, and all staff groups at every level can understand how they can actively contribute to the overall direction of travel.

The type of activity included reflects the need to simultaneously support the organisation to deliver large-scale transformation programmes, whilst also enabling those who do the work, and know the work, to make day-to-day incremental continuous improvements that embed and sustain as part of our new improvement method and production system – ENHPS.

Many of the concepts to support day-to-day strategic alignment amongst teams are incorporated with advanced daily management, a core concept taught as part of our ENHPS for Leaders programme. This and other training offers delivered by our Kaizen Promotion

Office will expand over 2025/26, thereby increasing the numbers of leaders equipped with the skills and tools to take this work forward.

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

Patient care quality	☒	**Equity for patients**	☐	**Equity for staff**	☐	**Finance/ Resourc -ing**	☐	**System/ Partners**	☐	**Legal/ Regul- atory**	☐	**Green/ Sustai- nability**	☐

The report provides a summative and retrospective overview of activity aligned to the Trust's strategic goals. During quarter 1, as the various locally agreed annual objectives are reported back up the organisation, we will be able to collate and aggregate intended improvement activity more closely to each theme and performance metric.

This will enable impact to be measured prospectively via a balanced scorecard approach both at organisational level i.e. annual staff survey results, number of reported incidents involving harm, RTT performance, as well as with local level metrics that are all mapped across to each strategic goal.

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 5 Culture, leadership and engagement
BAF 11 VMI – getting out what the Trust needs
BAF 12 clinical engagement and change

Report previously considered at & date(s):

Trust Guiding team April 2025

Recommendation	The Board is asked to NOTE the 2024/25 strategic goals annual report summary.

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.

This approach originates from lean philosophy and is called Hoshin Kanri, meaning "direction setting" or "policy management," and is a proven strategic planning process that involves these key steps:

1. Establish the Organisational Long-Term Vision

- Start with a clear understanding of the desired future state and the current state of the organisation.
- This vision serves as the foundation for all subsequent strategic planning efforts.

2. Develop Strategic or Breakthrough Goals

- Identify a few critical, challenging, and transformative goals that will enable the organisation to achieve significant improvements for patients and staff.
- These are the "big picture" goals that the organisation aims to achieve over a longer timeframe (e.g. 3-5 years).

3. Cascade Goals Throughout the Organisation

- Communicate the vision, breakthrough goals to all levels of the organisation.
- Use a "catch ball" process, where ideas and plans are discussed and refined through two-way communication between the senior leadership team.

4. Develop Annual Objectives

- Break down the transformative goals into local, specific and measurable annual objectives.
- Local leadership ensures everyone understands their role and how their work contributes to the overall goals.
- Implement the plans and strategies developed to achieve the annual objectives.

5. Ongoing Reviews

- Conduct regular reviews to assess progress towards the annual objectives.
- Identify any roadblocks or challenges and take corrective actions.
- Conduct a comprehensive annual review to evaluate the overall success of the Hoshin Kanri process and adjust for the following year.

The strategic goal cascade process is also aligned with our annual Grow Together conversations, the ENHT appraisal process, this allows absolute alignment between individual and team objectives, with the organisation’s strategic goals.

Figure 1: strategic goal cascade from vision to individual grow together conversations

2. Strategic Goal Review 2024/25

This new approach to strategic goal setting, alignment and cascade 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 (ENHPS), to weave strategic goals into the day-to-day work, conversations and attention of teams.

However, this is about more than goals, it's also about organisational 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 organisational change does not happen overnight, and is as much a new philiosphy then way of working and is a longer-term commitment.

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 examples that follow are therefore not an exhaustive list, but instead purposefully provide a range and breadth of the types of activity that were completed as part of this process for 2024/25.

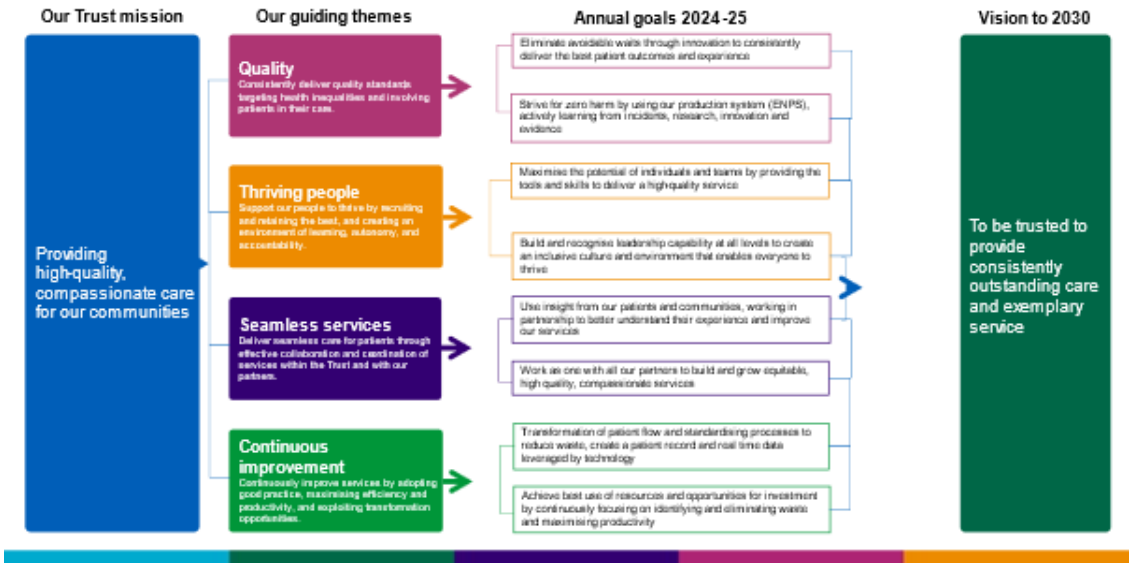


Figure 2: 2024/25 strategic goals

1. Eliminate avoidable waits through innovation to consistently deliver the best patient outcomes and experience

As a Trust we delivered strong and improving performance in referral-to-treatment times across 2024/25 and are the best in region and among the top quartile nationally. We also delivered a reduction in our 65-week waits and consistently delivered against the Cancer 62-day and Faster Diagnosis Standard targets. These developments amongst others contributed to the Trust's NHSE segmentation rating improving from segment 3 to segment 2 in April 2025, with segment 2 defining organisations as performing well and on a developmental journey.

This improvement trajectory is the result of each service actively seeking opportunities to eliminate or reduce avoidable waits in their patient pathways. One example relates to the trauma and orthopaedic service (T&O) who due to safety issues and backlog concerns came together to process map the pathway from GP referral, through community musculoskeletal (MSK) services, into ENHT and through to the 'decision-making' appointment in which the patient is listed for surgery or discharged.

This exercise highlighted examples of inefficiency, and the group worked together to prioritise ideas for improvement. Areas of focus included the referral pathway into the Trust, speciality to specialty referrals, use of telephone and face to face appointments and administrative processes to safely move the patient through the pathway in as timely way as possible.

Within the pathway, it was also highlighted patients waited a significant length of time for imaging, an intervention crucial in determining next steps and treatment. For any improvement work to successfully result in a shorter pathway, a reduction in imaging waiting and reporting times is key. Focused work to address this part of the pathway was therefore undertaken and continues to have a positive impact on T&O and other patient pathways.

Key stakeholders from radiology operations, clinical and medical leadership, working alongside project management colleagues, agreed actions and activity to reduce waiting times for patients across all other reportable imaging modalities. The teams sought to identify opportunities, by reviewing data from benchmarking tools and direct observation, a key concept from ENHPS. This information and understanding of the current state was instrumental in guiding the direction of conversations with clinical and operational teams in generating ideas for improvement and subsequent implementation plans.

Identifying clinical champions was key in being able to deliver the plans, and continuously improve. Weekly touch points were implemented to check in with the leads, listen to their ideas, talk through the bottlenecks or constraints that caused inefficiencies in their service, and this proved to be a turning point. Data and visual representation of demand and capacity trends for each modality were reviewed, and this again sparked more curiosity and fact finding. Ideas continued to be generated on how to improve productivity.

Using ultrasound as an example, activity incrementally increased week on week by using the leads' ideas, finding the support required to unblock issues, giving license to test ideas and try new things, and empowering them to have the conversations that they knew they should have, but hadn't felt able to have previously. Creating a space for a 'more improvement' mindset and dialogue within the team facilitated the improvement.

This then helped to uncover the specific area of musculoskeletal ultrasound injections being the main driver of the extended avoidable waits particularly affecting T&O patients. Inviting the medical team to review the data, and explain the requirement, a weekly plan was developed to increase the capacity specifically to deliver this activity. This was done during core job plans, with some manoeuvring of when and who would provide the activity. Most importantly this improvement work reduced the median wait from a peak of 28 weeks to 17 weeks by March 2024. In addition, as this activity also

incurs a high tariff, the improvements provided a significant income opportunity that contributed to the radiology clinical productivity target.

Whilst it is acknowledged there is more work to be done to improve performance across all these areas, this example when replicated across each service highlights the impact of ENHPS and incremental, continuous improvement that then positively impacts on overall organisational performance.

2. Strive for zero harm by using our production system (ENPS), actively learning from incidents, research, innovation and evidence

In October 2024, the Ophthalmology team took part in the Trust's first clinical Rapid Process Improvement Workshop (RPIW). The aim of an RPIW is to focus intently on a particular process, empowering the people who do the work to improve the process by focusing on patient safety, enhance the quality of experience, eliminate waste and reduce the burden of work.

The key driver for the Ophthalmology team's participation in the RPIW derived from a serious incident which had occurred some months earlier, when a patient on an eye injection pathway was mistakenly injected in the wrong eye. As a result of the investigation into this incident, several quality measures were put in place by the team prior to the RPIW, but the active learning from this incident carried over into the workshop, as the team were keen to continue their focus on improving the patient's safety and quality of experience.

An RPIW provides teams with the space and time to work together, focussing their combined attention on generating and then trying out new ideas for improvements. During their planning for the RPIW, the Ophthalmology team identified 62 ideas and opportunities to initiate new quality and safety improvements. Not all ideas progressed but for example to streamline patient flow, the injection room was relocated following a review of patient movement and room suitability (including air exchange rates). This change supported improved efficiency and compliance with Royal College guidelines. High defect rates in same day consenting led to the introduction of standard work enabling trained nurses to consent patients independently, reducing delays and reliance on Specialty Doctors. In response to patient and staff feedback, a more comfortable and ergonomic injection chair was introduced with initial feedback been very positive. Evidence-based revisions to protocols around intraocular pressure checks and numbing drops eliminated unnecessary steps, reducing inefficiencies and staff workload. Set-up reduction, a concept that reduces the time and resources needed to prepare between each patient's arrival which also tested and adopted. Finally, the team transitioned to a new digital system for recording medication, improving accuracy and minimising transcription errors.

The team used a Plan/Do/Study/Act (PDSA) approach on the Genba (the place where the work happens), to test their ideas prior to implementation, documenting the results and providing a solid evidence base to inform the future state and support active changes. All these improvements aimed to increase the patient's quality of experience, whilst relentlessly focussing on safety, value and waste.

Several months on, these changes have led to tangible reductions in the time patients spend within the clinic. By using the ENHPS tools and measurability of ideas, the team were able to save 12 minutes per patient. This means that after 3 patients going through the new process, the team have created capacity for another patient's appointment, a huge achievement in working towards elective recovery targets. This opportunity will form part of the basis in the services demand and capacity planning processes for 2025/26, Additionally, improvements established as part of new standard work has also evidenced a sustained reduction in the defect rate in the consenting process from 9% to 0%.

This change of approach actively supported the Trust's strategic objective of striving for zero patient harm by learning from incidents, respectfully listening to our patients regarding their experiences, involving the voice of staff at all levels and running tests of change before implementing changes to patient care.

This work also included two powerful staff stories at Trust Board, once involving staff on shift during the initial incident, and another involving staff who participated in the RPIW process itself. Both stories demonstrated how with the right leadership, an open and just culture and a willingness to learn, teams can grow even stronger following adversity, which in turn creates psychological safety and significantly reduces the risk off future errors or incidents.

3. Maximise the potential of individuals and teams by providing the tools and skills to deliver a high-quality service

The Trust continues to deliver against key objectives set out within its People Strategy and the four pillars of: work, grow, thrive and care, all golden threads linking to the NHS People Promise and supporting delivery of ENHT mission and objectives. During 2024/25 the Trust made significant strides in recruitment efforts across all staff groups, culminating in an achieved vacancy rate of just under 8%.

At the end of March 2025, the Trust had over 1,898 FTE nursing and midwifery staff in post, supported by active domestic recruitment initiatives. The Trust received recognition for its international recruitment efforts and commitment to providing high-quality pastoral care to internationally educated nurses and midwives, being awarded the NHS Pastoral Care Quality Award.

91% of clinical staff (Agenda for Change) and 92% of medical staff are now on electronic rosters, providing a comprehensive overview across the organisation and facilitating better deployment and decision-making for managers in safer staffing.

Our Grow Together approach to create a golden thread throughout the organisation for every member of staff is showing positive improvements. Grow Together provides a great opportunity for line managers and their team to highlight role challenges, discuss flexibility and plan appropriate support throughout the year providing a formal opportunity to show and record appreciation for the contribution at work and how their work aligns with the wider Trust goals. Compliance has continued to improve year-on-year since the introduction of the 'grow' model discussion, this incorporates health and wellbeing, development and career aspirations supported by a live objective tracker.

Our annual staff survey results demonstrate the positive impact of our Grow Together initiative which was evidenced by a 5% improvement in '*people are feeling valued by their line managers and organisation'* since 2022. Also, by providing the opportunity to discuss career development/progression, 2024 Staff Survey results showed a significant improvement and '*career progression/promotion in our Trust'* is now viewed as fair regardless of gender, religion, sexual orientation and disability, though more work is required around race in this regard. In the 2024 staff survey over 85% of staff indicated that they had undertaken an appraisal in the last year, with all indicators relating to the quality of appraisals showing an improvement.

In 2024/25, the Trust was awarded the National Preceptorship for Nursing Quality Mark, evidencing excellence in supporting newly qualified nurses entering our workforce They are enrolled on the preceptorship programme designed to set them up for from the start of their career. The preceptorship team were shortlisted for a Nursing Times Workforce Award in the 'Preceptorship Programme of the Year' category.

There was also a continued increase in our Clinical Support Workers (CSW) undertaking apprenticeships at the Trust (193 in total), a significant increase on our numbers in previous years. Approximately 50 staff per year progress on to Nurse Associate programmes and onwards to a Nursing apprenticeship degree course or top up programme.

For over 20 years the Trust has been a proud teaching hospital partner with the University of Cambridge and University College London (UCL), providing clinical placements and skills training to undergraduate medical students across the Trust. In 2024/25, hosting over 100 UCL medical students and almost 200 Cambridge students in years 4, 5, and 6 of their studies. Looking ahead, we are committed to expanding our academic excellence and research capabilities with the achievement of

teaching hospital status from April 2025. This reflects our dedication to developing both our current and future workforce, strengthening our reputation as a centre for clinical education, innovation, and professional development.

The impact of these and many other initiatives reflect in the 2024 staff survey results published in March 2025 which demonstrate an increased response rate from our workforce of 50%, meaning the results are reliable and valid and the highest ever for the trust. The Trust showed statistical improvement in each of the 7 NHS People Promise domains and 2 themes. With 2 of the people promise themes being significantly above sector average. Overall, we had 19 questions (18%) improve significantly, 1 that decreased significantly and 88 questions (81%) of the survey that either showed small improvement or stayed the same. These results, as reported in the Health Service Journal, reflect ENHT recorded the 4th most improved staff survey results nationally.

4. Build and recognise leadership capability at all levels to create an inclusive culture and environment that enables everyone to thrive

Future leaders, development and step up programmes have continued to be supported throughout 2024/25 from work experience to specific apprenticeships and ICB wide programmes such as Emerging System Leaders programme (ESLP) and Accelerated Directors Development programmes.

We have one Learning Management System (LMS) known as ENH Academy, it continues to be the single point of access for all essential training and development including all statutory and mandatory training and role specific online training.

In Q1 2024 we launched our Trust wide Management Competence Framework, offering two pathways: a self-approach for the more experienced leaders and a development programme for a cohort-based approach with mixed media learning. Since its launch 3 cohorts of 20 staff have participated in the specific modular approach with over one hundred colleagues opting for the self-directed pathway. This approach includes intermittent drop-in sessions facilitated by subject matter experts.

ENH Academy was also upgraded with additional, relevant bite-size ‘Skill Boosters’ available for on-the-move learner colleagues, and the portfolio now includes performance management and EDI topics to continue to support line managers grow their competencies, capability and confidence, supporting them to improve their managerial skillsets, crucial in team leadership and wider Trust objectives delivery.

Work continues to support staff to have a voice that counts ensuring people feel supported to raise concerns or unsafe clinical practice where appropriate with collaboration from our Freedom to Speak Up Guardian and staff networks. Work is ongoing to address and eliminate race discrimination towards staff from service users, patients, and staff-on-staff and forms part of our multiyear EDI strategy and improvement plan which was approved by Trust Board in 2024 and is now coordinated via a new oversight steering group led by our Trust Chair.

In 2024/25 we strengthened our Inclusion Ambassadors programme in recruitment and introduced sharing interview questions and model answers with the interview panel at least 24 hours before the interview, as well as sharing example questions to candidates to support preparation. For 2025/26 we will revitalise our recruitment and selection training by embedding Unconscious Bias training mandated for all appointing managers, providing consistent and a standardised ability of appointing managers

We also launched our new ENHPS for Leaders programme with 3 cohorts involving 60 staff commencing this advanced process improvement training. The content and fieldwork teaches leaders both an in-depth knowledge of tools and concepts from our single method for improvement – ENHPS - as well as coaching attendees in a new leadership style. This moves away from traditional top-down approaches where leaders disempower teams by acting as ‘fixer’s, to one where leaders act as’ framers’, coaching and supporting teams in their work to know, run and improve their services and where improvement is led by those that do the work, where the work is done. Following evaluation, feedback and learning, a further 6 cohorts of this programme are scheduled in 25/ 26.

Results within the 2024 Staff Survey indicate our actions and activity is making a difference with evidence our managers are compassionate and meet their teams regularly to discuss effectiveness and deal with disagreements constructively, with clear feedback shared. Our employees would recommend ENHT as a place to work and are happy with the standard of care that friends and relatives would receive in our care. We have also improved cross-team collaboration to achieve objectives by 3% according to the latest staff survey results. This work will continue through 25/26 as we recognise there are still many areas requiring further improvement.

5. Use insight from our patients and communities, working in partnership to better understand their experience and improve our services

Understanding the experiences of our patients and communities is vital in improving our services – to reach our vision of consistently outstanding care and exemplary service.

We have a community of nearly 500 members. Our members people who have signed up to receive more information about the trust, and to get involved at various levels from surveys to focus groups. Many have told us the particular areas they are interested in – whether by topic or by hospital site. A quarterly newsletter sharing news of the trust is sent, including opportunities to get involved – for example with our PLACE survey (Patient Led Assessment of the Care Environment).

The trust is in the process of setting up a patient panel. Changes at system and place level allow opportunity to set this up for east and north Herts, and this will progress at pace in 25/26. Seven members have indicated an interest in the group which will meet quarterly. The group will link in with the Healthwatch Community Assembly for east and north Herts, ensuring no duplication.

The director of communications and engagement sits on the Herts and West Essex community of practice for engagement, with the focus of reducing duplication of work for patients and carers and ensuring seldom-heard groups have a voice. Work is underway to share insight between partners to avoid asking the same questions twice.

The chief nurse holds regular meetings with Healthwatch to discuss patient experience issues and opportunities. MP visits with the chief executive and chief nurse offer the opportunity for local politicians to share the experiences of their constituents.

A carers group has been established in the trust, led by the corporate nursing team, and ensuring that the voice of carers is strengthened throughout a patient's journey.

The patient experience team, part of the corporate nursing team, co-ordinate complaints, PALs contacts and other insight which is shared across the trust. The communications team collates feedback from online platforms such as Care Opinion, NHS UK and google reviews, and shares these with the relevant division.

The trust has worked hard to open up board meetings and the annual general meeting (AGM) to the public. The AGM in 2024 has been viewed by almost 400 people, and the 5 Board meetings were viewed 1,618 times – an average of 323 views per meeting.

And finally work has begun on a "menu of involvement and patient insight" for patients in ENHPS work including kaizen events and RPIWs. This ranges from surveys and field work, to focus groups and full involvement in an RPIW for patient representatives. This new approach commenced in 2024/25 and will be rolled out more extensively during 2025/26.

6. Work as one with all our partners to build and grow equitable, high quality, compassionate services

In Hertfordshire, children and young people can currently access assessments for Autism and ADHD through a range of different pathways. However, there remains a significant number of individuals waiting for assessment across the county.

To address this challenge the Trust has worked in partnership with the Mental Health, Learning Disability and Autism Health and Care Partnership (MHLDA HCP) to develop a proposal aimed at establishing a unified, needs-led Autism and ADHD clinical pathway across the county. This approach is designed to provide timely, tailored, and appropriate support to neurodiverse children, young people, their families, and carers.

This development has been a collaborative effort involving local NHS providers, local government, voluntary, community, faith and social enterprise (VCFSE) organisations, local GPs, and individuals with lived experience, represented through the Herts Parent/Carer Involvement Network (HPCI).

As a result of this work, one single referral form has been introduced as a first step to introducing a single referral point for all Autism and ADHD referrals. This centralised point of access ensures that referrals are appropriately prioritised, regardless of the referring Trust or the child's location within the county. It also supports earlier access to appropriate support, reduces the risk of children being lost in the system, and helps minimise delays in treatment. Additionally, this system allows for better understanding and monitoring of demand, as all referrals are recorded centrally.

Importantly, the pathway ensures that children and young people are assessed by the most appropriate professionals for their needs and age, helping to streamline a county-wide diagnostic pathway.

Further progress has been made with the expansion of the neurodiversity hub, with future funding secured. The hub provides tailored one-to-one support for parents and carers both pre- and post-diagnosis, particularly where more intensive support is needed. It works collaboratively with SEND services and voluntary sector partners, offering signposting to other relevant services where appropriate.

In addition to the hub, a short pilot is under way to evaluate the impact of case coordinators on the assessment process. These coordinators will be assigned once the child is accepted on the assessment pathway and will ensure that families and young people understand the processes involved and will be able to sign-post to other services, including the hub.

Looking ahead, the goal for 2025/26 is for all three local NHS Trusts (ENHTT, Hertfordshire Community NHS Trust – HCT, and Hertfordshire Partnership University NHS Foundation Trust – HPFT) to implement a standardised diagnostic pathway. This will help to reduce variation and complexity in assessment processes, address health inequalities across different parts of the county, and facilitate cross-organisational learning and collaboration among clinicians.

In another example the pharmacy team collaborated with Herts & West Essex ICB, Herts Partnership University NHS Foundation Trust, Hertfordshire Community Trust, local community pharmacies, GPs and Hospices to produce workplans and share ideas for medicines optimisation to develop a systems approach. This led to the establishment of PharmOutcomes referrals to local community pharmacies to inform them of changes to patient's medications during admission. This allows their local pharmacy to follow up with the patient about their new medication post-discharge and to ensure that there is a continued supply. Where medicines have been stopped in hospital, communication has improved and repeat prescriptions are not issued by the community pharmacy, thereby improving patient safety.

Finally, using population health data we identified that a high proportion of patients attending ED on 10 or more occasions in a year had a diagnosis of chronic kidney disease stage 5, and for many of these patients they were on a palliative pathway. Working with Garden House Hospice the two teams explored how these patients could be cared for more appropriately which led to Garden House Hospices first dedicated frailty link nurse working at Lister hospital. This role identifies patients that the hospice can support and moves them into the Hospice or the community.

In addition, the hospice expanded their community services so that their clinicians such as physiotherapists and occupational therapists could start to deliver their services directly into people's homes, helping to prevent hospital admissions. They also opened additional beds for people with frailty, to support them with symptoms and get them back home again. There was also an expansion of the Compassionate Neighbours team to support in developing more of our popular and lively social hubs. These are a crucial way of finding more people who would benefit from our services. The hospice also began to provide 'ambulatory care' meaning, for example, the administration of intravenous antibiotics or blood transfusions so residents could go to the hospice instead of hospital, have the treatment and go home.

Within the first 3 months of the frailty service starting, 93 patients were identified in Lister hospital and moved to hospice support either within the hospice itself or via their community team. 57% of these patients were transferred from ED – preventing an admission. 80% of patients transferred to the frailty service were discharged within 8 days. More importantly, since their discharge, if they have become unwell again, they have been able to engage directly with the hospice preventing an ED attendance or an ambulance conveyance.

7. Transformation of patient flow and standardising processes to reduce waste, create a patient record and real time data leveraged by technology

As part of the Trust's commitment to improving patient access and aligning with national digital health priorities, the Patient Hub was introduced in 2024 to enhance communication and engagement in outpatient services. The hub is a secure, web-based portal that enables patients to:

- Receive outpatient letters and clinical documentation digitally
- Cancel or rebook appointments
- Access services via the NHS App, supporting digital inclusion and patient choice

Deployment is ongoing and follows a specialty-by-specialty approach due to the considerable configuration and enablement required. As of February 2025, 37% of specialties have been successfully onboarded, with full rollout scheduled during the year ahead. In addition 25% of users accessed the Patient Hub via the NHS app, supporting the national strategy to consolidate digital services through this platform. It is important to note when preferred by patients, letters continue to be printed and sent by postal services.

The Patient Hub supports the ambitions of the NHS Long Term Plan and aligns with the What Good Looks Like (WGLL) framework, particularly around the pillars of "Empowering Citizens" and "Safe, Smart Systems." It also contributes to the goals outlined in the Digital Health and Care Plan by offering patients modern digital services that improve outcomes and experience.

Future phases of the programme will focus on extending functionality post-implementation of the new Electronic Patient Record (EPR). This will include enhanced integration and broader use of digital tools to support patient pathways and communication.

The implementation of the Patient Hub demonstrates the Trust's commitment to modernising outpatient services, reducing paper-based correspondence, and offering patients greater flexibility in how they engage with their care.

Another example of leveraging technology to transform services was in response to the number of complaints received from patients unable to contact us and have their calls answered. Initial scoping work identified across outpatient services we had over 100 different telephone numbers published on patient letters with baseline analysis suggesting only 1 in 3 calls were being answered.

We therefore reviewed the Getting It Right First Time (GIRFT) outpatient guidance and resources and engaged with services to raise awareness of the issue and to gain support for addressing this problem as part of a wider outpatient's transformation programme. This work necessitated radical changes to the current operating model involving both the centralised and local service infrastructure and areas of responsibility.

Following digital improvements to implement a new telephony system across the Trust, one of the benefits of new functionality was access to both call volume data and data on missed calls that was unobtainable previously – this allowed for evidence-based discussions.

In line with our overall transformation objectives to simplify and centralise processes for referral management and appointments booking, we used existing vacancies to stand up a new call answering service within the Contact Centre. We transitioned the centralised lines first and saw benefits in week 1 with missed calls dropping from 64% to 20% in the first week. By week 4 they had dropped to 8%.

By the end of June, our goal is to transition all outpatient telephone numbers across to the call answering service to provide a consistent and simple patient experience, with a single process for all specialties.

We will also be rationalising the volume of numbers in use as in many cases multiple numbers end up in the same place. Key benefits to the Trust are reduced DNAs, increased slot utilisation, increased productivity for clinicians, and reduced complaints. This will also be a significant enabler to being able to increase patient-initiated-follow-up adoption by clinicians. The aim for 2025/26 will be to reduce missed calls to under 5%.

8. Achieve best use of resources and opportunities for investment by continuously focusing on identifying and eliminating waste and maximising productivity

Since the covid pandemic ENHT has consistently performed strongly in its elective recovery fund activity targets, emerging as one of the best 10 performing trusts nationally compared to pre-pandemic levels. Whilst this has required significant investment in additional workforce, transforming the elective theatre experience for our patients and staff whilst keeping theatre productivity at the core of our focus has been the key to delivering improved outcomes.

Nationally the Trust is reporting 83.5% theatre utilisation (NHS Model Hospital Portal) which is quartile 4 (top) performance. In addition, the Trust is the top performer in the East of England region for exceeding the target of 2.5 cases per list with current levels at 2.7, this also reflects quartile 4 performance. These sustained achievements have been maintained through a number of initiatives. One example includes structured clinical review of theatre schedules ahead of surgery dates, reducing last-minute changes and enhancing operational efficiency. As a result, more patients are receiving timely treatment while maximising theatre utilisation.

Enhancing patient flow on the day of surgery has been instrumental in reducing bottlenecks and ensuring a seamless patient journey. A key improvement involved directing patients straight to the pre-operative bay upon arrival, eliminating unnecessary delays in admission process. This has led to a smoother and more predictable theatre schedule.

Leveraging digital solutions for patient engagement has further enhanced efficiency with the investment in automated text reminders ensuring patients are well-informed about their upcoming surgery. This initiative has played a crucial role in minimising last-minute cancellations, allowing rapid reallocation of theatre slots and maximising available capacity. ENHT is currently third highest performer in the region for 0 – 3 day pre-TCI cancellations following this improvement.

Optimising pre-admission processes has strengthened efficiency and patient safety. Since the introduction of a new health screening process in July 2024, all patients listed for surgery now undergo early preoperative screening. This proactive approach enables clinical optimisation, reduces unnecessary hospital visits, and offers remote consultations for lower-risk patients—all while maintaining the highest standards of care.

Innovation in surgical specialties has led to significant advancements across multiple disciplines. With a strong track record of achieving over 85% compliance with BADS day case rates across all specialties, ENHT is now prioritising further improvements in T&O by reducing hospital stays for hip and knee replacement patients to just two days. A successful trial of same-day discharge received excellent patient feedback, setting the stage for an expanded rollout of enhanced recovery pathways. This initiative is now scaling up, enabling more patients to experience a faster recovery and reduced hospital stay.

Ophthalmology continues to lead in high-volume, low-complexity care, with ENHT recognised as the top-performing trust in the region and ranking well within the top national quartile. The service runs dedicated high volume, low complexity (HVLC) sessions treating up to 10 patients per list. It consistently delivers an average cases per list (ACPL) of 5.2, significantly exceeding the peer median of 4.1, by maintaining a minimum of 8 points per list. This high level of performance is driven by strong triumvirate leadership and effective multidisciplinary collaboration, enabling the service to reduce waiting times and achieve over 75% RTT compliance. These results reflect the Trust's clear commitment to maximising productivity and ensuring timely, high-quality patient care.

NHS reference costs are the average cost to the NHS of providing a defined service in a given financial year and provide a basis for comparing the efficiency of different NHS organisations. In the latest national dataset for 2023/ 24 ENHT reported reference costs of 93 with the average been 100 i.e. the Trust is 7 percent cheaper per unit of activity than the average. This efficient use of resources is also reflected in the NHS Model Hospital Portal Cost per Weighted Activity Unit (WAU), the national headline productivity metric where the Trust falls into the upper quartile at £3,256, compared to the Provider median of £3,538. However, despite this strong performance there remains much opportunity to improve further, and this work will continue into 2025/26.

3.2025/26 Strategic Goal Cascade

To build on the learning from 2024/25 corporate and clinical divisions, care groups and service lines have been asked to agree eight objectives that align to the strategic goals that are specific, measurable, achievable, realistic and time-bound by the end of May 25. These objectives will reflect both work teams must do i.e. to meet NHSE planning guidance, and work they want to do i.e. service transformation.

Each objective will be accompanied by the required activity to deliver the change or improvement, as well as the metrics that will demonstrate progress and impact. A 'team talk – setting our team objectives for 25/26' toolkit has been developed to support leaders in the roll-out of this initiative. Once agreed objectives will be updated into a standardised editable template and displayed in a highly visible public space in each ward and department.

Key focus for 2025/26 will strengthen the ongoing reporting and monitoring of measurable objectives and activity at service line level through the Trust's Divisional Performance Review meetings. Accountability for delivery will be reflected and enhanced via new arrangements that are been drafted as part of a revised balanced scorecard and operating model for 2025/26.

The ongoing roll-out of ENHPS for Leaders and other KPO training offers will provide the necessary change skills, coaching and tools that align and embed strategic objectives into day-to-day activity. However, this is not a short-term strategy, or simply a set of tools, 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.

Board

East and North Hertfordshire Teaching NHS Trust

Meeting	Public Trust Board	**Agenda Item**	10
Report title	Annual National Staff Survey Results	**Meeting Date**	14 May 2025
Author	Interim Chief People Officer		
Responsible Director	Interim Chief People Officer		
Purpose	**Assurance** ☒	**Approval/Decision** ☐	
	Discussion ☐	**For information only** ☐	
Proposed assurance level (*only needed for assurance papers*)	**Substantial assurance** ☒	**Reasonable assurance** ☐	
	Partial assurance ☐	**Minimal assurance** ☐	

Executive assurance rationale:

N/A

Summary of key issues:

The annual national staff survey is based on the NHS People Promise and Links have been shown between staff engagement, patient experience and patient outcomes.

Our staff survey results are used by the NHS and CQC to assess Trust performance. ENHT fieldwork period started 9 September 2024 and closed 29 November 2024. The National results were released on Thursday 13 March 2025, results were embargoed until this time.

Our 2024 results saw take up increase further to 50% of the workforce making the findings statistically accurate. Improvements have been shown as significant in 8 out of the 9 domains of the staff survey. ENHT is recognised as the 4th most improved trust in the country on its staff survey results.

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

Patient care quality	☒	**Equity for patients**	☐	**Equity for staff**	☒	**Finance/ Resourc -ing**	☐	**System/ Partners**	☐	**Legal/ Regul- atory**	☐	**Green/ Sustai- nability**	☐

If you have ticked any of the boxes, succinctly explain why. You can include other impacts not named above. This section enables the reader to understand from the start particularly significant implications/impact envisaged. This can be both positive benefits and disbenefits that are crucial for robust decision-making. [See note 10]

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*

Risk 5: Culture, leadership and engagement and Risk 4: workforce shortages and skills mix to meet quality standards

Report previously considered at & date(s):

People and Culture Committee – 18 March 2025

Recommendation	The Board is asked to **DISCUSS** the report.

To be trusted to provide consistently outstanding care and exemplary service

Staff Survey Results

ENHT Board

April 2025

East and North Hertfordshire Teaching NHS Trust

ProudToBeENHT

East and North Hertfordshire Teaching NHS Trust

Why is staff engagement important?

Measure our performance - key parts of the NHS Long Term Plan is “Supporting our current NHS staff”.

Deliver the NHS People Promise - systematic focus on all elements of the NHS People Promise.”

Improve staff retention - high turnover means you lose talent and organisational memory and incur costs for recruitment and training.

Improve patient care - there is a body of evidence that engaged staff deliver better healthcare in terms of patient experience, safety and outcomes.

Improve staff wellbeing - Engagement is linked to the health and wellbeing of the workforce.

2024 National NHS Staff Survey

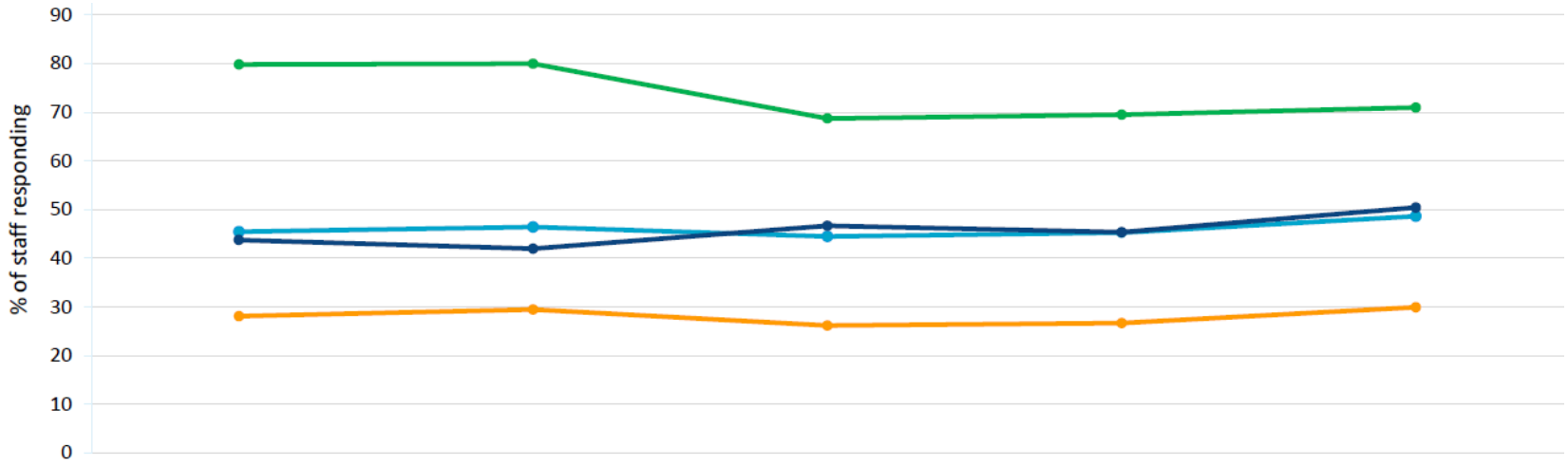
East and North Hertfordshire Teaching NHS Trust

- Used by the NHS and CQC to assess Trust performance
- Links have been shown between staff engagement, patient experience and patient outcomes
- For the third year, survey has been refreshed to align with the 7 People Promise elements. Two previous themes, Staff Engagement and Morale, remain
- ENHT fieldwork happened from 9 September 2024 and closed 29 November 2024
- The National results were released in March 2025, and have been cascaded through a team talk and local actions approach

Response rates 2024

East and North Hertfordshire Teaching NHS Trust

- Over 50% of people responded!
- Additional 350 responders (10% increase)
- Representative response from colleagues across the organisation



	2020	2021	2022	2023	2024
Your org	43.74%	41.95%	46.65%	45.32%	50.41%
Highest	79.77%	79.95%	68.69%	69.45%	70.92%
Average	45.43%	46.38%	44.46%	45.23%	48.61%
Lowest	28.09%	29.47%	26.17%	26.65%	29.91%
Responses	2646	2647	2963	2994	3347

Summary of scores

- 8 of the 9 themes significantly improve
- ENHT were 4th most improved in the country

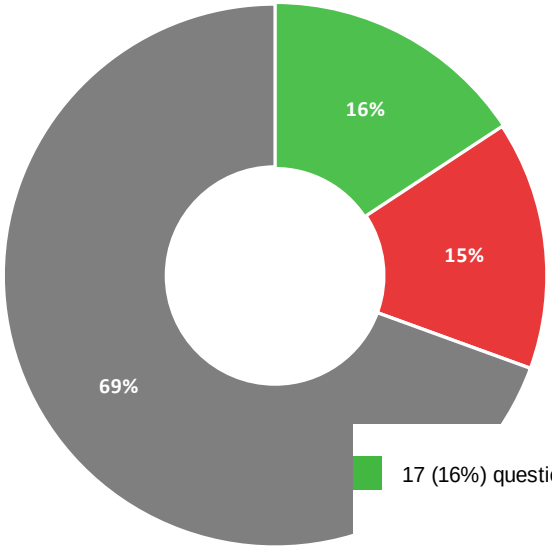
East and North Hertfordshire Teaching NHS Trust

People Promise/Theme/Question	2023 Score	Significance	2024 Score	Significance	Sector Score
Theme - Staff engagement	6.79	Significantly Improved	6.89	Not Significant	6.85
Theme - Morale	5.78	Significantly Improved	5.93	Not Significant	5.93
People Promise 1 - We are compassionate and inclusive	7.12	Significantly Improved	7.22	Not Significant	7.22
People Promise 2 - We are recognised and rewarded	5.83	Not Significant	5.91	Not Significant	5.90
People Promise 3 - We each have a voice that counts	6.56	Significantly Improved	6.65	Not Significant	6.68
People Promise 4 - We are safe and healthy	5.99	Significantly Improved	6.09	Not Significant	6.09
People Promise 5 - We are always learning	5.55	Significantly Improved	5.78	Significantly Better	5.69
People Promise 6 - We work flexibly	6.17	Significantly Improved	6.34	Significantly Better	6.22
People Promise 7 - We are a team	6.65	Significantly Improved	6.76	Not Significant	6.74

Headline findings:

East and North Hertfordshire Teaching NHS Trust

Question benchmarking to sector compared to 2023

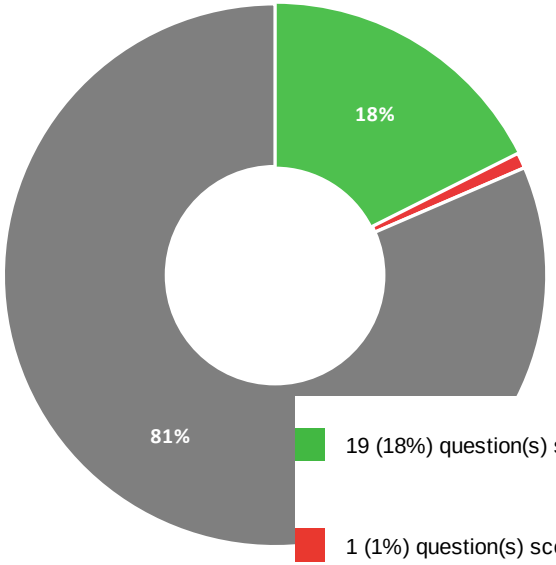


17 (16%) question(s) scored significantly better than the sector

16 (15%) question(s) scored significantly worse than the sector

75 (69%) question(s) showed no significance in relation to the sector average or comparisons could not be drawn

Question results compared to 2023



19 (18%) question(s) scored significantly better than in 2023

1 (1%) question(s) scored significantly worse than in 2023

88 (81%) question(s) showed no significance in relation to the 2023 score or comparisons could not be drawn

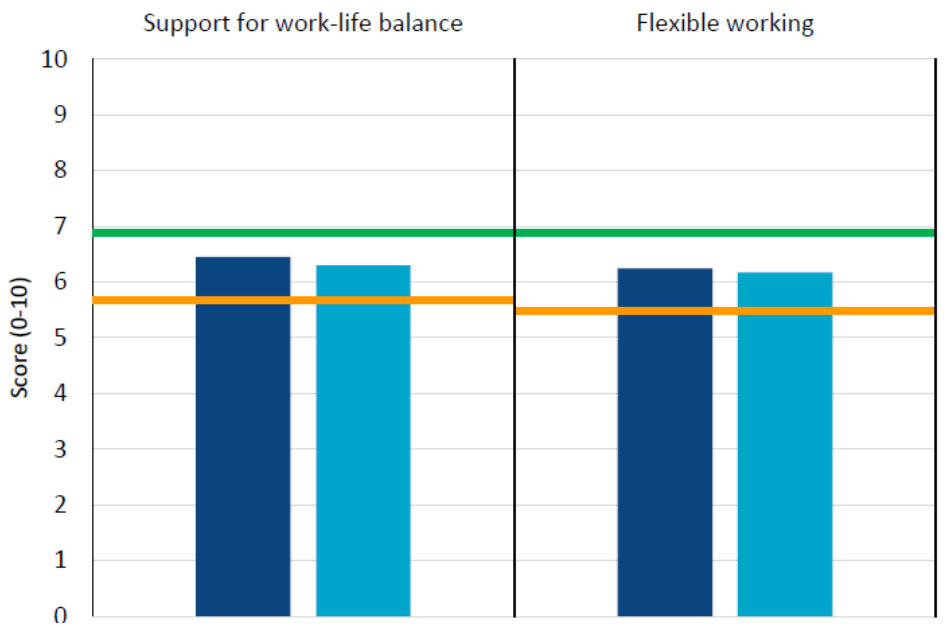
Worth celebrating

East and North Hertfordshire Teaching NHS Trust

- ‘Learning’ and ‘flexibility’ were significantly better than peer average

Promise element 5: We are always learning

Promise element 6: We work flexibly

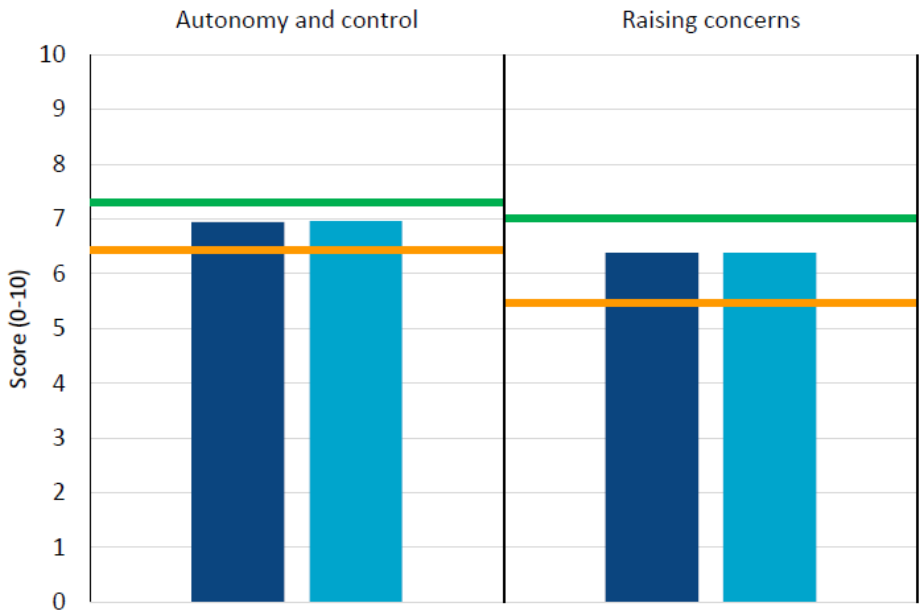


Improvement needed

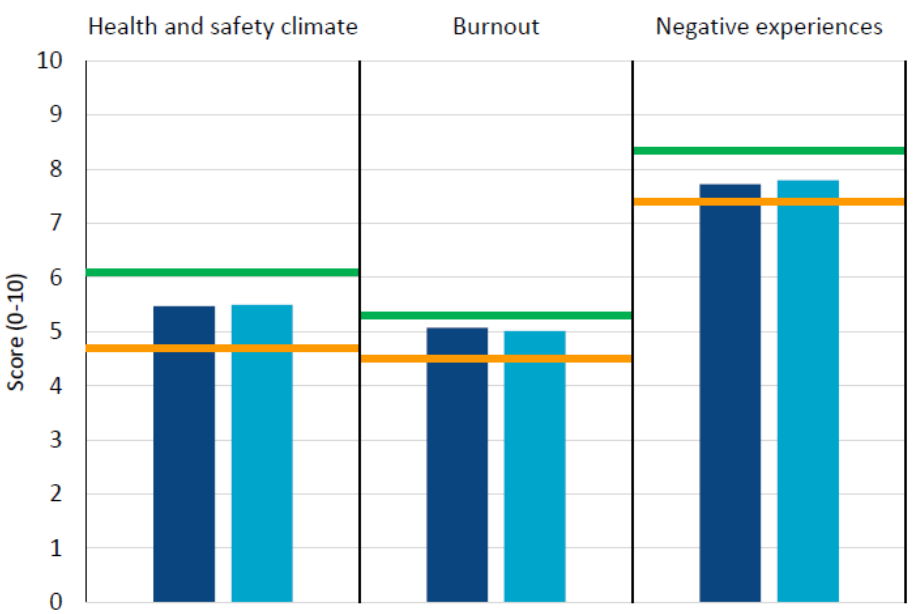
East and North Hertfordshire Teaching NHS Trust

- ‘voice that counts’ and ‘safe and healthy’ were in line with peer average and have most opportunity for improvement
- Focus on inclusion, civility and respect are essential within these domains

Promise element 3: We each have a voice that counts



Promise element 4: We are safe and healthy



Our values

NHS
East and North Hertfordshire Teaching
NHS Trust

Areas of focus for us – based on sector benchmarks

East and North Hertfordshire Teaching NHS Trust

	People Promise/Theme/Question	2023 Score	Significance	2024 Score	Significance	Sector Score
3e.	I am involved in deciding on changes introduced that affect my work area / team / department.	48.9%	Not Significant	48.7%	Significantly Worse	50.5%
6a.	I feel that my role makes a difference to patients / service users.	86.1%	Not Significant	86.9%	Significantly Worse	88.1%
16a.	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	10.0%	Not Significant	11.6%	Significantly Worse	10.0%
16b.	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues?	11.8%	Not Significant	10.8%	Not Significant	9.9%
16c01.	On what grounds have you experienced discrimination? Ethnic background	59.8%	Significantly Declined	66.8%	Significantly Worse	59.9%
4c.	My level of pay.	27.9%	Not Significant	28.8%	Significantly Worse	30.4%
20a.	I would feel secure raising concerns about unsafe clinical practice.	67.8%	Not Significant	68.5%	Significantly Worse	70.7%
19d.	We are given feedback about changes made in response to reported errors, near misses and incidents.	55.6%	Significantly Improved	59.7%	Significantly Worse	62.0%
3h.	I have adequate materials, supplies and equipment to do my work.	49.6%	Significantly Improved	52.3%	Significantly Worse	56.3%
11a.	My organisation takes positive action on health and well-being.	53.0%	Not Significant	53.8%	Significantly Worse	56.7%
10b.	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	44.0%	Not Significant	42.2%	Significantly Worse	37.4%
24a.	This organisation offers me challenging work.	66.3%	Not Significant	64.4%	Significantly Worse	67.2%
24f.	I am able to access clinical supervision opportunities when I need to.	-	N/A	52.0%	Significantly Worse	54.3%

Trust-wide: Areas of key focus based on our staff results

NHS
East and North Hertfordshire Teaching NHS Trust

A voice that counts:

- Sharing more complete narratives and outcomes from where staff raise unsafe clinical practice via our Freedom to Speak Up Champions and how this leads to improvements in patient care.
- Continuing work to reduce discrimination from service users, patients, and staff-on-staff, through delivery of our EDI strategy actions and through the newly established EDI Steering Group to increase assurance and share learning from across the organisation.
- Courageous conversations programme that specifically focusses on race discrimination in the workplace to reduce the % of staff experiencing discrimination based on ethnic background is above sector, procure and implement bystander and further work on unconscious bias training and development across the Trust and also focus on the importance of attending de-escalation and breakaway training for staff.

Reward and recognition

- Annual Time to Shine Staff Awards and Staff ViP Awards
- Refresh of staff benefits intranet page enabling better access and one place for all schemes to be promoted and featured.
- Positive Leadership Rounds continue to engage and recognise staff in their place of work

Next steps

East and North Hertfordshire Teaching NHS Trust

- Results shared across the organisation including breakdowns for staff groups / directorates.
- Teams discuss the results and share their understanding of the issues using tested team talk methodology.
- Divisions agree local areas of focus and actions to improve areas

- Facilitated staff representative groups to collate issues and ideas supported by Business Partners.
- Measures of improvement agreed and shared within organisation.
- Implementation of local actions commences.

- Create, and publicise, opportunities for staff members to be involved in initiatives.
- Reporting and accountability – local plans are reviewed at divisional board and report through to people committee

- Create, and publicise, opportunities for staff members to participate in the 2025 Staff Survey.
- Preparation and roll out of 'you said we did' summaries across organisation

Board

East and North Hertfordshire Teaching NHS Trust

Meeting	Public Trust Board		**Agenda Item**	11	
Report title	Digital strategy 2020 – 2025 Update		**Meeting Date**	14 May 2025	
Author	Chief Information Officer				
Responsible Director	Chief Information Officer				
Purpose	**Assurance**	☐	**Approval/Decision**	☐	
	Discussion	☒	**For information only**	☐	
Proposed assurance level (*only needed for assurance papers*)	**Substantial assurance**	☐	**Reasonable assurance**	☐	
	Partial assurance	☐	**Minimal assurance**	☐	

Executive assurance rationale:

N/A

Summary of key issues:

This document provides an update on the delivery of the ENH Digital strategy for 2020 – 2025. There have been updates to the strategy in 2023 and 2024.

Since 2020, East and North Hertfordshire NHS Trust (ENH) has advanced its Digital Strategy to enhance patient care, safety, and operational efficiency. Key achievements include the digitisation of clinical workflows, mobile technology adoption, and a comprehensive shift from paper-based systems. Notable progress includes areas of clinical digitisation across the Trust improving flow, the deployment of specialty-specific EPRs, and critical infrastructure upgrades such as a Trust-wide Windows 10 rollout and full network enhancements.

In 2024, ENH committed to a 10-year enterprise-wide EPR programme with Dedalus ORBIS U, set for phased deployment starting in 2025. Complementary developments like the Patient Hub portal, upgraded telephony, and expanded use of real-time data support improved patient experience and clinical outcomes.

The Trust's strategy aligns closely with NHS England's 2025/26 digital priorities (Summary included as an appendix), emphasising EPR adoption, cloud-first infrastructure, digital outpatient transformation, and integration with the national Federated Data Platform (FDP). Looking ahead, ENH will focus on optimising the new EPR, digitising outpatient services, deploying AI technologies, and fully integrating systems to support shared care, real-time analytics, and population health management.

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

Patient care quality	☒	Equity for patients	☐	Equity for staff	☐	Finance/ Resourc -ing	☐	System/ Partners	☐	Legal/ Regul- atory	☐	Green/ Sustai- nability	☐

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 at & date(s):							
Finance, Performance and Planning Committee meeting 28 April 2025.							
Recommendation	The Board is asked to note progress made against the Strategy						

To be trusted to provide consistently outstanding care and exemplary service

May 2025

East and North Hertfordshire Teaching NHS Trust

Digital Strategy Update

Mark Stanton
CIO

Version History

Version	Date	Author	Brief Description of Key Changes
Draft 0.1	22/4/25	Mark Stanton	First Draft for FPPC approval
Draft 1.0	7/5/25	Mark Stanton	Version for Trust Board focused on 2020 – 2025 deliveries

Document Reviewed by

Version	Date	Reviewer	Reviewer Role
Draft 0.1	28/4/25	FPPC	

Purpose of Document

This document provides an update on the delivery of the ENH Digital strategy for 2020 – 2025. There have been updates to the strategy in 2023 and 2024. A summary of the NHS E Digital strategy is in Appendix A for reference.

ENH Digital strategy update 2020 – 2025

Progress against strategy

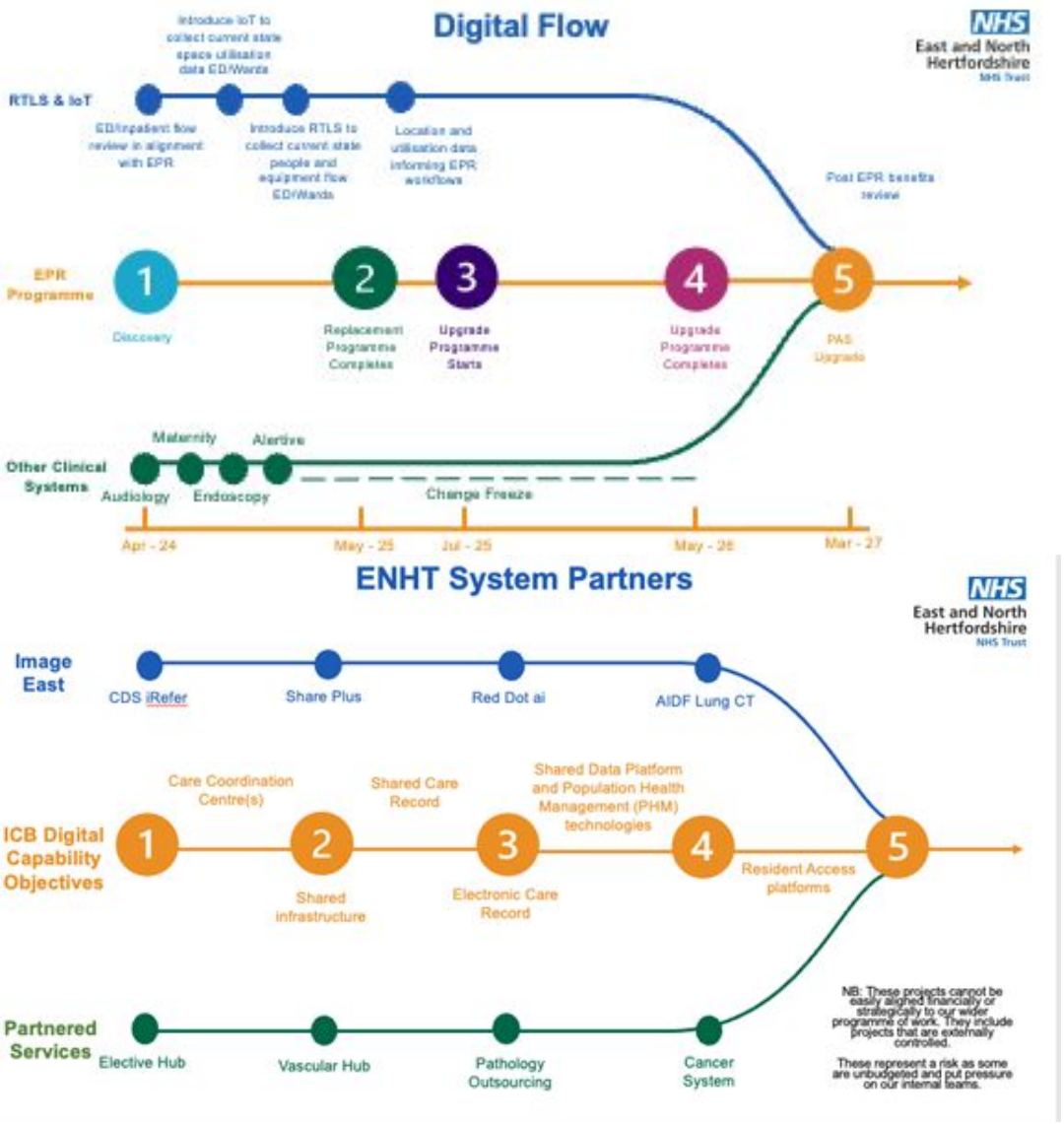


Figure 1 : Digital strategy published 2024

Since 2020, the Trust's Digital Strategy has focused on five key areas to drive transformation and improve patient care, clinical safety, and operational efficiency.

1. Keeping Our Patients Safe

Significant progress has been made in Digitising clinical workflows to enhance patient safety:

- VTE Assessments - the VTE process transitioned from paper-based forms with a 10% sampling rate to full digital assessments via Nervecentre, leading to a marked improvement in compliance and data accuracy.
- Mobile Devices - mobile technology is now embedded in day-to-day operations:
    - All nursing stations are equipped with a large supply of mobile devices enabling them to complete ward tasks, observations, and assessments digitally.

    - Doctors are provided with individual mobile devices enabling them to access to patient records, document in the notes, complete various tasks, access other digital systems such as Concentric, DIT3, ICE, Alertive and guidelines
- The outdated bleep system has been replaced with Alertive, a mobile app for streamlined communication replacing the legacy bleep system
- Ward Flow Improvements
- The existing Nervecentre EPR has been heavily customised to support improved patient flow, particularly around the front door and assessment areas.
- prior to the new EPR, further developments in Lorenzo and Nervecentre included:
    - ePMA deployment
    - Additional assessment forms
    - Electronic emergency surgery booking (via NC to Bluespier) and electronic postop notes
    - Integration into community services H@H electronic referral
- ICS Integration - the Shared Care Record (SCR) has been implemented across the ICS, including integration with ENH. Daily updates feed into a rich dataset, which is accessible to all providers through in-context views in their respective EPRs.
-

2. Supporting Our Specialties

While the long-term vision remains an enterprise-wide EPR, some specialties continue to use standalone systems due to specific integration needs with medical equipment or that depolymewnt took place before the EPR was approved. Deployments and upgrades since 2020 include:

- Maternity – K2 EPR deployed
- Ophthalmology – OpenEyes EPR implemented
- Audiology – Auditbase deployed
- PACS (Radiology) – Major Carestream PACS upgrade; Radiology IT has moved under the Digital team
- Radiotherapy (ARIA) – Significant ARIA system upgrade; MVCC IT has integrated into the Digital team
- eConsent trust wide (minus oncology)
- DIT3 moving away from old-fashioned Dictaphones and dictating clinic letters via an app but also providing storage and visibility of all specialty letters
- Real Time tracking Services (RTLS) implemented into Maternity to manage equipment (projects in ED discontinued)
- AI deployed into Radiology for Chest X-ray, Chest CT and ED for Stroke.
- Radiology demand Management deployed through ImageEast
- ICS project included migration to the outsource provider, technology to support the Surgical hub and Vascular Hub and an ongoing project for a HWE wide Cancer Management system

3. Building a Digital Record

A New Enterprise EPR

- After a comprehensive 18-month exploration of funding models, the Board approved a 10-year EPR programme in February 2024.
- The Trust signed a 10-year contract with Dedalus for the ORBIS U EPR.
- Delivery began in May 2025, with full implementation scheduled by June 2026.

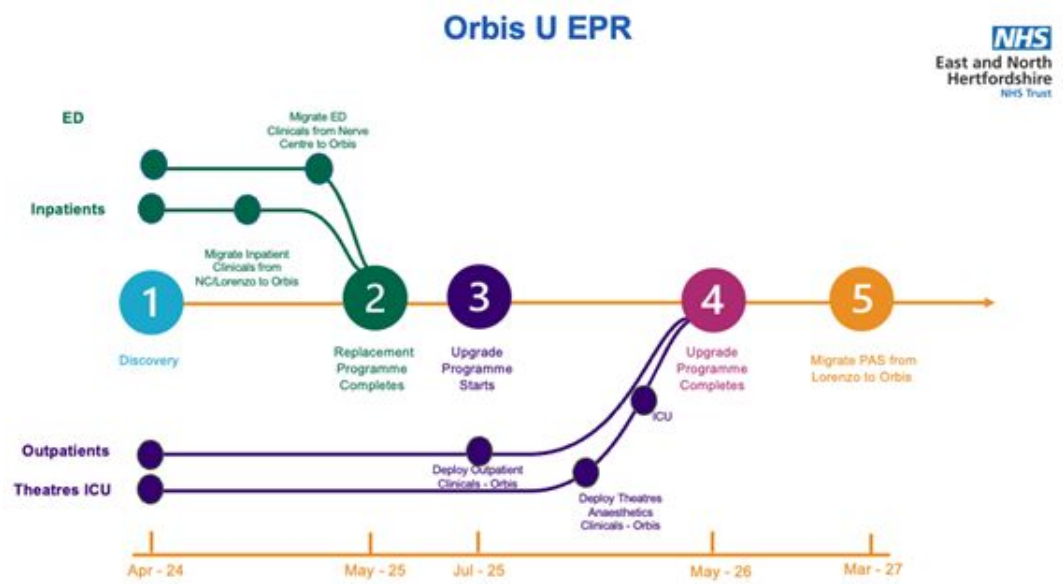


Figure 2 EPR strategy as published 2024

The agreed Deployment plan with the supplier (subject to approval following due diligence)

Phase 1 – February 2026

- Electronic prescribing and Medicines administration (ePMA)
- Inpatients
- Outpatients
- Computerised Physician Order Entry (CPOE) – Radiology/pathology ordering
- Emergency Department (ED)
- Full integration of Clinical devices into the EPR (spot monitors, IT etc) which will be a significant benefit to both efficiency and clinical safety

Phase 2 – June 2026

- Theatres
- Anaesthetics
- ITU

4. Evolving Our Technology Platforms

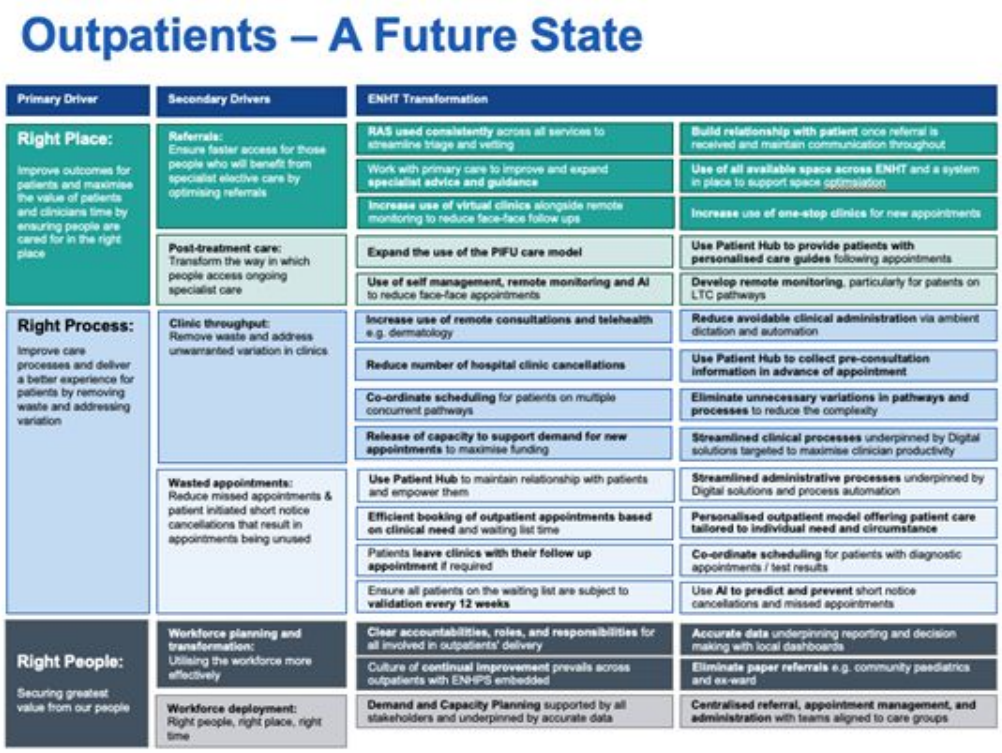
- All 4,500 Trust PCs have been replaced and upgraded to Windows 10, ensuring full patch compliance.
- Network and Wi-Fi infrastructure have been overhauled to enhance speed and resilience.
- Digital Collaboration Tools
- The Trust-wide rollout of N365 (including Microsoft Teams and Office) is complete and compliant with NHS cyber policies, including Multi-Factor Authentication (MFA).
- Mobile Rollout over 2,000 Android devices have been distributed to frontline clinical staff.
- Telephony Upgrade - he analogue telephone system has been replaced with a modern digital telephony solution replacing 2,500 extensions
- Cloud deployment
    - Migration of tape backup to a cloud solution
    - Full Azure tenancy (currently hosting Power BI)
    - EPR partially cloud (complete by February 2026)

- Cyber
    - Full integration to the NHS E Security Operations Centre (SOC)
    - Local resilience Security Event Incident Management (SIEM)

5. Improving the Patient Experience

In 2024, the Trust Contact Centre was brought into the Digital portfolio. A Trust-wide strategy for outpatient transformation, targeting fragmented processes, is scheduled to begin in 2025.

- Patient Portal – Patient Hub based on the Netcall platform, the portal has been rolled out to 30% of specialties. *For the month of March 2025, 2,470 clinics were onboarded, 7552 sessions were onboarded, 18,428 patient letters were read via the portal, 12,000 notifications were sent via the NHS App, 81,000 notifications were sent via SMS,*
- Over 80% of patients in these specialties have opted to receive communications digitally rather than by post.
- The Patient Hub will play a key role in the upcoming outpatient transformation.
- Electronic Document Management System (EDMS) - Procurement was completed in Q4 2024/25. The EDMS will work alongside the portal to streamline document workflows and patient communication.
- Improvements to the Contact centre have seen Patient abandon calls drop from 64% in December 2024 to 8% in March 2025



Appendix A NHS E Digital Strategy (summarised using AI)

NHS E Digital strategy has evolved from the Long term plan (2019) though planning guidance on an annual basis.
The **NHS England 2025/26 priority and Operational Planning Guidance** places significant emphasis on digital transformation to enhance patient care, improve efficiency, and support financial sustainability. Key digital priority outlined in the guidance include

Accelerating the Shift from Analogue to Digital

Integrated Care Boards (ICBs) and providers are encouraged to fully leverage digital tools to transition from analogue systems. This includes:
Digitising clinical and administrative processes to reduce reliance on paper-based systems.
Implementing digital solutions that have demonstrated improvements in patient outcomes, cost reductions, or time savings for staff.
Enhancing digital maturity across health and care services.

Enhancing Patient Engagement and Data Quality

The guidance highlights the importance of digital tools in improving patient interactions and data management:
Utilising digital platforms for patient contact, such as appointment scheduling and communication.
Validating patients on referral to treatment (RTT) waiting lists every 12 weeks using digital systems to ensure data accuracy and improve service delivery.
FDP First Policy - All systems must align their data infrastructure with the Federated Data Platform, adhering to the national 'FDP First' policy target for 85% of secondary care trusts to adopt FDP by March 2026.
All systems must implement strategies to mitigate digital exclusion, ensuring equitable access to digital health services for all patient groups

Optimising Outpatient Services

Systems are expected to adopt the "Further Faster" methodology to enhance outpatient clinic processes and utilisation. This involves:
Implementing digital solutions to streamline outpatient workflows.
Reducing unnecessary diagnostic referrals through better use of digital triage and decision-support tools.
NHS App by Default: All providers must proactively offer NHS App-first communications to patients by default, using the NHS Notify service, while ensuring digital inclusion is considered and upheld
Electronic Prescription Service (EPS) All providers should deploy the EPS wherever feasible to streamline medication management.
NHS e-Referral Service Integration: All providers must integrate their systems with the NHS e-Referral Service (e-RS) to ensure seamless patient referral workflows.

Investing in Digital Infrastructure

The capital guidance for 2025/26 supports investments in digital infrastructure, including:
Upgrading IT systems and networks to enhance connectivity and resilience.
Implementing robust cybersecurity measures to protect patient data.
Facilitating the adoption of electronic patient records (EPRs) across all NHS trusts

Board

East and North Hertfordshire Teaching NHS Trust

Meeting	Public Trust Board		**Agenda Item**	11	
Report title	OneEPR Committee and Terms of Reference approval		**Meeting Date**	14 May 2025	
Author	Head of Corporate Governance				
Responsible Director	Chief Finance Officer				
Purpose	**Assurance**	☐	**Approval/Decision**	☒	
	Discussion	☐	**For information only**	☐	
Proposed assurance level (*only needed for assurance papers*)	**Substantial assurance**	☐	**Reasonable assurance**	☐	
	Partial assurance	☐	**Minimal assurance**	☐	

Executive assurance rationale:

N/A

Summary of key issues:

Approval of the creation of a task and finish OneEPR committee of the Board is sought, with the Terms of Reference enclosed for approval.

At the February Board Seminar, Board members discussed and supported the creation of a task and finish committee of the Board covering OneEPR (patient record system) and for the outpatients' project, given both the importance and the cross-cutting nature of the projects.

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

Patient care quality	☒	**Equity for patients**	☒	**Equity for staff**	☐	**Finance/ Resourc -ing**	☒	**System/ Partners**	☐	**Legal/ Regul- atory**	☐	**Green/ Sustai- nability**	☐

The OneEPR and outpatient transformation projects are central planks in the Trust's improvement journey and involves an exceptional financial commitment and therefore it is crucial these projects deliver both the intended benefits and value for money.

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 10: Digital Transformation. OneEPR is the single biggest digital transformation project of the Trust. The risk is of sub-optimal roll out of the system is viewed as a risk given the history with the previous EPR rollout. Hence the view of Board members of the need to mitigate this risk through a task and finish oversight committee.

Report previously considered at & date(s):

February 2025 Board Seminar.
The OneEPR committee met in shadow form for its first meeting on 12 May after Board paper finalisation and therefore any proposed changes to the terms of reference will need to be raised verbally at the Board.

Recommendation	The Board is asked to **APPROVE**: • the creation of an OneEPR Committee of the Board • the Terms of Reference for the OneEPR Committee.

To be trusted to provide consistently outstanding care and exemplary service

East and North Hertfordshire Teaching NHS Trust

ONEEPR PROGRAMME COMMITTEE

TERMS OF REFERENCE

1. Purpose

The Committee provides assurance, scrutiny, and oversight of two major digital transformation programmes (OneEPR and Outpatient Transformation (OPD)), ensuring alignment with the Trust's strategic objectives.

The Committee's work will include:

Financial Strategy & Sustainability:

- Overseeing the development and implementation of the medium and long-term financial strategy, ensuring financial sustainability and value for money relating to the digital programmes.

Programme Performance & Delivery:

- Scrutinising programme performance, delivery milestones, and key performance indicators (KPIs).
- Ensuring effective governance, decision-making, and risk mitigation.

Business Planning & Risk Management:

- Reviewing business plan implementation and strategic alignment.
- Overseeing financial, operational, workforce, and reputational risks, ensuring effective mitigation.

Workforce & Organisational Readiness:

- Monitoring workforce transformation, change management, and service delivery impacts.

Procurement & Commercial Oversight:

- Reviewing procurement, strategic contracts, and efficiency savings.

2. Status & Authority

The Committee is constituted as a task and finish formal Committee of the Trust Board to cease once the OneEPR and OPD transformation programmes have been implemented. The Committee is authorised by the Board to investigate any activity within its terms of reference. The committee is intended to continue through the optimisation/benefits realisation phase with a review of the committee's status and terms of reference prior to go live.

It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

3. Membership

Three Non-Executive Directors, one of whom will be nominated as Chair.

Core Attendees:

- Chief Information Officer
- Chief People Officer
- Medical Director

- Deputy Director of Finance Financial Planning
- Deputy Chief Information Officer
- Chief Clinical Information Officer
- Chief Operating Officer
- Chief Kaizen Officer
- Deputy Chief Nurse

Attendees:

- EPR Programme Director
- Programme Director – Outpatients Transformation
- Chief Nursing Information Officer
- Deputy COO/Hospital Director MVCC

All other Non-Executive Directors/Directors are welcome to attend.

Other staff will be invited to attend to present an item to the Committee or to support their personal development with the prior agreement of the Committee Chair.

If a conflict of interests is established, the above member/attendee concerned should declare this and withdraw from the meeting and play no part in the relevant discussion or decision.

4. Quorum

The Committee will be quorate if two non-executive members are present, the Chief Information Officer or their deputy and the Medical Director or their Deputy.

5. Frequency of meetings

The Committee will meet every other month. The Chair of the Committee may convene additional meetings if required to consider business that requires urgent attention.

6. Duties

6.1 Financial Performance

- Regularly review the programme's financial performance against the approved budget and benefits case as outlined in the OneEPR Business Case (2024).
- Provide oversight and assurance on financial management, ensuring alignment with the Trust's strategic objectives.

6.2 Performance and Planning

- Monitor and evaluate the programme's performance against the agreed project plan, ensuring delivery milestones are met.
- Review and approve any proposed deviations from the plan that:
    - Have a significant financial impact on the Trust (exceeding £250k).
    - Materially affect the expected benefits case or return on investment.
- Ensure that risks to programme delivery are identified, assessed, and mitigated appropriately.

6.3 Workforce and Resourcing

- Provide oversight of workforce planning in relation to the digital programmes, ensuring that staffing levels, skills, and structures align with the programme's objectives.
- Identify and monitor programme workforce-related risks, including the impact of staffing changes on service delivery and financial sustainability.
- Oversight to Support workforce transformation by leveraging digital solutions to streamline workflows, enhance collaboration and improve patient safety.

- Support Successful Adoption of Digital Solutions: Drive engagement, training, and cultural change initiatives to ensure the workforce fully embraces and successfully adopts new digital tools and ways of working, and benefits to patient care are identified and measured.
- Support Engagement in Digital Deployment: Foster active involvement and engagement of the workforce during the deployment of digital solutions, ensuring clear communication, ongoing support and feedback loops to drive adoption and address concerns, particularly where these concerns may impact successful adoption and resultant patient care benefits.

6.4 Procurement and Strategic Oversight

- Review procurement activities, ensuring alignment with the Trust's financial strategy and value-for-money principles in relation to the digital programmes.
- Monitor progress against cost savings.
- Oversee major change initiatives that have implications for procurement, financial performance, or operational effectiveness.

6.5 Workforce Metrics and Operational Performance

- Review workforce metrics that impact operational performance in relation to the programmes, including but not limited to:

    - Temporary staffing utilisation and expenditure
    - Establishment controls and workforce planning
    - Provide assurance to the Board on workforce sustainability and efficiency.

6.6 Governance and Compliance

- Ensure that all programme-related activities comply with relevant regulatory, financial, and governance frameworks.
- Provide regular updates and recommendations to the Trust Board, highlighting key risks, mitigations, and performance trends.

6.7 Risk Reporting

The Committee will regularly receive risk register reports for the areas relevant to its duties for review and consider with the appropriate escalation to the Trust Board and for incorporation within the Corporate Risk Register or Board Assurance Framework.

7. Reporting arrangements

The Committee will identify and report the key issues requiring Board consideration to the Trust Board after each meeting. It will make recommendations to the Board, Trust Management Group and Executive Directors for these groups/individuals to take appropriate action.

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

The Committee will monitor and review its compliance through the following:

- The Committee report to Trust Board;
- Annual evaluation and review of its terms of reference.

9. Support

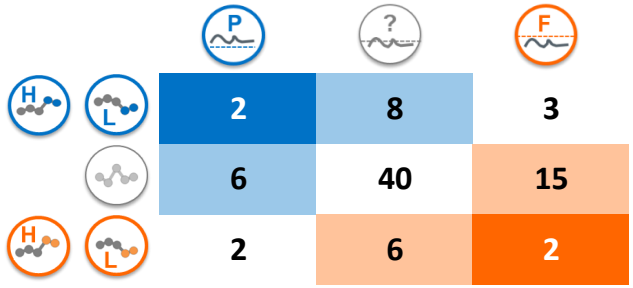
The CIO department will ensure the Committee is supported administratively and advise the Committee on pertinent areas.

28 April 2025

East and North Hertfordshire NHS Trust

Integrated Performance Report

Month 12 | 2024-25



Data correct as at 24/04/2025

Performance Highlights

East and North Hertfordshire NHS Trust

Quality

- Continued positive reporting trends in patient safety incident reporting, including good care reports, following implementation of daily incident oversight and other PSIRF interventions.
- One MRSA BSI within Unplanned Care services. 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.
- Complaints: the number received has been statistically higher for past two months. Themes relates to delays to follow up appointment, actions and mitigation are in place to support digital transformation work.
- 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 on 4 hours improved to 73.8% in April; ambulance handover times and 12 hour waits improved.
- Cancer Waits: Continued achievement of all 3 standards YTD. Seasonal blip in 62 day performance for Feb relating to patient choice, MRI capacity and OP urology capacity.
- Referral To Treatment (RTT) (excluding Community Paeds): Improved % waiting less than 18 weeks for 7th consecutive month. Ranked first amongst 13 acute trusts in the region for % of patients waiting less than 18 weeks and second for % within 52 weeks.
- Diagnostics: Number and proportion of patients waiting over 6 and 13 weeks show sustained reduction since April 2024.

Finance

- The Trust has reported a year end surplus position of £1.5m. This is marginally better than the original financial plan for the year.
- The Trust has submitted its draft accounts to DH, and the external audit process will commence in early May.
- Financial performance across the year has been impacted by consistent issues. One of these is that elective activity delivery was consistently below ERF target levels, driven by both delayed recruitment and below plan productivity achievements.
- In addition, a range of expenditure hotspots have impacted over the year including maternity bank spend, pathology and renal service costs, along with temporary medical costs in Unplanned Care.
- To balance these pressures and deliver the plan the Trust has been dependent upon a range of unplanned reserves deployments.

People

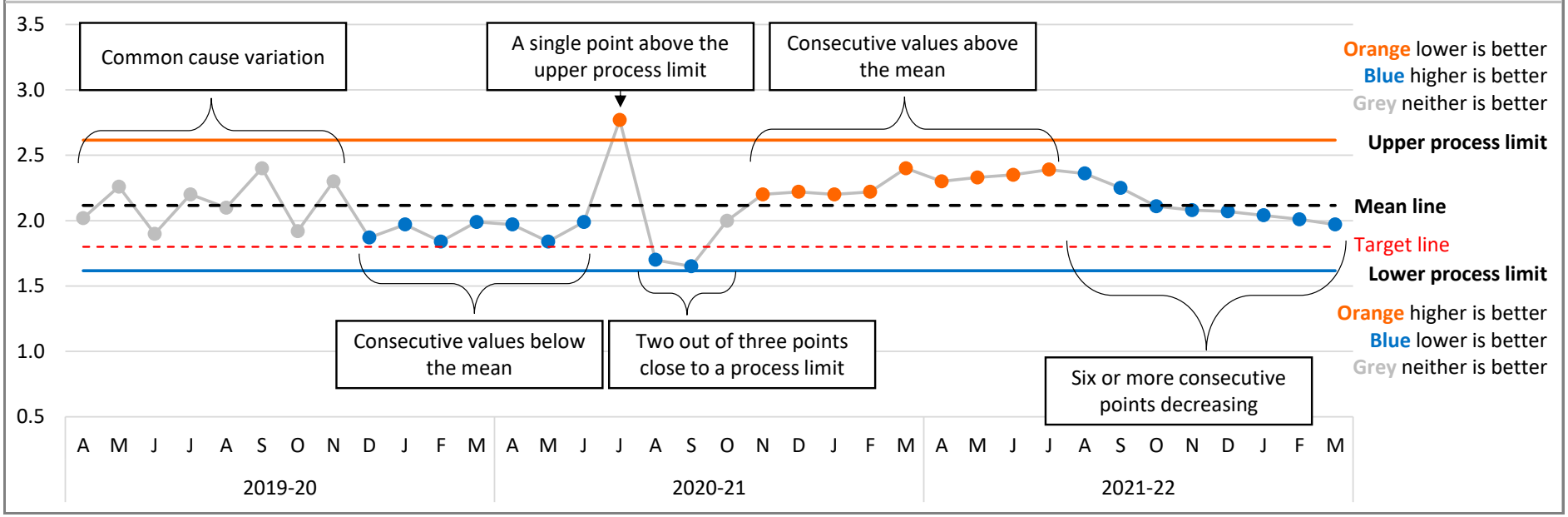
- A new Board Appraisal Framework launched on 1 April, replacing the Chair Framework, now embedded in Grow Together conversations.
- Agency spend is 1.4% and the Trust also achieved a 1.08% reduction in agency spend as a percentage of the total staffing paybill.
- The Trust made significant strides in recruitment efforts across all staff groups, culminating in an achieved vacancy rate of under 8%.
- The Trust maintained strong performance in managing bank and agency staffing throughout 2024/25, with bank to agency ratio averaging 89% (bank), and agency placements at 11%, comfortably below the NHSE agency ceiling target.
- The 2024 staff survey results published in March 2025 demonstrated a 5% increase in response rate from our workforce to 50% (3347 staff).
- The Trust is the 4th nationally most improved across staff survey results for 24/25.

Month 12 | 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

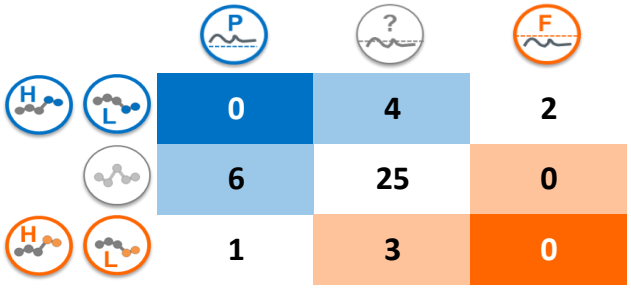
Assurance

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

East and North Hertfordshire NHS Trust

Quality

Month 12 | 2024-25



Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Patient Safety Incidents	Total incidents reported in-month	Mar-25	n/a	1,600			9 points above the Mean No target
Infection Prevention and Control	Hospital-acquired MRSA Number of incidences in-month	Mar-25	0	1			1 point above upper process limit Metric will inconsistently pass and fail the target
	Hospital-acquired c.difficile Number of incidences in-month	Mar-25	0	10			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired MSSA Number of incidences in-month	Mar-25	0	3			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired e.coli Number of incidences in-month	Mar-25	0	4			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired klebsiella Number of incidences in-month	Mar-25	0	2			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired pseudomonas aeruginosa Number of incidences in-month	Mar-25	0	0			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired CPOs Number of incidences in-month	Mar-25	0	0			24 points below the mean Metric will inconsistently pass and fail the target
	Hand hygiene audit score	Mar-25	80%	93.0%			Common cause variation Metric will consistently pass the target
Safer Staffing	Overall fill rate	Mar-25	n/a	87.5%			1 point above the upper process limit No target
	Staff shortage incidents	Mar-25	n/a	18			Common cause variation No target

Month 12 | 2024-25

Quality

East and North Hertfordshire NHS Trust

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cardiac Arrests	Number of cardiac arrest calls per 1,000 admissions	Mar-25	n/a	0.86			Common cause variation No target
	Number of deteriorting patient calls per 1,000 admissions	Mar-25	n/a	1.83			Common cause variation No target
Sepsis Screening and Management	Inpatients receiving IVABs within 1-hour of red flag	Mar-25	95%	94.0%	H	?	10 points above the mean Metric will inconsistently pass and fail the target
	Inpatients Sepsis Six bundle compliance	Mar-25	95%	50.0%	H	?	12 points above the mean Metric will inconsistently pass and fail the target
	ED attendances receiving IVABs within 1-hour of red flag	Mar-25	95%	90.5%		?	Common cause variation Metric will inconsistently pass and fail the target
	ED attendance Sepsis Six bundle compliance	Mar-25	95%	63.2%		F	Common cause variation Metric will consistently fail the target
VTE Risk Assessment	VTE risk assessment stage 1 completed	Mar-25	85%	64.0%	L	?	6 points below the mean Metric will inconsistently pass and fail the target
HATs	Number of HAT RCAs in progress	Mar-25	n/a	200	H		4 points above the upper process limit No target
	Number of HAT RCAs completed	Mar-25	n/a	3			Common cause variation No target
	HATs confirmed potentially preventable	Mar-25	n/a	0			Common cause variation No target
PU	Pressure ulcers All category ≥2	Mar-25	0	14		?	Common cause variation Metric will inconsistently pass and fail the target

Month 12 | 2024-25

Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Patient Falls	Rate of patient falls per 1,000 overnight stays	Mar-25	n/a	3.8			Common cause variation No target
	Proportion of patient falls resulting in serious harm	Mar-25	n/a	1.6%			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	Mar-25	95%	95.7%		?	Common cause variation Metric will inconsistently pass and fail the target
	A&E positive feedback	Mar-25	90%	87.4%	L	?	7 points below the mean Metric will inconsistently pass and fail the target
	Maternity Antenatal positive feedback	Mar-25	93%	98.1%		?	Common cause variation Metric will inconsistently pass and fail the target
	Maternity Birth positive feedback	Mar-25	93%	100.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	Maternity Postnatal positive feedback	Mar-25	93%	97.6%	H	?	9 points above the upper process limit Metric will inconsistently pass and fail the target
Friends and Family Test	Maternity Community positive feedback	Mar-25	93%	96.2%		F	Common cause variation Metric will consistently fail the target
	Outpatients FFT positive feedback	Mar-25	95.0%	96.7%		?	Common cause variation Metric will inconsistently pass and fail the target
PALS	Number of PALS referrals received in-month	Mar-25	n/a	357		-	Common cause variation No target

Month 12 | 2024-25

Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Complaints	Number of written complaints received in-month	Mar-25	n/a	98	H	-	2 points above the upper process limit No target
	Number of complaints closed in-month	Mar-25	n/a	99		-	Common cause variation No target
	Proportion of complaints acknowledged within 3 working days	Mar-25	75%	96.8%		P	Common cause variation Metric will consistently pass the target
	Proportion of complaints responded to within agreed timeframe	Mar-25	80%	78.6%	H	?	7 points above the mean 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	Mar-25	3.3%	4.4%		?	Common cause variation Metric will inconsistenly pass and fail the target
	3rd and 4th degree tear vaginal	Mar-25	2.5%	1.5%		?	Common cause variation Metric will inconsistenly pass and fail the target
	Massive obstetric haemorrhage >1500ml LSCS	Mar-25	4.5%	5.4%	H	P	1 point above the upper process limit Metric will consistenly pass the target
	3rd and 4th degree tear instrumental	Mar-25	6.3%	7.9%		?	Common cause variation Metric will inconsistently pass and fail the target
	Term admissions to NICU	Mar-25	6.0%	8.2%		?	Common cause variation Metric will inconsistently pass and fail the target
	ITU admissions	Mar-25	0.7	1		?	Common cause variation Metric will inconsistently pass and fail the target

Month 12 | 2024-25

Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Maternity Other Metrics	Smoking at time of booking	Mar-25	12.5%	6.3%			Common cause variation Metric will consistenly pass the target
	Smoking at time of delivery	Mar-25	2.3%	4.1%			Common cause variation Metric will inconsistently pass and fail the target
	Bookings completed by 9+6 weeks gestation	Mar-25	50.5%	69.5%			7 points below the mean Metric will consistenly pass the target
	Breast feeding initiated	Mar-25	72.7%	73.5%			Common cause variation Metric will inconsistently pass and fail the target
	Number of MNSI PSII	Mar-25	0.5	0			Common cause variation Metric will inconsistently pass and fail the target
Mortality	Crude mortality per 1,000 admissions In-month	Mar-25	12.8	9.4			Common cause variation Metric will inconsistently pass and fail the target
	Crude mortality per 1,000 admissions Rolling 12-months	Mar-25	12.8	8.6			Rolling 12-months - unsuitable for SPC
	HSMR In-month	Dec-24	100	92.9			Common cause variation Metric will inconsistently pass and fail the target
	HSMR Rolling 12-months	Dec-24	100	83.5			Rolling 12-months - unsuitable for SPC
	SHMI In-month	Sep-24	100	86.7			Common cause variation Metric will inconsistently pass and fail the target
	SHMI Rolling 12-months	Sep-24	100	91.3			Rolling 12-months - unsuitable for SPC

Month 12 | 2024-25

Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Re-admissions	Number of emergency re-admissions within 30 days of discharge	Jan-25	n/a	655			Common cause variation No target
	Rate of emergency re-admissions within 30 days of discharge	Dec-24	9.0%	5.3%		P	Common cause variation Metric will consistently pass the target
Length of Stay	Average elective length of stay	Mar-25	2.8	2.2		P	Common cause variation Metric will consistently pass the target
	Average non-elective length of stay	Mar-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	Mar-25	n/a	98.6%			Common cause variation No target
	Individualised care pathways	Mar-25	n/a	27			Common cause variation No target

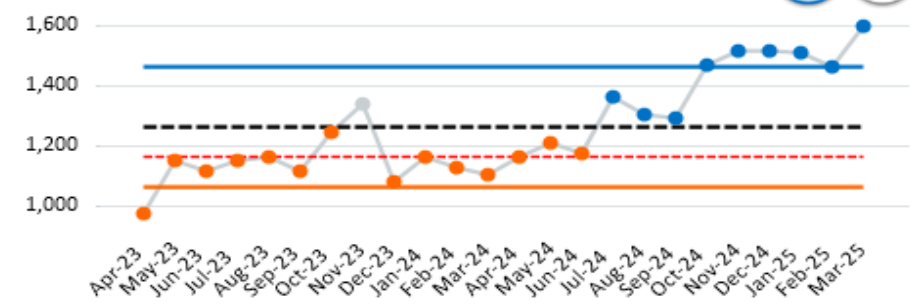
Month 12 | 2024-25

Quality

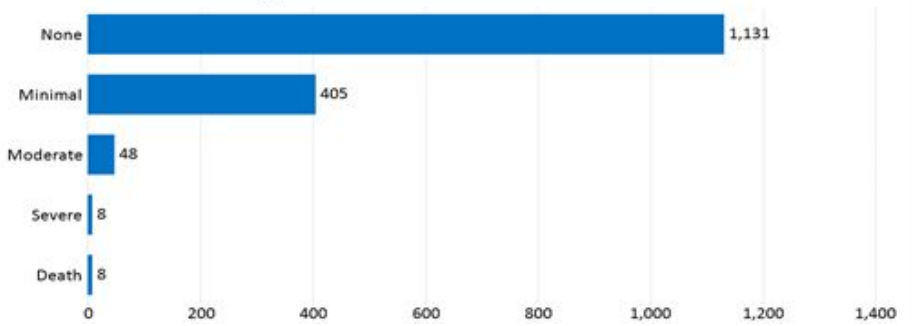
Patient Safety Incidents

East and North Hertfordshire NHS Trust

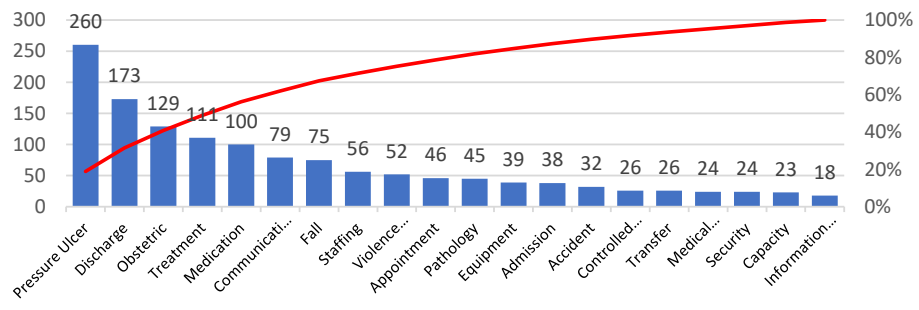
Total incidents reported



Number of incidents by level of harm - Mar-25



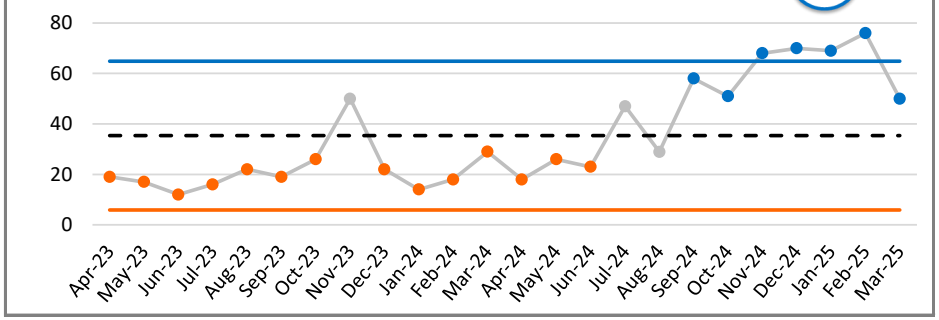
Incidents Themes - Mar-25



Key Issues and Executive Response

- Continued special cause variation in incident reporting and also of good care. Influenced by active promotion of reporting and the emerging use of daily incident review huddles across all Care Groups.
- 96% of incidents resulting in no harm / low harm, in line with previous months
- Emergency Medicine and Obstetrics, are the highest reporting specialties in line with previous months.
- Increase in Critical Care incidents reported; specifically delayed discharges again similar to last month.
- Unplanned care have initiated new Divisional Pressure Ulcer focussed safety huddle in response to pressure ulcer deep dive.
- 8 incidents reported with level of harm as death; 2 relate to concerns following SJR and 2 relate to child deaths in the community. 1 relates to external scanning service and communication. Other incidents under review through local processes with learning responses in progress / have been completed.
- Four serious incidents remain open, all relate to Paediatric Audiology.
- 1 new PSII commissioned - incident met Never Event criteria; patient fed through a misplaced NG tube. PSII started with multidisciplinary learning response team, early internal patient safety alert shared.

Total number of Good Care events

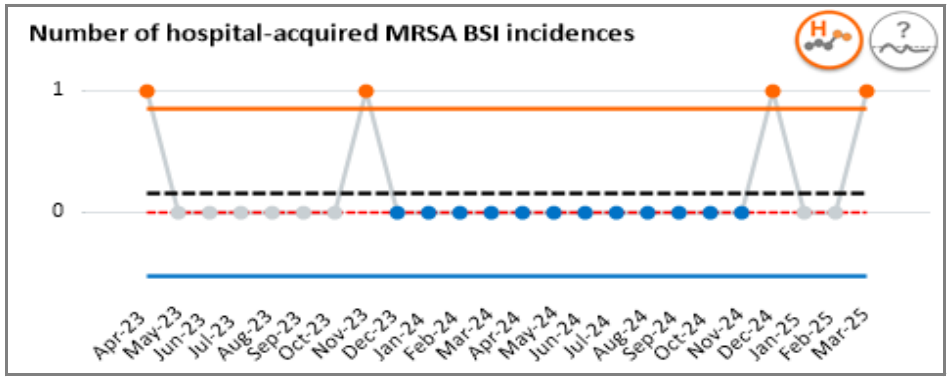


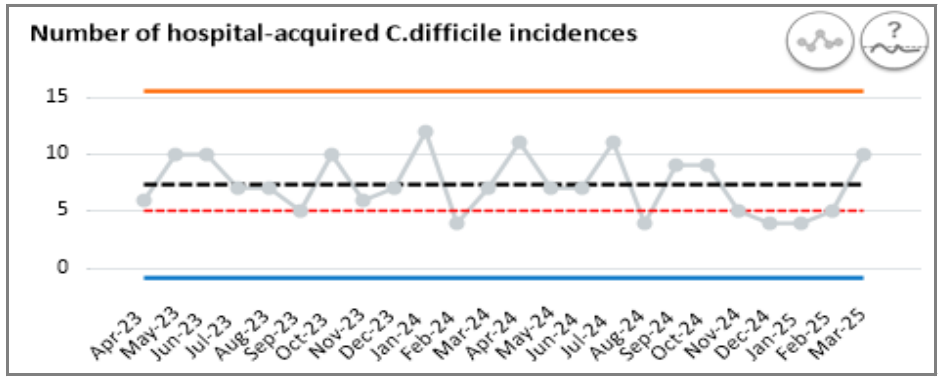
Month 12 | 2024-25

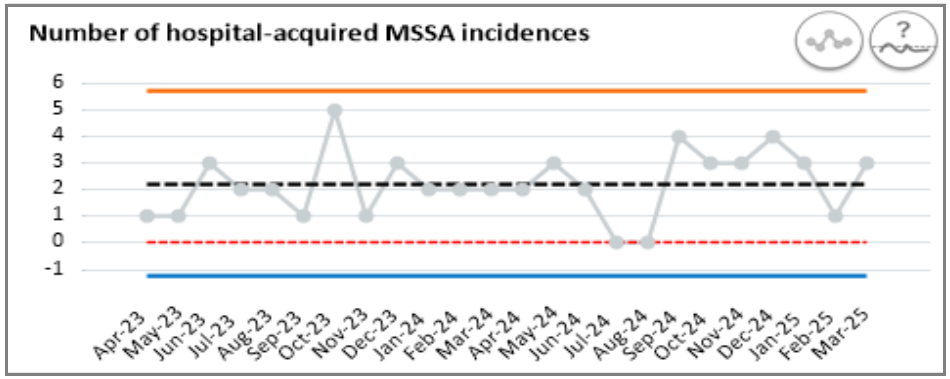
Quality

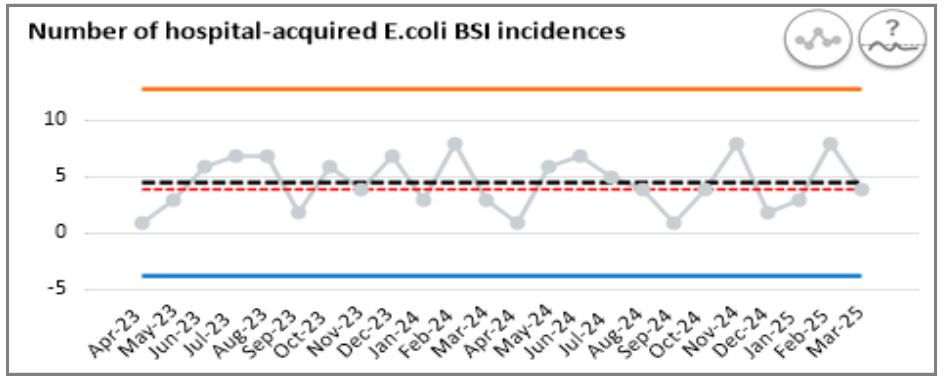
Infection Prevention and Control

East and North Hertfordshire NHS Trust









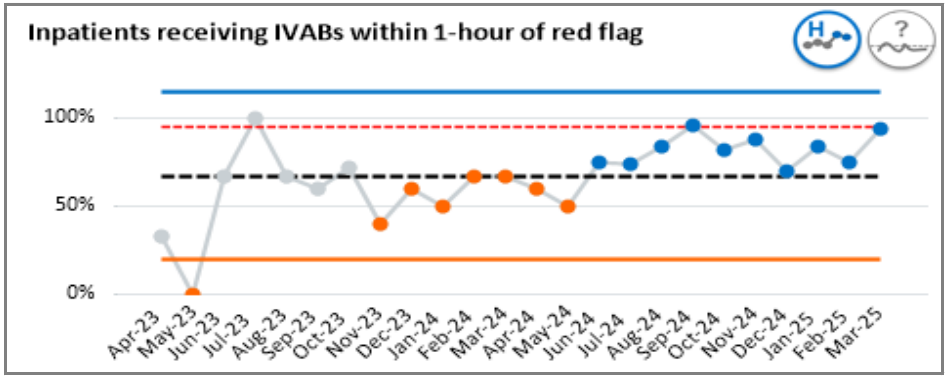
- MRSA BSI - there was one MRSA BSI under Unplanned Care in Mar '25. There is a total of two this FY against the threshold of zero. A post infection review (PIR) was held with the multi-disciplinary team (MDT), which concluded that the bacteraemia is likely due to the respiratory infection secondary to MRSA colonisation in the throat. The patient was given appropriate treatment, including decolonisation, with support from the microbiology team. Learning was identified and actions were shared with the division to prevent recurrence
- MSSA BSI - there were three cases under Unplanned Care in Mar '25. There is a total of 28 this FY, which is three cases above the previous year, against zero threshold
- *C difficile (C diff.)* infection (CDI) - the number of CDI cases for the month of Mar '25 is 10. Five cases were under the Planned Care and five cases in Unplanned Care. All cases were reviewed at the weekly multidisciplinary team (MDT) meetings. To date, 99% of the 86 hospital onset C diff cases reviewed were found to be clinically unavoidable
- *E.coli BSI* - there were four cases of healthcare-associated infection in Mar '25. FY cases are 52 against the threshold of 55, which is 9% reduction compared to the previous year, and three cases below the annual threshold.

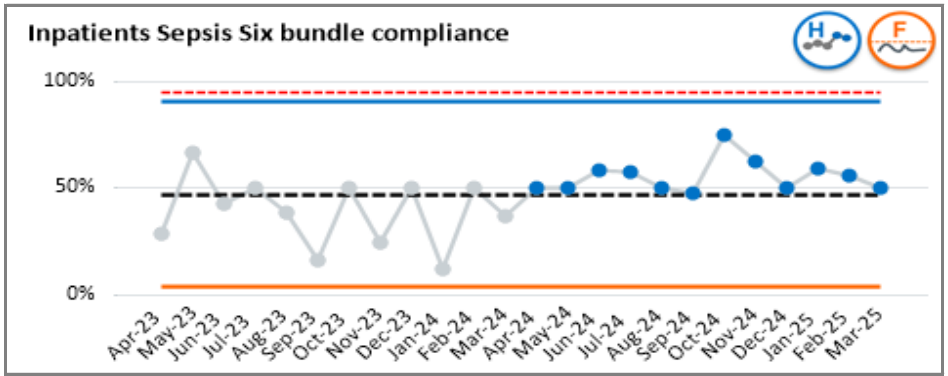
Month 12 | 2024-25

Quality

Sepsis Screening and Management | Inpatients

East and North Hertfordshire NHS Trust





Themes

Sepsis IP	2024-25											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Oxygen	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Blood cultures	78%	88%	75%	95%	65%	67%	88%	93%	90%	84%	73%	73%
IV antibiotics	60%	50%	75%	74%	83%	95%	81%	89%	70%	86%	75%	94%
IV fluids	67%	71%	67%	77%	83%	80%	83%	93%	64%	93%	86%	79%
Lactate	89%	100%	75%	89%	59%	81%	88%	78%	68%	73%	73%	81%
Urine measure	89%	88%	92%	74%	94%	76%	94%	95%	84%	95%	81%	88%

Key Issues and Executive Response

Themes

- 8/16 patients audited across March showed 6/6 compliance within the hour.
- Both February and March had the same sample size making data comparable.
- IV antibiotic compliance sits at 94% for March with 15/16 patients receiving antibiotics within an hour.
- IVF compliance however dipped in March to 79% with 11/14 receiving IVF within an hour.
- Compliance for oxygen administration remains at 100%.
- Blood culture compliance remained the same in March with lactate up-trending to 81%.
- Urine measurement sits at 88% for March.

Response

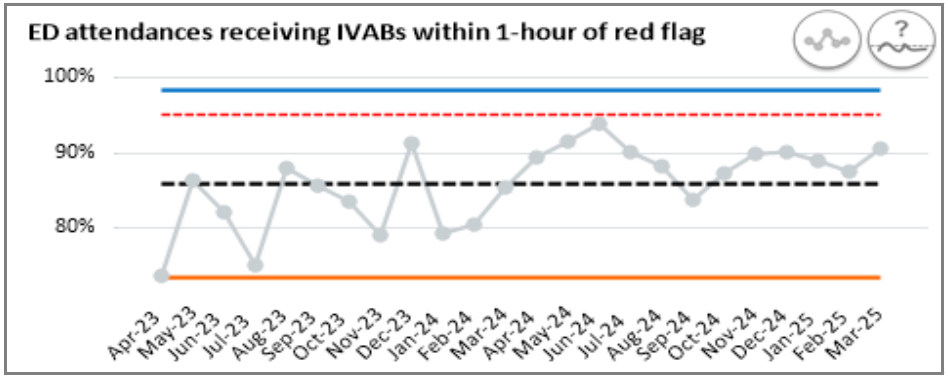
- Sepsis Grab boxes are fully embedded across the Lister site ensuring there is readily available equipment to perform the sepsis six.
- The team continue to respond to unwell septic patients across the trust, reviewing them and assisting to implement the sepsis six.
- 15/16 patients received IV antibiotics within an hour, with the singular delay falling on a weekend where there are fewer doctors covering wards.
- Remembering to obtain a lactate result has been a focus on recent training with sessions for the FY1 and FY2 medical doctors.
- The sepsis team are promoting teaching sessions for April and beyond.
- The task and finish group is continuing to be used to bring about new ideas for improving compliance.
- A deteriorating patient week is in the initial staged of being planned, with sepsis being one of the focus points for a day during that week.

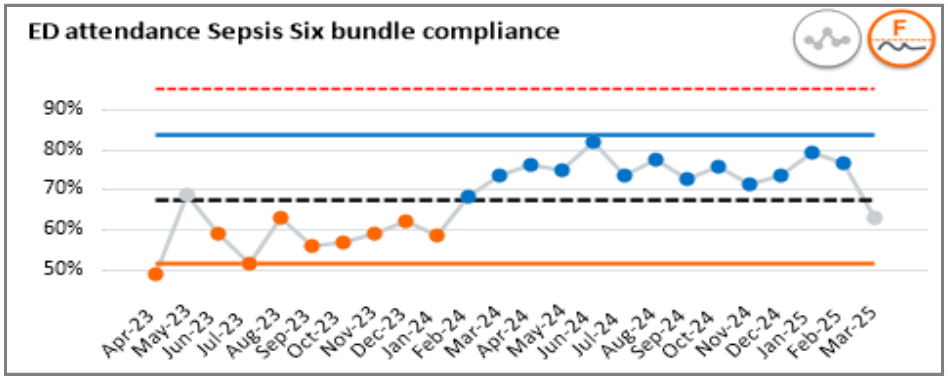
Month 12 | 2024-25

Quality

Sepsis Screening and Management | Emergency Department

East and North Hertfordshire NHS Trust





Themes

Sepsis ED	2024-25											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Oxygen	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%
Blood cultures	97%	91%	100%	99%	93%	97%	97%	90%	93%	95%	94%	96%
IV antibiotics	89%	92%	94%	90%	88%	84%	87%	90%	90%	89%	88%	91%
IV fluids	91%	92%	94%	92%	90%	87%	93%	95%	91%	92%	93%	90%
Lactate	100%	100%	100%	100%	96%	98%	99%	97%	94%	99%	95%	97%
Urine measure	79%	83%	86%	74%	79%	81%	80%	81%	80%	88%	81%	68%

Key Issues and Executive Response

Themes

- 60/95 patients audited across March showed 6/6 compliance within the hour.
- Urine output measurement was disappointing across March falling to 68%, this gives the team a strong focus point going forward.
- Blood cultures and Lactate measurements hit the trust target sitting at 96% and 97% respectively.
- Digital Fluid balance and its documentation remains a focus for the ED department.
- IV Antibiotic compliance improved to 91% in March, edging closer to the trust target.

Response

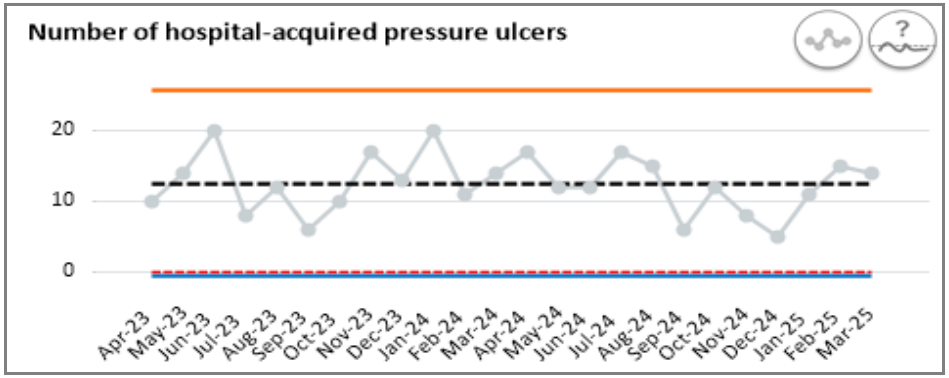
- The Sepsis Team continue to provide bedside education to staff, often attending patients in ED and going through the Sepsis Screening Tool in real time. ENHance reports are submitted to ED matrons for non-compliance to be reviewed and set a plan for continuous improvement.
- Sepsis drawer implemented 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 are focusing on pushing digital fluid balance monitoring in the ED department, working with the team in ED to facilitate this.
- A sepsis notice board has been utilised in the ED to act as a visual prompt for good sepsis management.
- The team are going down to the ED in order to prompt use of timely digital fluid balance.

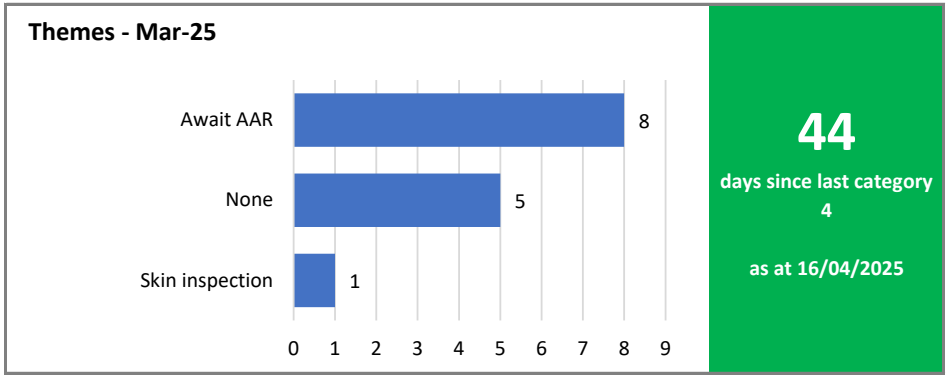
Month 12 | 2024-25

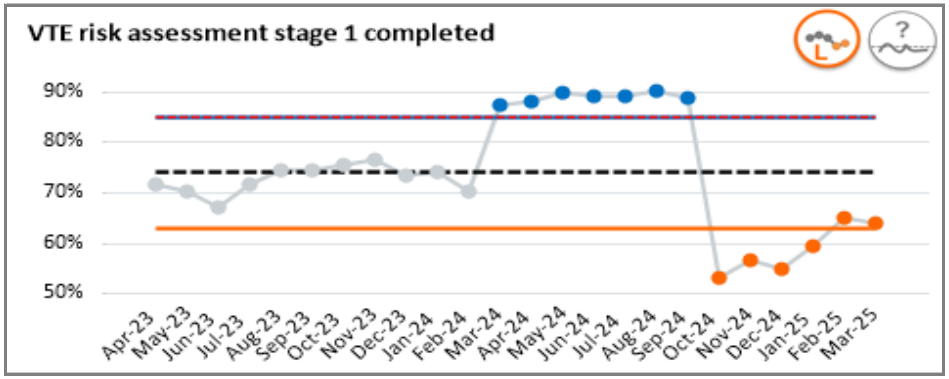
Quality

Pressure Ulcers | VTE

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

Pressure Ulcers

- Tissue Viability team have developed a Pressure Ulcer Prevention Improvement plan which aims to strengthen pressure ulcer prevention processes for all clinical staff in the trust
- Heel pressure ulcers continue to be leading cause of pressure ulcers in the trust. Heads of Nursing retain oversight of this and the improvement work aimed at heel pressure ulcer reduction
- Both divisions have developed a weekly Division Pressure Ulcer Safety Huddle (DPUSH) aimed at addressing HA PU concerns and providing support/immediate actions early
- 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.
- 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, DHoNs and matrons.

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 reporting parameters.
- 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.

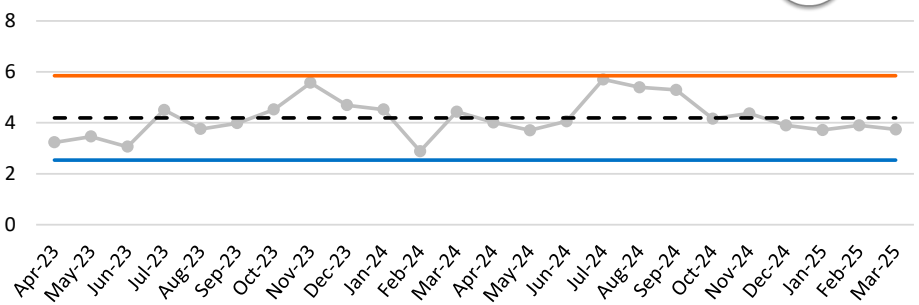
Month 12 | 2024-25

Quality

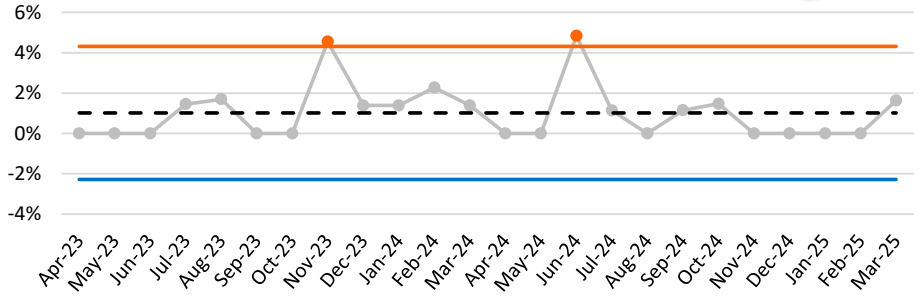
Patient Falls

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

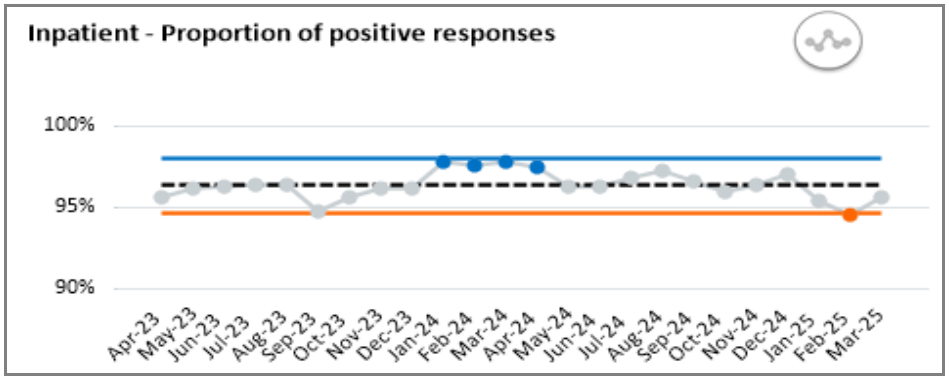
- Inpatient falls data continues to show common cause variation, with an average of 4 per month per 1000 bed days.
- Falls per 1000 bed days remains below the average line which puts positive impact on patient care and experience.
- We have recorded of NO falls with serious harm for the last 5 months.
- Falls Lead to attend Ward Managers and Matrons meeting to discuss compliance with falls key performance indicators, baywatch and improve ways of working to support patients requiring enhanced care support.

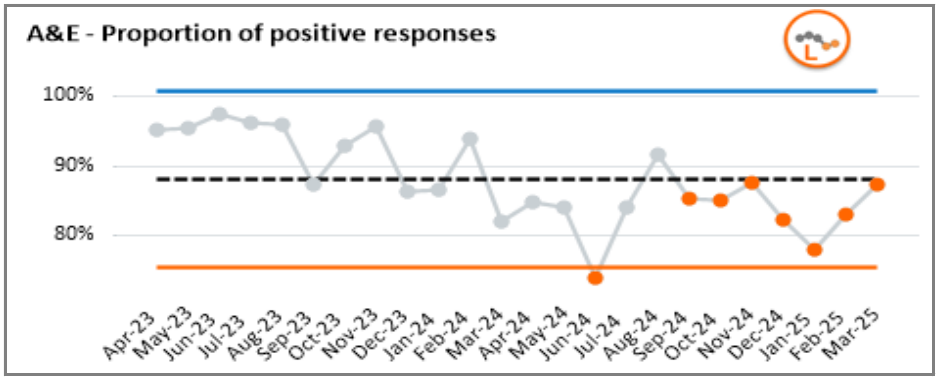
Month 12 | 2024-25

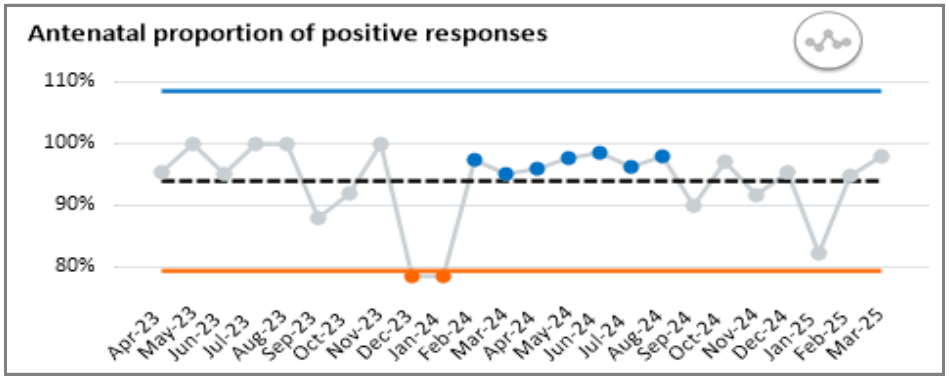
Quality

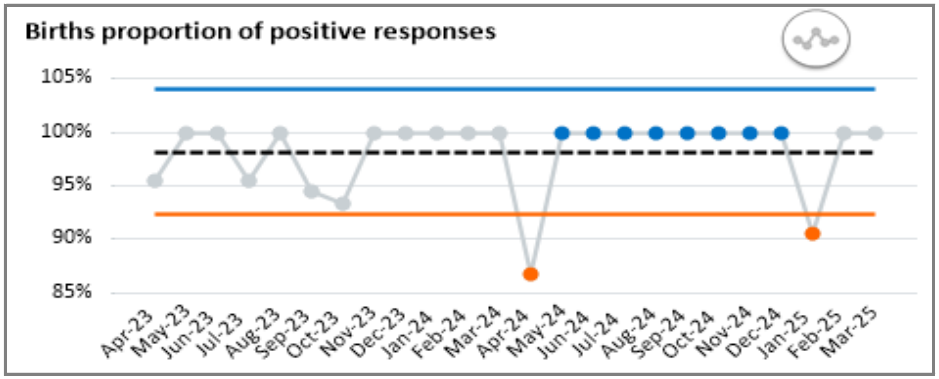
Friends and Family Test

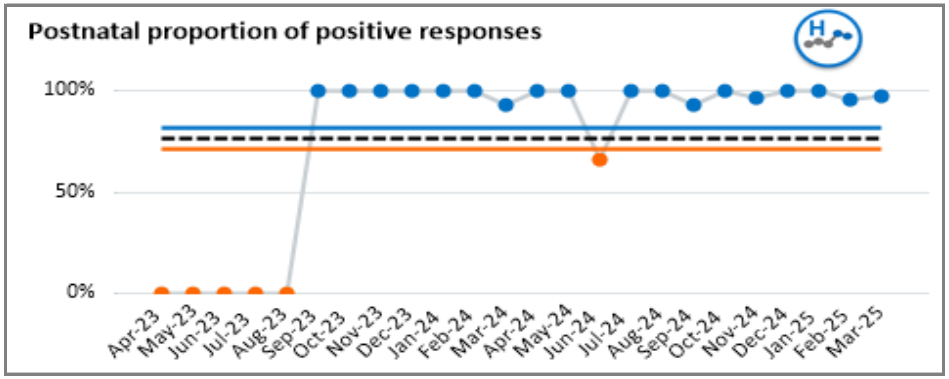
East and North Hertfordshire NHS Trust

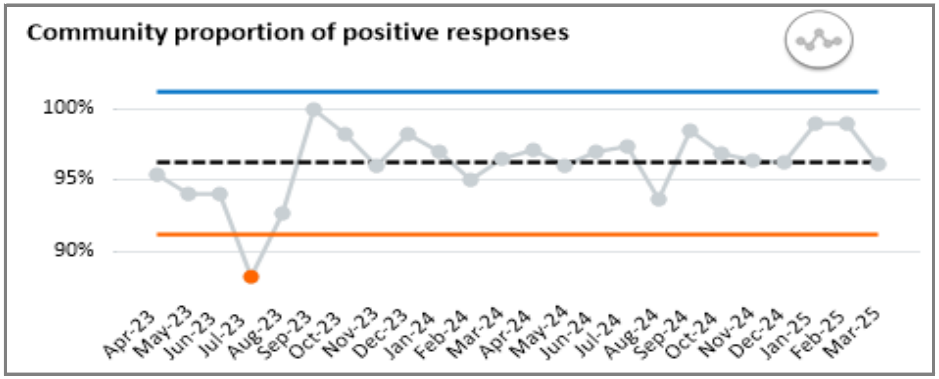










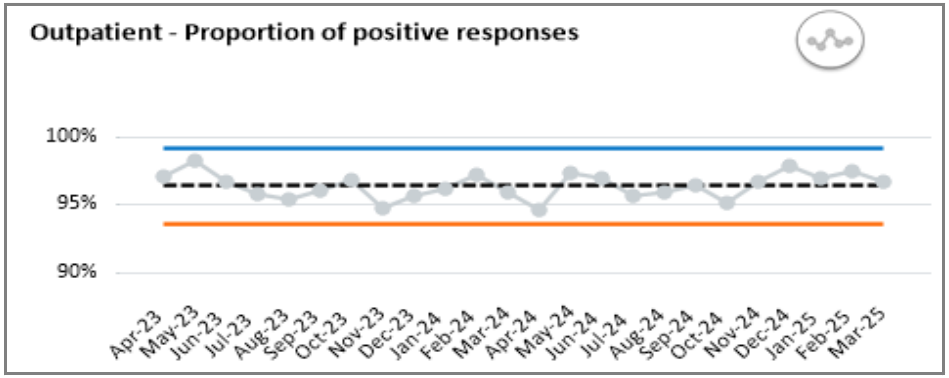


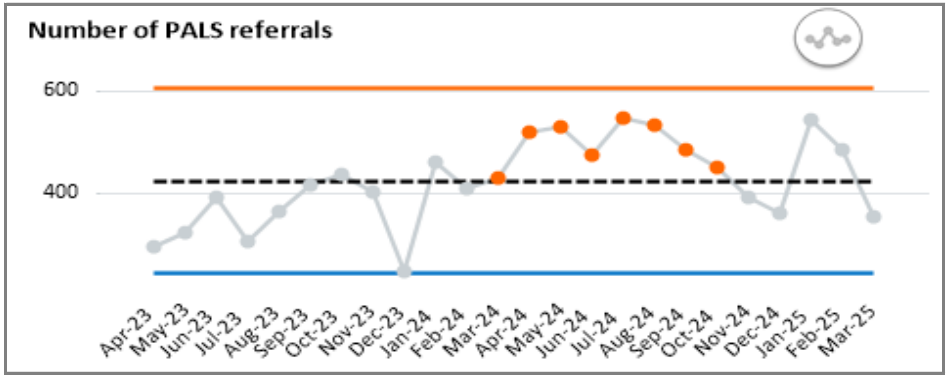
Month 12 | 2024-25

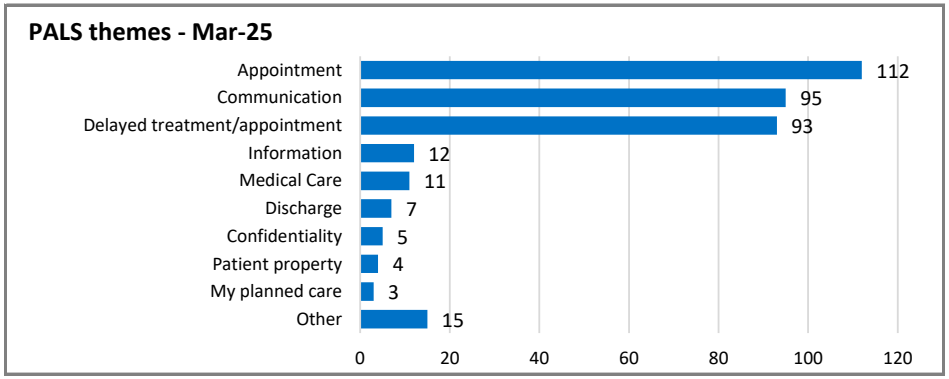
Quality

Friends and Family Test | Patient Advice and Liaison Service

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

Friends and Family Test

- Reduction in the amount of FFT surveys completed within the inpatient wards, ward closures in March contributed to this decline.
- Continued promotion of QR codes within inpatient and outpatient areas to minimise manual inputting.

Patient Advice Liaison Service

- Due to sickness and annual leave in the team a 6 week response timeframe is back within the department for all non urgent enquiries. Currently 179 emails to review. 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.
- PALS department is being used as an appointments line due to the struggles people have with bookings, cancellations etc. The team as pushing back for people to contact correct team to do so, but push backs being received negatively when people have tried multiple times.
- 139 emails from March to still be reviewed and logged - number received will increase significantly.
- Increase in the verbal abuse PALS receive on the phones, face to face and via email.

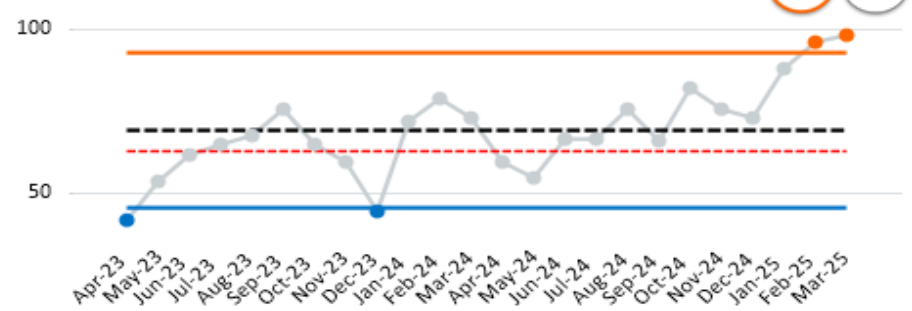
Month 12 | 2024-25

Quality

Complaints

East and North Hertfordshire NHS Trust

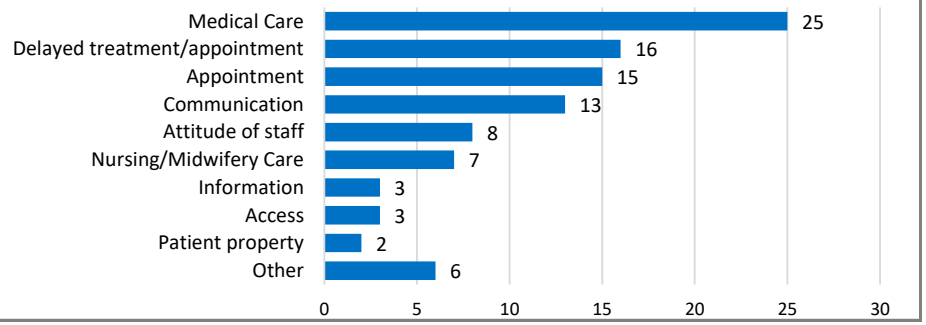
Number of written complaints received



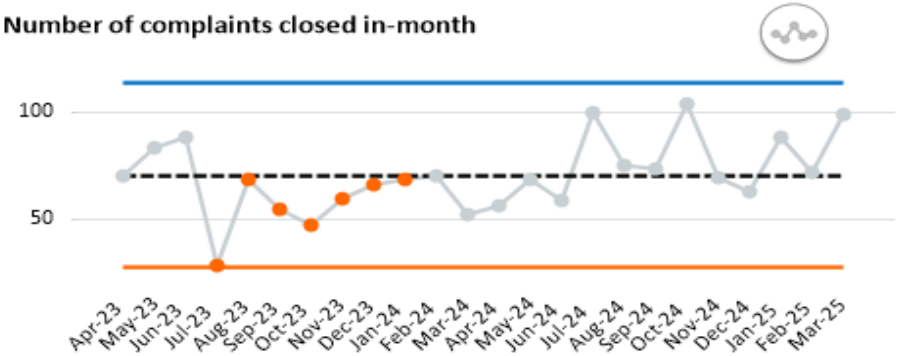
Key Issues and Executive Response

- Continued rise in formal complaints in March with 100 being raised. February 2025 , the Trust had 168 open complaints, with 25 complaints awaiting scope confirmation. Increase to the previous end of month total.
- Trauma and Orthopaedics (8) ED (8) General Surgery (7) Gynaecology (7) Paeds Acute (7) are the top directorates to receive complaints in March 2025.
- Action plans within the Divisions continued to be pushed to ensure we are learning and implementing improvements from complaints.

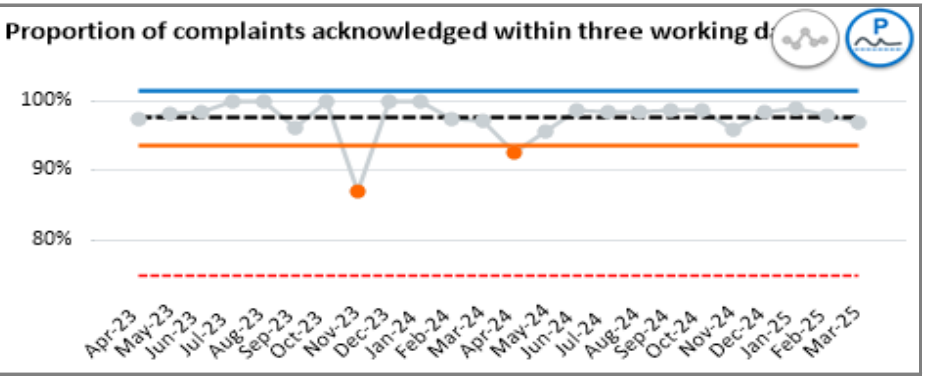
Complaints themes - Mar-25



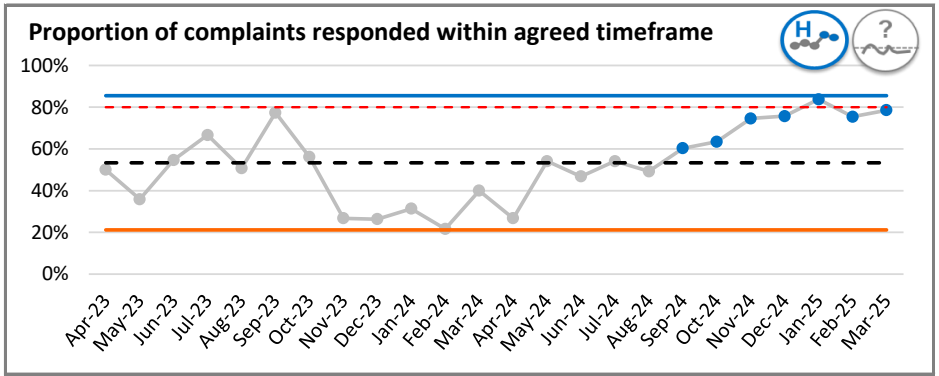
Number of complaints closed in-month



Proportion of complaints acknowledged within three working d



Proportion of complaints responded within agreed timeframe

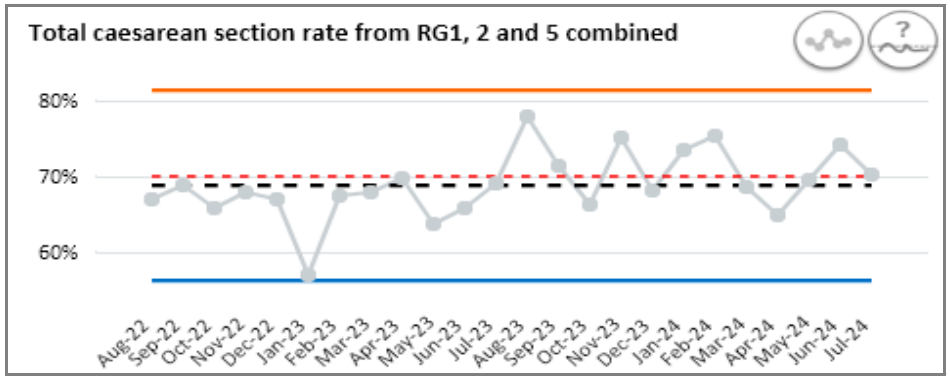


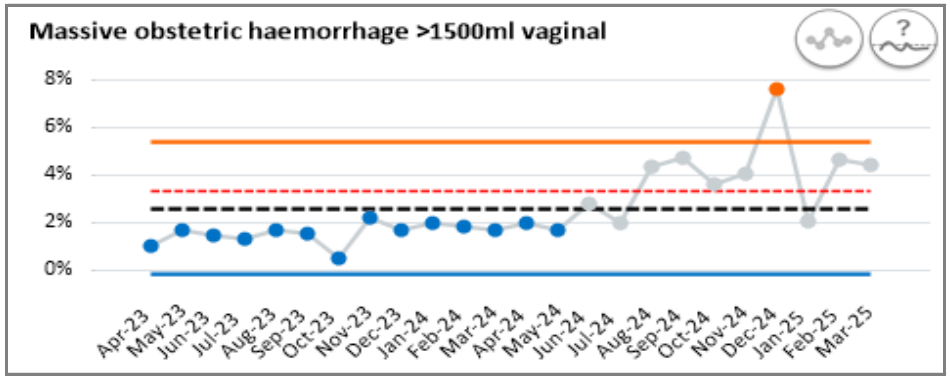
Month 12 | 2024-25

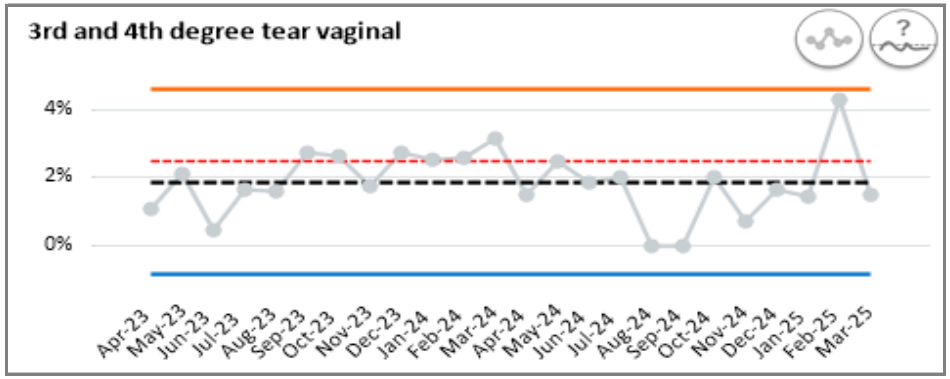
Quality

Maternity | Safety Metrics

East and North Hertfordshire NHS Trust







Key issues and executive response

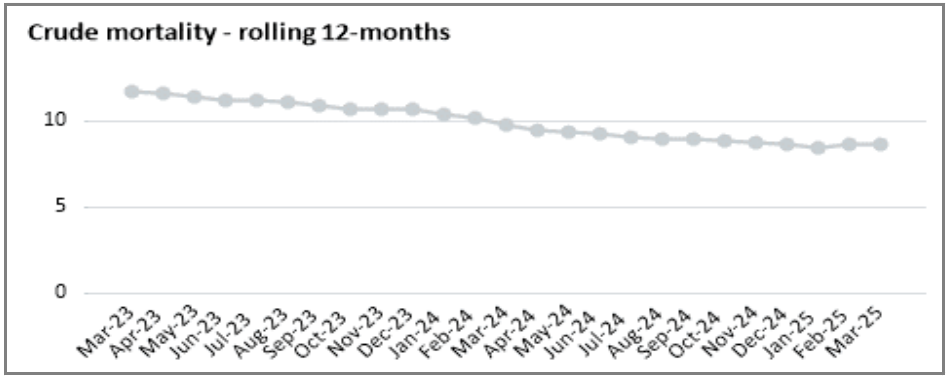
- There were no incidents meeting criteria for referral to MNSI and no divisional incidents qualifying as Patient Safety Incident investigations in March 2025. There were 5 cases of moderate physical harm (3 obstetric, 2 gynaecology) consistent with previous months rates, and no cases of serious harm.
- There were 2 cases of 3rd or 4th degree perineal trauma at vaginal births and 3 cases at instrumental births in March 2025. This is a decrease from previously raised rates seen in February 2025 and in line with process limits.
- MOH >1500mls at vaginal births significantly reduced in January (4, 2.07%), February (8, 4.68%), and now March (8, 4.44%) following spike seen in December 2024 (13, 7.6%). There were 8 (5.41%) MOH > 1500mls at LSCS births which is a notable increase on previous months, February (0.00%), January 2025 (2.92%) and December 2024 (2.21%). An audit of carbetocin for management of MOH at LSCS was presented in November 2024. Of the 16 MOH's in March 2025, 4 were >2000mls. Weekly thematic review of all MOH ongoing. Immediate learning and actions include early obstetric escalation and review during 2nd stage, PPH scribe sheet, 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. A Patient Safety led MOH learning drive will take place in May 2025.
- ATAIN rate (8.20%) above limit (6.00%) since inclusion of short-stay admissions in line with national requirements from 2025. Avoidable admissions include transfer from TC to NICU for observations, tachypnoea, septic screening and IV cannulation. Mothers to be offered to accompany transfer and clinicians to practice cannulation at the bedside. Increased rate expected following management of theatre and recovery staffing support by neonatal nurses and as interim measure TC babies to be cared for in NICU during April 2025.

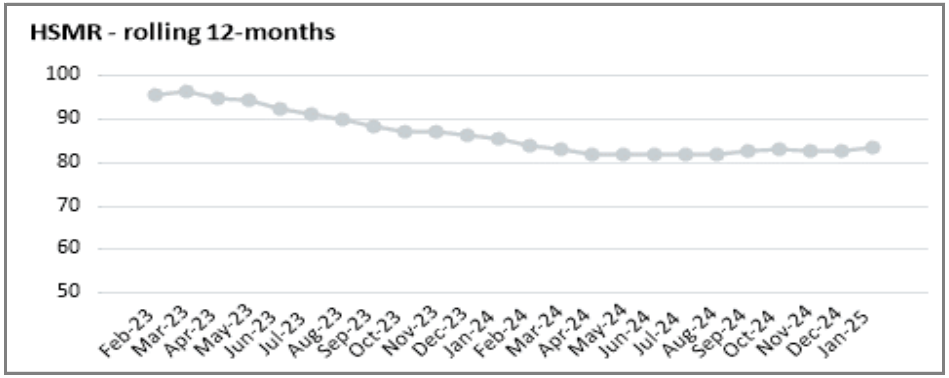
Month 12 | 2024-25

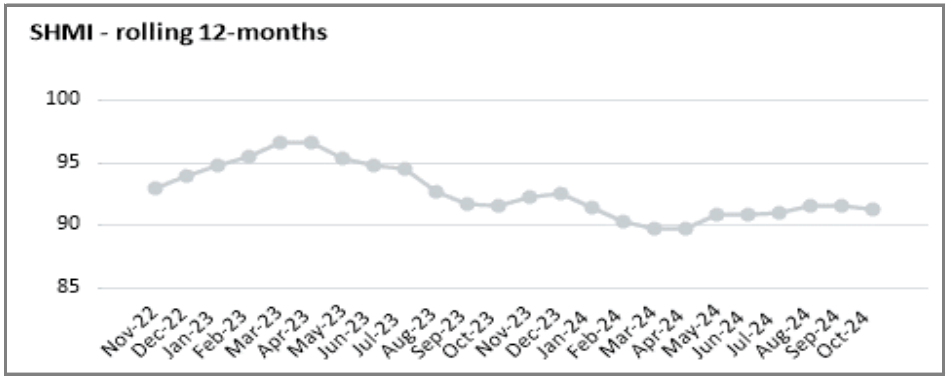
Quality

Mortality

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

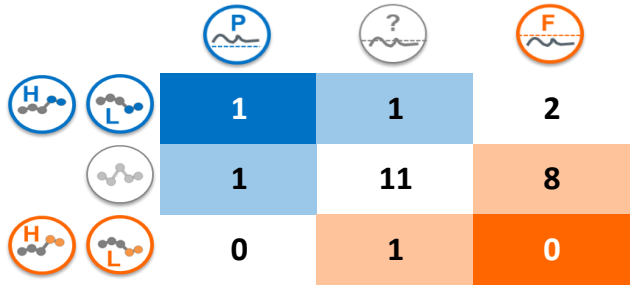
- Crude mortality is the factor which usually has the most significant impact on HSMR. The exception was during the COVID pandemic, when the usual correlation was weakened by the partial exclusion of COVID-19 patients from the HSMR metric. This partial exclusion continues.
- The general improvements 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.
- There was a significant downward trend in rolling 12-month HSMR from March 2023 to April 2024, when the metric plateaued and has since risen slightly.
- The latest rolling 12-month HSMR to Jan-25, reported by CHKS, stands at 83.5. 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 October 2024, stands at 90.15, a reduction from last month's 91.26. 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 Oct-24 and are 86.7 in-month and 91.3 for rolling 12-month, both well below the national average.
- For the period to Oct-24, CHKS reported 3 3SD outlier alerts: Cardiac dysrhythmias; Heart valve disorders; Nephritis group.

Month 12 | 2024-25

East and North Hertfordshire NHS Trust

Operations

Month 12 | 2024-25



Urgent and Emergency Care

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	Mar-25	95%	73.8%	H	F	1 point above the upper process limit Metric will consistently fail the target
	Patients waiting more than 12 hours from arrival to admission, transfer or discharge	Mar-25	2%	6.1%		F	Common cause variation Metric will consistently fail the target
	Percentage of ambulance handovers within 15-minutes	Mar-25	65%	19.5%		F	Common cause variation Metric will consistently fail the target
	Time to initial assessment - percentage within 15-minutes	Mar-25	80%	52.4%		F	Common cause variation Metric will consistently fail the target
	Average (mean) time in department - non-admitted patients	Mar-25	240	184		P	Common cause variation Metric will consistently pass the target
	Average (mean) time in department - admitted patients	Mar-25	tbc	560			Common cause variation No Target
	Average minutes from clinically ready to proceed to departure	Mar-25	No Target	162			Common cause variation No target
RTT & Diagnostics	Patients on incomplete pathways waiting no more than 18 weeks from referral	Mar-25	92%	57.7%	H	F	12 points above the mean Metric will consistently fail the target
	Patients waiting more than six weeks for diagnostics	Mar-25	0%	49.6%		F	Common cause variation Metric will consistently fail the target

Month 12 | 2024-25

Urgent and Emergency Care

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cancer Waiting Times	62-day referral to treatment standard	Feb-25	85%	79.5%		?	Common cause variation Metric will inconsistently pass and fail the target
	31-day decision to treat to treatment standard	Feb-25	96%	98.0%	H	?	19 points above the mean Metric will inconsistently pass and fail the target
	28-day Faster Diagnosis standard	Feb-25	75%	79.2%		?	Common cause variation Metric will inconsistently pass and fail the target
	Proportion of cancer PTL waiting more than 62 days	Feb-25	7%	11.4%		F	Common cause variation Metric will consistently fail the target
	Number of cancer PTL waiting more than 104 days	Feb-25	16	110		F	Common cause variation Metric will consistently fail the target
	Patients waiting more than 104-days from urgent GP referral to first definitive treatment	Feb-25	0	7		?	Common cause variation Metric will inconsistently pass and fail the target
	Two week waits for suspected cancer	Feb-25	93%	88.9%	L	?	9 points below the mean Metric will inconsistently pass and fail the target
	Two week waits for breast symptoms	Feb-25	93%	95.0%		?	Common cause variation Metric will inconsistently pass and fail the target

Month 12 | 2024-25

Urgent and Emergency Care

Summary

East and North Hertfordshire NHS Trust

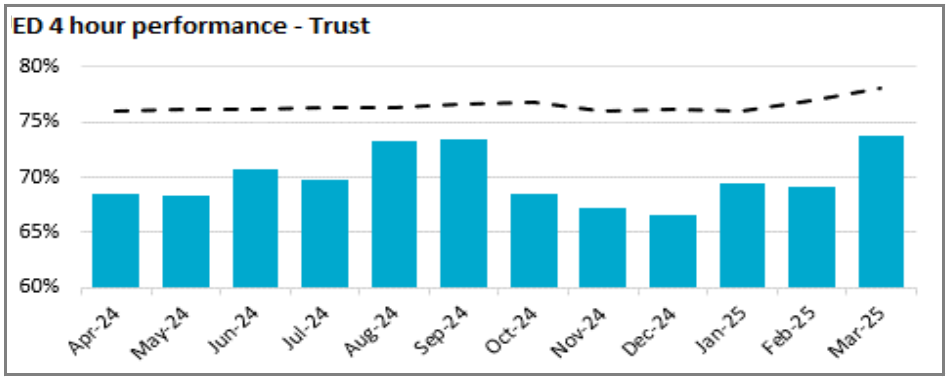
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Stroke Services	Trust SSNAP grade	Q3 2024-25	A	B			
	4-hours direct to Stroke unit from ED	Mar-25	63%	34.0%		F	Common cause variation Metric will consistently fail the target
	% of patients discharged with a diagnosis of Atrial Fibrillation 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)	Mar-25	63%	35.0%		F	Common cause variation Metric will consistently fail the target
	Number of confirmed Strokes in-month on SSNAP	Mar-25	n/a	64			Common cause variation No target
	If applicable at least 90% of patients' stay is spent on a stroke unit	Mar-25	80%	89.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	Urgent brain imaging within 60 minutes of hospital arrival for suspected acute stroke	Mar-25	50%	68.3%		?	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	Mar-25	11%	5.0%		?	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	Mar-25	50%	45.0%		?	Common cause variation Metric will inconsistently pass and fail the target

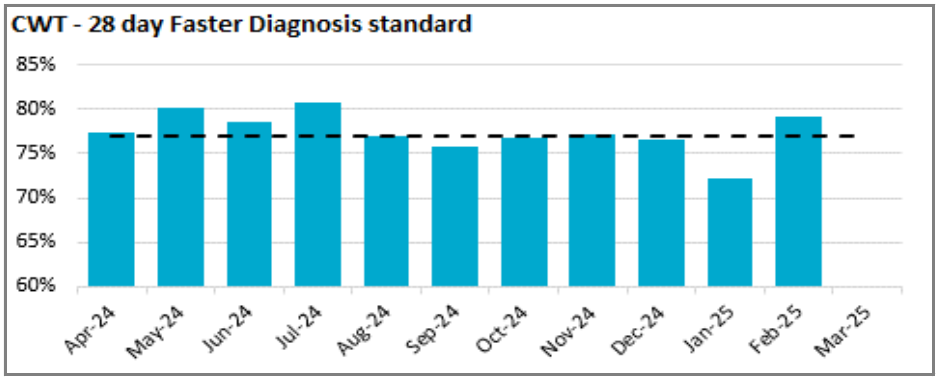
Month 12 | 2024-25

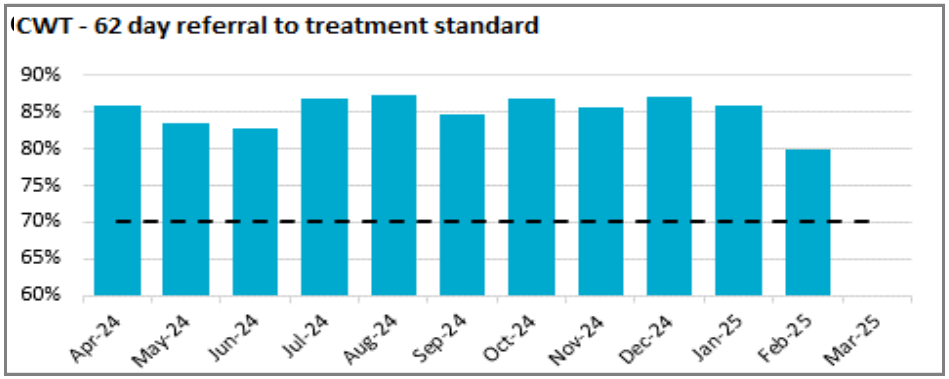
Operations

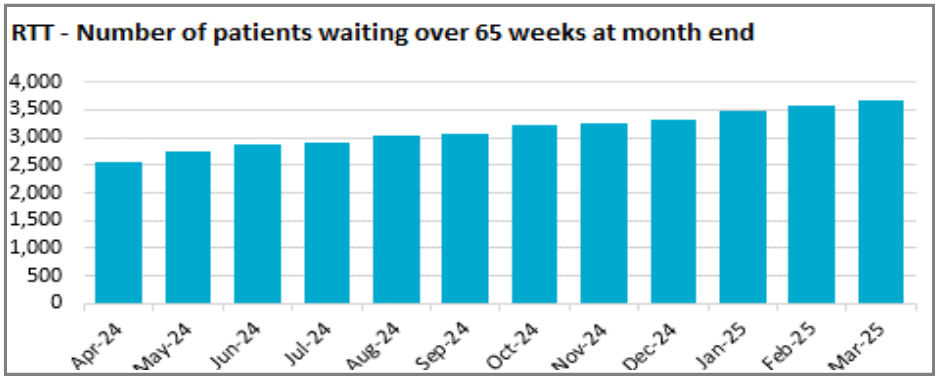
Trajectory monitoring 2024-25

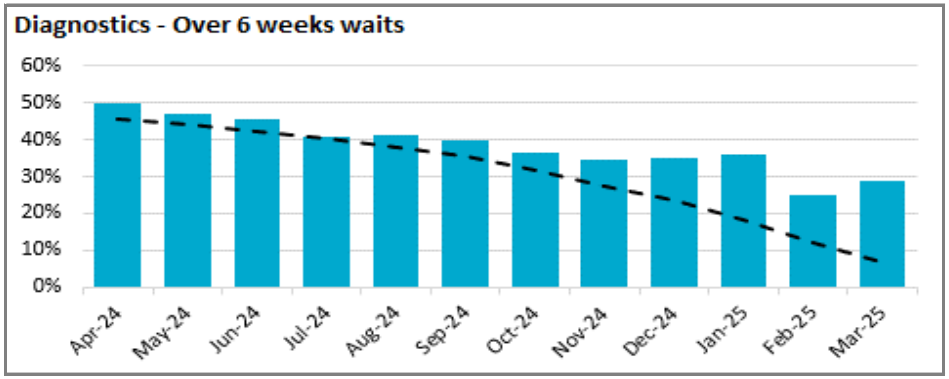
East and North Hertfordshire NHS Trust











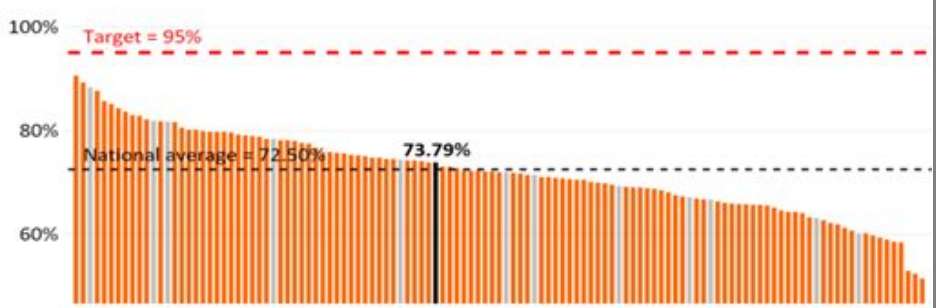
Month 12 | 2024-25

Operations

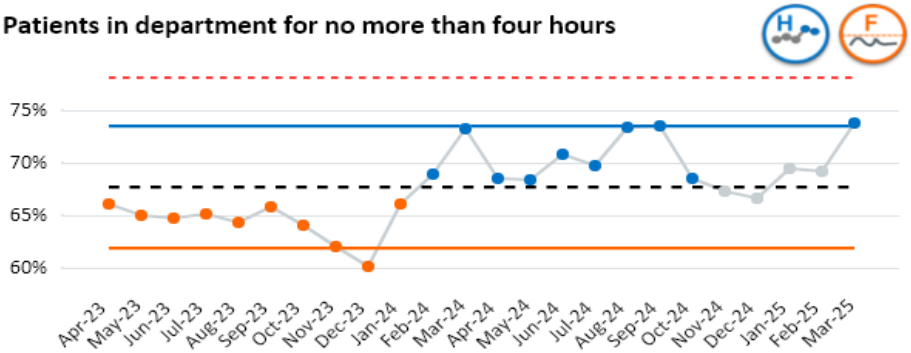
Urgent and Emergency Care New Standards

East and North Hertfordshire NHS Trust

Patients waiting no more than 4-hours in ED peer distribution - Mar-25



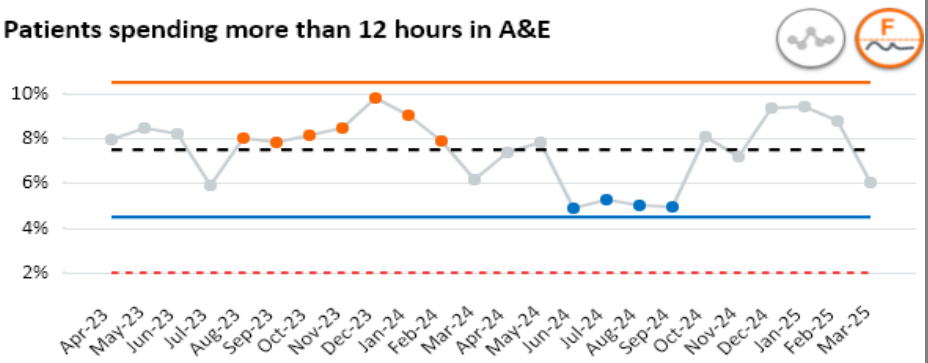
Patients in department for no more than four hours



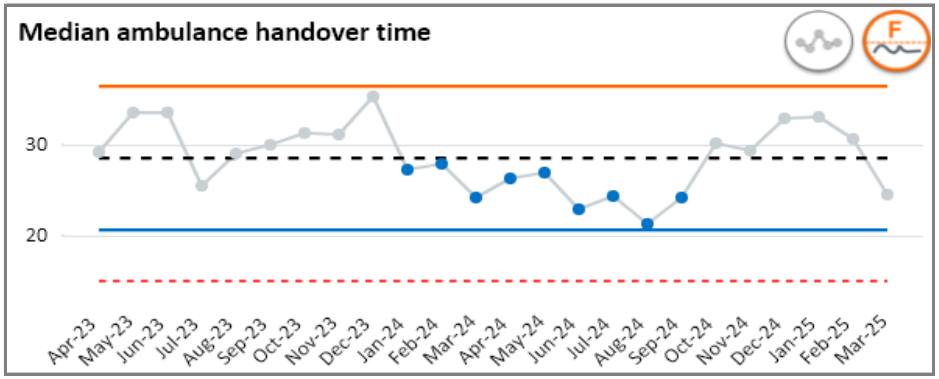
Key Issues and Executive Response

- Significant improvement in 4 hour performance in March to 73.8%. Non admitted type 1 Adult performance improved from 39.5% in February to 48.9% in March.
- Continued reduction in the no. of patients waiting over 12 hours in ED, from approx. 9% Dec-Feb, to 6% in March.
- Ambulance handover continued to improve. The median handover time was 24 minutes, a reduction from 30-35 minutes Nov-Feb. The no. of patients waiting > 45 minutes dropped significantly and the % of handovers within 15 and 30 mins both improved, from 10% to 20%, and from 45/50% to 65% respectively.
- Improvements attributed to several initiatives, summarised below:
- CDU: Increase in use to support waiting area safety and reduce waits to be seen by Dr (WTBS). Increase in chair activity and reduction in time of arrival - transfer by mean 3 hours per patient.
- WTBS: Improved, but remains variable. Kaizen team supporting review of processes & waste; and drive to consistent standards & improvement. ED team visited Watford in March to benchmark & learn. Focus on ensuring assessment cubicles remain unbedded to improve waits to be seen, along with the increased use of CDU.
- Increase in Medical SDEC utilisation.
- Breach analysis is improving, with key learnings shared daily.
- Standards remain as key focus as well as Healthy Teams initiative.

Patients spending more than 12 hours in A&E



Median ambulance handover time

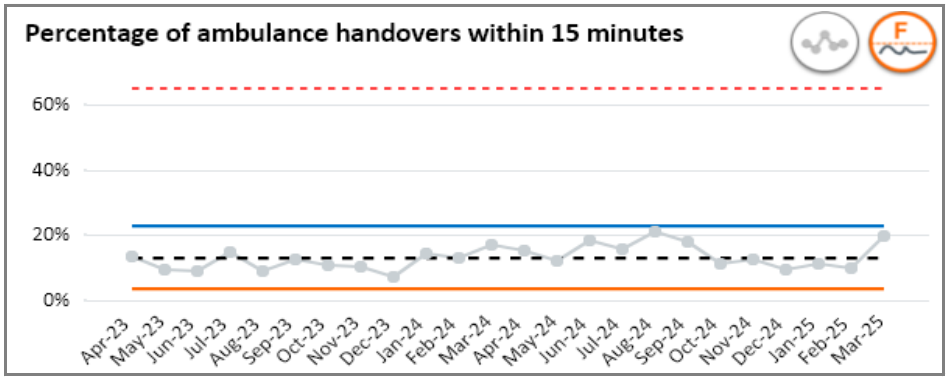


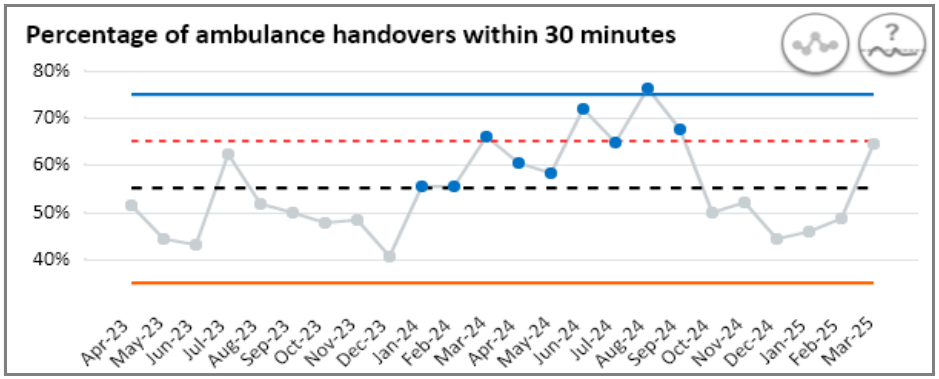
Month 12 | 2024-25

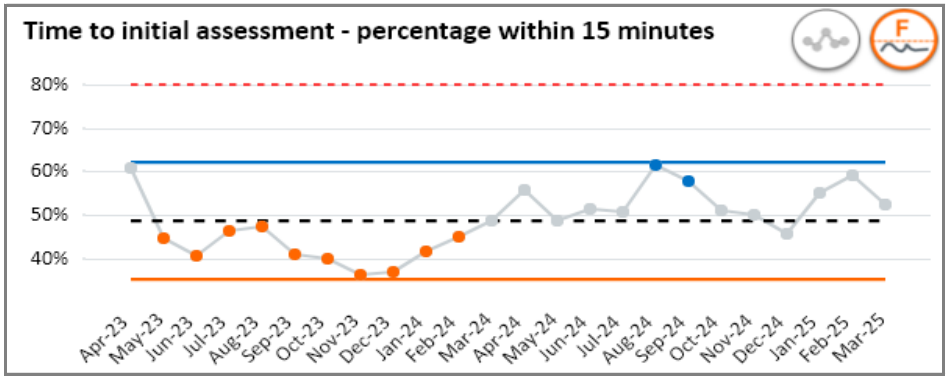
Operations

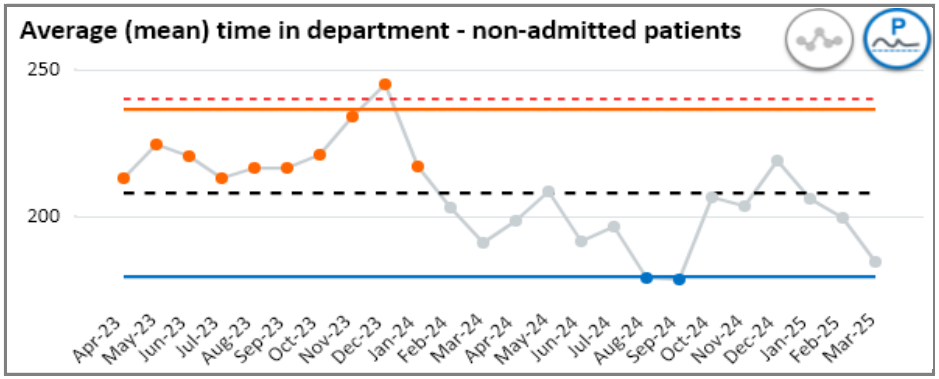
Urgent and Emergency Care | Supporting Metrics

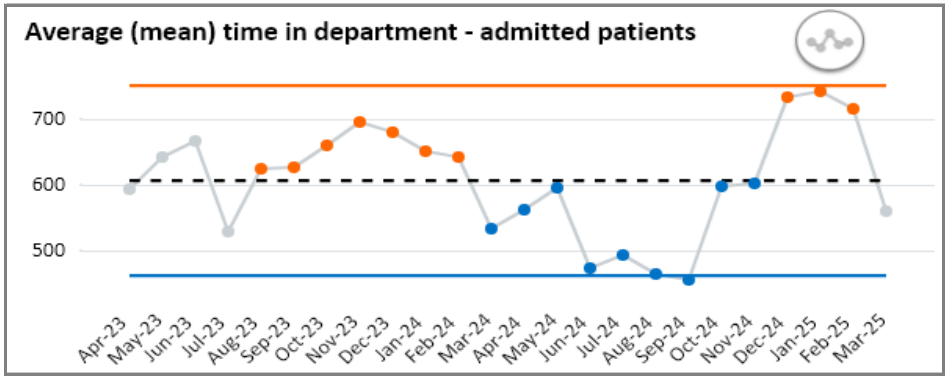
East and North Hertfordshire NHS Trust

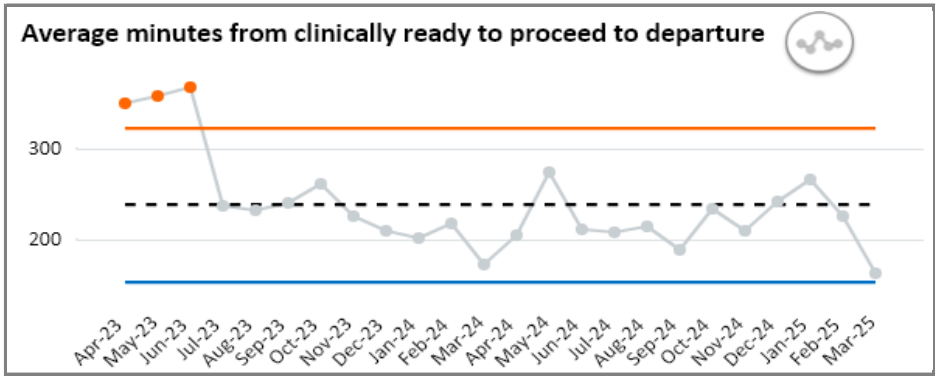








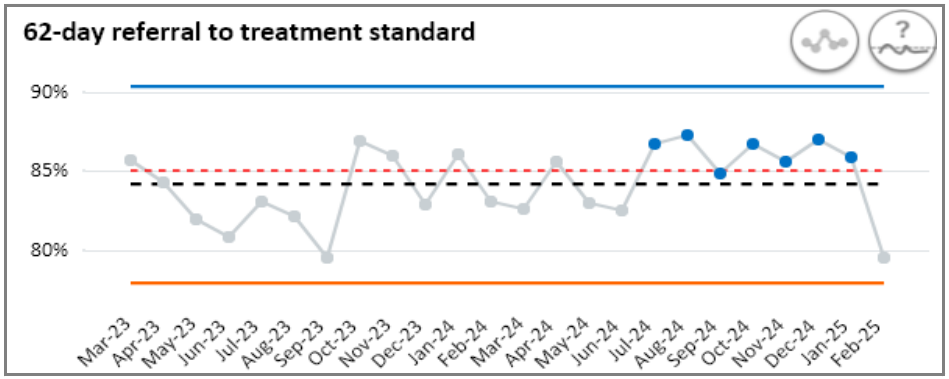


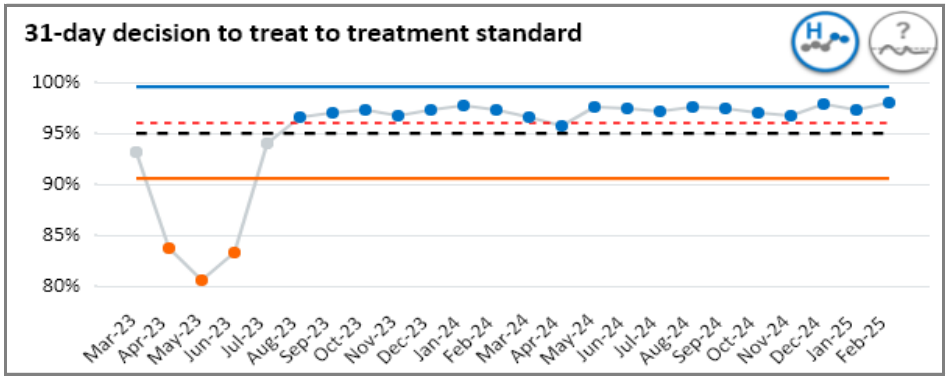


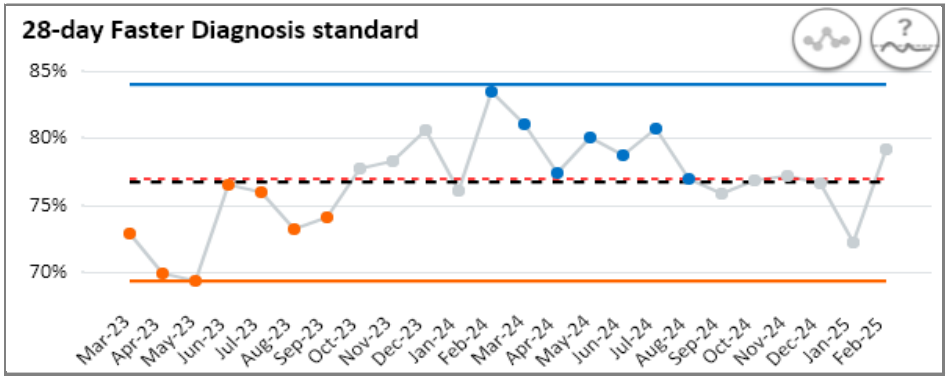
Month 12 | 2024-25

Operations

Cancer Waiting Times | Supporting Metrics







Key Issues and Executive Response

- We achieved 2 out of the 3 national targets in February 25 with compliance in the 28 day Faster Diagnosis, and 31-Day General treatment standard.
- All 3 standards continue to be met year to date - and exceed regional and national performance levels on 62 day standard by around 20% and within 10 best performing hospital in the country year to date.
- The 62-Day general treatment Standard performance is non compliant in February due to:
    - MRI capacity issues in Jan which delayed the 62 day treatments in Feb
    - Complex investigation pathways
    - Patient choice delaying the diagnostic pathways
    - Outpatient capacity for Urology
- Despite seasonal dips in performance, the aggregate 62 day performance for the year is compliant at 85.10%.
- Work continues with operational teams to sustain and improve CWT performance for the Trust: more focus on pathway analysis for challenged specialities to identify constraints and minimise delays; robust PTL management with clear escalations; and Demand and Capacity work to identify gaps in services.
- Job planning is taking place to reduce dependence on WLIs and help us to deliver 28 FDS compliance in 25/6; the target increases to 80% from March 2026.
- Breach analysis continues for all patients against all standards to influence pathway redesign and learning with MDT teams.

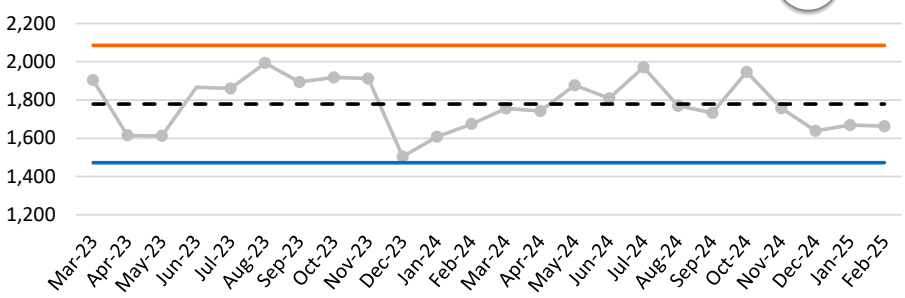
Month 12 | 2024-25

Operations

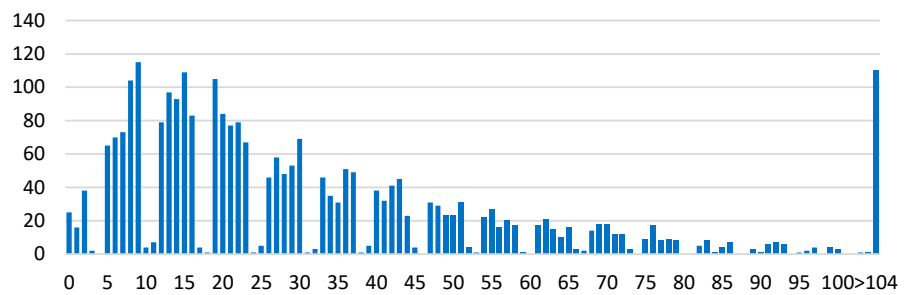
Cancer Waiting Times | Supporting Metrics

East and North Hertfordshire NHS Trust

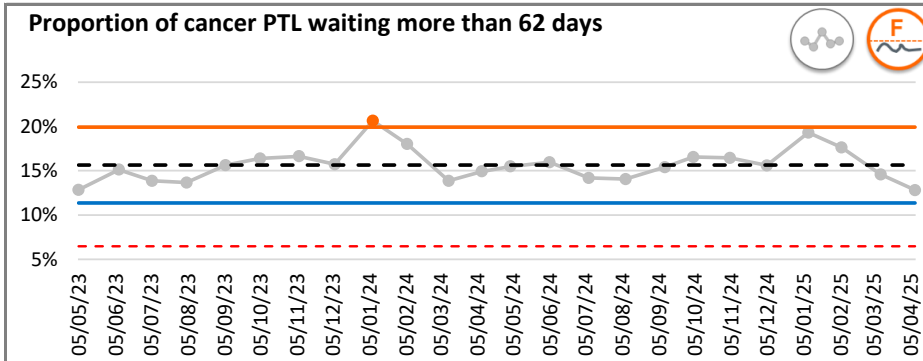
Suspected cancer referrals



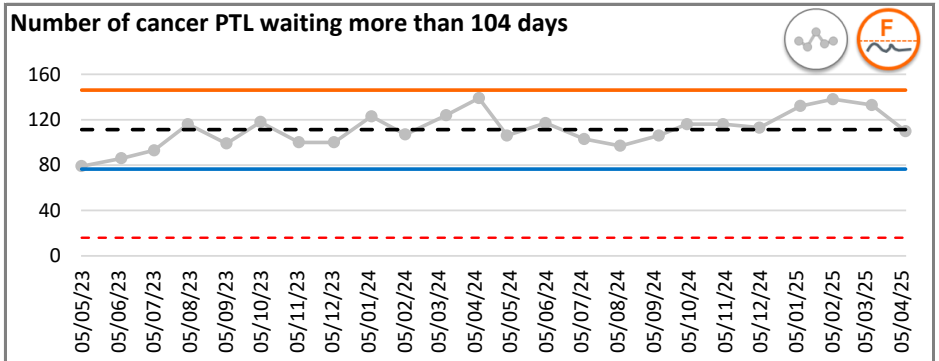
62-day PTL as at 10/04/2025



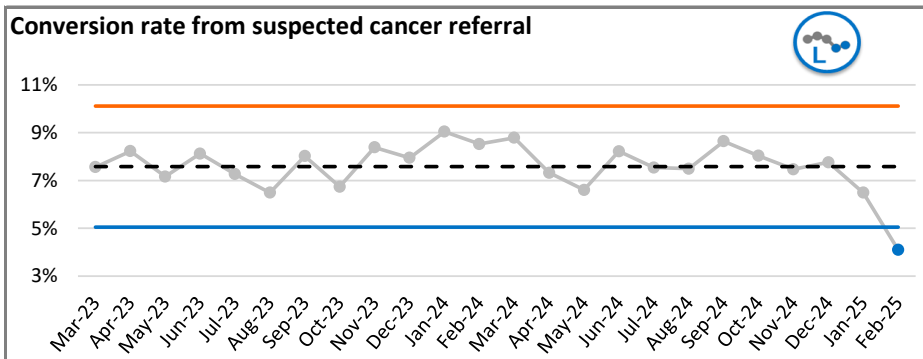
Proportion of cancer PTL waiting more than 62 days



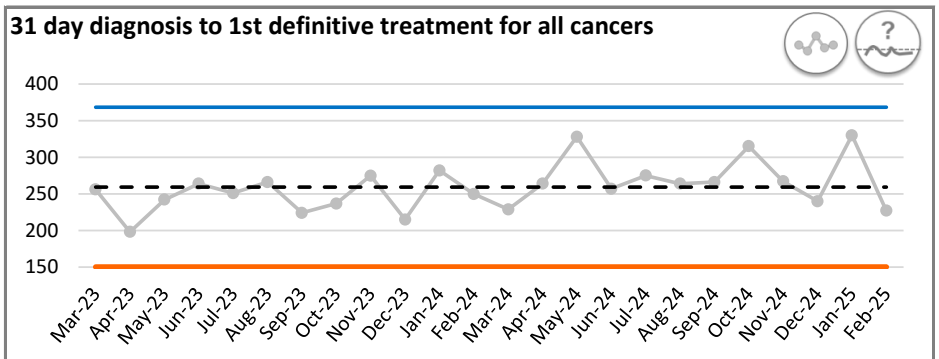
Number of cancer PTL waiting more than 104 days



Conversion rate from suspected cancer referral



31 day diagnosis to 1st definitive treatment for all cancers

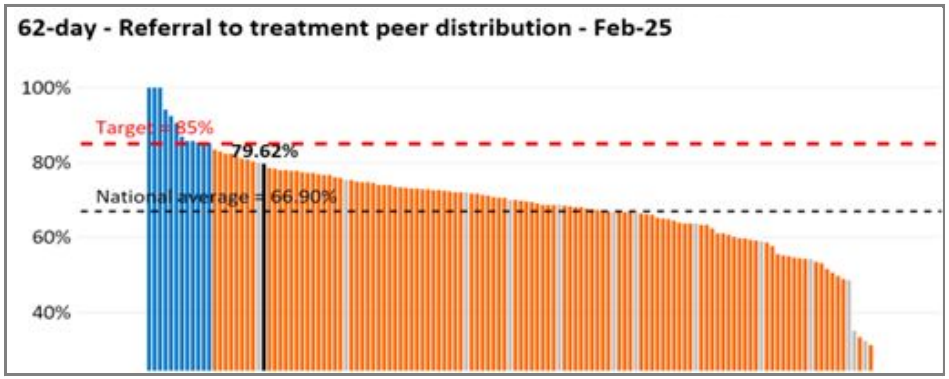


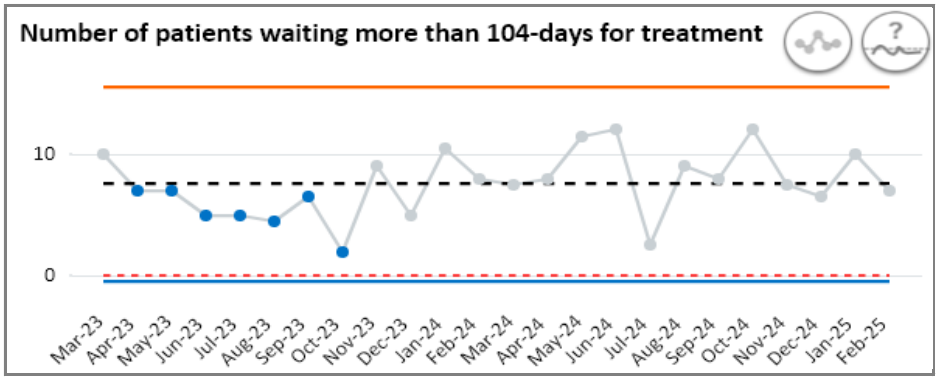
Month 12 | 2024-25

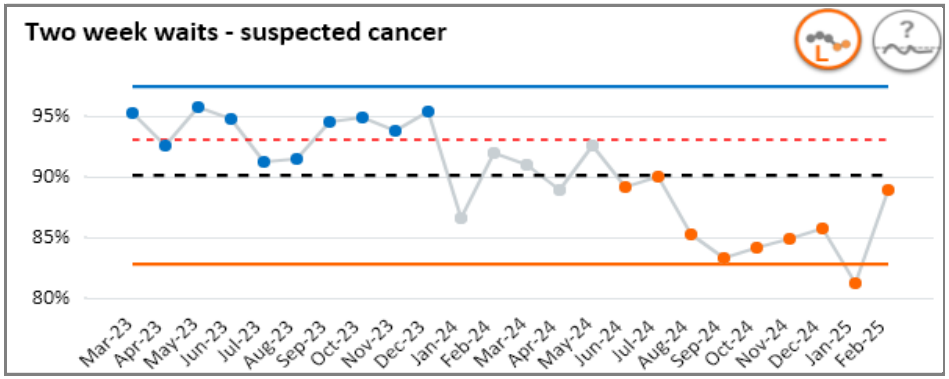
Operations

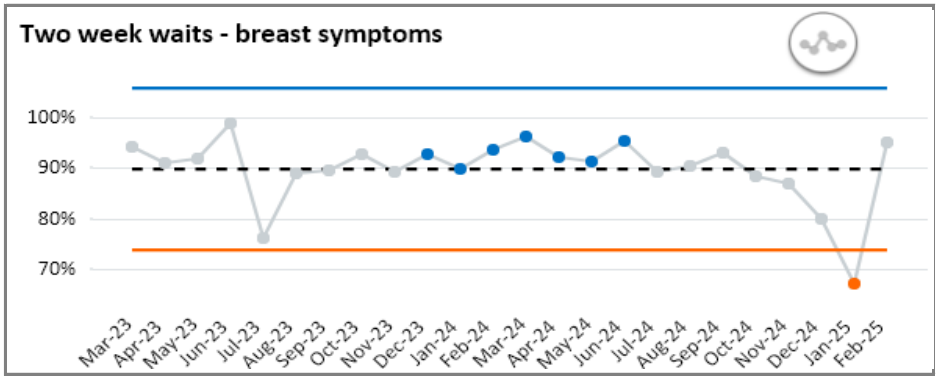
Cancer Waiting Times | Supporting Metrics

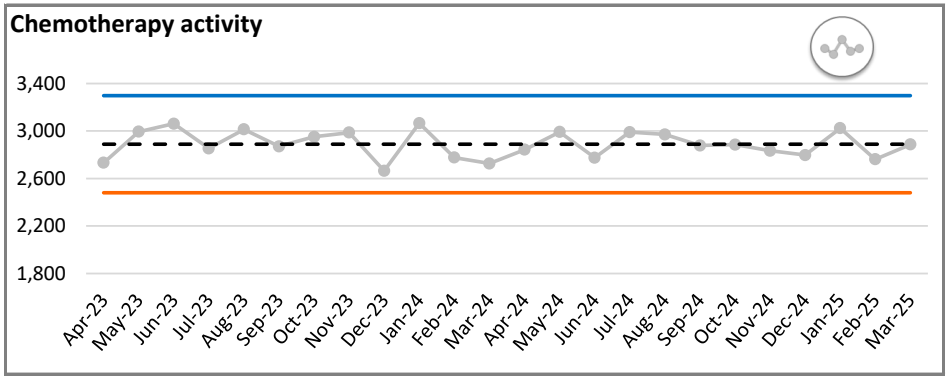
East and North Hertfordshire NHS Trust

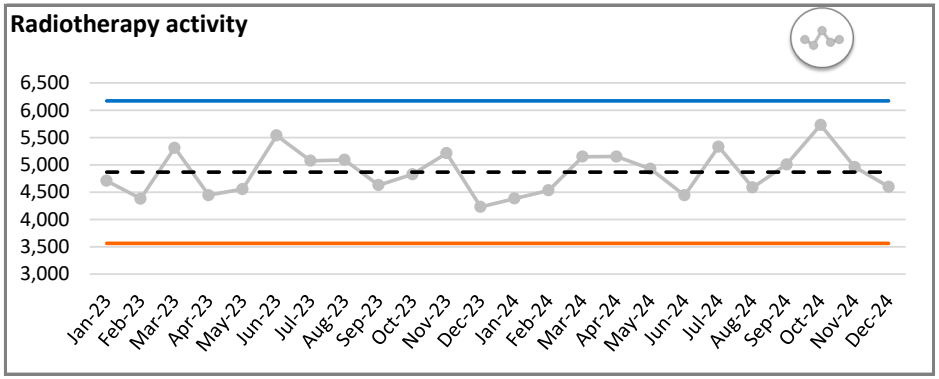










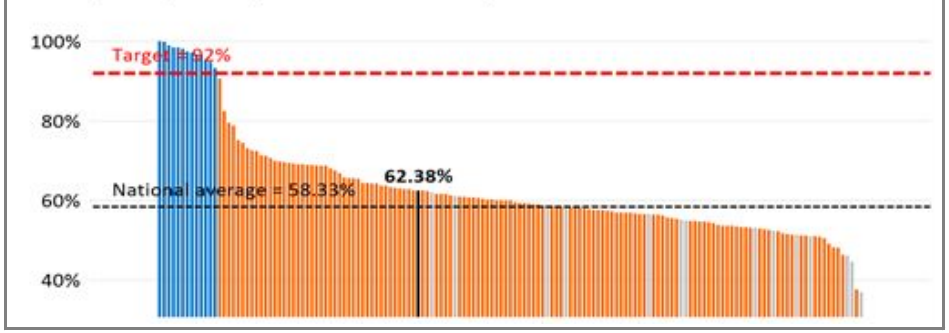


Month 12 | 2024-25

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.
- With support from HWE ICB the Trust has outsourced 300 assessments, the impact of which will be seen by June 2025.
- Single point of referral for neurodiversity hosted at HCT implementation is delayed from April to September 2025, due to digital build issues.
- **78 Weeks** - There were 3,011 patients waiting over 78 weeks at the end of March, compared to 2,980 the previous month, an increase of 31 patients.
- **65 Weeks** - There were 3,663 Community Paediatric patients waiting over 104 weeks at the end of March.

Key Issues and Executive Response

Excluding Community Paediatrics

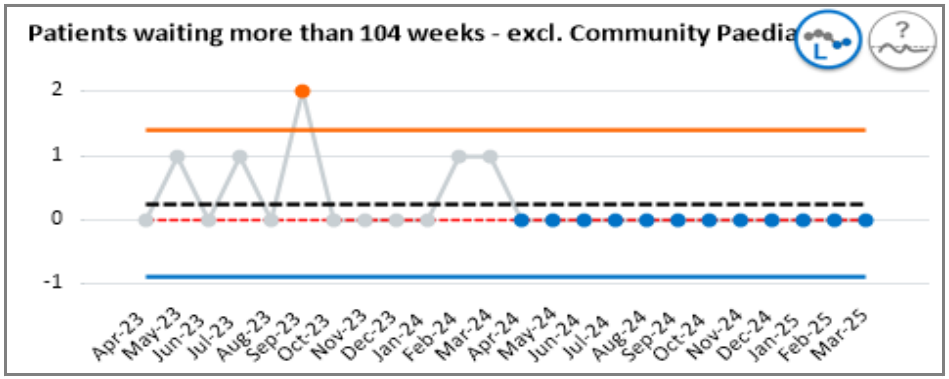
- The Trust reported an improved performance for the seventh month in a row of 62.9% of patients waiting under 18 weeks in March, which remains above last month's national average of 58.3%.
- **65 Weeks -** The Trust had 26 patients waiting more than 65 weeks at the end of March 2025.
- 16 of the breaches were T&O, 47% of which due to patient choice or complexity. The other breaches were from Colorectal, Gastro, Pain, General Surgery, ENT, Urology, Oral Surgery and Orthodontics.
- The Trust is anticipating a similar number of patients waiting over 65 weeks at the end of April, due mostly to limited capacity over the Easter period, staff sickness and a reduction in ad hoc capacity, with the main risks in T&O and Oral Surgery. Focused management at patient level to mitigate is in place.
- **52 Weeks -** Number (961) and % (1.66%) of 52 week waiters remain stable and amongst best in Region.
- 71.1% patients were waiting less than 18 weeks for their first activity - ahead of target and in top 3 in Region for this metric.
- Plans submitted 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 1243 in the overall RTT waiting list from last month, reflecting validation focus on the Follow Up PTL.
- **Validation Sprint** - from April we are validating patients much lower on the pathway (less than 18 weeks), where a higher number of clock stops are found. This is likely to negatively impact on our proportion of 52 weekers and overall RTT performance in the short term, as the whole PTL gets smaller; offset by rectifying data quality issues closer to source.

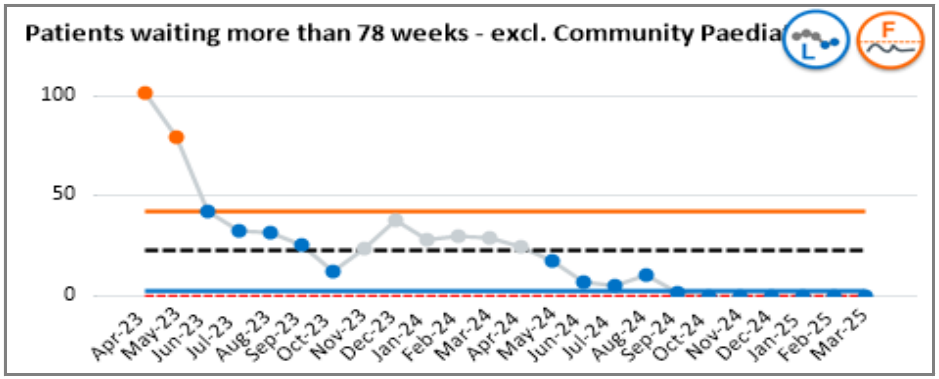
Month 12 | 2024-25

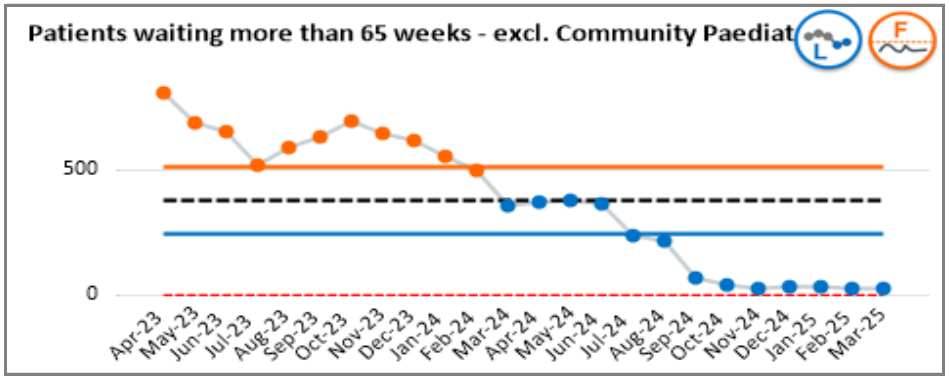
Operations

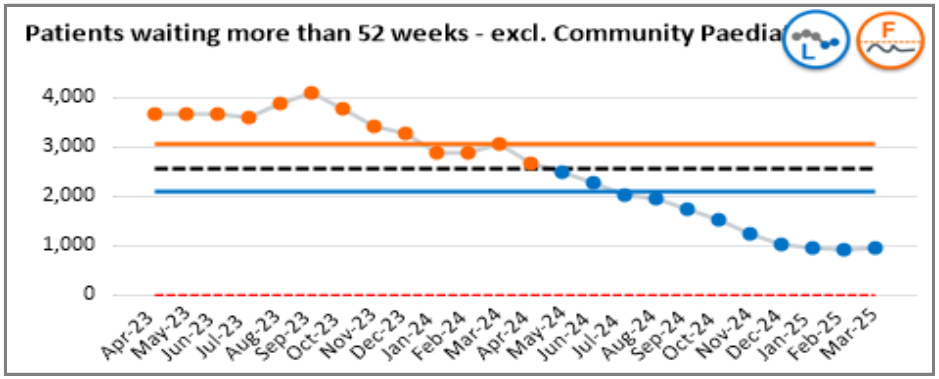
RTT 18 Weeks

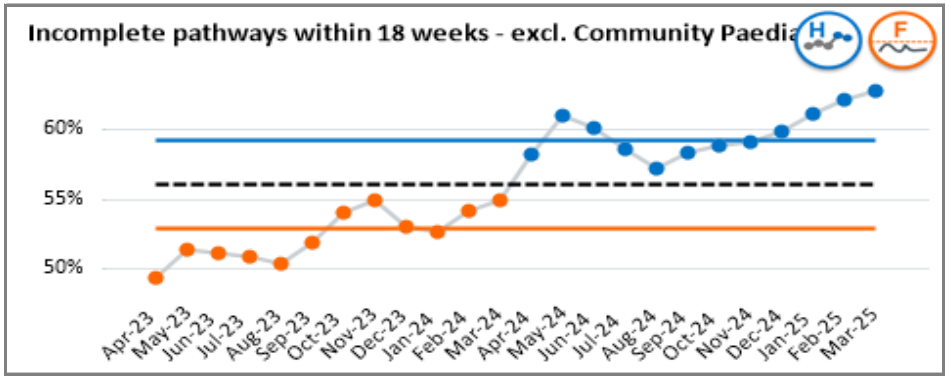
East and North Hertfordshire NHS Trust

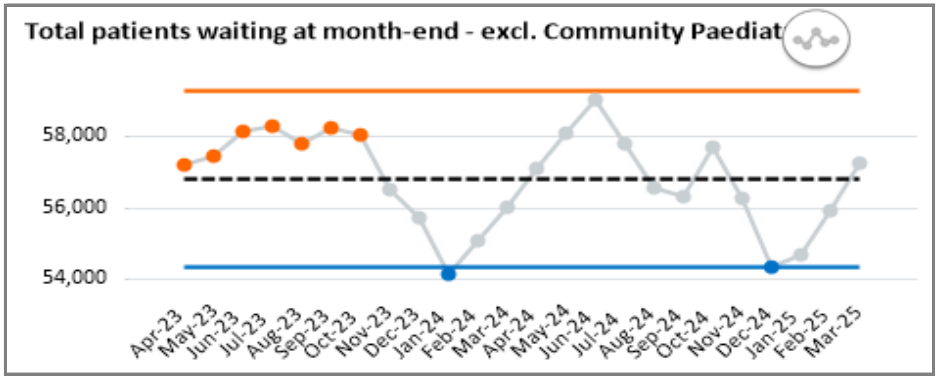








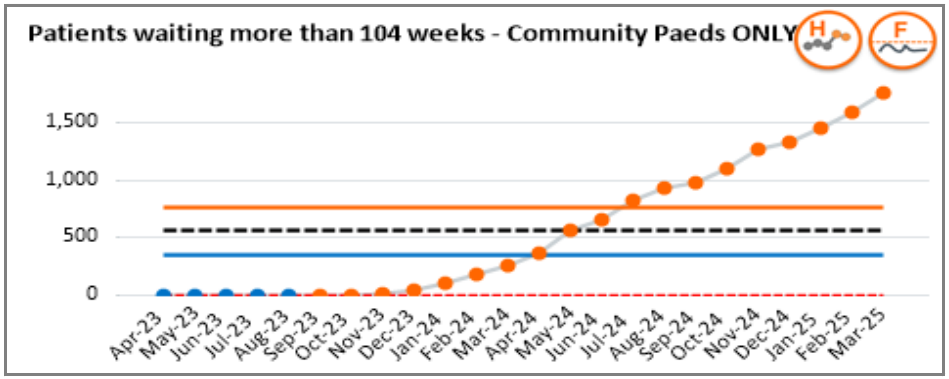


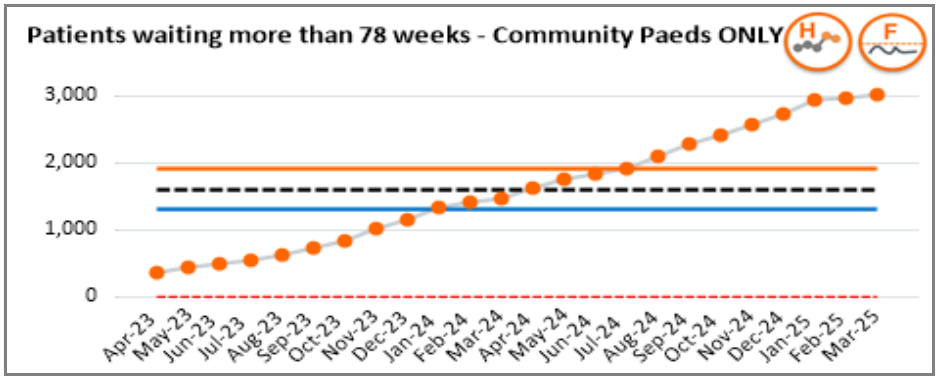


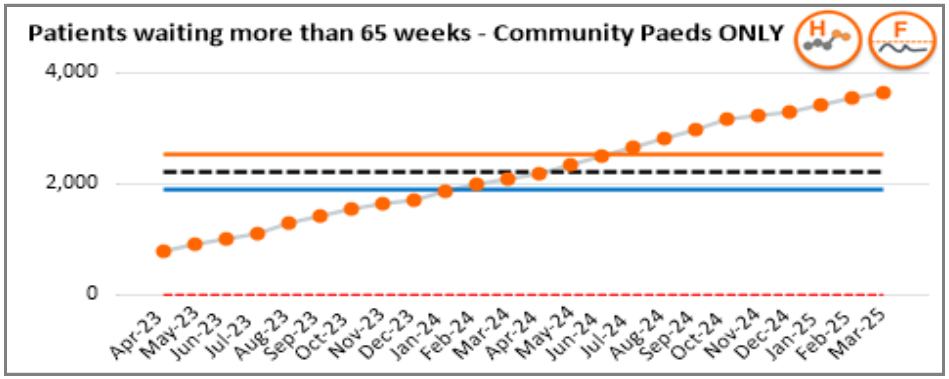
Month 12 | 2024-25

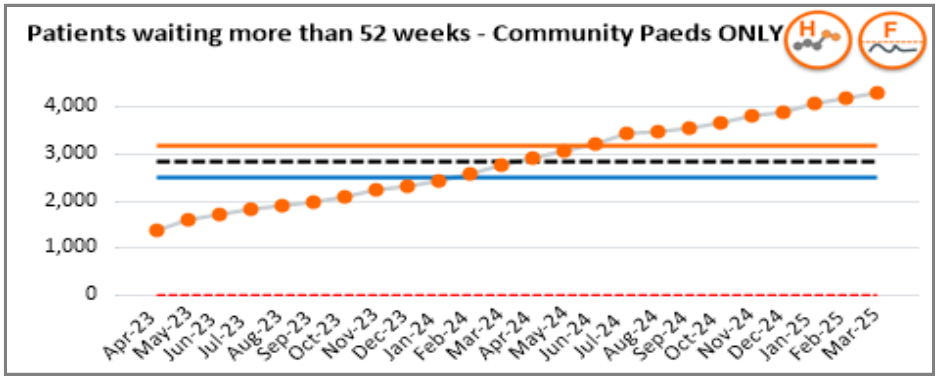
Operations

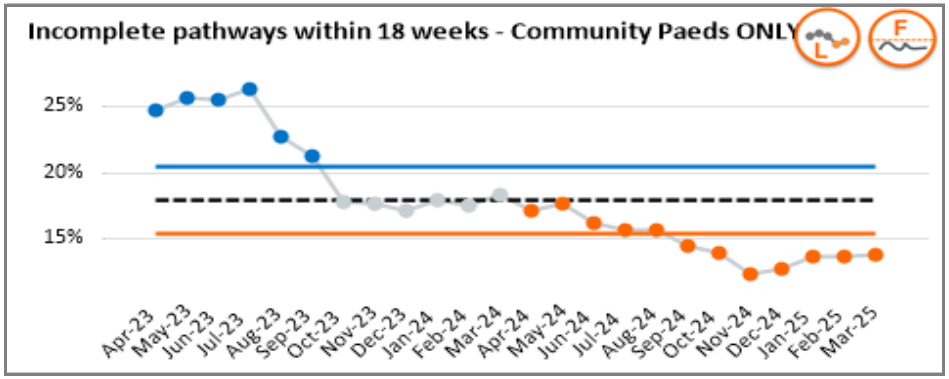
RTT 18 Weeks

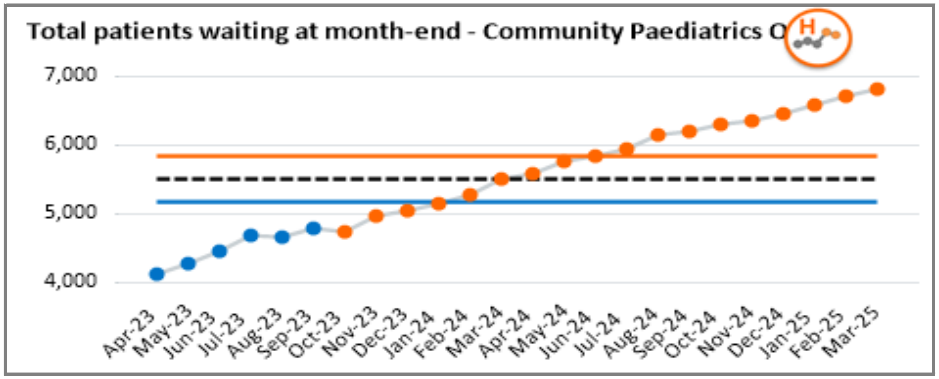










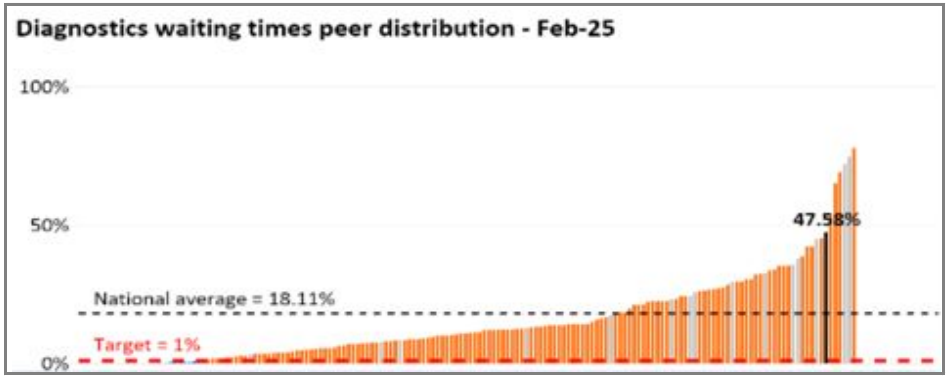


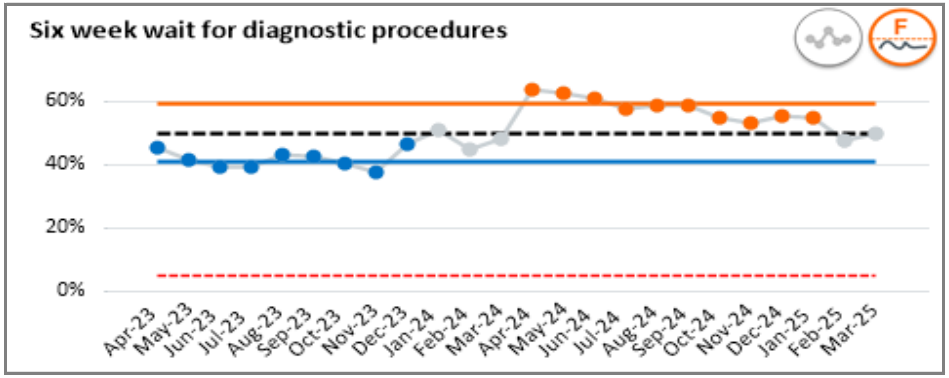
Month 12 | 2024-25

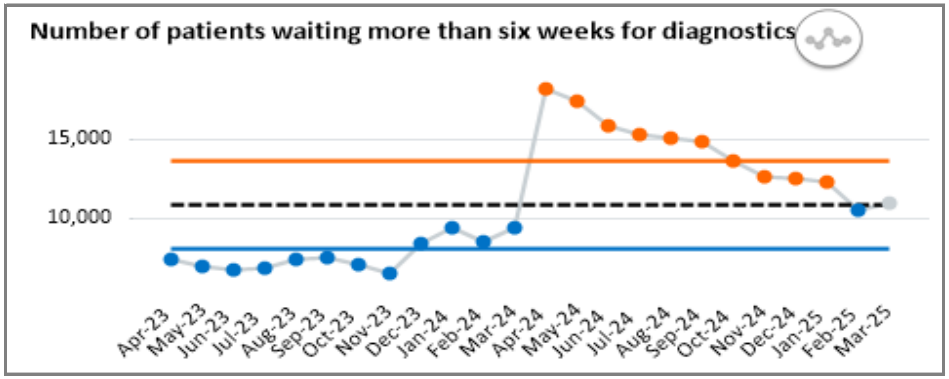
Operations

Diagnostics Waiting Times

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

- March DM01 performance inclusive of audiology has deteriorated slightly, from 48.3% to 46.9%.
- Excluding audiology and cardiac MRI, the overall DM01 performance has also deteriorated slightly, from 72% to 69%. The number of patients waiting for over 6 weeks has also slightly deteriorated, from 28% (3,507) to 31% (3,760). These deteriorations are due to increased absence (annual leave) during March.
- For Diagnostic Imaging, there are 3,760 patients waiting >6 weeks and 285 patients waiting >13 weeks. This are continued improvement month on month.
- Excluding Audiology, average wait down from 6.9 to 4.19 weeks, April 24 - March 25.

Challenges / Actions

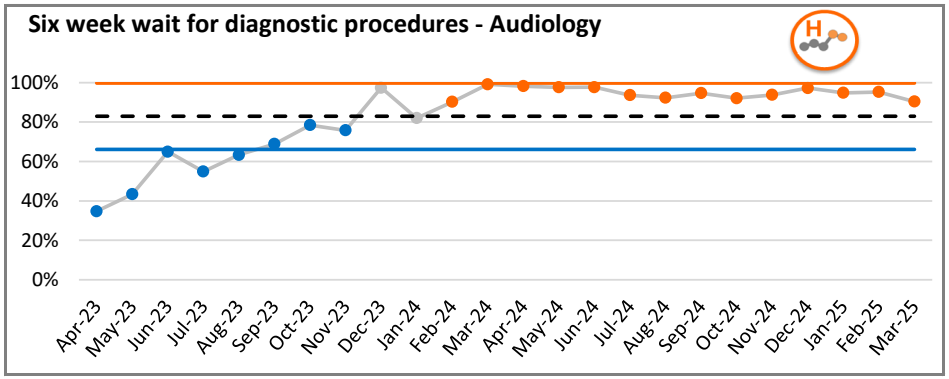
- Refreshed capacity and demand modelling for MRI has been completed: significant gap (140 scans/wk) in capacity to meet demand and backlog clearance. There is an Imaging outsourcing plan for 25/26 to address this gap.
- D&C plan shows gaps in CT, MR and NOUS; but we have mitigations (service redesign & ENHPS) in place to deliver DM01 compliance in Mar 2026.
- Audiology PTL validation and D&C mapping is now complete, the investment growth business case has been submitted for external funding to support with the backlog clearance, internal budget realignment has taken place and posts are going out to advert. Paeds audiology remains highly challenged, with very little mutual aid offered and lack of estate infrastructure. Exec meetings taking place to support with load levelling across HWE.
- Specialist US MSK and cardiology CT scans remain a challenge for capacity. Active recruitment is underway to address gap in capacity, with 2 WTE sonographers in pipeline.

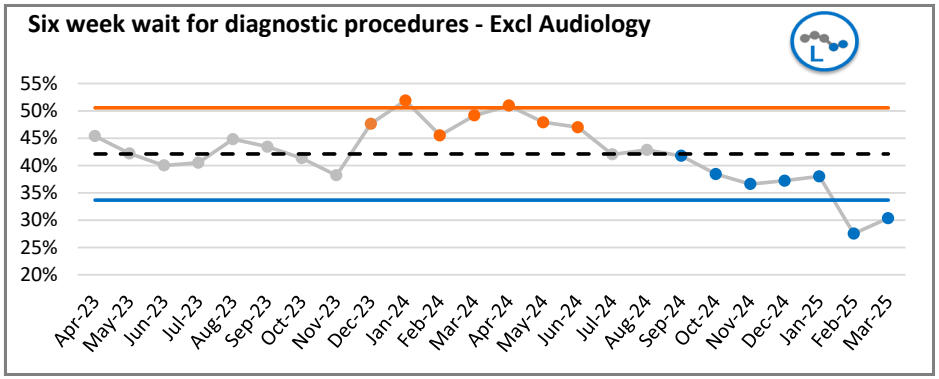
Month 12 | 2024-25

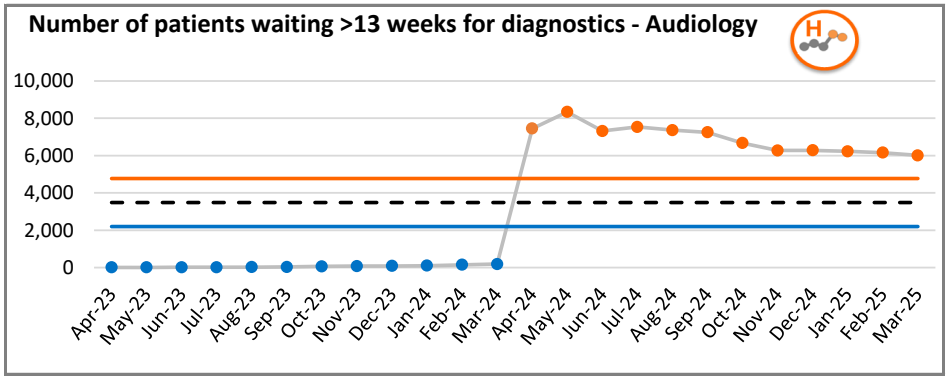
Operations

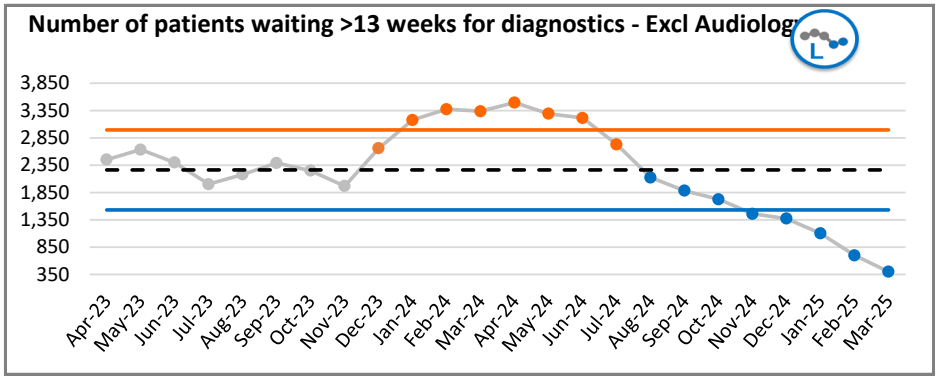
Diagnostics Waiting Times - Audiology

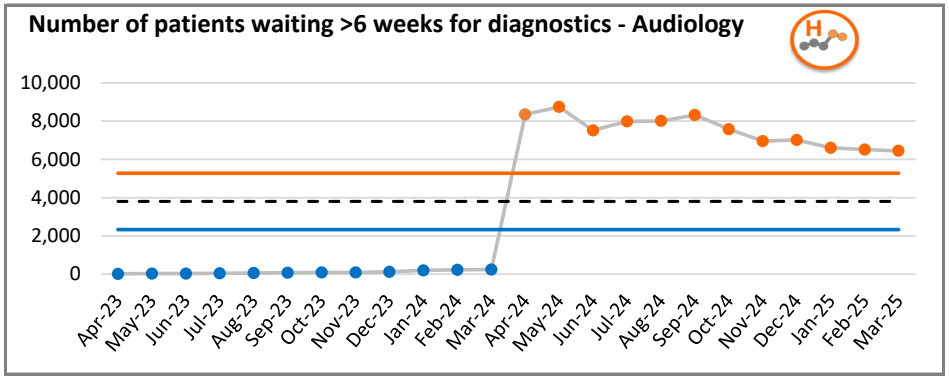
East and North Hertfordshire NHS Trust

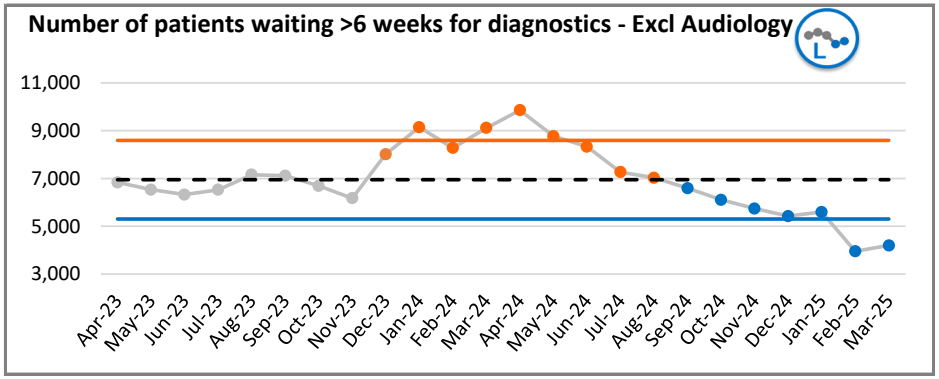










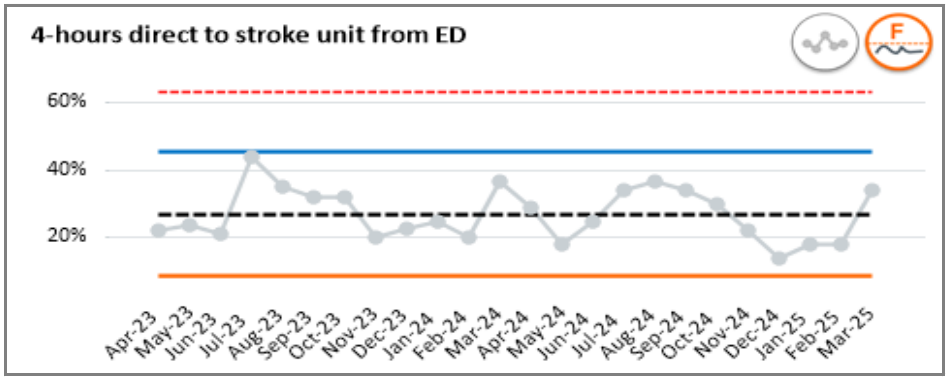


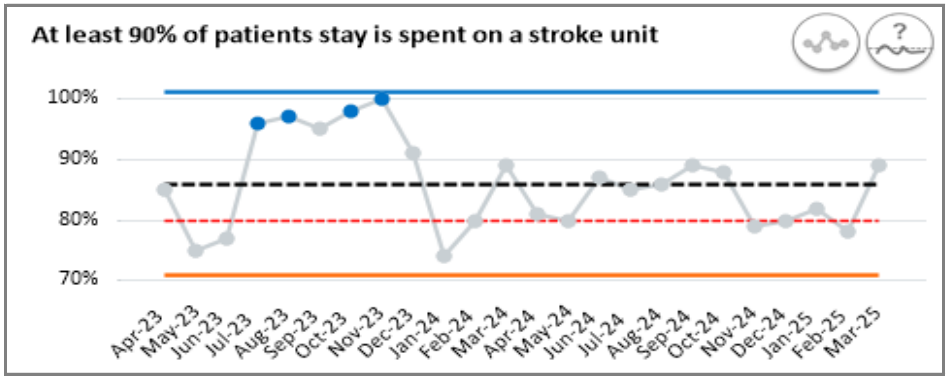
Month 12 | 2024-25

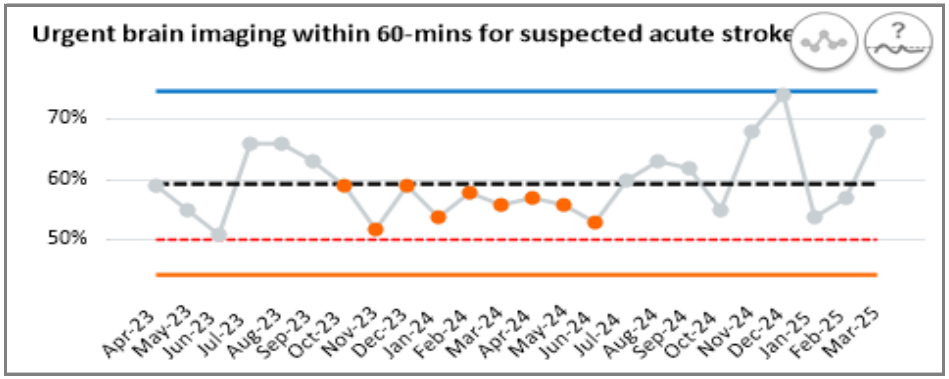
Operations

Stroke Services

East and North Hertfordshire NHS Trust

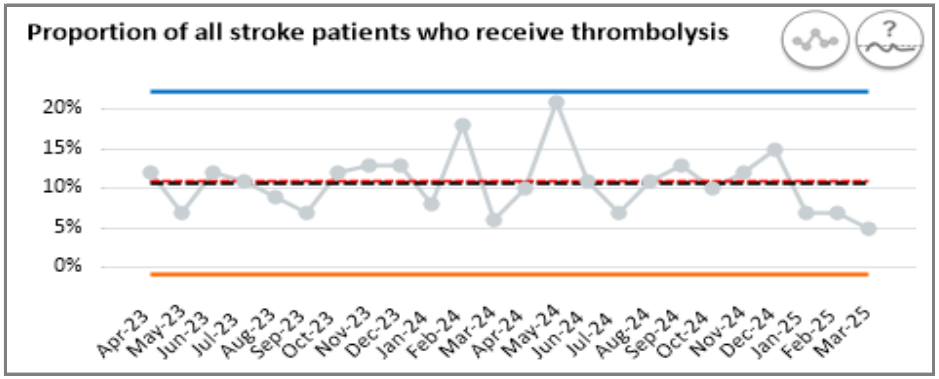






Key Issues and Executive Response

- Thrombolysis 4.8% for March vs 14% target. Projects focused on pre-alerts and ED pathways to enhance the efficiency of ED-stroke pathways.
- 4 hr admission: 34.3%, a 16.6% improvement from previous month. Medical workforce remodel to provide 08:00 - 22:00, 7/7 will support OOH 4-hr performance. Overseas recruitment process has pushed back start date to 6/25. MDT-led working group implemented to work collaboratively with Medical teams, Site and ED to ensure robust processes are in place and being followed.
- Length of stay: Multi agency Length of stay reviews have been implemented on a weekly basis and escalation processes put in place for patient for 14 days+. Ward LOS significantly decreased since previous month as a result.
- CT within 1hr % = 68.3% (14.7% increase from last month). Imaging currently meeting 1-hour KPI, however new 40% at 20 minute target currently underachieved with performance at 31.7%. Advancing to under 15-minute scan times will support thrombolysis performance. Direct to CT pathway implemented and proven successful. Plans to roll out CT Perfusion in April 2025, this will increase patients in the thrombolysis window and improve patient outcomes. Clinically led working group implemented to improve and review radiology performance and demand and capacity.

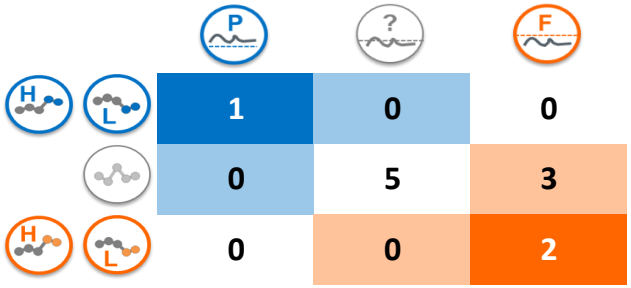


Month 12 | 2024-25

East and North Hertfordshire NHS Trust

Finance

Month 12 | 2024-25



Finance

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Summary Financial Position	Surplus / deficit	Mar-25	-2.4	1.31		?	Common cause variation Metric will inconsistently pass and fail the target
	CIPS achieved	Mar-25	1,245	4,208			Common cause variation No target
	Cash balance	Mar-25	77.9	47.7	L	F	11 points below the mean Metric will consistently fail the target
Key Financial Drivers	Income earned	Mar-25	45.3	58.9	H	P	7 points above the mean Metric will consistently pass the target
	Pay costs	Mar-25	29.5	34.2		F	Common cause variation Metric will consistently fail the target
	Non-pay costs (including financing)	Mar-25	15.5	23.4	H	F	7 points above the mean Metric will consistently fail the target

Month 12 | 2024-25

Finance

Summary

East and North Hertfordshire NHS Trust

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Key Payroll Metrics	Substantive pay costs	Mar-25	24.9	30.0		F	Common cause variation Metric consistently fail the target
	Average monthly substantive pay costs (000s)	Mar-25	0.9	5.0		F	Common cause variation Metric will consistently fail the target
	Agency costs	Mar-25		0.8	L		7 points below the mean No target
	Unit cost of agency staff	Mar-25		11.6			Common cause variation No target
	Bank costs	Mar-25	3.7	3.4		?	Common cause variation Metric will inconsistently pass and fail the target
	Overtime and WLI costs	Mar-25	0.5	0.9		?	Common cause variation Metric will inconsistently pass and fail the target
Other Financial Metrics	Private patients income earned	Mar-25	0.4	0.6		?	Common cause variation Metric will inconsistently pass and fail the target
	Drugs and consumable spend	Mar-25	2.8	5.0		?	1 point above the upper process limit Metric will inconsistently pass and fail the target

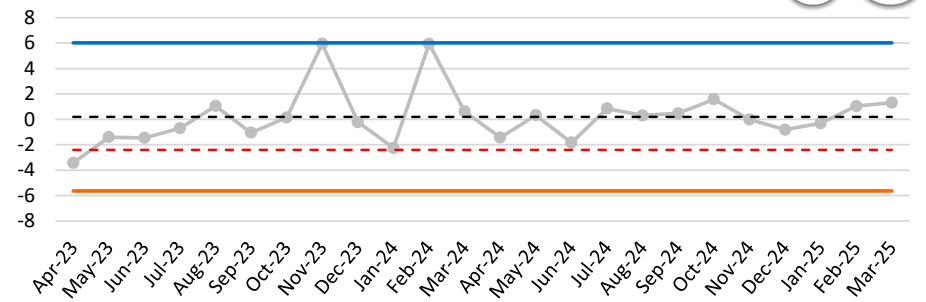
Month 12 | 2024-25

Finance

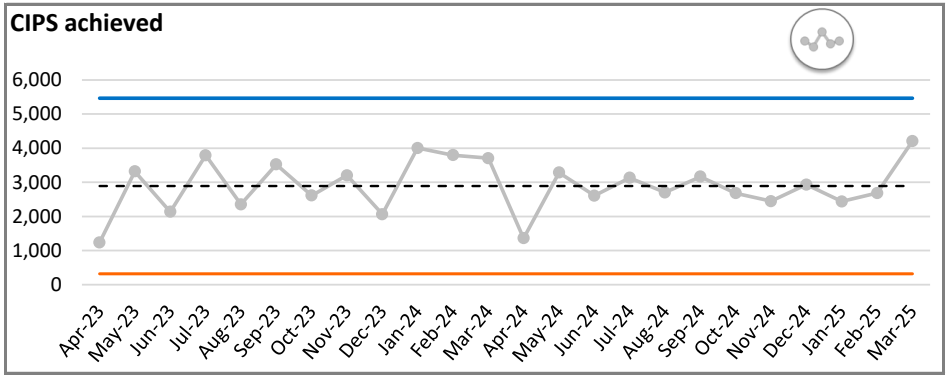
Summary Financial Position

East and North Hertfordshire NHS Trust

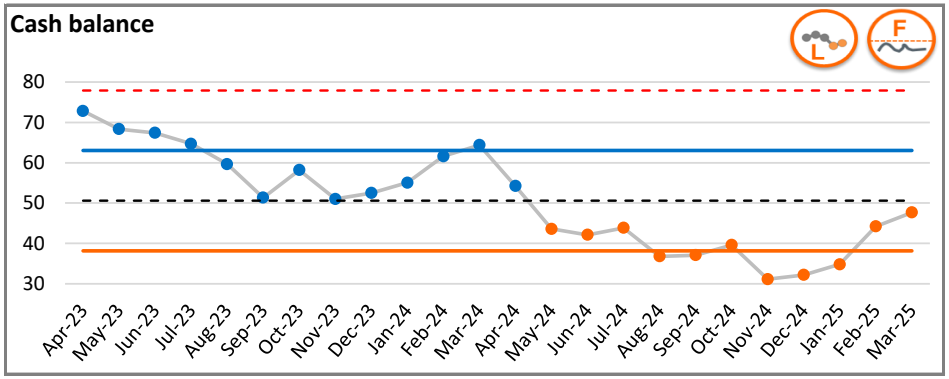
Surplus / deficit



CIPS achieved



Cash balance



Key Issues and Executive Response

- The Trust approved a surplus plan of £1.0m for 24/25. This plan assumed that both a £33.8m cost improvement programme would be delivered, and ERF performance of 138% would be achieved.
- At Month 12, the Trust has reported an actual YTD surplus of £1.5m. This is marginally better than plan.
- The Trust will submit its draft annual accounts in April, with the external audit review due to commence in early May.
- The YE position reports a material shortfall in elective activity delivery compared with plan. Daycase and Inpatient Elective gaps are of particular concern. Pay budgets report a final overspend of £1.0m. A number of hotspots of concern have also emerged in respect of management of medical, nursing and admin spend staffing spend. Non pay budgets reported a significant overspend of £11.6m 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.

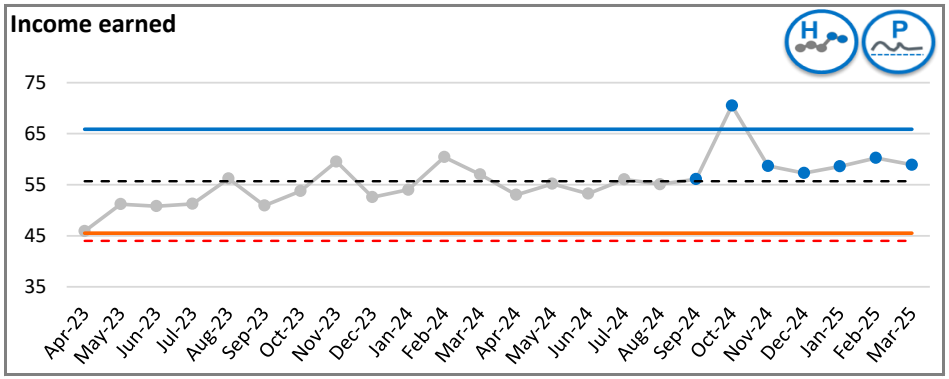
	Annual Budget £m	Budget YTD £m	Actual YTD £m	Variance YTD £m
Income	678.3	678.3	693.0	**14.6**
Pay	-428.1	-428.1	-429.2	**-1.0**
Non Pay	-215.4	-215.4	-227.0	**-11.6**
EBITDA	**34.8**	**34.8**	**36.8**	**2.0**
Financing Costs	-33.8	-33.8	-35.3	**-1.6**
Surplus / Deficit (excl Fin Adj's)	**1.0**	**1.0**	**1.5**	**0.5**

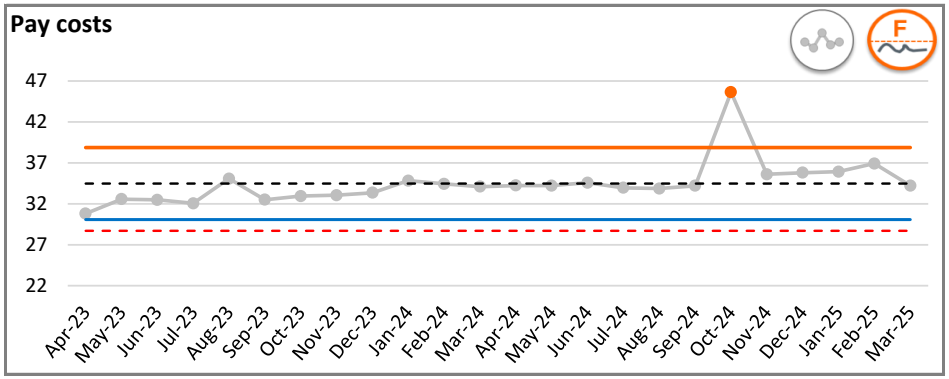
Month 12 | 2024-25

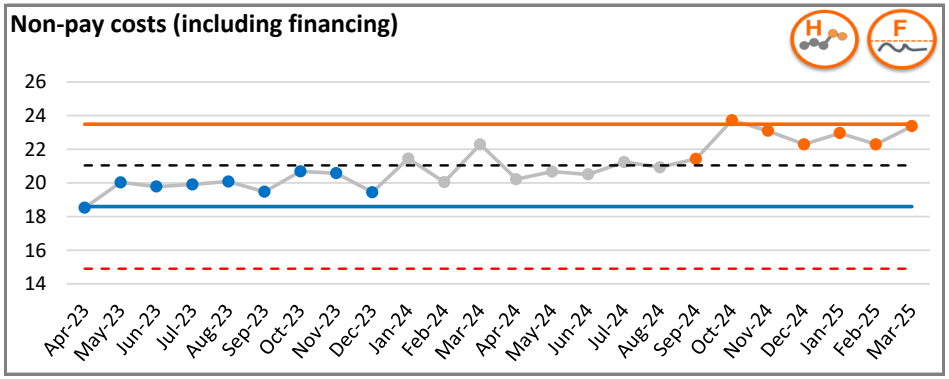
Finance

Key Financial Drivers

East and North Hertfordshire NHS Trust







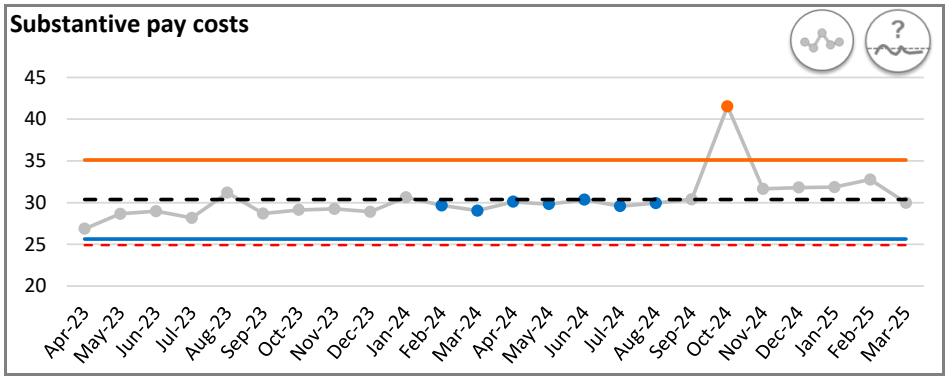
- The Trust is reporting a £1.5m surplus at the end of the financial year, against a £1m surplus plan. This is subject to audit verification.
- Although the month 12 position includes a £10.4m impairment, this is 'below the line' and is not used for monitoring of the Trust or System position.
- Whilst the Trust had over delivered against it's plan, there has been a significant release of non recurrent reserves to offset Divisional pressures, which is not sustainable in 2025/26.
- In month, the Trust delivered a £1.3m surplus, which was £0.5m favourable to the plan of a £0.8m surplus. The favourable position was largely driven by the planned release of the annual leave accrual reflecting changed Trust leave policies. This has been partially offset by a continuation of pay and non-pay pressures despite low ERF activity in the month.
- Pay was £1.0m 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, Cancer 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 2.4% of pay expenditure in month. Year to date agency expenditure is 2.6% of pay expenditure.
- The transfer of pathology to HSL from 1st March has resulted in a reduction of pay expenditure in month, which has been offset by an increase in non pay expenditure.
- There continues to be some hotspots for non pay expenditure, of which most have been addressed through the 2025/26 financial plan.
- The Trust has delivered fully against it's £33.6m CIP target, although a significant proportion has been delivered through non recurrent schemes. Further detail is included in the CIP report.

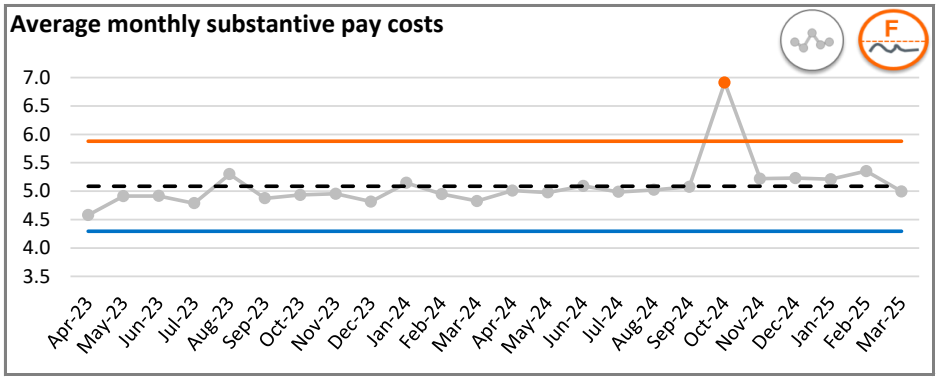
Month 12 | 2024-25

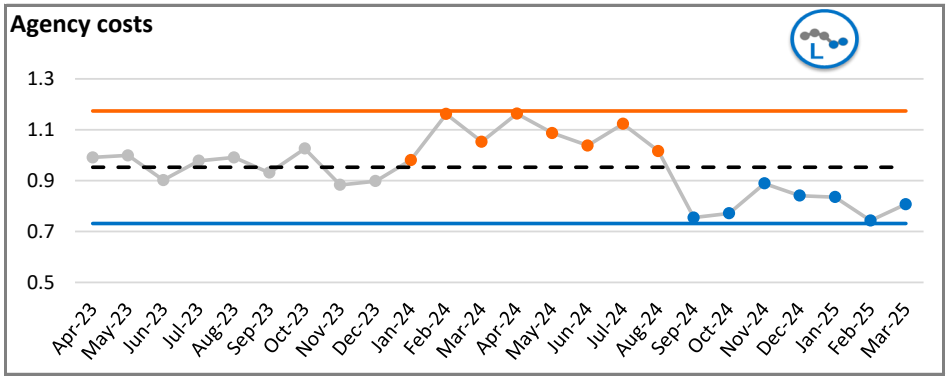
Finance

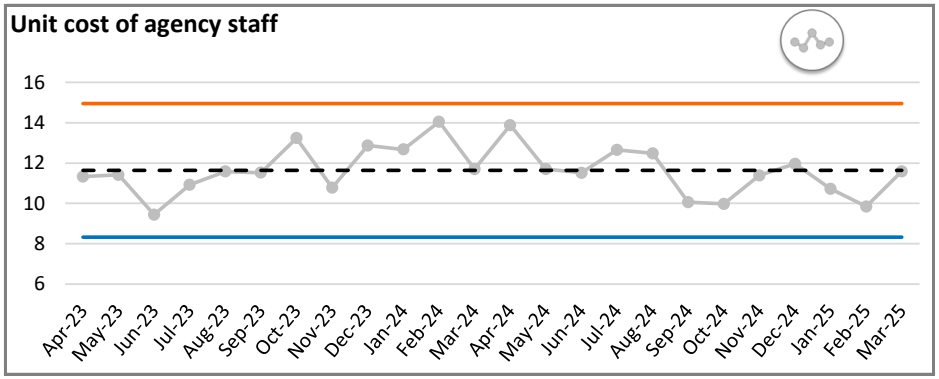
Other Financial Indicators

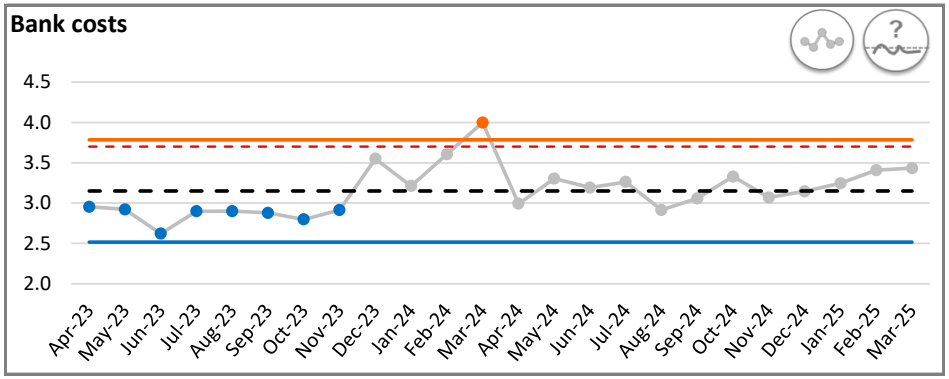
East and North Hertfordshire NHS Trust

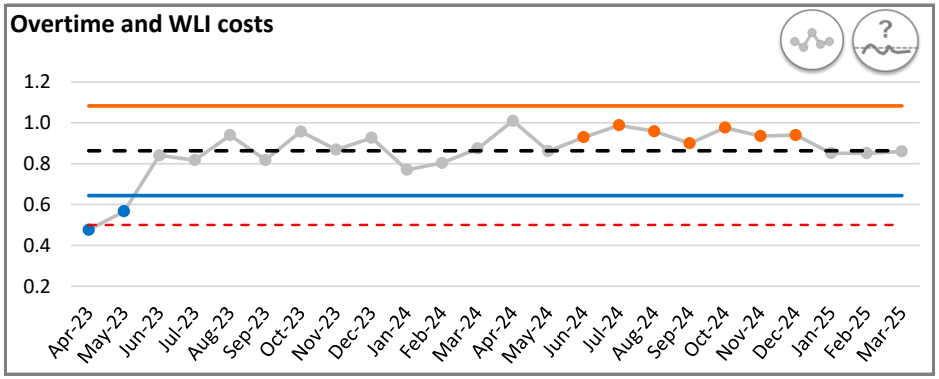










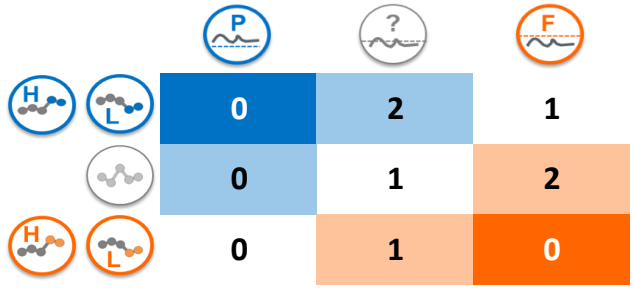


Month 12 | 2024-25

East and North Hertfordshire NHS Trust

People

Month 12 | 2024-25



People

Summary

East and North Hertfordshire NHS Trust

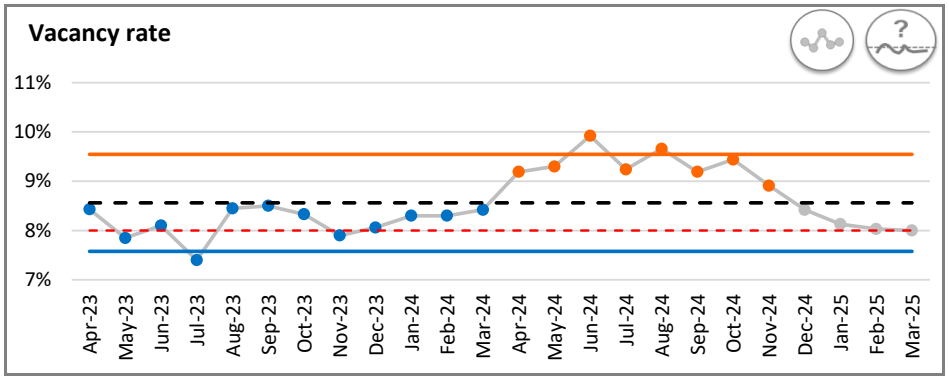
Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Work	Vacancy rate	Mar-25	8%	8.0%		?	Common cause variation Metric will inconsistently pass and fail the target
	Bank spend as a proportion of WTE	Mar-25	5%	9.0%		F	Common cause variation Metric will consistently fail the target
	Agency spend as a proportion of WTE	Mar-25	3%	1.4%	L	?	7 points below the mean Metric will inconsistently pass and fail the target
Grow	Statutory and mandatory training compliance rate	Mar-25	90%	87.7%	L	?	7 points below the mean Metric will inconsistently pass and fail the target
	Appraisal rate	Mar-25	90%	86.3%	H	F	7 points above the upper process limit Metric will consistently fail the target
Thrive	Turnover rate	Mar-25	10.5%	8.4%	L	?	7 points below the lower process limit Metric will inconsistently pass and fail the target
Care	Sickness rate	Mar-25	4.0%	4.3%		F	Common cause variation Metric will consistently fail the target

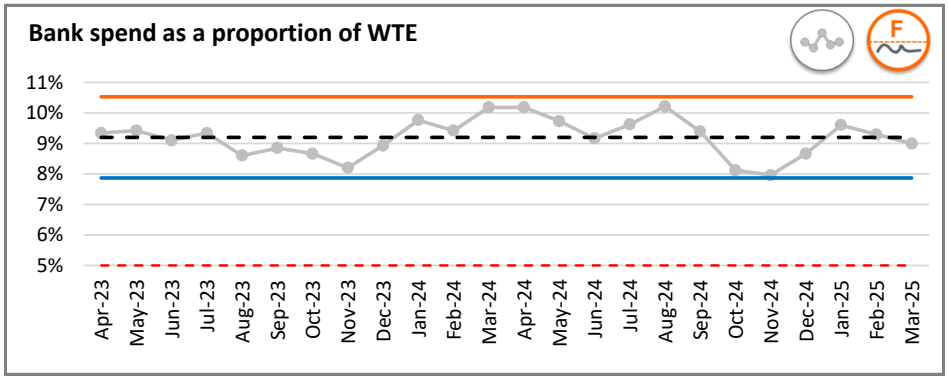
Month 12 | 2024-25

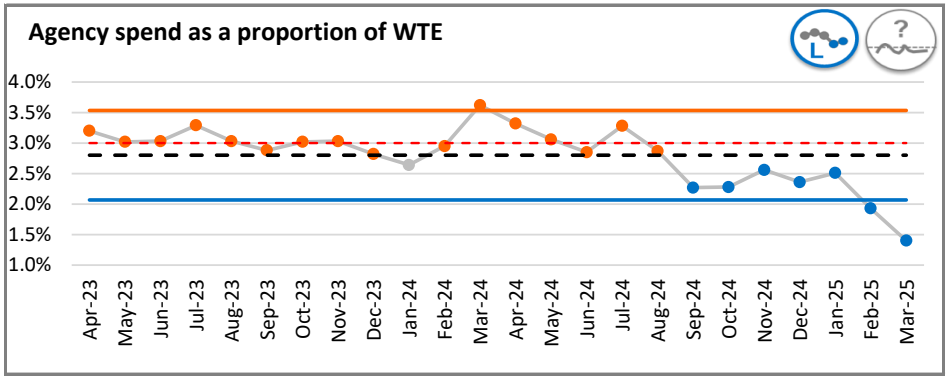
People

Work Together

East and North Hertfordshire NHS Trust







Key Issues and Executive Response

- The overall vacancy rate decreased to 7.98% (539 vacancies) from 8% (554 vacancies) in February. Recruitable establishment reduced by 154.
- In March, there were a total of 198 leavers and 79.5 starters.
- WTE staff in post decreased by 139. A large number of leavers resulting from TUPE transfer out of Trust. 27 more WTE staff than the same time last year.
- Nursing WTE (1892) at its highest since February 2024.
- Nursing and midwifery vacancy rate slightly decreased to 8.9% (191.9 vacancies) from 9.2% (191.9 vacancies) in February. Currently, 57 external qualified nurses and 2 external qualified midwives for community in the recruitment pipeline. Over 200 applications received for newly qualified nursing posts.
- There are 293 people in the recruitment pipeline, consisting of 38 doctors, 103 nurses/midwives, and 32 allied health professionals. Currently, 41 vacancies are being advertised. Figures reflect the admin and clerical vacancy freeze.
- The overall time to hire remained 13 weeks. Ongoing efforts following Resourcing's RPIW are focused on reducing this time.
- The recruitment experience remaining 4.6 stars out of 5, remaining above the target of 4. Proactive on-going effort continue.
- Best practice document created to aid inclusive recruitment practices and improve the likelihood of BAME and disability appointments. Analysis of unplanned nursing data undertaken, to identify trends and develop targeted initiatives for improvement, and review commenced of recruitment communication to ensure inclusivity and accessibility for candidates and hiring managers.
- Agency spend of total bill reduced to 1.4% in March, this is the lowest figure the trust has achieved.
- Bank and Agency Clearing House review commenced for A&C placements, with 20.1 WTE placements ended. Medical review commenced in April.

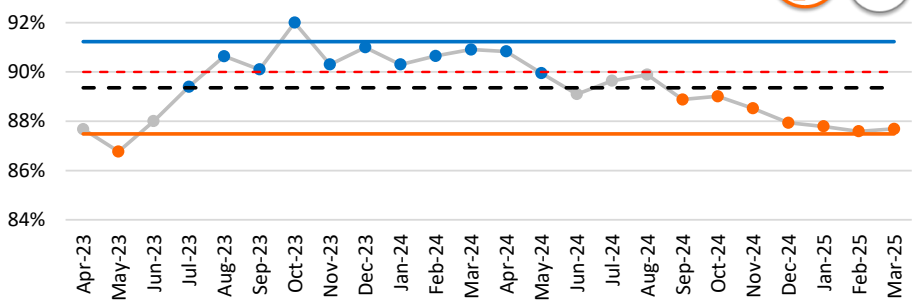
Month 12 | 2024-25

People

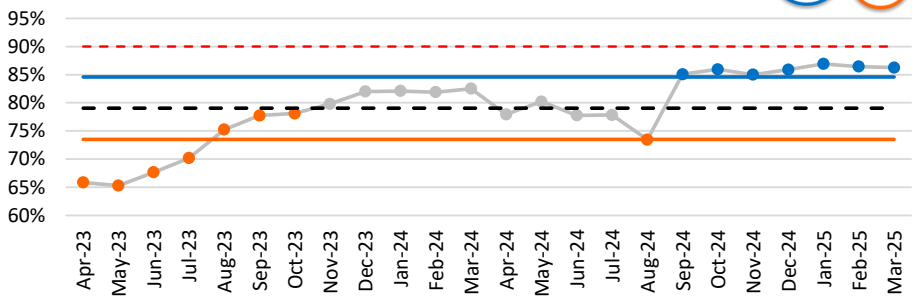
Grow Together

East and North Hertfordshire NHS Trust

Statutory and mandatory training compliance rate



Appraisal rate



Key Issues and Executive Response

- Grow Together communications were prepared and communicated
- This year's levels of support for managers is reduced as direct result of resource cover in roles to support CIPs and the majority of support will be via online for 2025/26.
- A new Board Appraisal Framework launched on 1 April in response to Messenger Review for all chairs, chief executives, executive directors and non-executive directors. It replaces the existing Chair Appraisal Framework.
- Statutory and Mandatory training requirements are subject to a national review, it is expected national on-line standards modules will be introduced in due course
- At ENHT an internal review is underway to agree core mandatory topics and then role related specifics identified. any new requests are subject to panel review and approval to ensure we manage levels of time 'v' productivity in this space.
- A national Memorandum Of Understanding (MOU) is now agreed and is expected to be live in early May, this enables staff to carry their mandatory training between organisations to improve and support productivity levels in the NHS.

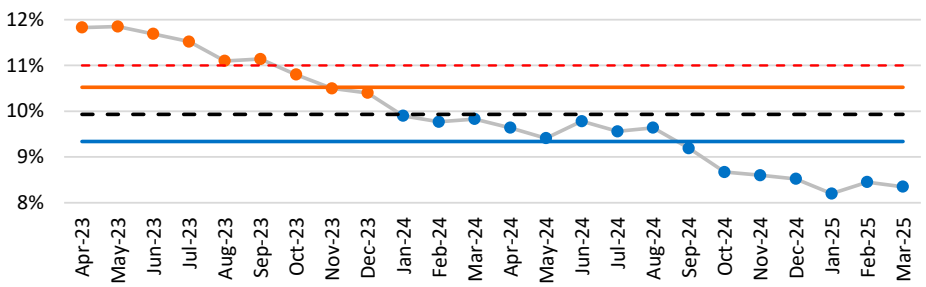
Month 12 | 2024-25

People

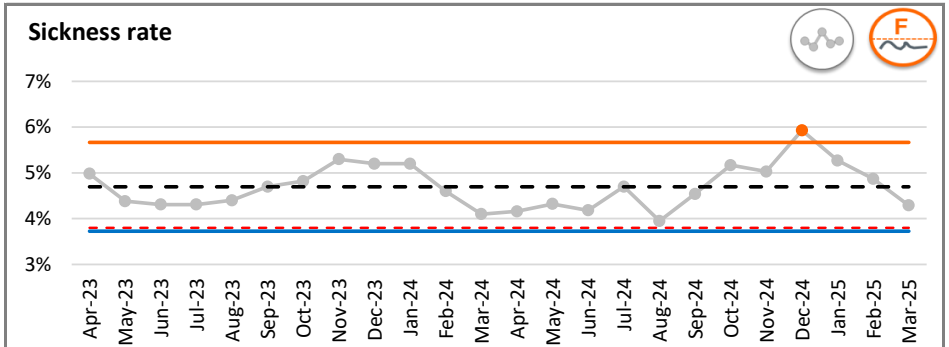
Thrive Together | Care Together

East and North Hertfordshire NHS Trust

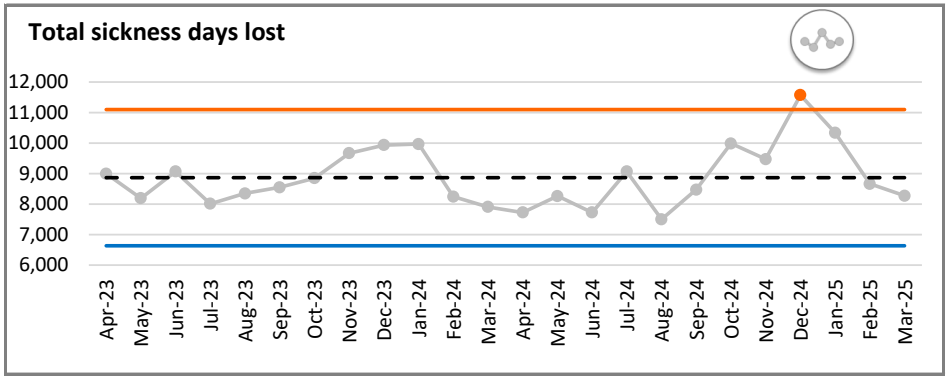
Turnover rate



Sickness rate



Total sickness days lost



Key Issues and Executive Response

Thrive Together

- There remain no suspensions in the trust for this period.
- End of year leave taken across the services has delayed investigation and outcome meetings and hearings due to lack of stakeholder and staff side availability. Moving forward suggests greater drive to ensure across the Trust all annual leave is planned with 5 days or less planned/scheduled for final leave year quarter.
- National staff survey results show that 50% (774,828) of all NHS staff completed this year's staff survey, the highest ever return.
- Staff survey activities commenced within W & C and are cascading across all other Divisions
- Next cohort to commence Management Competencies is deferred to 2026, due to vacancy freeze and resource capacity, self-directed learning continues along with current cohorts underway.

Care Together

- In March there have been further reductions in sickness absence in particular with short term absence. Targeted support to prevent and manage absence and provision of occupational health advice will continue to help sustain reductions in absence and promote staff health and wellbeing.
- Increased number of sickness absence queries being processed by ERAS team for continued drive to support improved attendance.
- STS deep dives/interventions taking place across all Divisions.
- On 1 April the Trust became smoke free, additional nicotine addiction support has been provided to colleagues who wish to stop smoking.
- A national Sexual misconduct people policy evaluation and review will take place from May 2025.

Month 12 | 2024-25

Board committee report

NHS
East and North Hertfordshire Teaching
NHS Trust

Meeting	Public Trust Board	**Agenda Item**	13
Report title	Quality and Safety Committee reports to the board 26 March 2025 & 24 April 2025	**Meeting Date**	14 May 2025
Chair	Dr David Buckle		
Author	Deputy Trust Secretary		
Quorate	**Yes** ☒	**No** ☐	

Alert (Matters of concern or key risks to escalate to the Board):

- Complaints are on the increase – The last two months showing a statistically significant rise. This will be investigated further as it is not clear if it is a quality issue or patient expectations are higher.
- Patient Advice Liaison Service (PALs) remains under pressure and they report a high level of concern over cancelled appointments (see below).
- Completed venous thromboembolism (VTE) risk assessments (stage1) have dropped. In part this was expected as the timescale has changed to 14hours as required by NHSE However, the number of hospital acquired thrombosis (HAT) being reviewed (RCAs) has risen (200 under review in March). It is noted that the Trust is planning to strengthen clinical leadership to help address this.

Assurances provided to the Board:

- A duty of candour deep dive will be undertaken across the Audit and Risk Committee (ARC), the Quality and Safety Committee (QSC), and the People and Culture Committee (P&PC) to address our concerns of poor compliance.
- A PALs, a business case has been completed and it has been established that half a post is required from all divisions to ensure that the service can run effectively.

Advise (Matters the Board should be aware of not covered above e.g. on-going monitoring, new developments etc):

- The Committee was briefed on the successful Sixty Steps to Safety (SSTS) supportive visit of perinatal services. It was noted that this would be presented to the Committee again in six months. A summary report would be provided at the QSC next meeting.
- QSC received useful strategy updates on research and medicines optimisation.

Decisions made by the committee or major actions commissioned and work under way:

- The Committee is closely monitoring fire safety standards particularly those related to external cladding. Some more work may be necessary.
- The Committee approved the patient safety incident response framework (PSIRF) policy. The number and frequency of investigations will inevitably fluctuate. It is expected that there will be one or perhaps two each month and these will be considered at QSC. Next month has an unusually high number and therefore an extra QSC meeting will take place so we can give them an appropriate level of scrutiny.
  There were 14 open PSIIs in March.

Any actions recommended to improve effectiveness of the meeting:

As reported earlier this is ongoing and will take some months to embed.	
Recommendation	The Board is asked to **DISCUSS** the report from the Committee.

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Board committee report

NHS East and North Hertfordshire Teaching NHS Trust

Meeting	Public Trust Board	**Agenda Item**	14
Report title	Finance, Planning and Performance Committee – March and April	**Meeting Date**	14 May 2025
Chair	Mr Richard Oosterom		
Author	Committee Secretary		
Quorate	**Yes** ☐	**No** ☐	

Alert (Matters of concern or key risks to escalate to the Board):

March:

- While a lot of work went into the Annual Plan for 2025/26, the maturity of the CIP is reason for concern and should be improved with urgency (28M of 35.8M identified; only 2.5M fully developed and risk assessed)
- Although I&E targets will be met, exit run rates will be lower than planned, increasing the challenge for 2024/25; accountability and financial stewardship need to become more prevalent in the Trust culture
- The software delivery of Orbis (EPR) has been delayed from March to May causing the go live date of phase I to shift beyond October, further into winter. The project management will assess the consequences to the plan and the risks of go live during winter.
- While the operational performance of Diagnostics overall is good, MRI and audiology are not; plans to improve are slow and not all in the Trust's direct control

April :

- The maturity of the CIP is slowly increasing (7.9M out of 35.7M is fully developed and risk assessed), but continues to be cause for concern; the additional PMO capacity should enable acceleration
- High Impact programmes that form part of CIP have been regrouped and also need further maturing; they will be key to deliver the overall target
- The concerns about MRI and audiology haven't reduced; there is a long term plan for MRI, but in the short term outsourcing will be used.

Assurances provided to the Board:

March:

- Substantial assurance on the delivery of the I&E target for 2024/25 (including EPR funding received from NHSE).
- Good lessons learned from 2024/25 CIP and FRP delivery; translated in revised governance arrangements and strengthening of PMO

- Continued good performance in Cancer and Waiting List reduction

April:

- The trust achieved a surplus for 2024/25, which was better than planned, demonstrating good financial management and substantial assurance
- Strengthening of PMO is progressing well; work on CIP policy and accountability framework in progress to be completed by end of May
- Good operational progress in a number of areas, benchmarking well against peers, but still not achieving the national targets, except for cancer
- Notable and sustained improvement in UEC metrics (ambulance handovers and 4 hour waits), but still some way to go to achieve national targets
- Theatre transformation Programme performing well against national and regional benchmarking along with the Trust's peers and had achieved a number of positive changes to pathways in the last 6 months.
- The Trust achieved the planned capital spend for 24/25.

Advise (Matters the Board should be aware of not covered above e.g. on-going monitoring, new developments etc):

March:

- The divisional leadership development programme, which has commenced, should address concerns regarding holding to account, as well as better balancing the management of quality, safety, operational and financial performance
- There is a need for a more holistic approach to workforce planning & redeployment, across the various transformational programmes – to be governed by PCC

April:

- See March
- Outpatient Transformation programme is taking shape, delivery of in-year benefits on track
- Digital Strategy Updated recommended for approval by the board

Decisions made by the committee or major actions commissioned and work under way:

- n/a

Any actions recommended to improve effectiveness of the meeting:

- n/a

Recommendation	The Board is asked to **DISCUSS** the report from the Committee.

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Board committee report

East and North Hertfordshire Teaching NHS Trust

Meeting	Public Trust Board			**Agenda Item**	15
Report title	People and Culture Committee – March 2025			**Meeting Date**	14 May 2025
Chair	Ms Janet Scotcher				
Author	Committee Secretary				
Quorate	**Yes**	☐	**No**		☐

Alert (Matters of concern or key risks to escalate to the Board):

- Concerns were raised regarding the potential correlation between a continued EDI leadership gap, and the recent staff survey results, where we have seen an increase in the levels of staff reporting racism across the Trust.

Assurances provided to the Board:

- In relation to EDS the Trust continued to improve as an organisation.
- Senior recruitment had since been included within the IPR which showed an increase in band 8a, b and c.

Advise (Matters the Board should be aware of not covered above e.g. on-going monitoring, new developments etc):

- Further focus was being held around workforce reductions and savings which meant that the Trust had to submit a stretched savings plan for the year.
- Temporary staffing contracts had been reviewed with NHSE which included the use of a supplier called Patchwork which led to better control around rates and agency as well as demand management.
- It was reported that there had not been anyone within the EDI role for the last 6 months of the previous year. This had been communicated within the report in relation to which works were on track or delayed or if the works required review.

Decisions made by the committee or major actions commissioned and work under way:

- N/A

Any actions recommended to improve effectiveness of the meeting:

- It had previously been raised that moving forward there was a wish to use the BAF to inform the committees agendas.

Recommendation	The Board is asked to **DISCUSS** the report from the Committee.

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Board

East and North Hertfordshire Teaching NHS Trust

Meeting	Public Trust Board		**Agenda Item**	16	
Report title	2025-26 Board Assurance Framework (BAF)		**Meeting Date**	14 May 2025	
Author	Head of Corporate Governance				
Responsible Director	Chief Finance Officer				
Purpose	**Assurance**	☐	**Approval/Decision**	☒	
	Discussion	☐	**For information only**	☐	
Proposed assurance level (*only needed for assurance papers*)	**Substantial assurance**	☐	**Reasonable assurance**	☐	
	Partial assurance	☐	**Minimal assurance**	☐	

Executive assurance rationale:

N/A – the paper seeks approval of the 25-26 BAF, rather than the usual Board assurance relating to the risks on the BAF.

Summary of key issues:

The proposed risks to form the 2025-26 BAF are enclosed as Appendix 1, for Board review and approval.

There is a healthy level of change and continuity reflecting robust consideration at the 9 April Board Seminar and subsequent feedback from Board members when the draft BAF risks identified at the session were circulated via email on 11 April. The following six risks have remained the same (or with relatively minor changes): Risk 1 Investment & estates challenges; Risk 2: Health inequalities & patient expectations; Risk 3 System and internal financial constraints; Risk 8: Improving flow and performance; Risk 9: Future of cancer services; Risk 10: Digital transformation.

The key proposed changes from the 2024/25 BAF are:

- New Risk 4: “Workforce morale whilst making necessary staffing savings” replaces “Workforce shortages and skillset risk” in the context that recruitment and retention have improved to such an extent that establishment numbers and controls on growth of establishment numbers is the emerging risk.

- Revised Risk 5: “Leadership and engagement” replaces “Culture, Leadership and Engagement” as well as merging with old risk 12 “Clinical Engagement with change”. The culture element is now part of Risk 6 below.

- Revised Risk 6: “Compliance culture and accountability” replaces “Autonomy and Accountability”, recognising progress with the autonomy element of the old risk but more focus is desired on the accountability and culture elements.

- New Risk 7: “System instability” replaces “System inertia” and reflects the significant national and local NHSE and ICB changes and managing the likely impact for the Trust.

- NEW Risk 11: “Change management” replaces “ENHPS delivery”. The risk description for this risk involved the most significant re-wording from the version circulated after the Board Seminar, demonstrating both its importance and also the challenge in succinctly pinning down the key elements of this change risk.

Changes since the version circulated after the Board Seminar are set out in Appendix 1.

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

Patient care quality	☒	**Equity for patients**	☒	**Equity for staff**	☒	**Finance/ Resourc -ing**	☒	**System/ Partners**	☒	**Legal/ Regul- atory**	☒	**Green/ Sustai- nability**	☐

The proposed BAF covers the above highlighted impacts and the BAF is intended to improve outcomes in all these areas.

It is interesting that the three top Quality Standards risks have remained the same from the 2024-25 BAF, yet the top three Thriving People risks have all changed significantly, with some risks changing and some staying the same for the Seamless Services and Continuous Improvement objectives.

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*

N/A – this is the BAF

Report previously considered at & date(s):

At 9 April 2025 Board Seminar, Board members carried out a horizon-scanning exercise to help identify the biggest risks to delivering the four strategic objectives. The written-up BAF risks were circulated on 11 April and suggestions for improvement have been incorporated into Appendix 1.

Recommendation	The Board is asked to: • identify any amendments or improvements to the proposed 2025-26 BAF risks or risk descriptions; • approve the 2025-26 BAF risks; and • confirm the proposed lead committees and executive leads are optimal.

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APPENDIX 1: 2025-26 PROPOSED BAF RISKS

KEY

- Tracked changes denote the changes from the 2024-25 BAF.
- Under each Risk it sets out proposed changes in light of Board member feedback to the version circulated 11 April after the Board Seminar.

Quality of Care: Consistently deliver quality standards, targeting health inequalities and involving patients in their care			
No.	**Risk description**	**Lead Comm-ittee**	**Lead executive**
1	**Investment & estates challenges (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 and increased risks to health and safety compliance.	FPPC	CFO
	Changes since Board Seminar: 'demand' removed to keep the focus on infrastructure		
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, and knock-on impacts on our ability to regulate front-door demand for non-elective services	QSC	Medical Director
	Changes since Board Seminar: added "and knock-on impacts on our ability to regulate front-door demand for non-elective services"		
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.	FPPC	CFO
	No changes at all.		

Thriving People: Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability			
4	**NEW: Workforce morale whilst making necessary staffing savings [replaces Workforce shortages and skillset risk]** **If** the Trust does not manage the necessary ~~transformational~~ staffing savings approach well **Then** staff morale and motivation could be affected **Resulting in** a range of issues arising from a disaffected workforce including reduced patient quality and safety, productivity and increased turnover and difficulty recruiting high calibre staff.	P&C	CPO
	Changes since Board Seminar: In If, "transformational" removed given not all changes will be transformational.		
5	~~**Culture, l**~~**Leadership and engagement [merged with BAF 12 clinical engagement]** **If** the Board and Executive do not effectively nurture and model the right leadership behaviours and skills and these standards are not adopted at all levels of the organisation~~ 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** sub-optimal management and behaviours in hotspot areas will occur and staff may not feel psychologically safe to raise concerns ~~staff experience relating to stress, bullying, harassment and discrimination will perpetuate and lead to ambiguity, information overload and staff fatigue~~ **Resulting in** being unable to make the transformation changes needed to improve patient services and core performance standards and staff experiencing stress, bullying, harassment and discrimination ~~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~~	P&C	CPO
	Changes since Board Seminar: • In If, added the behaviours being "adopted" at all levels of the organisation • In Then, added "psychological safety" • In Resulting in, condensed		
6	~~**Autonomy and**~~ **Compliance culture and accountability** **If** the desired ~~autonomy with appropriate~~ accountability approach and framework changes are not achieved~~is not achieved~~ **Then** compliance and appropriate action and consequences will remain sub-optimal~~the Trust will fail to achieve local ownership and continue to face the same structural and culture challenges~~ **Resulting in** the Trust struggling to deliver key outcomes such as CIPs, mandatory requirements such as statutory and mandatory training, as well as wider~~being unable to deliver~~ needed changes and improvements.	P&C	CPO

	Changes since Board Seminar: • In If, added "framework changes" • In Then, added, "appropriate action and consequences" Rationale: a 'framework' denotes formalisation of actions and consequences whereas approach is more ambiguous		
Seamless services: Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners			
7	**NEW: System instability [replaces System inertia]** **If** significant and rapid changes are made to NHS oversight and delivery structures **Then** decision making may be slowed due to increased ambiguity or management capacity **Resulting in** important transformation not keeping pace with patient need.	FPPC	Chief Executive
	No changes since Board Seminar.		
8	**Improving flow and 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~~ poor quality care and adverse outcomes ~~avoidable Serious IncidentsPSIIs,~~ wider health improvements not being delivered and regulatory censure	FPPC	COO
	No changes since Board Seminar.		
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.	FPPC	COO
	No changes at all.		
Continuous improvement: Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities			
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 and 3) a failure to optimize patient experience and quality of care	FPPC	CIO

	Changes since Board Seminar: • In Resulting in, "and (3) a failure to optimize patient experience and quality of care" added.		
11	**NEW: Change management [replaces ENHPS delivery]** **If** the Trust does not develop the change management capacity and capability required to transform its operations and performance **Then** the Trust will not increase its agility and adaptiveness and will continue to observe evidence a non sub-optimal hierarchical culture which is resistant to change **Resulting in** not seizing opportunities to further our wider goals, improve productivity and morale and reduce waste	P&C	Chief Kaizen Officer
	Changes since Board Seminar: Significantly re-worded. Circulated wording for comparison: *"If the Trust is not fleet of foot or there is resistance that hinders needed change Then the Trust will remain a non-optimal hierarchical culture without optimal change management capability"*		

Hertfordshire and West Essex Integrated Care System

HWE ICS Performance Report

March 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
Ambulance Handovers	UEC
Community Waits (Children)	Community
6 Week Waits	Diagnostics
Autism Spectrum Disorder (ASD)	Community

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

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

Variable Risk	Programme
Day Case Rates	Elective
% of <14-Day GP Appointments	Primary Care
Dementia Diagnosis	Primary Care
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
CHC Assessments < 28 Days	Community

High Risk	Programme
ED 4 Hour Standard	UEC
18 Week RTT	Elective
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
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 better than average**	**National: HWE worse than average**

- NHS 111 abandoned call performance continues on an improved trend with performance returning to meet the 3% national standard in January;
- Following continued increases, Cat 2 ambulance response times improved in January at 47 mins; HWE response times remain adrift of the national 30-minute standard and longer than the regional average however;
- Hours lost to handover >15mins remain high at 3,527 in January with performance continuing significantly above our fair shares handover target and moving into our highest risk category;
- Although moving from an improved to variable trend, 4-hour ED performance improved in Jan to 72% which was also better than the Jan 24 position of 67.8%; performance remains adrift from the recovery trajectory however and has moved into our high-risk category.

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

- The overall elective PTL size remains high however 65 wk waits have continued to reduce. HWE did not meet the end of Dec 65 wk wait clearance target with 95 breaches across PAH and ENHT; clearance is currently forecast for end of March 25. 52 wk waits have continued to reduce on a trend of improvement.
- The 18 wk position has plateaued at around 55% with common cause variation; this remains significantly below national standard and an area of high risk.

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

- Excluding paediatric audiology, diagnostic performance continues on an improved trajectory at 72% in Dec. There remains significant challenges to paediatric audiology performance however with variation by Trust; a return to reporting of the challenged service at ENHT in June 24 saw a step change decline in performance. Impacting overall diagnostic performance, this is an area which has moved into highest risk.

CANCER	**28 Day FDS / 31 Day / 62 Day**	**Region: HWE better than average**	**National: HWE better than average with exception of 28 day**

- 28-day Faster Diagnosis Standard (FDS) performance continues to meet this year's ambition of 77%. 31-day performance also continues to meet the national standard of 96%. 62-day performance continues to meet the 70% planning target but there remains notable variation by Trust with PAH the most challenged. It is a significant achievement that both 28 and 62-day performance KPIs are now areas of lowest 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;
- Overall decrease in number of HWE Out of Areas Placements in Dec from last report at 30 against plan of 6. Winter pressures resulted in an increase in out of area bed placements in Herts;
- Community Adult MH median waits for a 2nd contact increased slightly in the quarter to December at 65 days, however 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 continuing as an area of highest risk. Waits over 52 weeks increased in Dec to 3,992, predominantly at ENHT;
- 18 week % for children's community waits improved marginally in Dec at 35.5% however remains below the national average of 50.2%. The main pressures continue to be Community Paeds, Therapies and Audiology;
- Autism Spectrum Disorder (ASD) waiting lists and times continue to grow as funding/investment remains unresolved; this area is now of highest risk with ADHD services also high risk due to rising demand and waits;
- The 28-day CAMHS access standard in Hertfordshire has not been achieved since 2021. Performance has continued to decline since May 24, currently sitting around 40%. Vacancy rates continue to impact;
- Children's waits for a Community MH 1st appointment increased slightly to 156 days in December with variation across the system, however continue to better the national average of 253 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 85.4%;

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

- There has been sustained improvement in the % of gp appts seen on same day, remaining of low risk. The % seen within 14 days continues along the mean and is marginally below this year's plan of 89%;
- CHC assessments <28 days have continued to see significant improvements achieving just under 80% in Dec; moving from high to variable risk, performance is now also better than the regional and national average.

Executive Summary: Performance Benchmarking by Provider / Place

December 2024

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
			Hertfordshire and West Essex ICB (PROVIDER)														
A&E	% Seen within 4 hours	January 25	72.68%	✓ 4.10%			67	80.27%	✓ 4.819%			16	60.66%	✓ 3.725%			114
	12 Hour Breaches	January 25	17.21%	✗ 1.24%			96	10.28%	✗ 29.00%			45	16.62%	✓ -28.75%			88
Cancer	28 days Faster Diagnosis	December 24	76.61%	✗ -0.681%			101	82.26%	✗ -0.50%			48	72.16%	✓ 1.63%			128
	31 days	December 24	96.95%	✗ 0.83%			54	98.56%	✗ -0.42%			29	95.37%	✓ 8.14%			76
	62 days	December 24	86.99%	✓ 1.58%			16	87.20%	✓ 10.11%			15	60.87%	✓ 1.43%			127
RTT	Incomplete Pathways <18 weeks	December 24	59.92%	✓ 1.27%			69	61.59%	✓ 1.74%			60	41.83%	✓ 0.17%			152
	52+ weeks as % of total PTL	December 24	1.92%	✓ -15.82%			85	1.56%	✗ 2.68%			74	4.86%	✓ -18.79%			120
	65+ weeks as % of total PTL	December 24	0.06%	✗ 28.98%			86	0.00%	– 0.00%			30	0.15%	✓ -291.64%			102
	78+ weeks as % of total PTL	December 24	0.00%	– 0.00%			65	0.00%	– 0.00%			30	0.00%	– 0.00%			73
Diagnostics	6 week wait	December 24	55.34%	✗ 3.28%			150	9.69%	✗ 45.32%			45	42.18%	✗ 17.17%			138
	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	December 24	62.8%	✗ -0.64%			77	63.0%	✗ -0.16%			76	74.3%	✓ 0.27%			13
	OOA placements	December 24	14	✗ 57.14%	n/a	n/a	n/a	16	✓ -6.25%	n/a	n/a	n/a	14	✗ 57.14%	n/a	n/a	n/a
CHC*	% of eligibility decisions made within 28 days	December 24	71.2%	✗ -15.35%	72.47%	72.47%	76	91.4%	✓ 11.32%	84.48%	84.48%	51	75.0%	✓ 11.11%	69.51%	69.51%	80
	% of assessments carried out in acute	December 24	0.0%	– 0.00%	0.00%	0.00%	61	0.0%	– 0.00%	0.70%	0.70%	94	0.0%	– 0.00%	0.00%	0.00%	64

LEGEND

Performance against National/Regional
- Better
- Worse

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

Provider Ranking
- First quartile
- Middle quartile
- Lowest quartile

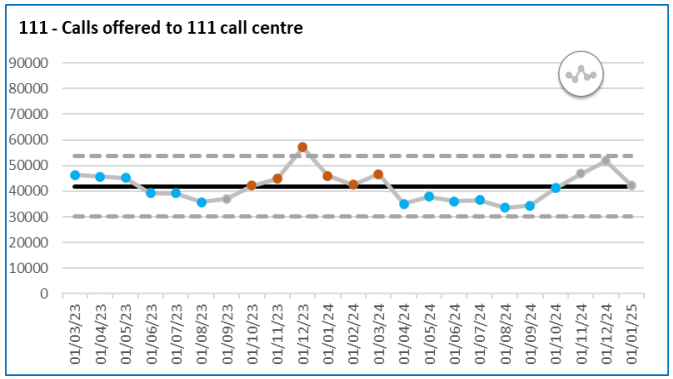
Review of primary care and community data underway to include in future reports

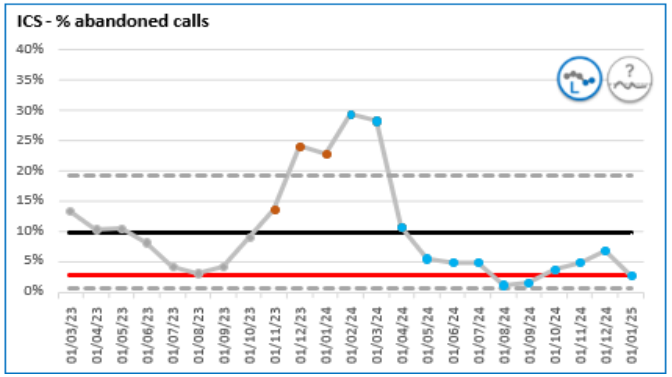
Performance by work programme

Click to link to relevant slides:

Hertfordshire and West Essex Integrated Care System

NHS 111





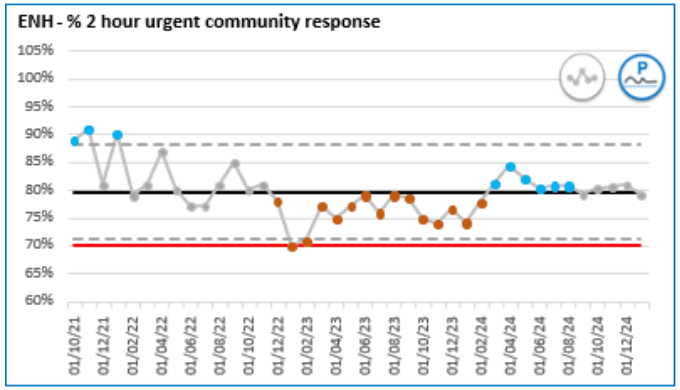
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Hertfordshire	38,664	36,171	37,120	37,559	31,770	28,488	34,210	35,506	55,508	33,429	32,688	57244	36,476	36,129	31,480	31,479	28,904	29,880	33,785	35,612	45,507	36,827	34,131	37,204	28,074	30,234	28,840	29,230	27,032	27,634	32,962	35,222	41,099	33,636
West Essex	0	0	0	0	0	0	0	0	0	0	461	9152	9,161	8,991	7,783	7,647	6,885	7,210	8,453	9,158	11,641	9,210	8,361	9,394	6,986	7,574	7,116	7,334	6,600	6,752	8,233	8,822	10,770	8,673
ICS	38,664	36,171	37,120	37,559	31,770	28,488	34,210	35,506	55,508	33,429	33,149	46,396	45,637	45,120	39,263	39,126	35,789	37,090	42,238	44,770	57,148	46,037	42,492	46,598	35,060	37,808	35,976	36,564	33,632	34,376	41,195	46,767	51,869	42,309

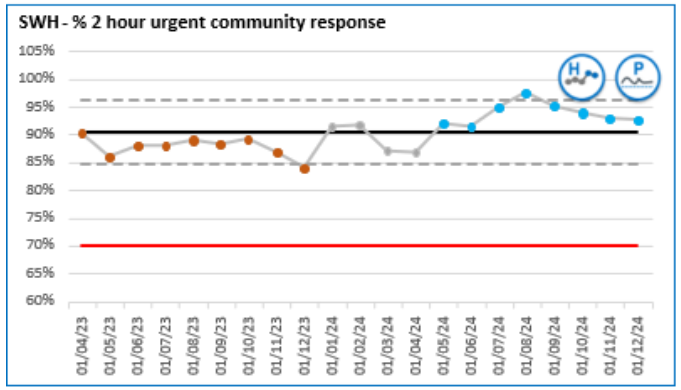
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Hertfordshire	7.8%	7.4%	10.3%	15.0%	35.4%	5.6%	10.5%	8.1%	42.7%	13.8%	12.7%	13.0%	10.2%	10.3%	8.2%	4.3%	3.2%	4.2%	9.3%	13.7%	24.4%	23.3%	29.8%	28.1%	10.8%	5.6%	5.0%	4.9%	1.3%	1.6%	3.8%	5.2%	6.9%	2.8%
West Essex	8.5%	9.4%	11.8%	18.5%	38.5%	6.2%	11.8%	9.6%	46.2%	16.2%	13.9%	14.7%	10.9%	12.1%	8.7%	4.7%	3.3%	4.8%	8.6%	13.6%	23.5%	21.2%	28.2%	29.2%	11.5%	5.3%	4.7%	5.0%	1.3%	1.6%	3.9%	4.7%	7.2%	2.5%
ICS	7.8%	7.4%	10.3%	15.0%	35.4%	5.6%	10.5%	8.1%	42.7%	13.8%	12.7%	13.4%	10.3%	10.6%	8.3%	4.3%	3.2%	4.3%	9.2%	13.7%	24.2%	22.9%	29.5%	28.3%	10.9%	5.6%	5.0%	4.9%	1.3%	1.6%	3.8%	5.1%	6.9%	2.8%

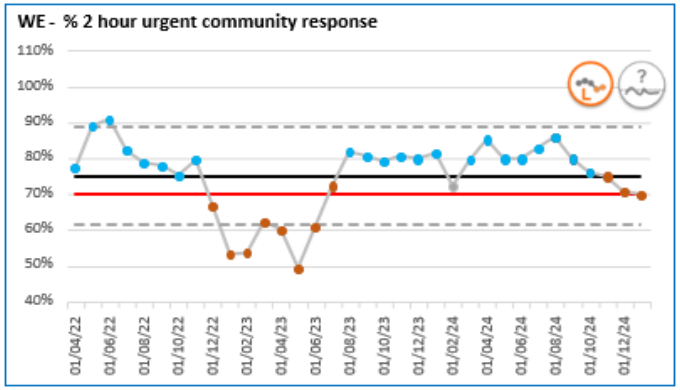
ICB Area	What the charts tell us	Issues	Actions
HUC	• Call volumes fell for the first time in four months, returning to the historic average • Abandoned call rates improved for the first time in four months, achieving the 3% standard for the first time since September	• Absence across January remained high with an average of 14% of sickness hours across the month of January • Weekend headcount insufficient to meet forecasted call volumes • HUC-wide headcount has been impacted by internal promotions into the new Operational Delivery Manager (ODM) role	• 4 assessments centres in January with a focus on weekend working – 5 x FTE appointed • Continuing to hold assessment centres bi-weekly • New Operational Delivery Manager (ODM) role live 13th January. Proactively managing all elements of the 111 service, challenging AHT and productivity in real time • Investigation into sickness - no identified trends apart from short notice / seasonality illnesses. Absence continues to be managed within the attendance policy with support from the ODMs • HUC-wide rota patterns under review due to address continued issues with weekend rota fill. Project plan in place with senior management and workforce planning teams to agree next steps • Non-Clinical Floor Walkers (NCFWs) continue to be directly accessible for all pathways queries before clinical input

Hertfordshire and West Essex Integrated Care System

Urgent 2 Hour Community Response (UCR)







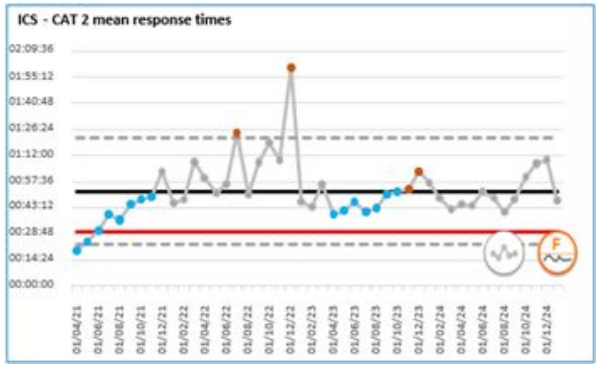
Referrals	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
West Essex	313	317	412	397	416	391	461	386	454	511	483	558	724
East & North Herts	709	568	707	736	691	621	659	676	657	678	717	688	763
South & West Herts	414	407	400	417	423	442	363	352	319	370	414	340	376

ICB Issues, escalation and next steps

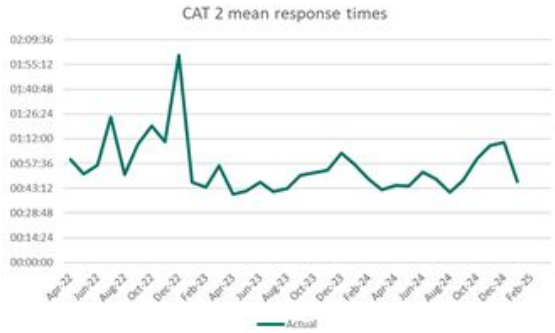
- The ICS and two Hertfordshire Places continue to achieve the 70% standard
- West Essex performance dipped to 69.9% in January, narrowly missing the 70% standard for the first time since June 23
- Dip in West Essex performance driven by significant increase in activity to 763 in January
- HAARC vehicle numbers now included in SWH data have notably improved total 2 Hr UCR volumes, although they remain comparatively low
- WHTH led UCR service review to begin in March 25. To include activity, productivity and efficiency

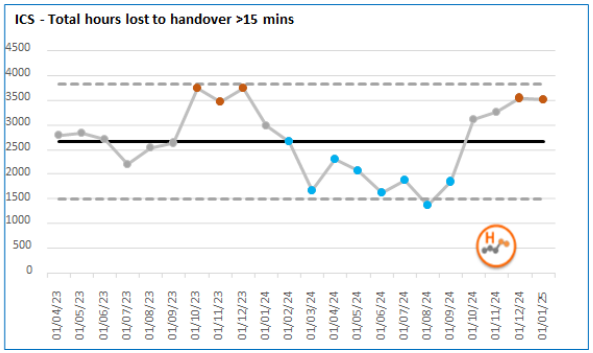
Hertfordshire and West Essex Integrated Care System

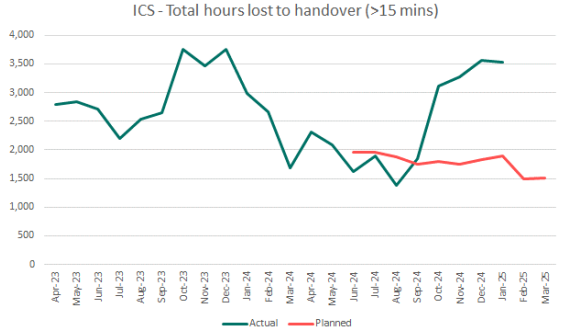
Urgent & Emergency Care (UEC) - Ambulance Response and Handover



Recovery Trajectories







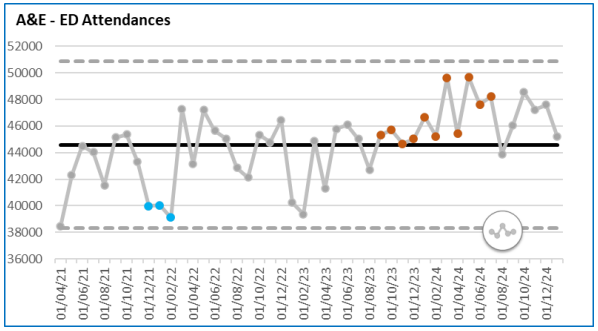
What the charts tell us

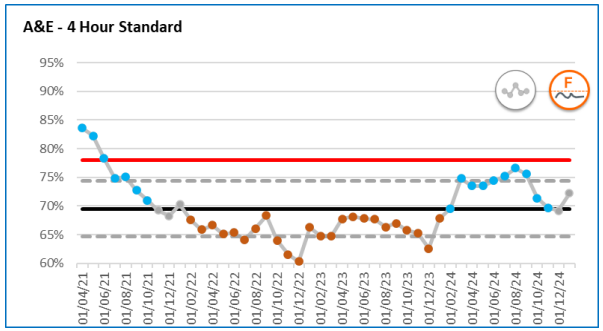
- The mean Category 2 ambulance response time was 47 minutes in January. This is adrift of the national 30-minute standard. However, this is the best performance since Aug-24 and better than the long-term average. Unvalidated performance for Feb is showing further improvement at 40 mins.
- Mean C2 response times in HWE remain longer than the regional average (Jan-25 = 41 mins) and national average (Jan-25 = 35 mins)
- Hours lost to handover >15 mins have remained high since October. In January, 3527 hours were lost across the system. This is significantly above the fair-share target and worse than the Jan-24 performance (2,988 hours)

ICB Issues and actions

- The number of ambulance incidents in HWE remain high. The number of incidents in Jan-25 was 7% higher than in Jan-24
- However, the number of conveyances / hospital arrivals was similar in Jan-25 compared to Jan-24
- EEAST has put in place a number of initiatives to increase staffing in HWE, including: new joiner incentives, pausing all transfers out of the sector and exploring secondment opportunities from other Trusts / sectors. However, the number of vacancies remains higher in HWE compared to other sectors
- As a result, there was a 7.7% increase in the number of deployed EEAST staffing hours in Jan-25 compared to Jan-24
- The unscheduled care and coordination hub in place since November. There has been a reduction in the face-to-face response rate for day-time C3-C5 patients from 70.7% to 66.5%. There has been a reduction in the C3-C5 conveyance rate (as a % of incidents) from 41.3% to 35.4%
- Increases to handover are primarily being driven by PAH and ENHT and due to high acuity of patients, staffing challenges and flow and capacity issues
- Handover-45 was introduced at the end of November with the goal of limiting the number of handovers >45 minutes and all action plans continue
- Unvalidated data is showing handovers have significantly improved at PAH in Feb at half of the hours lost in Dec, with some improvements also seen at ENHT.

UEC – Emergency Department

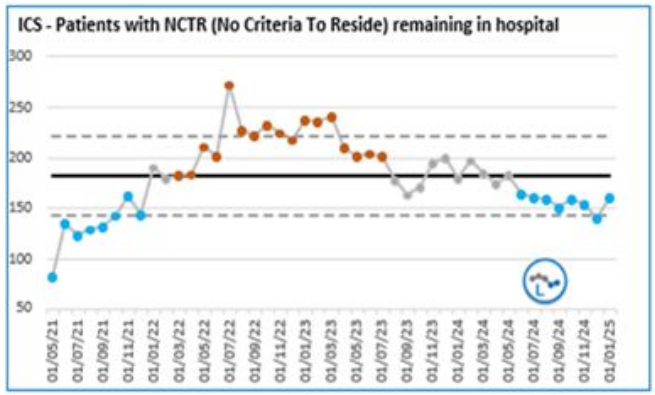


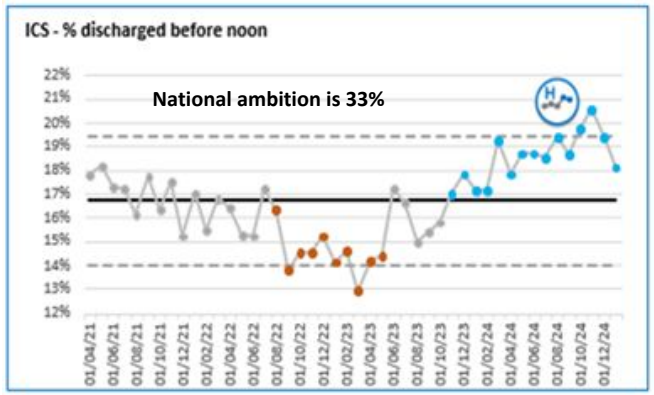


What the charts tell us	Issues	Actions

• In January, the total number of ED attendances returned close to the mean for the first time in five months
• ED performance also improved in January to 72.2% across the system.
• This is below target but is an improvement compared to Jan-24 (67.8%)
• There was an improvement for all three places in January
	• There remains significant variation at place level with PAH the most challenged. In January
	  ○ SWH = 80.3%
	  ○ ENH = 72.7%
	  ○ WE = 60.7%
	• Continued high demand. ED attendances have been 4.7% higher during FY2425 compared to FY2324. However, in Jan-25, attendances were 3.2% lower compared to Jan-24
	• There is some evidence that there has been a general increase in acuity in ED presentations over the past two years
	• Utilisation of the IUATC at PAH reduced to 69% in Jan-25
	• Mental Health (MH) presentations at ED remain high
	• Hospital flow remains challenging with high occupancy rates, especially at PAH where average bed occupancy in Jan-25 was 98.2%
		System
		• The minimum viable product for the Unscheduled Care and Coordination Hub (UCCH) has been effective at reducing the % of C3-C5 patients being conveyed to ED during the day-time
		• Straight to SDEC pathways now in place for EEAST crews
		East and North Herts
		• Additional paediatric registrar between 2pm and 10pm has helped to improve type 1 paediatric performance to 83% in Jan-25
		• CDU changed to non-admitted area on 3rd Feb 2025 which is expected to improve non-admitted performance
		• Work to embed EPIC and nursing roles and responsibilities has accelerated
		West Essex
		• PAH UEC Improvement Plan agreed at Board, and refreshed 4 hour trajectory to achieve 67% in March 25
		• NHSE clinical support package now agreed. Focus on behaviours / culture and non-admitted ED
		• Relaunch trust wide Internal professional standards to support speciality assessment outside of the ED
		• 12 Hours in ED performance significantly improved from highs seen in December and January
		South and West Herts
		• Trial of having an ED Consultant in the care coordination centre been taking place through January and February
		• HAARC developed SOP to support signposting to CLCH services

UEC – Discharge & Flow

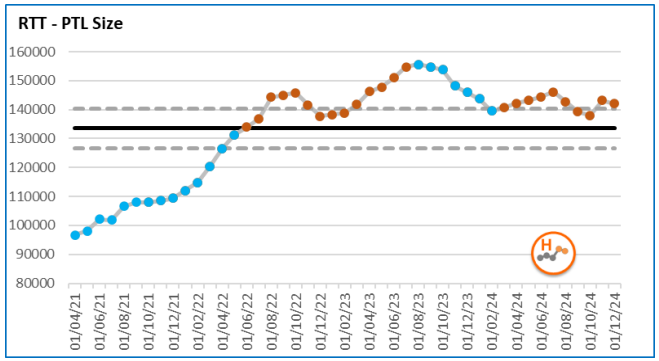


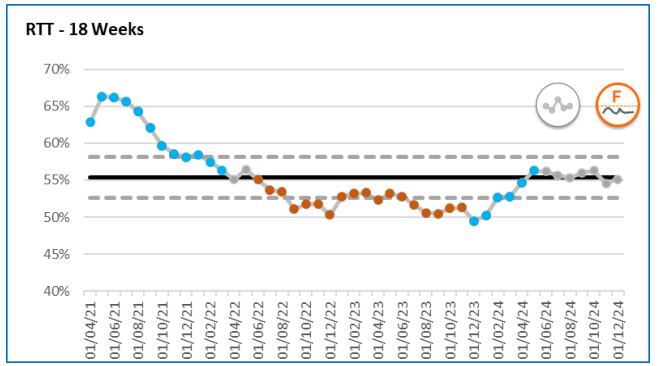


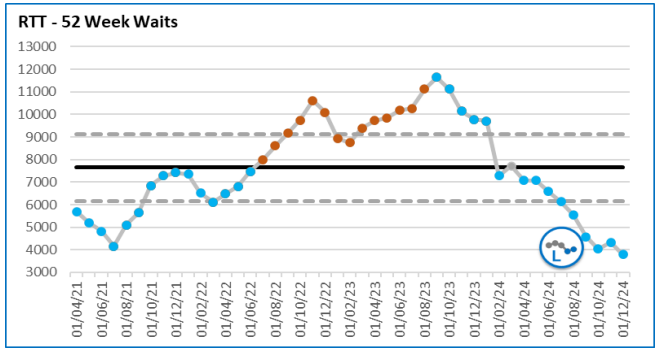
What the charts tell us	Issues	Actions
• The system-level daily average number of patients with no criteria to reside remaining in hospital has generally been reducing over the last two years • However, there was an increase from 140 in Dec-24 to 160 in Jan-25 • The % of patients discharged before noon remains above the historical mean, but has deteriorated over the last two months	• There remains significant variation across the three HWE acute trusts for the % of patients discharged before Noon. In Jan-25: ○ ENHT – 16.1% ○ WHTH – 23.7% ○ PAH – 12.9% • The issues are typical discharge challenges, including: ○ Availability of out-of-hospital capacity ○ Complex discharges ○ Internal process challenges	**East and North Herts** • Change to site management meetings to increase ward ownership and focus on earlier, safer and more effective discharges (to commence 24th February) • Improved CHC process implemented **West Essex** • Virtual Ward / Community Beds Utilisation Workshop 12/12. Good clinical engagement from PAH, EPUT & HCT. Follow up session 20/2 • Discharge Lounge (DXL) project commenced in December - full review and improved processes • Daily push and pull for golden patients to be in DXL within 2 hours of opening • Discharge Improvement Programme re-launched in January with improvements already seen in pre-Noon discharges **South and West Herts** • Discharge improvement programme: 4th ToCH Face to face workshop taken place and first draft SOP produced. Internal professional standards and KPIs being developed • Deep dive to go to BCF board/DTA steering group for decision on funding form BCF

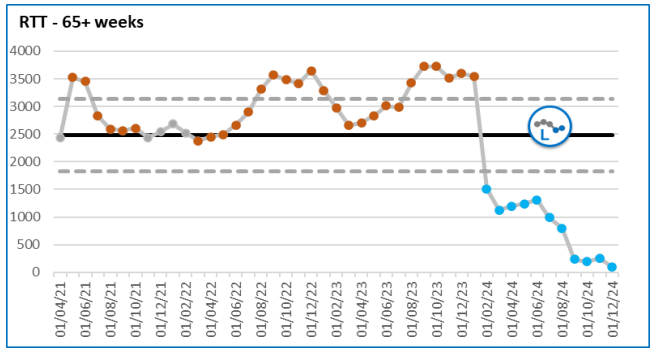
Hertfordshire and West Essex Integrated Care System

Planned Care – PTL Size and Long Waits









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

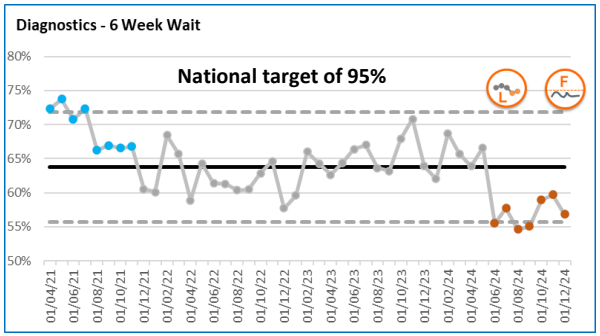
Planned Care – PTL Size and Long Waits

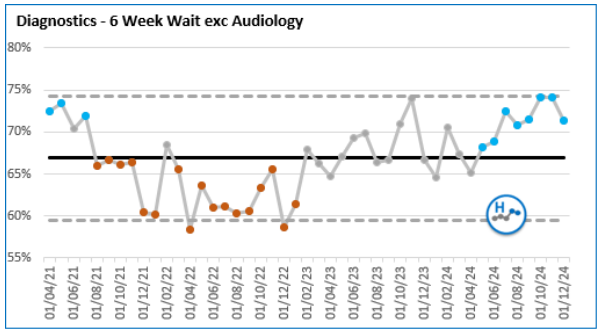
ICB Area	What the charts tell us	Issues	Actions

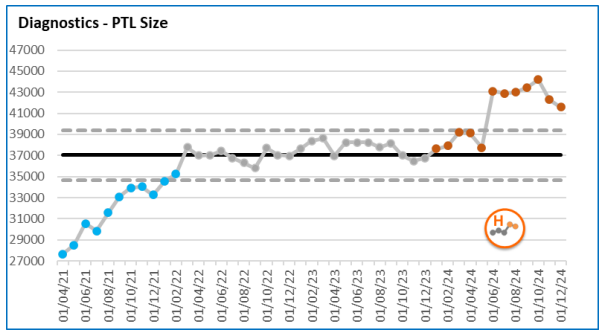
HWE	• The overall number of patients waiting >65 weeks has decreased significantly, although the December zero target was not achieved. There remains variation at place level but the ICB overall number of breaches at the end of December was 95
	• The number of patients waiting >52 weeks has been consistently improving since summer 2023 with further improvement in December
	• The overall PTL size remains high with an increase in November and slight decrease in December
	• Due to the change in national guidance, Community Paediatric 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 national target to reach zero 65w breaches by the end of December was not achieved overall in the ICB although WHTH did achieve zero. ENHT achieved 34 and PAH 61
		• The end of February 65ww forecast (as of 26th February) at HWE is 92:
		  • ENHT: 29
		  • WHTH: 4
		  • PAH: 55
		  • ISP: 4
		• 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

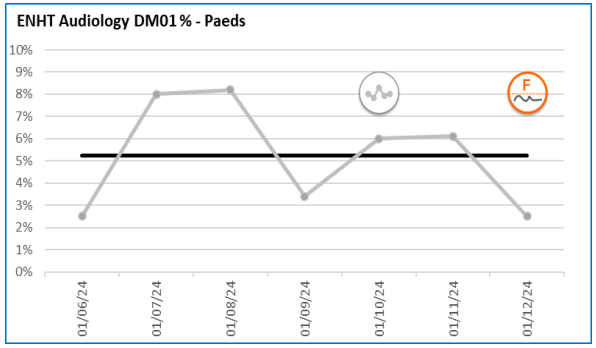


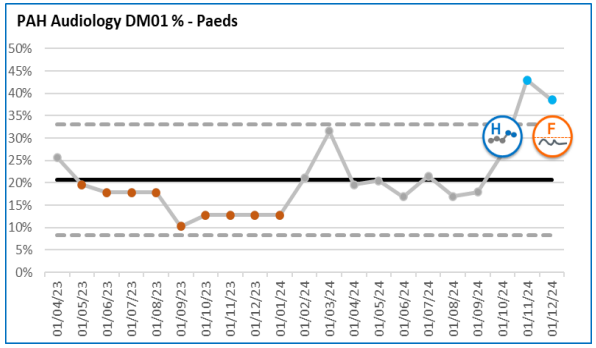


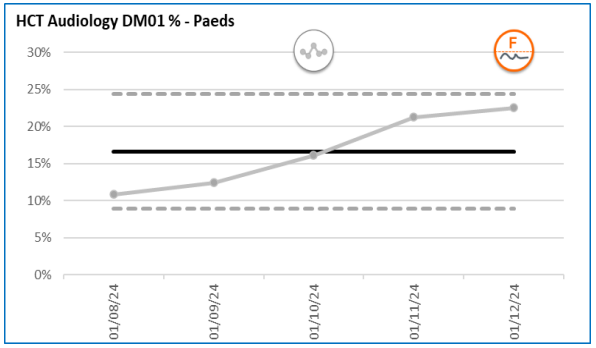


What the charts tell us	Issues	Actions
• December performance declined at all three acute trusts but slightly improved at the community trust. There is significant variation in Trust performance: ENHT – 44.7%, WHTH – 90.3% and PAH – 57.8% • 6-week wait performance across the ICS declined to 56.8% • Decline since May driven by the inclusion of ENHT Audiology data – see next slide • Excluding audiology, performance continues on an improved trajectory although did decline in Dec to c.72% • The overall PTL has decreased over the last two months after five months of increase. The size of the PTL is still far higher than the historic mean	**ENHT** • The most significant long waiters remain in Audiology. The paed hearing aid, ABR, 0-3 years and complex paediatric pathways remain paused • There also remain significant challenges in the MRI service with demand currently greater than capacity **PAH** • 7.3% drop in performance likely not a true position - currently unable to accurately report DM01 backlog for multiple modalities, primarily Endoscopy, following Alex Health launch • Non-Obstetric Ultrasound (NOUS), Echocardiography, Cystoscopy and Audiology remain the key challenges at PAH **WHTH** • In December, the lowest performing modalities were Colonoscopy, Cystoscopy, Gastro, Audiology, MRI and Echo	**ENHT** • Excluding audiology the number of >6 week waiters has reduced from 9893 in Apr-24 to 5497 in Dec-24 • Paediatric audiology: new clinical lead in post; weekend jumbo ENT clinics continue for >5 year patients; some mutual aid in place for the ABR pathway and hearing aids; Lister estates work commenced; Hertford estates work progressing • Adult audiology: Lister estates work commenced; ongoing discussions regarding funding and outsourcing as currently there is insufficient capacity to meet current demand + clear backlog • MRI outsourcing and mobile van on Lister site are continuing **PAH** • Reporting issues being progressed as part of Alex Health data quality improvement programme • NOUS: Additional staffing and capacity in place – notable backlog improvement in latest February data • Echos: Additional NHSP staffing and capacity in place – notable backlog improvement in latest February data • Cystoscopy: Additional weekend GA slots in place. Paused insourcing to recommence from February • Audiology: Paediatric backlog nearing clearance in latest February data. Focus to switch to adults from March **WHTH** • In December there was a loss of capacity associated with the Surgical Centre works which has impacted cystoscopy in particular and the recent pause in activity at SACH has further impacted delivery. • Recovery actions are in place with insourcing of endoscopy activity, an increase in additional sessions, business case approved for Cardiac MRI expansion, process reviews and re-establishment of lost capacity where possible.

Planned Care - Paediatric Audiology Diagnostics

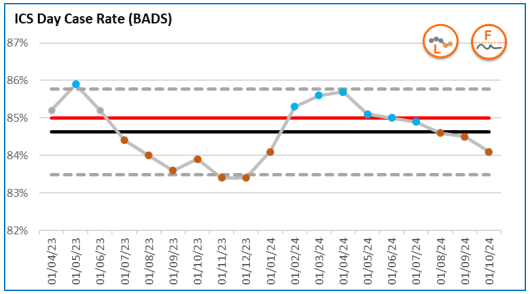


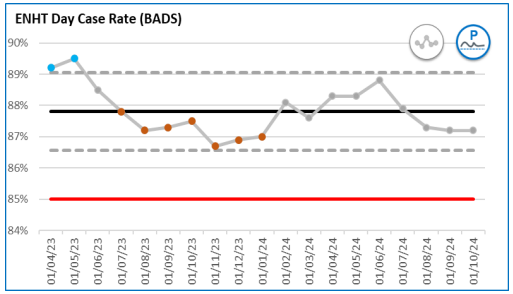


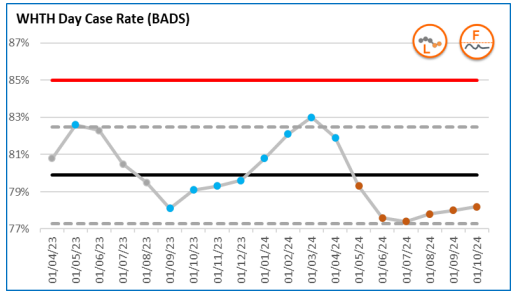


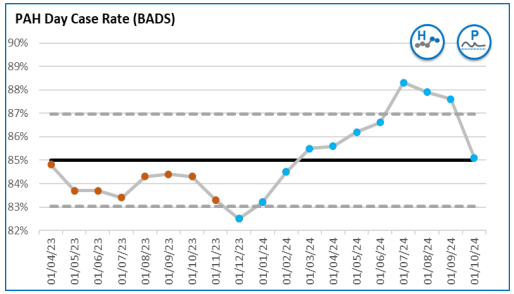
What the charts tell us	Issues	Actio
• All providers are below the performance target of 95% with variance by provider: • ENHT continue on a variable trend at significantly lower performance levels of around 5% • HCT are also on a variable trend, however performance has improved each of the last 4 months to reach 24% in December • PAH are on an improved trend achieving 34% in December	**ENHT** • Estate not compliant to support safe and high quality paediatric audiological testing • Workforce leadership, structure and competencies to deliver required standard of testing below expected levels • The paed hearing aid, ABR, 0-3 years and complex paediatric pathways remain paused. With continued referrals, waiting list size and times are growing • Recall of 164 identified patients and undertaking clinical harm reviews • Ongoing risk regarding available mutual aid to support ENHT recovery (particularly 0-3s) • Request made to obtain SME support from the national register **PAH** • Reporting issues being progressed as part of Alex Health data quality improvement programme • Improvement work required in estates **HCT** Additional staffing required to meet increased demand and several vacancies including service lead maternity cover	• System wide paediatric audiology oversight group in place and ICB escalation team • Data task and finish group progressing consistent local reporting of PTL and DM01 data, demand and capacity modelling and mapping of clinics to support mutual aid. • Mapping has been completed for estates, with timelines clear for estates work across providers; largest area of risk remains estates for 0-3 year olds and VRA • Workforce mapping completed to seek assurance regarding competencies and understand workforce to support mutual aid. **ENHT** • :New head of Audiology and Paediatric Audiology lead in place • Hearing aid pathway competencies being observed Feb 25. ABR pathway competencies being observed in March 25. • 3-5 and over 5 pathway competency review complete with all staff passed. • Weekend jumbo ENT clinics continue for >5 year patients • Some mutual aid in place for the ABR pathway and hearing aids, on-going work to identify further mutual aid • Lister estates work commenced with Hertford County estates work progressing - weekly workstream meeting in place to support works across all sites – 3 x phases **PAH** • Site visits complete; clinically safe but with improvement work required in estates • ABR reviews in progress • Paediatric Audiology backlog nearing clearance in latest February data. 16 children waiting >6 weeks as of 16/2/25 **HCT** • Site visits complete with ABR reviews in progress • All service SOPs under review, to address comments raised in IQIPS accreditation visit. • HCT have agreed for ENHT to use a VRA room, 1 day per week from April 25.

Day Case Rates







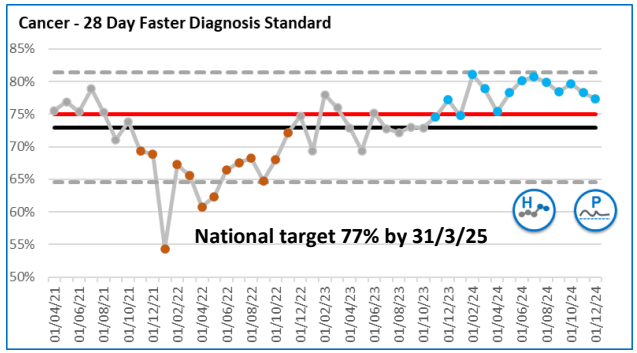


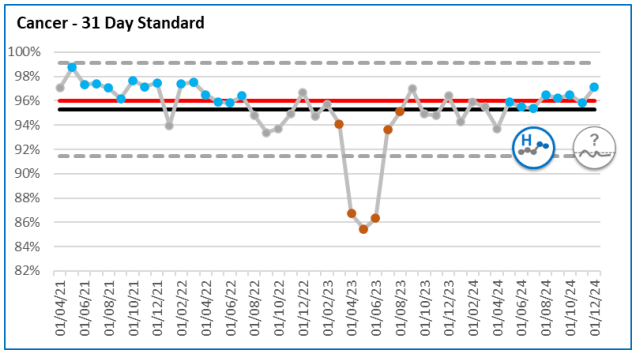
ICB Area	What the charts tell us	Issues	Actions

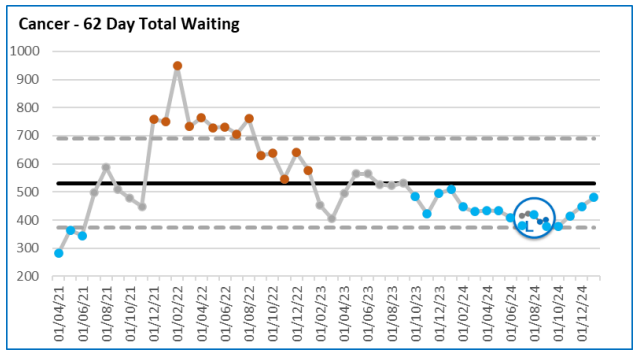
HWEICB	• October data is the latest available data in Model Hospital
	• Day case rates at the ICB were 84.1% in the three months to October having declined since July; performance is just below the 85% national target
	• HWE ICS is in the 2nd highest quartile nationally
	• There is variable performance across the system:
	  • ENHT 87.2%
	  • PAH 85.1%
	  • WHTH 78.2%
		• 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, the project was launched in November 2024 and data should be available in Q4

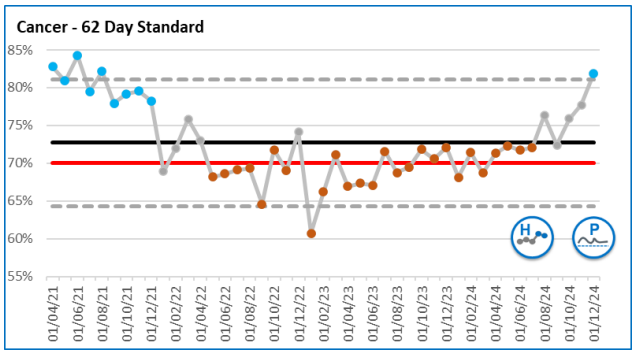
Hertfordshire and West Essex Integrated Care System

Cancer









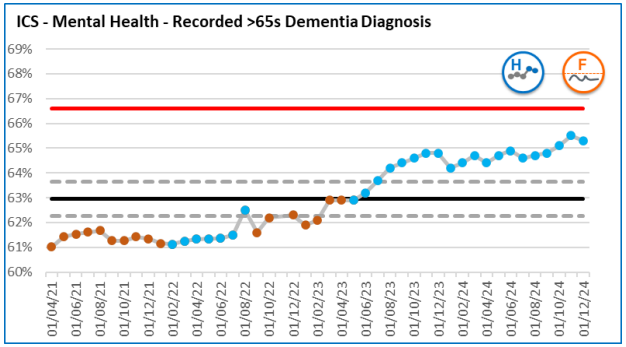
Hertfordshire and West Essex Integrated Care System

Cancer

What the charts tell us	Issues	Actions

• 28-day Faster Diagnosis Standard (FDS) performance has declined slightly over the last two months although the ICB is above target in December, reaching 77.4%, PAH is under target.
• The 31-day target was reached both collectively and by each trust in December
• Performance against the 62-day standard improved over the last three months 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 87%
  ○ WHTH 87.2%
  ○ PAH 60.9%
• The 62-day backlog is variable but has been increasing over the last three months
	ENHT
	• All three standards were met by ENHT in December 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 16th February, there were 186 patients waiting longer than 62-days following an urgent cancer referral. This is above the Trust's recovery trajectory of 135 but an improvement on recent months
	
	WHTH
	• 28-day FDS challenges remain in Haematology, Gynae, Head and Neck, NSS and Urology.
	• 31-day performance standard has been met across all specialities, except lower GI
	• 62-day Gynae, Lower GI, Upper GI and Urology pathways continue to have challenges. Staff sickness and lack of both clinic and surgical capacity are cited as the key reasons for the dip in performance in these pathways
	
	PAH
	• Urology remains the biggest FDS challenge, but is improving, with 42.7% achieved in December
	• Overall, 62-day performance improved to 60.9% in December – 3.1% adrift of the PAH's 64% December plan
	• Urology, Skin and Head & Neck are the key challenges in terms of the greater than 62-day waits, collectively accounting for 75% of the overall patient backlog
		ENHT
		• The Urology two-stop service was introduced in October. MRI capacity remains an issue but cancer alliance funding has been approved for an MRI van for an additional 66 days until end of March
		• H&N has appointed 3 new consultants: 2 for Oral Surgeons started in January and 1 ENT Consultant to start in April
		• Continuing to use cancer alliance funding to support waiting list initiatives to minimise breast radiology delays
		• New lower GI CNS to start in February
		
		WHTH
		• Cancer Improvement Programme Board continues to oversee service level plans and service developments. Weekly long wait meetings continue and 2/3 times weekly breach validation reviews in place, service will be increasing capacity to validate more frequently.
		• Clinical Fellow recruited to the Gynae service and started in December. A deep dive was undertaken in January into the FDS breaches and data showed that 48% of breaches were due to results letter delays. Job plans to be agreed to incorporate daily benign results clinics (to start in March 2025)
		• One-stop diagnostic pathway for Urology, started in February 2025, following the successful appointment of a CNS and New Registrar to support the pathway using Cancer Alliance funding.
		• Significant changes to the Lung pathway have increased both FDS and 62-day target to compliance
		
		PAH
		• Princess Alexandra Hospital remains in Tier 2 of the national oversight and support infrastructure for Cancer recovery. Focussed bi-weekly escalation meetings and NHSE clinical support are in place
		• The >62-day backlog spiked following Alex Health launch (clinic build issues and OP capacity). Now steady week on week improvement - currently 181 (at 9/2/25) v. the Trust's fair shares target of 112
		• Continued support through the GIRFT programme, focussing on Urology. Further exploration of mutual aid and expansion of biopsy / breaking bad news capacity

Mental Health – Dementia Diagnosis in Primary Care

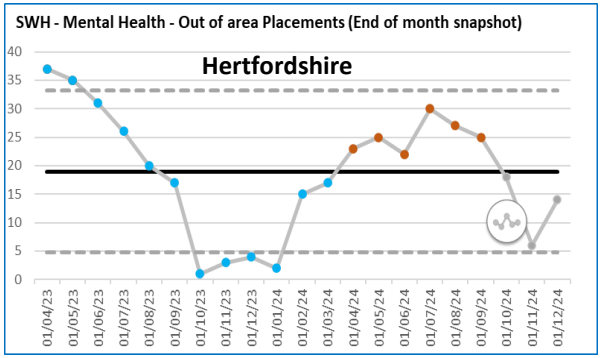


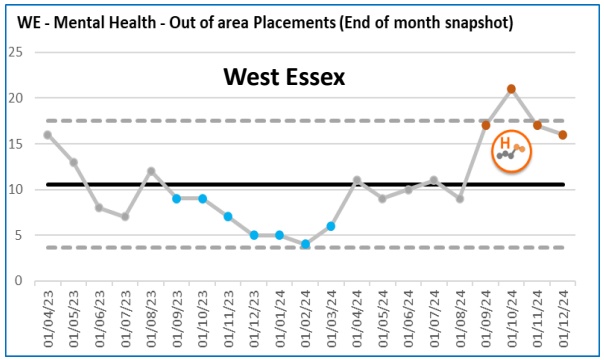
ICB Area	What the charts tell us	Issues	Actions
Dementia Diagnosis in Primary Care	• National data for Dec 24 shows the ICS dementia diagnosis rate decreasing against the national target (66.7%) at 65.3% for the ICB with variance at Place: • South and West Herts: 63.0%. • East and North Herts: 62.8%. • West Essex: 74.3% • NHS England data shows a national decline in dementia diagnosis rates. 65.6% of patients aged 65 or over who are estimated to have dementia, had a recorded diagnosis of dementia on 31 December 2024, a decrease from 65.8% on 30 November 2024.	• Hertfordshire – Actions required in primary care including a coding exercise but currently not prioritised due to GP capacity and not mandated as part of ECF • West Essex have seen an increase in referrals to memory clinics which has placed pressure on the service model and resources leading to a potential delay in diagnosis • Planning guidance for 25/26 indicates diagnosis rates will no longer be a measure; therefore, this could see a decrease in people accessing the right care and the right time.	**Herts** • Monthly performance report continues to monitor HPFT EMDASS progress in Hertfordshire. • Hertfordshire memory service is currently reducing waiting lists through increased capacity and is 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 • Upcoming focused meeting of the Dementia Strategy (Workstream 2) to focus on Primary Care actions – awaiting primary care input. • A new and improved EMDASS referral form has been coproduced with partners and is now live on GP systems. **West Essex** • Increase in demand to be raised in 25/26 planning • Recommendation to continue to monitor dementia diagnosis rates in next financial year to ensure timely access to services and patient needs are met. • A Dementia & Older Adult Mental Health EOG has now been established for West Essex, the group will be able to continue to monitor the development of services in line with training and national ambitions with our system partners.

Mental Health – Out of Area Placements (OAPs)

- 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 December total out of area placements: 30 vs. 6 plan

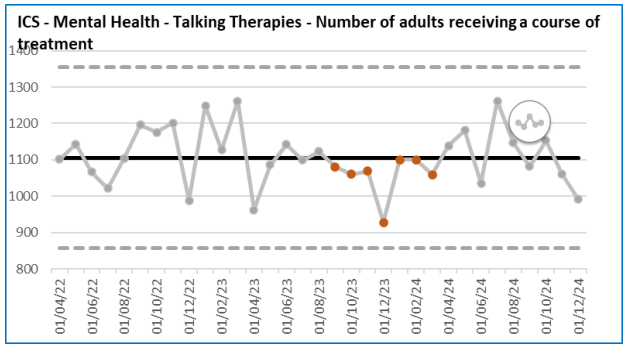




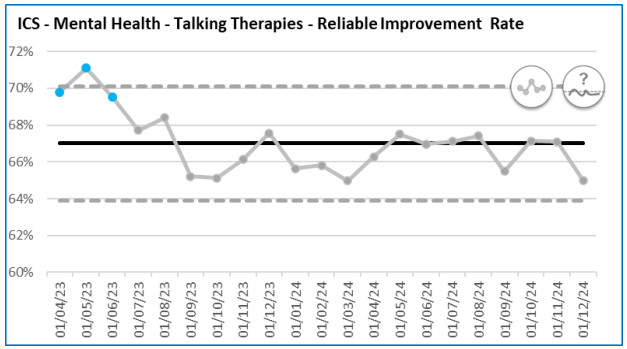
ICB Area	What the charts tell us	Issues	Actions
West Essex	• By the end of December there were 16 people reported to be out of area for west Essex with a total number of 352 bed days	• The national shortage of MH beds continues • NHSE agreed that EPUT reporting for placements within Essex can be recorded 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. Planning and guidance released in February 2025 identifies capital funding to be ringfenced to reduced out of area placements. This will support this programme. • 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. This had a successful outcome which is reflected in the data.
Herts	• Winter pressures resulted in an increase in out of area bed placements to 14 (as measured on the last day of the month).	• Reduced capacity earlier in the year due to closure of Aston Ward until 7/10/24 and the position improved in Nov with expected spike in Dec 2024. • Hertfordshire has a low number of beds per population and there is ongoing support by provision of additional block beds • National shortage of MH beds, high occupancy rates and use of OOA beds has continued, particularly over the winter period • Placement challenges for service users with complex needs who are ready for discharge • Inpatient and Community recruitment	• Further alternatives to admission – Crisis beds and crisis house in operation. • Wider Executive led work at system level to support placement of longer term DTOCs. • Bed management system continues to be developed and implementing plan to include OAPs. • Enhanced Discharge team fully recruited (with the addition of Senior Social Worker, Occupational Therapist and another Discharge Co-Ordinator) - ways of working developed including input to service users in OOA beds. • Senior, clinically led team attending the contracted providers ward rounds in person to unblock and support discharge • Twice weekly clinical review meetings, led by Medical Lead, involving crisis teams and community services, focusing on barriers to discharge, facilitating early discharges with crisis support. • System-wide group continue to review and oversee some of the more complex discharge issues

Talking Therapies

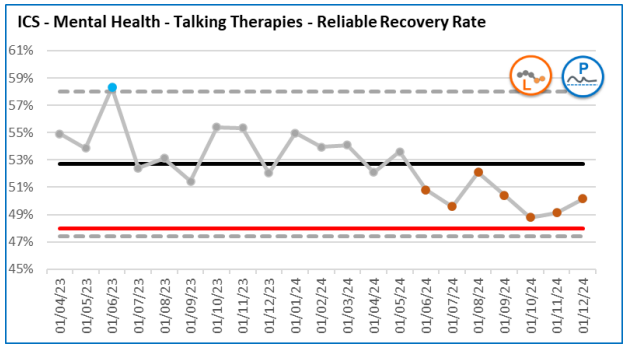
Number of people who are discharged having completed a course of treatment
Number of patients that achieved reliable recovery
Number of patients that achieved reliable improvement



Adults receiving treatment	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Hertfordshire	778	925	930	875	925	956	838	1040	947	909	970	873	799
WECCG	150	175	170	184	214	225	198	222	200	173	183	188	193
ICS	928	1100	1100	1059	1,139	1181	1036	1262	1147	1082	1153	1061	992



Reliable improvement rate	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Hertfordshire - Actual	68.30%	65.70%	65.30%	63.70%	64.80%	66.80%	65.47%	66.16%	66.25%	64.53%	65.88%	67.01%	64.08%
West Essex - Actual	64.00%	65.14%	68.82%	71.20%	72.90%	70.50%	73.23%	71.62%	73.00%	70.52%	73.77%	67.55%	68.91%
ICS - Actual	67.56%	65.64%	65.82%	64.97%	66.29%	67.50%	66.96%	67.11%	67.42%	65.49%	67.13%	67.11%	65.02%

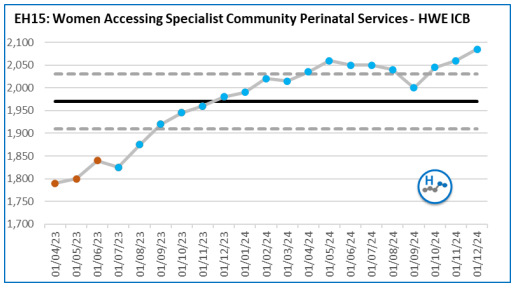


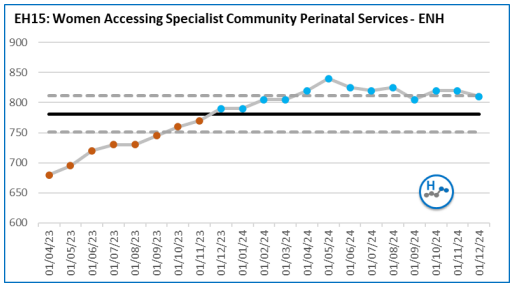
Reliable recovery rate	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Hertfordshire - Actual	52.80%	55.20%	53.90%	54.00%	50.80%	52.60%	50.48%	48.72%	51.23%	49.13%	47.90%	48.72%	51.30%
West Essex - Actual	33.30%	48.00%	56.00%	57.10%	57.00%	57.50%	52.06%	53.24%	55.61%	56.55%	53.11%	50.81%	46.07%
ICS Actual	52.00%	55.00%	54.00%	54.10%	52.10%	53.60%	50.81%	49.60%	52.08%	50.41%	48.79%	49.12%	50.17%

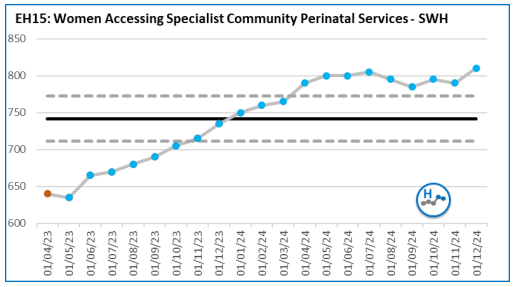
ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	**West Essex** • 192 completed treatments in January 2025. • During January, the cumulative number of people who entered Talking Therapies was 4,910 • At the end of January, 74% of patients (142) achieved reliable improvement having completed treatment • 192 people received two plus treatment appointments in January, of which 102 moved to recovery. **Hertfordshire** • 799 completed treatments in December 2024 – a seasonal decrease. • 64.08% reliable improvement rate in December. • 51.3% reliable recovery rate.	• Consistency of data collection and quality across the system continues to be monitored due to changes in the MHSDS. • Continuing focus on addressing attrition and drop-out rates are a key challenge following the change in counting for 24/25 • Measurement now relates to completion of a course, with at least two appointments. Previously was access / first appointments • Potential risk in Hertfordshire if procurement process is not successful for building capacity to support 'counselling for depression'. • The waits remain at Step 3, where there is a pressure for our Step 3 staff to offer more assessments, and a greater need for step 3 treatment.	• 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 went live in January 2025 • NHS England representation embedded within West Essex contract meetings **HPFT Actions:** • Choose & Book has been rolled out to all Herts team to increase the flow of patients from referral to initial appointment. This is to be reviewed for efficiency and improvements now that it is established in all teams. • The Time to Change group-based initiative is being rolled out across Herts to improve the engagement in treatment at Step 3. • All teams are required to offer clients further resources and support whilst waiting, such as the webinars and online self-help information. • Workforce, productivity and adjusted caseloads are under regular review.

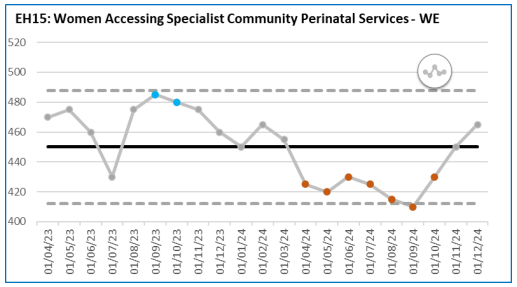
Community Perinatal Mental Health

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









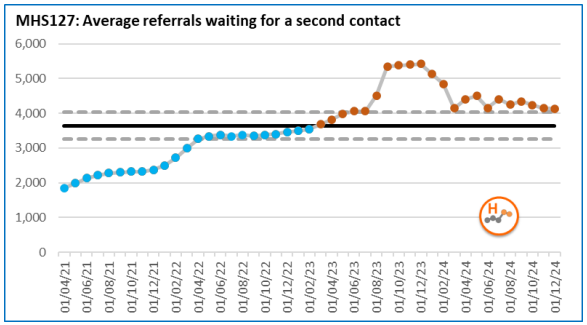
HWE 24/25 year-end plan: 2,089

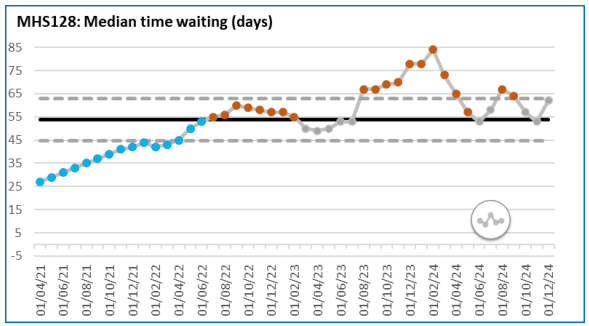
ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	**West Essex** • Local data is reported quarterly by the service provider under the current contract. • To achieve the cumulative 10% national target West Essex services are required to see 444 births in the last 12 months. Local data is currently showing that at the end of December, 440 (11.49%) women had accessed the service in the last 12 months. **Hertfordshire** • Consistently exceeding national target.	**West Essex** • There are 2 reporting methods being used; local data relates to specific time in the contract year whereas national data monitors on a 12-month rolling access report. **Hertfordshire** • Contractual reporting has been changed to reflect national 12 month rolling measure.	Top of regional performance for Recording outcome measures **West Essex** • Continually monitor local services on the 12-month access target to ensure services remain on track **Hertfordshire** • Continued monitoring to ensure that we remain on track

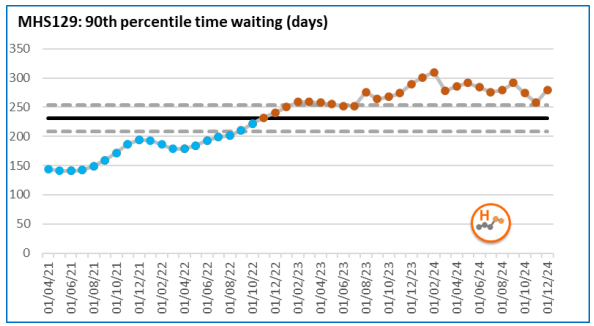
Hertfordshire and West Essex Integrated Care System

Mental Health – Community Waits

Adults and Older Adults – time still waiting for second contact



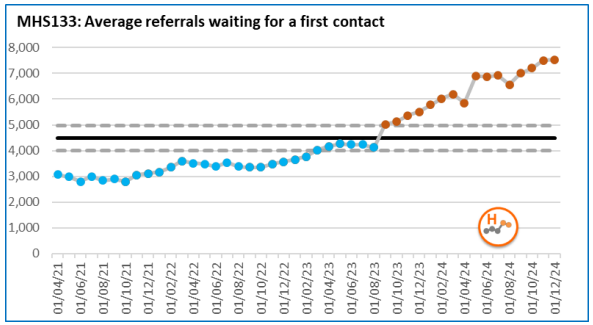


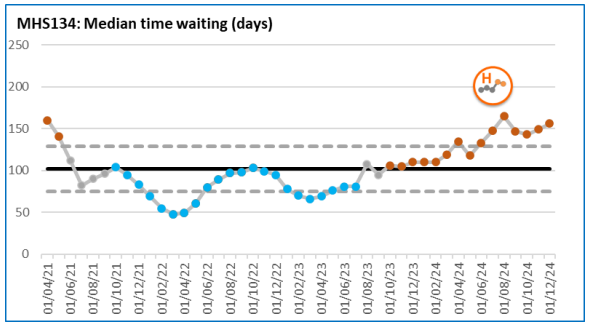


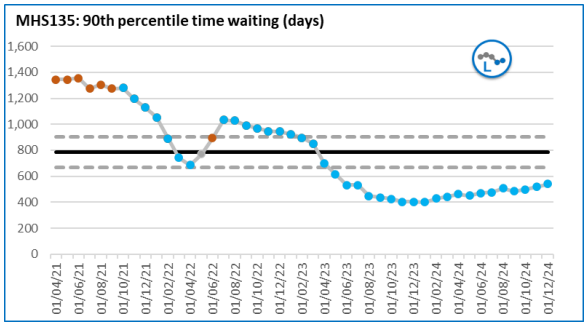
ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	**West Essex** As of December 2024, data shows the rolling number of people with at least 2 contacts in the last 12 months at 1,965: • Of 1,660 open referrals, 100% had at least one attended contact by MH services. • 100% of these referrals remain on service provider caseload • In December 2024 there was 125 new referrals & 105 closed referrals • 72% of referrals with 2 plus contacts recorded in 4 weeks* **Hertfordshire** • As of December, there were 50.5% of referrals with 2 plus contacts in 4 weeks compared to the national average of 37.3%. • Referrals with 2 plus contacts and a baseline outcome measure were at 88.9% compared to the national position of 49.1% (latest published figures June 24).	• 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 (West Essex VSCE data flow is via a shared system with MH trust) * NHS community MH dashboard waiting times front page states experimental waiting times and this section is being reported to support data quality improvement and therefore the data should not be used at this point to assess local activity and performance.	• 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 are incorporating 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 at the end of February 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 • 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

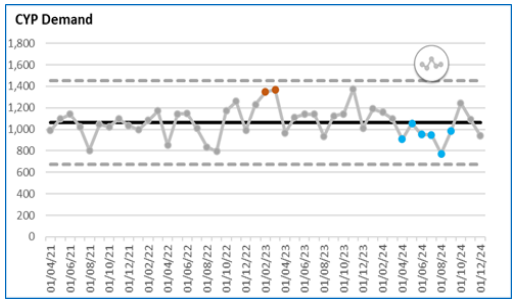


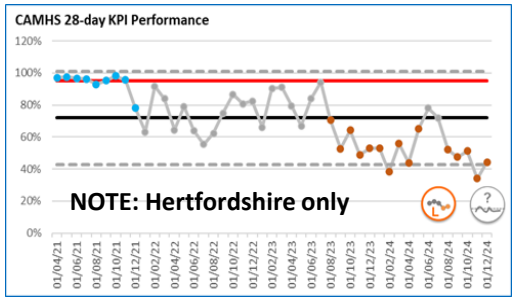


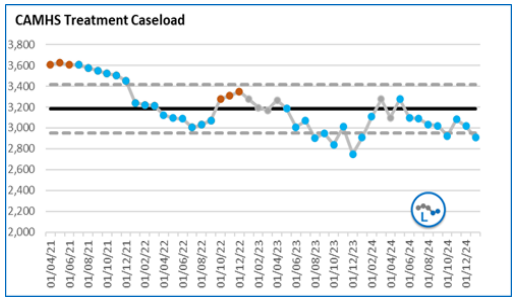


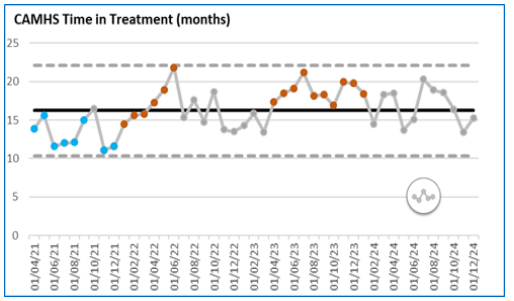
ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• Median waiting times continue to trend above the historic mean at 156 days • 156 days benchmarks well against the national average of 253 days • Within the system there is variation : East & North Herts - 77 days South & West Herts - 182 days (this is due to ASD/ADHD diagnostic pathways data flowing into MHSDS) West Essex - 72 days • 90th percentile waiting times for the quarter to December were 541 days, and continue on a long-term trend of improvement • 541 days benchmarks well against the national average of 821 days • Within the system there is variation: East & North Herts - 330 days South & West Herts - 564 days (same as above; this is due to ASD/ADHD pathway data flowing via MHSDS. For E&N Herts it flows via CSDS which is not used for these metrics) West Essex - 309 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) • A at the end of Q3 there were 3 x 18+ week waiters in the service, equating to 1.3% of all waiters which is an improvement when compared to end of Q2. • There are no 52+ week waiters.	• CYP services in Herts 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 February 2025 • An HPFT Trust-wide waiting times steering group is in place to ensure the care and safety of all people waiting for services • Local provider dashboards are in place for 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 • Across NELFT Team Managers review their waiting list monthly, and >18-week waiters on a weekly basis. All waiters >18 weeks have a clinical harm review in place and the team will be working towards seeing all longest waiters as soon as possible.

Mental Health – CAMHS Services









What the charts tell us	Issues	Actions
West Essex • West Essex does not have a formal KPI for 28 days; the cohort of YP seen <4 weeks is monitored at monthly provider meetings • There has been a rise in demand over Q3 • Numbers on caseload remain consistent • Time in treatment is variable dependant on acuity and complexity of caseload **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** • Team manager CAMHS hub team on long term sickness • Specialist community eating disorder team manager and clinical lead roles now filled **Herts – HPFT only** • Clinicians have reported increased acuity / complexity of referrals • Active issue regarding recruitment to vacancies impacting on capacity and performance, cover provided by agency staff to mitigate • Acquiring highly skilled CYP clinicians remains difficult. Non-health support roles being used to bolster teams • Two out of the three quadrants requiring recovery trajectories are now in place. Issues remain due to capacity within some of the CYP Quadrant Teams. Work on current and future capacity models is being undertaken to determine expected recovery timescale • Transfers of care for >18 years from CYP are impacting on flow	**West Essex** • Strong team in West Essex with additional support provided by the clinical lead and Head of Service across Essex **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 trajectories are being updated to reflect vacancies and recruitment to show impact on waiting lists. • Number of assessments undertaken has increased over the last quarter and backlog is now decreasing. • Recruitment gaps are being addressed through active recruitment and bank and agency cover. • Clear patient safety focused plan in situ and held at weekly Quadrant Safety Group • Care of Waiters (CoW) reviews completed. CoW mechanisms including 3-6-9-month waiter pre-treatment – parent / CYP workshops to put in place • Caseload management tool developed and in active use across the quadrants. Improvements in recording are underway to facilitate reporting of treatment waits.

Mental Health – Learning Disability (LD) Health Checks

LD Health Checks December 2024	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks *	Comparison to December 2023
NHS Hertfordshire and West Essex ICB	**7,767**	**4,004**	**80**	**3,683**	**51.6%**	**41.2%**
East & North Hertfordshire	3,209	1,625	30	1,554	**50.6%**	**40.8%**
South & West Hertfordshire	3,400	1,802	24	1,574	**53.0%**	**43.2%**
West Essex	1,158	577	26	555	**49.8%**	**32.8%**

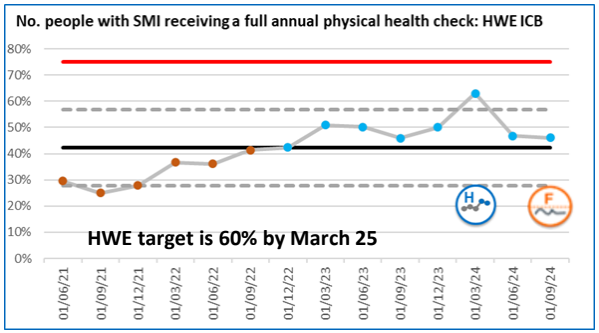
*** 75% Year End Target**

ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	• All three places achieved the 75% standard in 23/24 • December 24 data shows the ICB and each place notably 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

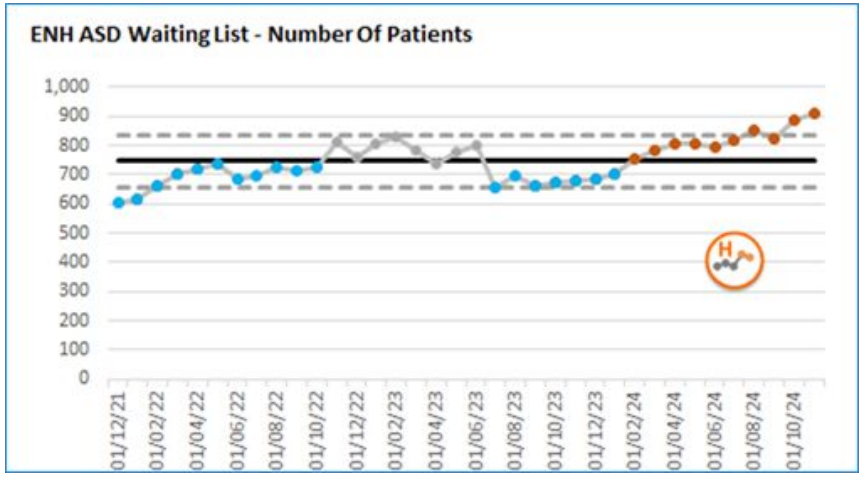


	2021/22				2022/23				2023/24				2024/25	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
East and North Herts Place	19.6%	11.9%	15.1%	25.8%	24.0%	36.3%	40.4%	45.9%	49.7%	47.7%	49.4%	60.5%	52.3%	52.7%
South West Herts Place	39.4%	38.2%	39.5%	47.5%	44.6%	46.4%	43.6%	55.9%	51.0%	44.8%	52.2%	66.9%	38.9%	36.8%
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
• Current data is not capturing all health checks undertaken in secondary care MH services • Despite the data quality position, South & West Hertfordshire is notably performing lower at 36.8% than East & North at 52.7% • Hertfordshire data pulled from Ardens however shows the following performance for quarter 2 which is approx. 5% under operating plan and an improvement on the previous year's quarter 2 position: - East and north Herts at 54% - Southwest Herts at 56% - West Essex at 54%	• Data quality issues as per NHSE disclaimer. The data presented here are considered experimental owing to the fact that they are known 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 label 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 • Data by practice in place showing those practices current performance against target 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



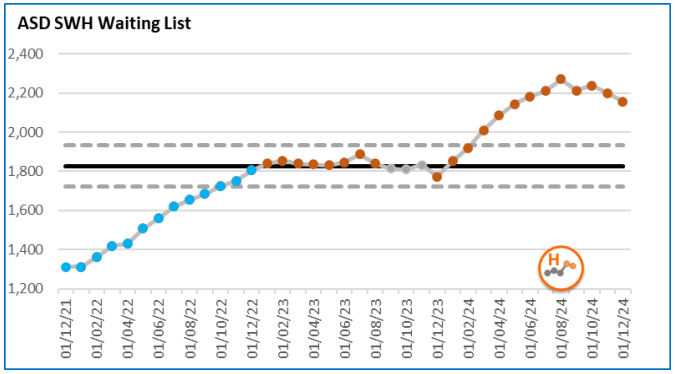
- In ENH, patients have a first appointment with Community Paediatrics. If the clinician, then considers that the patient requires an ASD assessment then they are added to the ASD waiting list
- Data is available on the waiting times for the first community paediatrics appointments and also for ASD assessments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

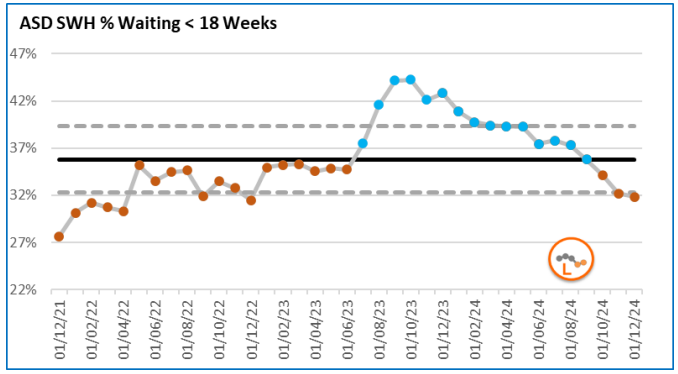
Waiting list bucket	Number of patients (Oct-24)	Number of patients (Nov-24)
<18 weeks	105	106
18 – 65 weeks	502	503
66 – 78 weeks	101	108
>78 weeks	179	196

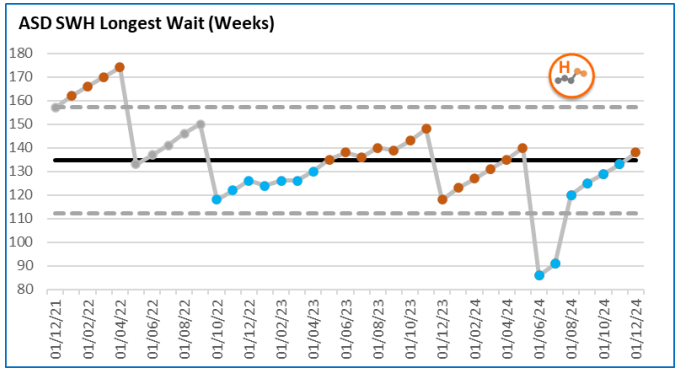
ICB Area	What the charts tell us	Issues	Actions
East & North Herts	• The ASD waiting backlog waiting list continues to increase and reached 913 patients in Nov-24 which is the highest recorded level • The number of patients waiting >78 weeks for an ASD assessment has risen from 86 in Dec-23 to 196 in Nov-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 submitted to extend the Understanding My Autism offer for children and young people beyond March 2025 – further info required to inform any funding decision • The future best practice Neurodiversity Model for Hertfordshire has been signed off through clinical governance. The MHLDA HCP and providers continue to plan implementation including appointment of case coordinators, triage process, and agreeing the cohort with which to begin • 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 24 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	2199	2155	↓	32.20%	31.83%	↓	133	138	↑	December



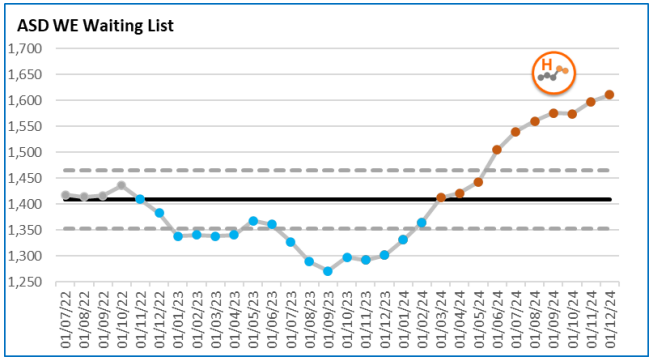


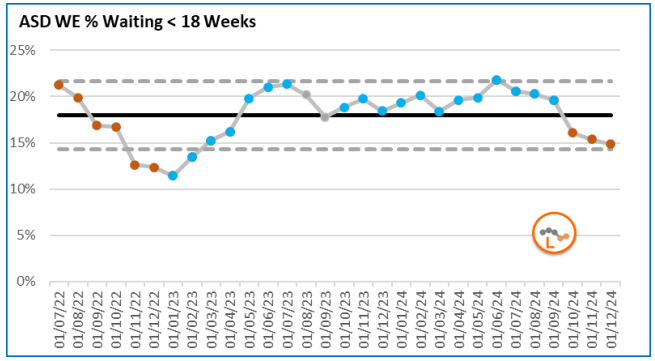


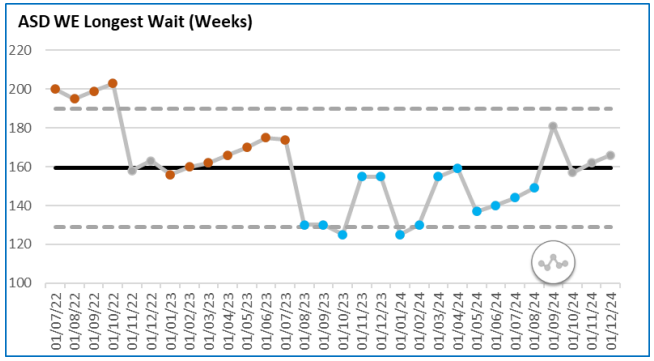
ICB Area	What the charts tell us	Issues	Actions
South & West Herts	• The overall waiting list remains consistently above the historic mean, but has been steadily reducing since August • The % of ASD waiters < 18 weeks continues to decline and is c.13% lower than October 23 • The longest waits have increased in each of the last four months	• 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 submitted to extend the Understanding My Autism offer for children and young people beyond March 2025 – further information required to inform any funding decision • The future best practice Neurodiversity Model for Hertfordshire has been signed off through clinical governance. The MHLDA HCP and providers continue to plan implementation including appointment of case coordinators, triage process, and agreeing the cohort with which to begin • 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 24 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	1598	1611	↑	15.39%	14.84%	↓	162	166	↑	December





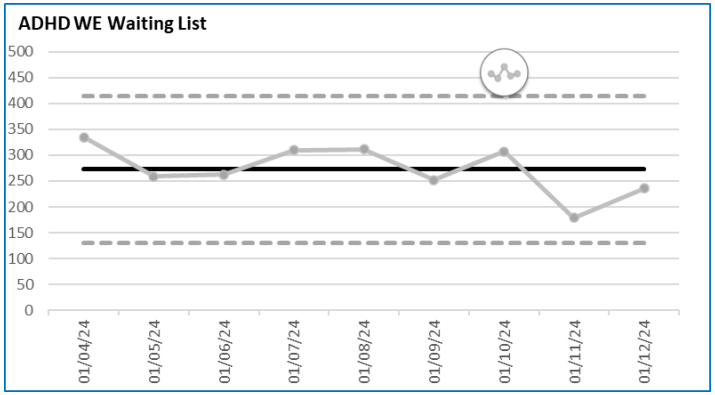


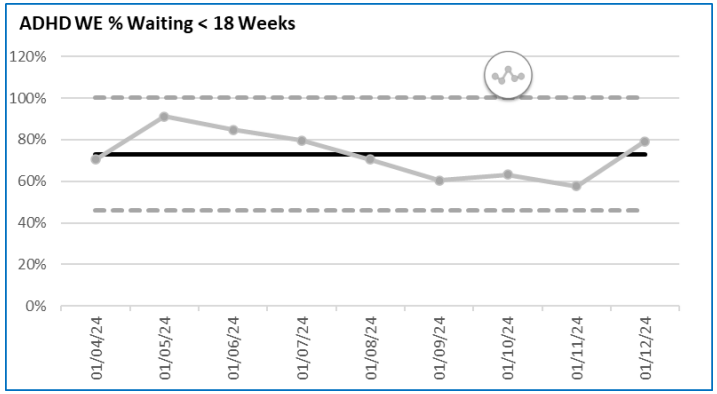
ICB Area	What the charts tell us	Issues	Actions
West Essex	• The ASD waiting list remains very high and continues to increase • The % of waiters <18 weeks remains low and has fallen in each of the last six months • The longest wait is steadily increasing but remains within common cause variation limits • 304 of the 1,611 total waiting list are >104 weeks	All issues are ongoing in the absence of additional resource: • Average monthly referral rate continues to be >70% greater than commissioned capacity, for Q3 this was an average of 69 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 – remains outstanding • 'Waiting well' workstream continues with local partners at Place, led by HCRG, also linking in with Essex wide joint commissioning initiatives • Exploring use of the ND Profiling Tool • All other actions and mitigations have been exhausted

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	-	December
WE	HCRG	Children	179	236	↑	57.54%	79.24%	↑	48	46	↓	December

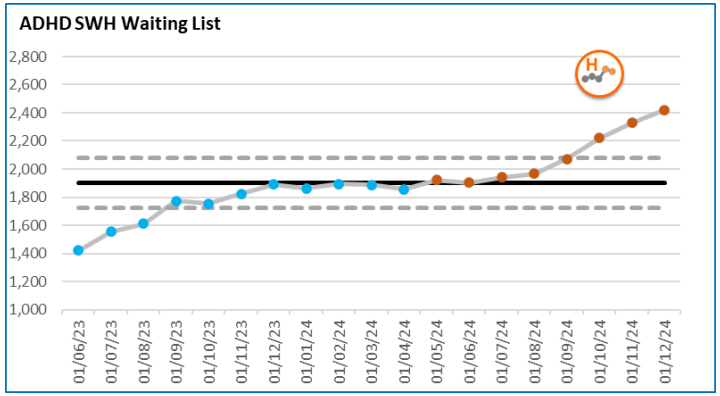


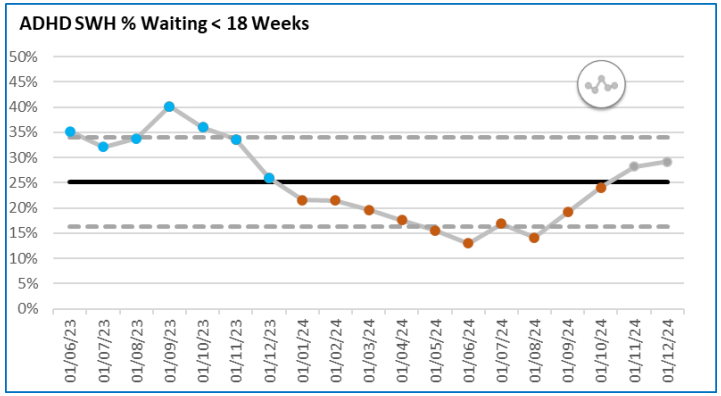


ICB Area	What the charts tell us	Issues	Actions
West Essex	• West Essex waiting lists continue to fluctuate at historic average levels • The % of children waiting <18 weeks are also within common cause variation limits • The longest wait in West Essex has reduced by 10 weeks over the last two months	• 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 during this quarter – full reporting for WE from Q4 • Referral rates for WE have increased by 250% by the end of Q3 (112 referrals for Dec 24 against an average of 32) • WE Adult services are limiting the number of young people transitioning to adult care, resulting in Paediatrics holding an increasing caseload of >18yrs, currently at 174 YP, placing additional pressures • Referral rates continues to rise, resulting in risk to maintaining waiting list performance	• WE pathway redesign continues to incorporate ASD and ADHD into a single Neuro Diagnostic Service • WE Adult transition issues have been raised, however the number of referrals accepted is limited under contract activity plans. There is no resource in the system to increase capacity for adult transition

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

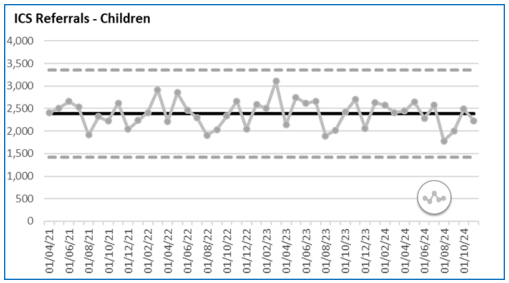
			Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HPFT	Children	2330	2422	↑	28.24%	29.19%	↑	178	183	↑	December

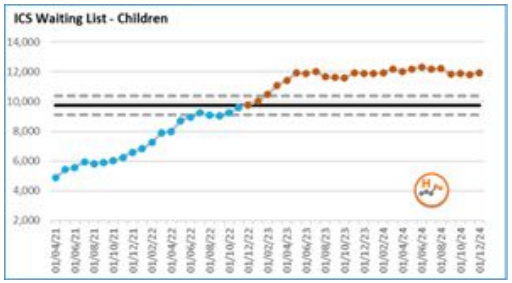


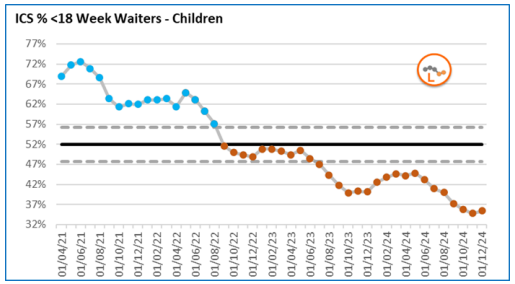


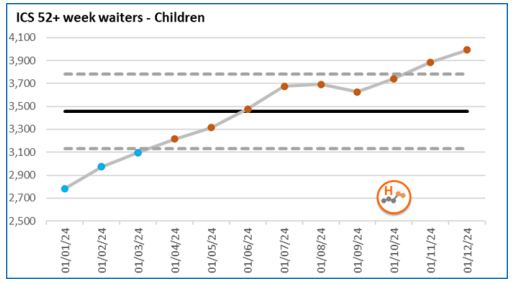
ICB Area	What the charts tell us	Issues	Actions
West Essex	• Overall waiting list was relatively stable but has increased in each of the last six months • The % of ADHD patients waiting <18 weeks has notably improved in the last four months (up c.15%)	• Payment will be based on activity in 2024/25 • 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 submitted to extend the Understanding My Autism offer for children and young people beyond March 2025 – further information required to inform any funding decision • The future best practice Neurodiversity Model for Hertfordshire has been signed off through clinical governance. The MHLDA HCP and providers continue to plan implementation including appointment of case coordinators, triage process, and agreeing the cohort with which to begin • 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 24 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	2342	1936	↓	11817	11907	↑	34.78%	35.45%	↑	3886	3992	↑	December

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	397	263	↓	599	497	↓	85.31%	85.51%	↑	1	0	↓	December
ENH	AJM (W/Chairs)	24	19	↓	140	135	↓	59.29%	59.26%	↓	0	0	→	December
ENH	ENHT Community Paeds.	292	257	↓	6355	6470	↑	12.32%	12.74%	↑	3822	3915	↑	December
ENH	**All**	**713**	**539**	↓	**7094**	**7102**	↑	**19.41%**	**18.71%**	↓	**3823**	**3915**	↑	**December**

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	1125	1016	↓	3481	3544	↑	50.70%	52.68%	↑	60	74	↑	December
SWH	AJM (W/Chairs)	31	15	↓	130	128	↓	56.15%	57.03%	↑	1	3	↑	December
SWH	Communitas (ENT)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	December
SWH	**All**	**1156**	**1031**	↓	**3611**	**3672**	↑	**50.90%**	**52.83%**	↑	**61**	**77**	↑	**December**

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)	18	17	↓	31	32	↑	100.00%	100.00%	→	0	0	→	December
WE	HCRG	455	349	↓	1081	1101	↑	79.93%	83.56%	↑	2	0	↓	December
WE	**All**	**473**	**366**	↓	**1112**	**1133**	↑	**80.49%**	**84.02%**	↑	**2**	**0**	↓	**December**

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

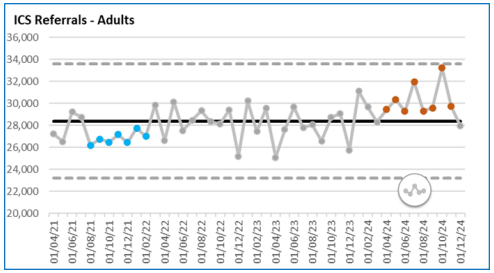
Hertfordshire and West Essex Integrated Care System

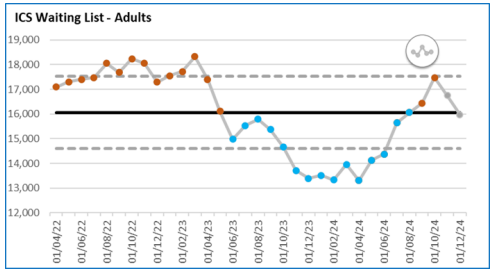
Community Waiting Times (Children)

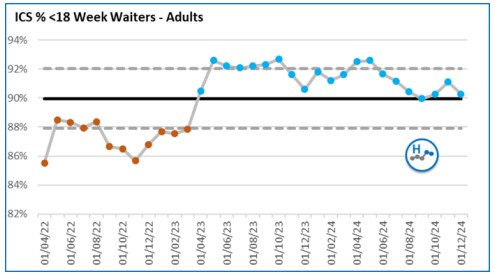
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Children's community services this include Community Paediatrics (ICS wide) and Children's Audiology (SWH). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services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

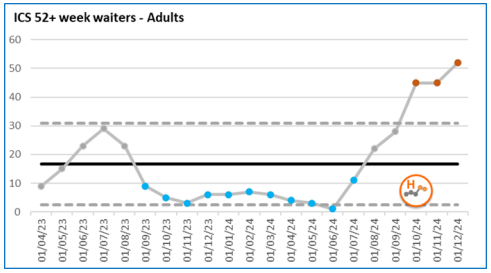
ICB Area	What the charts tell us	Issues	Actions
ICB	• The total number of children on waiting lists remains very high, but has plateaued at c.12,000 • The % of children waiting less than 18 weeks marginally improved following six consecutive months of decline. November performance was 35.5%, compared to the national average of 50.2% • The longest waits are within the ENHT Community Paediatrics Service where there are 3,915 x 52 week waits. There are additionally 74 x 52 week waits within HCT services in South & West Hertfordshire, which is an increase from 60 in October • Consultant led 18-week RTT performance: SWH Community Paediatrics – 38.5% SWH Children's Audiology – 40.4% ENH Community Paediatrics – 12.7% WE Community Paediatrics – 86.4%	**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 59% decrease in total waiters since a high point in June 2023. The service is also currently supporting ENHT newborn hearing pathways • Improvement in waiting times across Hertfordshire for children's therapies (OT, Speech & Language and Physiotherapy) although they remain under pressure, EHCP performance and workforce position is improving **West Essex (WE)** • Dietetics was the most challenged service in December with 48% achieved. Challenges to achieve waiting times are also being seen in allergy (74%), OT (77%) and Comm Paeds (86%) • Most services will reach their current contracted plan of referrals accepted by January • Overdue for follow-up lists remain high but stable	**Hertfordshire** • For HCT services the number of over 52-week waits has reduced from 494 in September 2023, to 96 in December, but there has been some increases in recent months • Focus on reducing DNA / NBI rates for children living in relatively more deprived neighbourhoods • 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 and caseload 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 Paediatrics caseload cleanse to be restarted • Dietician vacancy filled temporarily – HCRG looking to redirect workforce funds from elsewhere to increase WTE offer to be more attractive to dieticians looking for substantive roles • Still awaiting release of identified CYP funding to close the gap between demand and capacity • 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	29731	27932	↓	16748	15971	↓	91.10%	90.27%	↓	45	52	↑	December

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	8793	7848	↓	9735	9636	↓	91.21%	89.92%	↓	29	39	↑	December
ENH	AJM (W/Chairs)	98	89	↓	580	536	↓	52.59%	49.07%	↓	9	7	↓	December
ENH	**All**	**8891**	**7937**	↓	**10315**	**10172**	↓	**89.04%**	**87.77%**	↓	**38**	**46**	↑	**December**

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	7097	7119	↑	1501	1464	↓	98.60%	99.11%	↑	0	0	→	December
SWH	CHEC (Ophthalmology)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	December
SWH	Circle Health (MSK)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	December
SWH	Communitas (ENT)	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	December
SWH	The Gynaecology P/Ship	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	NO DATA	NO DATA	-	December
SWH	HCT	950	772	↓	933	948	↑	95.39%	96.41%	↑	0	0	→	December
SWH	AJM (W/Chairs)	126	110	↓	657	603	↓	55.25%	58.54%	↑	7	6	↓	December
SWH	**All**	**8173**	**8001**	↓	**3091**	**3015**	↓	**88.42%**	**90.15%**	↑	**7**	**6**	↓	**December**

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	12570	11928	↓	3215	2689	↓	100.00%	99.59%	↓	0	0	→	December
WE	EPUT (W/Chairs)	97	66	↓	127	95	↓	99.21%	97.89%	↓	0	0	→	December
WE	Mayflower	NO DATA	NO DATA	-	NO DATA	527	-	NO DATA	83.7%		NO DATA	5	-	December
WE	**All**	**12667**	**11994**	↓	**3342**	**2784**	↓	**99.97%**	**99.53%**	↓	**0**	**0**	→	**December**

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

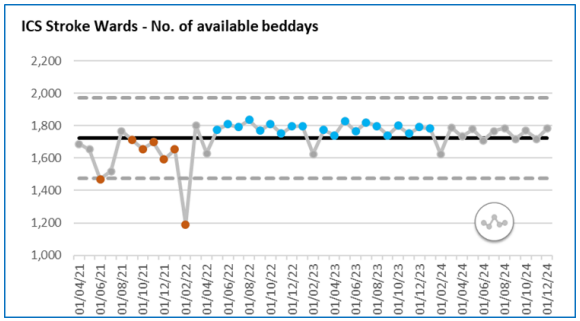
Hertfordshire and West Essex Integrated Care System

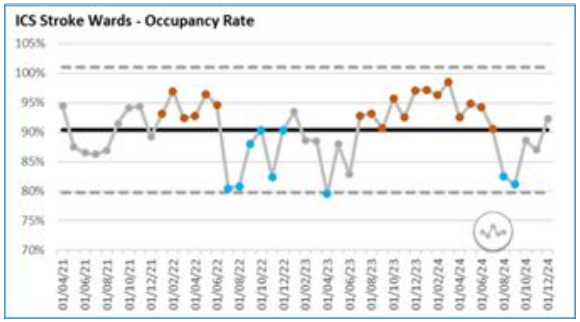
Community Waiting Times (Adults)

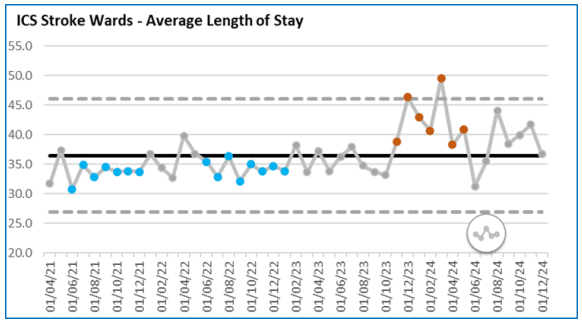
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Adult community services this include Skin Health (ENH), Respiratory (S&W), and Podiatric Surgery (WE). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services 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** • The % of patients waiting less than 18 weeks remains comparatively strong at 90.3%, compared to the national average of 85.4% • Overall waiting lists have also returned to the historic mean over the last two months, following six successive months of increases • 52 week waits increased from 45 to 52 in month – split between HCT and AJM wheelchairs • Consultant led 18-week RTT performance: ENH Skin Health – 86.0% SWH Respiratory – 96.7% WE Podiatric Surgery – 100%	**East & North Hertfordshire (ENH)** • Increase in referrals compared to 2023/24 • 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 data quality issues before incorporation into this report • CLCH – Slight increase in number of referrals in month. However, good progress made in reducing the total number of patients waiting • Increase in number of patients seen within 18 weeks and there are no patients waiting more than 52 weeks **AJM (Wheelchairs)** • 16 x 52 week waits reported in the December position, which is an improvement from 21 in the October position. Commissioners are working with AJM to closely oversee improvement plans and 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 / long-term sickness. Maximum wait of 10 weeks v. 8-week target • MSK breaches and increased PTL following transfer of iMSK patients from Stellar Healthcare on contract termination. Also impacted by long-term sickness • Freeze on bank / agency usage	**East & North Hertfordshire (ENH)** • All waits, especially longer 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 • Although good progress continues to be made, weekly Divisional review meetings with services remain in place to ensure progress continues **West Essex (WE)** • SLT Locum capacity in place from mid-November. High risk patients being prioritised with recovery expected from March • Podiatry / Bio-Mechanics – 2 x new starters commenced in November & December respectively • iMSK recovery plan agreed with full recovery of CRS / ESP services originally expected by February 25. Revised trajectory in development to reflect recent impact of long-term sickness

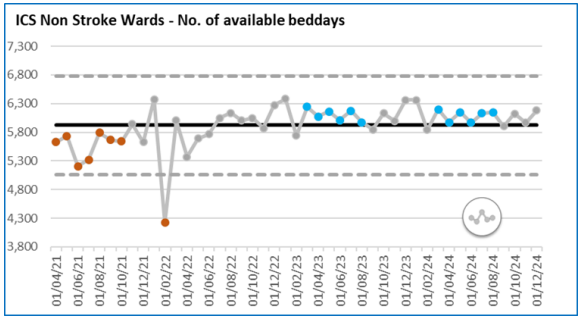
Community Beds (Stroke & Non-Stroke)

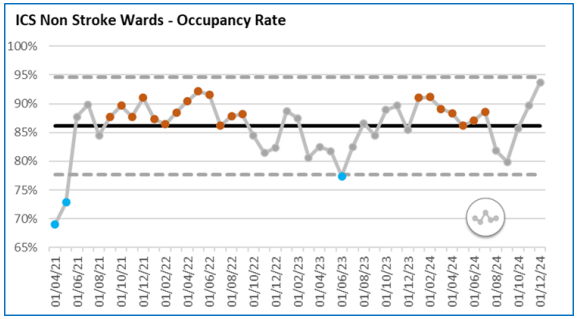


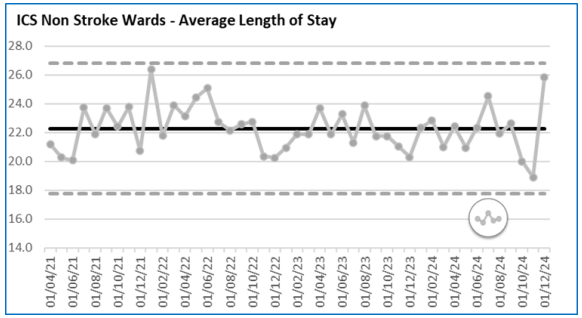




Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	720	744	↑	80.69%	88.44%	↑	38.1	26.7	↓	December
SWH	CLCH	579	604	↑	100.00%	100.00%	→	41.1	43.6	↑	December
WE	EPUT	420	434	↑	79.76%	88.02%	↑	49.0	43.0	↓	December
ICS	**All**	**1719**	**1782**	↑	**86.97%**	**92.26%**	↑	**41.7**	**36.7**	↓	**December**







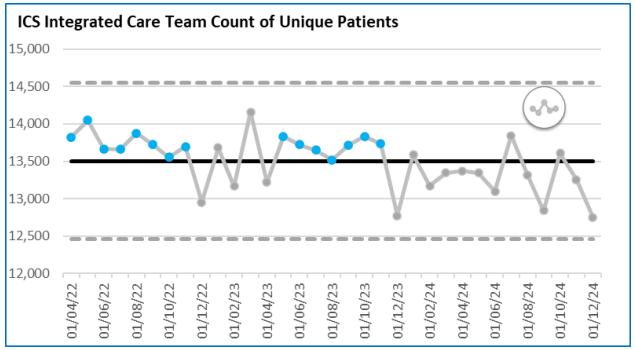
Non-Stroke Wards		Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	1590	1655	↑	76.98%	86.71%	↑	23.7	24.6	↑	December
SWH	CLCH	2189	2262	↑	98.13%	97.70%	↓	24.5	28.8	↑	December
WE	EPUT	2190	2263	↑	90.68%	94.83%	↑	9.9	23.6	↑	December
ICS	**All**	**5969**	**6180**	↑	**89.76%**	**93.71%**	↑	**18.9**	**25.8**	↑	**December**

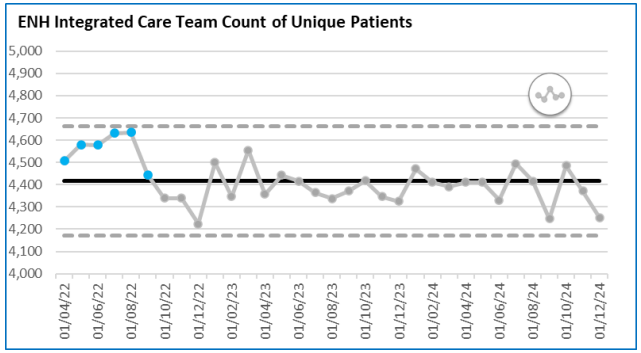
Community Beds (Stroke & Non-Stroke)

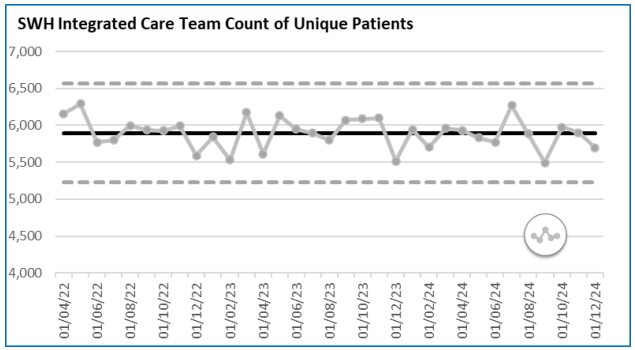
ICB Area	What the charts tell us	Issues	Actions
ICB	**Stroke Beds Days** • Available stroke bed days remain stable • Overall stroke bed occupancy rates have returned to historic average levels after the lows seen in August / September • CLCH occupancy remains very high at 100% • Overall length of stay is within common cause variation limits, but has been largely above the historic average during 2024 • HCT length of stay was notably lower in December than at CLCH & EPUT **Non-Stroke Beds Days** • Available non-stroke bed days remain consistent at c.6,100 per month • Overall non-stroke bed occupancy rates have increased for the last three months, with December being the highest on record at 94.8% • Overall length of stay was high in December at 25.8 days, but 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)** • Occupancy rates across both pathways remain high • Increase in occupancy rates due to complexity of patients and delays in social care packages **West Essex (WE)** • Length of stay on stroke ward reducing as long stay patients are discharged • Non-stroke bed occupancy and length of stay are both high and increasing, reflective of the ongoing support to the system, D2A ward opening, and increased acuity of patients	**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 • Patient expected discharge dates continue to be reviewed and where appropriate discharge dates brought forward • In-reach team at Watford General working with discharge team to review patients and ensure appropriate patients are discharged to CLCH rehab wards • Community services induction completed with Discharge team at Watford General **West Essex (WE)** • Daily escalation calls in place to support all delayed discharges • Discharge to Assess (D2A) – 22 dedicated beds now in place to support system

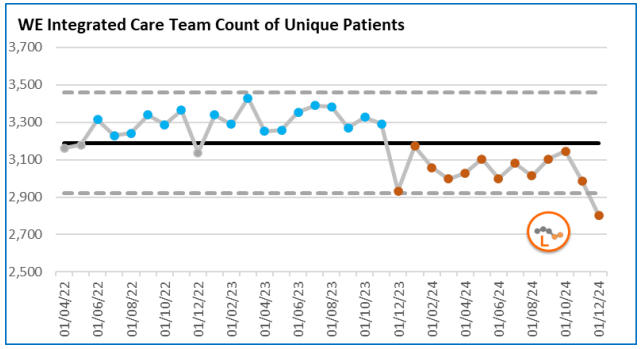
Hertfordshire and West Essex Integrated Care System

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	4371	4252	⇩	6.9	6.7	⇩	December
SWH	CLCH	All	5900	5697	⇩	8.6	8.3	⇩	December
WE	EPUT	All	2987	2803	⇩	8.9	8.4	⇩	December
ICS	**All**	**All**	**13258**	**12752**	⇩	**8.0**	**7.7**	⇩	**December**

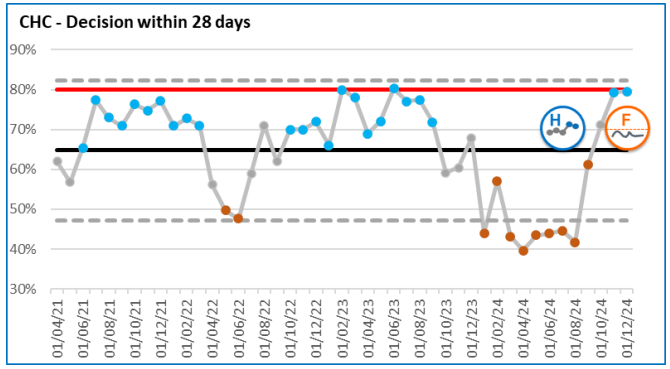
Hertfordshire and West Essex Integrated Care System

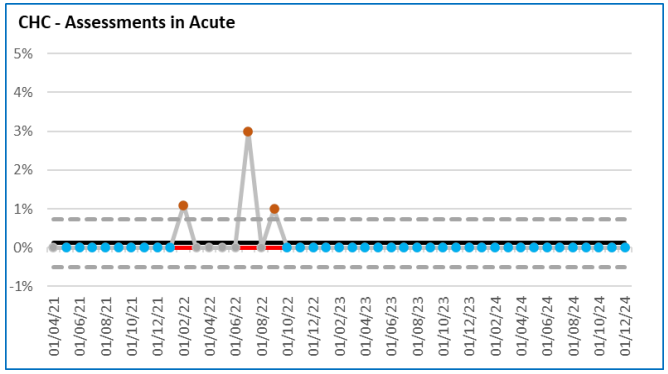
Integrated Care Teams (ICT)

ICB Area	What the charts tell us	Issues	Actions
ICB	• Unique contacts across the ICS and within the two Hertfordshire Places remain within expected common cause variation limits • Unique contacts in West Essex have trended below the historic mean for the last 13 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)** • Slight decrease 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)** • A comprehensive transformation programme in place focused on workforce, wound care and diabetes management with the ICT • Model being developed to improve capacity, agility and consistency across ICTs • Comprehensive 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 services appear to be effectively supporting reduced 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 a 25% reduction in NELs • Proposal to accelerate support in Harlow with an additional matron submitted to BCF

Hertfordshire and West Essex Integrated Care System

Continuing Health Care (CHC)



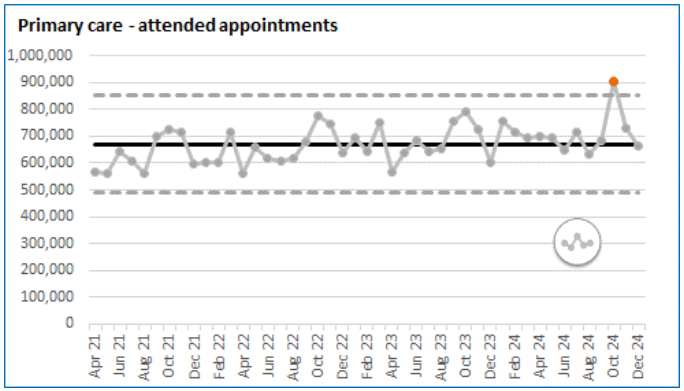


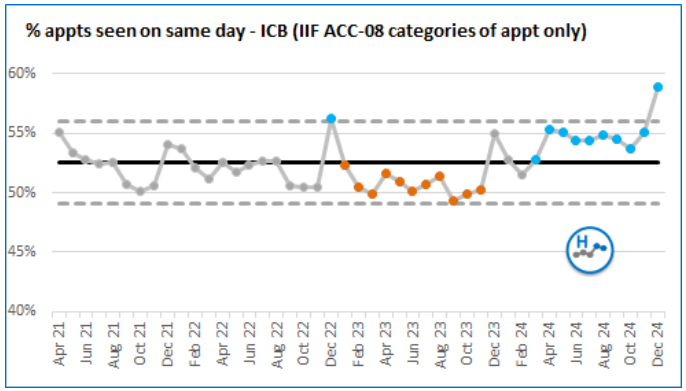
	What the charts tell us	Issues	Actions

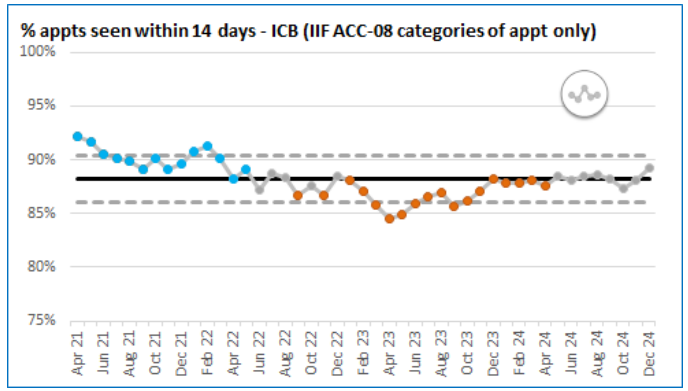
HWEICB	• The 28-day standard has notably improved over the last two months, most significantly in South & West Hertfordshire
	• Performance is trending above the historic mean, and ICB projections for the quarter are being met
	• November and December overall performance significantly improved and reached levels last seen in June 2023:
	  ○ Overall ICB – 79.5%
	  ○ West Essex – 75%
	  ○ ENH – 71.2%
	  ○ SWH – 91.4%
	• The recovery of the 28-day standard is forecast be achieved by Q4 24/25 and is on track
	• 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, this is an ongoing concern.
		• Concerns around Social Worker availability between Dec-Feb across all areas is predicted to have a negative impact on the 28-day KPI.
		• Both ENH and WE remain short of the target due to a lack of nursing capacity within the team, this continues to be addressed where possible.
			• 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 number of attended appointments in Nov-24 and Dec-24 were closer to expected levels.
- The % of appointments seen on the same day of booking has been above the long-term mean for the last ten months, suggesting that there has been a sustained improvement in this metric. In Dec-24, 59% of attendances were same day attendances which is the highest percentage since at least Apr-21. 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 eight 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 undertaken of the latest position for all practices for 24/25 year-end update. • Local CAIP - 29 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 – 29 PCNs; Simpler Online Requests – 24 PCNs; Faster Care Navigation, Assessment and Response – 29 PCNs. PCNs can submit their self-declaration up to 31 March 25 • Transition Cover – All 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, with 21 of 35 PCNs claimed by end of Jan-25. Workforce Leads engaging with PCNs to support further recruitment **Other** • Funding was mobilised for Additional Capacity via PCNs over Winter agreed locally as no National funding this year – PCN plans against 2 agreed priorities - Prevention (frailty, LTC, EOL) or Same day access • Active engagement with LMCs to refine Enhanced Commissioning Framework (ECF) for 25/26, including specific activity based payment for Wound Care activity. • 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 9

		Year To Date					
Area	Description	Plan	Actual	Variance to Plan	Variance to Plan %	Performance	Latest Data
Planned Care	Elective day case spells	115,953	120,704	4,751	**4.1%**	↑	Dec-24
	Elective ordinary spells	10,429	10,943	514	**4.9%**	↑	Dec-24
	Outpatient procedures	205,856	225,439	19,583	**9.5%**	↑	Dec-24
	Percentage outpatients follow-up without a procedure	49.7%	48.1%	**-1.6%**		↓	Dec-24
	Total outpatient attendances	1,206,602	1,247,968	41,366	**3.4%**	↑	Dec-24
	Incomplete (RTT) pathways 65 weeks+	0	95	95		↑	Dec-24
	The number of incomplete Referral to Treatment (RTT) pathways	142,035	142,033	-2	**0.0%**	↓	Dec-24
	Diagnostic test waiting list over 6 weeks - All Planning Modalities	3,964	16,308	12,344	**311.4%**	↑	Dec-24
Cancer	Percentage patients seen within 62 days	78.3%	74.5%	**-3.8%**		↓	Dec-24
	Percentage cancer 28 day waits (faster diagnosis standard)	74.4%	78.8%	**4.4%**		↑	Dec-24
UEC	Type 1, 2, 3 A&E attendances	386,228	394,787	8,559	**2.2%**	↑	Dec-24
	Percentage Type 1, 2, 3 A&E attendances < 4 hours	76.0%	71.4%	**-4.6%**		↓	Dec-24
	Non-elective spells - 0 days length of stay	22,439	35,197	12,758	**56.9%**	↑	Dec-24
	Non-elective spells - 1+ days length of stay	63,584	64,811	1,227	**1.9%**	↑	Dec-24
	Same day emergency care	36,365	-	-	**-**	↑	-
Primary Care	Percentage of appointments seen within two weeks	89.1%	88.2%	**-0.9%**		↓	Dec-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 3

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	78	312	234	**300.0%**	↑	Dec-24
Talking Therapies	Percentage of patients that achieved reliable recovery	48.5%	50.7%	**2.3%**		↑	Dec-24
	Percentage of patients that achieved reliable improvement	67.1%	66.9%	**-0.1%**		↓	Dec-24
Dementia	Estimated prevalence of dementia based on GP registered populations	65.1%	64.9%	**-0.2%**		↓	Dec-24
CYP	Number of CYP supported through NHS funded mental health services receiving at least one contact	172,540	102,870	-69,670	**-40.4%**	↓	Dec-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%	21.2%	**2.4%**		↑	Q3
	Learning Disability Inpatient Rate per Million ONS Resident Population - adults	29.01	-			↑	-
	Learning Disability Inpatient Rate per Million ONS Resident Population - children	15.09	-			↑	-
SMI	Percentage of people with severe mental illness receiving a full annual physical health check	52.4%	-			↑	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)

December 2024

		Hertfordshire and West Essex ICB					
Area	Activity	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	79.6%	January 25	✓ 24.90%	87.50% (Worse)	82.44% (Worse)	22
	Proportion of calls abandoned	2.8%	January 25	✓ -149.94%	2.02% (Worse)	2.62% (Worse)	17
A&E	% Seen within 4 hours	72.2%	January 25	✓ 4.218%	73.01% (Worse)	71.30% (Better)	27
	12 Hour Breaches	14.8%	January 25	✓ -3.10%	12.67% (Worse)	12.59% (Worse)	30
Cancer	28 days Faster Diagnosis	77.2%	December 24	✓ 0.35%	78.08% (Worse)	74.86% (Better)	23
	31 days	93.5%	December 24	✓ 2.82%	91.53% (Better)	88.12% (Better)	16
	62 days	76.4%	December 24	✓ 3.17%	71.33% (Better)	69.15% (Better)	6
RTT	Incomplete Pathways <18 weeks	56.6%	December 24	✓ 0.25%	58.9% (Worse)	54.8% (Better)	28
	52+ weeks as % of total PTL	2.59%	December 24	✓ -12.18%	2.68% (Better)	3.64% (Better)	29
	65+ weeks as % of total PTL	0.11%	December 24	✓ -94.77%	0.21% (Better)	0.24% (Better)	21
	78+ weeks as % of total PTL	0.01%	December 24	✓ -79.08%	0.03% (Better)	0.02% (Better)	24
Diagnostics	6 week wait	36.7%	December 24	✗ 8.19%	22.78% (Worse)	32.65% (Worse)	39
Mental Health	Dementia Diagnosis rate	65.3%	December 24	✗ -0.31%	65.60% (Worse)	64.30% (Better)	21
	OOA placements	30	December 24	✗ 23.33%	n/a	n/a	n/a
CHC *	% of eligibility decisions made within 28 days	79.5%	December 24	✓ 0.29%	75.53% (Better, at 76.73%)	76.17% (Better, at 76.73%)	26
	% of assessments carried out in acute	0.0%	December 24	– 0.00%	0.40% (Better, at 0.31%)	0.13% (Worse, at 0.31%)	27

LEGEND

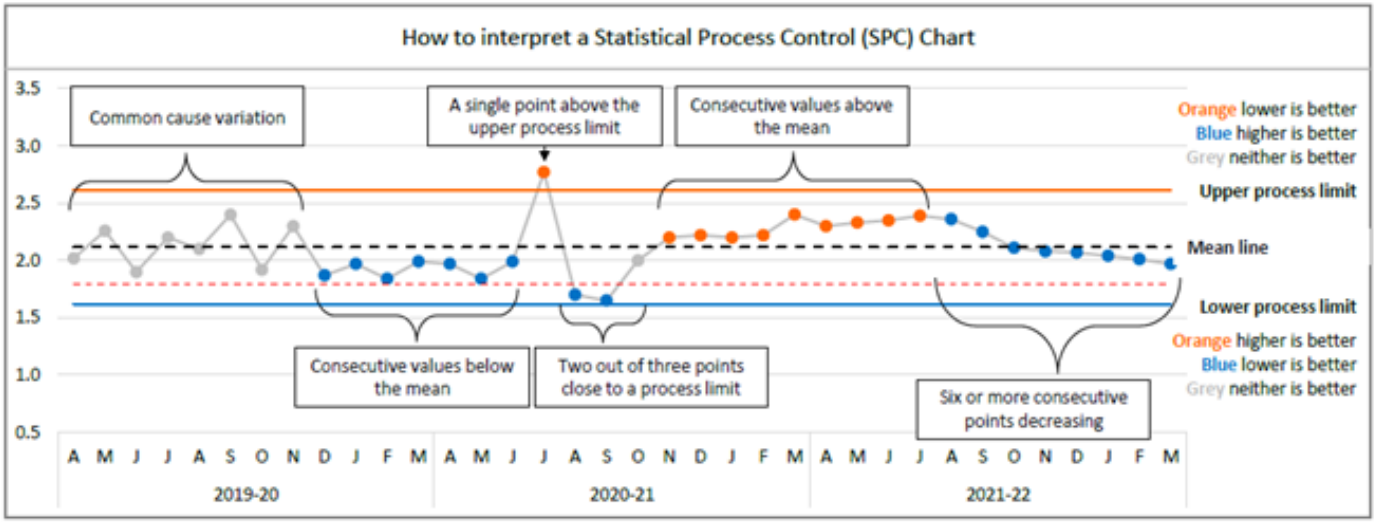
Performance against National/Regional
- Better
- Worse

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

Provider Ranking
- First quartile
- Middle quartile
- Lowest quartile

* **CHC benchmarking and ranking** is based on quarterly data only.
The latest data is Q3 for 2024/25 (covering Oct - Dec 2024).

Appendix B: Statistical Process Control (SPC) Interpretation



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

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

Hertfordshire and West Essex Integrated Care System

Appendix C: Glossary of acronyms (1 of 2)

A&E	Accident & Emergency
AAU	Ambulatory Assessment Unit
ADHD	Attention Deficit Hyperactivity Disorder
AHC	Annual Health Check
ASD	Autism Spectrum Disorder
BAME	Black Asian & Minority Ethnic
BAU	Business As Usual
CAMHS	Children & Adolescent Mental Health Service
CCATT	Children Crisis Assessment & Treatment Team
CCC	Care Coordination Centre
CDC	Community Diagnostic Centre
CDU	Clinical Decision Unit
CHAWS	Child Health and Women's Service
CHC	Continuing Healthcare
CISS	Community Intensive Support Service
CLCH	Central London Community Healthcare NHS Trust
CPCS	Community Pharmacy Consultation Service
CQI	Continuous Quality Improvement
CQC	Care Quality Commission
CT	Computerised Tomography (scan)
CYP	Children & Young People
D2A	Discharge to Assess
DEXA	Dual Energy X-ray Absorptiometry (bone density scan)
DMAS	Digital Mutual Aid System
DQ	Data Quality
DST	Decision Support Tool
DTA	Decision To Admit
DTOC	Delayed Transfer of Care
DWP	Department for Work & Pensions
EAU	Emergency Assessment Unit
ECAT	Emergency Clinical Advice and Triage

ECHO	Echocardiogram
ED	Emergency Department
EEAST	East of England Ambulance Service NHS Trust
EIP	Early Intervention in Psychosis
EMDASS	Early Memory Diagnosis and Support Service
EMIS	Supplier of GP Practice systems and software
ENHT	East & North Herts NHS Trust
EPR	Electronic Patient Record
EPUT	Essex Partnership University NHS Foundation Trust
F2F	Face-to-Face
FDS	Cancer 28 day Faster Diagnosis Standard
FHAU	Forest House Adelescent Unit
FNC	Funded Nursing Care
GIRFT	Getting It Right First Time
GP	General Practice
GPPS	GP Patient Survey
HALO	Hospital Ambulance Liaison Officer
HCA	HealthCare Assistant
HCT	Hertfordshire Community Trust
HEG	Hospital Efficiency Group
HPFT	Hertfordshire Partnership NHS Foundation Trust
HCRG	Health Care Resourcing Group
HUC	Hertfordshire Urgent Care
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IPC	Infection prevention and control
IS	Independent Sector
IUC	Integrated Urgent Care
IUATC	Integrated Urgent Assessment and Treatment Centre

Hertfordshire and West Essex Integrated Care System

Glossary of acronyms (2 of 2)

LA	Local Authority
LD	Learning Disability
LDAHC	Learning Disability Annual Health Checks
LMNS	Local Maternity Neonatal System
LMS	Local Maternity System
LoS	Length of Stay
MADE	Multi Agency Discharge Event
MDT	Multi Disciplinary Teams
MH	Mental Health
MHSOP	Mental Health Service for Older People
MOU	Memorandum Of Understanding
MRI	Magnetic Resonance Imaging
MSK	Musculoskeletal
NHSE	NHS England
NICE	The National Institute for Health & Care Excellence
NMCTR	Not Meeings Criteria To Reside
NOK	Next Of Kin
NOUS	Non-Obstrtric Ultrasound
OOAP	Out of Area Placements
OPEL	Operational Pressures Escalation Levels
OT	Occupational Therapy
PAH / PAHT	The Princess Alexandra Hospital NHS Trust
PCN	Primary Care Network
PEoLC	Palliative & End of Life Care
PIFU	Patient Initiated Follow-Up
PMO	Project Management Office

PRISM	Primary Integrated Service for Mental Health
PTL	Patient Tracking List
RCA	Root Cause Analysis
REAP	Resource Escalation Action Plan
RESUS	Resuscitation
RTT	Referral to Treatment (18-week elective target)
SACH	St Albans City Hospital
SAFER	Tool to reduce patient flow delays on inpatient wards
SDEC	Same Day Emergency Care
SLT	Speech & Language Therapist
SMART	Surge Management and Resilience Toolset
SMI	Severe Mental Illness
SRG/LDB	System Resilience Group / Local Delivery Board
SSNAP	Sentinel Stroke National Audit Programme
SVCC	Single Virtual Call Centre
T&O	Trauma and Orthopaedic
TOCH	Transfer of Care Hub
TTA	Take Home Medication (To Take Away)
UEC	Urgent Emergency Care
US	Ultrasound Scan
UTC	Urgent Treatment Centre
VCSFE	Voluntary, Community, Faith and Social Enterprise
WAF	Winter Access Fund
WGH	Watford General Hospital
WHHT	West Herts Hospital Trust
WW	Week Waits

Hertfordshire and West Essex Integrated Care System

Board

East and North Hertfordshire Teaching NHS Trust

Meeting	Public Trust Board		**Agenda Item**	18	
Report title	Summary Learning from Deaths Report		**Meeting Date**	14 May 2025	
Author	Mortality Improvement Lead				
Responsible Director	Medical Director				
Purpose	**Assurance**	☒	**Approval/Decision**	☐	
	Discussion	☐	**For information only**	☐	
Proposed assurance level (*only needed for assurance papers)*	**Substantial assurance**	☐	**Reasonable assurance**	☒	
	Partial assurance	☐	**Minimal assurance**	☐	

Executive assurance rationale:

External statistical benchmarking validation but some data submission issues in month.

Summary of key issues:

Mortality improvement work is a continual on-going process within the Trust. This quarterly report provides a summary of the detailed Learning from Deaths report provided to the Quality and Safety Committee, which outlines key results of this work, including the regular monitoring of mortality rates, together with outputs from our Q3 learning from deaths work. It also incorporates information and data mandated under the National Learning from Deaths Programme.

Prior to submission to Quality and Safety Committee, the report was approved by the Mortality Surveillance Committee, which agreed that it appropriately highlights current topics and activity of particular relevance in providing assurance to the Executive regarding this workstream.

Points of note this quarter include:

- Mortality rates remain stable and well positioned against national and Model Hospital Peer, with HSMR and SHMI in the 'as expected'/mid-range bands. There is an in-month spike in HSMR – discussion with our statistical suppliers suggests this is due to an initial incomplete data submission and will correct itself once our HES data refreshes. It will be closely monitored.
- No HSMR alerts.
- 5 SHMI 3SD alerts – with work in progress to understand these – for all of these it is appropriate to look at the quantum of deaths in associated categories.
- Significant increase in community deaths requiring scrutiny is placing stress on the Medical Examiner service.
- Learning from SJRs is being enhanced by asking all clinical governance leads to ensure they are discussed at specialty Mortality and Morbidity meetings.
- To date no Q3 deaths receiving an SJR have been judged to have been more likely than not due to a problem in healthcare.
- To date five Q3 deaths receiving an SJR have been assessed as evidencing poor care – these have all been escalated as patient safety incidents ensuring further review at specialty/division level.

- The significant decrease in NELA case ascertainment was investigated identifying missed cases. Work is underway to upload these to the NELA database.
- Cardiology basket alerts: only coronary atherosclerosis remains an outlier – work remains ongoing between the service and coding with an update due at March Mortality Surveillance Committee.

Our Coroner, whilst recognising that SJRs are not produced for them, has requested that we share these reports, if they have been undertaken for deaths subject to Inquest. Our reviewers have been made aware of this development.

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

Patient care quality	☒	**Equity for patients**	☒	**Equity for staff**	☐	**Finance/ Resourc -ing**	☐	**System/ Partners**	☐	**Legal/ Regul- atory**	☒	**Green/ Sustai- nability**	☐

Ongoing focus on the areas detailed in this report are vital for the following reasons:

Equality:

- To constantly target health inequalities and involve patients in their care.
- To identify and reduce unwarranted variation through the creation of an environment of learning, autonomy, and accountability.

Patients' benefit/detriment:

- To continuously strive to improve services for the living by identifying good practice and suboptimal care in our reviews of those who have died in our care, both sharing this learning and using themes and trends identified to shape forward planning and quality improvement strategies.
- To promote seamless care for patients by identifying opportunities for more effective collaboration and co-ordination of services within the Trust and with our partners.

Legal/Regulatory:
To ensure compliance with the requirements stipulated in the National Guidance on Learning from Deaths (NQB 2017).

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*

Please refer to page 4 of the report.

Report previously considered at & date(s):

Mortality Surveillance Committee: 05 March 2025: Full report & Summary discussed and approved.
Quality and Safety Committee: 26 March 2025: Full report presented with no significant comments or challenges made.

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

To be trusted to provide consistently outstanding care and exemplary service

1. Executive Summary

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

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

1.2 Impact
1.2.1 Strategic ambitions
The Trust has developed a framework of strategic objectives to support and drive continuous improvement. These are listed on the front cover of this report. Additionally, a set of mortality focussed objectives have been developed to echo and support the overarching Trust's strategic ambitions. A new iteration of the strategy is currently being developed to provide focus through 2025-27.

1.2.2 Compliance with Learning from Deaths NQB Guidance
The national Learning from Deaths guidance states that trusts must collect and publish certain key data and information regarding deaths in their care via a quarterly public board paper. This paper provides this information for Q3 2024-25. An in-depth Learning from Deaths Report covering the same period was provided to both the Quality & Safety Committee, and Mortality Surveillance Committee in March 2025.

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

Figure 1: Learning from deaths and CQC domains of care

1.3 Risks

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

Table 1: Current risks

Risks	Risk rating
Cardiology: continuing SHMI alert Following recurrent mortality alerts across the cardiology diagnosis basket, and a report by the Cardiology Clinical Director, a joint initiative between Cardiology and Coding was agreed. This has remained ongoing. Following significant work, the only diagnosis group which continues to alert is coronary atherosclerosis. A further update is scheduled for March 2025 which will focus on this small group of deaths. To date no concerns have been raised regarding the quality of care.	
Ovarian Cancer SACT 30 Day Mortality: External review findings In the 2017-20 national Systemic Anti-Cancer Therapy (SACT) audit, the Trust was identified as an outlier for 30 Day Mortality. Following discussion at Mortality Surveillance an external peer review was commissioned. This identified a lack of integrated care at MVCC. Following completion of the review of patient care, a formal SI report has been completed. A small number of associated actions remain outstanding. This risk will be maintained until these are confirmed as complete.	
SJRPlus review tool Following transfer of the SJRPlus review tool from NHSE to Aqua, it took some time to gain the data protection assurances required by our Executive. An element of risk has remained, as to date Aqua has not conducted a Pen Test, on the basis that the App has moved from one part of the Azure platform to another. Our Chief Information Officer approved our use of the tool, on the basis that we logged this as a tolerated risk on the Risk Register. This remaining risk is regularly revisited.	Ref: 3398

	Low risk		Medium risk		High risk

2. Context

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

2.1 Headline mortality metrics

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

Table 2: Key mortality metrics

Metric	Headline detail
Crude mortality	Crude mortality is 0.88% for the 12-month period to Dec 2024 compared to 1.02% for the latest 3 years.
HSMR: (data period Dec23 –Nov24)	HSMR for the 12-month period is **84.59, *'Mid-range'*.**
SHMI: (data period Sep23 – Aug24)	SHMI for the 12-month period is **92.05, 'as expected' band 2.**
HSMR – Peer comparison	ENHT ranked 2nd (of 11) within the Model Hospital list* of peers.

* We are comparing our performance against the recommended peer group indicated for ENHT in the Model Hospital (updated in November 2022). Further detail is provided in 2.1.3.

Figure 2 below shows the Trust's latest in-month and rolling 12-month trend for the three key mortality metrics: Crude mortality, HSMR and SHMI, as reported by CHKS. This shows that rolling 12-month Crude mortality has remained on a steady downward trend. It now stands below pre-pandemic levels. Following a prolonged downward trend since March 2023, rolling 12-month HSMR plateaued, then showed slight increases over the last 2 months.

The apparent significant spike in in-month HSMR for November 2024 was queried with CHKS. They cautioned against immediately reacting to this apparent increase since it is affected by the level of coding and uses the HES data that isn't always complete for the latest month. When they checked other metrics which rely on data provided directly to them, rather than HES data (RAMI and crude mortality), no such spike was seen. This will be scrutinised again once our HES data has refreshed.

Rolling 12-month SHMI reported by CHKS stands at **92.05** to August 2024. This represents a marginal increase from the last reported **92.08** for the 12 months to June 2024.

Figure 2: Trust key mortality metrics: Latest position

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Mortality Rate - Monthly	1.51	1.17	0.89	0.95	0.76	0.92	0.73	0.72	0.79	0.71	0.90	0.76
Mortality Rate - Rolling Month	1.07	1.05	1.02	0.98	0.97	0.96	0.95	0.92	0.92	0.91	0.91	0.89
HSMR - Monthly	97.8	84.8	71.5	84.6	70.4	89.4	72.7	91.6	82.2	78.9	84.5	110.9
HSMR - Rolling Month	86.6	85.6	84.1	83.0	82.0	81.9	82.1	82.1	82.2	82.7	83.0	84.6
SHMI - Monthly	105.0	92.8	80.1	94.8	93.2	99.2	83.6	93.5	87.8			
SHMI - Rolling Month	92.4	91.5	90.4	89.9	90.0	91.2	91.3	91.5	92.1			

2.2 Mortality alerts

2.3.1 CQC CUSUM alerts
There have been no CQC alerts in Q3.

2.2.2 HSMR CUSUM alerts
There are no HSMR CUSUM red alerts which constituted a rolling 12-month 3 standard deviation outlier, for the year to November 2024.

2.2.3 SHMI CUSUM alerts
CHKS report indicated five SHMI CUSUM red alerts for the period to August 2024 which constituted rolling 12-month 3 standard deviation outliers, as detailed in the table below.

Table 3: SHMI Outlier Alerts September 2023 to August 2024

	SHMI	Observed Deaths	Expected Deaths	"Excess" Deaths	Included Spells
101 - 159: Urinary tract infections	143.10	93	65	28	1347
79 - 131: Respiratory failure; insufficiency; arrest (adult)	183.20	29	16	13	63
27 - 39: Leukaemias	231.29	17	7	10	66
100 - 156, 158: Nephritis; nephrosis; renal sclerosis, Chronic renal failure	271.11	19	7	12	340
58 - 101: Coronary atherosclerosis and other heart disease	274.49	11	4	7	265

* Excess deaths are defined as the number of deaths above what would be expected in a given period based on historical data. Excess deaths are derived from a statistical model. They do not represent actual deaths. They are, however, an important indicator for further review, particularly where the number of excess deaths is significant. In such situations it is important that the actual deaths underpinning a mortality rate alert are reviewed to ensure there are no clinical or operational factors negatively impacting on patient outcomes.

On the back of recurrent alerts for Respiratory failure; insufficiency; arrest, further review and monitoring between Coding and the relevant services has commenced. Additionally, while an in-depth UTI review was undertaken at the start of last year, as this group has continued to alert, and involves a high volume of deaths, further review work has also commenced.

Both the nephritis group and coronary atherosclerosis are under scrutiny with collaborative work ongoing between Coding and the Clinical Leads involved.

It is twelve months since Leukaemias alerted. At that time, a preliminary review did not give rise to concerns. This alert was discussed at February Mortality Surveillance Committee, where it was agreed that a coding review should be undertaken to assess the need for further review.

2.2.4 Other external alerts
There are no current active external alerts.

2.2.5 Key Learning from Deaths Data

2.2.5.1 Mandated mortality information

The Learning from Deaths framework states that trusts must collect and publish certain key data and information regarding deaths in their care via a quarterly public board paper. This mandated information is provided below for Q3 2024-25.

Table 4: Q3 2024-25: Learning from deaths data

	Oct-24	Nov-24	Dec-24
Total in-hospital deaths (ED & inpatient)	131	103	158
SJRs completed on in-month deaths (at 1.11.24)	38	26	7
Patient safety incident escalation from SJR (by month of death) (at 1.11.24)	15	7	33
SJR outcome: Deaths more likely than not due to problem in care (≥50%)	0	0	0
Learning disability deaths	3	0	2
Mental illness deaths	2	1	1
Stillbirths	1	1	1
Child deaths (including neonates/CED**)	0	2	0

Maternity deaths	0	0	0
PSIIs reported regarding deceased patient	3	1	0
PSIIs approved regarding deceased patient	0	0	1
Complaints received in month regarding deceased patient	4	3	3
Requests received in month for a Report to the Coroner	11	9	11
Regulation 28 (Prevention of Future Deaths)	0	0	0

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

2.2.5.2 Learning from deaths dashboard

The National Quality Board provided a suggested dashboard for the reporting of core mandated information. This dashboard is provided at Appendix 1.

3.0 Scrutiny to SJR

3.1 Medical Examiner Scrutiny

Table 5: Medical Examiner scrutiny data: Q3 2024-25

Scrutiny detail	Oct	Nov	Dec	Q3 Total
Total in-hospital deaths (excluding MVCC)*	134	107	164	405
ENHT deaths scrutinised by ME	134	107	164	405
MCCDs not completed within 3 calendar days of death	14	12	29	55
ME referrals to Coroner	24	17	34	75
Deaths where significant concern re quality of care raised by bereaved families/carers	2	0	0	2
Patient safety incidents notified by ME office as a result of scrutiny	0	0	0	0
ME referrals for SJR	31	34	31	96
Community deaths reviewed	189	211	207	607
Deaths referred by the Coroner to ME office to review	52	52	58	162
Total deaths reviewed				1174

**MVCC deaths are excluded as these deaths are not scrutinised by our Trust, they are instead scrutinised by Hillingdon.*

The service reported that there has been a significant increase in the number of community deaths requiring scrutiny, which is placing pressure on the Medical Examiner service.

3.2 Structured Judgement Reviews

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

As previously reported, from the end of April 2024, the SJRPlus review tool transferred from NHSE to Aqua (Advancing Quality Alliance), an NHS health and care quality improvement organisation working across the NHS, care providers and local authorities.

3.2.2 SJR and deaths YTD headline data

Table 6: Headline Year to date SJR and deaths data

Data count	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Total in-patient deaths	89	111	84	92	99	86	122	96	150	929
Total ED deaths	11	7	11	3	16	11	9	7	8	83
SJRs completed on in-month deaths (at 17.01.2025))	16	10	6	15	32	37	38	26	7	187

The above table shows that by mid-January, 18% of hospital deaths have received a formal structured judgement review. This is an improvement on the Q2 figure of 16%. This means that at the end of Q3 we are already meeting the 15-20% review target suggested by the Better Tomorrow team (now part of Aqua) as being needed to provide robust learning/assurance. Our aim is to further increase this to ≥20% by the end of the financial year.

3.2.3 Learning beyond SJR

3.2.3.1 SJR patient safety incident escalations

Table 7: Year to end of Q3 Patient Safety Incidents reported following SJR

Escalations for deaths in month (17.01.25)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Patient Safety Incident Escalations from SJRs	4	5	1	3	5	7	15	7	3	50

For deaths in the current year which have been subject to an SJR, 50 cases have been escalated as a patient safety incident. When we adopted the SJR format and revisited our internal quality and governance processes, it was agreed with our patient safety team, that there are three triggers in the SJR which should result in the case being logged and investigated as a patient safety incident: (i) Where overall care is considered poor/very poor, (ii) Where a problem in care led to harm/probably led to harm, (iii) where the reviewer considered there was any evidence that the death may have been preventable. This approach ensures further scrutiny of these cases at specialty/divisional level.

These criteria for further review are broader than those historically used to identify areas of concern which means more cases may be identified for further scrutiny, but some will involve a lower level of concern, but still provide valuable opportunities to learn.

Learning from concluded patient safety incident investigations relating to deaths will be collated and added to themes and trends identified in SJRs to inform future quality and improvement work. This quarterly report will detail outcomes of incidents escalated from SJRs where the reviewer judged the death to be more than 50:50 likely preventable and/or the quality of care to have been very poor. Additionally, incidents relating to deaths which are subject to PSII under PSIRF will be included, which will often not have received an SJR. The report will cover cases concluded in the current quarter, irrespective of the date of death of the patient.

In Q3 two cases matching these criteria were concluded and discussed at Mortality Surveillance.

Table 8: Q3 2024-25: Concluded Escalated Cases Summary

SJR/ SI/PSII	Death Preventability (Final MSC decision)	Incident category	Learning themes
SI & SJR	Slight Evidence of Preventability	Deteriorating Patient	Medication/IV fluids/Electrolytes/Oxygen Treatment/Management Plan Clinical Monitoring/Obs/planning Resuscitation Communication with patient, relatives and carers
SI & SJR	Slight Evidence of Preventability	Decision Making	Medication/IV fluids/Electrolytes/Oxygen Treatment/Management Plan

As the Patient Safety Incident Response Framework (PSIRF) becomes fully embedded in the Trust, is vital that internal pathways for review and investigation continue to be revisited and clarified to ensure a seamless fit that ensures effective processes that combine to maximise learning potential.

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

With the introduction of the ENHance platform for patient safety incident monitoring; together with the new PSIRF approach to learning from incidents, we are continuing to look for new ways in which learning can be shared and regarding the methods to be used for assessing its impact and effectiveness.

A quarterly 'Food for Thought' presentation is now created, each iteration focussing on a particular aspect of SJR outputs. These presentations are shared in forums such as Mortality Surveillance Committee, Divisional Quality & Safety meetings and with the ICB. A condensed version of these presentations is now also shared in Rolling Half Day documentation packs.

Additionally, from February 2025 Clinical Governance Leads have also been asked to ensure that all SJRs are discussed in their specialty Mortality & Morbidity meetings, or other appropriate governance forums. Prior to this date, while many SJRs were already being discussed in these forums, the practice had not been standardised. This initiative forms part of the ongoing drive to encourage the sharing of learning identified in these reviews.

4.0 Improvement activity

4.1 Focus areas for improvement/monitoring

Table 9: Focus Areas for Improvement

Diagnosis group	Summary update
Ovarian Cancer	In the 2017-20 national Systemic Anti-Cancer Therapy (SACT) audit, the Trust was identified as an outlier for 30 Day Mortality. Following discussion at Mortality Surveillance an external peer review was commissioned. This identified a lack of integrated care at MVCC. Following completion of the review of patient care, a formal SI report has been completed. A small number of associated actions remain outstanding. This risk will

	be maintained until these are confirmed as complete.
Cardiology diagnoses	Following recurrent mortality alerts across the cardiology diagnosis basket, and a report by the Cardiology Clinical Director, a joint initiative between Cardiology and Coding was agreed. This has remained ongoing. Following significant work, the only diagnosis group which continues to alert is coronary atherosclerosis. A further update is scheduled for March 2025 which will focus on this small group of deaths. To date no concerns have been raised regarding the quality of care.
Sepsis	While HSMR performance relative to national peer remains extremely well placed, achievement of sepsis targets remains variable. The sepsis team continues to develop multiple initiatives aimed at improving compliance.
Stroke	In the latest published SSNAP report covering the period April-June 2024, the service maintained its overall B rating. The team completed their time working with the national team on the Thrombolysis in Acute Stroke Collaborative (TASC) project which is a national programme of work. This has resulted in the SSNAP rating for Thrombolysis going from a D to a C rating. Weekly case reviews have been implemented to maintain this work. Our most recent scoring achieved the 14% target for the month of December. The focus on engagement with teams such as ED, emergency medicine and radiology is continuing with the aim of continuing to improve overall performance. Collaborative work at a regional level with the East of England Integrated Stroke Delivery Network (ISDN) has continued. The Trust is currently involved with the National Stroke Imaging Pathway compliance auditing, including the implementation of CT perfusion and the rollout of Tenecteplase for Thrombolysis in line with new national /NICE guidance, all of which will improve Thrombolysis and Thrombectomy pathways. Finally, the team continues to work on all aspects of performance with a particular focus on the 4-hour to stroke unit performance and thrombolysis and thrombectomy rates. This is supported by good engagement at ICB level via board meetings and Task and Finish groups.
Emergency Laparotomy	National Emergency Laparotomy Audit (NELA) year 10 has now closed with 130 cases, which is fewer than in previous years. With only 6 mortalities recorded, this indicates a crude mortality of less than 5%. It will be some time before the risk adjusted mortality is published. Our case ascertainment for the current year has dropped significantly compared to previous years. While it is acknowledged that fewer operations are being performed as a result of a more appropriate and rigorous selection process. An exercise to check cases has revealed some have been missed and work is underway to remedy this. The NoLap Audit commenced in April 2024. This will show how the case selection is affecting the mortality of those not operated on. The service needs support to re-start a cooperative and constructive discussion on how to improve the time from front door ED to Theatre. This will require an enhanced level of cooperation from ED, Radiology and the Emergency Surgical Team. Additionally, Anaesthetic/ITU input is crucial to the decision-making process and if not done on a timely basis contributes to delays to theatre. It is

	recognised that this is not only a local challenge, but one facing trusts nationally, due to the waiting times in ED and the associated delays to arranging CT scans. Collaborative deaths review work is also ongoing with the Coding department, aimed at improving the quality of coding and thereby improving the accuracy of submitted HES data, which forms the basis of mortality indicators.

5.0 Preventable deaths

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

The table below provides year to end of Q3 deaths/SJR/Preventability data (detailing SJRs conducted up to 31st December 2024). The outcome of investigations and actions relating to deaths judged more than 50:50 preventable will be discussed by the Mortality Surveillance Committee. To date there have been no Q3 deaths judged to be more likely than not due to a problem in healthcare.

As stated above, the preventability of death data provided in this report is taken from mortality reviewers assessment in their structured judgement reviews. Where cases are escalated for further patient safety review/investigation, the additional rigour employed may bring to light detail which results in a downgrading (or increase) to the level of harm deemed to have been caused. The results of these more in-depth reviews are taken into consideration when estimating the number of deaths judged to be more likely than not due to a problem in healthcare reported in the annual Quality Account.

Table 10: 2024-25 SJR preventable deaths data Year to the end of Q3

Data count (at 17.01.25)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Hospital deaths (ED & inpatient)	100	118	95	95	115	97	131	103	158	1012
SJRs completed on in-month deaths	16	10	6	15	32	37	38	26	7	187
% of deaths subject to SJR to date	16%	8%	6%	16%	28%	38%	29%	25%	4%	18%
Deaths judged more likely than not to be due to a problem in healthcare	1	1	0	0	1	0	0	0	0	3
% SJRs assessed ≥50:50 preventable	6%	10%	0%	0%	3%	0%	0%	0%	0%	2%

6.0 Options/recommendations

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

Appendix 1: Learning from Deaths Dashboard

East and North Hertfordshire Trust: Learning from Deaths Dashboard - December 2024-25

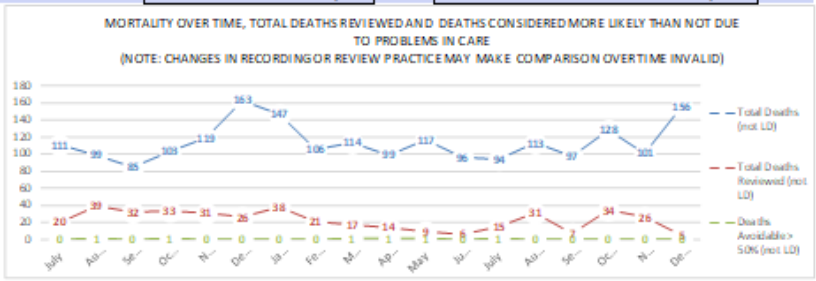
Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology (SJR Plus)

Total Number of Deaths, Deaths Reviewed and Deaths Deemed more likely than not due to problems in care (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered more likely than not due to problems in care PRISM Score<=3 or equivalent measure	
This Month	Last Month	This Month	Last Month	This Month	Last Month
156	101	5	26	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
385	304	65	53	0	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1001	1358	147	352	3	4

Time Series: Start date 2023-24 Q2 End date 2024-25 Q3



Total Deaths Reviewed, categorised by PRISM Score/SJRPlus preventability score

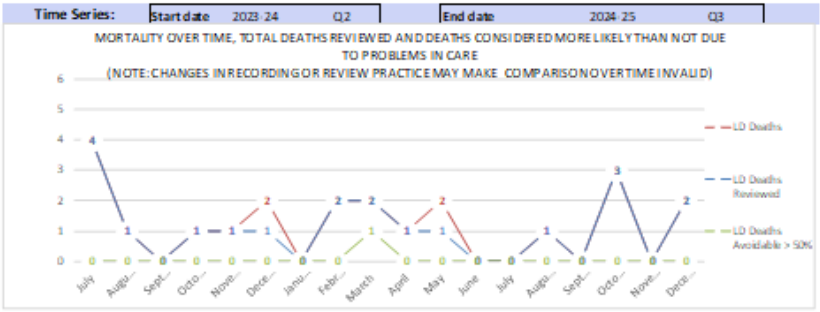
Score 1 Definitely preventable			Score 2 Strong evidence of preventability			Score 3 Probably preventable (more than 50:50)			Score 4 Probably preventable but not very likely			Score 5 Slight evidence of preventability			Score 6 Definitely not preventable		
This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%	This Month	1	14.3%	This Month	6	85.7%
This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	10	14.9%	This Quarter (QTD	57	85.1%
This Year (YTD)	1	0.6%	This Year (YTD)	0	0.0%	This Year (YTD)	2	1.1%	This Year (YTD)	2	1.1%	This Year (YTD)	21	11.7%	This Year (YTD)	154	85.6%

Summary of total number of learning disability deaths and total number reviewed using the SJR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed more likely than not due to problems in care for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered more likely than not due to problems in care	
This Month	Last Month	This Month	Last Month	This Month	Last Month
2	0	2	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
5	1	5	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
9	15	8	14	0	1

Time Series: Start date 2023-24 Q2 End date 2024-25 Q3



Board committee report

-

NHS
East and North Hertfordshire Teaching
NHS Trust

Meeting	Public Trust Board		**Agenda Item**	19
Report title	Audit and Risk Committee report to the Board		**Meeting Date**	14 May 2025
Chair	Mrs Karen McConnell			
Author	Deputy Trust Secretary			
Quorate	**Yes**	☒	**No**	☐

Alert (Matters of concern or key risks to escalate to the Board):

- Closely monitoring the Cyber Assessment Framework (CAF) which has replaced the Data Security and Protection Toolkit to see how we can support the Trust to meet the June deadline return submission.

Assurances provided to the Board:

- The Internal Audit Programme is on track. Final reports have been issued on Payroll, key financial controls and Sustainability (Green Plan). All had reasonable assurance opinions.
- The External Audit of 24/25 is in progress and there are no issues to report at this stage.
- ENHance risk data demonstrates continued improvement in risk management. Robust data is in the system. However there remains cultural work across the Trust to ensure risk registers are used effectively and practice is embedded across all staff levels.

Advise (Matters the Board should be aware of not covered above e.g. on-going monitoring, new developments etc):

- We have asked for further information on the new pathology contracts governance arrangements including for IT with a report to the July Audit Committee
- An update on FOI arrangements is to come to July Audit Committee

Decisions made by the committee or major actions commissioned and work under way:

- The Internal Audit Plan for 2025/26 and associated Internal Audit Charter was approved subject to consideration of including a review of Care Group Governance.
- The Local Counter Fraud Specialist work plan for 2025/26 was approved
- Management of Unplanned care to be invited to a future meeting (possibly July) to discuss the open risks.
- Duty of candour joint deep dive to go ahead in June looking at accountability and compliance.

Any actions recommended to improve effectiveness of the meeting:

Recommendation	The Board is asked to **DISCUSS** the report from the Committee.

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Report Coversheet

East and North Hertfordshire Teaching NHS Trust

Meeting	Public Trust Board		**Agenda Item**	20	
Report title	Remuneration & Appointments Committee Terms of Reference revisions		**Meeting Date**	14 May 2025	
Author	Head of Corporate Governance				
Responsible Director	Chief Finance Officer				
Purpose	**Assurance**	☐	**Approval/Decision**	☒	
	Discussion	☐	**For information only**	☐	
Proposed assurance level (*only needed for assurance papers*)	**Substantial assurance**	☐	**Reasonable assurance**	☐	
	Partial assurance	☐	**Minimal assurance**	☐	

Executive assurance rationale:

N/A

Summary of key issues:

Revised Terms of Reference for the Remuneration and Appointments Committee are enclosed for approval and include the following key proposed changes as tracked changes:

- The Chair of the Board chairing;
- Membership reduced to four non-executive directors with quoracy reduced to two to reflect this, to liberate finite non-executive director time for other activities;
- Adding development of a diverse pipeline as a new committee duty, following committee discussion on the desire for committee oversight of progress with ensuring a diverse management and leadership pipeline; and
- Amending committee oversight of ENH Pharma Director remuneration so only inflationary increases above Agenda for Change need to come to the committee.

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

Patient care quality	☐	**Equity for patients**	☐	**Equity for staff**	☒	**Finance/ Resourc -ing**	☒	**System/ Partners**	☐	**Legal/ Regul- atory**	☒	**Green/ Sustai- nability**	☐

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*

N/A

Report previously considered at & date(s):

Members of the Remuneration and Appointments Committee reviewed and supported the changes at its meeting on 14 March 2025. Please note the section of the meeting where the terms of reference were discussed was non-quorate but it was agreed to proceed to Board given all committee members would still have the opportunity to comment at Board.

Recommendation	The Board is asked to **APPROVE** the revised Terms of Reference for the Remuneration and Appointments Committee.

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East and North Hertfordshire NHS Trust

REMUNERATION AND APPOINTMENTS COMMITTEE (EXECUTIVE)

TERMS OF REFERENCE

1. Purpose

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

2. Status and Authority

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

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

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

3. Membership

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

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

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

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

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

4. Quorum

The quorum necessary for the transaction of business shall be ~~3~~ 2 non executive directors. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

5. Frequency of Meetings

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

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

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

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

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

6. Duties

The Committee shall:

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

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

Regarding a subsidiary:

~~l) Agree the framework or broad policy for remuneration for Directors of the subsidiary~~
m) Approve Director appointments and remuneration on appointment to the subsidiary Board;
n) Approve remuneration that exceeds agenda for change inflationary increases for subsidiary Company Directors relating to subsidiary work. For the avoidance of doubt, inflationary increases in line with Agenda for Change and staff bonuses in line with subsidiary staff bonuses are not reserved to the Trust Remuneration and may be determined by the subsidiary's Remuneration Committee. ~~Within the terms of the agreed policy, determine the total individual remuneration package of each subsidiary Director including but not limited to bonuses, incentive payments and other awards such as pension.~~

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Other matters

The Committee shall:

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

7. Reporting arrangements

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

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

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

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

The committee shall:

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

9. Support

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

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**
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)															
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								