

Public Trust Board

Lister Education Centre - Oak room



10/09/2025 09:30 - 12:00

Agenda Topic	Presenter	Time	Page
Assurance rating guide			4
STANDING ITEMS			
1. Declarations of interest For noting	Trust Chair	09:30-09:35	
2. Apologies for Absence For noting	Trust Chair		
3. Patient Story For discussion	Chief Nurse	09:35-09:55	
4. Minutes of Previous Meeting held 9 July 2025 For approval	Trust Chair	09:55-10:00	5
5. Action Log For noting	Head of Corporate Governance		14
6. Questions from the Public For noting	Head of Corporate Governance	10:00-10:05	
7. Chair's Report For noting	Trust Chair	10:05-10:10	
7.1 Baxter Patients Specific SLA For ratification	Trust Chair		
7.2 Cath Lab 1 refurbishment For ratification	Trust Chair		
8. Chief Executive's Report For discussion	Chief Executive	10:10-10:20	16
8.1 Provider capability return to NHSE For approval	Chief Executive		19

8.2	New main entrance funding	Director of Estates and Facilities	10:20-10:25	20
	For discussion			
9.	Healthwatch Hertfordshire annual report	Ivana Chalmers, Chief Executive - Healthwatch Hertfordshire	10:25-10:45	24
	For discussion			
PERFORMANCE, ASSURANCE AND GOVERNANCE ITEMS				
10.	Board Assurance Framework (BAF) - Strategic risks	Head of Corporate Governance	10:45-10:55	38
	For assurance			
BREAK		Trust Chair	10:55-11:05	
STRATEGY AND CULTURAL ITEMS				
11.	Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES)	Chief People Officer	11:05-11:15	73
	For approval			
12.	Integrated Performance Report	Chief Information Officer	11:15-11:40	99
	For discussion			
13.	Quality and Safety Committee (QSC) reports to board - 16/7/25 & 23/7/25	Chair of QSC		148
	For noting			
14.	Finance, Performance and Planning Committee (FPPC) report to board - 28/7/25	Chair of FPPC		150
	For noting			
15.	People and Culture Committee report to board - 15/7/25	Chair of PCC		152
	For noting			
16.	System Performance Report	Deputy Chief Executive and Chief Finance Officer	11:40-11:45	153
	For noting			
COMMITTEE REPORTS			11:45-11:55	
17.	Health Care Partnership (HCP) report to the board - 1/8/25	Chief Executive		200
	For noting			

18.	Audit and Risk Committee (ARC) report to board - 8/07/25	Chair of ARC	202
For noting			
19.	Digital Committee reports to the board- 7/7/25 & 1/9/25	Chair of Digital Committee	204
For noting			
OTHER ITEMS		11:55-12:00	
20.	Annual Cycle	Trust Chair	206
For noting			
21.	Any Other Business	Trust Chair	210
For noting			
21.1	Winter planning board assurance	Chief Operating Officer	210
For assurance and approval			
22.	Date of Next Meeting	Trust Chair	
Wednesday, 19 November 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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).

**Minutes of the Trust Board meeting
held online on Wednesday, 9 July 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 (NED)
	Ms Diana Skeete (DS)	Non-Executive Director
	Mr Richard Oosterom (RO)	Associate Non-Executive Director
	Ms Nina Janda (NJ)	Associate Non-Executive Director
	Ms Janet Scotcher (JS)	Non-Executive Director
	Mr Tichafara Phiri (TP)	NeXT 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
	Ms Lucy Davies (LD)	Chief Operating Officer
	Mr Kevin Howell (KH)	Director of Estates and Facilities
	Mr Kevin O'Hart (KOH)	Chief Kaizen Officer
	Ms Penny St.Martin (PSM)	Chief People Officer
	Mr Mark Stanton (MS)	Chief Information Officer
	Ms Eilidh Murray (EM)	Director of Communications and Engagement
	Dr Suresh Mathavakkannan (SM)	Deputy Medical Director
From the Trust:	Ms Amanda Marcus (AH)	Deputy Chief People Officer
	Mrs Debbie Okutubo (DO)	Deputy Company Secretary (Board Secretary - minutes)
	Mr Stuart Dalton (SD)	Head of Corporate Governance
	Ms Helen O'Keefe (HOK)	Head of Compliance and Sustainability (25/085)
	Ms Sylvia Gomes (SG)	Freedom to Speak Up Guardian (25/084)

Observing Ms Lorraine Williams Deputy Director of Infection Prevention and Control

No	Item	Action
	The Chair welcomed everyone to the meeting, she commented that this was a live streamed meeting of the Trust Board to ensure transparency to patients, staff and the wider community. The Chair confirmed that the agenda had been published on the website and seen by all Board members.	
25/076	DECLARATIONS OF INTEREST There were no new interests declared.	
25/077	APOLOGIES FOR ABSENCE Apologies for absence were received from Professor Zoe Aslanpour, Non-Executive Director, Dr Justin Daniels, Medical Director and Ms Ivana Chalmers, Chief Executive – Healthwatch Hertfordshire.	
25/078	STAFF STORY The Chief Nurse, TM introduced ABR, the staff member who was to present to the board, praising her journey from a Clinical Support Worker Apprentice in 2018 to	

qualifying soon as a Registered Nurse. ABR shared her inspiring career path and contributions to inclusion, quality improvement, being a Parkinson's champion, and education initiatives at the Trust. She informed the Board that she had been nominated for some awards and how she was supporting other international staff and students in their learning journey, she also learned a lot from the reciprocal mentoring scheme as it had built her confidence.

Following the presentation, the Chair commended ABR's drive and encouragement of colleagues.

The Chief Executive inquired about her transition through her career stages and what the Trust could do to make the journey easier for her and others. ABR highlighted the importance of structured guidance as she found the reciprocal mentoring very helpful and that her learning was tailored to her personal needs. She also found the Chief Nurse who was her mentor on the reciprocal mentoring scheme very encouraging.

Members felt that it was great that the pathway was flexible.

KOH emphasised the reciprocal mentoring benefits and asked how others might be encouraged in improvement work. ABR suggested visible ward-level noticeboards particularly near entrances.

KMc asked about the Parkinson's patient experience. ABR suggested a tailored information booklet on patient care for patients, their families and staff.

The Chair commented that these were good practical suggestion and thanked ABR for joining the meeting and for being a staff at the Trust. Lastly on behalf of the Board, she congratulated her on what she had done at the Trust.

ABR left the meeting.

RO commented that she was a great talent with lots of energy.

The Board **NOTED** the staff story.

25/079 MINUTES OF THE PREVIOUS MEETINGS

The minutes of previous meetings held on 14 May 2025 and 30 June 2025 were **APPROVED** as accurate records of the meetings subject to the minutes of the meeting held on 30 June 2025 being corrected to note that Dr David Buckle's comments had been interpreted as linking cancelled operations directly to complaints, when he had only speculated on a possible link.

25/080 ACTION LOG

The Head of Corporate Governance reported that most actions were complete or in progress.

Re: 25/006 - The Deputy Medical Director highlighted the renal services improvement plan, he provided a detailed update:

- 27 actions identified from the renal patient safety incident investigation (PSII) review were nearly all completed or progressing well.

- Work had included dialysis capacity modelling through to 2030, infrastructure improvements, and safety initiatives.

The Chief Executive noted this was the first full use of the PSII process and that a reflective session should follow to enhance future investigations.

Action: Updated renal improvement plan to be uploaded to Board papers site.

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

25/081 QUESTIONS FROM THE PUBLIC

There were no public questions.

25/082 CHAIR'S REPORT

The Chair verbally updated the Board:

- She welcomed Penny St Martin, the new Chief People Officer, and thanked Amanda Harcus for her tenure as the interim Chief People Officer.
- She congratulated the University of Hertfordshire Medical School on their successful GMC screening, paving the way to recruit their first cohort of international students for September 2026.

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

25/083 CHIEF EXECUTIVE'S REPORT

The Chief Executive summarised key updates:

He commented on the significant NHS structural changes, including ICB reductions in East of England and the ICB to form clusters.

The Board was also advised of the positive development with the Mental Health Urgent Care Centre model which was being adopted nationally. Members were advised that the Mental Health Urgent Care Centre was making a real difference to patients in crisis and was a great example of the NHS working to join up and improve services.

Successes in ENH Production System including a transformative 3P process in paediatrics was shared with the Board.

The Chief Executive continued with the People update and commented that the Trust had seen a range of recognition events where various aspects of the workforce were celebrated.

There was recognition of lesser-known professions and promotion of NHS careers to school-age populations.

There was national and international recognition of the Trust's robotics and oncology programmes.

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

25/084 FREEDOM TO SPEAK UP ANNUAL REPORT

The Freedom to Speak Up Guardian, SG presented this item. Key highlights included:

- 311 cases reported 2024/25 which gave a year-on-year increase

- 70% of staff spoke to managers first but perceived lack of action
- Two whistleblowing concerns
- Representation across all staff groups and ethnicities
- Expansion of Speak Up Champions
- 88% of staff completed Speak Up training
- 85% completed Listen Up training.

From the cases, the Board was advised that there were some common themes, and these included:

- wellbeing
- inappropriate behaviour
- patient safety
- bullying

SG commented that there was increased confidence in the freedom to speak up function and there were zero anonymous cases this year.

There were some improvement suggestions including:

- Increased and improved mediation access
- Embedding a just/restorative training
- Better feedback after recruitment interviews
- Addressing incivility and managing expectations of concern outcomes

GH remarked that there should be better triangulation with the Quality and Safety Committee (QSC) and enhanced ward-level analysis. Regarding protected time for the Freedom to Speak Up Champions, she commented that she was not convinced that it was required.

SG responded that part of what the champions try to do was to influence culture within the team. Managers also use the speak up champions to hear the voice of team members. The Chair thanked SG for the helpful clarification.

RO commented that it was a good report, and it was clear that we were making progress. He asked about concerns from Asian staff. SG explained recurring interview feedback issues which included being receptive to listen to the voice of staff.

JS highlighted the need for practical post-training support for managers and commented that this was discussed at People and Culture Committee. She asked what could be done differently and what role could the People Partners play in this. Lastly, she suggested that the programme be embedded into the wider People Strategy. SG responded that there was the need to practice the training managers had received.

NJ asked about the high reporting rate from nurses and midwives. SG linked it to leadership transitions and proposed early leadership development.

TP suggested a standardised response template for speaking up outcomes as this could mitigate staff who had concerns and felt that they were not heard.

DS commended SG and the other Freedom to Speak Up Champions and remarked that as the Freedom to Speak Up NED she was impressed with what they were achieving. She commented that there was the need to strategically

align the work we do in the Trust. Particularly in supporting line managers and improve training.

Action: SG to explore creation of standard response templates for staff concerns. There was a suggestion that future reports to include statements from Executive and NED leads.

Action: PSM commented that the People Team would meet with SG for alignment of training and support strategies including integrating the data into the equity, diversity and inclusion (EDI) strategy.

Following the discussion, the Board **AGREED** that the paper be assigned **REASONABLE ASSURANCE**.

25/085 GREEN PLAN REFRESH 2025 - 2028

The Head of Compliance and Sustainability, HOK presented the updated Green Plan. She reported that the refreshing of the Trust Green Plan involved engagement with a broad range of stakeholders. The Plan had been updated to reflect 2025 government guidance and developed through internal workshops and supported by Carbon Architecture.

It focused on clinical and non-clinical sustainability targets.

HOK suggested that the significant risks include loss of key funding streams and the NHS England restructuring. However, there would be monthly communication to promote achievements and engage staff.

KMc, the Sustainability NED remarked that the integration of sustainability would cover all areas of the Trust as we want to embed sustainability impact assessments into all major Trust projects. There would be key performance indicators (KPIs) and monitoring would go through the Finance, Performance and Planning Committee (FPPC).

RO commented that this was discussed at FPPC and that the Trust was doing great work. The Board was advised that there were two follow up actions to come back to the FPPC.

The Chief Executive cautioned about rising energy use from AI solutions.

The Board **APPROVED** the refreshed Trust Green Plan.

25/086 SUMMARY LEARNING FROM DEATHS REPORT

Deputy Medical Director, SM presented this item. He commented that the report had been through the Mortality Improvement Committee and QSC.

SM provided an overview and summarised the headline mortality metrics.

It was noted that Sepsis Six compliance and National Emergency Laparotomy Audit (NELA) reporting were identified risks, and that the Medical Examiner office was experiencing increased demand.

KMc raised capacity concerns within the Medical Examiner's Office. SM responded that the medical examiner position was statutory, and the Trust was training more Consultants so that there was more resource.

KH confirmed that they were working on enhanced mortuary space and there was overflow mutual agreements with some funeral directors.

GH noted that at a previous meeting a greater degree of triangulation was requested and this had been reflected in the report.

RO noted that it was a good example of having substantial assurance.

DB remarked that there were lots of skills, experience and interrogation on this and that at QSC a lot of work was put into interrogating.

The Board unanimously agreed that the assurance level be raised to substantial.

The Board **AGREED** that the report provided a **SUBSTANTIAL** level of assurance.

25/087 BOARD ASSURANCE FRAMEWORK (BAF) 2025/26 - STRATEGIC RISKS

The Head of Corporate Governance, SD introduced the newly developed 2025–26 Board Assurance Framework. He noted that this was the first presentation of the updated risks, and the Audit and Risk Committee had considered the BAF process and recommended a reasonable assurance rating. However, SD was proposing a partial assurance for the Board, given that five of the risks were new and had yet to be fully mitigated.

He invited risk leads to present updates on spotlighted BAF risks.

Spotlighted Risk 7: System instability” to replace “System inertia – The Chief Executive, ASJ presented this risk.

The Chief Executive explained that the system risk had evolved from concerns about inertia to issues relating to instability due to rapid changes at the ICB and national levels. He highlighted that the Trust had been asked to host the East and North Hertfordshire Health and Care Partnership, requiring significant staff and leadership time during a financially challenging period. The Chief Executive stressed that many senior staff, including SD, had been redeployed to support this transformation work, creating strain on existing roles.

He acknowledged existing controls, such as the place-based delivery unit under HCT and KOH’s dedicated portfolio time but highlighted a key control gap:

- the lack of confirmed resource allocations from the ICB.

The Chief Executive confirmed that the rating would remain unchanged for now but would be kept under review depending on forthcoming announcements and their sufficiency.

JS raised concerns about both financial and people resources, stressing the importance of ensuring sufficient capacity for backfill and transition. The Chief Executive responded that only half of the previous resource was expected to be passed down from the ICB and noted potential staff transfers, but emphasised challenges in ensuring skill alignment.

Spotlighted Risk 8: Flow and Performance - The Chief Operating Officer, LD presented this item.

The Chief Operating Officer, LD confirmed that there was no change to the current risk score, despite some improving metrics. She mentioned the new Accountability Framework as a key control and asserted the Referral To Treatment (RTT) delivery and validation plan due to be reviewed by the Finance, Performance and Planning Committee (FPPC).

RO commended the Accountability Framework as one of the best documents seen in the NHS on this topic and confirmed that its implementation was being tracked at FPPC.

TM assured the Board that the special schools risk remained under active review and the team continued working with ICB and sector colleagues for month-by-month solutions.

The Chief Executive noted the likely impact of industrial action by British Medical Association (BMA) resident doctors, which would add further complexity, particularly to the flow and performance risk. The risk score would remain unchanged for now.

The Board **AGREED** to a **PARTIAL** assurance rating on the BAF, with no objections raised.

25/088 INTEGRATED PERFORMANCE REPORT (IPR)

The Chief Operating Officer, LD presented this item and summarised the IPR across its four quadrants.

Regarding Quality and Safety, LD commented that C difficile (C diff.) infection (CDI): was low; mortality rates stable, and VTE assessment completion improved. However, complaints were rising, mainly around long waits for care and emergency department (ED) experiences.

On Operational Performance, LD noted that there was improved performance in urgent care especially against the 4-hour standard and that it was sustained over four months. It was also noted that the 12-hour performance was improving but less embedded.

On People, bank and agency usage was reducing, but sickness absence had increased in May.

In terms of Finance, the Trust approved a breakeven plan for 2025/26. The plan assumed that a £35.8m cost improvement programme (CIP) would be delivered. Challenges remained around the CIP delivery.

The Chair invited the Committee Chairs to comment on their sections of the IPR.

The Chair of People and Culture, JS referred to her report to the Board and queried if reductions in temporary staffing and increases in sickness were negatively impacting elective activity. LD and MA clarified that substantive staffing levels were increasing, and that sickness was not a primary driver of reduced elective activity. LD further commented that vacancy freeze was adding to the issue.

The Chair of Finance, Performance and Planning Committee, RO raised concerns about stroke performance ratings, which had dropped.

The Chair of Quality and Safety, DB clarified that this was discussed at QSC meeting and explained that actual performance had not deteriorated, but that this apparent deterioration had been caused by changes in the national assessment methodology.

The Chief Executive remarked that sickness levels remained within expected variation, while staff turnover had been consistently improving.
The Chair sought assurance that the 4-hour target improvements were not compromising 12-hour performance. LD explained that improvements were linked and were being pursued appropriately.

GH asked about the CIP position. MA responded that FPPC received progress reports, and the Delivery Board gets a forecast outturn and frames a management view from it.

The Chief Executive asked about the Accountability Framework and how it was being applied and what the escalation process was. MA responded that he would take a paper to the FPPC on the application of the Accountability Framework and escalation process.

RO expressed concern about the rise in mental health and stress-related staff sickness.

PSM committed to further root cause analysis and mentioned that discussions were underway.

TM highlighted ward manager engagement and collaborative efforts to improve staff well-being.

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

25/089 QUALITY AND SAFETY COMMITTEE (QSC) REPORT TO THE BOARD

The QSC Chair, DB noted ongoing concerns about maternity data quality following the K2 system implementation. He reported that challenges with data completeness and governance persisted and required sustained attention.

25/090 FINANCE PERFORMANCE AND PLANNING COMMITTEE (FPPC) REPORT TO THE BOARD

The FPPC Chair, RO highlighted strong performance in urgent and emergency care and cancer pathways. However, significant concern remained over the £15 million CIP gap and delivery risks on RTT performance, which would impact block funding.

He also confirmed the OneEPR Committee had been launched and an update was pending.

25/091 PEOPLE AND CULTURE COMMITTEE (PCC) REPORT TO THE BOARD

The Chair of PCC, JS presented her report to the Board and highlighted a gap in visibility of equality impact assessments (EIA) within CIP processes. She called for improved cross-committee engagement and attendance. JS also raised the issue of attendance gaps between People and Finance representatives at each other's committee meetings.

25/092 SYSTEM PERFORMANCE REPORT

The Board **NOTED** the System performance report. MA confirmed the report was for noting.

The Chief Executive added that the data was outdated as the reporting period was to February/March. He suggested the Board reconsider whether to include it as a regular agenda item.

Action: It was agreed that the Chair and the Chief Executive would meet to discuss this.

25/093 AUDIT AND RISK COMMITTEE (ARC) REPORT TO THE BOARD

The Committee Chair, KMc reported an unqualified audit opinion issued on 29 June, and thanked everyone involved in meeting the timescale including the Finance team. She commented that the Annual Audit report highlighted one significant weakness, financial sustainability, especially relating to non-recurring CIPs. However, Auditors recognised improvements and the organisation's breakeven position last year.

The Board **RECEIVED** and **NOTED** the summary report from the 26 June 2025 meeting.

25/094 CHARITY TRUST COMMITTEE (CTC) REPORT

NJ updated the Board on a revised strategy focusing on community and staff engagement. She noted increased requests from Mount Vernon Cancer Centre and plans to encourage broader staff participation in funding applications. Events such as the Twilight Walk and Colour Run were highlighted as recent successes. LD and JD were commended for participating in fundraising.

25/095 ANNUAL CYCLE

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

25/096 ANY OTHER BUSINESS

TP suggested reviewing the annual cycle to reflect the potential establishment of OneEPR as a formal board committee. The Chair responded that it required further discussion but that we would come back to this point as and when it became appropriate.

There was no other business.

25/097 DATE OF NEXT MEETING

The date of the next meeting is 10 September 2025 at Lister Hospital.

Ms Anita Day
Trust Chair
July 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 SEPTEMBER 2025**

Meeting Date	Minute ref	Issue	Action	Update	Responsibility	Target Date
15/1/25	25/006	Renal services PSII	Progress on the implementation of the improvement plan is reported to the Board.	The main outstanding actions are around the contract with Divaerum which is close to being signed. We also have not resolved the recommendation that large contracts be held centrally rather than in divisions. Updated renal improvement plan to be uploaded to Board papers site.	Medical Director	July 2025 September 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.	A review is underway for protected time however due to availability for those undertaking additional duties outside of their day job, progress has been delayed. An update/recommendation will be provided to the November Board	Chief People Officer	July 2025 September 2025 November 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
09/7/25	25/084	Freedom to Speak Up annual report	Explore creation of standard response templates for staff concerns. There was a suggestion that future reports to include statements from executive and NED leads. PSM commented that the People Team would meet with SG for alignment of training and support strategies including integrating the data into the equity, diversity and inclusion (EDI) strategy	This will be linked to a team redesign which is underway A review and redesign of the People Team is underway. EDI, data, training and integration is a key part of the structure and ways of working that is in the design phase now. The CPO also meets regularly with the FTSU Group and that role is also part of the Trust Partnership Group.	Chief People Officer (CPO) Chief People Officer (CPO)	January 2026 November 2025
09/7/25	25/092	System performance report	The Board to reconsider whether to include it as a regular agenda item. The Chair and the Chief Executive would meet to discuss this.	They met and agreed that the report be presented in current state. However, this would transition to the Health and Care Partnership report as we move to a larger ICB cluster.	The Chair and the Chief Executive	Completed August 2025

Chief Executive's Report

September 2025

Chief Executive Update

Regional and national update

In July 2025, the government published Fit for the Future: The 10-Year Health Plan for England, marking a pivotal moment for the NHS. The plan sets out a bold vision to transform the NHS into a more responsive, preventative, and patient-centred service, to meet the challenges of the next decade.

Key to the plan is the desire for 3 shifts:

- hospital to community
- analogue to digital
- sickness to prevention

This will be backed with policy changes including the reintroduction of foundation trusts, new contracts for neighbourhood provision of services and the introduction of an Integrated Health Organisation (IHO) model where the very best providers will hold the whole health budget for a population.

Whilst much of the detail of the policy changes is still being developed, it fits very much with the current direction being taken by the Hertfordshire and West Essex Integrated Care Board (ICB) for health and care partnerships (HCPs) with the trust being the host provider for east and north Hertfordshire.

The process of clustering ICBs continues and appointments to leadership positions within the Bedfordshire, Luton and Milton Keynes (BLMK), Cambridgeshire and Peterborough (C&P) and Hertfordshire ICB cluster is taking place at the time of writing this report. Announcements on this are expected shortly.

National recognition

I'm delighted to share that our trust has been shortlisted for the prestigious Health Service Journal (HSJ) Trust of the Year Award. Being shortlisted for this award is a real honour and a testament to the dedication, skill, and compassion shown by every single member of the trust. Together, we've made meaningful improvements for our patients, and this recognition reflects that shared effort.

Our ambition goes beyond delivering consistently excellent clinical care – we want to ensure every aspect of a patient's experience is the best it can be, from booking an appointment and wayfinding, to receiving follow-up information and support.

While we know there is still much more to do, we remain fully committed to making healthcare better for the communities we serve.

These national awards celebrate the very best of the NHS. Our submission showcased recent improvements in quality of care, waiting times, performance, and staff experience. The winners will be announced in November, but being one of only 9 trusts shortlisted is a great achievement.

In addition, a number of teams and individuals have been shortlisted for national awards, including:

- HSJ Patient Safety Team of the Year.
- Picker Experience Network Team of the year for 'Compassion in Action' A Project on Elevating Patient Experience in the Unplanned Care Division
- Nursing Times Care of Older People award for the dementia specific volunteer service
- Nursing Times Children's Services for developing a toolkit to support the identification of childhood exploitation in acute settings
- Nursing Times Critical and Emergency Care Nursing for greener emergency response system
- Nursing Times Sustainability in Nursing and Midwifery for greener emergency response system

Congratulations to all those nominated.

East and north Hertfordshire

Last week our trust Board met jointly with Hertfordshire Community NHS Trust to explore how we can work more closely together. The focus was on seamless services and moving care closer to home, in line with the NHS 10-year plan. With joint work already underway – from Hospital at Home to the integrated heart failure service – both Boards have committed to developing more opportunities to collaborate for patients.

Estates update

New building work will begin in September 2025 at Lister Hospital on a major redevelopment to improve the front entrance of the hospital.

The improvements will mean a better experience for patients and visitors, with new shops and facilities transforming the existing entrance into a modern, welcoming, accessible and sustainable space. The development is commercially funded, meaning no public money will be spent on the build and no money will be taken from any clinical, patient care or staff budgets.

Joining to the pre-existing entrance, the new build will provide much-needed office space and include new retail opportunities on the hospital site. Access to Lister Hospital will be maintained throughout, including via the multi-storey car park and existing front entrance.

Financial update

As will be seen in the integrated performance report, the trust remains on plan financially as at month 5, but despite significant efficiency plans already in place, further schemes are required in order to deliver a balanced year end position.

As part of this, at the end of August staff from across the organisation came together for 4 days to focus on generating ideas around better using our resources currently being spent on variable pay (bank, agency, overtime, outsourcing etc). During the week tools that form part of the ENH Production System were utilised to generate ideas, plan and implement changes. Some ideas were immediately actioned, and others are now being worked up in detail where more complicated changes are required. Ongoing impact of these will be tracked through monthly finance reporting. Improvements were not limited to finance and opportunities were tested across the domains of quality, service, delivery, morale and cost.

People update

The Secretary of State has confirmed the government's new 'Graduate Guarantee'. This means every newly qualified nurse and midwife in England will now have the chance to apply for a role in health and social care. To support this, NHS England has set aside £8 million of funding for 2025/26. This funding will allow organisations to temporarily convert some vacant maternity support worker posts into band 5 midwifery roles, opening more opportunities for newly qualified staff to begin their careers.

On 16 July 2025 we held our annual 'Time to Shine' Staff Awards evening where we celebrated some of our brilliant colleagues across Hertford County Hospital in Hertford, Lister Hospital in Stevenage, Mount Vernon Cancer Centre in Northwood and The New QEII Hospital in Welwyn Garden City. We had a total of 41 finalists; more information on the awards, finalists and winners can be found on our trust website - <https://www.enherts-tr.nhs.uk/news/staff-awards-time-to-shine-2025/>

Paige McCretton (Midwife and Maternity Triage Manager), Ms Mary Goodin (Consultant Obstetrician) and Dr Sohel Samad (Consultant Anaesthetist) together have created an e-learning course for our Maternity Telephone Triage. This work was created following the CQC's recent report regarding areas of improvement within our maternity department, with telephone triage being a key focus. The report highlighted the need for midwives to be trained to perform a telephone triage assessment.

NHS England's regional team were keen to share this work and Sara Kenyon MBE has also recommended our training course in line with BSOTS.

The training package has had a lot of interest all over the country (and further afield in Australia) and and NHS Scotland.

Well done and congratulations to Aimee Saunders and the team at New QEII's Ambulatory Care Centre/Medical Day Unit who gained official recognition for their Purple Pledges. Their commitment to the Hertfordshire Purple Principles is helping ensure better, fairer care for patients with learning disabilities. This inspiring achievement sets the standard for others to follow.

Operational update

August was a busy month for the trust and newly qualified doctors stepping out of university, as we welcomed over 100 new resident doctors into the trust. For the first-year doctors (Foundation Year 1), they embark on a two-year journey within our trust, completing 6 different clinical rotations with each rotation lasting 4 months.

August is a key month for all resident doctors across the country as some finish and/or start in all different grades. In total, our trust facilitated approx. 300 resident doctor changes.

Provider capability return to NHS England

The Trust received a self-assessment request from NHS England on 26 August and the first submission is required to NHS England by 22 October. This self-assessment will feed into NHS England's assessment of NHS provider Trusts to produce a published performance/capability league table.

Therefore, the Board is asked to approve delegating the sign-off of the self-assessment return to NHS England on provider capability on behalf of the Board to the Chief Executive, following review and endorsement by the:

- Trust Board Chair
- Chair of Finance, Performance and Planning Committee
- Chair of Audit & Risk Committee

Deputies in the event of unavailability: In the event of unresolvable unavailability, a relevant NED to the role may deputise (the Vice-Chair of the Board or a NED member of the committee) or the Deputy Chief Executive for the Chief Executive.

A copy of the self-assessment template is enclosed. The completed self-assessment will be circulated to Board members for transparency.

Adam Sewell-Jones
Chief Executive

Provider Capability - Self-Assessment Template

The Board is satisfied that...		(Mitigating/contextual factors where boards cannot confirm or where further information is helpful)	
Strategy, leadership and planning	<ul style="list-style-type: none">The trust's strategy reflects clear priorities for itself as well as shared objectives with system partnersThe trust is meeting and will continue to meet any requirements placed on it by ongoing enforcement action from NHSEThe board has the skills, capacity and experience to lead the organisationThe trust is working effectively and collaboratively with its system partners and provider collaborative for the overall good of the system(s) and population served	Confirmed	If the Board cannot make the relevant certifications in this domain, reasons why should be described here, as well as actions the board is taking to address them and relevant factors that NHSE, as regulator, needs to know:
Quality of care	<ul style="list-style-type: none">Having had regard to relevant NHS England guidance (supported by Care Quality Commission information, its own information on patient safety incidents, patterns of complaints and any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patientsSystems are in place to monitor patient experience and there are clear paths to relay safety concerns to the board	Confirmed	If the Board cannot make the relevant certifications in this domain, reasons why should be described here, as well as actions the board is taking to address them and relevant factors that NHSE, as regulator, needs to know:
People and Culture	<ul style="list-style-type: none">Staff feedback is used to improve the quality of care provided by the trustStaff have the relevant skills and capacity to undertake their roles, with training and development programmes in place at all levelsStaff can express concerns in an open and constructive environment	Confirmed	If the Board cannot make the relevant certifications in this domain, reasons why should be described here, as well as actions the board is taking to address them and relevant factors that NHSE, as regulator, needs to know:
Access and delivery of services	<ul style="list-style-type: none">Plans are in place to improve performance against the relevant access and waiting times standardsThe trust can identify and address inequalities in access/waiting times to NHS services across its patientsAppropriate population health targets have been agreed with the ICB	Confirmed	If the Board cannot make the relevant certifications in this domain, reasons why should be described here, as well as actions the board is taking to address them and relevant factors that NHSE, as regulator, needs to know:
Productivity and value for money	<ul style="list-style-type: none">Plans are in place to deliver productivity improvements as referenced in the NHS Model Health System guidance, the Insightful board and other guidance as relevant	Confirmed	If the Board cannot make the relevant certifications in this domain, reasons why should be described here, as well as actions the board is taking to address them and relevant factors that NHSE, as regulator, needs to know:
Financial performance and oversight	<ul style="list-style-type: none">The trust has a robust financial governance framework and appropriate contract management arrangementsFinancial risk is managed effectively and financial considerations (for example, efficiency programmes) do not adversely affect patient care and outcomesThe trust engages with its system partners on the optimal use of NHS resources and supports the overall system in delivering its planned financial outturn	Confirmed	If the Board cannot make the relevant certifications in this domain, reasons why should be described here, as well as actions the board is taking to address them and relevant factors that NHSE, as regulator, needs to know:
In addition, the board confirms that it has not received any relevant third-party information contradicting or undermining the information underpinning the disclosures above.		Confirmed	If the Board cannot make this certification, reasons why should be described here, as well as actions the board is taking to address them and relevant factors that NHSE, as regulator, needs to know:
		Signed on behalf of the board of directors	
		Signature	
Name			
Date			

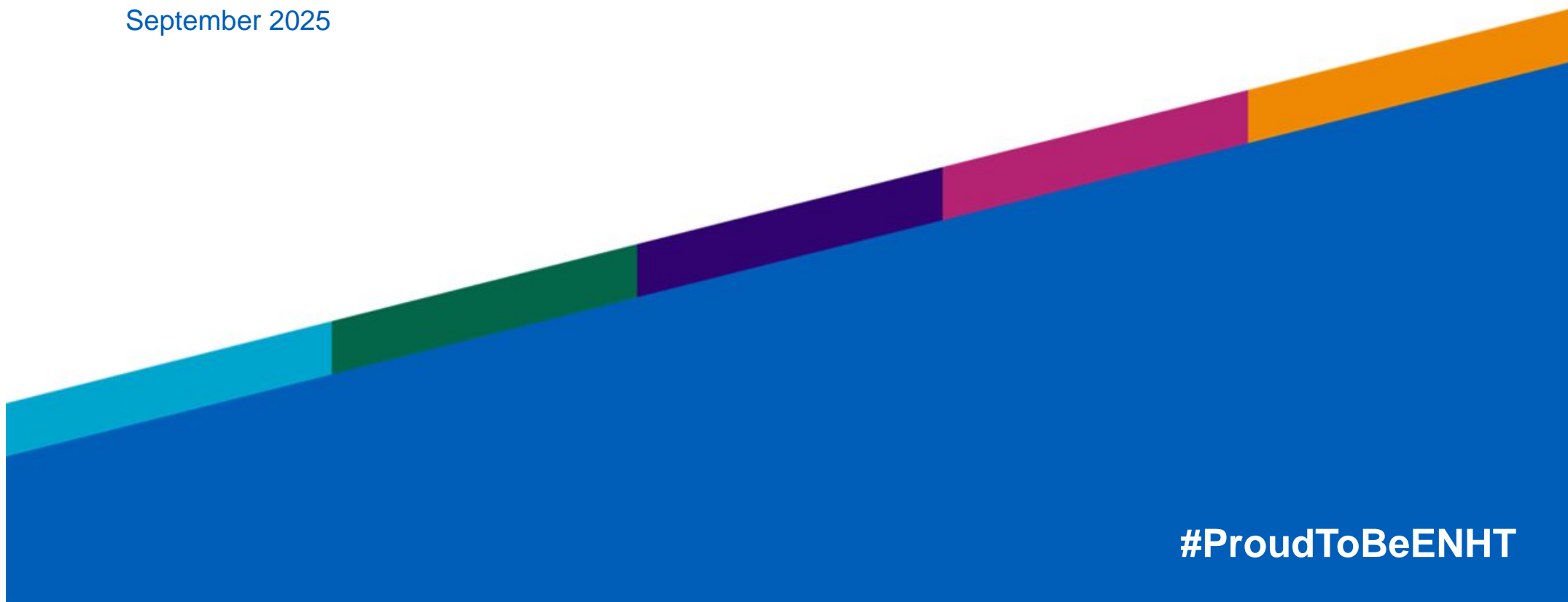


East and North
Hertfordshire Teaching
NHS Trust

New Main Entrance update for Public Board

Kevin Howell – Director of Estates and Facilities

September 2025



Project Objectives

Why change?

- x Dated offerings, reflecting poorly on organisational reputation
- x Poor user experience, staff wellbeing and morale impact
- x Historic under investment in non-clinical areas
- x Failing to deliver commercial benefits to the Trust
- x Wasted space and poor access
- x Affordability and sustainability of off-site office accommodation
- x Wider socio-economic impact for the community
- x Behind the curve in comparison to peers
- x No clear, distinctive main entrance

OBC Objectives:

- ✓ To provide a safe, welcoming and improved civic main entrance
- ✓ Ensure long term viability of restaurant and coffee shop
- ✓ Refurbish existing main entrance
- ✓ Improve retail offering to deliver commercial benefits and ROI
- ✓ Additional office accommodation
- ✓ Make hospital in line with modern building standards
- ✓ Not using Trust resources
- ✓ Single solution for delivery





Three phases:

Phase 1 (Commenced 1st September 2025) – New Main Entrance Build. Due to complete Sept 2026.

Phase 2 (Due to commence September 2026 for 3m) – Refurbishment of internal corridor

Phase 3 – Landscaping. Timetable to be confirmed

Key highlights:

- Commercially funded solution (see overleaf)
- Fully supported by Secure by Design (crime reduction and safety)
- Addressed key requirements from stakeholders
- RIBA Inclusive Design Overlay (IDO)
- Equality, Diversity and Inclusion (EDI) considerations throughout design phases
- Four Retail offerings
- Clear information point
- Overall increase in new trees from 13 to 17.

Project Funding

Funding Summary - Lister Hospital Entrance & Retail Project (Public Board Version)

Funding Source / Flow	Who Pays	Who Receives	Value	Trust Impact
Ground Lease Premium	Noviniti	ENHT	One-off premium	Capital receipt (already received)
Retail Units 1 & 2	Retail tenants	Compass	Commercial rents	No direct impact on ENHT
Retail Units 3 & 4	Retail tenants	ENHT	Recurring rental income	Direct Trust income
Deed of Covenant	Compass	ENHT	Additional income share	Extra Trust revenue stream
Trust Underleases (Hospital Accommodation)	Compass (peppercorn)	ENHT	Non-cash benefit	Donated ROU assets (no CRL or RDEL impact)

Funding Summary

- **Upfront Developer Premium:** ENHT has already received a one-off premium payment from Noviniti on granting the Ground Lease.
- **Retail Rental Income:**
 - Retail Units 1 & 2 – rents collected by Compass and used to cover Compass's obligations to Noviniti.
 - Retail Units 3 & 4 – ENHT is direct landlord, receiving recurring rental income.
- **Deed of Covenant:** ENHT also benefits from a share of Compass's retail trading income, providing an additional revenue stream.
- **Donated Accommodation:** ENHT receives the First Floor, Second Floor, and Structural/Common Parts under 40-year peppercorn leases, recognised as donated right-of-use assets (non-cash, no impact on Trust funding).

Impact on the Trust

- **No CDEL usage:** The scheme does not call on the Trust's capital departmental expenditure limit.
- **No impact on core revenue budgets:** Commercial income covers the developer's lease costs and provides a net inflow to ENHT.
- **Commercial-funding model:** All construction and development costs are borne by Noviniti and recovered through the commercial leases.

✓ Conclusion

The project is **fully self-funded** through commercial rental income and developer contributions.

The Trust benefits from:

- Recurring rental income from retail units.
- Additional income share via Compass.
- No financial exposure to retail risk.





Introduction

Setting the scene and context

Neil Tester, Chair

healthwatch
Hertfordshire

Our statutory functions and services

Working nationally and locally across health and social care



Local focus
Local impact

Information and signposting about services

provide information, advice and guidance to the public about health and care services

Research and engagement

engage with communities and services to make recommendations for change

Holding to Account

raise the public's concerns in meetings with NHS and social care leaders

Champion people's involvement in decision making

involve people in the design and evaluation of services, and champion coproduction

Changes included in NHS 10-year plan

For Healthwatch, and for all of us in Hertfordshire

Transfer of functions

For healthcare – to ICBs and local NHS

For social care – to local authorities

Patient voice and public engagement

Increased expectation that providers will seek and use feedback

Health inequalities and underserved communities

Renewed and more central focus on tackling these issues

What trust boards should understand and prepare for

How to discharge new responsibilities individually and as part of wider system in ways that build and maintain communities' trust

What the Dash review recommends

“Recommendation 5: bring together the work of Local Healthwatch, and the engagement functions of integrated care boards (ICBs) and providers, to ensure patient and wider community input into the planning and design of services.

The statutory functions of Local Healthwatch relating to healthcare should be **combined with the involvement and engagement functions of ICBs** to listen to and promote the needs of service users.

This should **incorporate PPGs and patient or user engagement teams in provider organisations....**

The statutory functions of Local Healthwatch relating to **social care** (a very small proportion of the work of Local Healthwatch) **should be transferred to local authorities** in order to improve the commissioning of social care...

This would allow the existing deep patient advocacy expertise of Healthwatch England and Local Healthwatch to have a greater impact, thanks to:

- closer alignment with the commissioning and provision of care
- greater emphasis being placed on the patient voice by DHSC, commissioners and providers.”



Loud and clear

Insights from Hertfordshire residents on health and social care

Ivana Chalmers, CEO

healthwatch
Hertfordshire

Signposting 2025/26

Unsolicited public contact for information, advice, and guidance

Our signposting service supports members of the public by:

- **Directing people** to the right organisations for support.
- Collecting **anonymous feedback** about health and social care services.
- **Sharing people's experiences** with local commissioners and providers to improve care across Hertfordshire.

People often contact us about:

- GP practices
- Hospitals
- Mental health
- Urgent & emergency services
- Social care or Care Homes
- We receive around **500 enquiries** every year.
- Complex cases typically take **over 1 hour** to resolve.

Signposting themes

What are we hearing about?

GPs

- Difficulties with digital appointment making and access
- Long waits for appointments
- Feeling heard and supported, lack of **trauma informed care**
- Disconnected services and information, continuity of care
- Issues with Shared Care Agreements and medications (e.g. ADHD, hormones)

Acute hospitals

- Feeling heard and supported, **compassionate care**
- Lack of holistic approach to inpatient care – treating only one dimension
- Waiting times for outpatients and A&E
- Inadequate communication, friends/family, proactive

Mental Health services

- Lack of interconnectivity between different services, causing delays and triggering trauma
- Lack of **continuity of care** and trauma informed care

Research and Engagement 2025/26

Proactive deep dives into issues most pressing for our communities, especially those who are facing most disadvantage

Hertfordshire-wide issues

- Key issues affecting children, young people, and families
- Ageing well and care closer to home
- Social Care and navigating the system
- Improving primary care services with a focus on dentists, GPs and pharmacy

Spotlight on groups experiencing health inequalities

- Refugees and asylum seekers
- Armed forces and veterans community
- Autistic adults
- Smokers
- People navigating drugs and alcohol services
- Deaf community

Research and Engagement themes

What have we learned from our interviews, focus groups and surveys?

- **Rising cost of living** a significant issue for many residents
- **Mental health** and physical health are deeply connected
- **Accessibility** is still a challenge – appointments within working hours, transport inaccessibility to services, BSL and translators are scarce, long waiting lists and delays
- **Holistic and personalised approaches** to care are important – people treated for individual conditions not their unique and broader health

"It is a pleasure to work alongside a valued partner like Healthwatch Hertfordshire. Their work to **champion the voice of the seldom heard communities and residents** in our system is amazing. Their support in **driving better health and social care outcomes for all residents** in Hertfordshire is fantastic. They continue to be a champion for the **voice of communities that otherwise would not be heard.**"
Kevin Hallahan, Health Inequalities Lead, Hertfordshire and West Essex Integrated Care Board

Working with our local partners

We take everything we learn to decision makers in health and care

- **Integrated Care Board** and Integrated Care Partnership
- **Health and Wellbeing Board** member
- Hertfordshire **Health Scrutiny Committee**
- **Hertfordshire County Council Exec Members and Directors** across Children's, Adult and Public Health services, commissioners and leads
- **Chairs and CEOs, Chief Nurses and Quality leads** of all local trusts
- **Healthcare partnership** meetings and Trust meetings
- **System quality** meetings
- **Voluntary sector** partnering, including VCSFE Alliance steering group
- **Patient engagement forums**
- Health and social care **research groups**
- Local and national **Healthwatch networks**

Coproduction Leadership

Embedding the voices of people and their experiences

- We **advise on how services and coproduction can be developed, designed and delivered** in partnership between:
 - Service providers
 - Professionals
 - Service users
 - Carers
 - Underserved communities
- We **co-chair and manage:**
 - South and West Hertfordshire Health and Care Partnership's **Co-production Board**
 - East and North Hertfordshire Health and Care Partnership's **Community Assembly**
- We sit on a range of other coproduction boards to champion the patient voice (i.e. ICB and Herts County Council)

Our recent impact

We spoke to residents ...

...and local providers improved services for everyone

Sexual Health testing

- increased testing take up, and self-testing options
- Hertfordshire County Council's Sexual Health **Delivery Plan**

Diabetes and blood pressure

- targeted awareness campaign
- distributed **thousands** of at home monitors

Autism

- Autism Strategy of Hertfordshire County Council

Drugs and alcohol

- new website tackling stigma
- **£2 million investment** in key workers

Menopause

- ICB updated **guidelines** across HWE, and JSNA

Cervical screening

- **Toolkit** for gynaecological professionals

Orthodontics

- Orthodontic **Needs Assessment** and future services

Gambling Harms

- Hertfordshire County Council's Gambling Harms **Strategy**

Our relationships and networks

Our impact comes from trusted relationships with communities and collaborative problem solving with decision makers

	Last year '24/25	Last 3 yrs since '21/22
People who shared their experiences	5,632	29,262
People who came to us for advice and information	49,626	211,450
Signposting hours	400	1,857
Meetings with health and social care leaders and decision makers	200	>600
Published reports	8	31
Recommendations for action	49	224



Thank you

Any questions?

I feel for anyone else who is going through these problems and I am **thankful for organisations like yours** who are monitoring them.

Signposting service user

Thank you for taking the time today to listen to my concerns about my cancer treatment at Lister Hospital. I found the **conversation very reassuring** and helpful.

Signposting service user

Thank you for your **humanity and professionalism**. It is so rare to find both in one person.

Signposting service user



Board

Meeting	Public Trust Board	Agenda Item	10	
Report title	Board Assurance Framework (BAF) – Strategic Risks	Meeting Date	10 September 2025	
Author	Head of Corporate Governance			
Responsible Director	Deputy Chief Executive			
Purpose	Assurance	<input checked="" type="checkbox"/>	Approval/Decision	<input type="checkbox"/>
	Discussion	<input type="checkbox"/>	For information only	<input type="checkbox"/>
Proposed assurance level (<i>only needed for assurance papers</i>)	Substantial assurance	<input type="checkbox"/>	Reasonable assurance	<input type="checkbox"/>
	Partial assurance	<input checked="" type="checkbox"/>	Minimal assurance	<input type="checkbox"/>
Executive assurance rationale:				
Rated as partial assurance reflecting that there are five new risks out of 11 on the 25/26 BAF and these would not have been added by the Board, if the Board was assured about them. Plus 7 of the 11 BAF risks are currently red-rated.				
Summary of key issues:				
Key updates <ul style="list-style-type: none"> • Risk 7 (System instability): It is proposed for the system risk 7 risk score to increase temporarily from 12 to 16 due to the current period of change in system leadership and rapid development of changes included within the 10-year plan. This is the only proposed risk score change since the BAF was presented at July's Board. • Risk 1 (Investment & Estates): 3 new performance metrics have been identified (as part of the wider plan to agree robust performance proxy metrics for progress for each individual BAF). • Risk 2 (Health inequalities): It has been agreed to form a Health equity group to help drive the work around health inequalities. The context is health inequalities progress is one of the key assessment measures for the new Trust rating system that will be published by NHSE/DHSC. Health inequalities was an item at Board Seminar in July and will be revisited at September's Seminar. • Risk 3 (System and internal financial constraints): Risk to CIP delivery is reflected in the continued raised risk score and TMG requested CIP delivery be added to the Corporate Risk Register to reflect this. • Risk 4 (Workforce morale whilst making necessary staffing savings): All actions and assurance ratings have now been added. • Risk 5 (Leadership and engagement): Action agreed for 360 feedback of leadership behaviours. • Risk 6 (Compliance culture and accountability): Actions agreed for Values not always understood and demonstrated by all staff and Leadership culture modelling/enabling accountability. • Risk 8 (Flow and performance): The IPR demonstrates progress on A&E performance. • Risk 11 (Change management): Considering this is a newly articulated risk, it is heartening to see a range of mitigation actions have already been delivered. • Agreeing an updated risk appetite for the Trust is on the agenda for the December Board Seminar. 				

Board spotlight on two BAF risks													
Spotlighted BAF Risk 9 (the future of Cancer services) – Lucy Smith													
<ul style="list-style-type: none"> The Acute Oncology Service with Watford is now coming online and this addresses a driver of the risk score. Therefore, the risk score will be discussed at next FPPC. Any mitigations relating to commercially confidential matters, will need to be covered in private session. 													
Spotlighted BAF Risk 10 (Digital Transformation) – Mark Stanton													
<ul style="list-style-type: none"> The Board created the OneEPR (Digital) Committee to enhance assurance over the OneEPR ad outpatient projects with the committee meeting on 8 September. However, this timing means there is not a report from that meeting in time for this Board and this report. The updates on the BAF shows good progress, with a range of identified actions completed. 													
Impact: <i>tick box if there is any significant impact (positive or negative):</i>													
Patient care quality	<input checked="" type="checkbox"/>	Equity for patients	<input checked="" type="checkbox"/>	Equity for staff	<input checked="" type="checkbox"/>	Finance/Resourcing	<input checked="" type="checkbox"/>	System/Partners	<input checked="" type="checkbox"/>	Legal/Regulatory	<input checked="" type="checkbox"/>	Green/Sustainability	<input type="checkbox"/>
The BAF risks present potentially significant negative impacts relating to inequality, patients, finances, the system and regulatory compliance should the risks materialise which is why they are top risks on the BAF.													
Trust strategic objectives: <i>tick which, if any, strategic objective(s) the report relates to:</i>													
Quality Standards	<input checked="" type="checkbox"/>	Thriving People	<input checked="" type="checkbox"/>	Seamless services	<input checked="" type="checkbox"/>	Continuous Improvement	<input checked="" type="checkbox"/>						
Identified Risk: <i>Please specify any links to the BAF or Risk Register</i>													
The BAF is based on risks to these strategic objectives and the top two/three risks to each strategic objective are included on the BAF.													
Report previously considered at & date(s):													
9 July 2025 Board; OneEPR Committee 8 September; People & Culture Committee 15 July; Audit & Risk Committee 8 July; Quality & Safety Committee 25 June; Finance, Planning and Performance Committee 23 June.													
Recommendation	The Board is asked to discuss and NOTE the BAF.												

To be trusted to provide consistently outstanding care and exemplary service

BOARD ASSURANCE FRAMEWORK REPORT

Section 1 - Summary

Risk no	Strategic Risk	Lead(s) for this risk	Assurance committee(s)	Current score	Trajectory
Consistently deliver quality standards, targeting health inequalities and involving patients in their care					
1.	Investment & estates challenges (capital, system allocation and no growth)	Chief Financial Officer	Finance, Performance & Planning	16	↔
2.	Health inequalities	Medical Director	Quality & Safety	12	↔
3.	System and internal financial constraints	Chief Financial Officer	Finance, Performance & Planning	16	↔
Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability					
4.	Workforce morale whilst making necessary staffing savings	Chief People Officer	People & Culture	16	↔
5.	Compliance culture and accountability	Chief People Officer	People & Culture	15	↔
6.	Leadership and engagement	Chief People Officer	People & Culture	9	↔
Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners					
7.	System instability	Chief Executive Officer	Finance, Performance & Planning	16	↑
8.	Improving flow and performance	Chief Operating Officer	Finance, Performance & Planning	16	↔
9.	The future of cancer services	Chief Operating Officer	Quality & Safety	16	↔
Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities					
10.	Digital Transformation	Chief Information Officer	OneEPR Committee	16	↔
11.	Change management	Chief Kaizen Officer	People & Culture	12	↔

Section 2 Strategic Risk Heat Map

Current risk scores in **black**

Target risk scores in *grey*

I m p a c t	5					
	4		8	7; 11 3; 10	1; 3; 4; 7; 8; 9 10	
	3		11	5 1; 2; 4; 7	2	6
	2		5; 6		9	
	1					
I x L		1	2	3	4	5
Likelihood						

Section 3 Risk Appetite

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

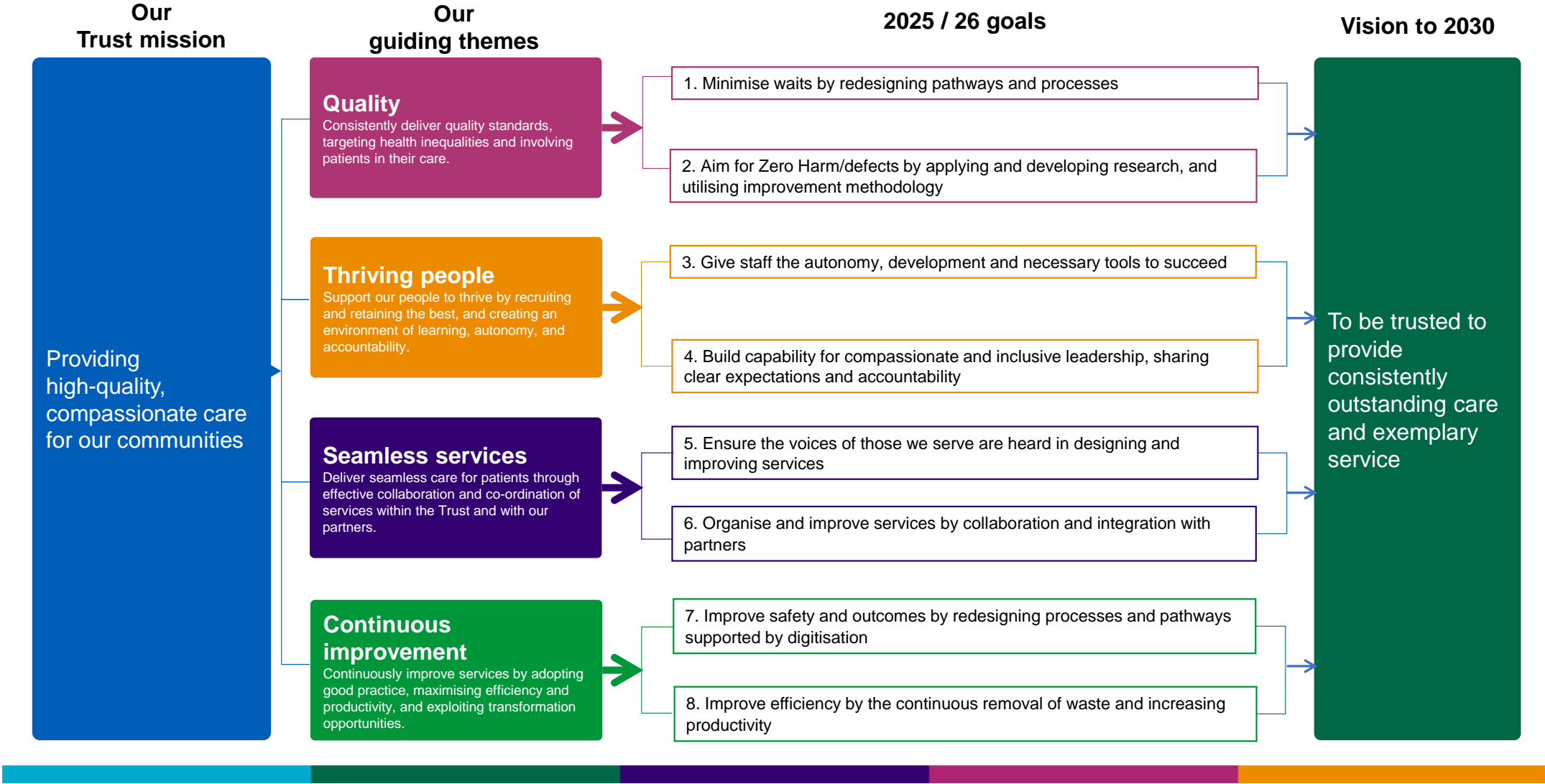
Section 4 Risk Scoring Guide

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

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

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

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



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

Strategic Priority: Consistently deliver quality standards, targeting health inequalities and involving patients in their care			Risk score 16
Strategic Risk No.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 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.	

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

Risk Lead	Chief Financial Officer	Assurance committee	FPPC
-----------	-------------------------	---------------------	------

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

Trust Management Group ratification of investment decisions	Quarterly reports to TMG (1)	6
---	------------------------------	---

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
<ul style="list-style-type: none"> Finance strategy 	<ul style="list-style-type: none"> 25-26 refresh of strategy reviewed at July 25 Board Seminar combined with supplementary development of revised long-term financial model 	MA	Sept 25
<ul style="list-style-type: none"> Transformational solutions to address the system financial gap 	<ul style="list-style-type: none"> The system has agreed six transformational workstreams that will be developed in 25-26 to assist embedding financial sustainability across the ICS. Individual CEOs and CFOs are mapped to individual workstreams. 	MA	Q1 25/26
<ul style="list-style-type: none"> Confidence in the appropriate deployment of resources across place and providers 	<ul style="list-style-type: none"> The system has invested in a PHM system that can generate data to support analysis of the distribution of system resources. Consultancy deployment may be required. 	MA	25/26 – ICB Place reconfiguration timetable
<ul style="list-style-type: none"> Long Term Financial Planning Infrastructure 	<ul style="list-style-type: none"> Trust to refresh its LTFM (linking to system MFTP) to clearly set out options for resource utilisation within the context of national and local drivers and strategies. Complete during 2024. Outputs coming to FPPC in Oct 25 	MA	Oct 25
<ul style="list-style-type: none"> Responding to in year investment opportunities 	<ul style="list-style-type: none"> In addition to the annual planning process, the Trust will establish a monthly 'Investment Group'. This will provide a forum to consider in year opportunities for affordable investment as they arise 	DDOF	Monthly investment group meeting
<ul style="list-style-type: none"> Medium term financial plan 	<ul style="list-style-type: none"> FPPC review of medium term financial plan refreshed post 25/26 planning round Integrate Trust LTFM output into revised system medium term plan informed by comprehensive spending review output and system transformation strategy 	MA	Oct 25

Current Performance – Highlights from the Integrated Performance Report:

- The Trust workforce has expanded significantly since COVID. This represents a significant financial investment, although activity delivery and productivity has declined.
- Underlying in year financial performance is at significant variance to plan.
- The Trust has agreed a £15m capital investment plan for 24/25.
- Profile of capital spend delivery
- H&S compliance assurance ratings
- Headcount tracker

Associated Risks on the Board Risk Register

Risk no.	Description	Current score
<u>3441</u>	<u>Fire management</u>	<u>16</u>

Strategic Priority: Consistently deliver quality standards, targeting health inequalities and involving patients in their care			Risk score 12
Strategic Risk No.2: Health inequalities			
If we do not address health inequalities nor meet the expectations of patients and other stakeholders	Then population/stakeholder health 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.	

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

Risk Lead	Chief Medical Officer	Assurance committee	Quality & Safety Committee
-----------	-----------------------	---------------------	----------------------------

Controls	Assurances against stated controls, with assurance level 1st line (front line); 2nd (corporate); 3rd (independent)	Assurance score
National Strategies		
Core 20 plus 5	National reporting (3)	7
System Plans		
ICS EDI Policy and Strategy 23-27	No current report on delivery of the Trust's elements	1
Trust Plans		
EDI strategy – which includes health inequalities	Report to People Committee and Board (2)	3
Appointment of deputy MD with responsibility for health inequalities (Started 1.11.24)		2
Changes to waiting lists for patients with learning disability	Report to QSC on LD annually (2)	4
Targeted lung health checks	National policy, enacted locally, assured via SQAS – (3)	7
Workforce health strategy	Brought to board, one off (2)	2
Smoking policy agreed by board and implemented <u>signed national smoke free pledge</u>	Signed off by board (2), smoking shelter removed, <u>ongoing work with HPFT around their patients smoking, signage changes.</u>	2
DH mandate to do opt out testing for blood borne viruses in ED	Process being worked through	1

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
<ul style="list-style-type: none"> Large PTLs with associated risk post pandemic 	<ul style="list-style-type: none"> Increasing service awareness 	COO	Individual national targets

<ul style="list-style-type: none"> Paediatric audiology 	<ul style="list-style-type: none"> Weekly meetings with ICB and region whilst the service restarts [21 Jan 25 update: parts of the service have re-opened], waiting list has dropped by 2,000 (August 25) but still needs further infrastructure change 	DON	See Corporate Risk Register
<ul style="list-style-type: none"> Community paediatric long waits for assessment 	<ul style="list-style-type: none"> Ongoing ICB working group, national and regional focus on improvement 	COO	See Corporate Risk Register
<ul style="list-style-type: none"> Childrens wellbeing bill Tobacco and vape bill Mental health bill 	<ul style="list-style-type: none"> Implement actions once legislation enacted 	MD	2025
<ul style="list-style-type: none"> An ICS delivery plan is needed for its Patient EDI Strategy 	<ul style="list-style-type: none"> Requesting ICS to produce a delivery plan 	ICB	Apr 25
<ul style="list-style-type: none"> Dedicated resource for health inequalities 	<ul style="list-style-type: none"> MD / deputy MD and MD ops lead spend a limited amount of time, in addition there is a small amount of support from the business planning team 	MD	
<ul style="list-style-type: none"> No dedicated work plan 	<ul style="list-style-type: none"> Lack of resource makes this challenging For November Board spotlight discussion Health inequality self-assessment undertaken Health equity group in formation 	MD	

Current Performance – Highlights from the Integrated Performance Report:

- ED 4 hour standard, [12 hour performance](#)
- 28 day faster diagnosis standards
- DMO1 – audiology
- 65 week waits for community paediatrics

[update 6.8.25:](#)

[further work to do with HPFT re smoking and their patients and staff on site.](#)
[good progress on audiology waiting lists](#)
[limited progress on paediatric community waits](#)
[health inequality self-assessment completed](#)
[health equity group being formed](#)
[3P for future state of paediatric infrastructure and services undertaken](#)

Associated Risks on the Corporate Risk Register

Risk no.	Description	Current score
3027	Risk of Regulatory non-compliance within Audiology Service	16
3079	Disrepair of the Building Fabric and unmet electrical needs and mechanical requirements relating to Bluebell Ward & Bramble Day Services.	20
3420	Risk of increased waiting times for initial and subsequent appointments within Community Paediatrics	20
3269	Bereavement care following pregnancy loss	16 12
3114	Risk to new mothers and babies due to cross-border	16

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

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

Risk Lead	Chief Financial Officer	Assurance committee	FPPC
-----------	-------------------------	---------------------	------

Controls	Assurances against stated controls, with assurance level 1st line (front line); 2nd (corporate); 3rd (independent)	Assurance score
Strategies and Plans		
Approved 25/26 Financial Plans	Monthly Finance Update to TMG (2)	4
	Monthly Finance Report / Key Metrics to FPPC (2)	4
	CIP report & productivity report to FPPC (2)	4
	Outturn Reports to TMG, FPPC and Board (2)	4
	Delivery & Progress reports to Finance Recovery Group (2)	4
	25/26 Financial plan submitted to & approved by NHSE (3)	4
Operational Systems and Resources		
Financial Reporting & BI Systems	Monthly financial reporting to NHSE & HWE System (1)	6
Detailed monthly CIP performance reporting	Reports to FPPC and FRG and national reporting (2)	4
Monthly ERF & Productivity Report to FPPC	Internal performance monitoring and Model Hospital / GIRFT / Use of Resources benchmarking (2)	3
Monthly Finance Reports	External / Internal audit review of key financial systems and processes (3)	4
Outturn Forecast report to TMG, FPPC and System	Review at FPPC and TMG (2)	4
Monthly ICS System Transformation and Improvement Board	Facilitated by ICS financial and executive leaders (3)	2
Monthly system finance oversight meeting with NHSE	Regional confirm and challenge of Trust and system financial deliver (3)	3
Biweekly System CEO / CEO finance review meetings	System stakeholder review of financial delivery and planning (3)	3

Vacancy Review Panel & Non-Pay controls	Daily / Weekly executive led mechanisms to review and challenge the application of recruitment and spending request relative to tightened criteria (1)	3
Rostering & Job Planning system	Variety of Rota and rostering tools to regulate workforce deployment (2)	2
Ratified SFI's and SO's, Counter Fraud Policy	Annual review and ratification by Board and Audit Committee. Deployment in Trust finance, workforce and governance systems. Annual audit review of effectiveness (3)	4
Governance & Performance Management Structures		
Accountability framework	Monthly FPPC and bi-monthly Board reports (2)	3
FPPC, FRG & TMG Reporting	Monthly meetings Exec/ NED chaired – agreed agenda (2)	4
Divisional Finance Boards meetings	Monthly meetings Exec chaired – finance delivery review (2)	4
Monthly Capital Review Group	Monthly meeting DDOF chaired – capital plan review (2)	4
Weekly D&C / ERF delivery meetings	Weekly session – Info led / divisional attendance – review of ERF plans and delivery (2)	4
Monthly cost-centre / budget holder meetings	Scheduled review of CC performance with budget holders and finance managers. Frequency determined by performance (2)	4
Bi-weekly ICS Director of Finance meetings	System stakeholder review of financial delivery and planning (3)	3
Bi-weekly Income Recovery Group	Internal corporate review of counting and coding effectiveness and accuracy	4
Monthly Workforce Utilisation & Deployment Group & MEOG medical staffing group	Monthly workforce groups (exec chaired) to review temporary staffing deployment across key workforce groups (2)	2
Procurement Governance Board	Monthly meeting of procurement service stakeholders to review delivery against workplan (3)	4

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
• Finance strategy	• To July Board Seminar	• MA	• July 25
• Medium Term Financial Plan	• To produce MTFP	• MA	• Oct 25
• Establishment Growth controls	• Corporate services recruitment freeze • Approved CIP Plan establishment reduction • Temporary staffing regulation versus permanent recruitment	• MA	• Q2 25/26
• Delivery of of Trust RTT Plan and impact on Trust financial plan	• Working Group set up by TMG to review activity delivery, validation strategy and associated access governance arrangements to provide assurance of RTT delivery strategy	• CO	• Q2 25/26
• Risk of non delivery of CIP / Savings Targets	• Regular review of CIP and Recovery plan delivery through FPPC and Delivery Board • <u>Enhanced</u> PMO arrangements now implemented led by dedicated delivery director and associated resources	• MA • MA • <u>All</u> Execs • <u>MA</u>	

	<ul style="list-style-type: none"> Accountability framework approved by May Board Seminar Add CIP delivery to CRR 		<ul style="list-style-type: none"> Completed
<ul style="list-style-type: none"> Risk of significant overspend against Trust expenditure budgets 	<ul style="list-style-type: none"> Embedding regular hotspot reporting to track expenditure at variance to budget plans 	<ul style="list-style-type: none"> MA 	<ul style="list-style-type: none"> Q2 25/26
<ul style="list-style-type: none"> Understanding of financial dynamics underpinning service line performance 	<ul style="list-style-type: none"> Implementation of SLR model – now in go-live Service Line productivity line production Revised and summarised productivity report to TMG focusing on actionable insights metrics and levers – revised productivity report to FPPC – complete with Accountability Framework 	<ul style="list-style-type: none"> DP / LL Divisions DP MA 	<ul style="list-style-type: none"> Q2 25/26 Q1 25/26 Sept 25
<ul style="list-style-type: none"> Risk around absence of a short and long-term financial strategy for the system and stakeholders to address underlying deficit 	<ul style="list-style-type: none"> The Trust has generated a medium terms financial plan based upon agreed national and local assumptions. To be used to frame the development of the 25/26 financial plan Development of long-term financial model to report to FPPC in Oct and integration with system medium-term financial plan incorporating CSR assumptions and system transformation plan 	<ul style="list-style-type: none"> MA 	<ul style="list-style-type: none"> Q3 25/26
<ul style="list-style-type: none"> Absence of effective job planning framework 	<ul style="list-style-type: none"> Trust to develop a programme of activity to review (1) review historic additional duties allocations (2) benchmarking job planning principles and assumptions (3) link team job plans to demand and capacity modelling Implementing consultant job planning framework approved in Jan 25 FPPC mtg – this is embedded within CIP programme for 25/26 	<ul style="list-style-type: none"> MA / JD / TP 	<ul style="list-style-type: none"> Q4 24/25 Until year end for review
<ul style="list-style-type: none"> Significant reductions in Trust productivity vs pre-pandemic levels. Significant increases in staff volumes and costs not related to activity change. 	<ul style="list-style-type: none"> Productivity report, with an emphasis on insight and actionable activity to be implemented and presented to committee from Sept 25 onwards the development of a 'Productivity Index, to FPPC. Productivity QV app deployed to assist service line level productivity reviews. Headcount reduction plan to be incorporated within final CP plan for 25/26 covering both directed NHSE reductions and local schemes 	<ul style="list-style-type: none"> DP 	<ul style="list-style-type: none"> Q3 25/26

Current Performance – Highlights from the Integrated Performance Report:

- The Trust reports a YTD deficit of £8.2m @ M2, this is in line with the plan
- As at Month 2 the Trust ERF plans are significantly behind plan. Some pay pressures have emerged
- The Trust CIP plan for 25/26 is £35.8m. To date £16.5m has been fully identified and agreed against that target
- CIP delivery – revised PMO and delivery Board structure in place to ID savings identification and delivery
- Headcount reductions schemes covering corporate services and non-patient saving roles have been identified as part of 25/26 savings plans
- Tracking arrangements in place to monitor run rate variation in divisional expenditure levels with a link through to corresponding hotspots and remedial review where necessary
- [Year on year overspend on Directorate budgets](#)

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
3300	Lack of special school nursing staff	20
<u>3664</u>	<u>CIP delivery</u>	<u>16</u>

Strategic Priority: Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability			Risk score 16
Strategic Risk No.4: Workforce morale whilst making necessary staffing savings			
If the Trust does not manage the necessary 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.	

	Impact	Likelihood	Score	Assurance	Risk Trend
Inherent	4	5	20	4 TBC	
Current	4	4	16		
Target	3	3	9		

Risk Lead	Chief People Officer	Assurance committee	People and Culture Committee
-----------	----------------------	---------------------	------------------------------

Controls	Assurances against stated controls, with assurance level <i>1st line (front line); 2nd (corporate); 3rd (independent)</i>	Assurance score
Strategies and Plans		
People Strategy	People Committee reports (2) Annual report to Board (2)	6
Clinical Strategy 2022-2030	Report to QSC (safer staffing quarterly; Establishment review; Q&S metrics monthly) (2)	6
EDI Strategy	People Committee reports (2) Annual report to Board (2)	4
Annual Divisional demand and capacity modelling, workforce plans and local Skill mix reviews	Planning reports to FPPC and PCC (2)	6
Apprenticeship strategy	People Committee reports (2) Oversight at Education Committee (1)	5
Mechanisms for identifying hotspots and shortfalls	People Committee reports (temp staffing; resourcing; people report; retention deep dive) (2)	6
NHS Workforce long-term plan	Annual People Committee updates on progress (2)	5
Recruitment and attraction		
Workforce Plans aligned with Financial budgets and agreed establishments	Reported annually to PCC (2) Reported to ICB and monitored at ICB People Board (3)	5
Engagement with schools and colleges as part of the widening participation programme as well as offering work experience	Reported annually to PCC (2) ICS sustainable workforce supply committee (3)	5
Retention		
Improvement to induction and onboarding, including coaching and mentoring support	Reported annually to PCC (2) Retention steering group (1)	4
Delivery of wellbeing strategy – Care Support Pyramid	Reported annually to PCC (2) Wellbeing questions part of annual staff survey	6

	Included in monthly IPR (3) Sickness rates monitored in Divisional Performance Reviews (1)	
Delivery of management competency framework	Reported annually to PCC (2)	6
Annual Staff survey and quarterly pulse surveys team talks and action plan		5
Governance & Performance Management Structures		
Medical establishment oversight working group	Held monthly & feeds into People report taken to PCC (2)	5
Clinical oversight working group	Held monthly & feeds into People report taken to PCC (2)	5
Recruitment and retention group	Held monthly & feeds into People report taken to PCC (2)	5
Workforce reports – time to hire, pipeline reports	Figures incorporated into the IPR which are taken to PCC and Trust Board (2)	6
Education committee	Held bi-monthly and feeds into People report taken to PCC (2)	6

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
<ul style="list-style-type: none"> Inability to recruit to key posts at speed due to CIPS not delivered 	<ul style="list-style-type: none"> TBCWe have continued to recruit successfully to key posts; where appropriate People Partners are supporting business areas with redesign of work and accountability to address skill/people gaps 	<ul style="list-style-type: none"> CPO 	<ul style="list-style-type: none"> In progress already
<ul style="list-style-type: none"> Mutually Agreed Resignation Scheme 	<ul style="list-style-type: none"> To approve MARS scheme and enact <u>PHASE 1 HAS BEEN COMPLETED</u> 	<ul style="list-style-type: none"> CPO 	<ul style="list-style-type: none"> Nov 25
<ul style="list-style-type: none"> Establishment growth controls Better infrastructure for agreeing establishment and funding for posts (planning process) 	<ul style="list-style-type: none"> Consistency of HR and Finance data 	<ul style="list-style-type: none"> CFO and CPO 	<ul style="list-style-type: none"> Mar 26
<ul style="list-style-type: none"> Capacity of staff to deliver expected improvements and BAU with reduced staff 	<ul style="list-style-type: none"> Redesign ways of working Use AI <u>and digital solutions</u> 	<ul style="list-style-type: none"> Executive Directors 	<ul style="list-style-type: none"> In progress now e.g. minute taking

Current Performance – Highlights from the Integrated Performance Report:

- Staff turnover rate
- Staff survey – particularly workload and morale questions
- Recruitment pipeline time to hire

Associated Risks on the Corporate Risk Register

Risk no.	Description	Current score
	N/A	

Strategic Priority: Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability			Risk score 9
Strategic Risk No.5: Leadership and 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	Then sub-optimal management and behaviours in hotspot areas will occur and staff may not feel psychologically safe to raise concerns	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	

	Impact	Likelihood	Score	Assurance	Risk Trend
Inherent	4	3	12	4-TBC	
Current	3	3	9		
Target	2	2	4		

Risk Lead	Chief People Officer	Assurance committee	People Committee
-----------	----------------------	---------------------	------------------

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

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

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
<ul style="list-style-type: none"> Capacity to undertake support and development in identified areas to improve leadership practice and engagement Challenges in the level of organisational engagement across ENHT to make things happen and embed sustainable change 	<ul style="list-style-type: none"> Targeting where to focus management competency framework due to limitation on capacity Healthy Teams work is being implemented in Gynae, Maternity, Theatres, paediatrics, ITU and ED. to support leaders and teams develop a good leadership rhythm and build healthy culture Staff survey action plans support improvements happening locally and results are used to identify priority areas and specific support to low score areas - Team talks on staff survey and on values charters remain active within divisions. These are now based on the Care Support Pyramid (4 dimensions that make a difference to staff experience) this makes the intervention organisationally consistent but locally owned and accountable. 	<ul style="list-style-type: none"> CPO 	<ul style="list-style-type: none"> Mar 26
<ul style="list-style-type: none"> Capacity to release staff and leaders to participate in 	<ul style="list-style-type: none"> Creative delivery and support to enable release and participation. Pilots with local events, bitesize and development coaching in order to use time effectively. 	<ul style="list-style-type: none"> CPO 	<ul style="list-style-type: none"> Mar 26

development alongside day-to-day priorities	Use of rolling half day and leadership forum as an opportunity for development. <ul style="list-style-type: none"> Introduction to ENH Production System and ENH Production System for leaders now launched with participants supported to attend 		
<ul style="list-style-type: none"> 360 feedback of leadership behaviours 	<ul style="list-style-type: none"> Needs agreement – TBC This will need to form part of the new People team offer 	<ul style="list-style-type: none"> CPO 	<ul style="list-style-type: none"> Mar 26

Current Performance – Highlights from the Integrated Performance Report:

- Numbers of successful staff challenges – grievances and ETs
- Number of staff completed ENHPS leaders
- % leaders done training – core competencies and clinical ops programme
- Staff survey re leadership & staff advocating for the Trust
- GROW completion rate

Associated Risks on the Corporate Risk Register

Risk no.	Description	Current score
0048	Discharge letters not being completed at the time of discharge	16

Strategic Priority: Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability			Risk score 15
Strategic Risk No.6: Compliance culture and accountability			
If the desired accountability approach and framework changes are not achieved	Then compliance and appropriate action and consequences will remain sub-optimal	Resulting in the Trust struggling to deliver key outcomes such as CIPs, mandatory requirements such as statutory and mandatory training, as well as wider needed changes and improvements.	

	Impact	Likelihood	Score	Assurance	Risk Trend
Inherent	4	5	20	4-TBC	
Current	3	5	15		
Target	2	2	4		

Risk Lead	Chief People Officer	Assurance committee	People and Culture Committee (PCC)
-----------	----------------------	---------------------	------------------------------------

Controls	Assurances against stated controls, with assurance level 1st line (front line); 2nd (corporate); 3rd (independent)	Assurance score
Strategies and Plans		
Accountability Framework	TBC	
Policies	TBC Reported to PCC (first time in July with an update being provided to PCC and then Board in Sept)	
Stat Mand training	TBC As part of dashboard	
Q&S framework	TBC	
People Strategy	People Committee reports (2) Annual report to Board (2) The current People Strategy expires in 2025 and is under review in addition to a (planned) restructure in the People team to strengthen/add new capabilities.	6
ENHT Production System	Reported annually to board (2)	6
EDI Strategy	People and Culture Committee reports (2) Annual report to Board (2) EDI Steering Group (1)	
Governance & Performance		
Revised Scheme of Delegation	ARC and Board review annually (2)	6
Balanced scorecard	Divisional Board/ Committee reports (1)	4
Well-led review action plan	ARC & TMG progress reports (2)	4
Management Structures		
Divisional operating model – structure and responsibilities	Reviewed as part of Trust Management Group (1) As above a new structure is in design	4
Divisional Performance reviews	Reviewed as part of Trust Management Group (1)	6

Divisional boards	Divisional Performance Reviews (1)	6
Grow together reviews and talent forums (will be strengthened with new model)	Reported annually to PCC (2)	6
Improvement Partner		
Principles and values related to the ENH Production system to be embedded through training programmes and performance management objectives	To be reported to PCC (2 once start)	3
Positive leadership rounds	To be reported to PCC (2 once start)	3
Core skill and knowledge programmes (management and Leadership)	Reported annually to PCC (2)	4
Staff Engagement and Involvement		
Staff networks /Freedom To Speak Up/ Meet the Chief Executive (Ask Adam)	Voice of our people featured at PCC (2) Staff story featured at Trust Board (2)	6
Internal communications - all staff briefing, In Brief and newsletter, leadership briefings	Reported through CEO report and IPR (2)	6
Reciprocal mentorship programme	Update provided to PCC (2)	6

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
<ul style="list-style-type: none"> Time to complete all required training without protected time 	<ul style="list-style-type: none"> Reviewing stat/mand to basic minimums & core priorities 	<ul style="list-style-type: none"> Exec and Divisional Directors 	<ul style="list-style-type: none"> Mar 26
<ul style="list-style-type: none"> Organisation goals affectively cascaded to all divisions and teams 	<ul style="list-style-type: none"> Focus on driving up Grow Together Review compliance rates Assessment of dissemination and understanding of goals as part of Positive Leadership Rounds Reviewed in divisional performance review meetings 	<ul style="list-style-type: none"> Exec and Divisional Directors TP 	<ul style="list-style-type: none"> Mar 26
<ul style="list-style-type: none"> Values not always understood and demonstrated by all staff 	<ul style="list-style-type: none"> TBCThis will need to form part of a cultural piece which will be part of the new People model offering 	<ul style="list-style-type: none"> CEO 	<ul style="list-style-type: none"> Mar 26
<ul style="list-style-type: none"> Leadership culture modelling/enabling accountability 	<ul style="list-style-type: none"> TBCAs above – the new People structure will review and refresh the leadership/culture and accountability models. 	<ul style="list-style-type: none"> CPO 	<ul style="list-style-type: none"> Mar 26

Current Performance – Highlights from the Integrated Performance Report:

- CIPs delivery
- Stand/Mand training
- GROW
- Updated risks
- Referrals to professional/regulatory bodies e.g. NMC/CQC

Associated Risks on the Corporate Risk Register

Risk no.	Description	Current score
	N/A	

Strategic Aim: Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners			Risk score 1216
Strategic Risk No.7: System instability			
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.	

	Impact	Likelihood	Score	Assurance	Risk Trend
Inherent	4	4	16	3	<u>Risk increased temporarily due to the current period of change in leadership and rapid development of changes included within the 10 year plan</u>
Current	4	34	1216		
Target	3	3	9		

Risk Lead	Chief Executive	Assurance committee	FPPC
-----------	-----------------	---------------------	------

Controls	Assurances against stated controls, with assurance level 1st line (front line); 2nd (corporate); 3rd (independent)	Assurance score
Strategies and Plans		
Trust Strategy and Trust objectives linking and helping deliver the ICB strategy	<ul style="list-style-type: none"> Annual Board approval of new strategic priorities (2) Annual Board review of Strategy delivery (2) CEO update to Board includes system developments (2) 	6
ICB strategy includes creation of HCPs as multi-agency delivery vehicles	<ul style="list-style-type: none"> Approved by ICB (3) ICB Chair & CEO walks the Board through ICB priorities at least annually Formal letter from ICB establishing the Trust as a host provider <u>(3)</u> 	6
HCP Strategy pillar covers ways of working	<ul style="list-style-type: none"> ToRs HCP Partnership Board & committees approved by ICB (3) – but lacks Trust Board oversight beyond minutes of HCP 	4
Financial Controls		
System finances reviewed monthly	<ul style="list-style-type: none"> DoFs bi-weekly meeting (1) CEOs monthly meeting (1) ICB Board & Finance Committee (3) review system finances Report to Trust Board includes the system financial position (2) 	6
Governance & Performance Management Structures		
NHSE East of England oversight of ICS	<ul style="list-style-type: none"> Letter of assessment from NHSE Director to ICB (3) 	N/A
ICS Directors of Finance bi-weekly meeting	<ul style="list-style-type: none"> Reports/updates to FPPC (2) 	6
Relational		
Provider Trust Chairs Forum	<ul style="list-style-type: none"> Chair's update to Board where relevant (2) 	N/A
Trust CEOs group weekly meetings	<ul style="list-style-type: none"> CEO's update to Board where relevant (2) 	N/A
Trust CEO now a member on the ICB	<ul style="list-style-type: none"> Minutes from meetings (3) 	6
Trust CEO is the SRO for the HCP	<ul style="list-style-type: none"> Minutes from HCP go to the Trust Board (3) 	6

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
<ul style="list-style-type: none"> Improving how is the Board currently assured/updated on progress with system working 	<ul style="list-style-type: none"> HCP Committee terms of reference approval by Trust Board, with NED representation HCP Committee report to Board from in Sept 25 	<ul style="list-style-type: none"> CEO 	<ul style="list-style-type: none"> July 25 Complete Sept 25
<ul style="list-style-type: none"> Trust objectives linking and helping deliver the ICB strategy 	<ul style="list-style-type: none"> When 25-26 priorities ICB/HCP priorities will be explicitly referenced. 	<ul style="list-style-type: none"> CEO 	<ul style="list-style-type: none"> Q1 25 Complete
<ul style="list-style-type: none"> Does the ICB BAF cover the risk of impact of major change 	<ul style="list-style-type: none"> Propose to ICB that the ICB BAF includes this risk 	<ul style="list-style-type: none"> CEO 	<ul style="list-style-type: none"> End of Q1 25/26
<ul style="list-style-type: none"> Lack of a shared view across Providers and ICB on optimal structuring to create a sustainable financial and operational delivery model 	<ul style="list-style-type: none"> CEOs developing the delivery strategy for the ICB 	<ul style="list-style-type: none"> CEO 	<ul style="list-style-type: none"> Q1-Q4 25
<ul style="list-style-type: none"> Embedding the effectiveness of the HCP 	<ul style="list-style-type: none"> Carry out HCP Board effectiveness review 	<ul style="list-style-type: none"> CEO 	<ul style="list-style-type: none"> Q4 25/26
<ul style="list-style-type: none"> Uncertainty about the new ICB regional landscape and the potential implications for the Trust depending on the preferred model 	<ul style="list-style-type: none"> Model ICB being produced nationally – ICB plans expected by end of May 25 New clustering now announced and awaiting appointments to key leadership roles with whom to engage 	<ul style="list-style-type: none"> NHSE 	<ul style="list-style-type: none"> June Q3 25

Current Performance – Highlights from the Integrated Performance Report:

- The over-arching system financial break-even plan 2025-26
- NHSE oversight framework assessment of ICB and the Trust
- ICB/~~HCP~~ performance dashboard metrics tracking progress against HCP priorities

Associated Risks on the Corporate Risk Register

Risk no.	Description	Current score

Strategic Aim: Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners			Risk score 16
Strategic Risk No.8: Improving flow and performance			
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 poor quality care and adverse outcomes, wider health improvements not being delivered and regulatory censure	

	Impact	Likelihood	Score	Assurance	Risk Trend
Inherent	4	4	16	4	<p>The Risk Trend chart shows a horizontal line at a score of 16 from Jul-22 to Jul-25. The x-axis labels are Jul-22, Oct-22, Jan-23, Apr-23, Jul-23, Oct-23, Jan-24, Apr-24, Jul-24, Oct-24, Jan-25, Apr-25, and Jul-25. The y-axis has labels 12 and 16. A yellow dot is at Jul-22, and red dots are at all subsequent dates.</p>
Current	4	4	16		
Target	4	2	8		

Risk Lead	Chief Operating Officer	Assurance committee	FPPC
-----------	-------------------------	---------------------	------

Controls	Assurances against stated controls, with assurance level 1st line (front line); 2nd (corporate); 3rd (independent)	Assurance score (from 7 levels)
Strategies and Plans		
Performance trajectories (Elective, cancer, diagnostics), refreshed for 25/26	<ul style="list-style-type: none"> Board IPR; transformation reports; escalation reports (2) FPPC (IPR & deep dives papers (2) Access Board reports (2) Accountability Framework (2) 	6
Cancer timed pathway analysis work and associated action plan	<ul style="list-style-type: none"> Herts & West Essex Cancer Board reports (3) Cancer Board reports (1) Access Board reports (2) Accountability Framework (2) 	6
UEC Phase 2 Improvement Plan	<ul style="list-style-type: none"> Board report (2) FPPC reports (2) Access Board report (2) UEC Board minutes (2) GIRFT GEMI score (3) Accountability Framework (2) 	6

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
<ul style="list-style-type: none"> Impact of ERF cap and requirement to improve RTT by 5% in 2025/6 	<ul style="list-style-type: none"> Reverse engineered RTT trajectories being developed based on detailed demand and capacity analysis Increase validation volume via Validation Sprint activity Validation strategy in development IPR updated to include 25/6 RTT targets: 5% improvement in RTT and 1st appt within 18 	<ul style="list-style-type: none"> Laura Moore, Head of Performance & Planning Alison Gibson, Deputy COO 	<ul style="list-style-type: none"> March 2026 [Original: Mar 25]

	weeks by 3/26; Reduce to max of 1% the % of patients waiting 52 weeks+		
<ul style="list-style-type: none"> Improve UEC pathways 	<ul style="list-style-type: none"> Sharpen ED processes Optimise SDEC pathway Optimise Frailty pathway Redesign of specialty pathways Full Capacity Protocol refreshed and in use Mental Health Urgent Care Centre at Lister National UEC Plan (June 2025) Refresh implementation of Principles of Safe & Effective Emergency Care 	<ul style="list-style-type: none"> Claire Gowland, Interim Lead DD Junaid Qazi, Divisional Medical Director Justin Daniels, Medical Director 	<ul style="list-style-type: none"> March 2026 [Original: June 25]
<ul style="list-style-type: none"> Ambulance Handover 	<ul style="list-style-type: none"> System solution to intelligent conveyancing/ambulance intelligence will improve, but not fully address the challenge – ongoing EEAST trialing call before convey and access to the stack to identify those patients who would be best cared for by alternative providers EEAST Local Operations Cell participation in HWE System Coordination Centre <i>Handover @ 45</i> launched Nov 2024 Lister ED new Ambulance handover process May 2025 National UEC capital allocation for extended Ambulance Handover bay, April 2025 	<ul style="list-style-type: none"> Lucy Davies, COO EEAST HWE SCC 	<ul style="list-style-type: none"> March 2026 [Original: Jan 25]
<ul style="list-style-type: none"> Robust pathway oversight and earlier discharge planning for medical specialties Lack of social care and community capacity to support discharge Utilisation of Hospital at Home not yet optimal 	<ul style="list-style-type: none"> Work being undertaken to increase uptake of Hospital at Home Work ongoing with system partners on discharge processes Regular MADE weeks Further work required to prevent admission for frailty patients includes a frailty assessment unit in ED 	<ul style="list-style-type: none"> Redeemed Mzila, Head of Site Junaid Qazi Moreblessing Zvorwadza, Divisional Nursing Director 	<ul style="list-style-type: none"> March 2026 [Original: Mar 25]
<ul style="list-style-type: none"> Diagnostic wait times – MRI and U/S, Audiology 	<ul style="list-style-type: none"> Weekly PTL tracking meetings for all modalities now in place. Clear recovery trajectories created with action plans to deliver compliance by March 25 (excluding MRI, Audiology) – achieved 25/6 MRI capacity tactical plan agreed Robust plan for long term MRI capacity to bridge gap in demand Optimise use of community diagnostic capacity MRI outsourcing now in place with commercial provider Audiology capital Lister underway @June 25 Audiology capital Hertford County allocated @June 25 Audiology HWE mutual aid discussions underway 	<ul style="list-style-type: none"> Sarah James Claire Moore, Lead DD 	<ul style="list-style-type: none"> March 2026 [Original: Mar 25]

<ul style="list-style-type: none"> Theatre utilisation and pre – tci cancellation rate 	<ul style="list-style-type: none"> Recruitment plans ongoing. 'Drumbeat' huddles to manage activity 	<ul style="list-style-type: none"> Claire Moore, Lead DD 	<ul style="list-style-type: none"> March 2026 [Original: Dec 25]
---	---	---	---

Current Performance – Highlights from the Integrated Performance Report:

- % of 62 day PTL over 62 days
- 28 day faster diagnosis
- Cancer 31 day waits
- RTT performance
- 65 and % 52 weeks RTT
- % of elective patients 1st appt within 18 weeks
- Ambulance handovers
- ED 4 and 12 hour performance
- Diagnostic waits / DM01
- Patients not meeting the criteria to reside

Associated Risks on the Board Risk Register

Risk no.	Description	Current score
3470	The risks associated with flow in ED related to congestion	16
<u>3634</u>	<u>Risk of ex-ward referrals not being booked into clinic as non RTT</u>	<u>20</u>

Strategic Aim: Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners			Risk score 16
Strategic Risk No.9: Future of cancer services			
If the future of cancer services at Mount Vernon and Lister is not resolved promptly by strategic partners	Then there is a risk of unplanned reconfiguration of cancer services and the inability of the Trust to undertake long-term strategic planning that is financially viable	Resulting in fragmented clinical care with the inability to optimise clinical outcomes; material financial destabilisation; the inability of the Trust to deliver its legal duties; and reputational damage.	

	Impact	Likelihood	Score	Assurance	Risk Trend
Inherent	4	4	16	4	<p>16 16 16 16 16 16</p> <p>Jul-24 Sep-24 Nov-24 Jan-25 Mar-25 May-... Jul-25 Sep-25</p>
Current	4	4	16		
Target	2	4	8		

Risk Lead	Chief Operating Officer	Assurance committee	QSC
-----------	-------------------------	---------------------	-----

Controls	Assurances against stated controls, with assurance level 1st line (front line); 2nd (corporate); 3rd (independent)	Assurance score
Clinical Strategy	<ul style="list-style-type: none"> Mount Vernon Programme review with NHSE – quarterly (3) Cancer peer review (3) that reports to QSC National annual cancer patient experience survey (3) 	5
Cancer divisional risk register (up to date with no overdue risks and all risks have mitigation actions)	<ul style="list-style-type: none"> RMG monthly and deep dive (1) Divisional Performance review (1) Corporate Risk Register to Board (2) 	5
Fabric improvement capital investment to address the sites two three year backlog maintenance priorities (partial but not a long-term control)	Q&S Committee reports as required (2) NHSE sustainability group (3) – quarterly	4
New Q&S governance structure Mortality and morbidity meeting oversight of risk (Q&S meetings)	Trust Mortality Committee (1) with 30 day SACT mortality data	5
Business Plan approved for joint acute oncology provision and ward at Watford	Mount Vernon Programme Board (3) AOS Steering Group with NHSE and ICB reps (3). AOS consultants out to advert at interview stage with good applicants and 2/3 ACP post at Watford appointed into.	4
Cancer services deep dives to QSC and FPPC	QSC and FPPC reports (2)	4
Standing Board updates on progress with the Mount Vernon transfer	Updates to each Board (2)	4

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
<ul style="list-style-type: none"> Public awareness of the impact of the delay on quality of services 	<ul style="list-style-type: none"> Proactive communication plan if gap agreed. Consultation planned in autumn 25delayed pending agreement on route to capital for new build. 	<ul style="list-style-type: none"> NHSE/ICB 	<ul style="list-style-type: none"> Nov 2025

<ul style="list-style-type: none"> Outcome of service options to NHSE to enable Trust planning 	<ul style="list-style-type: none"> [Commercially confidential – update to Private Board] 	<ul style="list-style-type: none"> Lucy Davies 	<ul style="list-style-type: none"> AprilAugust 2025
<ul style="list-style-type: none"> Lack of a financial mitigation plan for sudden loss of services or significant interim costs whilst awaiting a decision 	<ul style="list-style-type: none"> Work with NHSE to identify interim funding opportunities that address investment above and beyond NHS contract negotiations Preliminary capital ask submitted to NHSE/ICB to sustain current services on site up to 2032. Needs further refinement with detailed site survey to be led by THH. 	<ul style="list-style-type: none"> Martin Armstrong 	<ul style="list-style-type: none"> Dec 2025
<ul style="list-style-type: none"> Even if the building is fully equipped it does not fully resolve the issue of fragmented care 	<ul style="list-style-type: none"> Services need to move to an acute site 	<ul style="list-style-type: none"> NHSE 	<ul style="list-style-type: none"> April 2026

Current Performance – Highlights from the Integrated Performance Report:

- 62 and 31 day cancer performance standards
- Faster diagnosis standard
- 30 day SACT mortality data
- COSD cancer data

Associated Risks on the Board Risk Register

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

Strategic Aim: Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities			Risk score 16
Strategic Risk No.10: Digital transformation			
If the necessary digital transformation improvements are not prioritised, funded or delivered	Then the Trust will lack the digital means to deliver its plans including using obsolete legacy systems that are unsupportable	Resulting in 1) not delivering transformation plans that are crucial to improving efficacy and productivity 2) not achieving the nationally mandated minimum digital foundations and 3) a failure to optimize patient experience and quality of care	

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

Risk Lead	Chief Information Officer	Assurance committee	OneEPR
-----------	---------------------------	---------------------	--------

Controls	Assurances against stated controls, with assurance level 1st line (front line); 2nd (corporate); 3rd (independent)	Assurance score
Strategies and Plans		
Board approved 23/24 Strategic Objectives	<ul style="list-style-type: none"> Annual Board review (2) 	4
23/24 Digital Strategy and Roadmap	<ul style="list-style-type: none"> Digital programme boards (1) Assurance submissions to NHSE for front line digitization (3) National benchmarking reports (3) 	5
Governance & Performance Management Structures		
<u>OneEPR Committee established May 2025</u>	<ul style="list-style-type: none"> <u>All reports to the committee (2)</u> 	5
Clinical Digital Design Authority (Clinical Decision Committee) with clinical safety review signed off by clinical directors.	<ul style="list-style-type: none"> Programme update monthly report to OneEPR committee (2) Report to Programme Board (1) Report to Clinical Safety Committee (1) 	6
Training and Adoption		
Training and development programme	KPI reporting to Programme Board (1)	3
Learning events, safety huddles and debriefs	Reports to Divisional Boards (1)	3

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
Control gaps <ul style="list-style-type: none"> Market movement from Perpetual licensing to Software as a Service (SaaS) is preventing the capitalisation of Software licenses and deployment 	Control treatments <ul style="list-style-type: none"> Review Vendor licensing models 1/8/23 Identify NHS E revenue funding models (not capital) 1/8/23 Identify Blended Capital/revenue models 1/8/23 Trust funds identified to fund EPR programme. Fully mitigated for EPR 	Mark Stanton	June 26

<ul style="list-style-type: none"> Variation in business-as-usual systems and processes 	<ul style="list-style-type: none"> Adoption of lean thinking in pathway redesign model as part of the ENH production system for later phases of the project 	Mark Stanton	Jan 26
<ul style="list-style-type: none"> Improvement training compliance is variable across staff groups and levels of seniority 	<ul style="list-style-type: none"> Develop a robust training program to include classroom and f2f and communicate requirements with notice via the programme board. Senior stakeholder to share responsibility Date realigned with plan Outline Plan approved by Steering group Compliance to be monitored and reported to divisional leads (Training Nov 25 – Feb 26 – Phase 1) 	MS	Feb 26
<ul style="list-style-type: none"> Digital Solutions and Delivery team has been historically funded through Capital using contract resource, but new Capitalisation rules mean a move towards revenue, this could significantly reduce the size of the team for Road map deliveries 	<ul style="list-style-type: none"> Move towards a substantive team to reduce spend Seek NHS E revenue funding streams This is now funded through an agreed Benefits case through Trust Revenue Trust financial position could impact Digital Resources which is being closely monitored 	MS	Ongoing
<ul style="list-style-type: none"> Training delivery 	<ul style="list-style-type: none"> Recruitment of a training lead as per the programme plan Date realigned with plan CNI acting as Senior training lead with support from current Digital training Lead 	MS	Closed
<ul style="list-style-type: none"> Engagement with the divisions to embed digital as part of learning events, safety huddles and debriefs 	<ul style="list-style-type: none"> Engagement at appropriate forums to raise awareness and understanding – has started an ongoing Embedded into programme delivery and governed by Clinical and Operations group (Chaired by Deputy COO) 	MS	Closed
Assurance gaps <ul style="list-style-type: none"> Performance data indicates issues with sustaining changes & embedding culture of improvement & learning 	Assurance treatments <ul style="list-style-type: none"> Cultural changes via ENH production System [OneEPR Committee 1 Sept agreed this action needed reviewing/replacing] 	TGT	Dec 25
<ul style="list-style-type: none"> Programme milestones and KPIs reflect compliance issues with Trust project management principles 	<ul style="list-style-type: none"> New strategic project management governance framework project Management established. Ext audit scheduled Project Management model in place 	MS	CLOSED
<ul style="list-style-type: none"> Engagement in the design and adoption of digital systems 	<ul style="list-style-type: none"> Review of mechanisms to ensure stakeholders have adequate time to engage in design and transformation. Executive Programme Board to provide oversight and leadership regarding alignment resourcing and decisions 	MS	Ongoing
<ul style="list-style-type: none"> Alignment of new transformation portfolio digital requirements with overarching Digital Roadmap 	<ul style="list-style-type: none"> Executive Programme Board to provide oversight and leadership regarding alignment resourcing and decisions Full governance model in place and aligned with Outpatients transformation under a board sub committee 	MS	CLOSED

Current Performance – Highlights from the Integrated Performance Report:

- Training plan agreed by Stakeholders
- Further delays on Software releases from Supplier

Associated Risks on the Board Risk Register		
Risk no.	Description	Current score
3486	Risk of Cyber Attack	20
<u>3399</u>	<u>Risk of inaccurate allergy documentation</u>	<u>16</u>

Strategic Aim: Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities			Risk score 12
Strategic Risk No.11: Change management			
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	

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

Risk Lead	Chief Kaizen Officer	Assurance committee	People and Culture
-----------	----------------------	---------------------	--------------------

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

Gaps in Controls and Assurances	Actions and mitigations to address gaps	Lead	Target date
<ul style="list-style-type: none"> ENHPS roll-out remains targeted at innovators and early majority of the adoption curve 	<ul style="list-style-type: none"> ENHPS 2025/26 work plan approved via TGT. Intro to ENHPS Plus training programme launch. Divisional and corporate training target trajectories. 	<ul style="list-style-type: none"> KOH KOH KOH 	Mar 26 Completed 24 25

	<ul style="list-style-type: none"> Establish ENHPS learning network Health check assessment process 	<ul style="list-style-type: none"> KOH KOH 	Mar 26 Completed Jun 25 Completed Aug 25
<ul style="list-style-type: none"> Limited capability in managing change and leaders learning to coach and become problem framers, not fixers 	<ul style="list-style-type: none"> ENHT KPO Leaders Certification. Expansion of ENHPS for Leaders cohorts. Increase frequency of positive leadership rounds. Expansion of transformational/ visioning events i.e. RIPW and 3P 	<ul style="list-style-type: none"> KOH KOH KOH KOH 	Sept 25 Completed Mar 25 Oct 25 Mar 26
<ul style="list-style-type: none"> Managers understanding their duties and responding to resolve issues and concerns raised by staff (i.e. Freedom to Speak Up framework) 	<ul style="list-style-type: none"> 2025/26 management competencies training programme. Freedom to speak up training included in required learning for all staff on ENH Academy. Coaching and mentoring framework and guideline implementation Grow Together reviews and 1-1 conversations. NHSE ClinOps programme launch. 	<ul style="list-style-type: none"> RC AH AH TP KOH 	Mar 26 Mar 26 Oct 25 Sept 25 Mar 26
<ul style="list-style-type: none"> Strategic goal alignment and deployment process 	<ul style="list-style-type: none"> Annual strategic goal cascade process. Value stream development process Roll-out of advanced daily management including strategic alignment boards 'Team Talk - setting our team objectives' roll out New accountability framework launch. 	<ul style="list-style-type: none"> KOH KOH KOH KOH MA 	Ongoing Aug 25 Mar 26 Mar 26 Completed Aug 25 Sept 25
<ul style="list-style-type: none"> Organisation development capacity to undertake support and development in identified areas to improve leadership practice and engagement 	<ul style="list-style-type: none"> Targeted focus of management competency framework Healthy Teams roll-out Staff survey team talks and action plans Local values charters development Care Support Pyramid 	<ul style="list-style-type: none"> AH AH AH AH AH 	Mar 26 Mar 26 Mar 26 Mar 26 Mar 26

Current Performance – Highlights from the Integrated Performance Report:

- ~~Leadership live event involving top 100 leaders held 1 May to formally launch 2025/26 strategic goal cascade.~~
- ~~ENHT KPO led ENHPS for Leader's cohorts launched week commencing 2 June.~~
- ~~Divisional and corporate trajectories agreed for Intro to ENHPS 20% target.~~
- ~~New accountability framework signed-off at Board Seminar 4 June.~~
- ~~Confirmation and launch of NHSE ClinOps programme with ENHT 'accelerator site' status confirmed for EoE 9 June.~~
- ~~3P strategy and visioning event for acute paediatric services completed week commencing 9 June.~~
- ~~Launch of ENHPS Network event 17 June.~~
- ~~Launch of Planned Care Value Stream 18 June.~~
- Training target numbers and progress toward trajectory reviewed at individual director level via monthly Trust Guiding Team meeting with organisational impact measured via staff survey, health check transformation continuum and Model Hospital NHS Impact metrics.
- Organisational-wide Variable Pay Event based on latest national best practice conducted week commencing August 26th.
- PLR booking process refreshed and launched August, now with an automatic 6-week follow-up booking process.
- New ENHPS Skills Builder training offer launched in August following PDSA cycles for testing with members of the newly established ENHPS collaborative across June/July.
- TMG Strategic Alignment and Cascade Seminar undertaken August 7th to review progress against each director's local objectives.
- Two-day Health Check process independently facilitated by VMI undertaken over July 31st to August 1st with report and recommendations to be published in September.

- Joint preparation meetings involving ENHT and HCT commenced from July focusing on a future improvement event involving both organisations as part of planning for winter pressures.
- Six further ENHPS for Leaders cohorts now launched since April 2025.
- Planning and standard work underway for two Rapid Process Improvement Workshops involving induction of labour and medical staffing processes both scheduled for October.

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

Board

Meeting	Public Trust Board	Agenda Item	11										
Report title	Workforce Disability Equality Standard (WDES) Summary Report	Meeting Date	10 September 2025										
Author	Head of People Intelligence												
Responsible Director	Chief People Officer												
Purpose	Assurance	<input checked="" type="checkbox"/>	Approval/Decision	<input type="checkbox"/>									
	Discussion	<input checked="" type="checkbox"/>	For information only	<input type="checkbox"/>									
Proposed assurance level (<i>only needed for assurance papers</i>)	Substantial assurance	<input type="checkbox"/>	Reasonable assurance	<input checked="" type="checkbox"/>									
	Partial assurance	<input type="checkbox"/>	Minimal assurance	<input type="checkbox"/>									
Executive assurance rationale:													
<p>Over the last year, a range of comprehensive actions were identified and agreed upon to address specific performance concerns. A process began to identify and recognise systematic causes and reasons for performance variation, through team reviews, analysing staff experience, and a 90 day challenge linked to gender pay gap. The EDI Steering Group was established to ensure equality and inclusion becomes everyone's business within ENHT rather than something the people directorate is responsible for.</p> <p>A single combined, tracked and measured action workbook is in place, whereby every action towards improvement and delivery of our WDES, gender pay gap, WRES and EDI strategy are now transparent and can easily be monitored and tracked through the EDI Steering Group.</p>													
Summary of key issues:													
<ol style="list-style-type: none"> 1. The WDES data for 2025 has shown improvement in the majority of metrics and continues to show improvements year-on-year for ENHT 2. Areas with deterioration relate to metrics with small numbers of staff which can skew percentages (see our data slides in the pack) 3. Disability declaration rates have increased, however there remains a 17% gap in declarations. 4. 2024 NHS Staff Survey results have shown improvement across all WDES areas 5. Deeper dive required at divisional level to ensure education, visibility and support for disabilities 													
Impact: <i>tick box if there is any significant impact (positive or negative):</i>													
Patient care quality	<input type="checkbox"/>	Equity for patients	<input type="checkbox"/>	Equity for staff	<input checked="" type="checkbox"/>	Finance/Resourcing	<input type="checkbox"/>	System/Partners	<input type="checkbox"/>	Legal/Regulatory	<input type="checkbox"/>	Green/Sustainability	<input type="checkbox"/>
The report enables us to monitor, measure and take action to support disabled staff thrive in their work at ENHT.													
Trust strategic objectives: <i>tick which, if any, strategic objective(s) the report relates to:</i>													
Quality Standards	<input type="checkbox"/>	Thriving People	<input checked="" type="checkbox"/>	Seamless services	<input type="checkbox"/>	Continuous Improvement	<input checked="" type="checkbox"/>						
Identified Risk: <i>Please specify any links to the BAF or Risk Register</i>													
n/a													
Report previously considered at & date(s):													
July 2024													

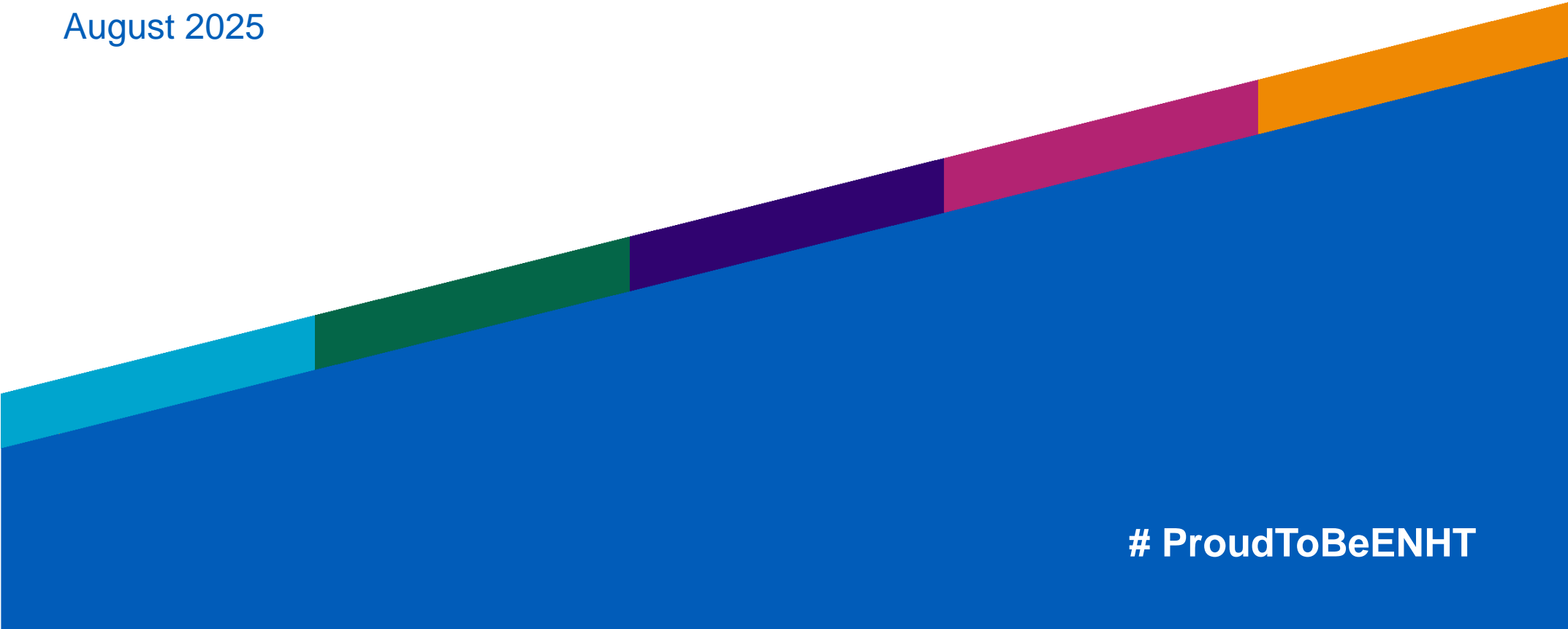
Recommendation	<ol style="list-style-type: none">1. We recommend a dedicated EDI Steering Group session required to identify themes and actions for 25/26 – 26/27 as part of agreeing trust wide focus on areas of EDI and2. This occurs by December 2025.
-----------------------	--

To be trusted to provide consistently outstanding care and exemplary service

Workforce Disability Equality Standard Summary Report

Trust Board

August 2025



Background

- In 2019, NHS England introduced the Workforce Disability Equality Standard (WDES) to address discrimination¹.
- It includes 10 metrics comparing disabled and non-disabled staff experiences, which can then be used to create action plans for implementation.
- The WDES submission is an annual requirement for all NHS healthcare providers with a snapshot position as at 31 March.
- The WDES provides local NHS organisations with robust data to inform action, challenge bias and support disabled staff to thrive at work. Building inclusive environments benefits individuals, teams and patients alike.





Our data: a snapshot



Our data: 2024 v 2025

East & North Herts (ENHT) WDES Data					
Workforce Disability Equality Standard (WDES) Indicators		ENHT	ENHT	ENHT WDES Progress in comparison to last year	National WDES March 2024 ²
		Mar-24	Mar-25		
Metric 1 – % of Disabled staff in the Workforce	Cluster 1: AfC Bands under 1, 1, 2, 3 and 4	Non-Clinical = 5.5% Clinical = 3.7%	Non-Clinical = 7.3% Clinical = 5.7%	Improvement	5.7%
	Cluster 2: AfC Bands 5, 6 and 7	Non-Clinical = 4.9% Clinical = 3.2%	Non-Clinical = 8.0% Clinical = 4.8%	Improvement	
	Cluster 3: AfC Bands 8a and 8b	Non-Clinical = 5.7% Clinical = 1.8%	Non-Clinical = 12.5% Clinical = 2.0%	Improvement	
	Cluster 4: AfC Bands 8c, 8d, 9 and VSM	Non-Clinical = 7.4% Clinical = 3.2%	Non-Clinical = 5.3% Clinical = 2.9%	Deterioration	
	Cluster 5: Medical and Dental staff, consultants	Non-Clinical = n/a Clinical = 0.9%	Non-Clinical = n/a Clinical = 2.0%	Improvement	
	Cluster 6: Medical and Dental staff, non-consultant career grades	Non-Clinical = n/a Clinical = 3.5%	Non-Clinical = n/a Clinical = 3.5%	No change	
	Cluster 7: Medical and Dental staff, trainee grades	Non-Clinical = n/a Clinical = 1.4%	Non-Clinical = n/a Clinical = 2.4%	Improvement	
Metric 2 - Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.		1.26	1.1	Improvement	0.98
Metric 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process on the grounds of performance		0	1.65	Deterioration	1.25

4 | WDES Summary Report

Our data: 2024 v 2025

East & North Herts (ENHT) WDES Data					
Workforce Disability Equality Standard (WDES) Indicators		ENHT	ENHT	ENHT WDES Progress in comparison to last year	National WDES March 2024 ²
		Mar-24	Mar-25		
Metric 4 (Q14a-d in staff survey)	Patients/Service users, their relatives or other members of the public	With LTC = 33.6% Without LTC = 25.1%	With LTC = 32.1% Without LTC = 26.7%	Improvement for staff with LTC	30.0%
Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse	Managers	With LTC = 17.1% Without LTC = 10.8%	With LTC = 16.5% Without LTC = 9.2%	Improvement	14.6%
	Other colleagues	With LTC = 26.6% Without LTC = 18.9%	With LTC = 25.7% Without LTC = 18.5%	Improvement	23.8%
	Percentage of Disabled staff saying they or a colleague reported the harassment/bullying or abuse.	With LTC = 50.2% Without LTC = 49.1%	With LTC = 52.7% Without LTC = 53.2%	Improvement	52.5%
LTC = Long term Condition					
Metric 5 (Q15 in the staff survey)		With LTC = 46.9% Without LTC = 54.6%	With LTC = 50.1% Without LTC = 56.7%	Improvement	52.2%
Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.					

Our data: 2024 v 2025



East & North Herts (ENHT) WDES Data					
Workforce Disability Equality Standard (WDES) Indicators		ENHT	ENHT	ENHT WDES Progress in comparison to last year	National WDES March 2024 ²
		Mar-24	Mar-25		
Metric 6 (Q11e in staff survey) Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.		With LTC = 27.7% Without LTC = 21.2%	With LTC = 26.0% Without LTC = 15.6%	Improvement	26.6%
Metric 7 (Q4b in staff survey) Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.		With LTC = 32.0% Without LTC = 44.8%	With LTC = 36.5% Without LTC = 46.4%	Improvement	36.9%
Metric 8 (Q30b in staff survey) Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.		73.7%	75.7%	Improvement	74.5%



Our data: 2024 v 2025



East & North Herts (ENHT) WDES Data					
Workforce Disability Equality Standard (WDES) Indicators		ENHT	ENHT	ENHT WDES Progress in comparison to last year	National WDES March 2024 ²
		Mar-24	Mar-25		
Metric 9a (Q2a-c, Q3c,d,Q23a, c-d in staff survey) The staff engagement score for Disabled staff, compared to non-disabled staff.		With LTC = 6.40 Without LTC = 6.91	With LTC = 6.56 Without LTC = 7.01	Improvement	6.5
Metric 10 - The percentage of the board’s membership who have declared a disability	Voting Membership of the Board	27%	23%	Deterioration*	6.5%
	Non-Voting Membership of the Board	0%	0%	No change	
	Executive Membership of the Board	11%	11%	No change	6.2%
	Non-Exec Membership of the Board	29%	29%	No change	6.8%

*nb. Number of disabled voting board members has not changed, however number of overall voting board members has increased.



Areas for improvement and risks

Deteriorated metrics and national comparison

- Metrics 1 (cluster 4) and Metrics 3 require further investigation to determine the cause of deterioration
- Where metrics are behind the national position, investigate the comparison to other large acute trusts

'Not Declared' data

- 16.3% of staff haven't declared their disability status (compared to 14.3% nationally within the NHS)
- Put comms out to all staff members via Trust News/In Brief to remind to update their information (including why it's important and the benefits declaring their data brings)

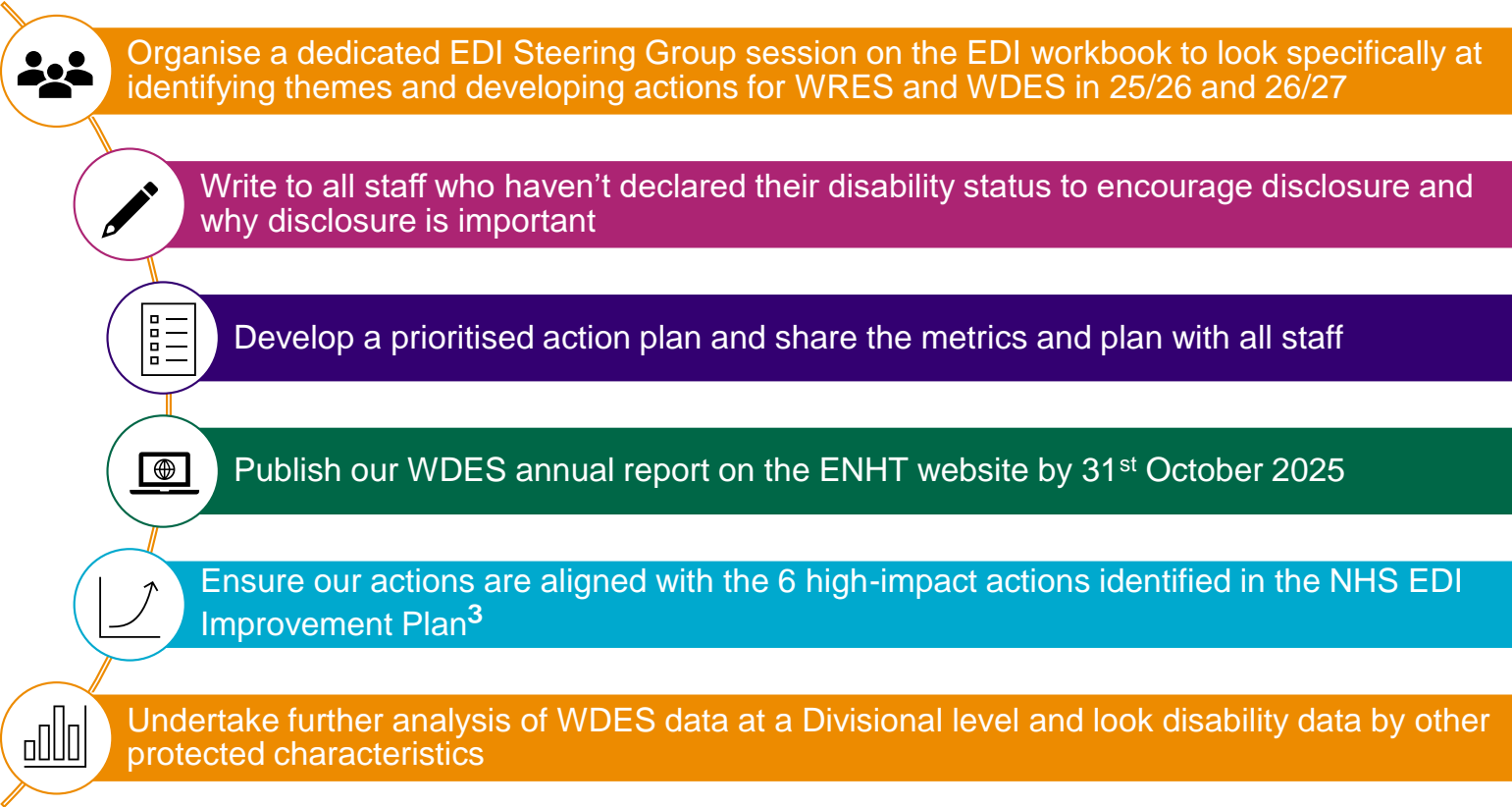
Overall numbers of disabled staff

- Nationally, trusts have an average of 5.7% of their workforce declaring a disability compared to 5.3% at ENHT

Accountability

- Have clarity on where accountability sits for improvements in next year's' data

Next steps and recommendations



Assurances to the Board:

We have seen good improvements across our WDES metrics, in particular improvements were noted across all the National Staff Survey metric areas

We have identified a range of actions and programmes of work to address risks and gaps identified from our WDES data

We are better than the national NHS position in metrics 6, 8, 9 and 10

We continue to monitor and increase our data coverage with staff with 83% in 2025 compared to 80% in 2024

We have a thriving staff network, ENHable for disabled staff voices to be heard and an active membership with numerous events for disabled staff and allies to engage with

The 2025 data template was submitted in full and on time via the NHS England portal on 31st May



Further information

Full Data Submission Template :



Staff Survey Results: pages 112- 120



References

- 1 NHS England, NHS Workforce Disability Equality Standard
<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/>
2. <https://www.england.nhs.uk/publication/workforce-disability-equality-standard-2024-data-analysis-report-for-nhs-trusts/>
3. <https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/>

Board

Meeting	Public Trust Board	Agenda Item	11										
Report title	Workforce Race Equality Standard (WRES) Summary Report	Meeting Date	10 September 2025										
Author	EDI Advisor & Head of People Intelligence												
Responsible Director	Chief People Officer												
Purpose	Assurance	<input checked="" type="checkbox"/>	Approval/Decision	<input type="checkbox"/>									
	Discussion	<input checked="" type="checkbox"/>	For information only	<input type="checkbox"/>									
Proposed assurance level (<i>only needed for assurance papers</i>)	Substantial assurance	<input type="checkbox"/>	Reasonable assurance	<input checked="" type="checkbox"/>									
	Partial assurance	<input type="checkbox"/>	Minimal assurance	<input type="checkbox"/>									
Executive assurance rationale:													
<p>Over the last year, a range of comprehensive actions were identified and agreed upon to address specific performance concerns. A process began to identify and recognise systematic causes and reasons for performance variation, through team reviews, analysing staff experience, and a 90-day challenge linked to gender pay gap. The EDI Steering Group was established to ensure equality and inclusion becomes everyone's business within ENHT rather than something the people directorate is responsible for.</p> <p>A single combined, tracked and measured action workbook is in place, whereby every action towards improvement and delivery of our WRES, Gender pay gap, WDES and EDI strategy are now transparent and can easily be monitored and tracked through the EDI Steering Group.</p>													
Summary of key issues:													
<ol style="list-style-type: none"> 1. The WRES data for 2025 has shown improvement in the majority of metrics and continues to show improvements year-on-year 2. Areas with deterioration have been identified with shortlisting/appointment of BME staff, the numbers of staff experiencing bullying/harassment from patients and providing equal opportunities for career progression. Work is already underway to address both elements. 3. Ethnicity declaration rates have decreased with 6% of data missing 4. Deeper dive required at divisional level 5. Dedicated EDI Steering Group session required to identify themes and actions for 25/26 – 26/27 													
Impact: <i>tick box if there is any significant impact (positive or negative):</i>													
Patient care quality	<input type="checkbox"/>	Equity for patients	<input type="checkbox"/>	Equity for staff	<input checked="" type="checkbox"/>	Finance/Resourcing	<input type="checkbox"/>	System/Partners	<input type="checkbox"/>	Legal/Regulatory	<input type="checkbox"/>	Green/Sustainability	<input type="checkbox"/>
<p>The report enables us to monitor inequalities and take action for staff from Black and Minority Ethnic (BME) backgrounds.</p>													
Trust strategic objectives: <i>tick which, if any, strategic objective(s) the report relates to:</i>													
Quality Standards	<input type="checkbox"/>	Thriving People	<input checked="" type="checkbox"/>	Seamless services	<input type="checkbox"/>	Continuous Improvement	<input checked="" type="checkbox"/>						
Identified Risk: <i>Please specify any links to the BAF or Risk Register</i>													
n/a													

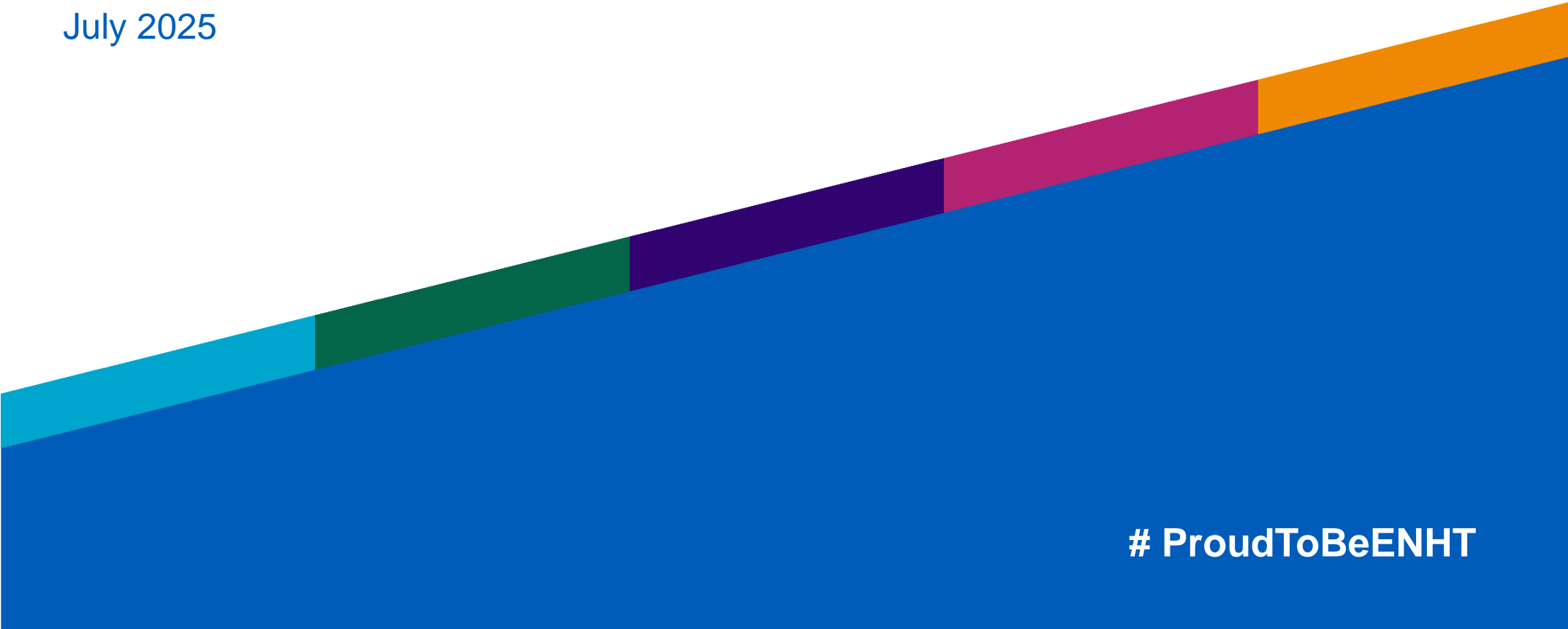
Report previously considered at & date(s):	
n/a	
Recommendation	

To be trusted to provide consistently outstanding care and exemplary service

Workforce Race Equality Standard Summary Report

Trust Board

July 2025



Background

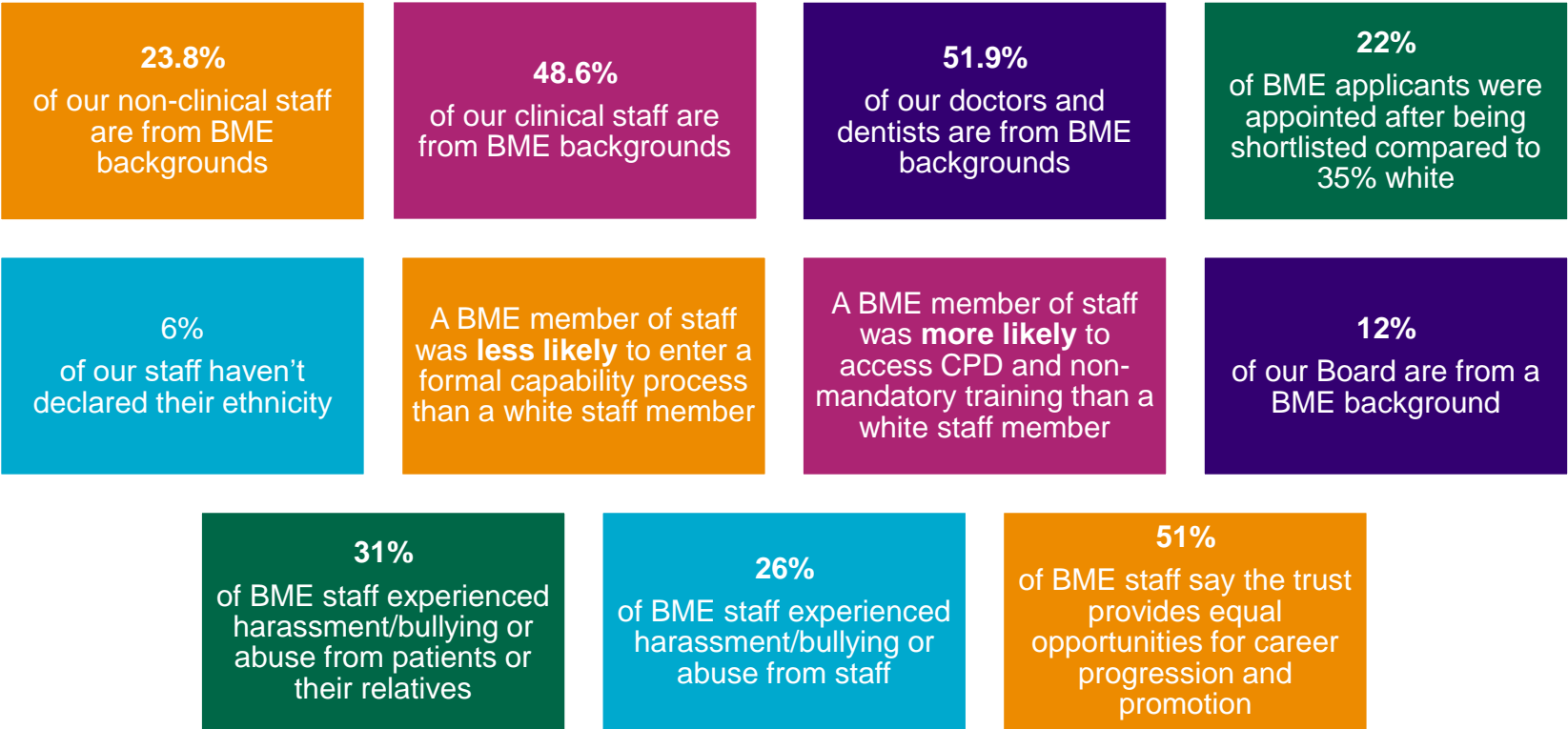
- In 2015, NHS England introduced the Workforce Race Equality Standard (WRES) to help NHS organisations identify improvements to manage and monitor inequalities for staff from Black and Minority Ethnic (BME) backgrounds ¹.
- It includes 9 metrics comparing staff from BME and white backgrounds which can then be used to create action plans for implementation.
- The WRES submission is an annual requirement for all NHS healthcare providers with a snapshot position as at 31 March.
- The WRES provides local NHS organisations with robust data to inform action, challenge inequalities and support staff from BME backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- This report captures our journey: what's working, what's not and what we're doing to turn intentions into lasting change.
- Please note, the term BAME or BME is the acronym used by the NHS WRES team, however when discussing ethnicity the term 'Ethnic Minority' or 'Global Majority' is now preferred. For consistency we have used the term BME in this report.

2 | WRES Summary Report





Our data: a snapshot



Our data: 2024 v 2025



East & North Herts (ENHT) WRES Data					
Workforce Race Equality Standard (WRES) Indicators		ENHT	ENHT	ENHT WRES Progress in comparison to last year	National WRES March 2024 ²
		Mar-24	Mar-25		
Metric 1 –overall workforce % by ethnicity	BME	40.8%	42.1%	Improvement	28.6%
	White	53.4%	51.8%	-	
	Not Declared	5.8%	6.1%	Deterioration	
Metric 2 - Relative likelihood of white candidates compared to BME candidates being appointed from shortlisting across all posts.		1.43	1.59	Further work to be undertaken	1.62
Metric 3 - Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.96	0.91	Improvement	1.09
Metric 4 - Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		0.8	0.86	Deterioration (but likelihood is still less than 1.0)	1.06
Metric 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	27.0%	31.0%	Deterioration	27.8%
	White	27.4%	25.8%	Improvement	24.1%



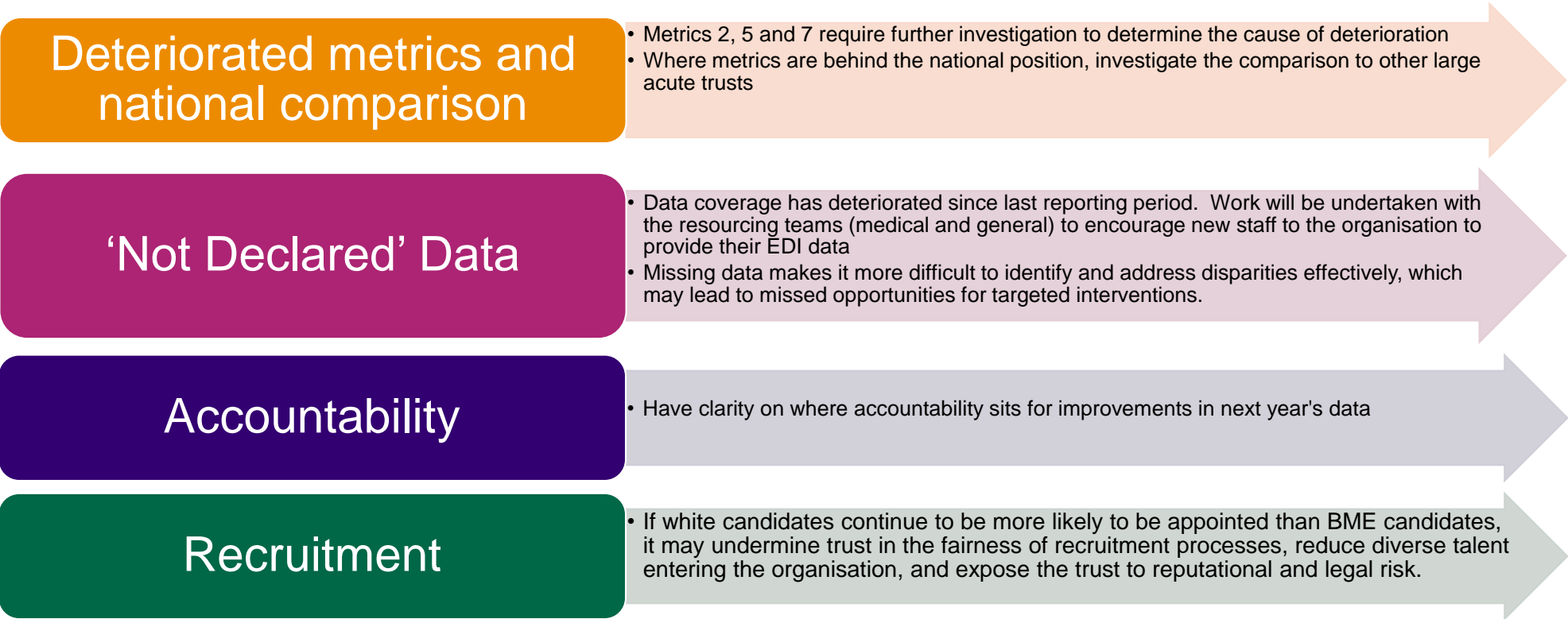
Our data: 2024 v 2025



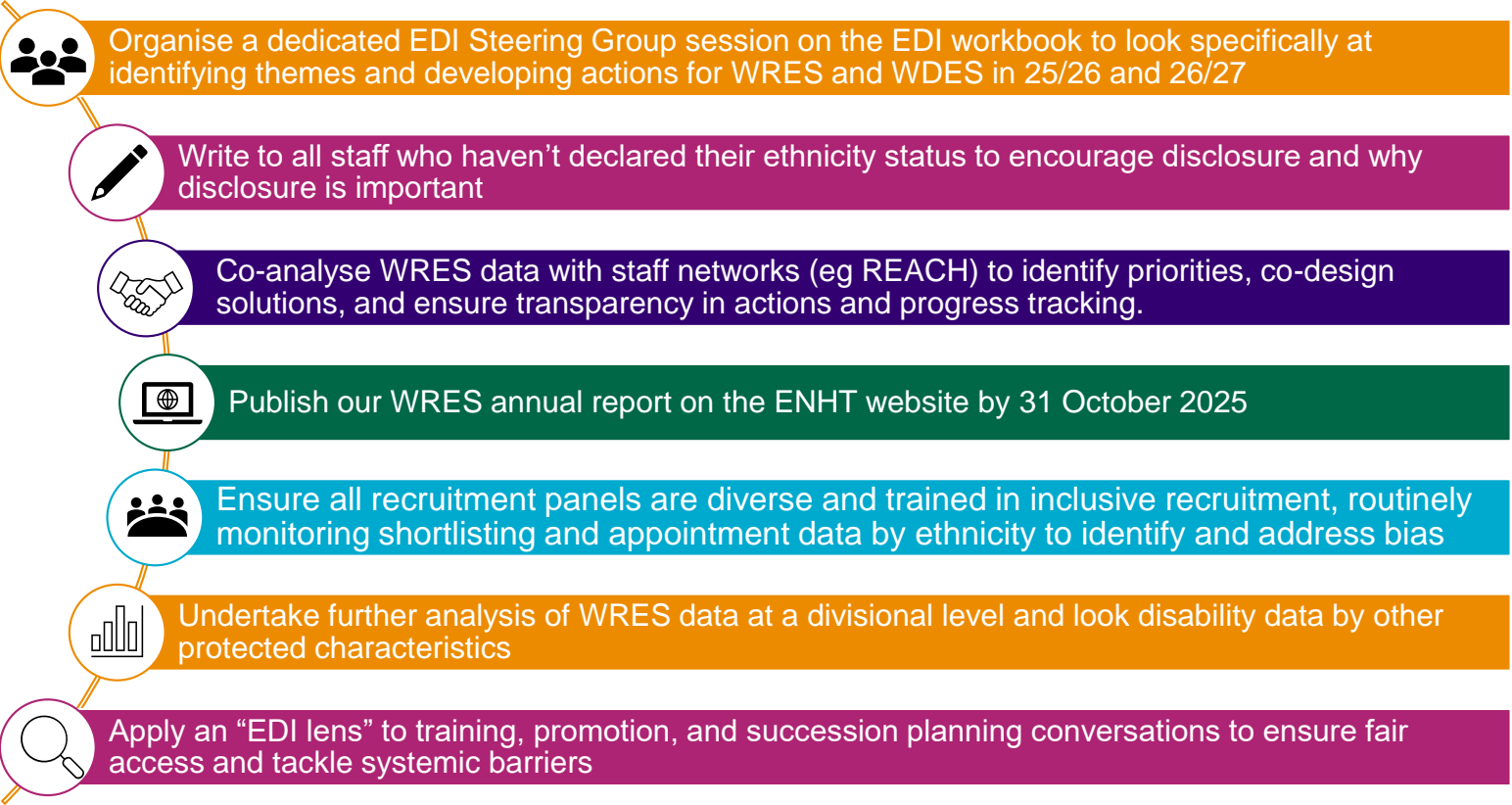
East & North Herts (ENHT) WRES Data					
Workforce Race Equality Standard (WRES) Indicators		ENHT	ENHT	ENHT WRES Progress in comparison to last year	National WRES March 2024 ²
		Mar-24	Mar-25		
Metric 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	26.8%	26.2%	Improvement	24.9%
	White	24.9%	22.1%	Improvement	20.7%
Metric 7 - Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	BME	51.1%	50.5%	Deterioration	48.8%
	White	54.4%	59.0%	Improvement	59.4%
Metric 8 - Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	16.7%	15.5%	Improvement	15.5%
	White	8.1%	7.5%	Improvement	6.7%
Metric 9 - BME Board membership	BME	9.1%	10.0%	Improvement	16.5%
	White	90.9%	90.0%		



Areas for Improvement and Risks



Next steps and recommendations



Assurances to the Board:

Disciplinary data shows fairer procedures than compared to previous years, with BME staff less likely to enter into formal processes than white staff

We have identified a range of actions and programmes of work to address risks and gaps identified from our WRES data

We are better than the national NHS position in metrics 1, 2, 3 and 7

We will ensure our actions are aligned with the 6 high-impact actions identified in the NHS EDI Improvement Plan³

We remain committed to becoming an anti-racist organisation rooted in respect, dignity, and human rights.

Our BME staff are well trained and developed, and access CPD training more often than white staff



Further information

Full Data Submission Template :



Staff Survey Results: pages 106- 110











References

- 1 NHS England, NHS Workforce Race Equality Standard
<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/>
2. <https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-2024-data-analysis-report-for-nhs-trusts/>
3. <https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/>

Integrated Performance Report

Month 04 | 2025-26



			
 	2	7	5
	5	36	10
 	2	2	1

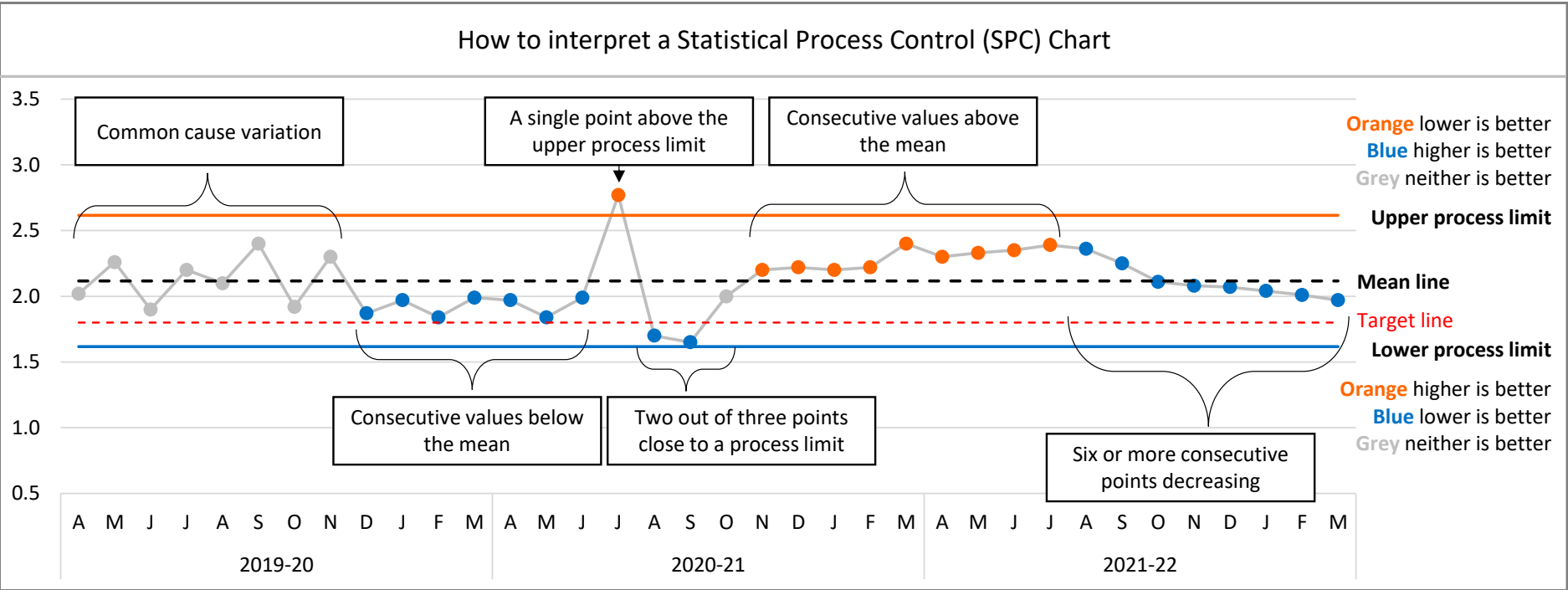
Data correct as at 27/08/2025







Performance Highlights

Quality	Operations
<ul style="list-style-type: none"> VTE assessment completion has continued to improve as has the treatment of inpatients with sepsis with antibiotics within an hour. The rolling 12-month crude mortality rate has showed a slight increase, however it remains significantly below the level of a year ago. Stroke SSNAP has fallen to an E with the guidance revision - care quality has improved but there is more to do to meet the new targets. There is a single 3SD SHMI outlier - heart valve disorders - the denominator is low and a review of the data will take place. Complaints have dropped in month - we need to see if this is a sustained trend. 	<ul style="list-style-type: none"> Urgent and Emergency Care: Improvements continue with 4 hour performance now at 77.2% including improvements in type 1 performance. There has been improvement in the Trust length of stay which supports ED flow. The Trust is now 41/122 nationally. Cancer Waits: The Trust achieved two of the three targets in June. The 62 day performance dipped in compliance but is anticipated to be back on track in July. Referral To Treatment (RTT) (excluding Community Paeds): 62.3% of patients waiting under 18 weeks, 1.9% away from 3/26 target. Diagnostics: The % of patients waiting over 6 weeks is at 53.59% with Audiology and MRI remaining the concern. MRI capacity has increased from the beginning of August with the switchover of CT van to MRI and outsourcing. Audiology actions continue.
Finance	People
<ul style="list-style-type: none"> The Trust approved a breakeven plan for 25/26. This plan assumes that a £35.8m cost improvement programme will be delivered. At M4, the Trust has reported an actual YTD deficit of £8.6m. This is in line with phased plan expectations. The CIP plan assumes only £4.3m of delivery at Month 4, so a significant step up in savings achievements needs to be realised in Q2 and beyond. The Trust has experienced a range of unanticipated cost pressures in the year to date, including high CSW and maternity bank spend, and overspends relating to medical locum and agency use in the Unplanned Care division. Whilst the Trust continues to increase its cohort of permanent staffing it is not reducing premium staffing utilisation at a proportionate rate. Elective income performance in the YTD is behind plan, although delivery throughout has improved during June and July. 	<ul style="list-style-type: none"> Staff turnover rates continue to reduce, 7.2% in M4 which is the lowest turnover figure in more than a year (against a 10.5% target) Despite rigorous controls, Bank and Agency FTE increased slightly in M4, however total FTE usage is below 25/26 targets GROW together and Stat Training compliance improved to 78.6% and 88.6% respectively. FTE establishment monitoring (plan vs actual) continues to be under target by 72 FTE. Sickness target monitoring remained consistent with the previous month (4.9%) - still 0.5% off target, stress and mental health issues remain majority reasons impacting attendance. Vacancy rate remains under target (7.8%) MARS project concluded with 16 applications approved.

Month 04 | 2025-26

Integrated Performance Report











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






















Quality

Month 04 | 2025-26

			
 	1	3	0
	3	29	2
 	2	1	0

Quality


















Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Patient Safety Incidents	Total incidents reported in-month	Jul-25	n/a	1,652			10 points above the Mean No target
Infection Prevention and Control	Hospital-acquired MRSA Number of incidences in-month	Jul-25	0	0			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired c.difficile Number of incidences in-month	Jul-25	0	7			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired MSSA Number of incidences in-month	Jul-25	0	4			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired e.coli Number of incidences in-month	Jul-25	0	3			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired klebsiella Number of incidences in-month	Jul-25	0	5			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired pseudomonas aeruginosa Number of incidences in-month	Jul-25	0	4			Common cause variation Metric will inconsistently pass and fail the target
	Hospital-acquired CPOs Number of incidences in-month	Jul-25	0	0			Common cause variation Metric will inconsistently pass and fail the target
	Hand hygiene audit score	Jul-25	80%	89.3%			1 point below the lower process limit Metric will consistently pass the target
Safer Staffing	Overall fill rate	Jul-25	n/a	87.5%			5 points close to upper process limit No target
	Staff shortage incidents	Jul-25	n/a	18			Common cause variation No target

Month 04 | 2025-26

Quality


















Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cardiac Arrests	Number of cardiac arrest calls per 1,000 admissions	Jul-25	n/a	0.31			Common cause variation No target
	Number of deteriorating patient calls per 1,000 admissions	Jul-25	n/a	1.33			Common cause variation No target
Sepsis Screening and Management	Inpatients receiving IVABs within 1-hour of red flag	Jul-25	95%	94.6%			7 points above the mean Metric will inconsistently pass and fail the target
	Inpatients Sepsis Six bundle compliance	Jul-25	95%	52.6%			10 points above the mean Metric will inconsistently pass and fail the target
	ED attendances receiving IVABs within 1-hour of red flag	Jul-25	95%	90.4%			Common cause variation Metric will inconsistently pass and fail the target
	ED attendance Sepsis Six bundle compliance	Jul-25	95%	69.4%			Common cause variation Metric will consistently fail the target
VTE Risk Assessment	VTE risk assessment stage 1 completed	Jul-25	85%	77.1%			Common cause variation Metric will inconsistently pass and fail the target
HATs	Number of HAT RCAs in progress	Jul-25	n/a	272			6 points above the upper process limit No target
	Number of HAT RCAs completed	Jul-25	n/a	2			Common cause variation No target
	HATs confirmed potentially preventable	Jul-25	n/a	1			9 points below the mean No target
PU	Pressure ulcers All category ≥2	Jul-25	0	14			Common cause variation Metric will consistently fail the target

Month 04 | 2025-26





















Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Patient Falls	Rate of patient falls per 1,000 overnight stays	Jul-25	n/a	4.4			Common cause variation No target
	Proportion of patient falls resulting in serious harm	Jul-25	n/a	0.0%			Common cause variation No target
Other	National Patient Safety Alerts not completed by deadline	Sep-24	0	0			Metric unsuitable for SPC analysis
Friends and Family Test	Inpatients positive feedback	Jul-25	95%	96.6%			Common cause variation Metric will inconsistently pass and fail the target
	A&E positive feedback	Jul-25	90%	90.6%			Common cause variation Metric will inconsistently pass and fail the target
	Maternity Antenatal positive feedback	Jul-25	93%	100.0%			Common cause variation Metric will inconsistently pass and fail the target
	Maternity Birth positive feedback	Jul-25	93%	100.0%			Common cause variation Metric will inconsistently pass and fail the target
	Maternity Postnatal positive feedback	Jul-25	93%	93.5%			13 points above the mean Metric will inconsistently pass and fail the target
Friends and Family Test	Maternity Community positive feedback	Jul-25	93%	93.7%			Common cause variation Metric will inconsistently pass and fail the target
	Outpatients FFT positive feedback	Jul-25	95.0%	95.5%			Common cause variation Metric will inconsistently pass and fail the target
PALS	Number of PALS referrals received in-month	Jul-25	n/a	402		-	Common cause variation No target

Quality

















Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Complaints	Number of written complaints received in-month	Jul-25	n/a	103		-	4 points above the upper process limit No target
	Number of complaints closed in-month	Jul-25	n/a	84		-	Common cause variation No target
	Proportion of complaints acknowledged within 3 working days	Jul-25	75%	84.1%			2 points below the lower process limit Metric will consistently pass the target
	Proportion of complaints responded to within agreed timeframe	Jul-25	80%	46.2%			Common cause variation Metric will inconsistently pass and fail the target
Maternity Safety Metrics	Caesarean section rate Total rate from Robson Groups 1, 2 and 5 combined	Jul-24	60 - 70%	70.4%			Common cause variation Metric will inconsistently pass and fail the target
	Massive obstetric haemorrhage >1500ml vaginal	Jul-25	3.3%	5.3%			Common cause variation Metric will inconsistently pass and fail the target
	3rd and 4th degree tear vaginal	Jul-25	2.5%	1.3%			Common cause variation Metric will inconsistently pass and fail the target
	Massive obstetric haemorrhage >1500ml LSCS	Jul-25	4.5%	3.9%			Common cause variation Metric will inconsistently pass and fail the target
	3rd and 4th degree tear instrumental	Jul-25	6.3%	3.9%			Common cause variation Metric will inconsistently pass and fail the target
	Term admissions to NICU	Jul-25	6.0%	4.8%			Common cause variation Metric will inconsistently pass and fail the target
	ITU admissions	Jul-25	0.7	0			Common cause variation Metric will inconsistently pass and fail the target

Month 04 | 2025-26

Quality










Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Maternity Other Metrics	Smoking at time of booking	Jul-25	12.5%	5.1%			Common cause variation Metric will consistently pass the target
	Smoking at time of delivery	Jul-25	2.3%	3.7%			Common cause variation Metric will inconsistently pass and fail the target
	Bookings completed by 9+6 weeks gestation	Jul-25	50.5%	70.6%			Common cause variation Metric will consistently pass the target
	Breast feeding initiated	Jul-25	72.7%	72.0%			Common cause variation Metric will inconsistently pass and fail the target
	Number of MNSI PSII	Jul-25	0.5	0			Common cause variation Metric will inconsistently pass and fail the target
Mortality	Crude mortality per 1,000 admissions In-month	Jul-25	12.8	8.4			Common cause variation Metric will inconsistently pass and fail the target
	Crude mortality per 1,000 admissions Rolling 12-months	Jul-25	12.8	9.1			Rolling 12-months - unsuitable for SPC
	HSMR In-month	May-25	100	96.0			Common cause variation Metric will inconsistently pass and fail the target
	HSMR Rolling 12-months	May-25	100	88.1			Rolling 12-months - unsuitable for SPC
	SHMI In-month	Feb-25	100	105.1			Common cause variation Metric will inconsistently pass and fail the target
	SHMI Rolling 12-months	Feb-25	100	91.6			Rolling 12-months - unsuitable for SPC

Month 04 | 2025-26














Quality

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Re-admissions	Number of emergency re-admissions within 30 days of discharge	May-25	n/a	679			7 points below the mean No target
	Rate of emergency re-admissions within 30 days of discharge	May-25	9.0%	5.8%			7 points below the mean Metric will consistently pass the target
Length of Stay	Average elective length of stay	Jul-25	2.8	2.0			Common cause variation Metric will consistently pass the target
	Average non-elective length of stay	Jul-25	4.6	5.1			7 points above the mean Metric will inconsistently pass and fail the target
Palliative Care	Proportion of patients with whom their preferred place of death was discussed	Jul-25	n/a	91.3%			Common cause variation No target
	Individualised care pathways	Jul-25	n/a	37			Common cause variation No target

Quality

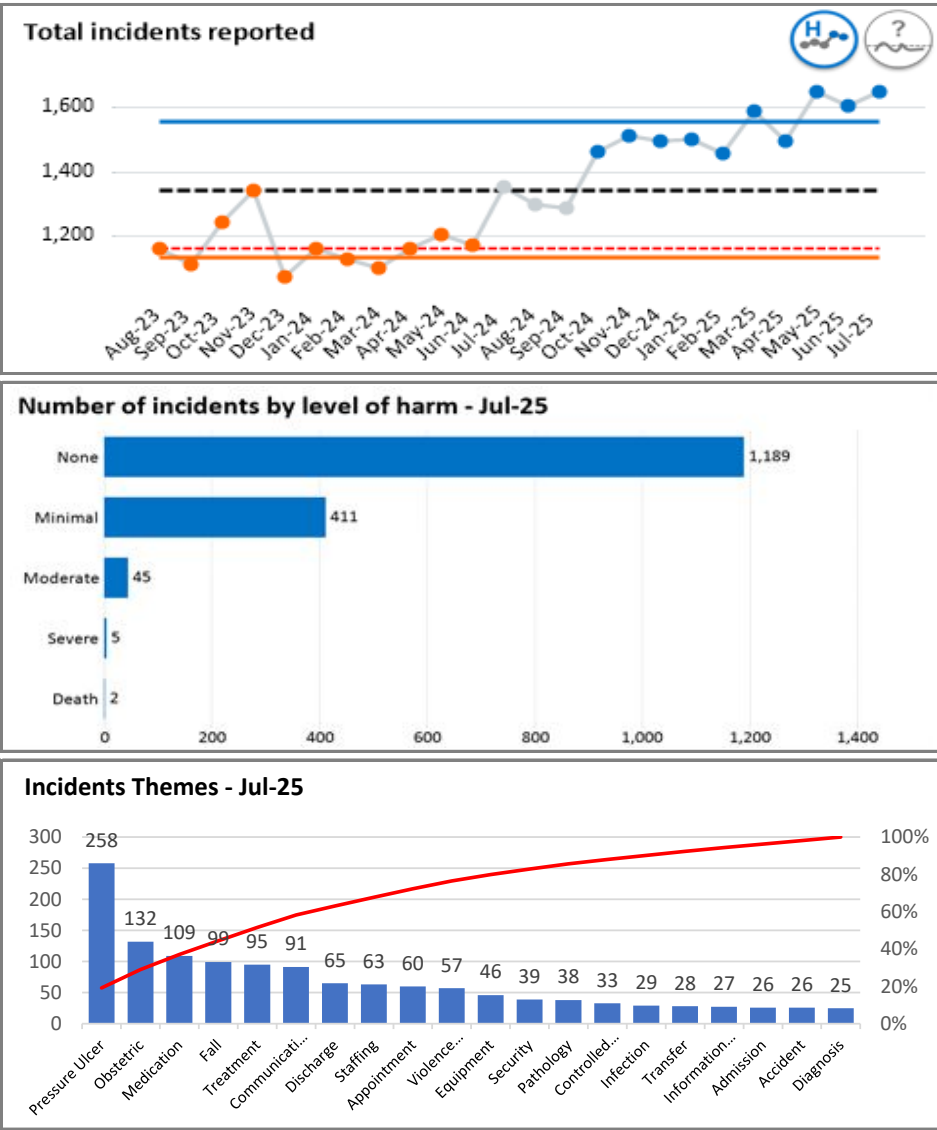
Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Stroke Services	Trust SSNAP grade	Q2 2024-25	A	E			
	4-hours direct to Stroke unit from ED	Jul-25	63%	36.0%			Common cause variation Metric will consistently fail the target
	4-hours direct to Stroke unit from ED with Exclusions (removed Interhospital transfers and inpatient Strokes)	Jul-25	63%	35.0%			Common cause variation Metric will consistently fail the target
	Number of confirmed Strokes in-month on SSNAP	Jul-25	n/a	77			Common cause variation No target
	If applicable at least 90% of patients' stay is spent on a stroke unit	Jul-25	80%	84.0%			Common cause variation Metric will inconsistently pass and fail the target
	Urgent brain imaging within 20 minutes of hospital arrival for suspected acute stroke	Jul-25	40%	30.4%			Not enough data for SPC
	Urgent brain imaging within 60 minutes of hospital arrival for suspected acute stroke	Jul-25	50%	63.0%			Common cause variation Metric will inconsistently pass and fail the target
	% of all stroke patients who receive thrombolysis	Jul-25	11%	9.0%			Common cause variation Metric will inconsistently pass and fail the target
	Discharged with ESD	Jul-25	50%	55.0%			Common cause variation Metric will inconsistently pass and fail the target

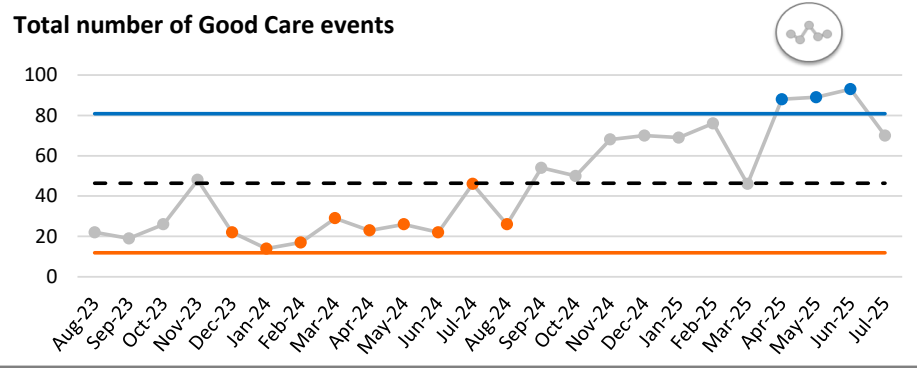
Month 04 | 2025-26

Quality

Patient Safety Incidents

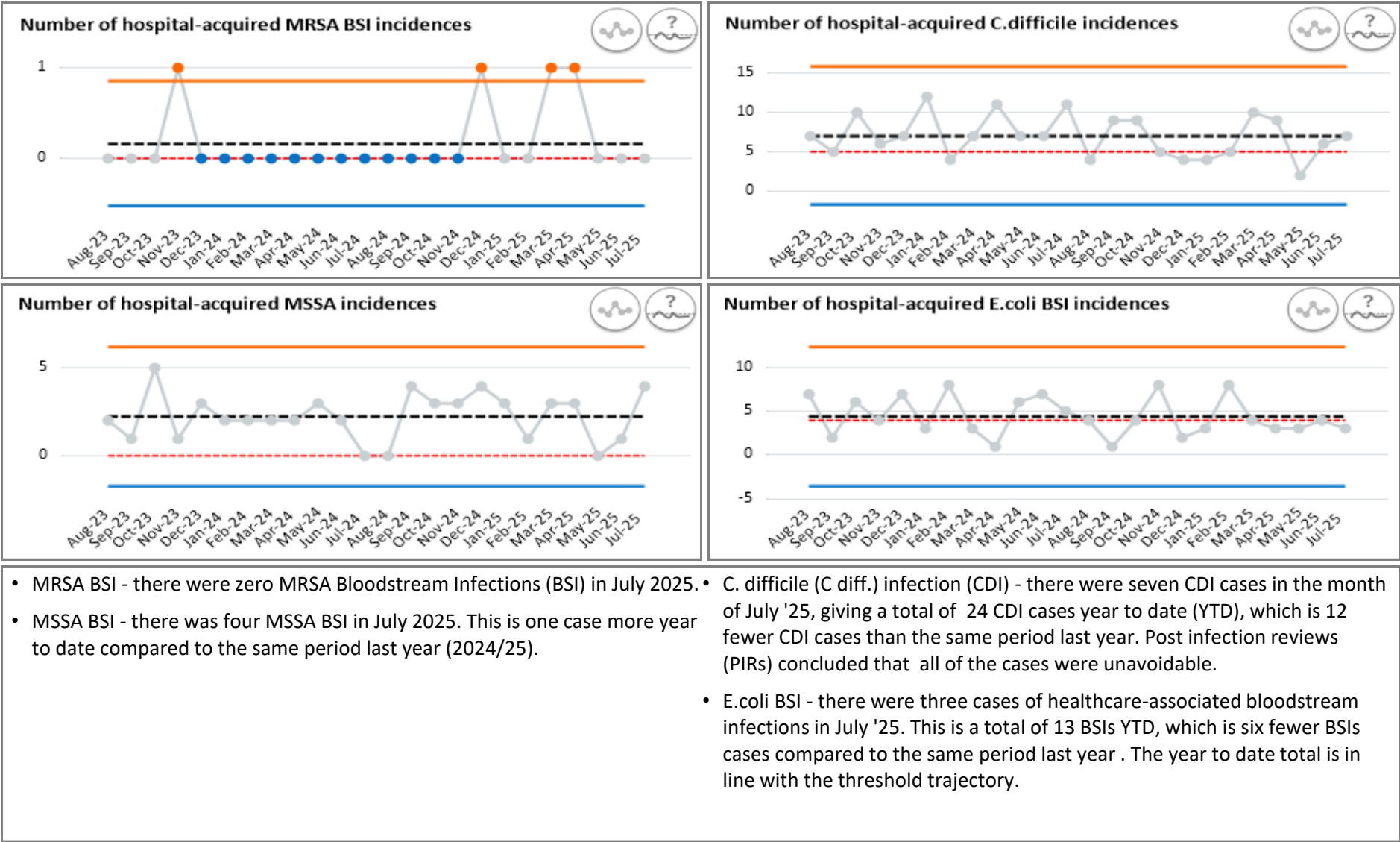


- Key Issues and Executive Response
- Continued special cause variation in incident reporting. Influenced by active promotion of reporting and the emerging use of daily incident review huddles across all Care Groups.
 - 97% of incidents resulting in no harm / low harm
 - Obstetrics and Emergency Medicine continue to be the highest reporting specialty in line with previous months
 - Increase in radiology incidents; themes of high temperatures in rooms and radiation incidents (no patient harm). Air conditioning units installed/fixed with oversight and support from Trust ventilation group.
 - Increase in allergy related incidents noted (22 incidents, of which 73% occurred in Cancer Services). Only 1 case resulted in moderate harm-unavoidable adverse drug reaction in theatres. De-brief and duty of candour completed. Learning regarding availability of reversal drugs in Day Surgery Unit. Ongoing local review.
 - Ongoing safety task and finish group regarding Gastroenterology 'missed activity' incident alongside early stages of PSii.
 - Ongoing review of all incidents reported with level of harm as 'death' through local incident management process with escalation to PSERP as required.



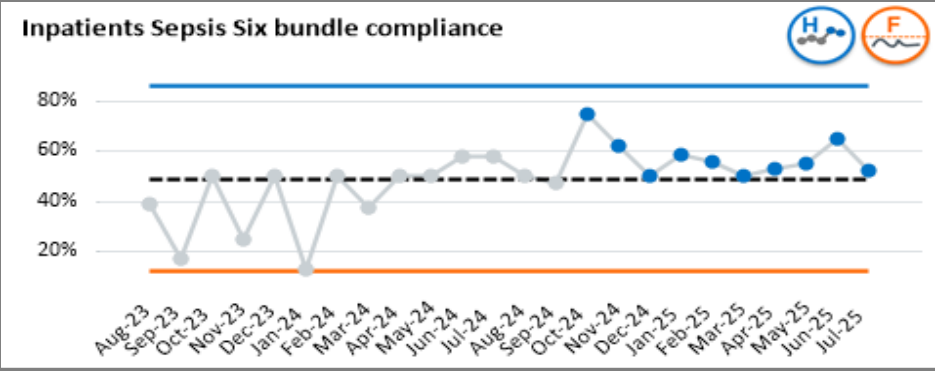
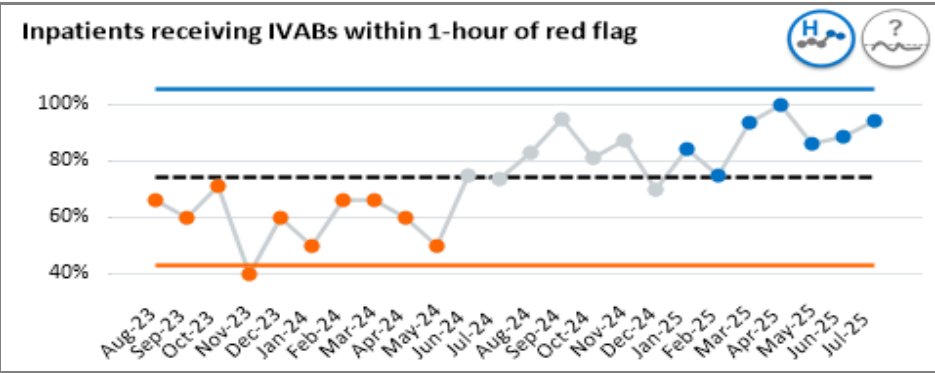
Quality

Infection Prevention and Control



Quality

Sepsis Screening and Management | Inpatients



Themes												
Sepsis IP	2024-25								2025-26			
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Oxygen	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Blood cultures	65%	67%	88%	93%	90%	84%	73%	73%	92%	81%	86%	94%
IV antibiotics	83%	95%	81%	89%	70%	86%	75%	94%	100%	88%	87%	94%
IV fluids	83%	80%	83%	93%	64%	93%	86%	79%	89%	100%	89%	93%
Lactate	59%	81%	88%	78%	68%	73%	73%	81%	57%	81%	73%	71%
Urine measure	94%	76%	94%	95%	84%	95%	81%	88%	93%	89%	93%	68%

Key Issues and Executive Response

Themes

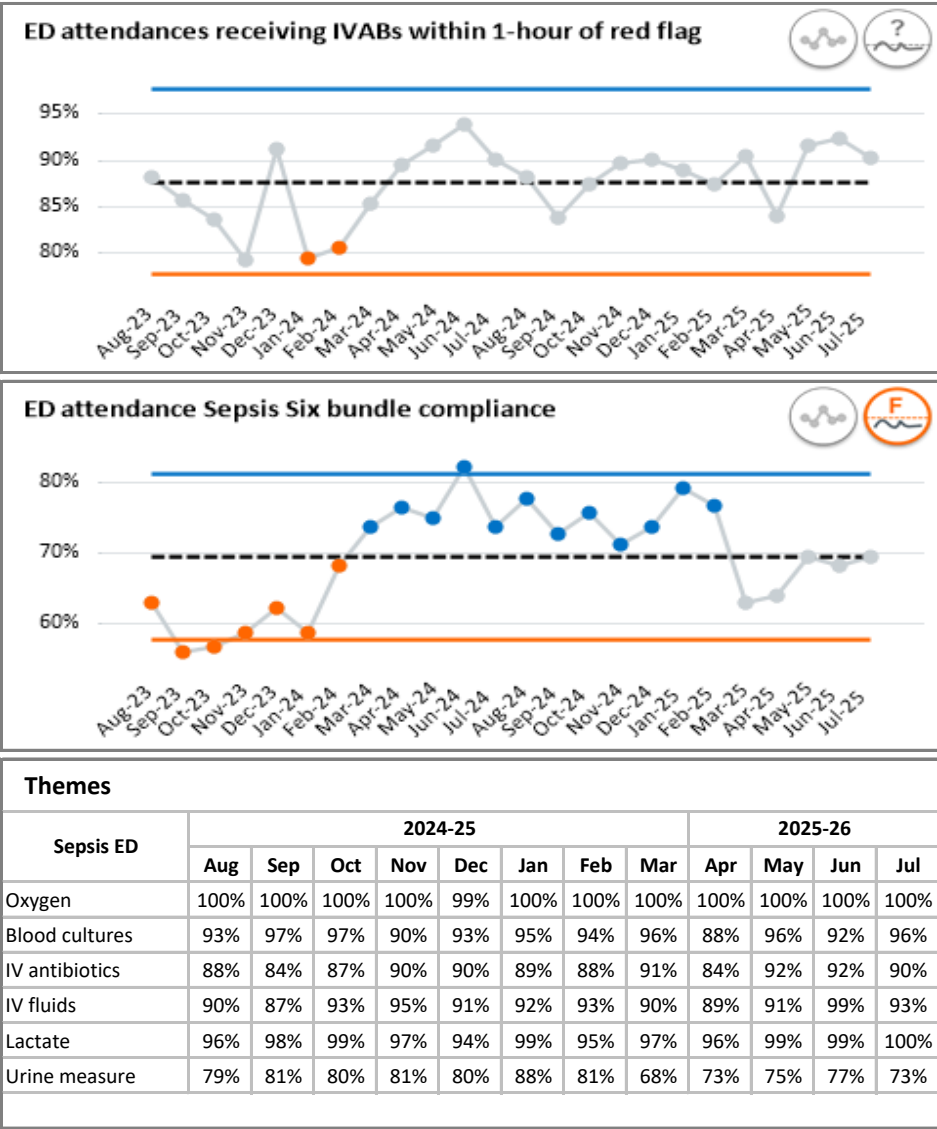
- 10/19 patients audited across July showed 6/6 compliance within the hour.
- IV antibiotic compliance sits at 94% in July with 17/18 patients receiving it within the hour. With one patient removed due to a microbiology discussion which delayed antibiotic administration.
- Lactate measurement sits at 71% with 12/17 patients having this within an hour.
- Urine measurement disappointingly dropped in July to 68%, highlighting the ongoing need for education surrounding fluid balance.
- Blood culture compliance sits at 94% and just below the trust target which is encouraging.

Response

- Blood bottles and checklists for Sepsis Grab Boxes have been updated with the change in lab ensuring readily available equipment.
- The team continue to respond to unwell septic patients across the trust
- Further FY1/2 teaching is currently being arranged for autumn.
- The team have a fully booked study day in September, coinciding with World Sepsis Day
- Weekly AMU team-time starts in September.
- The team are working closely with Orbis to ensure the new EPR system reflects the need for sepsis screening and fluid balance charts.
- The team are utilising formal and bedside education, alongside working with practice educators to push for sustainability in compliance.
- The team are utilising education to sustain these improvements.

Quality

Sepsis Screening and Management | Emergency Department



Key Issues and Executive Response

Themes

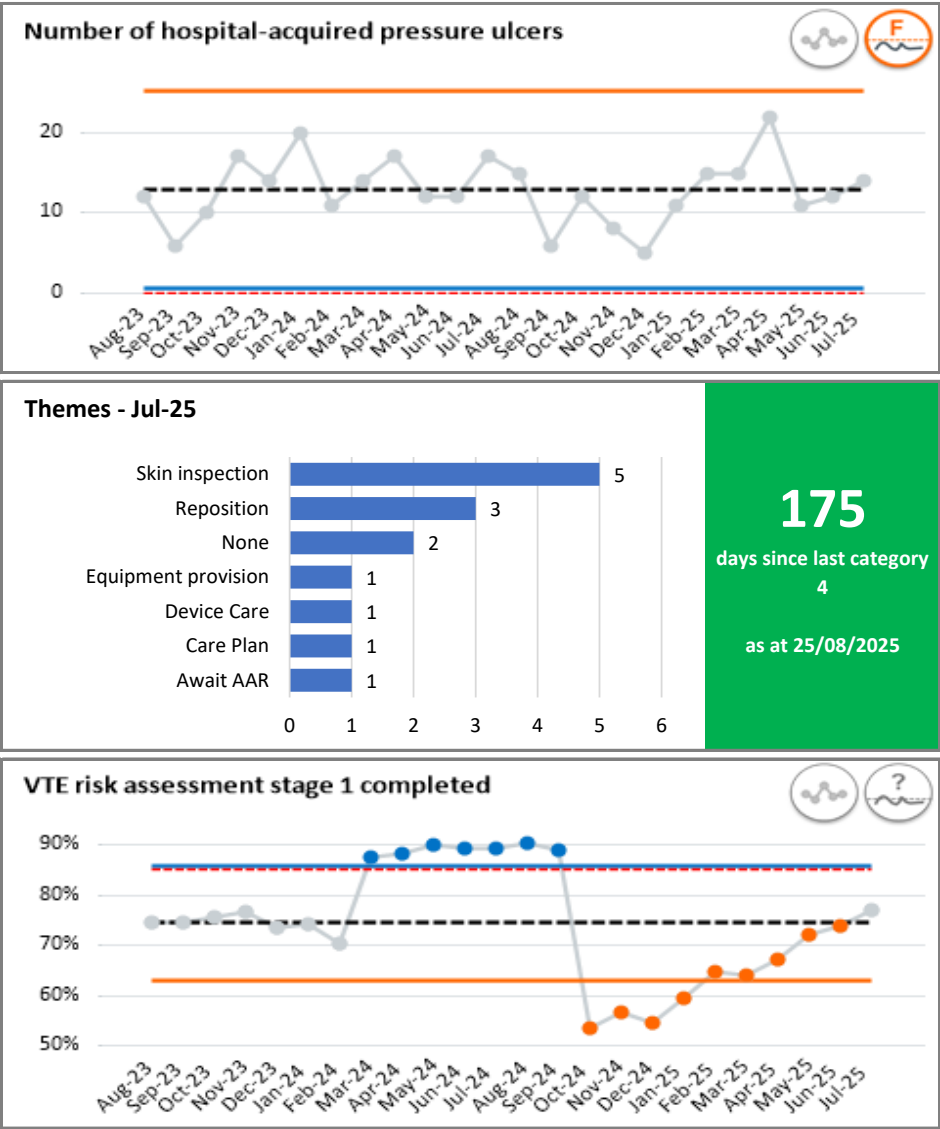
- 59/85 patients audited across July showed 6/6 compliance within the hour.
- We have seen improvement in the use of digital fluid balance charts in ED, however it remains the poorest element of compliance sitting at 73%.
- Lactate and blood cultures both sit above the trust compliance target of 95%.
- IV antibiotic compliance has remained in the 80-90% percentage range over the last couple of months showing consistency and reflecting the high demands of the department. It sits at 90% across July, showing sustainability.

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.
- The team have completed a 3-month blood of weekly teaching where we are seeing improvements in the use of digital fluid balance charts.
- 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 going down to the ED to prompt use of timely digital fluid balance and sepsis screening.
- The team are working with the practice development team to focus on sustaining good sepsis compliance.
- The team are working on some bespoke training for ED link nurses.

Quality

Pressure Ulcers | VTE



Key Issues and Executive Response

Pressure Ulcers

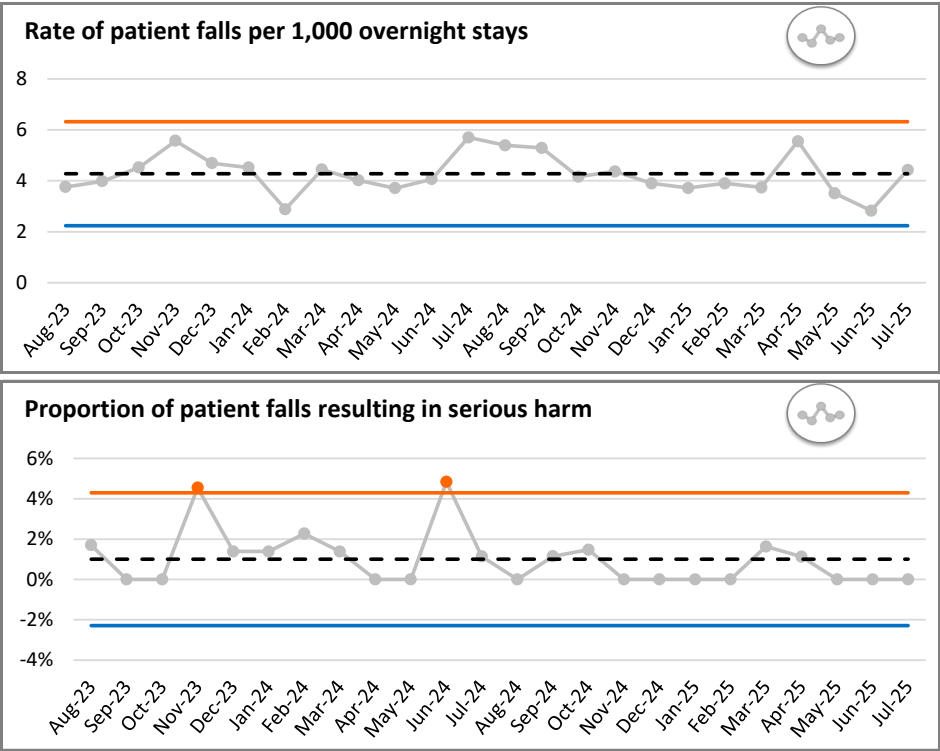
- From end of August 2025, some selected wards will be involved in pressure audits, focusing on NICE CG179 and NICE QS89. The audit will run up to end of March 2026.
- Pressure Ulcer Prevention (PUP) Improvement plan is being implemented with focus on embedding PUP processes trust wide to all clinical staff.
- Heel pressure ulcers continue to be among the leading cause of pressure ulcers in the trust. Heads of Nursing retain oversight of this and there is an improvement work aimed at heel pressure ulcer reduction by ensuring that equipment is available for use where required to prevent heel PU development.
- Ongoing weekly Division Pressure Ulcer Safety Huddle (DPUSH) aimed at addressing HA PU concerns and providing early interventions, support/immediate actions.
- The plan to adopt PURPOSE-T PU prevention risk assessment tool is in progress. This will be implemented in 2026, due to new EPR system rollout delays.

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.
- From June 2025, patients can no longer leave ED/Recovery without a VTE risk assessment.

Quality

Patient Falls

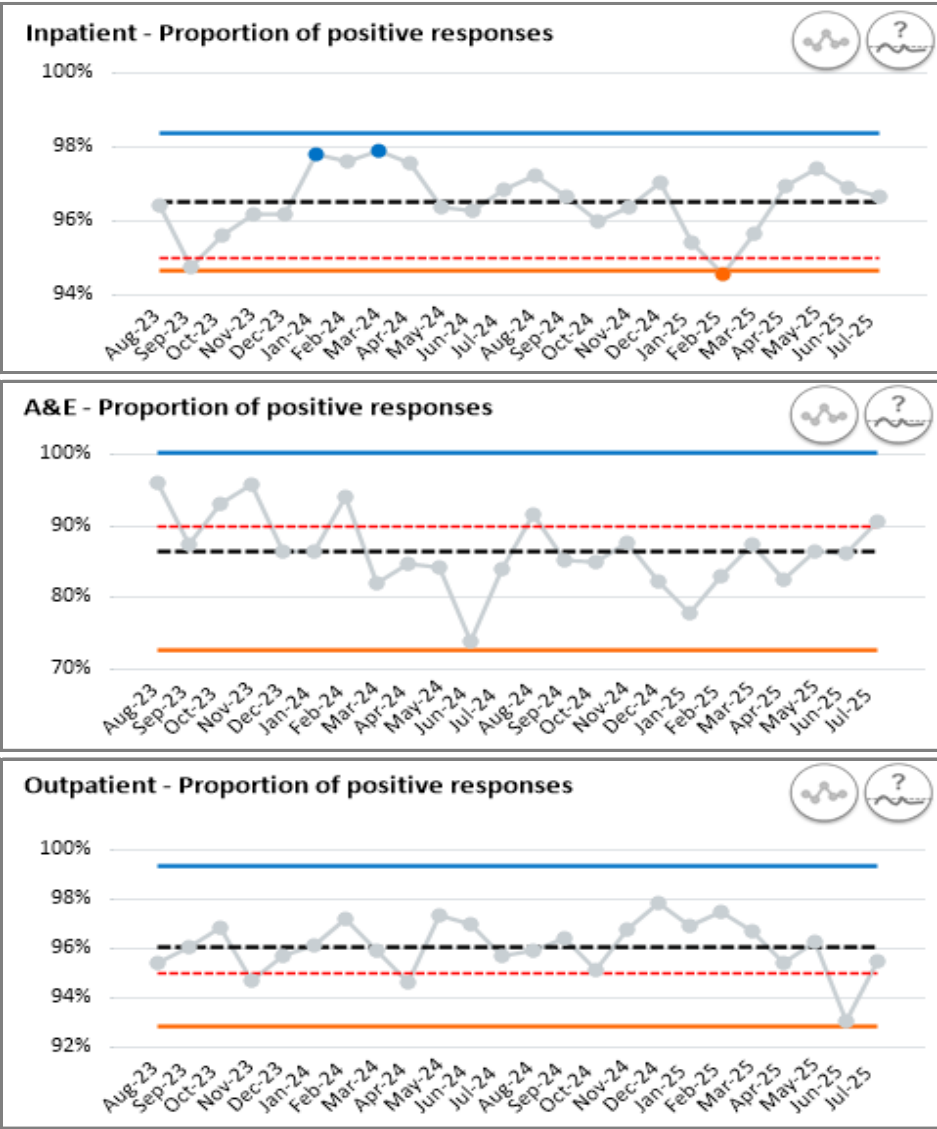


Key Issues and Executive Response

- Inpatient falls data continues to show common cause variation, with an average of 4 per month per 1000 bed days.
- We have seen an increase of inpatient falls for the month of July.
- There will be NHSP restriction which may impact in increase incidence of inpatient falls. We will continue to monitor falls rate and escalate any concerns to the patient safety team.
- Enhanced Care process ang guidelines were sent to ward managers and senior nursing team to reiterate collaborative working in supporting our most highest risks inpatients.
- Ward visits more frequently to monitor Baywatch Compliance.
- No inpatient fall with serious harm recorded for the month of July.

Quality

Friends and Family Test



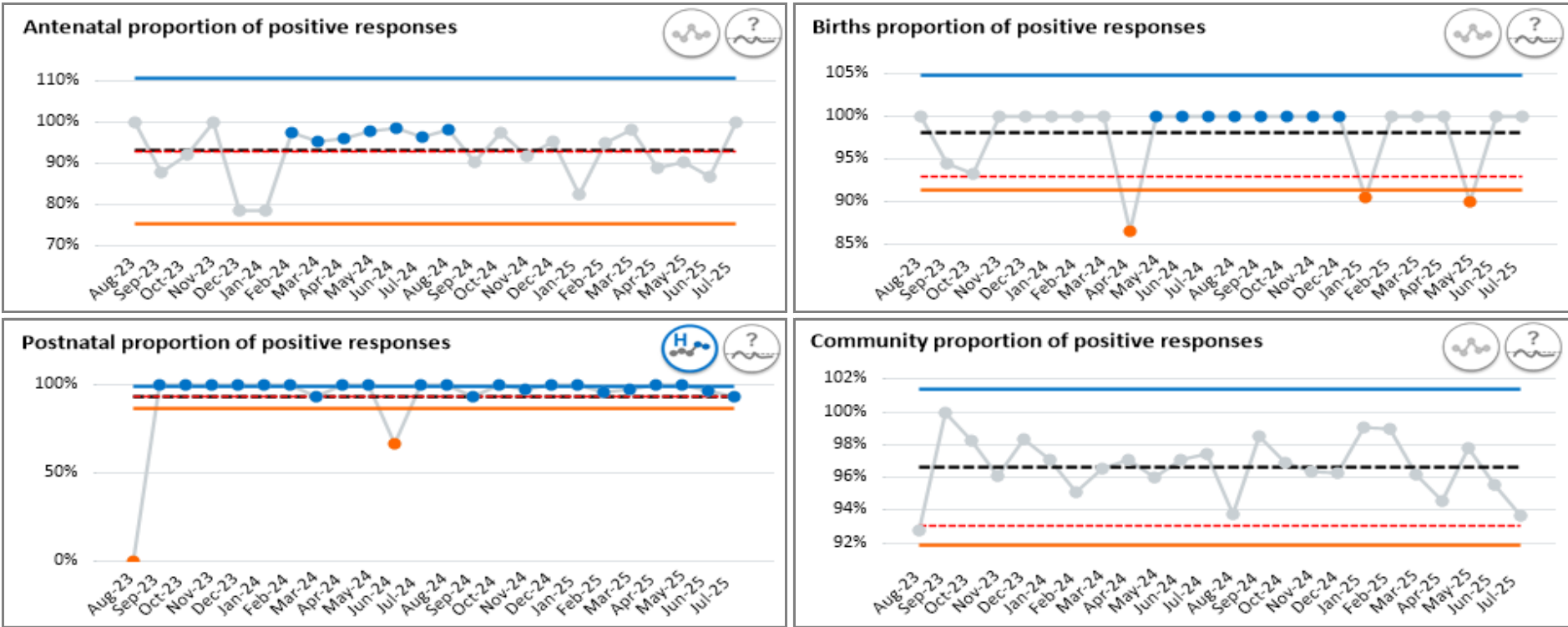
Key Issues and Executive Response

Friends and Family Test

- Continued increase in the number of inpatient satisfaction surveys completed.
- Current review of outpatient survey questions to align better with national surveys for consistency.
- Continued promotion of QR codes within inpatient and outpatient areas to minimise manual inputting.
- Focused work within ED and CAU underway to collect more data due to low submission.

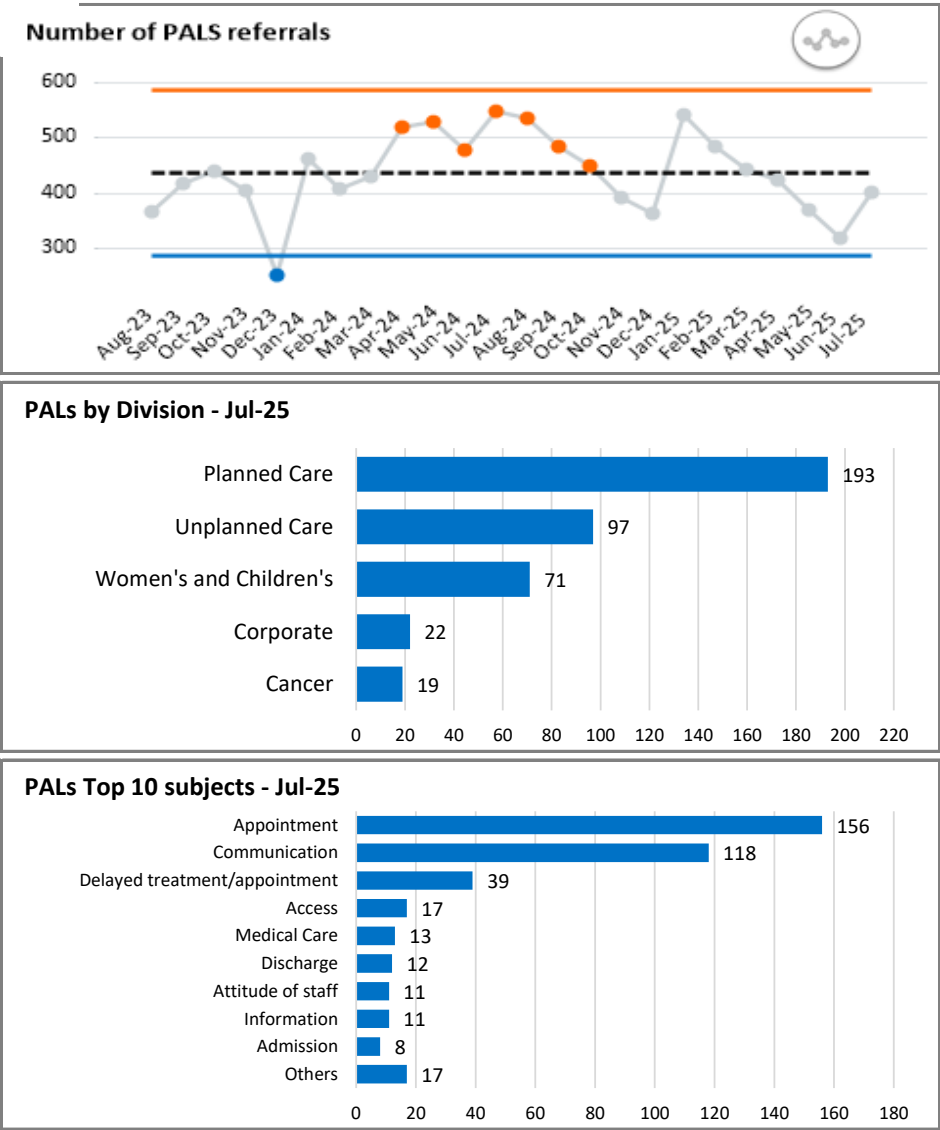
Quality

Friends and Family Test



Quality

Patient Advice and Liaison Service

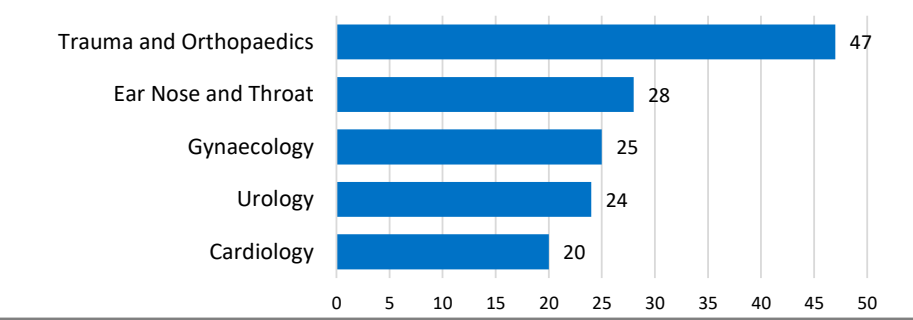


Key Issues and Executive Response

Patient Advice Liaison Service

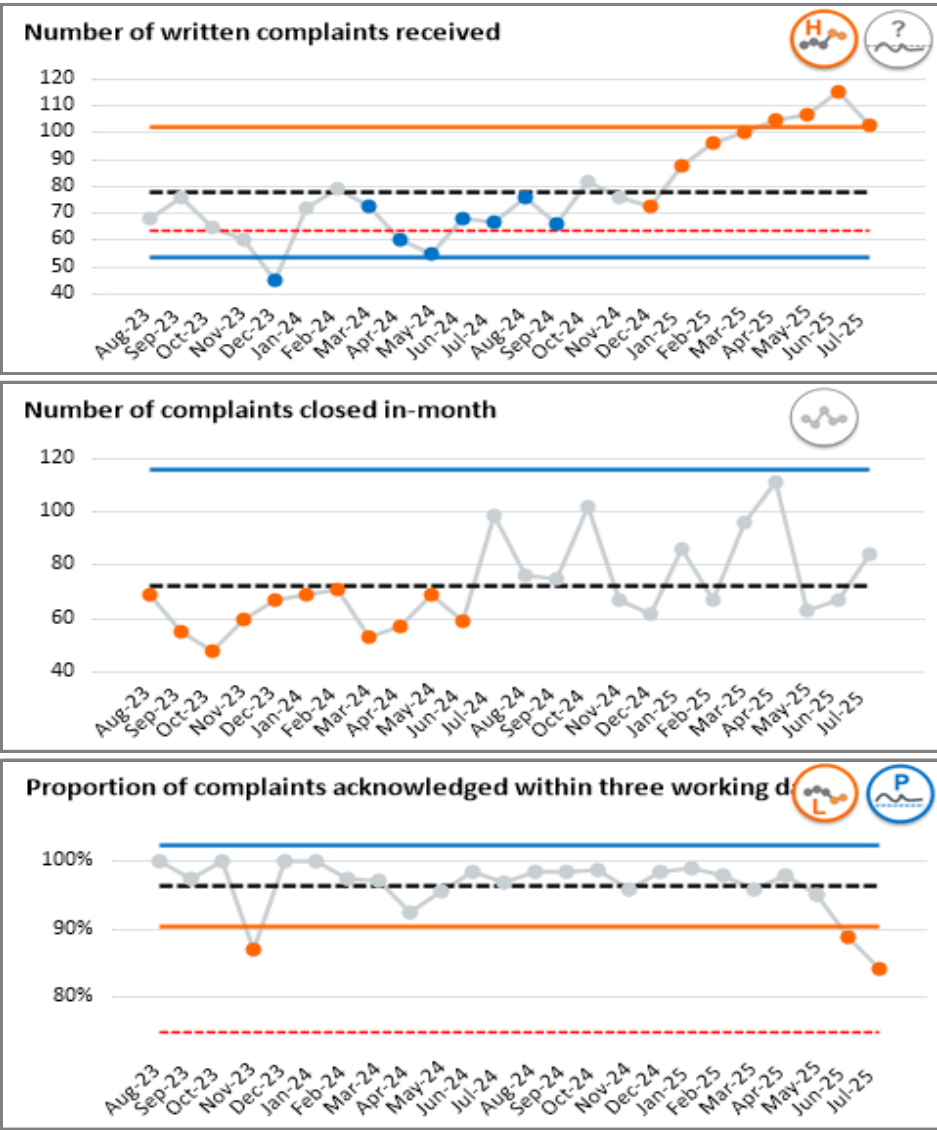
- Further to additional short term bank support to the team, PALS enquiries rising again which will impact the work on the reduction in PALS response timeframes.
- Themes: follow up appointments not being booked, waiting times for operations, multiple cancellations of appointments without rebooking, patients not able to get through to some appointment lines (T&O and Audiology).
- Continued quick resolution on inpatient concerns with the assistance of Ward Mangers, Matrons and Heads of Nursing with good feedback.
- Bank support now stopped and additional support (for a year) from a redeployed staff member will end over the next 2/3 weeks. This will be a significant impact to the teams wellbeing and how they manage the emails, walk in's and voicemails. Timeframes of response will increase as demand outweighs resource.

PALs Top 5 specialties - Jul-25



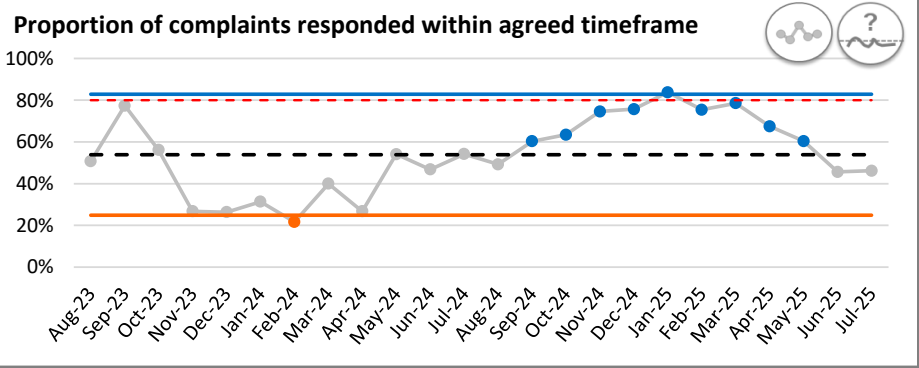
Quality

Complaints



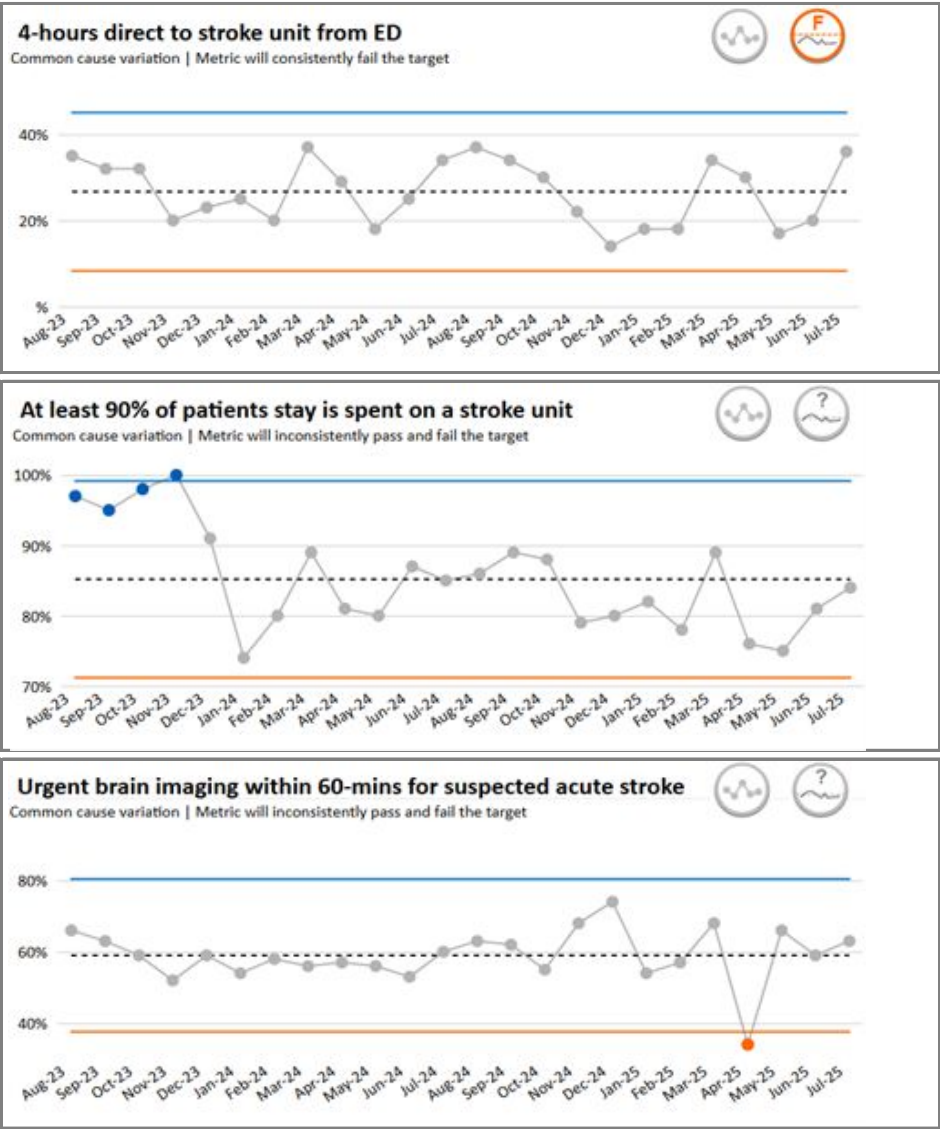
Key Issues and Executive Response

- Slight decrease in the number of complaints received in July.
- Complaints Handlers are requesting the services to call patients/carers when complaints are first received to resolve locally. This has worked in some cases, but not all.
- Continued rise in complaints within Planned Care since January 2025. Currently 144 open complaints within the Division.
- Currently 303 complaints open.
- Acknowledgment and complaints responded to within timeframe has dropped due to the above comments.

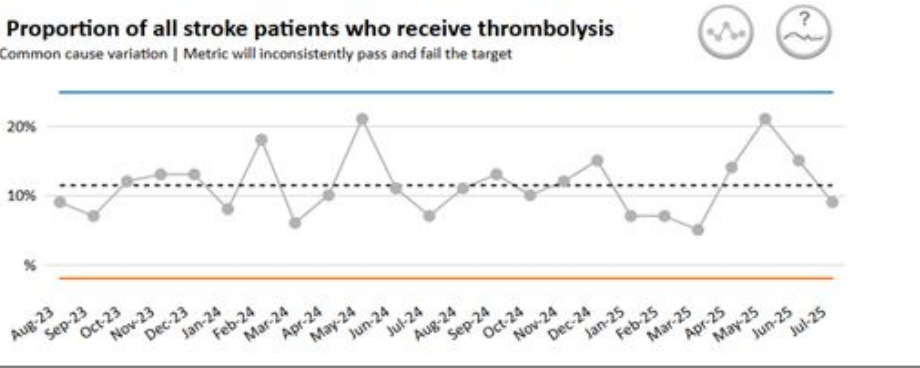


Operations

Stroke Services

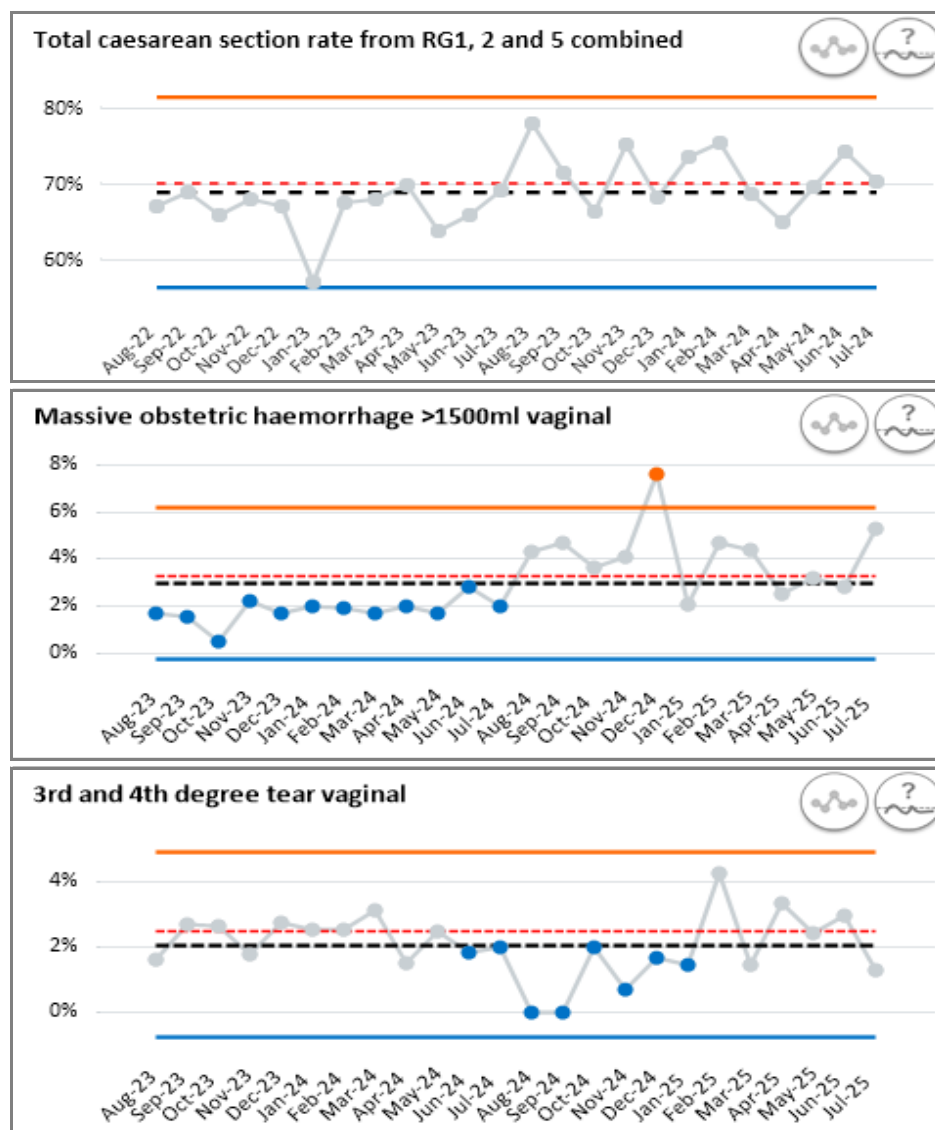


- Key Issues and Executive Response
- **Thrombolysis/Thrombectomy** - Door to needle time (within 30 minutes) is 44 minutes, 15 minute improvement from previous month. 8.9% of patients receiving thrombolysis with focus on CT perfusion service to improve. 1.3% Thrombectomy rate in month-team participating in regional ISDN audit. Weekly case reviews of thrombolysis/Thrombectomy patients continuing.
 - **4 hr performance** 35.5% with improvement of 15.3% from previous month. SOP in place to ring fence stroke beds and meet trajectory of 60% by March 2026.
 - **Length of stay:** Continued focus on MDT LOS reviews conducted weekly. An increase in level 1 beds required which is impacting LOS. Ongoing discussions with ICS and region addressing capacity and longer term plans and processes.
 - **CT within 20 minutes** (new standard) : 30.4% which is an improvement from previous month and above national average; focus on improving to meet SSNAP target of 40%.
 - **TIA performance:** Continuous improvements underway, including audits. A recent audit & focus on backlog has seen this improve from 5-7 day backlog, to 0. Focus on increased capacity for same day MRI to improve performance further.



Quality

Maternity | Safety Metrics



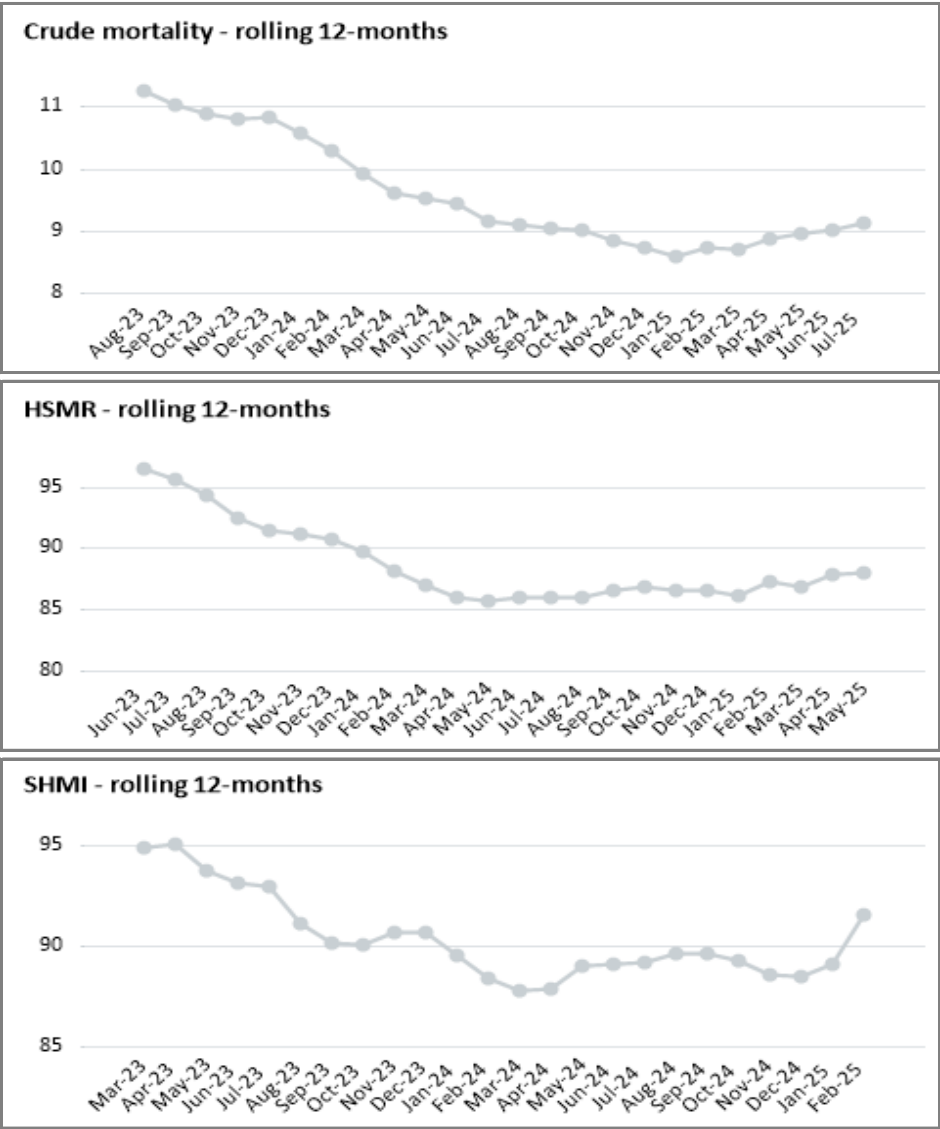
Key issues and executive response

- There were no incidents meeting criteria for MNSI referral and no divisional incidents qualifying as PSII. There were 4 cases of moderate physical harm, consistent with previous months. These are all being followed up through the Divisional Incident Review meetings. No cases of serious harm.
- There were 2 cases of 3rd/ 4th degree perineal trauma at vaginal births and 1 case at instrumental births. This is within process limits.
- MOH >1500mls was within process limits. There were 16 MOH > 1500mls and of those, 5 were >2000mls. 10 (5.29%) MOH at vaginal births, and 6 (3.87%) MOH at LSCS. Weekly thematic review of all MOH ongoing. Collaboration across the LMNS on MOH learning and actions.
- There has been a reduction in the separation of mothers and babies demonstrated by an ATAIN rate of 4.76%. This is in line within national standards (<6%) following weekly review of learning and actions at the weekly group and neonatal risk management meeting.
- Smoking at the time of delivery (3.73%) remains well below the national standard (<6%).
- Pregnancy referrals are now triaged by a midwife and booking bloods facilitated prior to booking appointment in order to facilitate target of booking by 10 weeks (70.61%). A manual failsafe is in place to ensure compliance with National Screening Committee KPI's in timeframe.
- Breastfeeding initiation rates (71.96) have fallen just below national standard (<72%). Work is ongoing by Infant Feeding leads to ensure digital documentation is reflective of practice.
- Total LSCS = 174 (46.40%). Total Cat 1-3 (Emergency) = 94 (25.07%). Total Cat 4 (Elective) = 80 (21.33%). Robson Group Criteria RC1 = 6.98%, RC2 = 50.00%, RC5 = 79.55%. Incomplete denominator data remains an area of focus. Despite missing data, figures are proportionate representation of actual cases for the month.

Month 04 | 2025-26

Quality

Mortality











- 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 for the CHKS HSMR metric that the Trust uses.
 - The general improvements in mortality (excluding the COVID-19 period) seen over recent years 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 May-25, reported by CHKS, stands at 88.1. This positions us in the mid-range of trusts nationally.
 - The latest in-month figure to May-25 stands at 96.0. This is a significant increase from the previous month. We will monitor this to see if it revises on the next refresh (indicating it was linked to incomplete data), or if it remains high, requiring further review.
 - Latest NHSD published rolling 12-month SHMI available to March 2025, stands at 91.51, an increase from last month's 90.95. This positions us in the first quartile of trusts nationally and well below the national average within the 'as expected' band.
 - Our position relative to other trusts has remained very stable. Over the last 12 months our most favourable position has been 18/118 and least favourable 23/118 acute trusts.
 - The latest figures provided by CHKS are for Feb-25 and are 105.1 in-month and 91.0 for rolling 12-month. We are currently seeking to understand the underlying factors to this in-month spike, especially as February is not a month that regularly sees such an increase.



















Operations

Month 04 | 2025-26

			
 	1	0	5
	0	3	2
 	0	0	0









Urgent and Emergency Care

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Emergency Department	Patients waiting no more than four hours from arrival to admission, transfer or discharge	Jul-25	95%	77.2%			2 points above the upper process limit Metric will consistently fail the target
	Patients waiting more than 12 hours from arrival to admission, transfer or discharge	Jul-25	5%	6.4%			2 points below the lower process limit Metric will consistently fail the target
	Percentage of ambulance handovers within 15-minutes	Jul-25	65%	27.5%			2 points above the upper process limit Metric will consistently fail the target
	Time to initial assessment - percentage within 15-minutes	Jul-25	80%	56.2%			7 points above the mean Metric will consistently fail the target
	Average (mean) time in department - non-admitted patients	Jul-25	240	166			2 points below the lower process limit Metric will consistently pass the target
	Average (mean) time in department - admitted patients	Jul-25	tbc	409			2 points below the lower process limit No Target
	Average minutes from clinically ready to proceed to departure	Jul-25	tbc	158			Common cause variation No target
RTT & Diagnostics	Patients on incomplete pathways waiting no more than 18 weeks from referral	Jul-25	92%	56.5%			9 points above the mean Metric will consistently fail the target
	Patients waiting more than six weeks for diagnostics	Jul-25	0%	53.6%			Common cause variation Metric will consistently fail the target

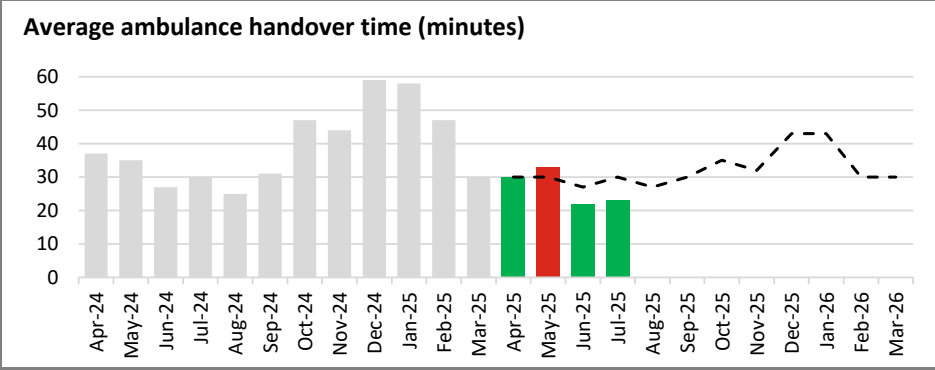
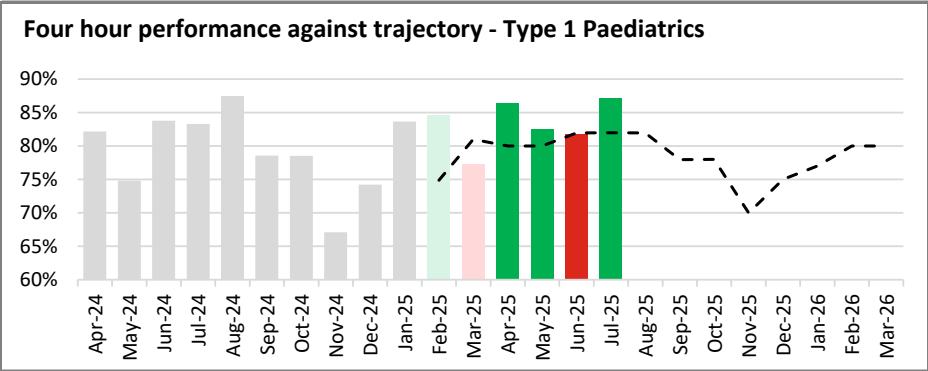
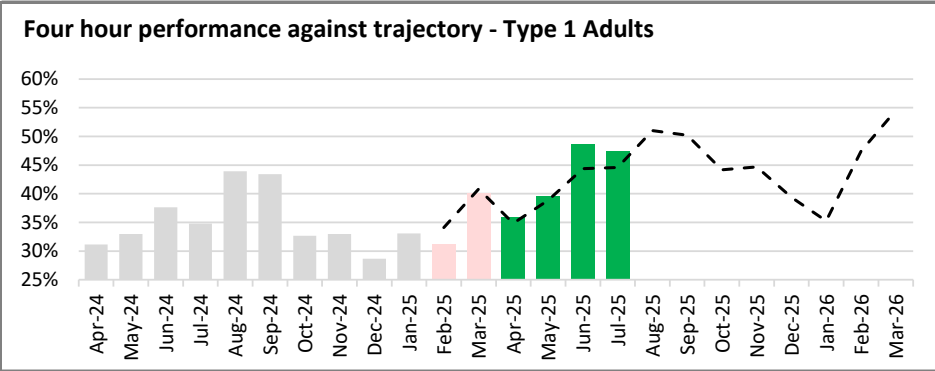
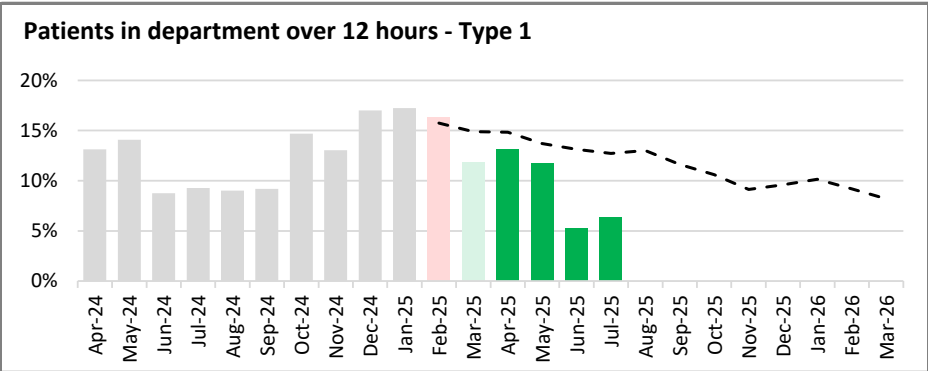
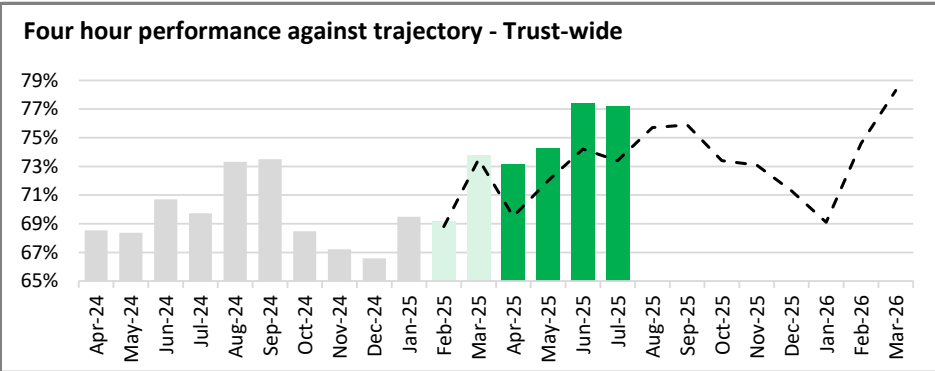
Urgent and Emergency Care

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Cancer Waiting Times	62-day referral to treatment standard	Jun-25	85%	81.9%			Common cause variation Metric will inconsistently pass and fail the target
	31-day decision to treat to treatment standard	Jun-25	96%	96.7%			Common cause variation Metric will inconsistently pass and fail the target
	28-day Faster Diagnosis standard	Jun-25	75%	80.2%			Common cause variation Metric will inconsistently pass and fail the target
	Proportion of cancer PTL waiting more than 62 days	Jun-25	7%	17.0%			Common cause variation Metric will consistently fail the target

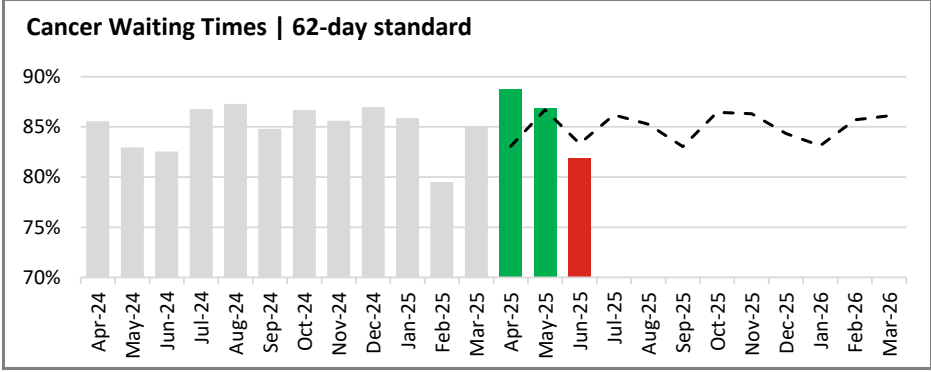
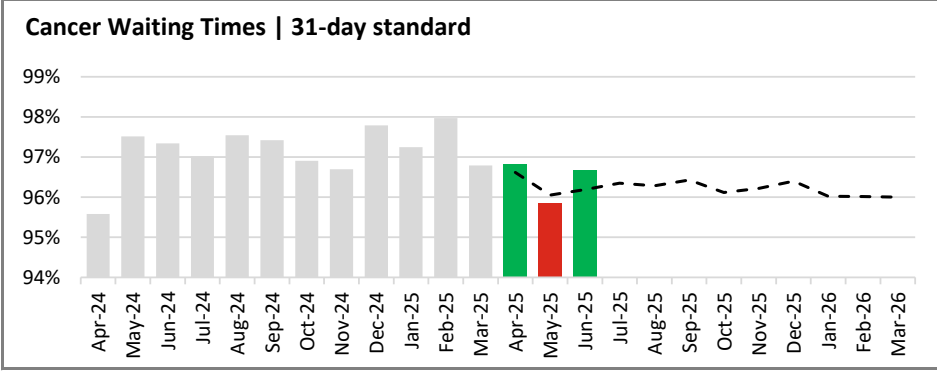
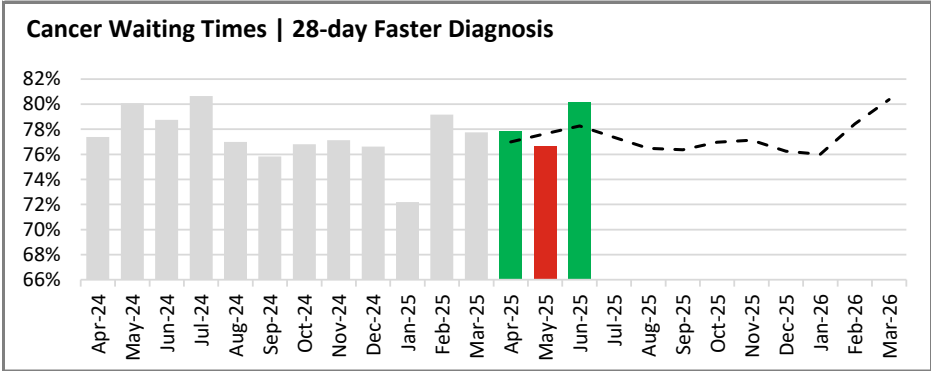
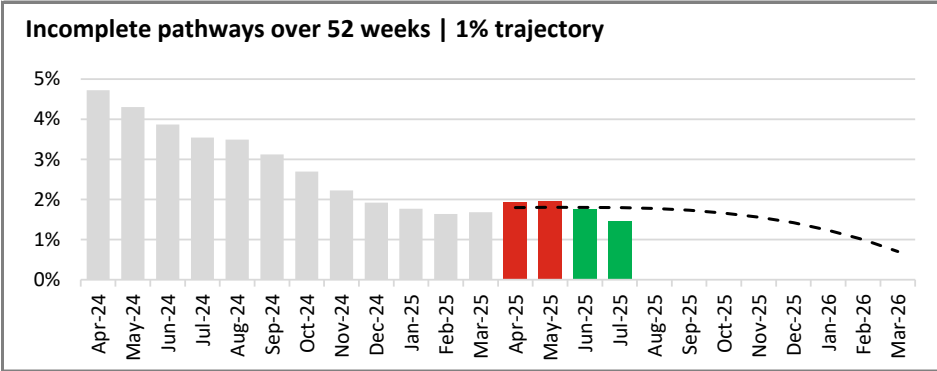
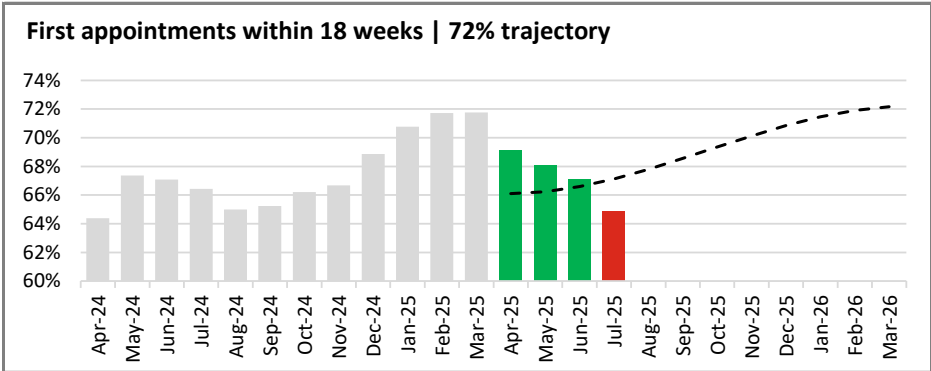
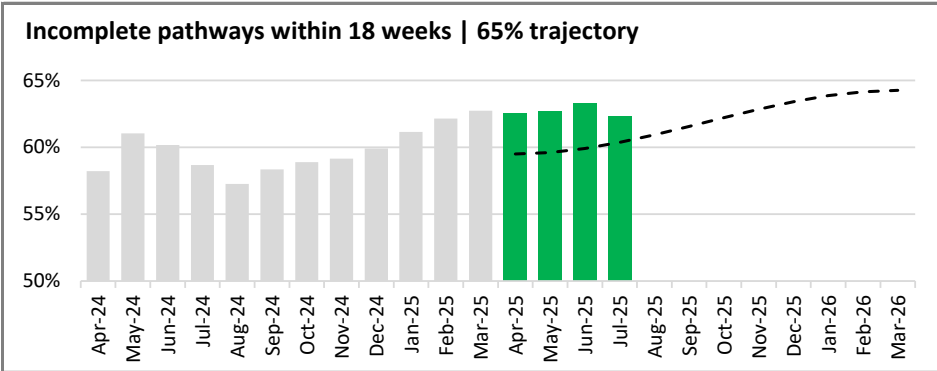
Urgent Emergency Care

Trajectory Monitoring 2025-26



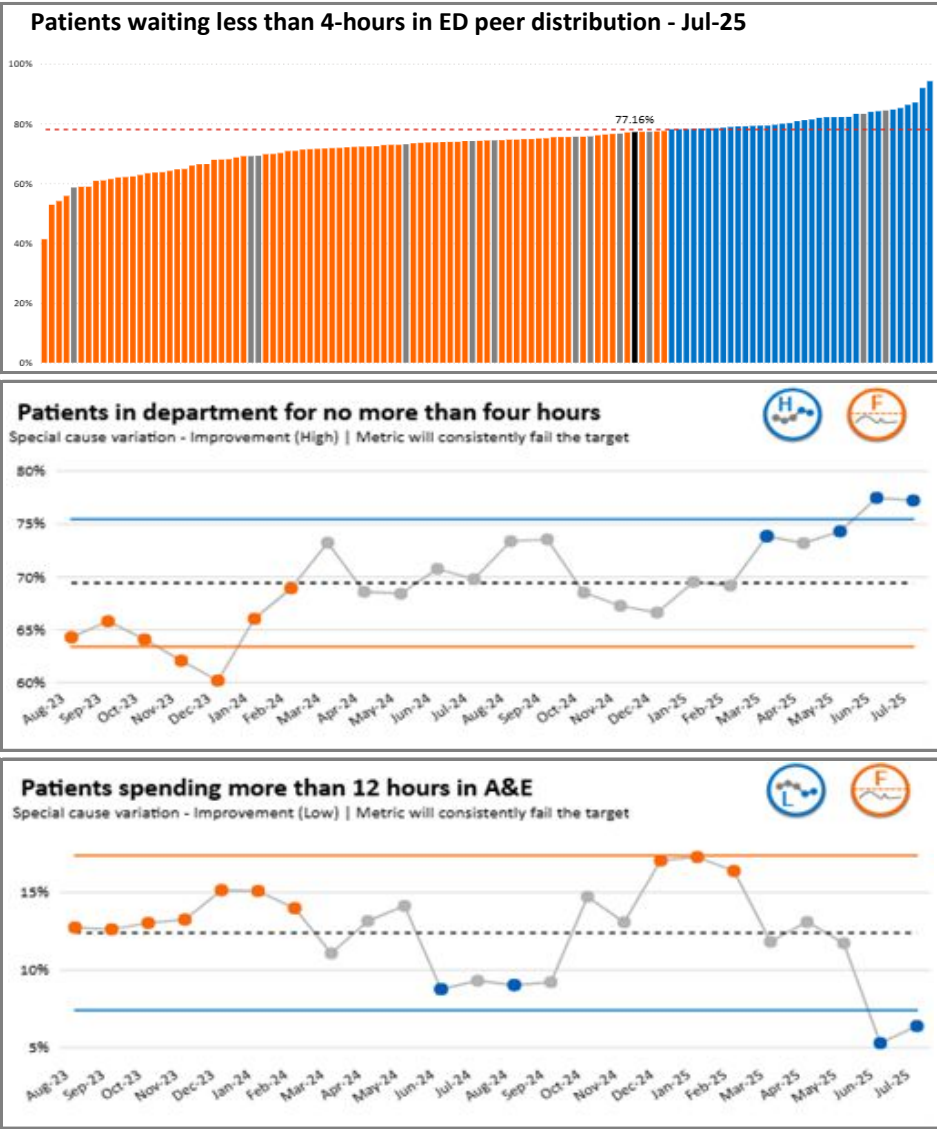
Cancer Waiting Times | RTT 18 weeks

Trajectory Monitoring 2025-26

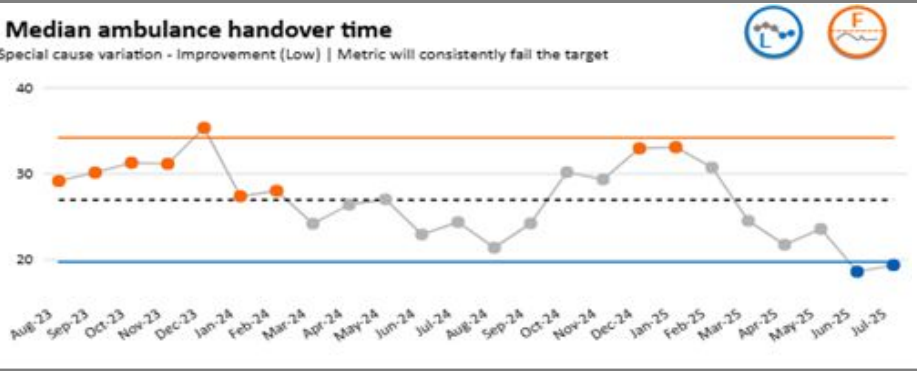


Operations

Urgent and Emergency Care New Standards

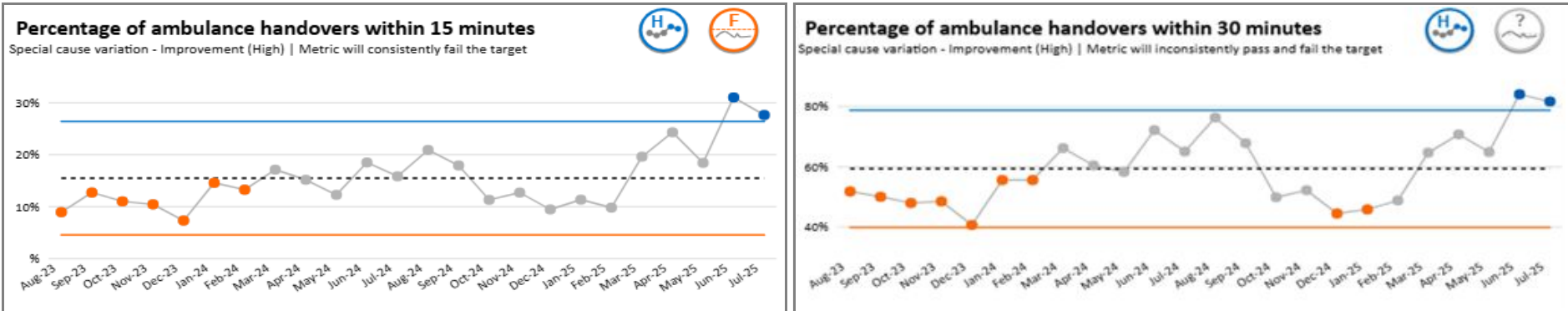


- Key Issues and Executive Response
- 4 hr performance sustained at 77.2% for July, exceeding trajectory by 4% despite 29 beds closed in July for Estates work. August 77.8% against 75.5% trajectory. Continued improvement in Adult Type 1 non admitted performance, maintaining 54.5%.
 - Improved performance sustained in patients spending 12 hours + in ED.
 - Sustained improvement in time to triage, with mean waits 28 minutes. Mean ED Doctor waiting times improved, however fluctuations remain overnight and remain focus for improvement. Wait times for ED referrals to specialties have also continued to improve. Efforts remain focused across all working groups, including Resus, Main Wait, Clinical Decisions Unit, and Ambulance Handover.
 - A Rapid Process Improvement Workshop (RPIW) is planned & will include overnight observations. Additional waste walks also scheduled to improve departmental flow, productivity & efficiency.
 - Ambulance handovers have shown sustained improvement, with median handover time now below 20 minutes.
 - Discharges before midday materially improved in Q1, linked to discharge process improvement work.



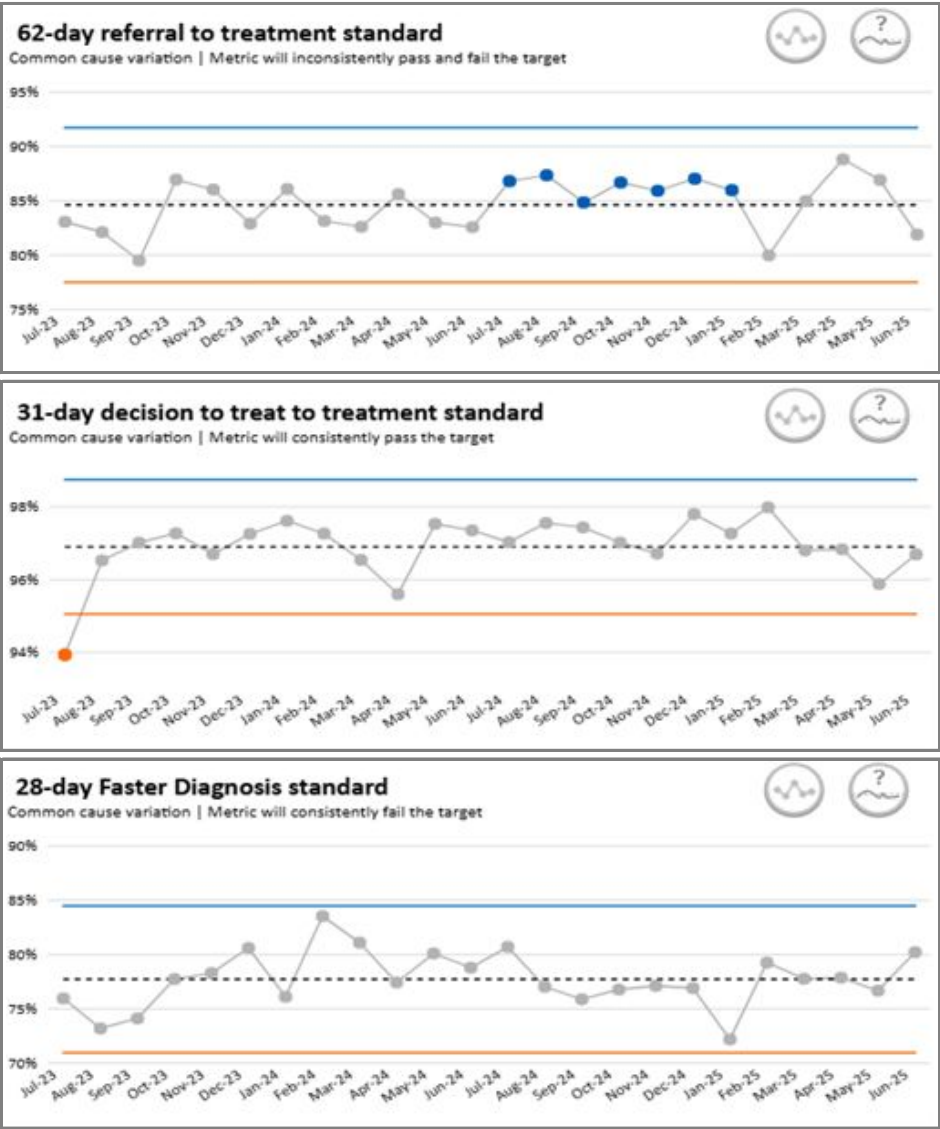
Operations

Urgent and Emergency Care | Supporting Metrics



Operations

Cancer Waiting Times | Supporting Metrics

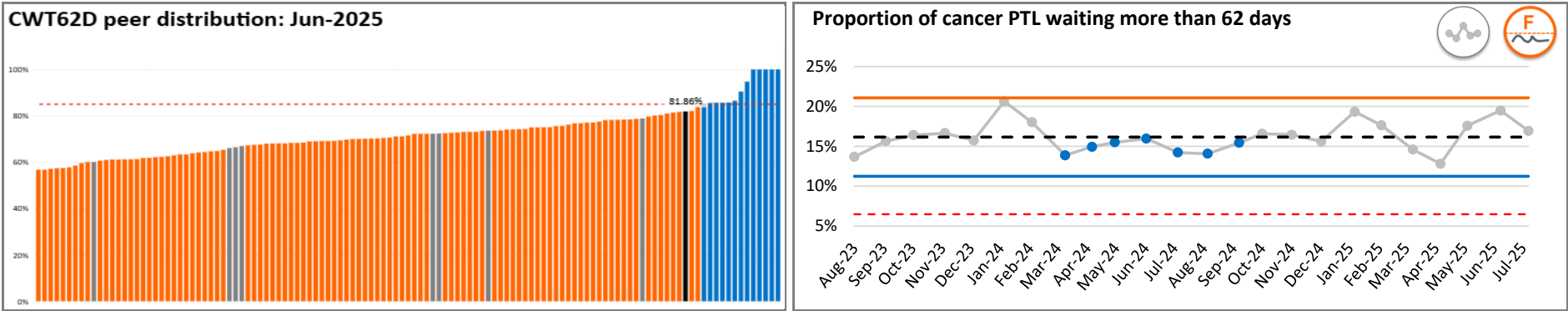


Key Issues and Executive Response

- We achieved 2 out of the 3 national targets in June 25 with compliance in the 28 day Faster Diagnosis, and 31 Day decision to treat standards.
- The 62 day referral to treatment standard performance dipped in compliance in June 25 due to CT colon capacity, histology delays due to the new provider, patient choice delaying the diagnostic capacity and finally capacity for the joint urology clinic was lower due to leave.
- Work continues 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 sustain 28 FDS compliance this year at the increased target of 80%.
- Breach analysis continues for all patients against all standards to influence pathway redesign and learning with MDT teams.

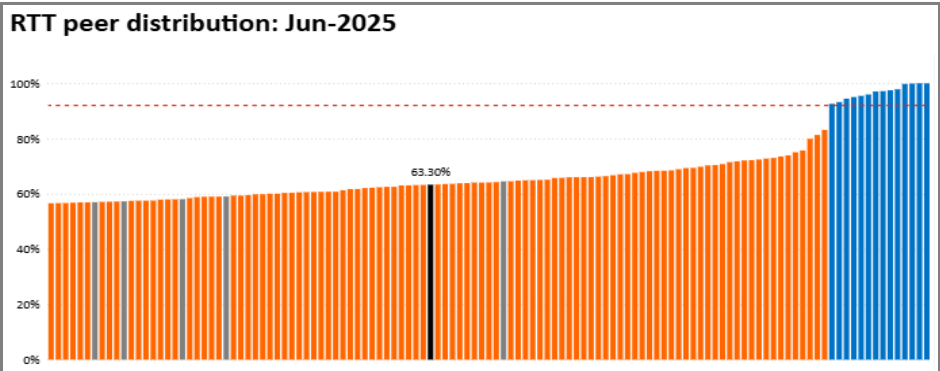
Operations

Cancer Waiting Times | Supporting Metrics



Operations

RTT 18 Weeks



Key Issues and Executive Response

Community Paediatrics

- Community Paediatrics is now reported via the Community Data Set. Referrals have started to stabilise since spring 2024, albeit at approx. 90 referrals per month higher than core capacity, so the waiting list continues to increase, but at a slower rate.
- Internal pathway improvements are starting to deliver additional capacity with a move to virtual follow up, allowing for conversion of existing f/u slots to new.
- Additional funding just agreed will allow for some pathway transformations internally, ahead of the HWE system transformation. Internal weekly meetings have commenced in preparation for this.
- Single digital point of referral for neurodiversity hosted at HCT is ready to implement in late September 2025.
- 78 Weeks** - There were 3,258 patients waiting over 78 weeks at the end of July, compared to 3,125 the previous month.
- 65 Weeks** - There were 3,890 Community Paediatric patients waiting over 65 weeks at the end of July.

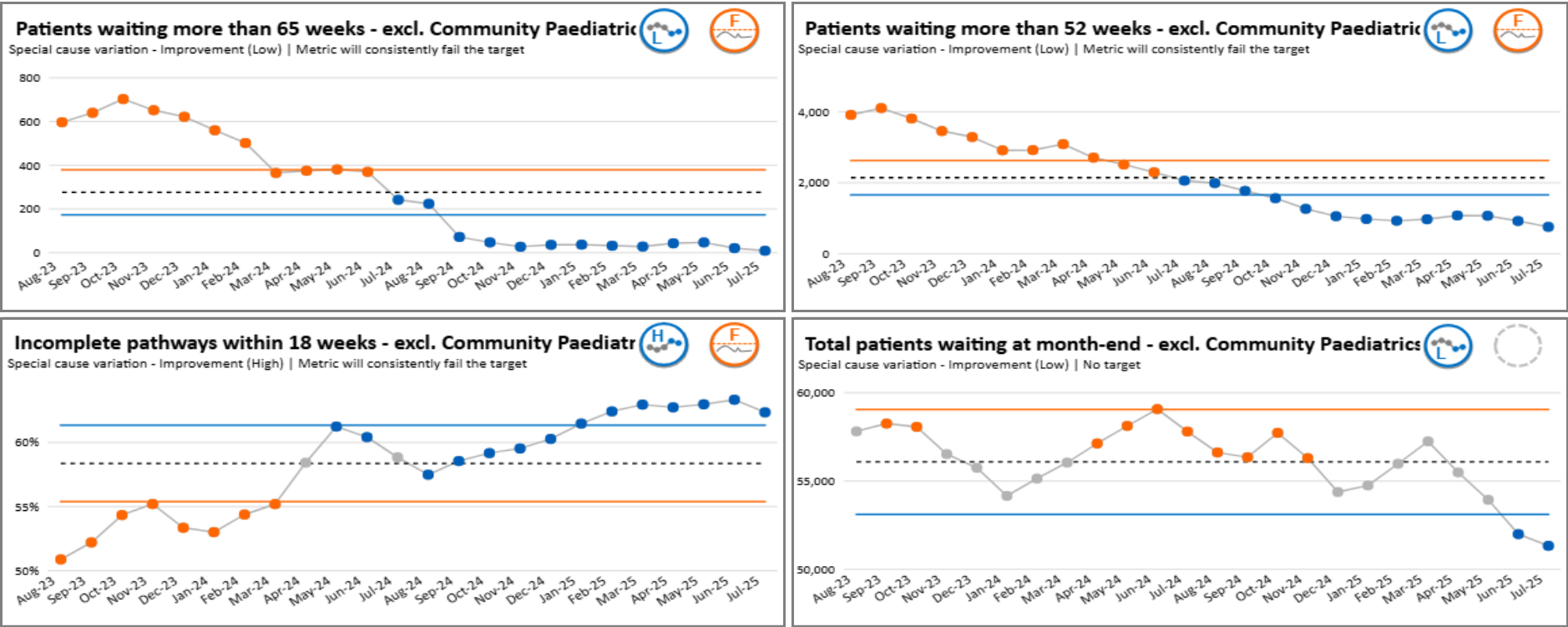
Key Issues and Executive Response

Excluding Community Paediatrics

- 18 Week Performance** - 62.3% of patients were waiting under 18 weeks in July, 1.9% away from the March 2026 5% improvement target of 64.2%. The decline in performance this month is partly due to a reduction in the Patient Treatment List (PTL) size, which has decreased by 675 patients. This drop is most pronounced at the front end of the pathway, where data quality issues and an increase in clock stops due to the national Validation Sprint exercise, may have had a disproportionate impact. Volume of clockstops in the most recent sprint has reduced slightly, due to improved training and data quality at the beginning of the pathway.
- 52w proportion of PTL** - 746 patients / 1.9% waiting over 52 weeks in July, against target of no more than 0.7% patients in March 2026. This is in line with trajectory.
- Awaiting First Event < 18 weeks** - 68.8% of patients waiting for first activity within 18 weeks against March 2026 improvement target of 72.2%: in line with trajectory. This should improve with work undertaken with services below 72%.
- 65 Weeks** - At the end of July, 7 patients were waiting over 65 weeks—mostly in T&O due to patient choice and clinical complexity. We expect this to rise slightly at the end of August, driven by T&O capacity issues and peak holiday-related patient availability.
- IA Impact** - During the period of industrial action from 25th to 30th July, a total of 13 long-wait patients were affected: 2 patients waiting over 65 weeks and 11 patients over 52 weeks had to be cancelled. All patients were rebooked before the end of August.
- There has been a significant reduction in the number of patients with a length of stay over 21 days, it is the lowest since 2021.

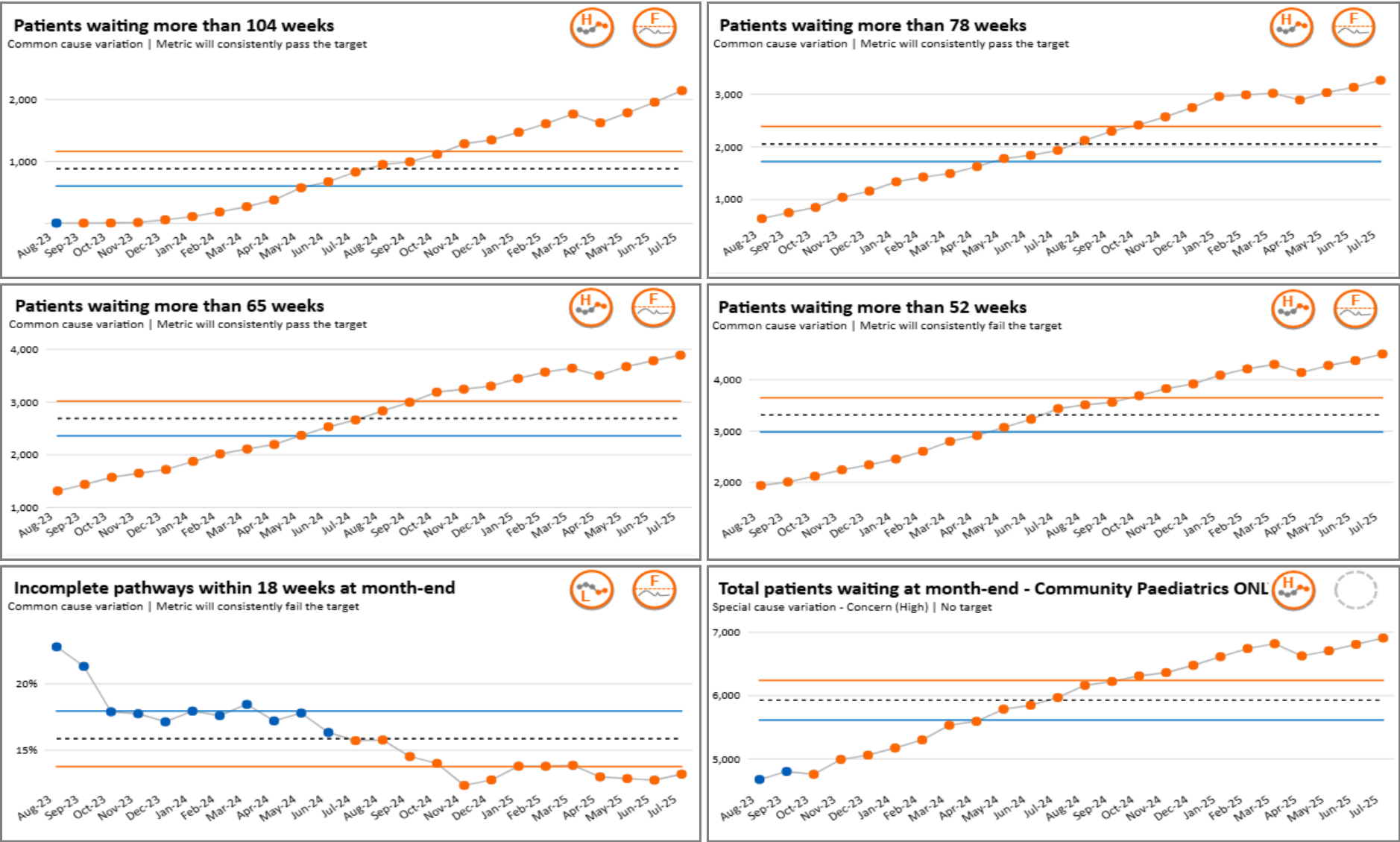
Operations

RTT 18 Weeks - excl. Community Paediatrics



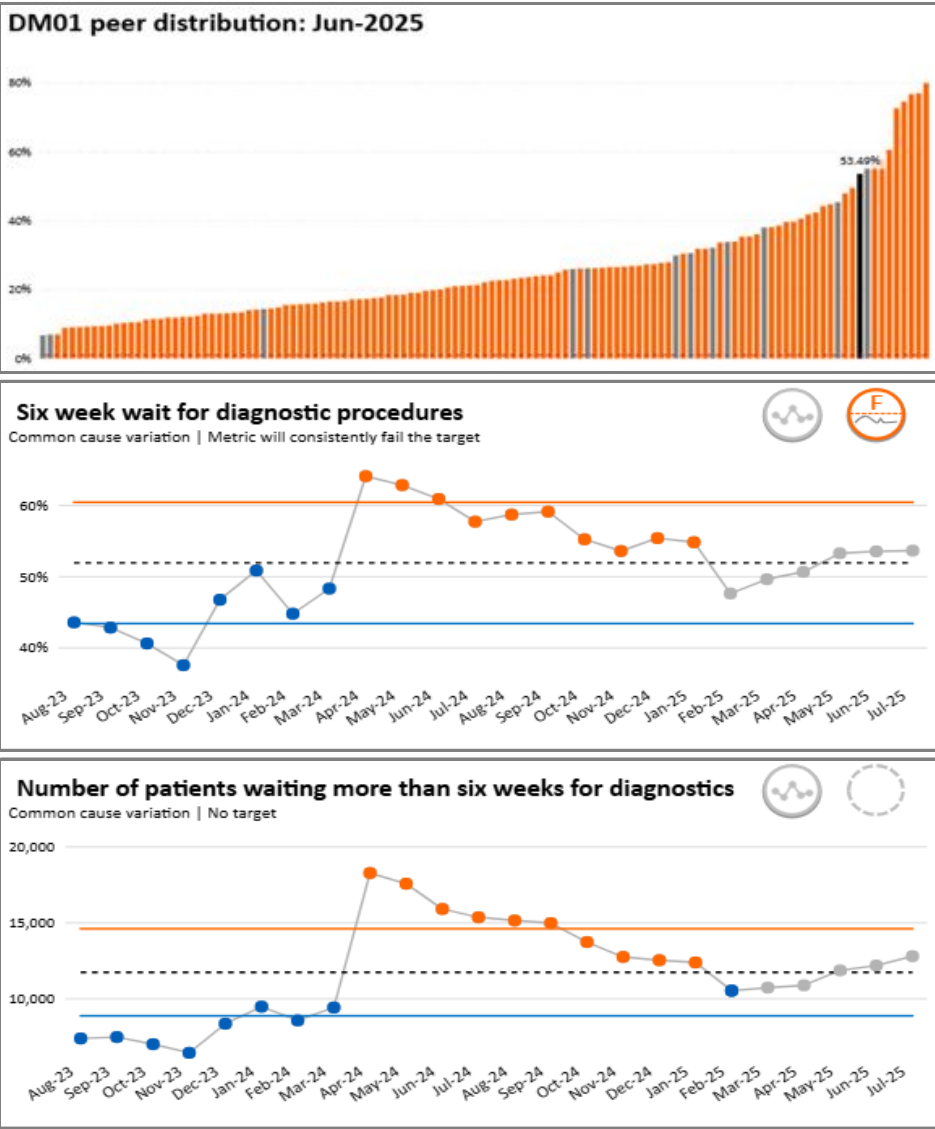
Operations

RTT 18 Weeks - Community Paediatrics ONLY



Operations

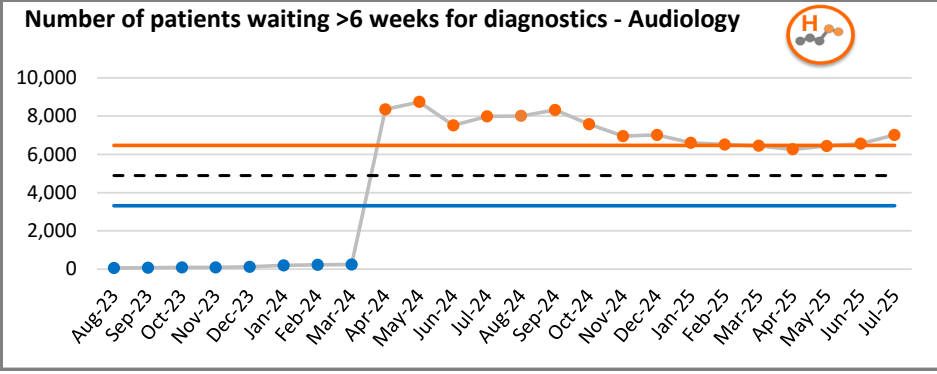
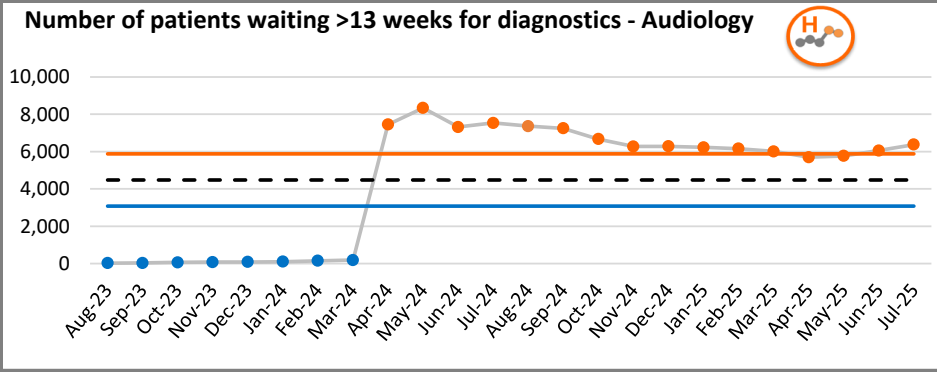
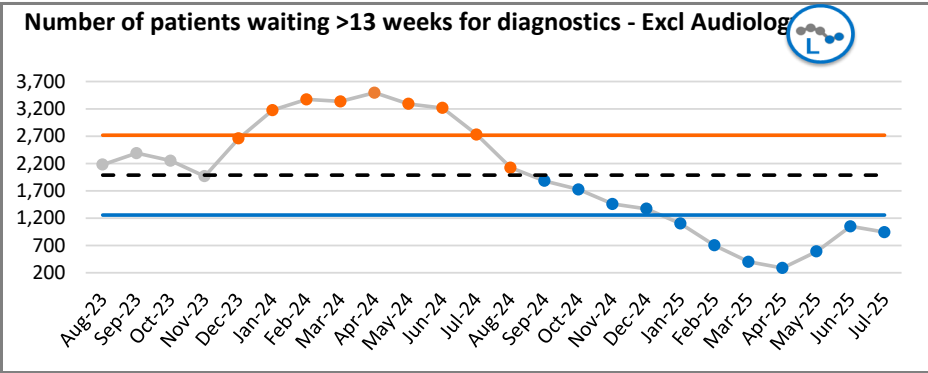
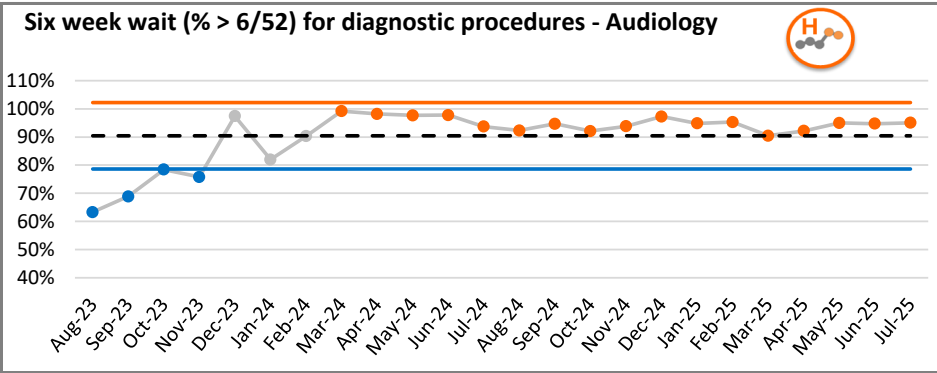
Diagnostics Waiting Times



- Key Issues and Executive Response
- In July the DM01 performance (% of patients waiting over 6 weeks for diagnostics) remained steady at 53.59%.
 - For DM01 excluding Audiology, there are 5,752 patients waiting >6 weeks with 955 patients waiting >13 weeks, the majority waiting for MRI and US.
 - Escalation meetings have commenced with those services who are not compliant which follow the same rigour as RTT meetings.
- Challenges / Actions
- Non-Obstetric ultrasound remains a challenge. The team are developing a new workforce model to ensure stability. This will need to go to consultation. Currently reviewing the option of insourcing whilst this work takes place. Current performance is sitting at 41.41% (3,678 breaches) with mean wait at 5.2 weeks.
 - Outsourcing for MRI has commenced to Pinehill as well as conversion of CT vans to MRI vans for 4 lists per month. Due to these two changes the service will reprofile demand and capacity. Current performance is sitting at 43.5% (1,419 breaches), average wait is 5.26 weeks.
 - Estate has been identified on the Lister site to accommodate paediatric audiology with the plan to open by March 2026. Adult audiology is currently sitting at 95.68% (5,202 breaches) with an average wait of 56.98 weeks. Paediatric audiology is currently sitting at 93.27% (1,815 breaches) with an average wait time of 55.52 weeks.

Operations









Diagnostics Waiting Times - Audiology
















Finance

Month 04 | 2025-26

			
 	0	1	0
	2	3	4
 	0	0	1





Finance

Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Summary Financial Position	Surplus / deficit	Jul-25	-2.4	0.89			Common cause variation Metric will inconsistently pass and fail the target
	CIPS achieved	Jul-25	1,245	1,324			Common cause variation No target
	Cash balance	Jul-25	77.9	35.7			Common cause variation Metric will consistently fail the target
Key Financial Drivers	Income earned	Jul-25	45.3	62.7			Common cause variation Metric will consistently pass the target
	Pay costs	Jul-25	29.5	38.0			Common cause variation Metric will consistently fail the target
	Non-pay costs (including financing)	Jul-25	15.5	23.8			10 points above the mean Metric will consistently fail the target

Finance

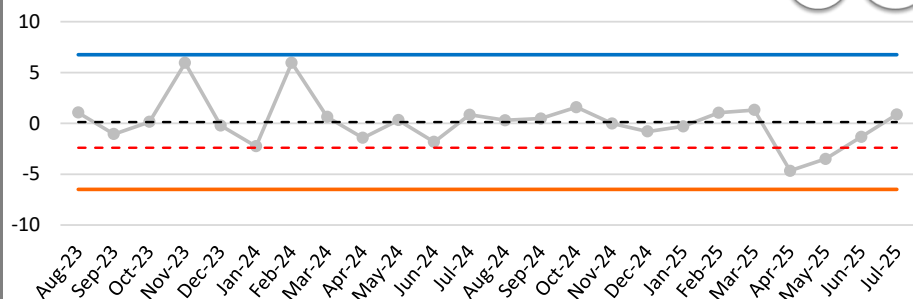
Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Key Payroll Metrics	Substantive pay costs	Jul-25	24.9	33.7			Common cause variation Metric consistently fail the target
	Average monthly substantive pay costs (000s)	Jul-25	0.9	5.6			Common cause variation Metric will consistently fail the target
	Agency costs	Jul-25		0.7			11 points below the mean No target
	Unit cost of agency staff	Jul-25		10.4			Common cause variation No target
	Bank costs	Jul-25	3.7	3.6			Common cause variation Metric will inconsistently pass and fail the target
	Overtime and WLI costs	Jul-25	0.5	0.6			3 points below the lower process limit Metric will inconsistently pass and fail the target
Other Financial Metrics	Private patients income earned	Jul-25	0.4	0.5			Common cause variation Metric will consistently pass the target
	Drugs and consumable spend	Jul-25	2.8	4.6			Common cause variation Metric will inconsistently pass and fail the target

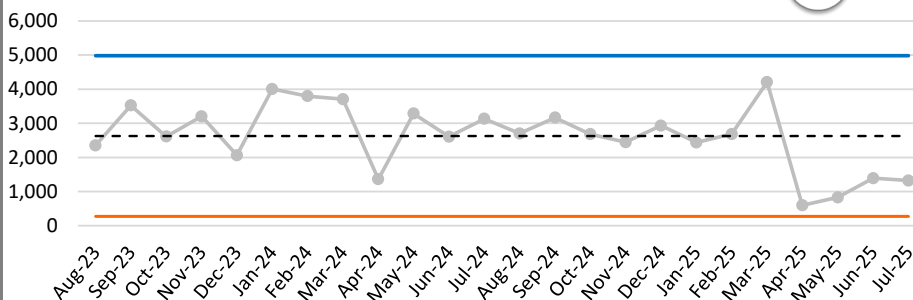
Finance

Summary Financial Position

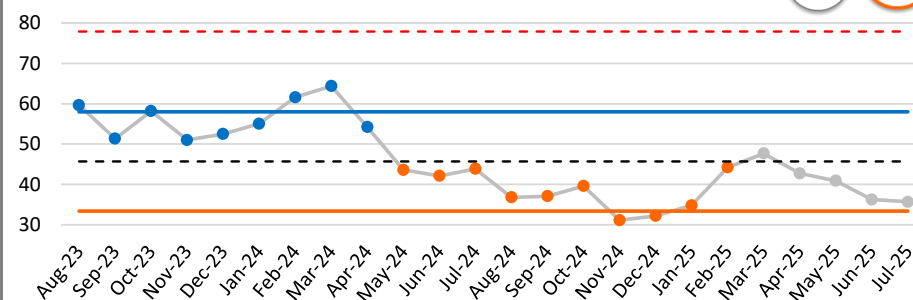
Surplus / deficit



CIPS achieved



Cash balance



Key Issues and Executive Response

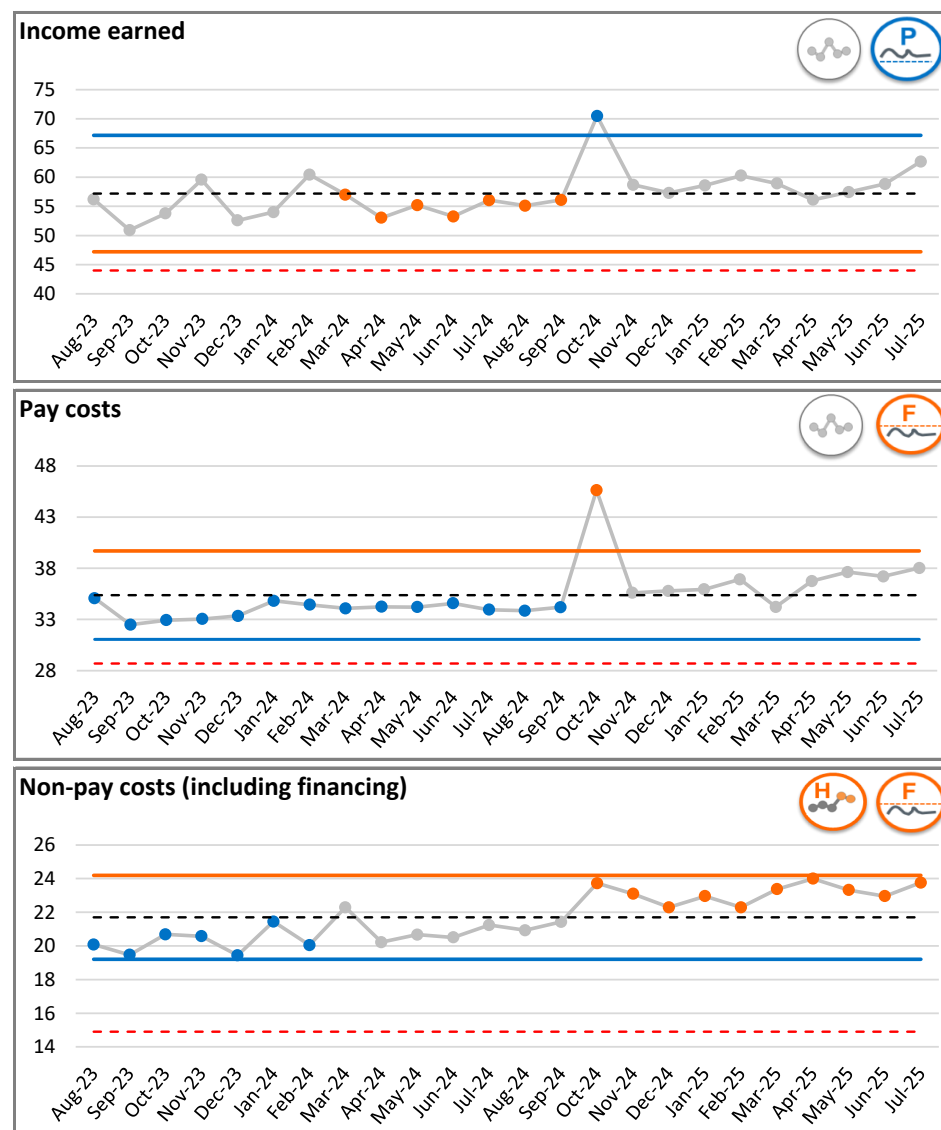
- The Trust approved a breakeven plan for 25/26. This plan assumes that a £35.8m cost improvement programme will be delivered.
- At Month 4, the Trust has reported an actual YTD deficit of £8.6m. This is in line with phased plan expectations.
- The CIP plan assumes only £4.3m of delivery at Month 4, so a significant step up in savings achievements needs to be realised in Q2 and beyond.
- The Trust has experienced a range of unanticipated cost pressures in the year to date, including high CSW bank spend as a product of recruitment delays, high levels of maternity bank spend and overspends relating to medical locum and agency use in the Unplanned Care division.
- Whilst the Trust continues to increase its cohort of permanent staffing it is not reducing premium staffing utilisation at a proportionate rate.
- Elective income performance in the YTD is behind plan, although delivery throughput has improved during June and July.
- The Trust estimates the impact of Industrial Action in July at £450k.

	Annual Budget £m	Budget YTD £m	Actual YTD £m	Variance YTD £m
Income	706.0	233.6	235.1	1.5
Pay	-427.4	-149.0	-149.7	-0.6
Non Pay	-241.1	-80.7	-81.9	-1.2
EBITDA	37.5	3.8	3.5	-0.3
Financing Costs	-37.5	-12.5	-12.1	0.4
Retained Deficit exc. PSF	-0.0	-8.7	-8.6	0.1
Surplus / Deficit (excl Fin Adj's)	-0.0	-8.7	-8.6	0.1

Month 04 | 2025-26

Finance

Key Financial Drivers

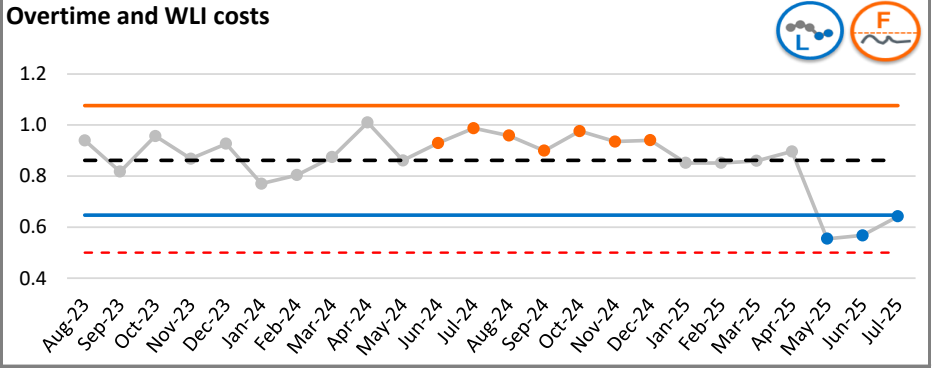
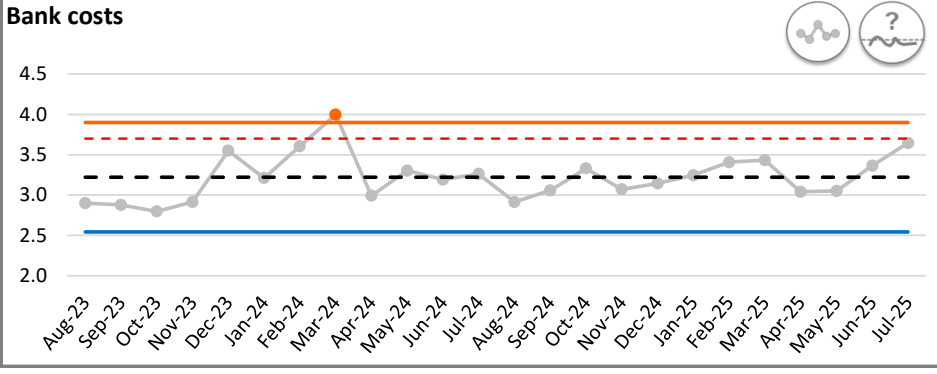
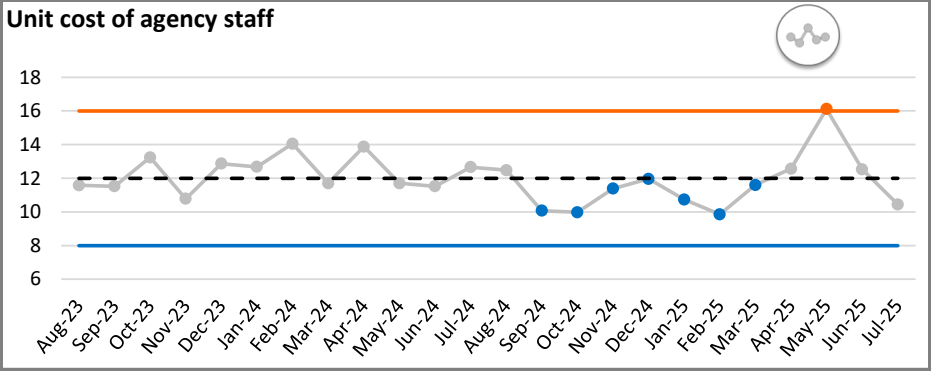
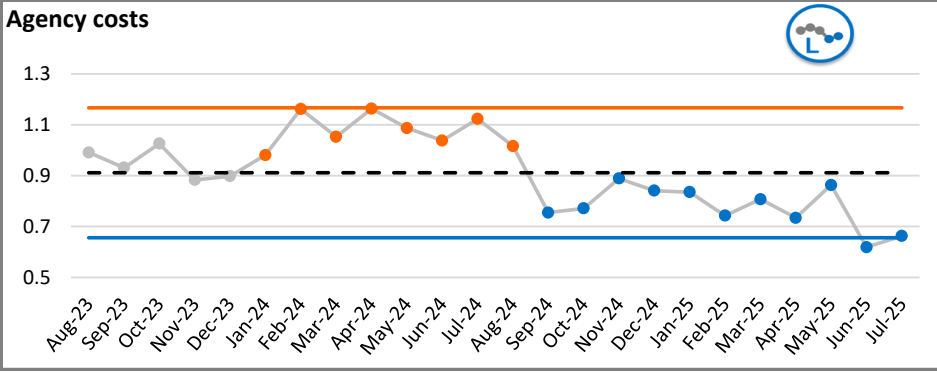
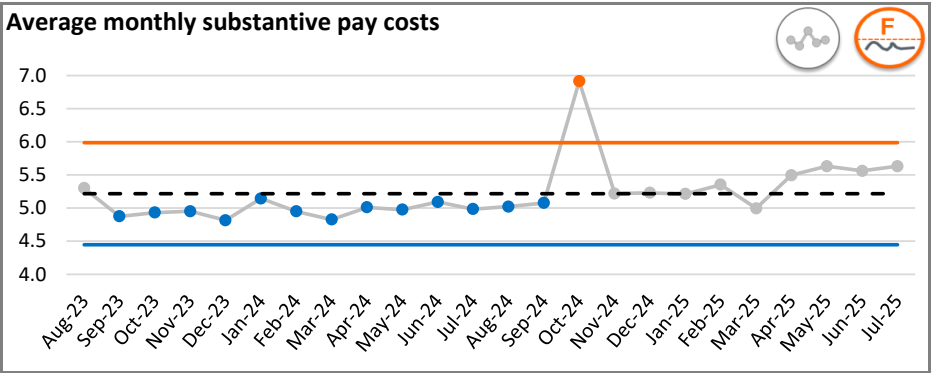
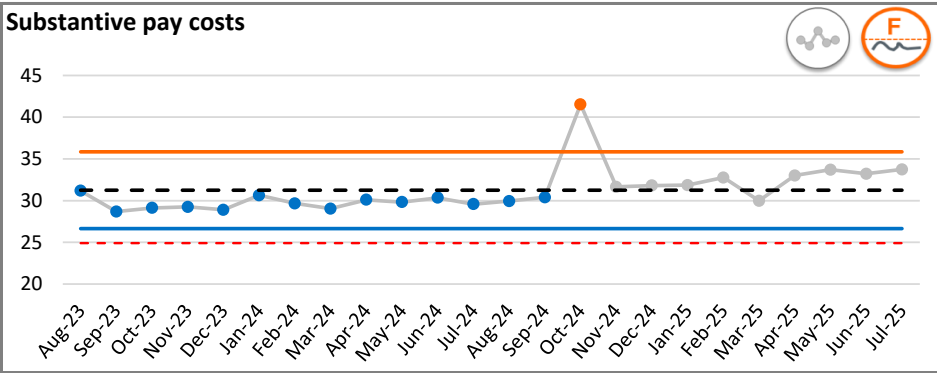


- The Trust is reporting a £8.6m deficit as M4 YTD, which is in line with plan.
- The CIP plan phasing assumes just £4.25m (12%) CIP delivery against the £35.8m target, so there will need to be a significant step up in CIP delivery and financial performance in the latter months of the year.
- ERF activity YTD is below levels expected in Divisional activity and SLA income plans. Despite this underdeliver the use and cost of WLI sessions exceeds budgets, highlighting concerns in respect of delivery of expected productivity improvements.
- ERF financial performance is reflected in line with agreed contract arrangements for respective ICBs.
- There are significant pressures within ward areas across the Trust where there is a year to date overspend of £0.5m, driven by CSW bank spend resulting from recruitment delays
- Although Quarter one has seen absolute reductions in WTE headcount, particularly within admin areas due to the recruitment freeze, there continues to be a pattern whereby substantive workforce is growing but temporary staffing reductions are not falling at the same pace. This is driving significant pay pressure.
- Although agency expenditure is lower than the target agreed within our financial plan, bank expenditure is above plan. The target significantly reduces in the second half of the year.
- There has also been improvement in most of the pay 'hot spot' areas for 2024/25 which had a significant focus in quarter 4. However, there are still ongoing significant pressures within Maternity and Unplanned Care medical staffing.
- Non pay reported a £1.4m adverse variance in month, excluding the impact of reserves, of which £0.9m related to high cost drugs and devices.
- The Trust estimates the impact of Industrial Action in July at £450k.

Month 04 | 2025-26

Finance

Other Financial Indicators









Month 04 | 2025-26

















People

Month 04 | 2025-26

			
	0	3	0
	0	1	2
	0	1	0

People

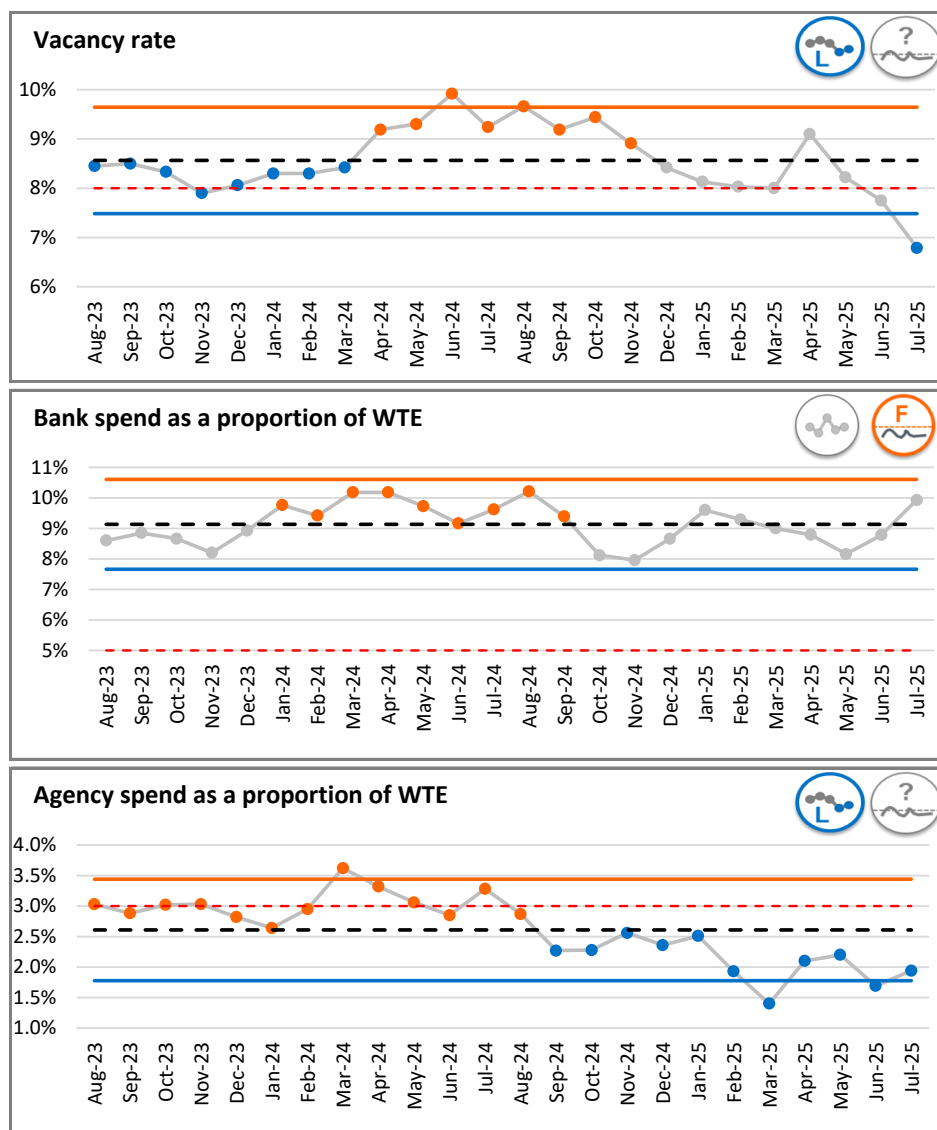
Summary

Domain	Metric	Period	Target	Actual	Variance	Assurance	Comment
Work	Vacancy rate	Jul-25	8%	6.8%			1 point below the lower process limit Metric will inconsistently pass and fail the target
	Bank spend as a proportion of WTE	Jul-25	5%	9.9%			Common cause variation Metric will consistently fail the target
	Agency spend as a proportion of WTE	Jul-25	3%	1.9%			11 points below the mean Metric will inconsistently pass and fail the target
Grow	Statutory and mandatory training compliance rate	Jul-25	90%	88.6%			11 points below the mean Metric will inconsistently pass and fail the target
	Appraisal rate	Jul-25	90%	78.6%			Common cause variation Metric will consistently fail the target
Thrive	Turnover rate	Jul-25	10.5%	7.2%			10 points below the lower process limit Metric will inconsistently pass and fail the target
Care	Sickness rate	Jul-25	4.0%	4.9%			Common cause variation Metric will inconsistently pass and fail the target

Month 04 | 2025-26

People

Work Together

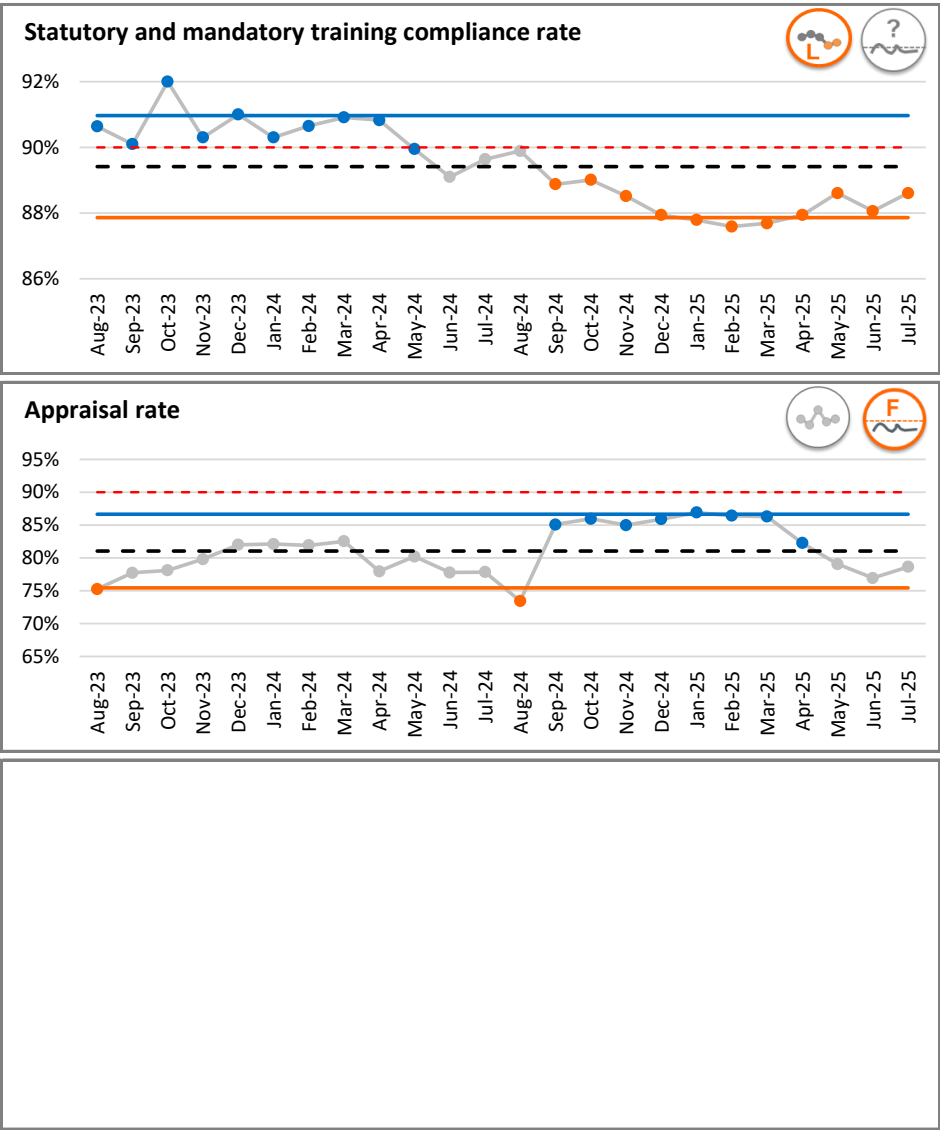


Key Issues and Executive Response

- Overall vacancy rate reduced to 6.79% (457FTE) from 7.75% (521.60 FTE).
- Time to Hire (TTH) increased to 17 weeks, impacted by vacancy freeze and placement of newly qualified nurses
- Continued increase in qualified N&M WTE (1902) in post
- Vacancy rate for nursing increased from 10.96% to 11.63%. Team working with ward managers to place candidates.
- 235 people in recruitment pipeline - 156 external, 23 doctors, 53 nurses/midwives, 30 allied health professionals and 11 HCSs.
- Increase in bank and agency spend of £125k and £100k, respectively. Circa £127k increase attributed to Project costs (Digital, MV, Pre-Op).
- Review of areas of increased spend underway, with escalations to VCP for approval/reject of continued usage.
- £350k incorrectly accrued on bank line for anticipated industrial action costs. Much of this cost will be paid through the substantive payroll, therefore will not remain on the bank line. Correction expected in M5 bank figures.
- Medical bank and agency usage reviewed - usage aligned to vacancies and overspend relates to premium bank/agency rates.
- WTE usage in month increased by 31.89, 14.11 WTE in Agency and 17.78 WTE in Bank. Agency usage remain (3.11 WTE) below target, bank is above by 8.82 WTE.
- 2025/26 AfC pay award and uplift review – formal Exec decision taken to not apply pay award to bank rates. £1m CIP identified.
- Review of rapid response shifts and associated costs, potential run rate saving of £130k.
- % of roster approved 6 weeks in advance has increased following the dip in approval rates linked to the Easter Bank Holidays.

People

Grow Together

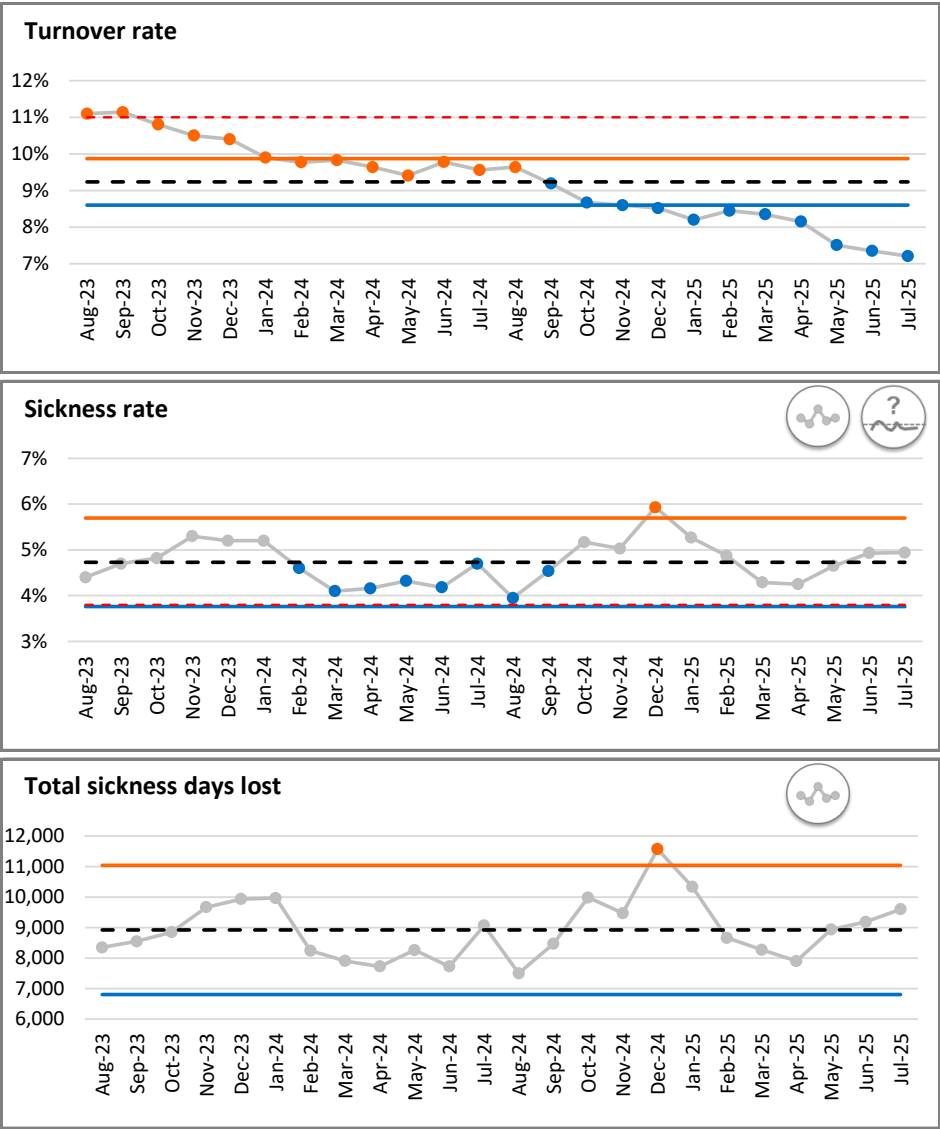


Key Issues and Executive Response

- A >15% increase in GTR compliance summary now stands at 77%.
- Monthly quality support sessions have had great uptake. These will now continue to support new line managers and wider workforce ensure individual responsibility on the improved quality of GTR conversations.

People

Thrive Together | Care Together



- Key Issues and Executive Response
- Thrive Together
- 2 suspensions closed in month, 1 termination due to statutory bar. other investigation concluded with hearing during September.
 - Increase in duration for disciplinary and grievance cases due to complexity and proceeding to hearings. Duration expected to reduce in September.
 - KIT forms and requests for staged payments for arrears developed and live reducing time and duplication for employees, managers, people team and payroll
 - Divisional Trust wide Admin and Clerical consultations closed and now move to selection process for reduced posts. Staff who do not secure posts will be placed on the redeployment register for the duration of their notice period and at formal risk of redundancy.
 - MARS project concluded with 16 applications approved.
 - 55 Day Outpatient Improvement Consultation commenced on 4 August 2025
 - RTW pilot identified a few process issues all rectified to ensure 2nd pilot w/c 8 September runs well to enable smooth transition to Trust wide go live w/c 22 September.
- Care Together
- Stress and mental health issues remain majority reasons impacting attendance.
 - The number of referrals from managers for occupational health advice are a third higher than last year. Advice is offered on adjustments to prevent and reduce levels of absence and enhance health and wellbeing.
 - Opportunities to keep active and promote musculoskeletal health have been promoted in addition to reminders on how to access emotional support. Wellbeing conversation training has been promoted, and managers encouraged to talk with staff about stress management, health and wellbeing promotion at work.

Board committee report

Meeting	Public Trust Board			Agenda Item	13
Report title	Quality and safety (QSC) report to the board for 23 July 2025			Meeting Date	10 September 2025
Chair	Dr. David Buckle				
Author	Business Administrator				
Quorate	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Alert (Matters of concern or key risks to escalate to the Board):					
<ul style="list-style-type: none">• Safe, care, effective update: Significant rise in complaints since June, particularly in Trauma & Orthopaedics, Gynaecology, and General Surgery. Causes include delays, dissatisfaction with treatment, and poor communication. Complaint response times remain slow (extended to 60 days). Accountability framework and performance reviews will be embedded to resolve this issue. Committee will continue to monitor, given reputational and regulatory implications.• Maternity bi-annual workforce report: High levels of maternity leave and reliance on temporary staffing creating risks to service sustainability. Newly qualified midwifery students joining the Trust will help in resolving this issue.• Never events: Occasional issues, including wrong-site block and surgical errors. LocSSIPs (Local Safety Standards for Invasive Procedures) compliance, simulation training, and cultural shift on safety checklists will be implemented, to resolve this issue.• Fire safety: QSC heard that no practical training events to test evacuation procedures are undertaken as most training remains online post covid. Extraordinary Fire Safety Improvement Group formed; Plans in place to reintroduce face-to-face fire training in September 2025.• Corporate risk management: Inconsistencies in risk scoring and long-standing risks not yet fully addressed . Issues to be raised at the next RMG.					
Assurances provided to the Board:					
<ul style="list-style-type: none">• Patient safety incidents: Increased reporting of good care and improved sepsis/VTE (Venous Thromboembolism) management noted.• Perinatal care:<ul style="list-style-type: none">○ MOH (Massive Obstetric Haemorrhage) rates monitored and reviewed with no ICU (Intensive Care Unit) admissions; Trust benchmarked positively against other trusts.○ Consultant presence assured in all MOH cases.○ Pre-term birth data under review by new foetal medicine consultant.• Perinatal bereavement: Additional foetal medicine clinics introduced; cross-border support strengthened.• Maternity workforce: Regional peer review underway; new midwifery students due to join Trust to reduce reliance on agency staff.• MNSI investigation (missed calls): Significant improvements with e-learning and constant audit.• Research & Development: R & D annual report gave QSC strong assurance.• Organ donation: Strong performance with notable national contributions, increased outputs, and successful donation rates.• Estates & Facilities: Fire service engagement and £850k NHS England investment in					

ventilation safety; robust monitoring by Critical Infrastructure Group.	
Advise (Matters the Board should be aware of not covered above e.g. on-going monitoring, new developments etc):	
Decisions made by the committee or major actions commissioned and work under way:	
<ul style="list-style-type: none"> • Gold Standard Framework (end-of-life care): To be allocated more time at September 2025 meeting for detailed review. • Maternity workforce: Regional peer review actions to be reported back to the committee; trust-wide sharing of sickness/absence learning. 	
Any actions recommended to improve effectiveness of the meeting:	
Research & Development: Financial mechanisms will be reviewed with Finance Director.	
Recommendation	The Board is asked to DISCUSS the report from the Committee.

To be trusted to provide consistently outstanding care and exemplary service

Board committee report

Meeting	Public Trust Board		Agenda Item	14
Report title	Finance, Planning and Performance Committee – July		Meeting Date	10 September 2025
Chair	Richard Oosterom			
Author	Committee Secretary			
Quorate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Alert (Matters of concern or key risks to escalate to the Board):				
<ul style="list-style-type: none"> - CIP Delivery is at significant risk: <ul style="list-style-type: none"> • Only £21.5m of £35.8m target has approved delivery plans • CIP delivery year to date was £2.8m against a plan of £2.9m • Initial forecast assessment by the project management office (PMO) identified a £2.5m risk, leaves a forecast of £19m - Several run rate pressures remain (most significant in Unplanned Care, and Women and Children) - To achieve on plan financial performance, some of the risk provision was utilised - Paediatric Audiology and MRI remain a concern - Consultant job planning needs a better plan with clear deadlines and targeted financial benefits 				
Assurances provided to the Board:				
<ul style="list-style-type: none"> - Significant improvement continues in urgent care performance - RTT Assurance and Delivery Plan is in place and currently ahead of plan - Cancer continues to perform well - Winter planning is well underway - Implementation of the enhanced accountability framework has started and progress is reported monthly 				
Advise (Matters the Board should be aware of not covered above e.g. on-going monitoring, new developments etc):				
<ul style="list-style-type: none"> - Whilst delivery of the planned break-even position is possible, it requires solid plans (and delivery) to close at least a £10m gap to be completed/approved soonest - This needs to be based on a solid forecast, which was discussed in an extraordinary meeting on August 18 - The admin headcount reduction as mandated by NHSE requires a change in approach, because it is not progressing fast enough, cannot only be achieved through the vacancy freeze only and should be assessed to correct unintended consequences 				
Decisions made by the committee or major actions commissioned and work under way:				

<ul style="list-style-type: none"> - The committee APPROVED the NHS Sub-contract for the provision of clinical services for use within the NHS standard contract 2025/26. - The Committee APPROVED the Cath Lab B/Case. 	
Any actions recommended to improve effectiveness of the meeting:	
Recommendation	The Board is asked to DISCUSS the report from the Committee.

To be trusted to provide consistently outstanding care and exemplary service

Board committee report

Meeting	Public Trust Board		Agenda Item	15
Report title	People and Culture Committee		Meeting Date	10 September 2025
Chair	Janet Scotcher			
Author	Committee Secretary			
Quorate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Alert (Matters of concern or key risks to escalate to the Board):				
<ul style="list-style-type: none"> - Reported under-representation of ethnically diverse staff in training at senior levels due to broader structural imbalances. - Time commitment for mandatory training continued to be an issue, especially in operational departments. - It was highlighted to the committee that a number of the People Policies were now in need of review. 				
Assurances provided to the Board:				
<ul style="list-style-type: none"> - The KP18 APEX training had been completed, significantly strengthening the team's expertise. - Since June 2024, over 1000 staff had undergone ENHPS Introduction for Leaders training. - The Pharmacy team had independently adopted multiple ENHPS tools and demonstrated advanced application. - BME representation increased to 42%, well above the national average of 28%. - the WDES data for 2025 had shown improvements in the majority of metrics and continued to show improvements year on year for ENHT. - Disability declaration rates had increased, and a 17% gap had been identified (ENHT is above the national average) 				
Advise (Matters the Board should be aware of not covered above e.g. on-going monitoring, new developments etc):				
<ul style="list-style-type: none"> - N/A 				
Decisions made by the committee or major actions commissioned and work under way:				
<ul style="list-style-type: none"> - N/A 				
Any actions recommended to improve effectiveness of the meeting:				
-				
Recommendation	The Board is asked to DISCUSS the report from the Committee.			

To be trusted to provide consistently outstanding care and exemplary service



Hertfordshire and
West Essex Integrated
Care System

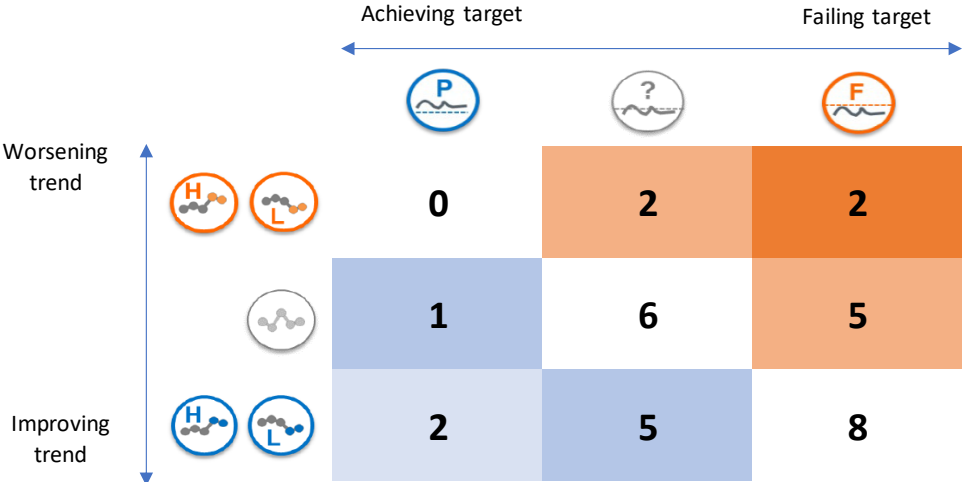
HWE ICS Performance Report

July 2025

Working together
for a healthier future



Executive Summary: KPI Risk Summary



Please note that data is to May 25 for UEC and April 25 for all other areas. Further information regarding high level risks can be found within the accompanying Risk Report

Highest Risk	Programme
Community Waits (Children)	Community
Autism Spectrum Disorder (ASD)	Community

Lowest Risk	Programme
Learning Disability (LD) Health Checks	Primary Care
62 Day Standard	Cancer

Low Risk	Programme
2 Hour UCR	UEC
NHS 111 Calls Abandoned	UEC
% of on the day GP Appointments	Primary Care
ED 4 Hour Standard	UEC
31 Day Standard	Cancer
CHC Assessments < 28 Days	Community

Variable Risk	Programme
28 Day Faster Diagnosis	Cancer
CHC Assessments in Acute	Community
Discharge Ready Date	UEC
% 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
Ambulance Response Times	UEC
CAMHS 28 Day Standard	Mental Health
Community MH - Adult Waits for 2nd Appt	Mental Health

High Risk	Programme
Community Waits (Adults)	Community
Ambulance Handovers	UEC
18 Week RTT	Elective
6 Week Waits	Diagnostics
Out of Area Placements	Mental Health
Community MH - CYP Waits for 1st Appt	Mental Health
ADHD	Community

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

Executive Summary Please note that data is to May 25 for UEC and April 25 for all other areas

URGENT CARE	4 Hour Performance	Region: HWE better than average	National: HWE better than average
<ul style="list-style-type: none">NHS 111 abandoned call performance continues on an improved trend, however performance in May at 4.6% was slightly adrift of the 3% target;Cat 2 ambulance response times continue at improved levels in May and have moved from high risk to variable risk; response times remain longest in region and 6 minutes longer than planned for May;Mean ambulance handover times have improved significantly since January; performance is on a variable trend and slightly ahead of plan;4 hour ED performance has moved to an improving trend at 77% in May and remains at low risk, just ahead of system plan.			
PLANNED CARE	18 Week RTT	Region: HWE better than average	National: HWE worse than average
<ul style="list-style-type: none">The overall elective PTL size remains high and above planning trajectory for April; following a significant increase in January with deferred referrals being added to the PAH PTL, levels have started to reduce however;65 wk waits have continued to reduce to low levels; 51 remain, mainly at ENHT. A reduction in 52 wk waits was seen in April, with a trend of improvement continuing; the % of 52 wk waits is just behind system plan.The 18 wk position has been improving over the last three months but remains within common cause variation; in April performance is ahead of system plan but remains below national standard.			
DIAGNOSTICS	6 Week Waits	Region: HWE worse than average	National: HWE worse than average
<ul style="list-style-type: none">The overall PTL continues to increase and is far higher than the historic mean. Excluding paediatric audiology, diagnostic performance continues on an improved trajectory with notable improvements in Feb and March. There remains significant challenges to paediatric audiology with variation by Trust; a return to reporting of the challenged service at ENHT in June 24 saw a step change decline in performance. Overall diagnostic performance has improved however moving from a declining to variable trend, with performance now back at similar levels to April 2024, before ENHT Audiology was reported.			
CANCER	28 Day FDS / 31 Day / 62 Day	Region: HWE better than average	National: HWE better than average
<ul style="list-style-type: none">28-day FDS performance in April was 78.3% which was just below the system plan of 78.6%, moving from an improving to variable trend. 31-day performance continues to meet the national standard of 96%. 62-day performance in April was 76.5%, just below the system planning trajectory of 76.98% but ahead of the 75% national recovery target; variation by Trust remains with PAH the most challenged.			
MENTAL HEALTH / LD	Community MH (2nd Appt)	National: HWE better than average (Adult)	
<ul style="list-style-type: none">The Learning Disability Annual Health Check (LDAHC) 75% standard was achieved by all three places for 24/25, with delivery of 82% across the ICS;Overall reduction in number of HWE Out of Areas Placements at 25 against plan of 15, the majority in Herts; there is a Trust Wide plan to reduce the OOA placements which commenced in April;Community Adult MH median waits for a 2nd contact increased over the last two months however continues on a variable trend and to benchmark well against the national average.			
CHILDREN	Various	Community 18 Week %: HWE worse than national	Community MH 1st Appts: HWE better than national
<ul style="list-style-type: none">The number of children on community waiting lists remains very high, continuing as an area of highest risk. Waits over 52 wks remains on a deteriorating trend however numbers did reduce in April.18 week % for children’s community waits remains largely the same at c37% which is below the national average of c50%. 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 continuing as an area of highest risk. ADHD services are also high risk due to rising demand & waits;Although not achieving standard, the 28-day CAMHS access standard in Hertfordshire continues to see consistent recovery, reaching 68% in April and moving from high to variable risk;Children’s waits for a Community MH 1st appointment increased in April and remains on a declined trend however does continue to better the national average; there remains variation across the system.			
COMMUNITY (Adults)	% <18 Weeks	National: HWE better than average	Adult waiting times better than CYP
<ul style="list-style-type: none">% of adults waiting <18 weeks declined in March with the inclusion of Circle data; performance moved to a deteriorating trend and from variable to high risk. Some recovery was seen in April with plans in place for Circle to deliver 18 weeks by August.			
PRIMARY CARE & CHC	CHC Assessments Within 28 Days:	HWE worse than regional and national average	
<ul style="list-style-type: none">There has been sustained improvement in the % of gp appts seen on the same day, remaining at 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 continues on an improved trend but did not meet standard in March and April. Assessments in an acute setting continues to meet standard although has moved from low to variable risk.			

Executive Summary: Performance Benchmarking by Provider / Place

April 2025

Hertfordshire and West Essex ICB (PROVIDERS)

Area	Activity	Data Published	East and North Herts Trust	Trend Against Last Month	Position Against National	Position Against Region	Provider Ranking	West Herts Teaching Hospital Trust	Trend Against Last Month	Position Against National	Position Against Region	Provider Ranking	The Princess Alexandra Hospital Trust	Trend Against Last Month	Position Against National	Position Against Region	Provider Ranking
A&E	% Seen Within 4 Hours (with additional mapped activity)	May 25	77.15%	✓ 1.87%			51	83.72%	✗ -0.690%			10	67.45%	✗ -5.564%			111
	% >12hr Waits in ED From Arrival	May 25	11.68%	✓ -11.26%			77	8.43%	✗ 5.14%			54	8.39%	✗ 14.16%			53
Cancer	28 Days Faster Diagnosis	April 25	77.83%	✓ 0.166%			65	84.68%	✗ -0.26%			12	72.19%	✓ 2.76%			113
	31 Days Standard	April 25	96.00%	✗ 0.01%			59	98.64%	✓ 1.05%			30	95.24%	✓ 5.29%			65
	62 Days Standard	April 25	88.89%	✓ 4.38%			6	79.84%	✗ -0.70%			27	53.05%	✓ 1.61%			128
RTT	Incomplete Pathways <18 weeks	April 25	62.70%	✗ -0.34%			60	62.20%	✓ 0.14%			63	48.78%	✓ 5.33%			147
	52+ Weeks as % of Total PTL	April 25	1.91%	✗ 12.79%			66	2.02%	✗ 4.10%			74	4.68%	✓ -12.36%			142
	65+ Weeks as % of Total PTL	April 25	0.07%	✗ 38.59%			91	0.00%	— 0.00%			26	0.01%	✓ -222.00%			50
	78+ Weeks as % of Total PTL	April 25	0.00%	✗ 100.00%			85	0.00%	— 0.00%			26	0.00%	— 0.00%			46
Diagnostics	% Waiting 6+ Weeks	April 25	50.61%	✗ 2.04%			148	10.84%	✗ 10.80%			53	33.49%	✗ 5.51%			131
	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	May 25	62.0%	✓ 0.16%			83	64.2%	✓ 1.25%			71	74.3%	✓ 0.54%			15
	Out of Area Placements	April 25	23	✓ -39.13%	n/a	n/a	n/a	23	✓ -39.13%	n/a	n/a	n/a	1	✓ -700.00%	n/a	n/a	n/a
CHC*	% of Eligibility Decisions Made Within 28 Days	April 25	62.2%	✗ -32.59%	75.35%	75.35%	76	64.5%	✗ -16.71%	76.02%	76.02%	73	77.8%	✓ 6.49%	71.01%	71.01%	83
	% of Assessments Carried Out in Acute Settings	April 25	0.0%	— 0.00%	0.00%	0.00%	60	4.8%	✗ 75.69%	0.63%	0.63%	93	0.0%	— 0.00%	0.00%	0.00%	66

LEGEND

Performance against National/Regional
 Better
 Worse

Performance against previous month
 ✓ Improvement
 ✗ Deterioration
 — No change

Provider Ranking
 First quartile
 Middle quartile
 Lowest quartile

Note: Review of primary care and community data also underway to include in future reports.

Executive Summary: Performance against Operational Plan

Number of patients waiting 52 weeks as percentage of total PTL

March 2026 Target: <1%

		M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
ICB	OP Plan	2.36%	2.31%	2.22%	2.12%	2.02%	1.83%	1.69%	1.58%	1.47%	1.34%	1.13%	0.99%
	OP Actuals	2.80%											
E&NH	OP Plan	1.80%	1.80%	1.80%	1.79%	1.77%	1.73%	1.66%	1.56%	1.42%	1.24%	1.00%	0.70%
	OP Actuals	1.91%											
WE	OP Plan	5.00%	4.64%	4.28%	3.92%	3.56%	3.20%	2.84%	2.48%	2.12%	1.76%	1.40%	1.00%
	OP Actuals	4.68%											
S&WH	OP Plan	2.07%	1.98%	1.88%	1.79%	1.69%	1.60%	1.50%	1.40%	1.30%	1.20%	1.10%	1.00%
	OP Actuals	2.02%											

EM13 Percentage of attendances at Type 1, 2, 3 A&E departments, departing in less than 4 hours

Target by March 2026: 78%

		M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
ICB	OP Plan	72.80%	74.88%	76.32%	76.09%	77.52%	78.05%	77.16%	76.76%	74.51%	73.80%	77.87%	80.75%
	OP Actuals	76.17%											
E&NH	OP Plan	69.46%	72.04%	74.17%	73.36%	75.70%	75.92%	73.39%	73.14%	71.28%	69.08%	74.65%	78.34%
	OP Actuals	73.14%											
WE	OP Plan	67.00%	69.00%	70.00%	71.00%	71.00%	73.00%	73.00%	72.00%	71.00%	72.00%	74.00%	78.00%
	OP Actuals	68.14%											
S&WH	OP Plan	79.69%	81.68%	82.57%	81.99%	83.09%	83.36%	83.62%	83.61%	80.06%	79.40%	83.60%	85.00%
	OP Actuals	84.34%											

EB35 Cancer 62-day pathways.

Total patients seen, and of which those seen within 62 days

March 2026 Target: 75%

		M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
ICB	OP Plan	76.98%	79.01%	78.80%	79.58%	80.32%	79.69%	81.09%	81.29%	81.28%	81.34%	82.40%	82.54%
	OP Actuals	72.53%											
E&NH	OP Plan	83.74%	85.89%	84.38%	85.71%	85.79%	84.05%	85.66%	85.38%	84.34%	84.13%	85.71%	85.56%
	OP Actuals	88.89%											
WE	OP Plan	65.29%	66.94%	71.09%	70.71%	71.90%	71.97%	72.86%	72.73%	74.22%	74.22%	74.38%	75.00%
	OP Actuals	53.05%											
S&WH	OP Plan	77.22%	77.78%	78.33%	79.44%	80.00%	80.56%	81.11%	82.22%	82.78%	83.33%	84.44%	85.00%
	OP Actuals	79.84%											

EB42 Mean handover time (minutes)

Target: <= 15 mins

		M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
ICB	OP Plan	00:30:09	00:30:12	00:28:08	00:29:05	00:27:59	00:29:54	00:32:39	00:32:50	00:36:44	00:37:16	00:32:10	00:28:30
	OP Actuals	00:25:44											
E&NH	OP Plan	00:30:00	00:30:00	00:27:00	00:30:00	00:27:00	00:30:00	00:35:00	00:32:00	00:43:00	00:42:59	00:30:00	00:30:00
	OP Actuals	00:29:43											
WE	OP Plan	00:35:00	00:35:00	00:35:00	00:35:00	00:35:00	00:35:00	00:37:00	00:39:00	00:41:00	00:43:00	00:44:00	00:30:00
	OP Actuals	00:25:38											
S&WH	OP Plan	00:27:15	00:27:22	00:24:44	00:24:38	00:24:19	00:26:38	00:28:05	00:29:36	00:29:20	00:29:11	00:26:24	00:26:24
	OP Actuals	00:22:39											

EB27 Cancer 28 day waits (faster diagnosis standard)

March 2026 Target: 80%

		M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
ICB	OP Plan	78.58%	78.77%	79.09%	78.86%	79.16%	79.12%	79.19%	79.55%	79.63%	79.81%	81.29%	81.95%
	OP Actuals	77.98%											
E&NH	OP Plan	77.32%	77.63%	78.27%	77.37%	77.44%	77.02%	77.26%	77.44%	77.26%	77.84%	78.42%	80.37%
	OP Actuals	77.83%											
WE	OP Plan	77.00%	77.00%	77.02%	76.98%	77.00%	77.02%	76.98%	77.00%	77.02%	77.02%	79.98%	80.03%
	OP Actuals	72.19%											
S&WH	OP Plan	80.98%	81.34%	81.75%	82.11%	82.46%	82.82%	83.18%	83.54%	83.90%	84.25%	84.61%	85.02%
	OP Actuals	84.68%											



Hertfordshire and
West Essex Integrated
Care System



Performance by Work Programme

Click link to relevant slides:

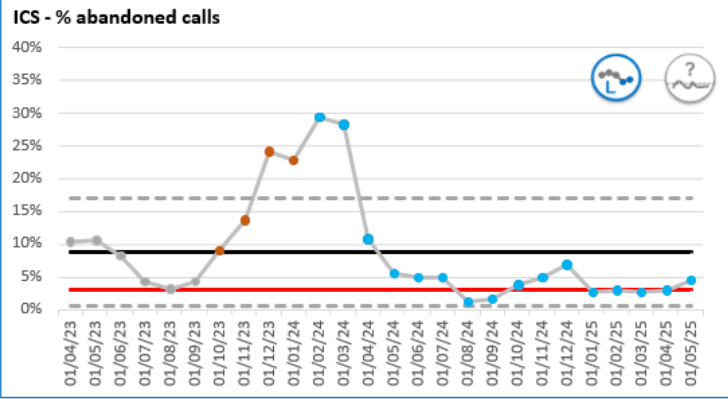
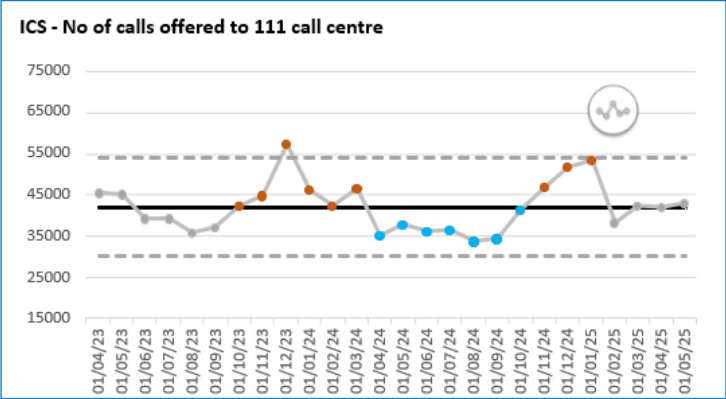
[Slide 7: NHS 111](#)
[Slide 8: Urgent 2 Hour Community Response](#)
[Slide 9: Ambulance Response & Handover](#)
[Slide 10: Emergency Department](#)
[Slide 11: UEC Discharge & Flow](#)
[Slide 12: Planned Care](#)
[Slide 14: Diagnostics](#)
[Slide 16: Cancer](#)
[Slide 18: Mental Health](#)
[Slide 28: Autism Spectrum Disorder \(ASD\)](#)
[Slide 31: Attention Deficit Hyperactivity Disorder \(ADHD\)](#)
[Slide 33: Community Wait Times](#)
[Slide 37: Community Beds](#)
[Slide 39: Integrated Care Teams](#)
[Slide 41: Continuing Health Care](#)
[Slide 42: Primary Care](#)
[Slide 44: Appendix A, Performance Benchmarking \(ICB\)](#)
[Slide 45: Appendix B, Statistical Process Control \(SPC\) Interpretation](#)
[Slide 46: Appendix C, Glossary of Acronyms](#)



Hertfordshire and
West Essex Integrated
Care System



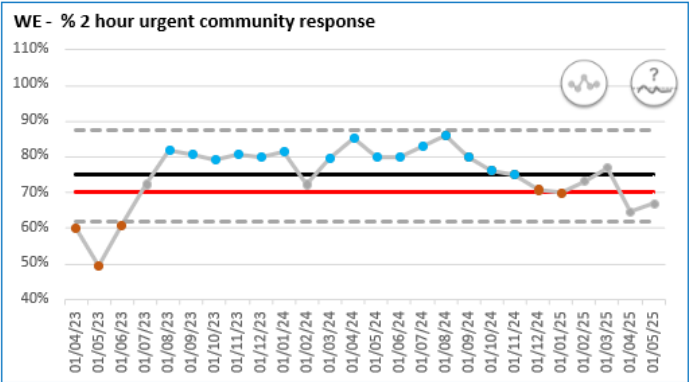
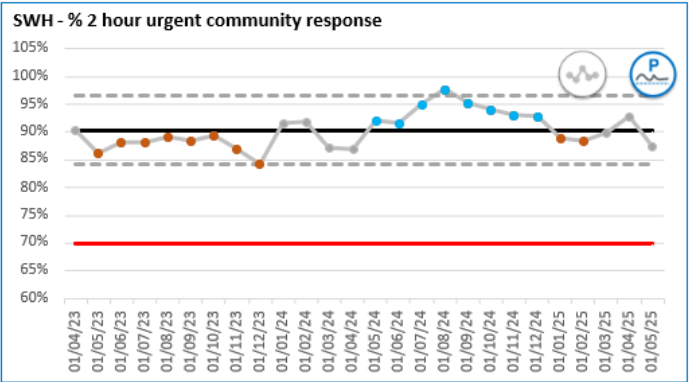
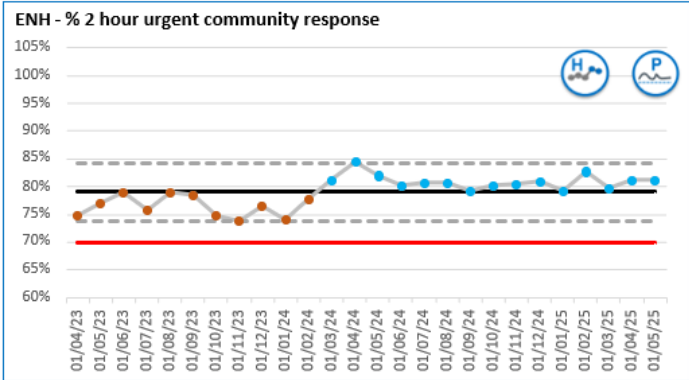
NHS 111



ICB Area	What the charts tell us	Issues	Actions
HUC	<ul style="list-style-type: none">Call volumes have reduced from the peaks seen in winter and are within expected common cause variation limitsThe abandonment rate was 4.6% in May which was the first time since December that the abandonment rate has been worse than the 3% target	<ul style="list-style-type: none">Rotas continue to be a challenge, and ongoing efforts continued throughout May to align the workforce with the PAN HUC rota patterns, supported by a structured action plan to ensure consistency and operational efficiency across staffing groups	<ul style="list-style-type: none">Average Handling Time (AHT) for Health Advisors has reduced to 10m 19s, a significant improvement from 13m 04s during the same period last year. Ongoing real-time monitoring and management of productivity and Average Handling Time (AHT) remain critical to maintaining operational efficiency.The support and management of the new Operational Delivery Managers, along with continuing the call control workshops throughout May is supporting with bringing down average handling timesCurrently recruiting into challenged areas of the service, which are: early morning, events and weekends across the summer periodIn May the Health Advisor process for completing the PDS lookup was changed which resulted in improvements in average handling times



Urgent 2 Hour Community Response (UCR)



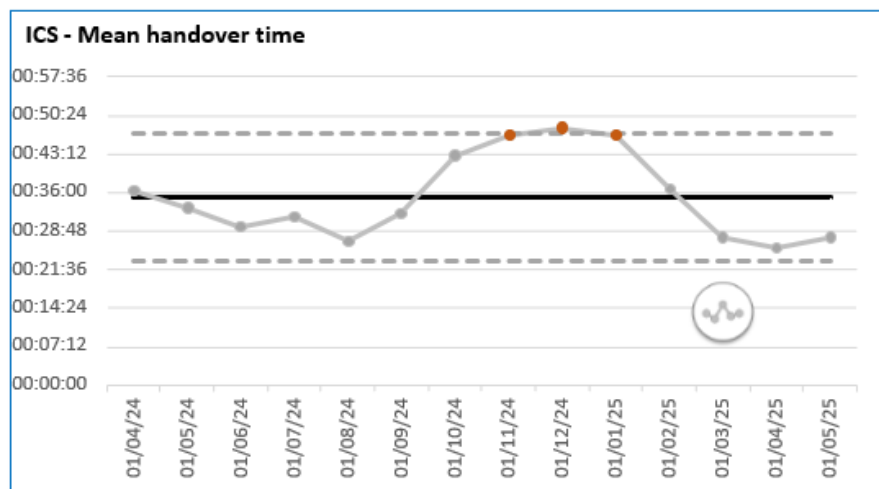
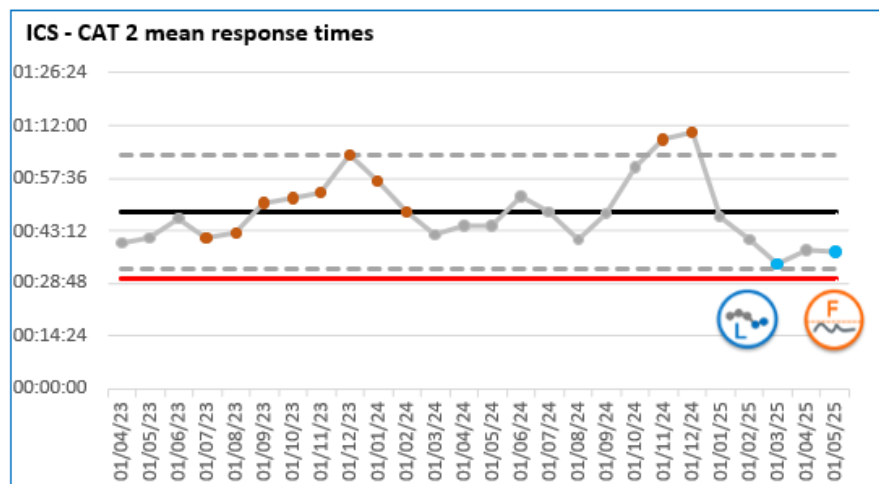
Referrals	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
West Essex	416	391	461	386	454	511	483	558	724	629	636	636	608
East & North Herts	691	621	659	676	657	678	717	688	763	583	671	608	630
South & West Herts	423	442	363	352	319	370	414	340	376	506	508	576	590

ICB Issues, escalation and next steps

- The ICS achieved the 70% national standard, with ENH and SWH achieving at Place
- West Essex performance continues on a variable trend dropping below standard over the last two months
- Notable increase in SWH activity following inclusion of the HAARC vehicle numbers



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



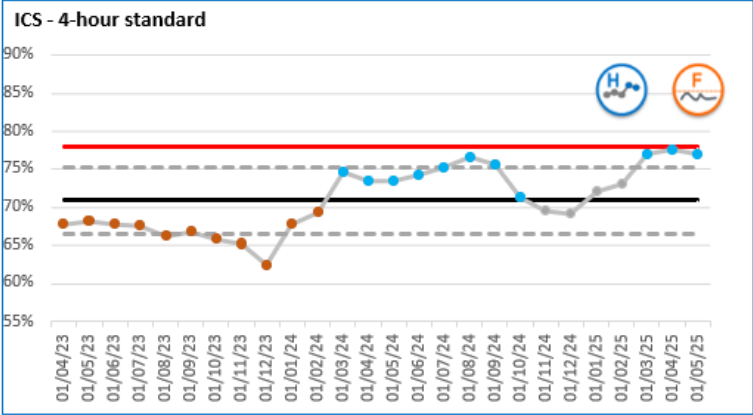
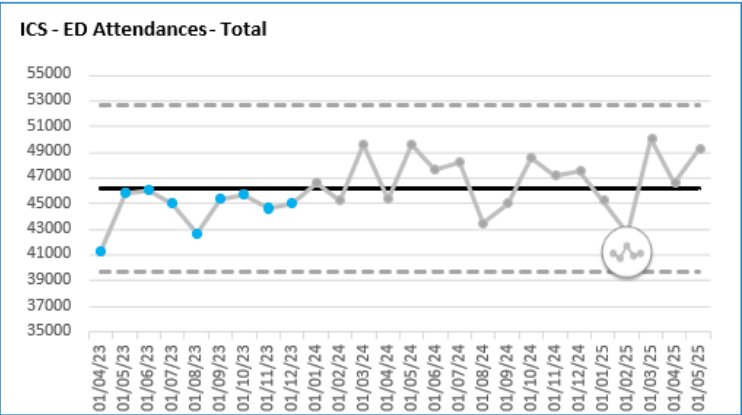
What the charts tell us

- In May-25 the mean Category 2 ambulance response time was 37m 34s. This remains above the 30 minute target but is lower than the long term average for the system (51 minutes)
- However, mean C2 response times in HWE remain longer than the regional average (May-25 = 32 mins) and were the longest in the region in May
- The mean handover times have reduced significantly since January and were 27m 36s at a system level in May. This is slightly ahead of plan from the FY2526 planning submission

ICB Issues and actions

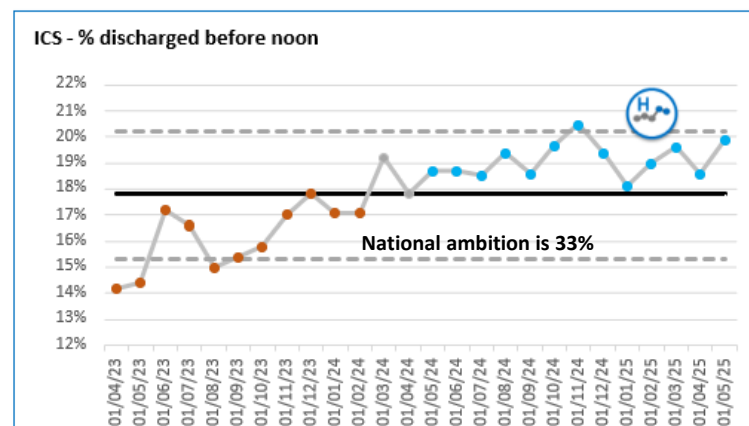
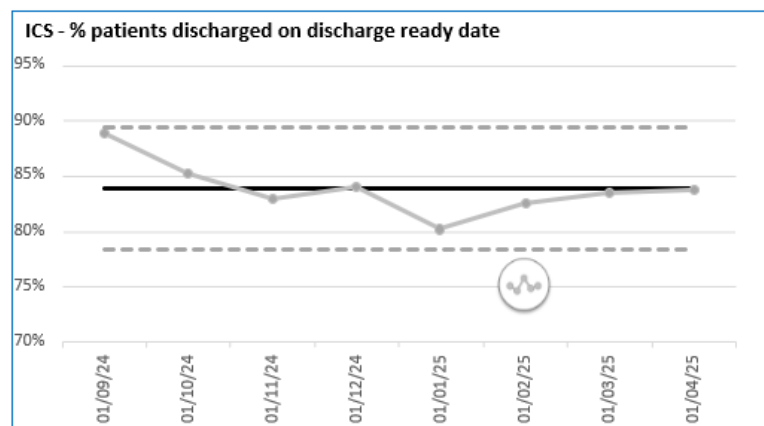
- The overall number of ambulance incidents in HWE remain high. The number of incidents in May-25 were 4% higher than in May-25
- However, across the system, the number of conveyances to ED has been 3.3% lower in M1-2 FY2526 compared to M1-2 FY2425. This has been driven by a number of factors, including the impact of the unscheduled care hub + an increase in hear-and-treat rates
- EEAST has a detailed operational performance improvement plan in place for FY2526. In HWE, in May five out of eight productivity metrics from this plan were being met, including: on-scene time for non-conveyed, hospital handover times, handover to clear times, hear-and-treat rates and resources per incident. The targets were not being met for out-of-service times, on-scene-times for conveyed patients and the overall conveyance rate
- The EEAST PA Consulting review is now complete and three priority initiatives have been identified from this work
- Hours lost to handover have improved following a number of initiatives at the acute front doors, including: continued focus on fit-to-sit patients; clarifications and standardisation of HALO role; front-door process redesign focusing on rapid assessment and treatment

UEC – Emergency Department



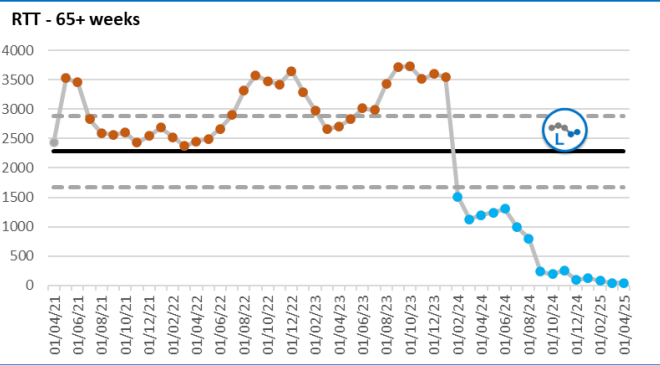
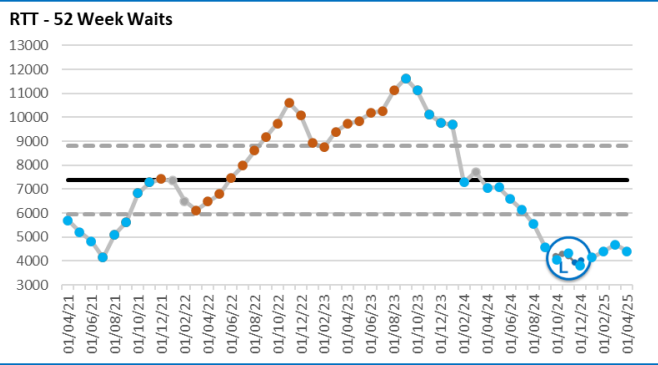
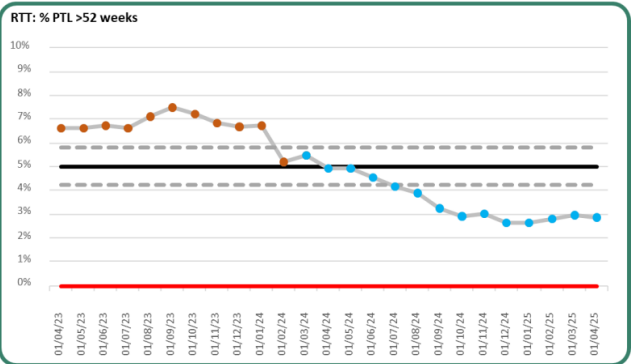
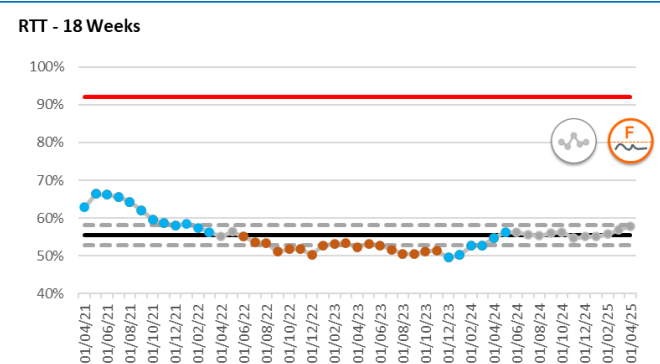
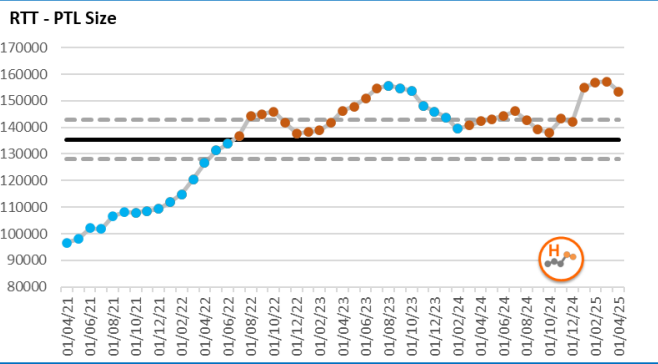
What the charts tell us	Issues	Actions
<ul style="list-style-type: none">ED attendances have been high in Mar-25 and May-25 in particular across the systemThese high levels of attendances have mainly been driven by increases in type 3 activity at ENHT and WHHTED performance has improved noticeably over the last three months and reached 77% in May-25. This is just ahead of the combined system plan of 76.7% for May	<ul style="list-style-type: none">There remains significant variation at place level with West Essex continuing to be the most challenged. In May:<ul style="list-style-type: none">SWH = 83.7%ENH = 77.1%WE = 67.4%There remains continued high demand. However, it looks like the rate of growth may have slowed as ED attendances in M1-2 of FY2526 were only 1% higher than M1-2 of FY2425Type 1 ED attendances appear to be reducing marginallyThere is some evidence that there has been a general increase in acuity in ED presentations over the past two yearsMental Health (MH) presentations at ED remain high	<p>System</p> <ul style="list-style-type: none">The impact of the Unscheduled Care and Coordination Hub (UCCH) and improved hear-and-treat rates at EEST have been effective at reducing the % of C2-C5 conveyances to ED which has helped to mitigate the increased ED demand from walk-in patients. UCCH development work ongoing with workshop held in May and action plan being agreed.The seven priority initiatives of the ICB frailty programme are ongoing and indications are that we are starting to see fewer frailty admissions / ED attendancesHowever, front-door audits completed at each acute site during March suggested that there are still a large number of frail patients attending ED who don't need to. Observations / actions agreed <p>East and North Herts</p> <ul style="list-style-type: none">Kaizen Team conducted a waste review by shadowing doctors and 3 patients through the streaming/triage processThe utilisation of CDU continues to improve to enhance safety in the waiting area. A review of the clinical workforce is underway to implement an agreed push-pull model to further increase activity.Collaboration with Site team on bed allocation process and improved appropriate use of unaccompanied transfer policy <p>West Essex</p> <ul style="list-style-type: none">Funding agreed for expansion of senior decision makers (consultant and middle grades)Improvement work focussed around 4 key workstreams: optimising use of UTC; non-admitted patients (inc. SDEC optimisation / expansion); admitted patients (inc. Discharge Improvement Programme / H@H optimisation); paediatricsOptimisation of alternative pathways and consistent use of escalation tool at peak times <p>South and West Herts</p> <ul style="list-style-type: none">Focus on weekend discharges, discharge time of day and usage of discharge lounge to enable earlier flow.High Impact Changes work focussing on rapid clinical assessment and UTC

UEC – Discharge & Flow



What the charts tell us	Issues	Actions
<ul style="list-style-type: none"> At a system level, 83.7% of patients were discharged on their discharge ready date in Apr-25. This is close to the system target of 83.8% for Apr-25. However, this data does not include data from PAH as the data quality is not sufficiently high to be published The % of patients discharged before noon remains above the historical mean, but below the national target of 33% 	<ul style="list-style-type: none"> There remains significant variation across the three HWE acute trusts for the % of patients discharged before Noon. In May-25: <ul style="list-style-type: none"> ENHT – 17.5% WHTH – 27.3% PAH – 12.8% The issues are typical discharge challenges, including: <ul style="list-style-type: none"> Availability of care home / community capacity Complex discharges Internal process challenges 	<p>East and North Herts</p> <ul style="list-style-type: none"> ENHT focus is currently on three initiatives related to discharge: multi-disciplinary discharge planning group; pilot to commence in June on Acute Assessment Unit, one specialist ward and one post-acute general ward; focus on effective board rounds Draft IMC interim placement pathway for discussion to improve discharge MADE week planning for July 2025 focus on Frailty <p>West Essex</p> <ul style="list-style-type: none"> Improving discharge ready date accuracy is part of data improvement plan at PAH Improve flow of Medically Optimised patients out of PAH. Working with Transfer of care team and allocated team member for ED / OPAL referrals Increased Discharge Lounge utilisation Relaunch acute assessment model of care <p>South and West Herts</p> <ul style="list-style-type: none"> Transfer of Care Hub new CLCH bed workstream. SOP and KPIs near final draft Pathway 1 discharge-to-assess at home support work ongoing

Planned Care – PTL Size and Long Waits



Wait for 1st OP Appt metric to be included in next report once PAH are submitting data

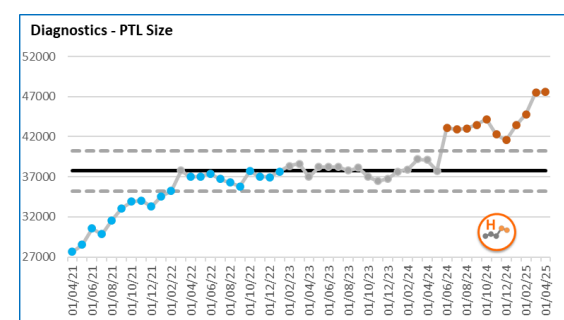
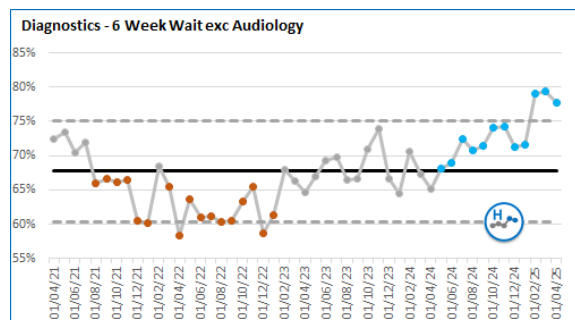
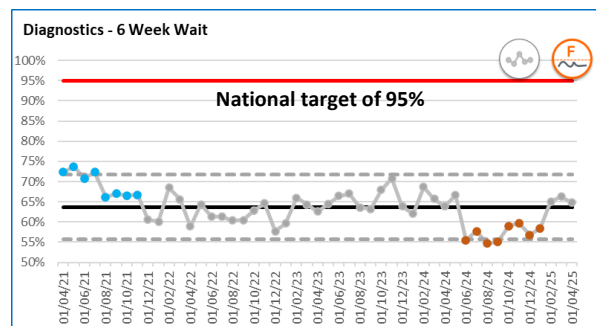
Community Paediatrics patients have been excluded from RTT reporting from February 2024 in line with national guidance
Waiting lists therefore show significant reductions

Planned Care – PTL Size and Long Waits

ICB Area	What the charts tell us	Issues	Actions
HWE	<ul style="list-style-type: none"> The overall PTL size remains high although after the increase in January and February which was due to the c.10k added ASIs from the PAH PTL, the overall system PTL has begun to reduce in both March and April The overall number of patients waiting >65 weeks was minimal and remained static. There remains variation at place level but the ICB overall number of breaches at the end of April was 51 <ul style="list-style-type: none"> ENHT: 41 WHTH: 0 PAH: 5 ISP: 5 The number of patients waiting over 52 weeks reduced in April after a four month period of increases. The number of patients waiting 18 weeks has shown a very slight increasing trend over the last five months The new metric of the number of patients who are waiting over 52 weeks as a % of the PTL is at 3% for April with a target of 1% by March 2026 	<ul style="list-style-type: none"> The 65ww breaches forecast for end of June is 40 although the national expectation is zero Trauma and Orthopaedics (T&O) remains the main specialty under pressure across the system Gynaecology is an emerging area of risk at PAH Oral and pain management are areas of pressure at ENHT Staffing remains a challenge across the system There remain a number of planned care related Data Quality (DQ) issues at PAH following launch of Alex Health which are included with the Trust's improvement plan 	<ul style="list-style-type: none"> There is a system focus on reducing the number of patients facing long waits, particularly those waiting over 65 and 52 weeks. Alongside regular performance meetings with the ICB and each Trust, there is both regional and national oversight Demand, capacity & recovery plans are in place to monitor RTT Weekly KLOEs in place with NHSE to track the 65-week and 52-week positions The Q1 validation sprint is almost completed with positive results from each of the three trusts 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 Princess Alexandra Hospital has been moved into Tier 1 of the national oversight and support infrastructure for Elective (including Diagnostics) recovery. Fortnightly tiering meetings with the NHSE EOE regional team are in place At WHTH, the Elective Care improvement programme for 2025/26 has been finalised and is aligned to delivery of the national planning guidance target of 65.5% for RTT WHTH have identified priority projects have been identified at each point of the pathway milestones and specialty improvement projects have been agreed following analysis of waiting list data and an assessment of issues and root causes At ENHT, the delays with the rollout of the CBCT scanner for Oral surgery have now been resolved and the Trust is hoping to recover the position quickly ENHT have recruited a new surgeon who can support the knee osteotomy which has been a particular area of challenge in T&O

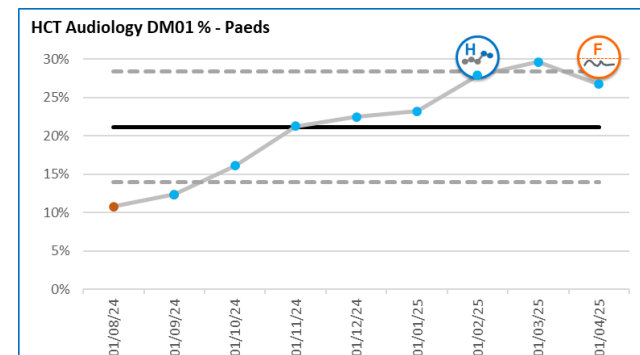
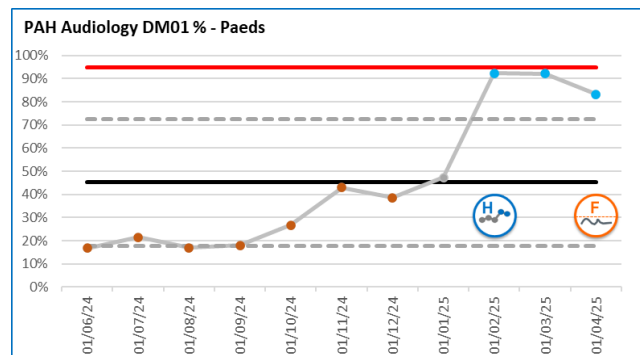
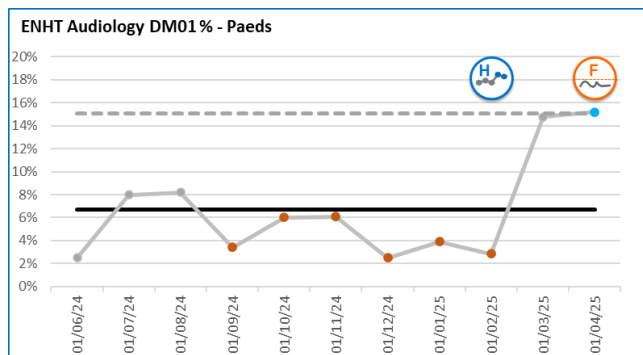


Planned Care – Diagnostics



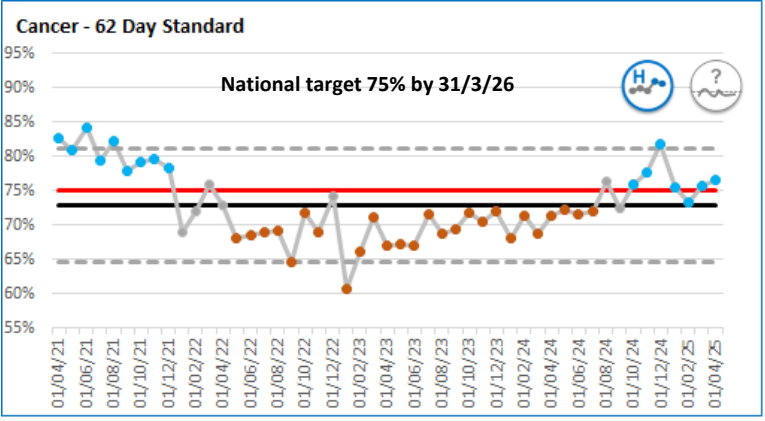
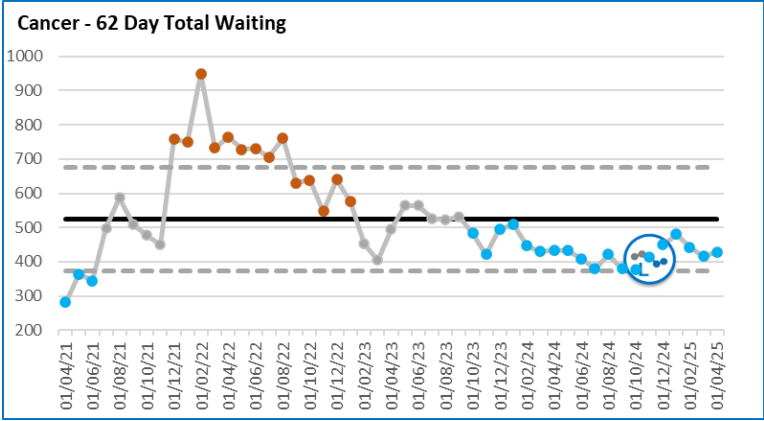
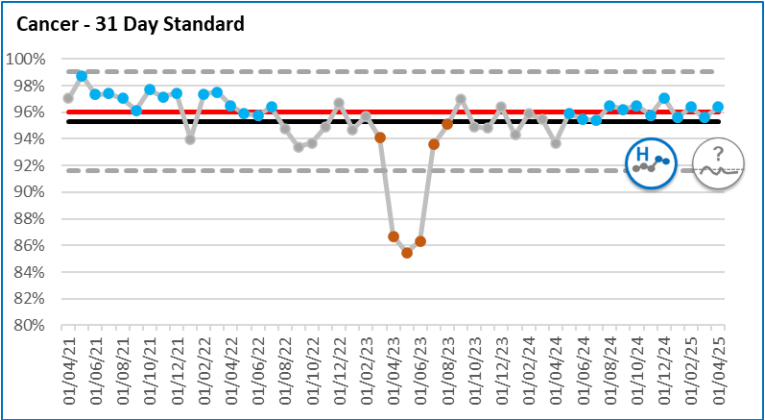
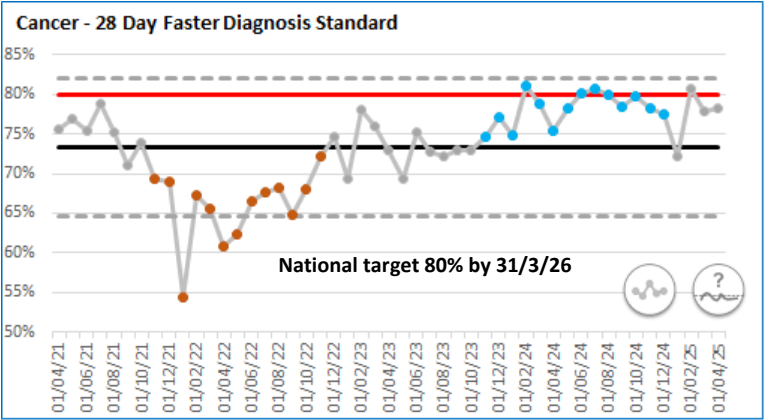
What the charts tell us	Issues	Actions
<ul style="list-style-type: none"> Although performance deteriorated slightly during April to 64.8%, there was a significant improvement in February and March which means that performance is at similar levels to April 2024, before Audiology was added to the data There is significant variation in Trust performance: <ul style="list-style-type: none"> ENHT – 49%, WHTH – 89% PAH – 66% Excluding audiology, performance continues on an improving trajectory although has deteriorated in April 	<p>ENHT</p> <ul style="list-style-type: none"> The most significant long waiters remain in Audiology. In adult audiology only 4.6% of patients are waiting <6 weeks In paediatric audiology 15.1% of patients are waiting <6 weeks Outside of audiology, the MRI and Ultrasound are the most challenged modalities <p>PAH</p> <ul style="list-style-type: none"> Continued issues in accurately report DM01 backlog for multiple modalities, primarily Endoscopy, following Alex Health launch The most challenged tests in April were Audiology (19.9%), Gastroscopy (29.1%), Flexi Sig (34.0%) & Colonoscopy (31.0%) <p>WHTH</p> <ul style="list-style-type: none"> The most challenged modalities in April were Cystoscopy, Audiology and cardiac MRI 	<p>ENHT</p> <ul style="list-style-type: none"> Further detail on paediatric audiology is outlined on the following slide Adult audiology: Lister estates work commenced; ongoing discussions regarding outsourcing as currently there is insufficient capacity to clear backlog and meet recurrent demand; business case completed for system growth funding but was not approved; text messages sent to patients in May to confirm if they want to remain on waiting list MRI – ENHT is hoping to direct award a new outsourcing contract to Pinehill Ultrasound – activity has been below plan in M1 and M2 due to 3WTE sonographer posts vacant and 5WTE off sick. The Trust is currently working on an insourcing model and also working with the recruitment team on a recruitment drive <p>PAH</p> <ul style="list-style-type: none"> Reporting issues being progressed as part of Alex Health data quality improvement programme. New data extraction processes expected to be live in August Additional weekend Endoscopy capacity approved for every weekend in June Paediatric Audiology support being provided by PAH to the wider system is impacting recovery of Adult services. Additional recruitment underway with revised trajectory expected in September <p>WHTH</p> <ul style="list-style-type: none"> There has been challenges in cardiac MRI which has been a 3 day service due to capacity issues. From July, the service will move to being a 5 day service which will aid recovery Recovery actions are in place for cystoscopy which are longer term and focus on resource

Planned Care - Paediatric Audiology Diagnostics



What the charts tell us	Issues	Action
<ul style="list-style-type: none"> Although all providers are below the DM01 performance target of 95%, each provider is on a trend of improvement for Paediatric Audiology. There is significant variance by provider. PAH have seen a significant improvement in 2025 achieving just under the 95% standard in February and March, with a dip in April to just over 80%. With performance levels having increased for the last 7 months, HCT also saw a slight dip in April at 27%. With significantly lower performance levels that averaged c5% over the last 6 months, ENHT have seen an improvement in the last two months to reach 15% in April. 	<ul style="list-style-type: none"> Ongoing risk regarding available mutual aid to support ENHT recovery (particularly 0-3s) Risk regarding availability of NHSE SME support from national team. Additional SME support requested to aid harm review panel process. National MOU for SMEs not yet signed for HWE system, however this is now progressing with submission anticipated within the next 1-2 weeks. Risk regarding current estates and required works to ensure fit for purpose (time and finance). Largest area of risk remains estates for 0–3-year-olds and VRA. Capital bid has been submitted with request for NHSE to expedite review based on current risk within HWE system. Works are currently delayed pending bid outcome. 	<ul style="list-style-type: none"> System wide paediatric audiology oversight group in place and ICB escalation team Mutual aid discussions on-going across system and beyond to identify mutual aid. Comms agreed and sent by NHSE regarding identification of workforce to support extra clinics. Repatriation of 15 patients to BLMK. Discussions on-going to support levelling up across the system; letter sent to HWE provider Medical Directors and meetings held; validation process being mapped out and proposal written. Data task and finish group delivering consistent local reporting of PTL and DM01 data, demand and capacity modelling and mapping of clinics to support mutual aid. New report has been produced which enables a view of waiting times / referral trends split by provider / age cohort / patient pathway. Clear timelines for estates work across providers; current work being undertaken is on track including Peace Children's Centre and Lister Hospital. Awaiting outcome of capital bid submitted for required estates work at Hertford County Hospital. Workforce mapping completed to seek assurance regarding competencies as well as understand available workforce to support mutual aid. Next steps link to system level scientific leadership, awaiting guidance from NHSE.

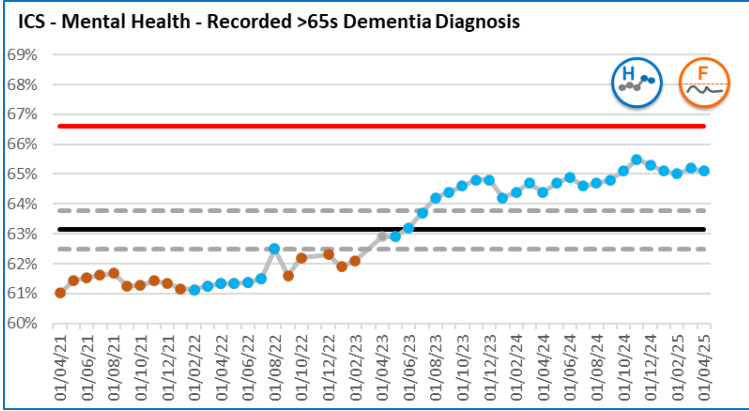
Cancer



Cancer

What the charts tell us	Issues	Actions
<ul style="list-style-type: none"> After a significant improvement in February, the 28-day Faster Diagnosis Standard (FDS) performance declined in March with a subsequent slight improvement in April, reaching 78.3% which is slightly below the recovery target The 31-day target was achieved, reaching 96% in April Performance against the 62-day standard improved in both March and April after the deterioration at the beginning of 2025 reaching 76.5% and surpassing the 75% standard expected in the National Planning Guidance but remaining just below our planning trajectory of 76.98% The 62-day backlog is variable but showing a generally static trend with a slight improvement in April 	<p>ENHT</p> <ul style="list-style-type: none"> ENHT met all three standards in April Urology remains the most challenged of the high-volume pathways. For Urology, the Trust is dealing with increased demand with demand in 2024/25 c.6-7% higher than in 2023/24 There has also been a deterioration in the lung faster diagnosis standard performance in March and April There has been a significant increase in the 62 day backlog in June with 278 patients waiting >62 days. To be discussed with ENHT on 27 June <p>WHTH</p> <ul style="list-style-type: none"> Particular challenges remain in the Haematology, Head and Neck and Urology pathways for 28 day FDS The 96% target for 31 days was missed by 3% in Gynae and just 0.5 % in Urology 62-day- Haematology, Upper GI and Brain/CNS pathways had challenges. Pathway complexity, patient choice and surgical and out-patient capacity issues sited as main reasons for delays. Late Screening referrals and Late tertiary referrals were also cited as reasons for pathway delays. <p>PAH</p> <ul style="list-style-type: none"> Urology (39.5%), Lower GI (41.7%) and Upper GI (56.6%) were the biggest FDS challenges in April. Endoscopy staffing gaps are the biggest factors in LGI & UGI performance. Urology challenges are in prostate triage, MRI and MDT clinic capacity Overall, 62-day performance improved slightly to 53.1% in April, but this is c.12% adrift of plan. Again, the greatest challenges are in Urology, LGI & UGI Greater than 62-day waits are continuing to improve with the Trust just 25 patients above their fair shares target of 112 @ 15/6. Dermatology has the greatest gap top target of 18 patients 	<p>ENHT</p> <ul style="list-style-type: none"> ENHT has been putting in place pathway changes / additional capacity in Urology. These include; MRI van at the Lister; one-stop flexi-cystoscopy pathway and additional TP biopsy capacity. There are some indications that these interventions are starting to improve performance. However, the situation remains challenging due to the increase in demand outlined opposite. Pathway analyser work being completed in June. Breast - Radiology breast delays due to capacity, new consultant started in May and in process to bring in 2 Locums, negative results- patient's notes are taken to MDT for consultants to dictate letters and remove from pathway Haematology – to introduce bloods clinic at Lister McMillan Cancer Centre to start in September <p>WHTH</p> <ul style="list-style-type: none"> 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 One Stop Prostate pathway currently on hold due to staffing challenges. Cancer Alliance funding approved for use for outsourcing cystoscopy, repurposed to support with workforce gaps to support administrative processes on the pathway Continuing to work with the Cancer Alliance on improvements to Gynaecology SMDT and Local MDTs. New policies and processes being embedded. Recruitment commenced for Colorectal/Gynae consultant to support joint specialist surgery WHTH NSS pathway closed to new referrals 17th May. Service ends 29th June 2025. GPs encouraged to use the SWH Primary Care NSS Diagnostic pathway. Breaches to be scrutinised to assess if closure of the service has impacted on patients Proposed changes to improve booking processes for patients with suspected Haematological cancer, awaiting implementation <p>PAH</p> <ul style="list-style-type: none"> Princess Alexandra Hospital is now in Tier 1 of the national oversight and support infrastructure for Cancer recovery. Fortnightly tiering meetings with the NHSE national team commenced in June An external review of PAH cancer services is scheduled for 9th July by senior leaders from Barking, Havering and Redbridge NHS Trust to help identify further areas for improvement Urology triage capacity has been increased, with 3 daily ringfenced MRI slots expected from July Urology pilot of post-MDT telephone clinics w/c 9th June to reduce the face-to-face clinic bottleneck, and business case to address the demand and capacity mismatch is being reconsidered Clinical and admin Endoscopy staffing vacancies have now reduced with improvement in LGI / UGI FDS performance expected from June / July Additional LGI / UGI mitigating actions include a review of the booking processes, Endoscopy demand and capacity analysis, 'Super PTL' style meetings for Endoscopy, and a review of the bowel prep / low residual diet pathway

Mental Health – Dementia Diagnosis in Primary Care



ICB Area	What the charts tell us	Issues	Actions
Dementia Diagnosis in Primary Care	<ul style="list-style-type: none">National data at start of April 2025 shows the ICB dementia diagnosis rate at 65.2% (against the national target of 66.7%) with some variance at Place:South and West Herts: 63.5%East and North Herts: 62.4%West Essex: 74.3% (May 2025)Later data (as of June) will show more improvement	<p>Herts</p> <ul style="list-style-type: none">Dementia prevalence increases every month and demand for memory assessment via HPFT EMDASS remains highThere are actions that could be done in primary care including a coding exercise to ‘find’ any patients missing dementia codes from records.	<p>Herts</p> <ul style="list-style-type: none">IHCCT and ICB continue to monitor and disseminate Dementia Diagnosis Rates (DDR) data including at GP Practice levelGP Practices with a DDR lower than 60% have been contacted via letter offering key improvement actions e.g. coding exercise. IHCCT and ICB have started to meet with individual practicesHertfordshire memory service is currently reducing waiting lists through increased capacity with waiting time for diagnosis currently within the 80% target and waited time at 79% in April 2025

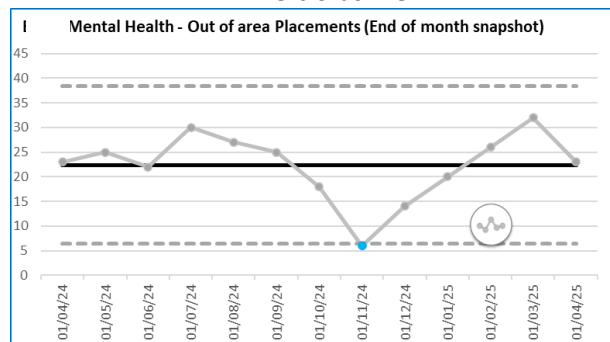


Mental Health – Out of Area Placements (OAPs)

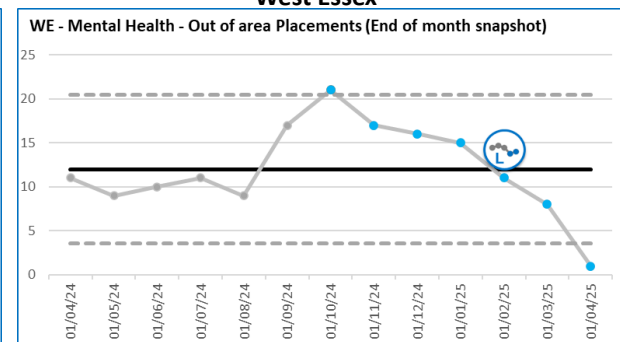
Hertfordshire

- 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 end of April total out of area placements:
25 vs. 15 plan



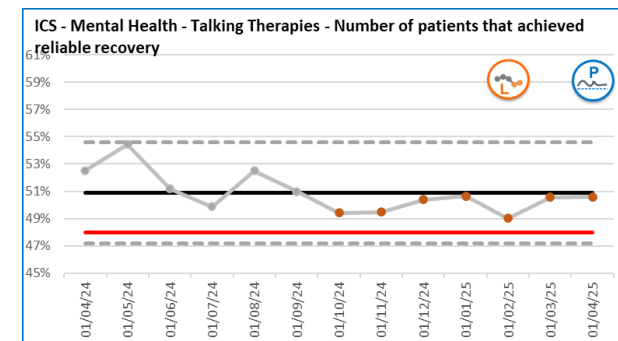
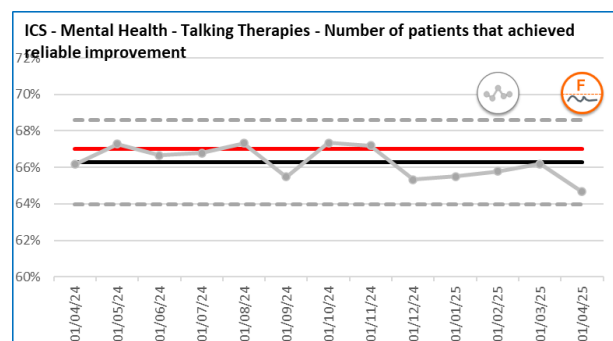
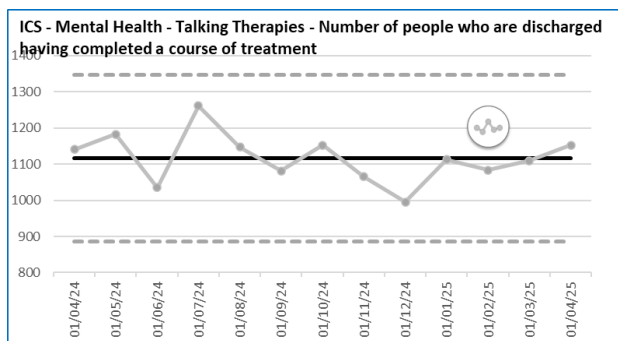
West Essex



ICB Area	What the charts tell us	Issues	Actions
West Essex	Continued improvement in April with 2 out of area placements reported at the end of the month	<ul style="list-style-type: none"> National pressures on MH beds continues Reduction of local beds due to an increased number of SNEE patients placed in EPUT beds London COMPACT agreement is seeing local beds taken up by London residents, this has an effect on number of local beds available being reduced pushing WE and Herts patients OOA 	<ul style="list-style-type: none"> Essex wide review has seen a new bed model being introduced to free up capacity and repatriate people back closer to home – example being; West Essex beds occupied by NE Essex residents being repatriated to the north of County into a NEE bed. Capital funding bids have moved to the next stage with ICBs submitting detailed plans, west Essex are working with MSE ICB to develop more stepdown beds under Capital Funding to support patient flow. Discussions with Trusts to come together with NHSE to review the London COMPACT
Herts	April saw a decline in numbers to 23 from a peak in March of 32 (as measured on the last day of the month)	<ul style="list-style-type: none"> Hertfordshire has a low number of beds per population and there is ongoing support for provision of additional block beds National shortage of MH beds, high occupancy rates and use of OOA beds is likely to continue Placement challenges for service users with complex needs who are ready for discharge There is a Trust Wide plan across divisions to reduce the OOA placements which commenced in April. 	<ul style="list-style-type: none"> Additional finance provided to support provision of block beds Alternatives to admission continue to be developed, including HPFT complex need crisis house, and MHUCC 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. Meetings including clinical review to support progress for those people who are Clinically Ready for Discharge (CRFD). Testing a new process to support regular input and engagement for community and crisis team. . Strengthening contract meetings with contracted bed providers emphasising LoS management. Conducting clinical visits to contracted bed providers to support discharge planning. Applying learning from internal discharge planning to spot purchase providers. Holding ongoing daily Bed Management meetings (3 x a day) to explore all alternatives to admission. Senior, clinically led team attending independent providers ward rounds in person to unblock and support discharge Collaborative working with HCC reviewed support service users requiring HCC involvement for discharge. Focus on Swift Ward operating to the AAU model – ALoS – 10 days. HPFTs plan in place to reduce number of OAPs to 0 by end of June 2025. Opel 4 actions have been implemented with senior leadership daily oversight.

Talking Therapies

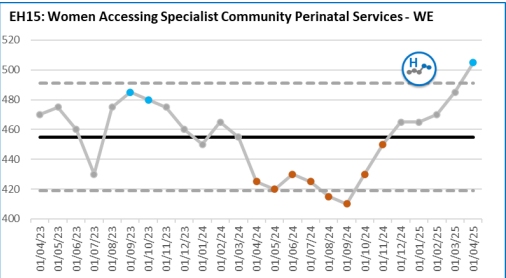
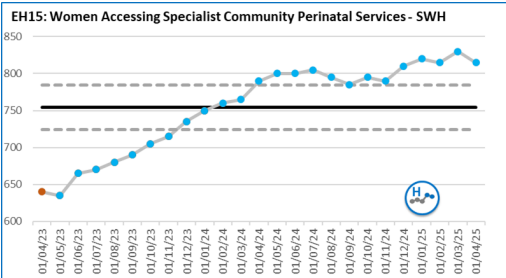
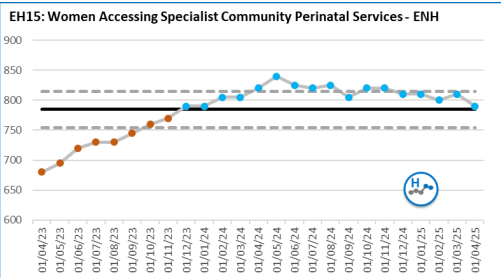
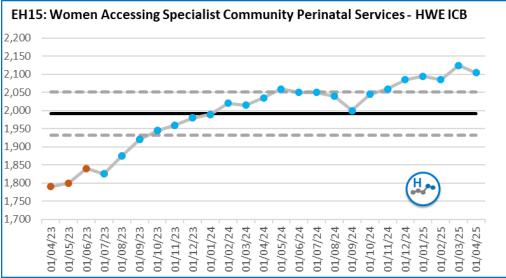
Number of people who are discharged having completed a course of treatment
 Percentage of patients that achieved reliable recovery
 Percentage of patients that achieved reliable improvement



ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	West Essex <ul style="list-style-type: none"> Reliable Improvement rates for April reached 68.2% (137 people) Cases moving to Reliable Recovery (reached both Recovery & Reliable Improvement) achieved 48.2% (95 people) 	<ul style="list-style-type: none"> Consistency of data collection and quality across the system continues to be monitored due to changes in the MHSDS. West Essex overall DNA rate is 10% & patient cancellation rate approx. 14%. Drop out rate, approx. 30% for referral to assessment & 50% for assess to treatment. Counselling provider data quality issues, issues with cases not at caseness and severe cases impacting performance target. Procurement complete, loss of two previous providers. However, two new providers still require implementation period may impact activity levels. In Hertfordshire ongoing demand remains high at Step 3 	<ul style="list-style-type: none"> NHSE positive practice guide previously being drafted (to support services reducing dropouts) remains outstanding. NHS England system wide planning calls scheduled to support ICBs throughout 25/26 NHS England representation embedded within West Essex contract meetings Increased access to funded training posts via NHSE discussions continue Procurement of counselling providers in Hertfordshire completed May 2025, Framework providers are the Counselling Foundation , Lea Vale , MIMH, HMN and two new providers Guideposts and Nouvita, implementation stage to take place Counselling for Depression provider data review required, working with NHSE to understand regional lesson learnt for this specific modality as well as NHSE performance calculation impacting overall performance
	Hertfordshire <ul style="list-style-type: none"> Counselling providers reliable improvement average May at 55.46% HPFT Reliable recovery 50.48% Counselling providers Reliable recovery average May at 55.75% . Similar levels of completed treatments in March and April 2025 which have increased since December. 63% reliable improvement rate in April 2025. 		

Community Perinatal Mental Health

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

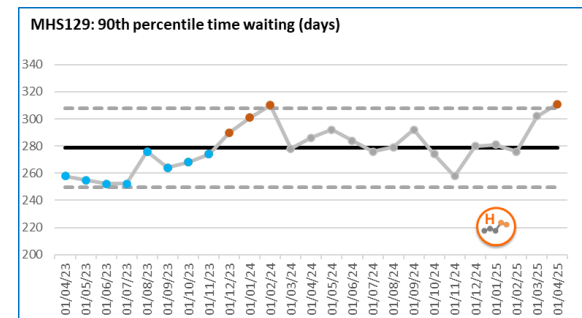
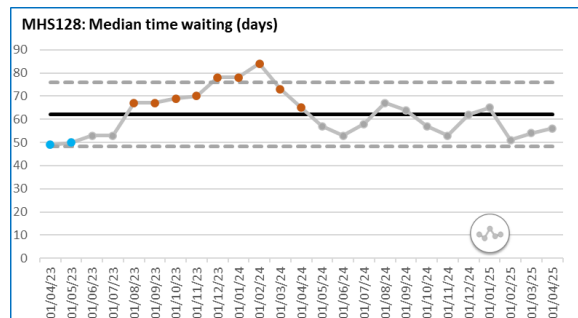
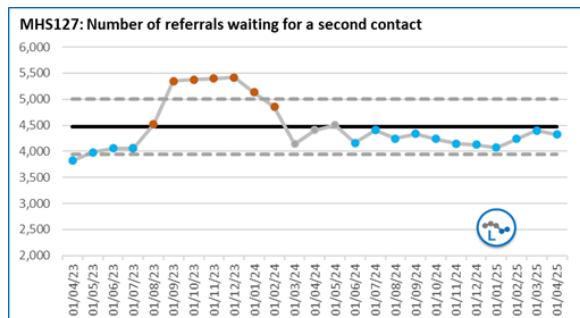


ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	<p>West Essex</p> <ul style="list-style-type: none">At the end of 24/25 west Essex services supported 414 individuals (-30 of 444 target). Year end services reached 10.81% of births seen against the national target of 10% (rolling 12 months). <p>Hertfordshire</p> <ul style="list-style-type: none">Consistently meeting national target.	<p>West Essex</p> <ul style="list-style-type: none">There are currently no issues identified in the service performance. <p>Hertfordshire</p> <ul style="list-style-type: none">Contractual reporting has been changed to reflect national 12 month rolling measure.The service is still commissioned for 10% of mothers to be seen and HPFT are consistently above that metric	<p>West Essex</p> <ul style="list-style-type: none">Monthly contract meetings in west Essex and the wider Essex footprint continue to monitor performance of all services. <p>Hertfordshire</p> <ul style="list-style-type: none">Continued monitoring to ensure that we remain on track



Mental Health – Community Waits

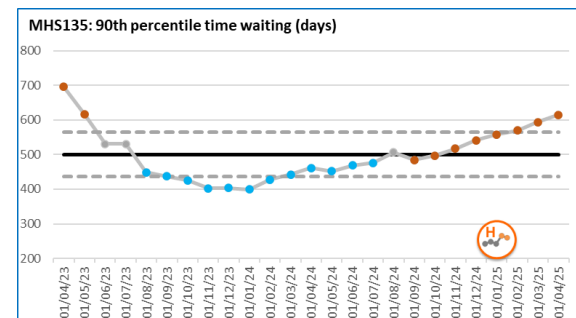
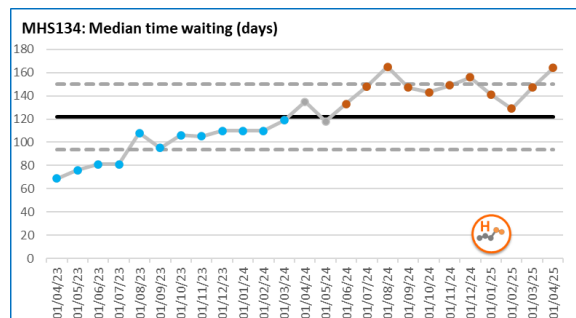
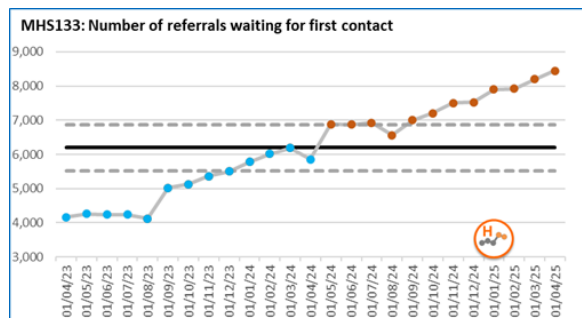
Adults and Older Adults – time still waiting for second contact* * Please note NHS community MH dashboard waiting times front page states experimental waiting times and this section is being reported to support data quality improvement. Therefore, the data should not be used at this point to assess local activity and performance.



ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	West Essex <ul style="list-style-type: none"> During April there were 261 new referrals into community services. 108 individuals received a second contact. Total number of second contacts (rolling 12 months) was 324. 	<ul style="list-style-type: none"> Referrals continue to increase into services. Of all appointments offered (599) 20% either DNA or cancel. Reconciling national data with local data Ongoing known national issue which is affecting Hertfordshire data flow from Primary Care and VCSFE providers to MHSDS. 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) 	<ul style="list-style-type: none"> As well as the Essex wide review of community mental health transformation, local teams working with PPCNs with highest DNA rates – Harlow South & Epping Forest North. ICBs and providers continue to engage with NHSE regarding data platforms and data quality In HPFT, a Trust-wide waiting times steering group is in place to ensure the care and safety of all people waiting for services. HPFT 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 has been developed and key areas for action are being determined. 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 Ongoing assurance with local audits working with Primary Care Leads
	Hertfordshire <ul style="list-style-type: none"> As of March, there were 2955 referrals waiting for a second contact. Of these, 10 had been waiting over 104 weeks for the second contact. (national published data) 		

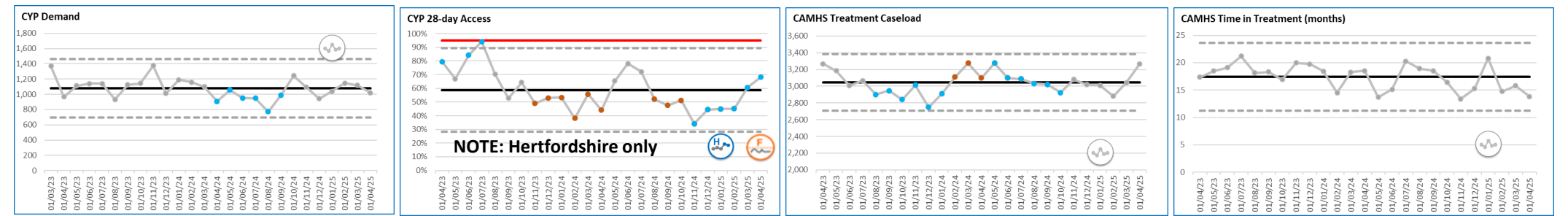
Mental Health – Community Waits

Children – time still waiting for a first contact* *Please note NHS community MH dashboard waiting times front page states experimental waiting times and this section is being reported to support data quality improvement. Therefore, the data should not be used at this point to assess local activity and performance.



ICB Area	What the charts tell us	Issues	Actions
Hertfordshire & West Essex	<ul style="list-style-type: none"> 8445 (most 6475 in S&W Herts due to ADHD & ASD diagnostic pathways) Median waiting times of CYP still waiting increased to 164 days, which benchmarks well against the national average of 280 days (as of Apr 25) Within the system there is a variation : <ul style="list-style-type: none"> East & North Herts - 78 days in Apr (up from 35 in Feb 25) South & West Herts - 185 days in Apr (up from 143 in Feb25) (this is due to ASD/ADHD diagnostic pathways data flowing into MHSDS) West Essex - 77 days in Apr (up from 38 in Feb 25) 90th percentile waiting time between referral & 1st contact in Apr 25 increased to 615 days, but continues to benchmark well against the national average of 861 days (as of Apr 25) Within the system there is a variation: <ul style="list-style-type: none"> East & North Herts – 284 days in Apr (up from 284 days Feb25) South & West Herts – 637 day (up from 459 days in Feb25) 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 – 278 days in Apr (up from 266 in Feb 25) 	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> 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 produced in March 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 Ongoing with 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
<p>West Essex</p> <ul style="list-style-type: none">Numbers continue to rise for NELFT CAMHS, this is in line with previous yearsNumbers on caseload remain consistent and review measures are in placeAcuity and complexity of caseload continues to rise <p>Herts – HPFT only</p> <ul style="list-style-type: none">Demand into the service is, as expected, tracking around the historic mean28-day performance has been seeing consistent recovery, reaching 68% in April 2025.Caseloads have increased by 138 from April 2024 to April 2025 (2,395)Time in treatment is variable and close to the historic mean	<p>West Essex</p> <ul style="list-style-type: none">The SPA continues to see a steady increase in demand for referrals and work is ongoing to continue to streamline the referral process in partnership with HCRGNELFT have a significant savings programme in place coupled with a recruitment freeze for all posts <p>Herts – HPFT only</p> <ul style="list-style-type: none">Clinicians continue to report increased acuity / complexity of referrals.Recruitment to service is ongoing.Acquiring highly skilled CYP clinicians remains difficult. Non-health support roles being used to bolster teamsAll underperforming quadrants now have trajectories for recovery in place.Transfers of care for >18 years from CYP are impacting on flow	<p>West Essex</p> <ul style="list-style-type: none">Strong team in West Essex with additional support provided by the clinical lead and Head of Service across Essex. <p>Herts – HPFT only</p> <ul style="list-style-type: none">SLT professional leads overseeing performance in their quadrant teamsRecovery trajectories have been updated to reflect vacancies and recruitment to show impact on waiting lists.Number of assessments undertaken has increased and now stabilised to address backlog and ongoing referrals.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 GroupCare of Waiters protocol is in place with longest waiters regularly reviewed.Caseload management tool developed and in active use across the quadrants. Improvements in recording are underway to facilitate reporting of treatment waits.CYP programme of work to improve transition experience and outcomes

Mental Health – Learning Disability (LD) Health Checks

LD Health Checks March 2025	Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks *	Comparison to March 2024
NHS Hertfordshire and West Essex ICB	7,772	6,365	326	1,081	81.9%	81.7%
East & North Hertfordshire	3,214	2,517	163	534	78.3%	77.0%
South & West Hertfordshire	3,389	2,901	80	408	85.6%	86.5%
West Essex	1,169	947	83	139	81.0%	80.7%

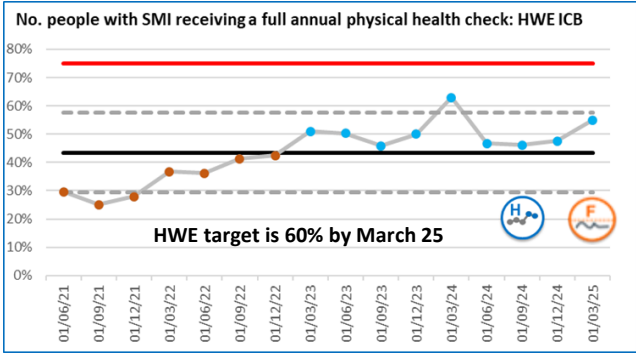
*** 75% Year End Target**

- All three places achieved the 75% standard for 24/25, delivering just under 82% across the ICS
- Ongoing work between HWE Team and NHSE to continue cross check of local data against national systems



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

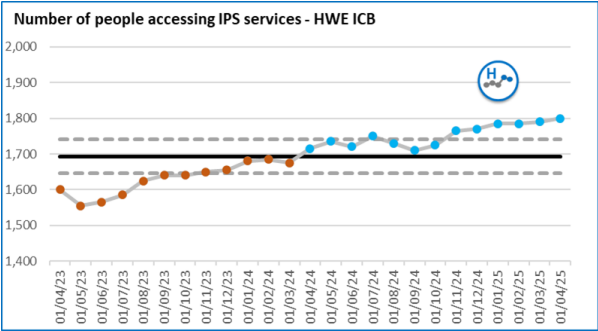


	2021/22				2022/23				2023/24				2024/25			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
East and North Herts Place	19.6%	11.9%	15.1%	25.8%	24.0%	36.3%	40.4%	45.9%	49.7%	47.7%	49.4%	60.5%	52.3%	52.7%	53.6%	61.9%
South West Herts Place	39.4%	38.2%	39.5%	47.5%	44.6%	46.4%	43.6%	55.9%	51.0%	44.8%	52.2%	66.9%	38.9%	36.8%	38.1%	42.9%
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%	55.3%	66.4%
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%	47.5%	54.9%

What the charts tell us	Issues	Actions
<ul style="list-style-type: none">Due to suppression of data, not all health checks in secondary care MH services & Primary Care are being captured in national data:National Data Q4<ul style="list-style-type: none">EN : 62%SW- 43%WE- 66%Local Data Q4<ul style="list-style-type: none">EN : 67%SW- 63%WE- 65%1433 people on PHSMI register not showing on national uploaded data	<ul style="list-style-type: none">West Essex: No service issues identified at this time, service commissioned above the national ask and achieving the ask.Herts NHSE suppression rules are having an impact on our performance with HWE local data presenting a more accurate and complete picture. In Q4 we met the 60% ambition but with the suppression of data, the national data dropped below this target.Some practices have not had all patients consent to their information being shared	<ul style="list-style-type: none">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 issueData by practice in place showing those practices current performance against target to be shared with practices: ongoingWork 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 proceduresBI to report on opt out exclusions vs suppressed, requirement to highlight to NHSE local data performance each quarter as local data showing true representationStandardise record checking process agreed as an action for the Data Subgroup of the contract meetingHCP place meetings in SW and ENH attended to present current support offer to GPs and identify further actions to support programme of workSupport the improvement of interoperability and provider electronic care records and information systems to enable monitoring of performance against equity of access to careWorking 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 responseReview and development of a potential business case an ICB wide primary care outreach support on hold due to current financial position

Individual Placement and Support Access

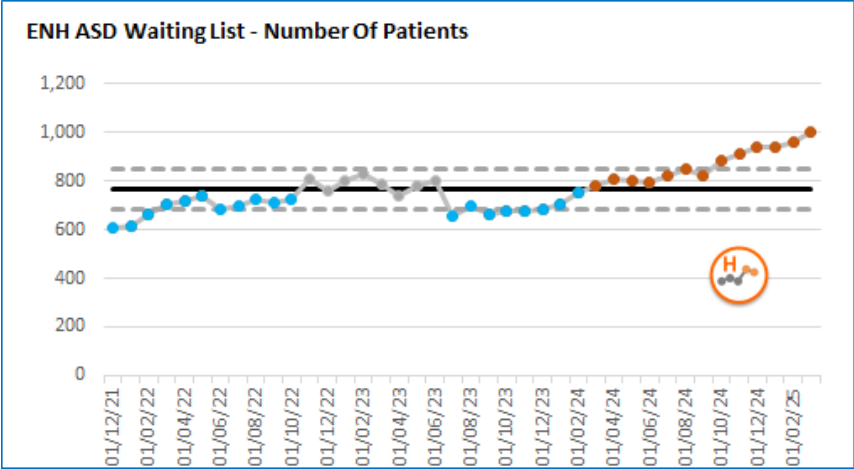
E.H.34 Number of people accessing Individual Placement and Support



	2023/24												2024/25												2025/26
	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	Feb-25	Mar-25	Apr-25
NHSHERTFORDSHIRE AND WESTESSEX ICB - 06K	525	495	515	535	545	540	525	535	540	550	530	505	535	550	520	525	510	505	500	520	525	535	530	550	560
NHSHERTFORDSHIRE AND WESTESSEX ICB - 06N	675	675	680	695	715	725	745	725	720	715	745	755	745	735	730	715	695	695	685	675	660	640	615	575	555
NHSHERTFORDSHIRE AND WESTESSEX ICB - 07H	400	385	370	355	365	375	370	390	395	415	410	415	435	450	470	510	525	510	540	570	585	610	640	665	685
HWE ICB	1600	1555	1565	1585	1625	1640	1640	1650	1655	1680	1685	1675	1715	1735	1720	1750	1730	1710	1725	1765	1770	1785	1785	1790	1800

What the charts tell us	Issues	Actions
<ul style="list-style-type: none">The number of people accessing individual placement and support is on an improved trajectory reaching 1,800 for the ICS in April 25.Variation at Place:<ul style="list-style-type: none">ENH: 560SWH: 555WE: 685	<ul style="list-style-type: none">No service issues identified at this time, service commissioned above the national ask and achieving the ask. However, service out for procurement at time of report.The currently commissioned service is not at the full IPS Grow recommended rate.The recording of data needs to be confirmed with NHSE and IPS grow.	<ul style="list-style-type: none">A business model on numbers of people supported and the gap in finance and workforce will be advised, this will be reported through Hertfordshire Contract Review Meeting.A meeting has been arranged for the data to be discussed with NHSE data leads IPS grow and HPFT leads.Regular regional meetings to discuss this is being attendedA regular local meeting to discuss employment across Hertfordshire has been taking place with HCC and HPFT and commissioning to seek support from the HCP on wider employment strategies.

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 Mar-25):

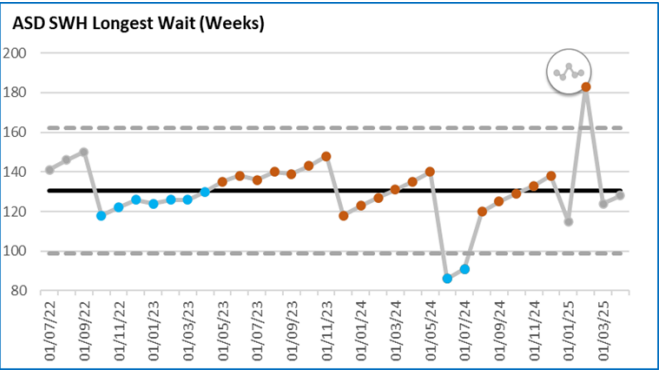
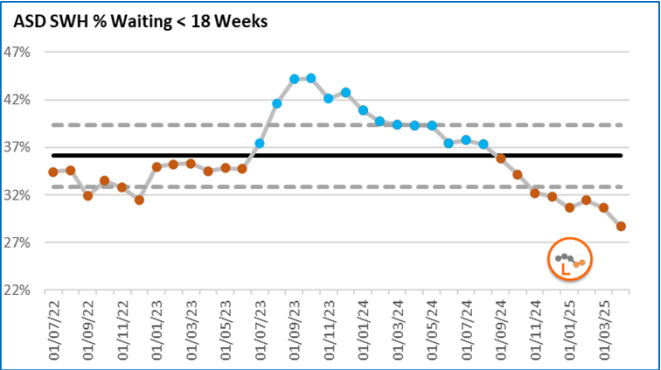
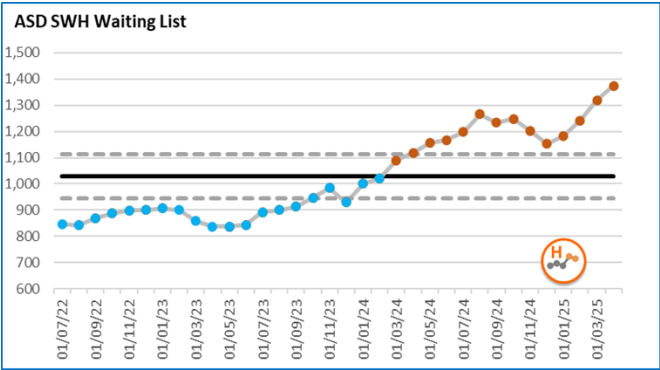
Waiting list bucket	Number of patients (Jan-25)	Number of patients (Mar-25)
<18 weeks	71	118
18 – 65 weeks	505	487
66 – 78 weeks	106	100
>78 weeks	257	295

ICB Area	What the charts tell us	Issues	Actions
East & North Herts	<ul style="list-style-type: none">• The ASD waiting backlog waiting list continues to increase and reached 1000 patients in Mar-25 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 295 in Mar-25• The waiting list shown above does not include patients waiting for their first Community Paediatrics appointment, even if they have been referred by their GP as query ASD. It only shows patients who have been assessed by a community paediatrician and referred for a detailed ASD assessment	<ul style="list-style-type: none">• No change: demand continues to far exceed capacity.• Transformation progress limited by lack of investment.	<ul style="list-style-type: none">• Ongoing Hertfordshire wide ASD/ADHD transformation programme led by MHLDN HCP.• Support whilst waiting initiatives include the Hertfordshire Local Offer “Support whilst waiting” page which has been presented at a GP webinar to encourage signposting for families/carers of CYP and other support e.g. via the jointly commissioned Autism Hub.



Autism Spectrum Disorder (ASD) – South & West Hertfordshire

Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
SWH	HCT	Children	1319	1374	↑	30.63%	28.67%	↓	124	128	↑	April

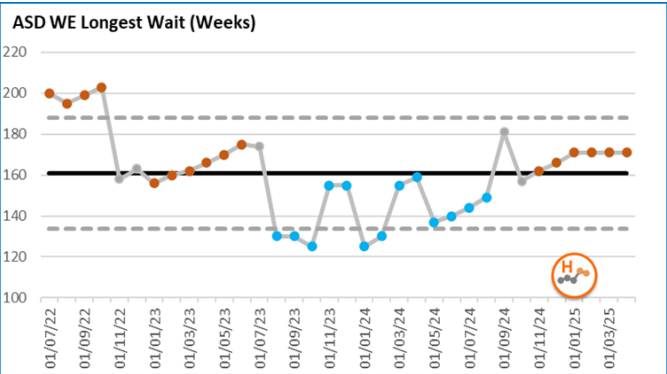
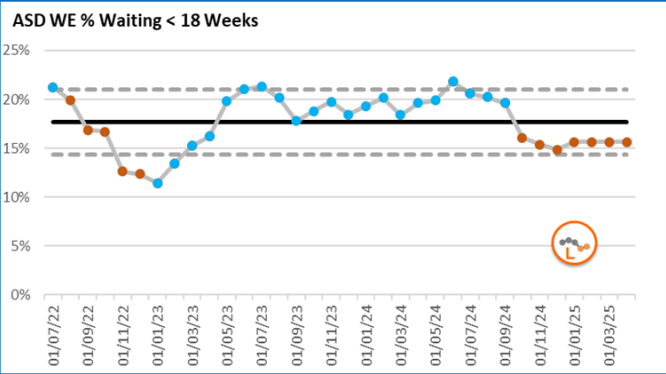
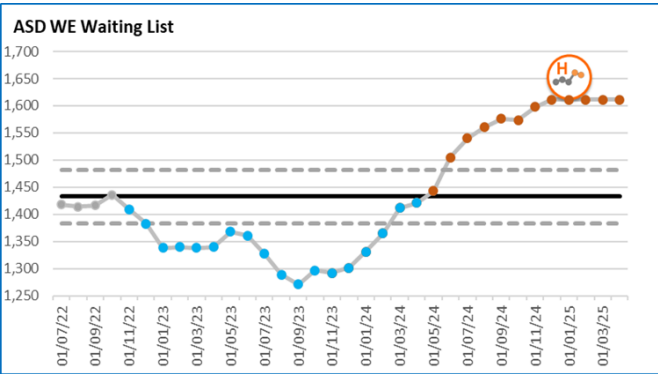


ICB Area	What the charts tell us	Issues	Actions
South & West Herts	<ul style="list-style-type: none">The ASD waiting list has continued to increase and remains consistently above the historic averageThe % of ASD waiters <18 weeks remains low declining further over the last two monthsThe longest wait has returned to mean levels in April, at 128 weeks	<ul style="list-style-type: none">No change: demand continues to far exceed capacity.Transformation progress limited by lack of investment.	<ul style="list-style-type: none">Ongoing Hertfordshire wide ASD/ADHD transformation programme led by MHLN HCP.Support whilst waiting initiatives include the Hertfordshire Local Offer “Support whilst waiting” page which has been presented at a GP webinar to encourage signposting for families/carers of CYP and other support e.g. via the jointly commissioned Autism Hub.



Autism Spectrum Disorder (ASD) – West Essex

Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
WE	HCRG	Children	1611	1611	➡	15.64%	15.64%	➡	171	171	➡	April

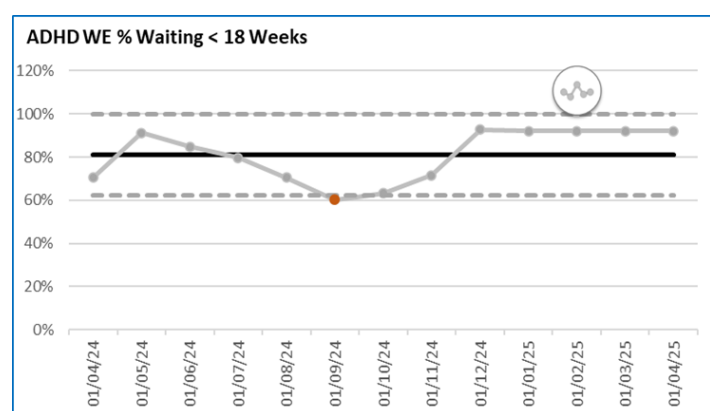
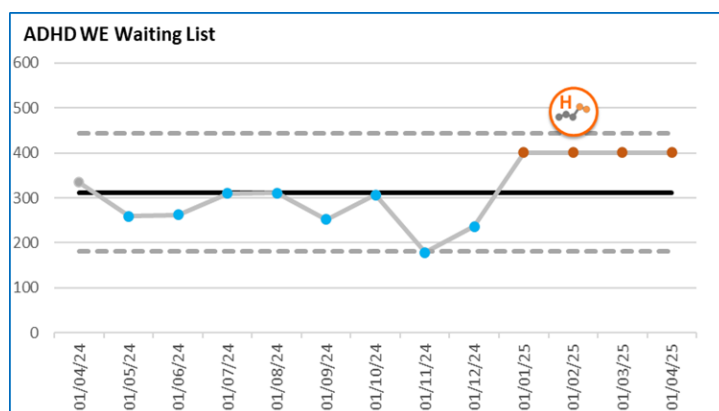


ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none">To note, data has been copied over from January in the absence of any new data being available to AprilThe ASD waiting list remains very highThe % of waiters <18 weeks remains low and fell in each of the six months leading up to JanuaryThe longest wait has been steadily increasing but remains within common cause variation limits	<ul style="list-style-type: none">Awaiting data reporting to resume following cyber incident.No change: demand continues to far exceed capacity.Any potential recovery limited by lack of investment.	<ul style="list-style-type: none">Once access to data platforms have been reopened, HCRG will provide back-dated performance data which will be reflected on this report'Waiting well' workstream continues with local partners at Place, led by trainee psychologist at HCRG



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

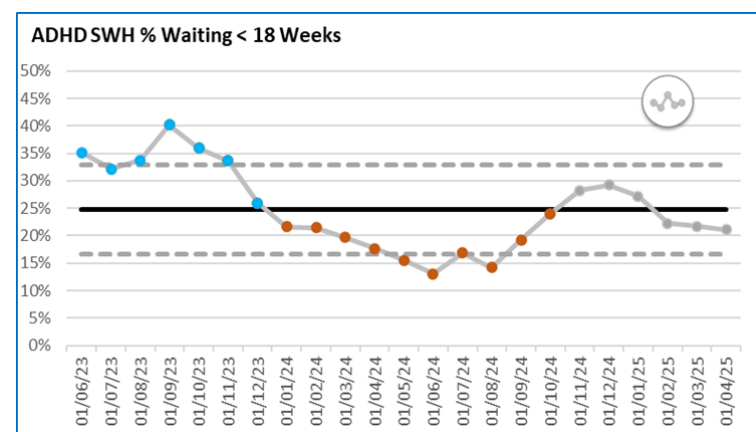
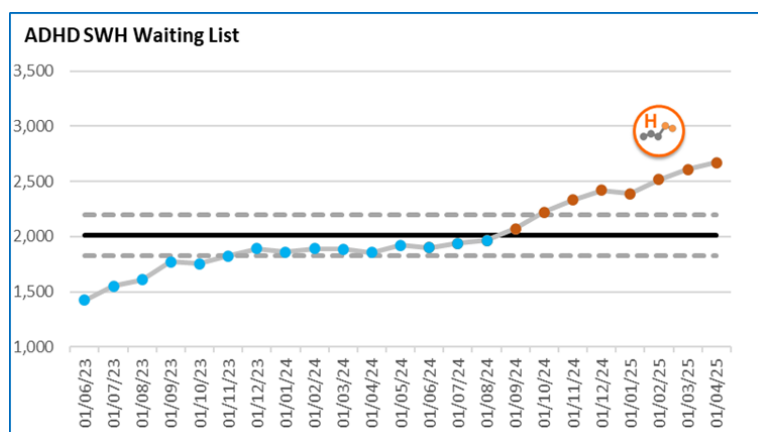
Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
WE	HCRG	Children	401	401	➡	92.02%	92.02%	➡	40	40	➡	April



ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none"> West Essex data has been copied over from January in the absence of any new data being available to April West Essex waiting lists continue to fluctuate at historic average levels The % of children waiting <18 weeks are also within common cause variation limits 	<ul style="list-style-type: none"> No change: demand continues to far exceed capacity. Herts transformation progress limited by lack of investment. ENHT is not currently able to report on waiting times / waiting list sizes for patients waiting for an ADHD assessment Awaiting WE data reporting to resume following cyber incident. WE Adult services continue to limit the number of young people transitioning to adult care, resulting in Paediatrics holding an increasing caseload of >18yrs Referral rates continues to rise, resulting in risk to maintaining waiting list performance in WE. 	<ul style="list-style-type: none"> Once access to data platforms have been reopened, HCRG will provide back-dated performance data which will be reflected on this report 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

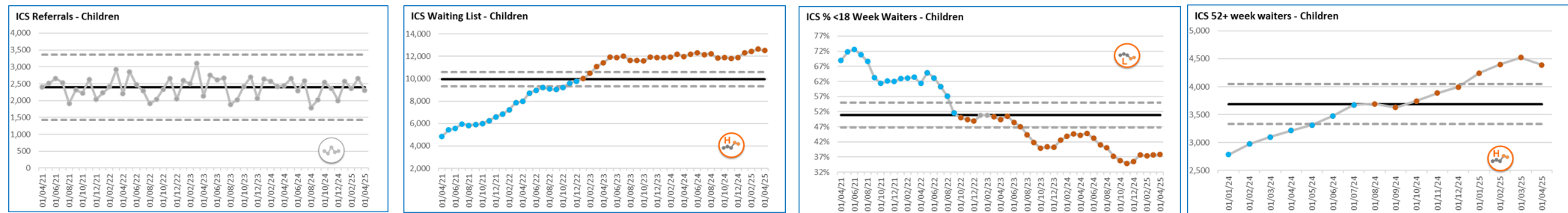
Attention Deficit Hyperactivity Disorder (ADHD) – South & West Hertfordshire

Place	Provider	Age	Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
SWH	HPFT	Children	2612	2673	↑	21.71%	21.10%	↓	196	200	↑	April



ICB Area	What the charts tell us	Issues	Actions
West Essex	<ul style="list-style-type: none"> Overall waiting list was relatively stable but has notably increased over the last eight months The % of ADHD patients waiting <18 weeks has declined in recent months on a variable trend but remains within common cause variation limits 	<ul style="list-style-type: none"> No change: demand continues to far exceed capacity. Transformation progress limited by lack of investment. 	<ul style="list-style-type: none"> Ongoing Hertfordshire wide ASD/ADHD transformation programme led by MHLDN HCP. Support whilst waiting initiatives include the Hertfordshire Local Offer "Support whilst waiting" page which has been presented at a GP webinar to encourage signposting for families/carers of CYP and other support e.g. via the jointly commissioned Autism Hub.

Community Waiting Times (Children)



		Referrals			Patients Waiting			% waiting <18 weeks			Patients Waiting >52 weeks			Latest data
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	
ICS	Children	2658	2300	↓	12634	12518	↓	37.68%	37.78%	↑	4521	4388	↓	April

			Referrals			Patients Waiting			% waiting < 18 weeks			Patients Waiting >52 weeks			Latest data
Place	Provider	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	
ENH	HCT	Children	400	319	↓	606	646	↑	79.87%	81.58%	↑	0	0	→	April
ENH	AJM/Millbrook	Children	26	20	↓	135	111	↓	64.44%	74.77%	↑	1	1	→	April
ENH	ENHT Community Paeds.	Children	254	204	↓	6810	6619	↓	13.83%	12.96%	↓	4295	4137	↓	April
ENH	All	Children	680	543	↓	7551	7376	↓	20.04%	19.90%	↓	4296	4138	↓	April

			Referrals			Patients Waiting			% waiting < 18 weeks			Patients Waiting >52 weeks			Latest data
Place	Provider	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	
SWH	HCT	Children	1418	1188	↓	3745	3812	↑	56.32%	55.43%	↓	225	250	↑	April
SWH	AJM/Millbrook	Children	21	34	↑	122	120	↓	69.67%	84.17%	↑	0	0	→	April
SWH	Communitas ENT	Children	No Data	No Data		No Data	No Data		No Data	No Data		No Data	No Data		April
SWH	All	Children	1439	1222	↓	3867	3932	↑	56.74%	56.31%	↓	225	250	↑	

			Referrals			Patients Waiting			% waiting < 18 weeks			Patients Waiting >52 weeks			Latest data
Place	Provider	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	
WE	EPUT - Wheelchairs	Children	20	16	↓	36	30	↓	97.22%	93.33%	↓	0	0	→	April
WE	HCRG/Virgin	Children	519	519	→	1180	1180	→	86.36%	86.36%	→	0	0	→	April
WE	All	Children	539	535	↓	1216	1210	↓	86.68%	86.53%	↓	0	0	→	April



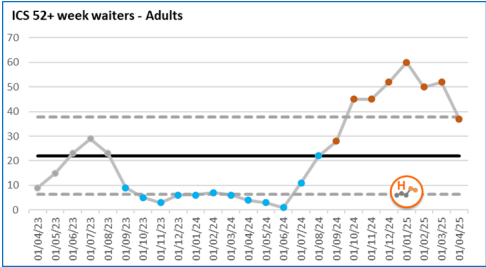
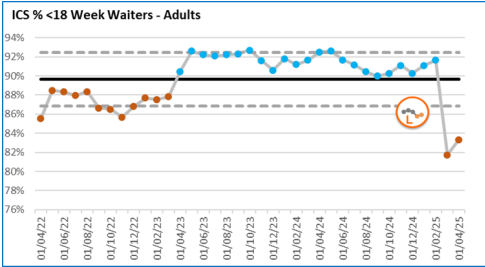
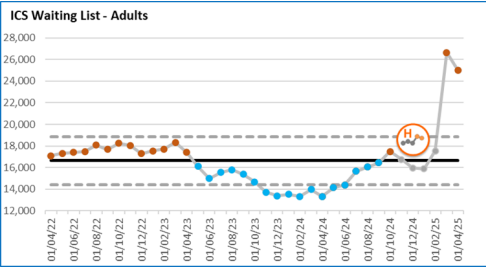
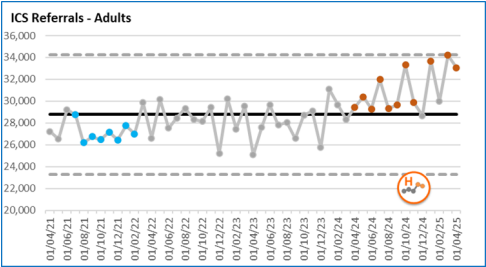
Community Waiting Times (Children)

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

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> 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 is broadly unchanged at c.37%, compared to the national average of c.50% The number of waits over 52 weeks saw a decline in April following 6 months of increases. The longest waits are within the ENHT Community Paediatrics Service where there are now 4,137 x 52 week waits There are additionally 250 x 52 week waits within HCT services in South & West Hertfordshire which has continued to increase Consultant led 18-week RTT performance: <p>SWH Community Paediatrics HCT - 36.7% SWH Children's Audiology HCT - 40.4% ENH Community Paediatrics ENHT - 12.8% WE Community Paediatrics HCRG – no data</p>	<p>ICS Wide:</p> <ul style="list-style-type: none"> No change in specialist services continuing to experience a marked increase in demand impacting on waiting times for both first and follow-up appointments. Special School Nursing, Therapies and Comm Paeds unable to keep up with projected increases in special school places and complexity. ASD/ADHD assessment continues to be a significant pressure. <p>Hertfordshire</p> <ul style="list-style-type: none"> Most significant pressures in Audiology (ENH) and Children's Community Nursing (ENH). Significant pressures in Physiotherapy demonstrated through business case which could not be supported through contract negotiation. Struggling to find theatre space for tooth extraction with paed anaesthetist. <p>West Essex (WE)</p> <ul style="list-style-type: none"> Still waiting for HCRG performance reporting to resume following cyber incident 	<ul style="list-style-type: none"> Audiology action plan in place with ENHT, including recruitment and capital build. Load Levelling requested across the ICS to support Audiology pressures, although puts relatively good performance in WE and SWH at risk. Discussions regarding investments in ND/Comm Paed pressures remains ongoing within ICB. Director level engagement around special school place projections. Physiotherapy business case to be escalated through HCT contract meeting – add a quality lens of risk and impact for non-investment. Theatre space for Tooth Extraction to be raised via HCP governance.



Community Waiting Times (Adults)



		Referrals			Patients Waiting			% waiting <18 weeks			Patients Waiting >52 weeks			Latest data
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	
ICS	Adults	34193	33060	↓	26657	25024	↓	81.72%	83.33%	↑	52	37	↓	April

			Referrals			Patients Waiting			% waiting < 18 weeks			Patients Waiting >52 weeks			
Place	Provider	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
ENH	HCT	Adults	8725	8235	↓	10559	10741	↑	89.92%	88.73%	↓	33	25	↓	April
ENH	AJM/Millbrook	Adults	112	129	↑	478	412	↓	70.50%	83.74%	↑	5	3	↓	April
ENH	All	Adults	8837	8364	↓	11037	11153	↑	89.08%	88.55%	↓	38	28	↓	April

			Referrals			Patients Waiting			% waiting < 18 weeks			Patients Waiting >52 weeks			
Place	Provider	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
SWH	CLCH	Adults	7936	7436	↓	1616	1421	↓	99.75%	99.72%	↓	0	0	→	April
SWH	HCT	Adults	933	800	↓	1084	969	↓	97.51%	98.56%	↑	0	0	→	April
SWH	AJM/Millbrook	Adults	115	142	↑	534	469	↓	69.48%	81.02%	↑	9	6	↓	April
SWH	Circle Health MSK	Adults	3167	3009	↓	8334	7461	↓	59.86%	64.11%	↑	0	0	→	April
SWH	Communitas ENT	Adults	No Data	No Data		No Data	No Data		No Data	No Data		No Data	No Data		
SWH	The Gynaecology Partnership	Adults	No Data	No Data		No Data	No Data		No Data	No Data		No Data	No Data		
SWH	All	Adults	12151	11387	↓	11568	10320	↓	69.41%	73.01%	↑	9	6	↓	April

			Referrals			Patients Waiting			% waiting < 18 weeks			Patients Waiting >52 weeks			
Place	Provider	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
WE	EPUT	Adults	13111	13215	⬆️	2739	2584	⬇️	99.63%	99.26%	⬇️	0	0	➡️	April
WE	EPUT - Wheelchairs	Adults	94	94	➡️	123	115	⬇️	100.00%	99.13%	⬇️	0	0	➡️	April
WE	Mayflower	Adults	No Data	No Data		1190	852	⬇️	90.00%	89.55%	⬇️	5	3	⬇️	April
WE	All	Adults	13205	13309	⬆️	4052	3551	⬇️	96.82%	96.93%	⬆️	5	3	⬇️	April

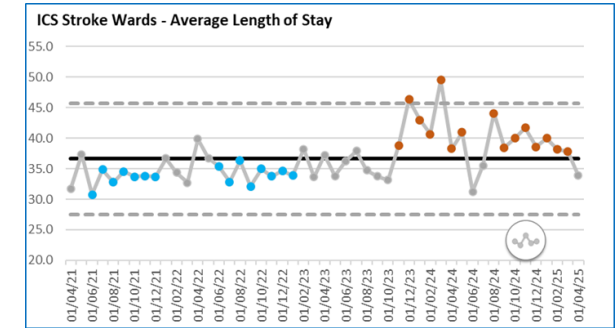
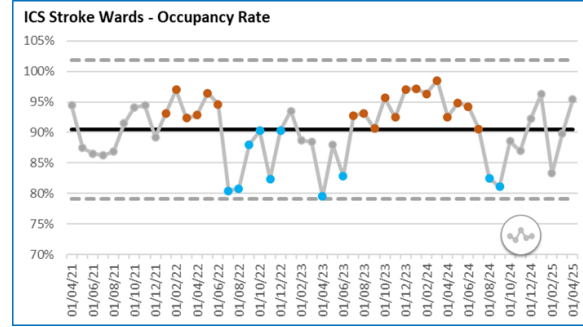
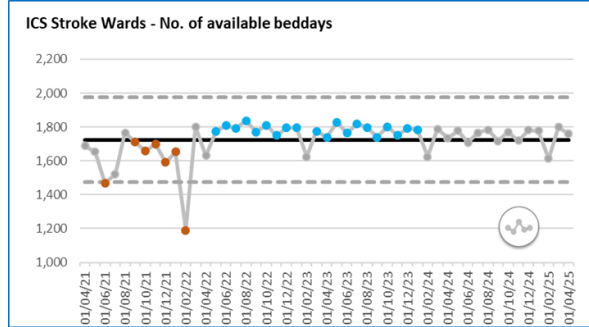


Community Waiting Times (Adults)

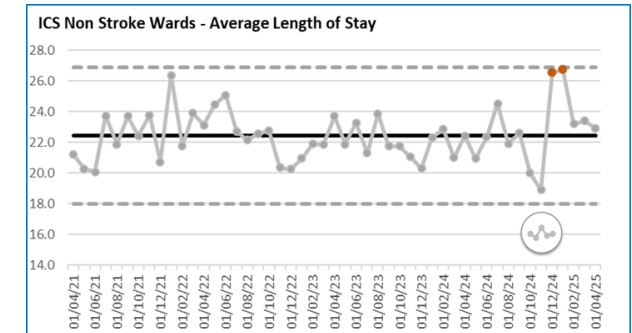
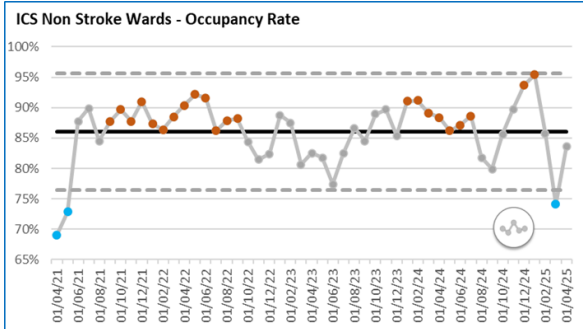
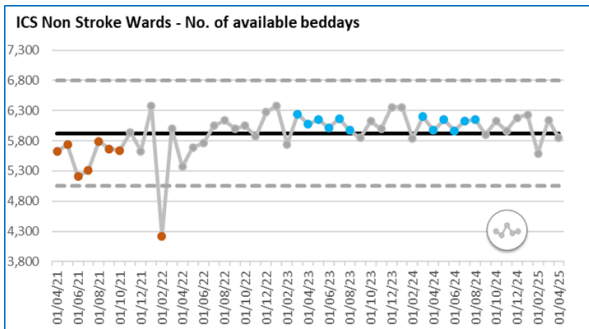
The NHS 18-week Referral to Treatment (RTT) standard only applies to consultant led services. For Adult community services this include Skin Health (ENH), Respiratory (S&W), and Podiatric Surgery (WE). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services 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	<ul style="list-style-type: none"> Data for two community providers is currently excluded from the overall HWE system position as noted on the previous slide and work is ongoing to resolve reporting. Please note that Circle data has been included from March 25 which has resulted in step changes in reporting The % of patients waiting less than 18 weeks declined in March with the inclusion of Circle data, recovering slightly in April at 83.3%. compared to the national average of c.85% Overall waiting lists saw an increase in March with the inclusion of Circle data, sitting at 25,024 in April 25 52 week waits continues to reduce at both HCT and AJM wheelchairs Consultant led 18-week RTT performance: <p>ENH Skin Health HCT - 91.5% SWH Respiratory CLCH - 100.0% WE Podiatric Surgery EPUT - 74.6%</p>	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> Increase in referrals compared to 2024/25 Slight reduction in the 'waiting within target' performance in recent months when compared to the pre-pandemic baseline and last year <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Community MSK services delivered by Circle from 1 April 2024 with significant backlog of 22,000 cases transferred from previous service. April community MSK data shows improvement with referral numbers in line with IAP and reduction in numbers waiting over 18 weeks. Plans in place to achieve 0 over 18 weeks by August. Community Gynae and ENT services have been recommissioned under new contracts from 1 April 2025. Commissioners are working with providers to submit data in line with new contract requirements to enable reporting of community waiting times. CLCH – Slight decrease in number of referrals received in month and decrease in total number of patients waiting on caseload. 99.7% under 18 weeks and no patients waiting more than 52 weeks <p>AJM (Hertfordshire wide wheelchair service)</p> <ul style="list-style-type: none"> Improved performance reported in June with 1 x 52 week wait with handover delayed due to patient choice. 47 over 18 week waits in total remaining on open caseload. Commissioners continue to work with AJM to oversee improvement plans as part of CPN process. 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 <p>West Essex (WE)</p> <ul style="list-style-type: none"> Small number of SLT breaches remain MSK breaches and increased PTL following transfer of iMSK patients from Stellar Healthcare on contract termination. Also impacted by long-term sickness Mayflower longest waiters are in Dermatology 	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> All waits, especially longer waits, are closely monitored and subject to robust internal governance Service productivity initiatives continue 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 Extensive focus on digital initiatives to support and improve patient access Forecasting suggests a generally stable trend over the next 12 months <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> ICB working with Circle to achieve target of 0 over 18 week waits by August Contract and BI teams working with the other community providers to achieve new reporting requirements for 25/26 CLCH - daily and weekly monitoring remain in place. Additional external support sourced for services where there are waiting times concerns. These include Neuro, Bladder and Bowel, Planned Care Therapy, and Respiratory services <p>West Essex (WE)</p> <ul style="list-style-type: none"> SLT breaches continue to improve month on month – just 2 breaches in the May position Podiatry / Bio-Mechanics now fully recovered iMSK recovery plan agreed and continued month on month improvement Mayflower longest waiters and overall PTL now improving following recovery discussions at last SPQRG meeting

Community Beds (Stroke & Non-Stroke)



Stroke Wards			Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	All	744	720	↓	90.99%	92.92%	↑	36.1	29.8	↓	April
SWH	CLCH	All	621	619	↓	99.68%	99.03%	↓	36.9	33.0	↓	April
WE	EPUT	All	434	420	↓	73.73%	94.29%	↑	43.0	42.0	↓	April
ICS	All	All	1799	1759	↓	89.83%	95.40%	↑	37.8	33.9	↓	April



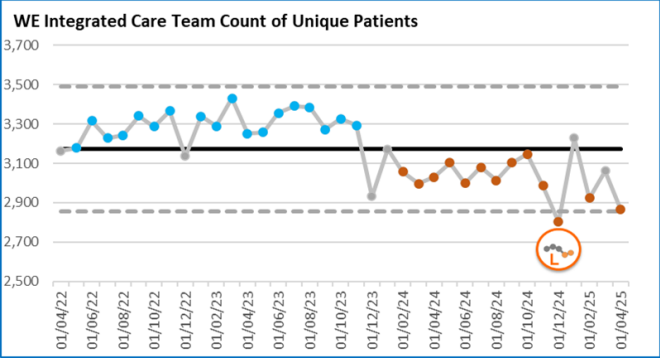
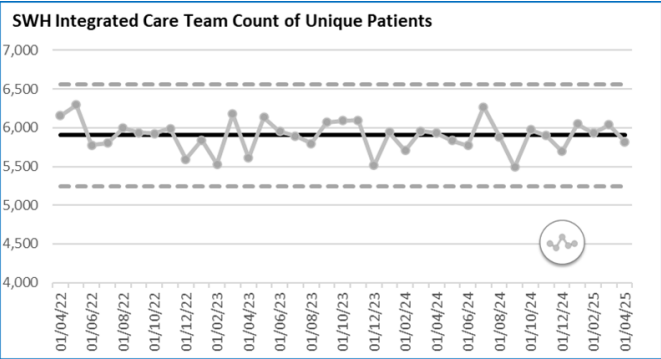
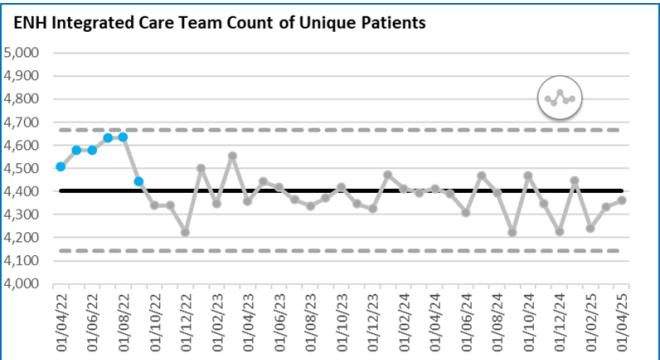
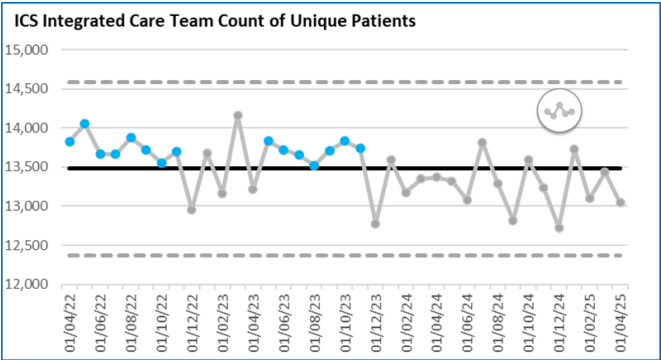
Non Stroke Wards			Number of available beddays			Occupancy Rate			Average length of stay (days)			
Place	Provider	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	All	1643	1437	↓	66.04%	93.25%	↑	18.8	21.1	↑	April
SWH	CLCH	All	2237	2223	↓	87.17%	83.76%	↓	26.0	23.9	↓	April
WE	EPUT	All	2263	2190	↓	67.08%	77.03%	↑	23.3	23.4	↑	April
ICS	All	All	6143	5850	↓	74.12%	83.57%	↑	23.4	22.9	↓	April

Community Beds (Stroke & Non-Stroke)

ICB Area	What the charts tell us	Issues	Actions
ICB	Stroke Beds <ul style="list-style-type: none">Available stroke bed days remain stableOverall stroke bed occupancy rates have increased over the last two months continuing a variable trendCLCH occupancy remains high at 99%Overall length of stay reduced in April across all providers and moving to a variable trend, but is highest within EPUT at 42 days	East & North Hertfordshire (ENH) <ul style="list-style-type: none">Bed occupancy remains the highest at Danesbury with an average of 88% over the past 12 months. Herts & Essex and QVM have a 12-month average occupancy of 84% and 78% respectivelyAverage length of stay over the past 12 months for Herts & Essex averaged 22 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 QVMDanesbury has the least admissions with an average of 17 a month, with QVM averaging 18, and Herts & Essex averaging 37	East & North Hertfordshire (ENH) <ul style="list-style-type: none">New process regarding criteria to reside in place to support dischargeStep up as well as step down in place
	Non-Stroke Beds <ul style="list-style-type: none">Available non-stroke bed days continues on a variable trend close to the mean for AprilFollowing a decrease outside of common cause variation limits in March, non-stroke bed occupancy rates increased in April back towards the mean at 83.7%Overall length of stay continues along the average of c.22 days	South & West Hertfordshire (SWH) <ul style="list-style-type: none">Further reduction in occupancy rates from previous month, this remains highReduction in average length of stay and within target for stroke beds West Essex (WE) <ul style="list-style-type: none">Length of stay on stroke ward increased by 1 day, however has reduced from 49 days in November as the longest stay patients has been dischargedNon-stroke bed occupancy has increased in April from March 2025. Length of stay remains stable.	South & West Hertfordshire (SWH) <ul style="list-style-type: none">Beds model work for the future provision of community beds in SWH underwayTOCH has now gone live and further development taking place West Essex (WE) <ul style="list-style-type: none">WECHP will be undertaking a review of the community beds in West Essex with system partners – report expected July 2025.



Integrated Care Teams (ICT)



Place	Provider	Age	Contacts (unique patients)			Contacts (unique patients) per 1000 population			Latest data
			Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	
ENH	HCT	All	4333	4361	↑	6.9	6.9	↑	April
SWH	CLCH	All	6036	5817	↓	8.7	8.4	↓	April
WE	EPUT	All	3062	2866	↓	9.1	8.5	↓	April
ICS	All	All	13431	13044	↓	8.1	7.9	↓	April



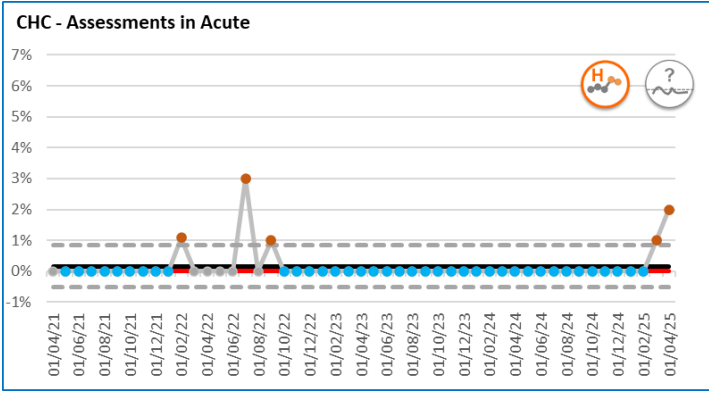
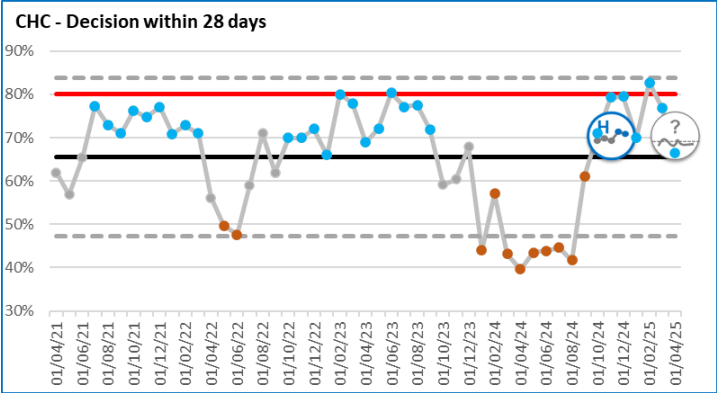
Hertfordshire and West Essex Integrated Care System



Integrated Care Teams (ICT)

ICB Area	What the charts tell us	Issues	Actions
ICB	<ul style="list-style-type: none"> Unique contacts across the ICS and within each place are within common cause variation limits, however contacts in West Essex are on the lower limit in April; other than in one-month, contacts in West Essex have trended below the historic average during 24/25 this is due to the investment in UCRT capacity which has reduced the urgent activity for the ICT's 	<p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> The number of individuals rereferred to the ICT is similar to pre-pandemic There is an increase in the first-to-follow-up appointment ratio linked to increased acuity 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 <p>South & West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Slight reduction in contacts; continue to monitor month on month <p>West Essex (WE)</p> <ul style="list-style-type: none"> Contacts reduced in month alongside the number of unique contacts. Impact of late April Easter bank holidays. 	<ul style="list-style-type: none"> 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 <p>East & North Hertfordshire (ENH)</p> <ul style="list-style-type: none"> 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 continues roll out - aiming to streamline use of clinical systems with a prospective productivity gain The Hospital at Home services appear to be effectively supporting reduced Acute demand <p>South and West Hertfordshire (SWH)</p> <ul style="list-style-type: none"> Work underway to improve vacancy rate for district nursing services Alignment with INTs already in place, but discussions regarding embedding services further underway at place <p>West Essex (WE)</p> <ul style="list-style-type: none"> Harlow South PCN – additional matron commenced in post in April to accelerate proactive care. Plan to roll out the Systm1 auto planner across West Essex from July 2025 - greater oversight of daily demand and capacity supporting a reduction in the use of bank staff. Continued improvement plan being developed with ICB Band 7 Team Leads and Community Matrons to support “culture change” and the focus on the care closer to home model.

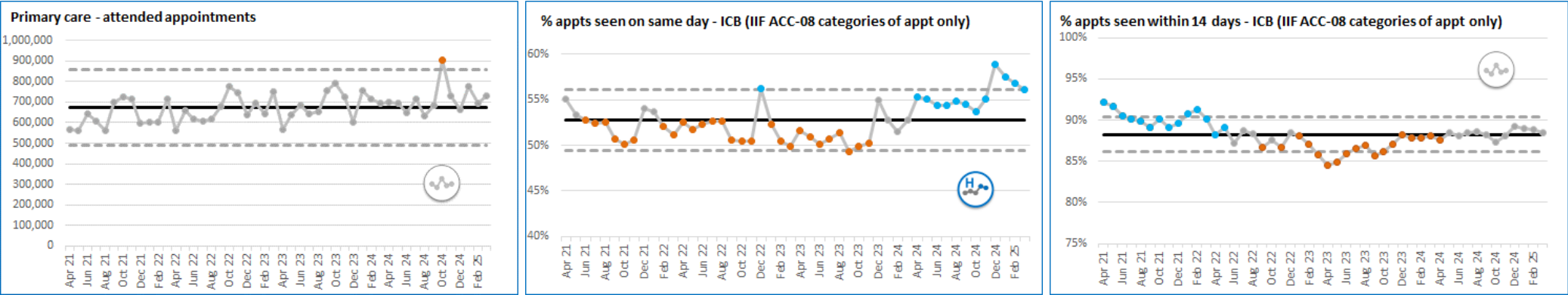
Continuing Health Care (CHC)



	What the charts tell us	Issues	Actions
HWEICB	<ul style="list-style-type: none">The 28-day standard has declined over both March and April although there was an improvement of 5% in West Essex during April.As a result, the ICB has not achieved the national target (>=80%) since February:<ul style="list-style-type: none">Overall ICB – 64.18%West Essex – 77.78%ENH – 55.56%SWH – 64.52%The assessments in an acute setting <15% standard continues to be achieved although there was a 2% increase over the last two months	<ul style="list-style-type: none">Continued concerns around Social Worker availability and nursing staff capacity across all areas is predicted to have a negative impact on the 28-day KPI.Two assessments in acutes were due to be undertaken however, one has since been withdrawn and one is being taken forward due to health needs.	<ul style="list-style-type: none">Recovery plans are being drafted with locality leads to provide assurance that the 28-day standard is achieved and remains on track going forwardFrequent meetings are currently in place across all areas to monitor performance and provide assurance, in addition to assurance meetings held with NHSE.Ongoing training sessions have been implemented to assist both current and new staff to ensure day-to-day operational tasks are carried out both effectively and efficiently



Primary Care



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

What the charts tell us

- Although the number of primary care attended appointments continues to show standard normal variation, there is a continued slight upward trend in the number of attended appointments. For example, there were 4.2% more appointments attended in FY2425 compared to FY2324.
- The % of appointments seen on the same day of booking has been above the long-term mean for the last twelve months, suggesting that there has been a sustained improvement in this metric. 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 been close to the long term mean over the last year. Performance is marginally below the FY2425 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)



Primary Care

Issues	Actions
<ul style="list-style-type: none"> National contract for 24/25 imposed without agreement and Collective Action in Primary Care added to the risk register – new contract for 25/26 agreed however while formal collective action stood down the principle of not undertaking unfunded work remains 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 25/26 greater emphasis on performance management with launch of new Primary Care General practice dashboard and supporting elective recovery through Advice and Guidance Local Enhanced Service, reducing bureaucracy continues with reduction in QOF indicators, and new contract requirement for access to online consultations 25/26 contract changes for Dental and Community Pharmacy 	<p>Engagement with the National Access Recovery Plan</p> <ul style="list-style-type: none"> Annual GP Patient Survey (GPPS) was published in July (data collected Jan –Mar 24).New data for 2025 expected to be published 10th July 2025. GPPS 2024 Dental Access results shows HWE as best performing in East of England – new data expected next month. National Monthly Health Insights survey Wave 7 (published June 25) shows 72.2% of patients rated their overall experience of general practice as good, down from a high of 83.3% in March. 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 – new scheme for 2025/26 launched with 2/3 of funding set against implementation of Modern General Practice and the final 1/3 on a new indicator looking at risk stratification and continuity of care. 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 and further practice identified to take part in the Practice Level Support programme in 2025/26 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 Inclusion of newly qualified GPs in the ARR scheme from Oct 24, with 21 of 35 PCNs claimed by end of Jan-25. Workforce Leads engaging with PCNs to support further recruitment Review of newly launched national CATS GP Performance Dashboard, noting negative variation identified in Access and Patient Experience for 21 practices, Workforce 4 practices have negative variation, Clinical Outcomes and Quality negative variation in 4 practices and for Vaccs and Imms there are 17 practices identified. Further analysis planned through conversation with BI, monthly Access MDT and Risk and information sharing groups. The CATs tool will feed in to local contract monitoring noting limitations of using bottom decile and take as a starting point for discussion with practices to understand if variation is unwarranted. Planning for June submission of GP practice plans focussed on access and unwarranted variation. High level plan discussed at Primary Care Commissioning Committee and submission 30th June. Detailed practice level plans developed which will be reviewed via monthly MDT and through PCCC and the private session of Primary Care Transformation Committee. Advice and Guidance DES now live and active monitoring of activity in place. <p>Other</p> <ul style="list-style-type: none"> All practices signed up to the Enhanced Commissioning Framework (ECF) for 25/26, active monitoring of new elements. 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. New Workforce Dashboard developed. 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 Approval of extension of Urgent Dental Access pilot to support Operating Plan submission to ensure delivery of our required additional dental appointments Child Focused Dental pilot agreed

Appendix A: Performance Benchmarking (ICB)

April 2025

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	73.7%	May 25	✗ -12.44%	88.47% (Worse)	84.09% (Worse)	26
	Proportion of Calls Abandoned	4.5%	May 25	✗ 34.22%	2.23% (Worse)	2.83% (Worse)	23
A&E	% Seen Within 4 Hours (with additional mapped activity)	77.0%	May 25	✗ -0.779%	75.39% (Better)	75.66% (Better)	14
	% >12hr Waits in ED From Arrival	9.2%	May 25	✓ -2.36%	9.27% (Better)	8.01% (Worse)	21
Cancer	28 Days Faster Diagnosis	78.3%	April 25	✓ 0.51%	76.72% (Better)	74.09% (Better)	18
	31 Days Standard	96.4%	April 25	✓ 0.83%	91.30% (Better)	89.28% (Better)	15
	62 Days Standard	76.5%	April 25	✓ 0.92%	69.85% (Better)	66.30% (Better)	13
RTT	Incomplete Pathways <18 weeks	58.5%	April 25	✓ 1.11%	59.7% (Worse)	55.0% (Better)	25
	52+ Weeks as % of Total PTL	2.80%	April 25	✓ -0.29%	2.57% (Worse)	3.82% (Better)	27
	65+ Weeks as % of Total PTL	0.05%	April 25	✗ 15.62%	0.13% (Better)	0.18% (Better)	8
	78+ Weeks as % of Total PTL	0.00%	April 25	✓ -31.06%	0.02% (Better)	0.02% (Better)	6
Diagnostics	% Waiting 6+ Weeks	31.5%	April 25	✗ 6.28%	21.24% (Worse)	28.13% (Worse)	35
Mental Health	Dementia Diagnosis Rate	65.5%	May 25	✓ 0.61%	65.60% (Worse)	64.20% (Better)	21
	Out of Area Placements	24	April 25	✓ -66.67%	n/a	n/a	n/a
CHC *	% of Eligibility Decisions Made Within 28 Days	66.4%	April 25	✗ -15.74%	77.14% (Worse, at 75.00%)	75.29% (Worse, at 75.00%)	28
	% of Assessments Carried Out in Acute Settings	2.2%	April 25	✗ 69.61%	0.53% (Better, at 0.33%)	0.14% (Worse, at 0.33%)	31

LEGEND

Performance against National/Regional

Better

Worse

Performance against previous month

✓ Improvement

✗ Deterioration

No change

Provider Ranking

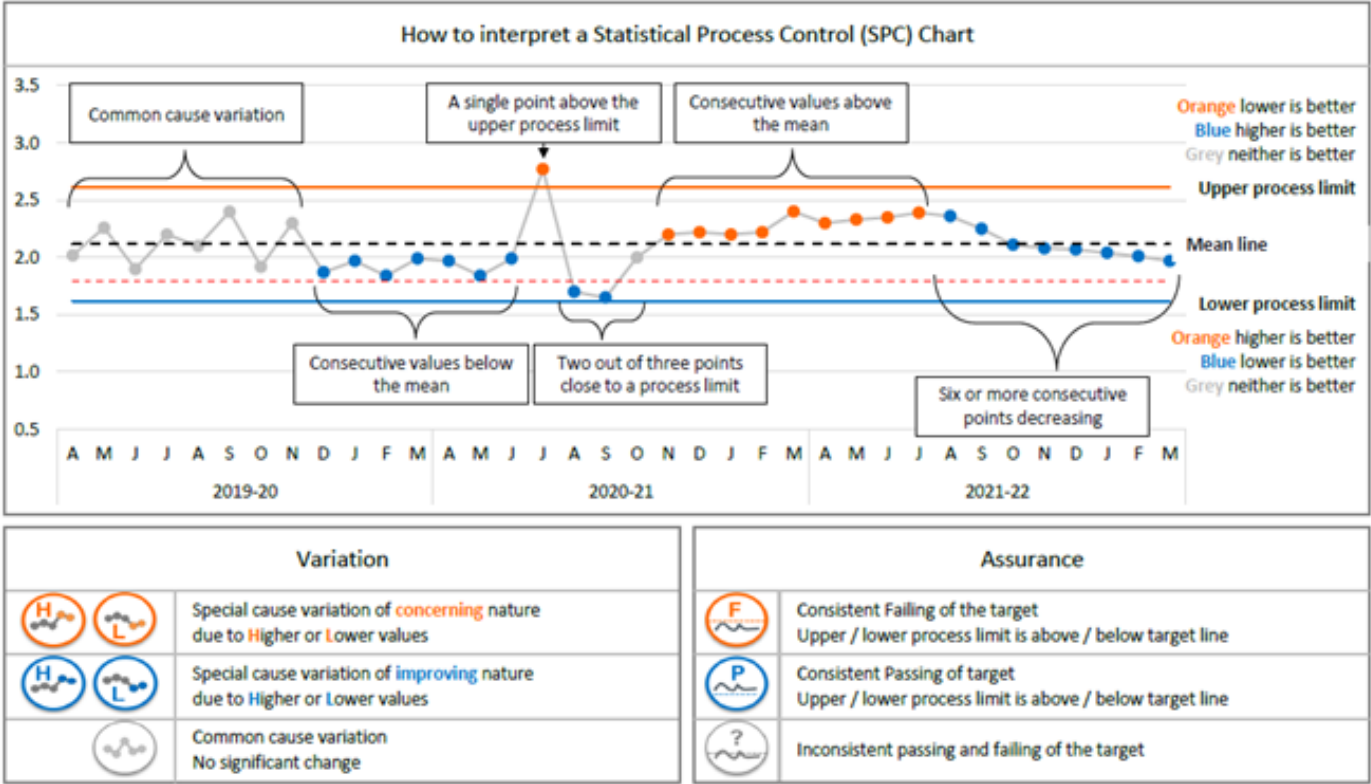
First quartile

Middle quartile

Lowest quartile

* CHC benchmarking and ranking is based on quarterly data only. The latest data is Q4 for 2024/25 (covering Jan - Mar 2025).

Appendix B: Statistical Process Control (SPC) Interpretation



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 Adolescent 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



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 Meetings 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



Board committee report



**East and North
Hertfordshire Teaching**
NHS Trust

Meeting	Public Trust Board	Agenda Item	17
Report title	ENH Health Care Partnership Committee report to Board	Meeting Date	10 September 2025
Chair	Adam Sewell-Jones – Chief Executive		
Author	Business Administrator		
Quorate	Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>
Alert (Matters of concern or key risks to escalate to the Board):			
<ul style="list-style-type: none"> This was the first meeting in common of the newly constituted ENH Health Care Partnership Committee with the pre-existing ENH Health Care Partnership Board, which is a committee of the ICB. Performance management: paediatric and adult audiology have been identified for targeted monitoring given performance. Finance: Transformation efficiency plan – the ICB £35 million efficiency target was flagged as a risk due to there still being unidentified schemes. 			
Local Government Reorganisation			
<ul style="list-style-type: none"> The government's decision on the future of Hertfordshire County Council is due by 28 November 2025. The funding implications of the new model for the county council were highlighted with anticipated funding pressures potentially impacting on the partnership and voluntary sector. 			
Assurances provided to the Board:			
2025 -26 Finance update			
<ul style="list-style-type: none"> ICS and HCP financial positions – both are forecasting break-even; whilst emphasising ongoing monitoring required. The remaining deficit funding for FY25/26 would be received in full, if plans remain on track. 			
Performance Review			
<ul style="list-style-type: none"> The Hospital at Home workstream was reported as running at 130% capacity. HCT had a dedicated workstream focused on this. 			
ENH HCP - Host Provider Model			
<ul style="list-style-type: none"> Host shadow arrangements were in place, governance established, development workshops ongoing (next workshops on 20 August and 23 September 2025), with transition due to complete by 30 November 2025. Agreement to develop an elevator pitch/concise summary for the Host Provider Model. Revise the vision statement to be more active and impactful. 			
Advise (Matters the Board should be aware of not covered above e.g. on-going monitoring, new developments etc):			
ENH Development Director's update			
<ul style="list-style-type: none"> Virtual transformation team review outcomes will be presented to a future Board. Integrated Heart Failure Model – the draft implementation plan and model of care to be reviewed at the next cardiovascular disease delivery group. National Neighbourhood Health Implementation Programme – the expression of interest was submitted on 8 August 2025; with the outcome being awaited. 			

Performance Review	
<ul style="list-style-type: none"> Inclusion of additional metrics agreed – PAH data, social care metrics, VCFSE data, and forecasting to be integrated into future performance reporting. 	
Transformation Priorities Review	
<ul style="list-style-type: none"> Neighbourhood model vs PCN Model being considered. Medication Review Project – ongoing across GP practices in Welwyn and Hatfield, improving patient safety and pharmacy collaboration 	
Decisions made by the committee or major actions commissioned and work under way:	
N/A	
Any actions recommended to improve effectiveness of the meeting:	
<ul style="list-style-type: none"> Review HCP partnership group membership, starting at the August stakeholders' workshop seeking view of stakeholders to inform decision-making. 	
Recommendation	The Board is asked to NOTE the report from the Committee.

To be trusted to provide consistently outstanding care and exemplary service

Board committee report



East and North
Hertfordshire Teaching
NHS Trust

Meeting	Public Trust Board	Agenda Item	18
Report title	Audit and Risk Committee report to the Board for meeting held on 8 July 2025	Meeting Date	10 September 2025
Chair	Karen McConnell, Audit and Risk Committee Chair		
Author	Deputy Company Secretary		
Quorate	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Alert (Matters of concern or key risks to escalate to the Board):			
<ul style="list-style-type: none"> The pathology service is now part of a HWE wide contract with HSL. Contract management has been challenging as a result of gaps in reporting. Prompt and accurate data reports regarding volume of activity and finance and various KPIs are not in place. The committee was able to clarify that there were no patient safety risks relating to testing, but rather financial risks. The financial risks and mitigation are being considered by FPPC. 			
Assurances provided to the Board:			
<ul style="list-style-type: none"> The final two internal audit reports from the 24/25 audit plan were discussed. <ul style="list-style-type: none"> A partial assurance was issued on consultant job planning, due to several issues in the Trust's job planning processes including plans being signed off retrospectively. The Effective Establishment Management and Controls Audit was assigned a reasonable assurance. <p>Both reports have been shared with the Chairs of FPPC and the People Committee.</p> <ul style="list-style-type: none"> Internal audit presented the cyber assessment framework (CAF) – Aligned data security and protection toolkit (DSPT) Independent Assessment for 25/26. The opinion issued was 'high risk/high confidence'. The committee is sighted on the risks and the work being done to mitigate them. The Audit Committee undertook its annual review of the Clinical Audit Function. A number of issues were highlighted and the report is being shared with the Quality and Safety Committee. The committee discussed strategies to ensure that underrepresented specialities were part of the process. The committee was assured that aspects of the clinical audit plan which were mandatory were covered during the process and the Quality and Safety Committee received escalation reports at their meetings. 			
Advise (Matters the Board should be aware of not covered above e.g. on-going monitoring, new developments etc):			
<ul style="list-style-type: none"> The Charity audit plan and accounts would be presented at an Audit and Risk Committee meeting in late November or December and an additional meeting is being arranged anticipating their readiness. 			
Decisions made by the committee or major actions commissioned and work under way:			
<ul style="list-style-type: none"> The DSPT assessment (now called CAF), included some high risks, and the Committee requested sight of a summary of the assessment highlighting high-risk areas and 			

mitigations. This would be presented at the October committee meeting, to gain assurance.	
<ul style="list-style-type: none"> The committee discussed the Corporate Risk Register and the process for escalating risks onto the Register. Further discussions are taking place between the chair and key officers and an update will be taken to the next Audit Committee. 	
Any actions recommended to improve effectiveness of the meeting:	
None at this meeting.	
Recommendation	The Board is asked to DISCUSS the report.

To be trusted to provide consistently outstanding care and exemplary service

Board committee report

Meeting	Public Trust Board		Agenda Item	19
Report title	Digital Board Committee – Report to the Board		Meeting Date	10 September 2025
Chair	Richard Oosterom (Non-Executive Director)			
Author	Chief Information Officer			
Quorate	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Alert (Matters of concern or key risks to escalate to the Board):				
<ul style="list-style-type: none"> • Funding risks: CIP and resource risks to the project which is primarily funded through trust revenue. • Training pressures: Risk of inadequate training capacity during winter (Nov–Feb) and potential cancellation if OPEL 4 declared. • Clinician engagement: Variable levels of engagement. 				
Assurances provided to the Board:				
<ul style="list-style-type: none"> • Programme delivery: OneEPR and Outpatient Transformation remain on track, with clear timelines, governance, and risk management in place. • Operational impact: New contact centre system successfully reduced unanswered calls below 5% and projected to reduce DNAs by 2% in 12 months. • Patient safety and accessibility: Accessibility standards embedded; non-digital communication routes (letters, phone) will remain available. • Workforce and training: Blended training model designed, role-specific, and supported by digital champions. • Data assurance: Migration and archiving processes compliant with BS 2008; no historical records will be lost. • Governance: Strong engagement with clinicians and divisional leaders; clear escalation routes to Clinical and Operations Group and Programme Board. 				
Advise (Matters the Board should be aware of not covered above e.g. on-going monitoring, new developments etc):				
<ul style="list-style-type: none"> • ENHT will be the first acute trust in the UK to deploy the Orbis EPR system, strengthening its position as a digital leader. • Patient Portal accelerated for Sept 2025, with 41% of clinics already live. Full integration with OneEPR planned for 2026. • AI strategy being developed, informed by NHS Providers' leadership session with ENHT Board. 				
Decisions made by the committee or major actions commissioned and work under way:				
<ul style="list-style-type: none"> • Approved Terms of Reference in principle (to be renamed <i>OneEPR and Outpatient Transformation Board</i>). • Actions commissioned: <ul style="list-style-type: none"> ◦ Programme dependency visuals (Outpatients). ◦ Patient accessibility paper (OneEPR). ◦ Confirmation of OneEPR Phase 1 go-live date post-CAOG. ◦ Training planning workshop with detailed rota planning. 				

○ Future State document to be finalised and signed off.	
Any actions recommended to improve effectiveness of the meeting:	
<ul style="list-style-type: none">• Enhance reporting with clear visuals on milestones, dependencies, and risks.• Strengthen early clinician engagement, particularly in Unplanned Care.• Improve clarity on roles/responsibilities between digital and operational teams.	
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none">• Note progress of the Outpatient Transformation and OneEPR programmes.• Endorse the mitigations in place for funding, training, and patient inclusivity risks.• Support continued investment and Executive sponsorship to secure delivery within timescales.

To be trusted to provide consistently outstanding care and exemplary service



Board Annual Cycle 2025-26

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	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	April 2026	May 2026	June 2026	July 2026	Aug 2026	Sept 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				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
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
OneEPR Committee	X		X		X		X		X		X		X		X
Strategic reports															
Planning guidance							X								
One EPR Digital update											X				
Trust Strategy refresh and annual objectives									X						

Board Annual Cycle 2025-26

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

Board Annual Cycle 2025-26

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

Board Annual Cycle 2025-26

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

Board

Meeting	Public Trust Board	Agenda Item	21										
Report title	Winter Planning and Board Assurance	Meeting Date	10 September 2025										
Author	Deputy Chief Operating Officer												
Responsible Director	Chief Operating Officer												
Purpose	Assurance	<input checked="" type="checkbox"/>	Approval/Decision	<input type="checkbox"/>									
	Discussion	<input type="checkbox"/>	For information only	<input type="checkbox"/>									
Proposed assurance level (<i>only needed for assurance papers</i>)	Substantial assurance	<input type="checkbox"/>	Reasonable assurance	<input checked="" type="checkbox"/>									
	Partial assurance	<input type="checkbox"/>	Minimal assurance	<input type="checkbox"/>									
Executive assurance rationale:													
ENHT's Winter Plan has been developed taking account of national guidance, regional and system demand modelling and planning; and organisational experience and learning. It is underpinned by the Trust's Full Capacity Protocol and Infection Prevention and Control (IPC) policies. It continues to be developed and iterated and will be tested during the Herts and West Essex system Winter Exercise on 4 September.													
Summary of key issues:													
<p>The Board is asked to review the draft Winter Plan 2525/6 and draft Board Assurance Statement on Winter Planning. The draft Winter Plan was reviewed at FPPC in July and has been further developed during August. It will be further iterated during September to incorporate learnings following the HWE system Winter exercise on 4 September.</p> <p>The NHSE national team requires submission of the Board Assurance Statement by all acute and mental health trusts by 30 September 2025.</p>													
Impact: <i>tick box if there is any significant impact (positive or negative):</i>													
Patient care quality	<input checked="" type="checkbox"/>	Equity for patients	<input checked="" type="checkbox"/>	Equity for staff	<input type="checkbox"/>	Finance/Resourcing	<input type="checkbox"/>	System/Partners	<input checked="" type="checkbox"/>	Legal/Regulatory	<input type="checkbox"/>	Green/Sustainability	<input type="checkbox"/>
Trust strategic objectives: <i>tick which, if any, strategic objective(s) the report relates to:</i>													
Quality Standards	<input checked="" type="checkbox"/>	Thriving People	<input type="checkbox"/>	Seamless services	<input type="checkbox"/>	Continuous Improvement	<input type="checkbox"/>						
Identified Risk: <i>Please specify any links to the BAF or Risk Register</i>													
There are no new risks which have been added to the risk register.													
Report previously considered at & date(s):													
FPPC July 2025 (earlier version of Winter Plan)													
Recommendation	The Board is requested to review, consider and approve the Board Assurance Statement, after considering the assurance provided in the draft Winter Plan.												

To be trusted to provide consistently outstanding care and exemplary service





Winter Planning 25/26

Board Assurance Statement (BAS)

**East & North Hertfordshire NHS
Teaching Trust**





Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust's Board has oversight that all key considerations have been met. It should be signed off by both the CEO and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Trust's name.

This section gives Trusts the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter Plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025**.

Provider:	East & North Hertfordshire Teaching NHS Trust
------------------	---

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the Trust Winter Plan for 2025/26.	Yes	Winter Plan reviewed at July FPPC and September Trust Board
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	In progress	Work in progress
The Trust's plan was developed with appropriate input from and engagement with all system partners	Yes	Working with system partners on HWE ICB winter plan, which includes and supports ENHT Winter Plan
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	Participation in HWE winter exercise event 04/09/2025.
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Chief Operating Officer
Plan content and delivery		
The Board is assured that the Trust's plan addresses the key actions outlined in Section B.	Yes	
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	
The Board has reviewed its 4 and 12 hour, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025.	Yes	Noting the risks with any further Industrial Action

Provider CEO name	Date	Provider Chair name	Date
Adam Sewell Jones		Anita Day	

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. There is a plan in place to achieve at least a 5 percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.	Yes	This is led by Health at Work, with divisional and corporate support
Capacity		
2. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.	Yes	NHSE East of England are undertaking further profiling.
3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.	Yes	UEC Care Group have reviewed workforce plans
4. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges.	Yes	Working closely with Herts County Council's Transfer of Care Team and system partners
5. Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.	Yes	These will be monitored through business-as-usual meeting structure and escalation meetings.
Infection Prevention and Control (IPC)		
6. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	Yes	Screening meeting took place 01/09/2025 and IPC guidance booklet being updated
7. Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.	In progress	Procurement reviewing with NHS Supply Chain in September the process for top up and levels

8.	A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.	Yes	Forms part of Full Capacity Protocol
Leadership			
9.	On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	Specialty medical on call; Duty Matron; Senior Manager on Call; Director on Call
10.	Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	Via Shrewd application
Specific actions for Mental Health Trusts			
11.	A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers.		
12.	Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter.		

Winter Plan

August 22nd 2025

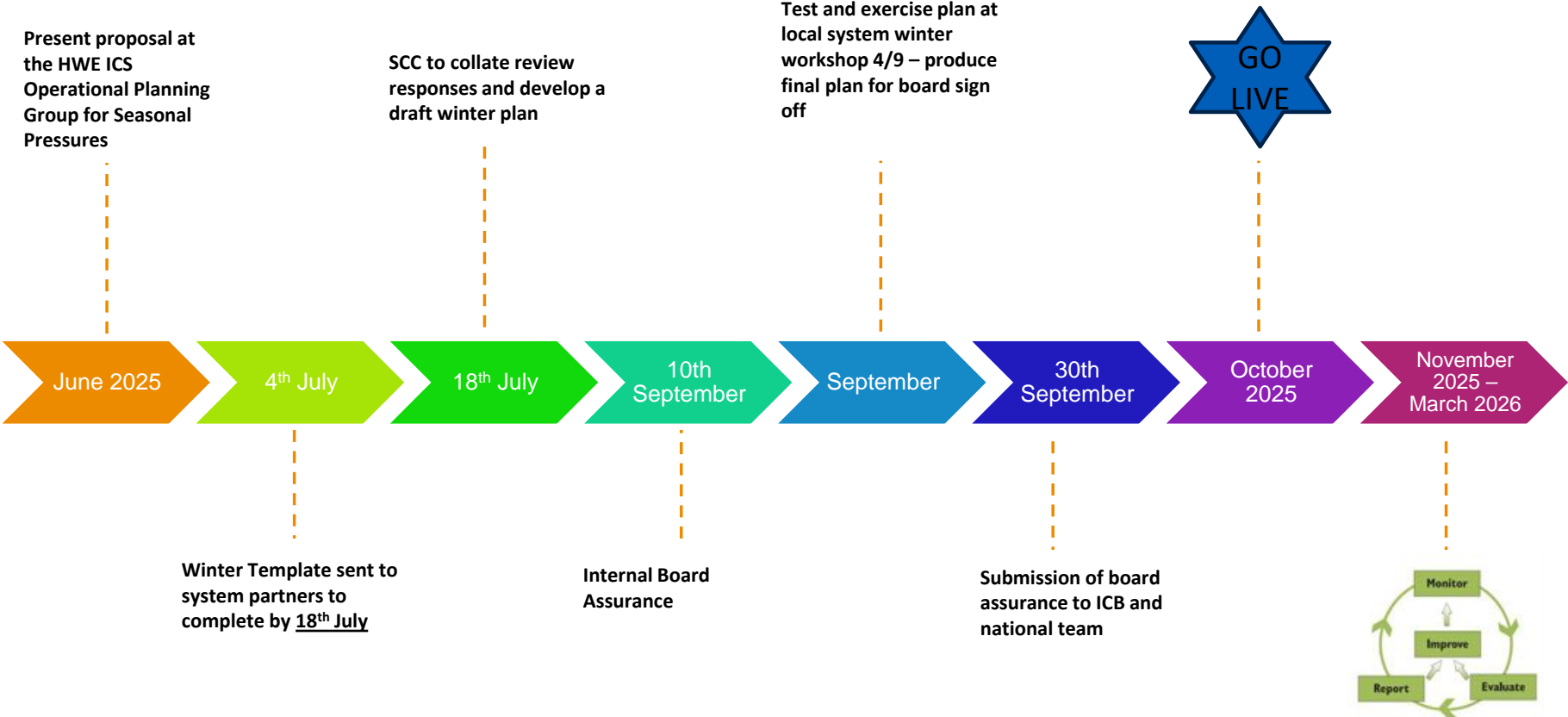


East and North
Hertfordshire Teaching
NHS Trust

ProudToBeENHT



Winter Planning 2025/26 – E&NHT / HWE ICS Timeline



Understanding our population's Urgent and Emergency Care needs over the coming winter



East and North
Hertfordshire Teaching
NHS Trust



- Ageing population and increasing multi-morbidity, over 100,000 people nationally are living with frailty.
- People aged over 65 years are at greatest risk of living with frailty and requiring urgent and emergency care.
- Frail older people are most likely to suffer risks of an acute hospital admission – decompensation, delirium, and other harms.
- Children and young people account for over a quarter of ED attendances*
- Children are the most likely age group to attend EDs when they could be managed more effectively in alternative settings
- Many of the longest waiting ED patients have mental health problems.
- Mental health clinical deep dives demonstrated fragmentation of the system: lack of join up between psychiatry, drug and alcohol teams, social services and primary care.

*with higher than national year-on-year growth in CYP ED attendances at Lister and Watford General.

Clear cohorts to focus on over winter 2025/26

Focus on children and young people, mental health crisis response, and frailty and end-of-life care.



Hertfordshire and
West Essex Integrated
Care System



HWE UEC demand winter₁ FY2324 vs winter FY2425 vs winter FY2526 plan



East and North
Hertfordshire Teaching
NHS Trust

	Winter FY2324 (actuals)	Winter FY2425 (actuals)	Winter FY2526 (plan)
GP attendances per day	23,419	24,683 (+5.4%)	26,050 (+5.5%)
111 calls offered per day	1,526	1,444 (-5.4%)	1,564 ₂ (+8.32%)
Ambulance incidents per day	497	528 (+6.2%)	534 ₃ (+1.1%)
Conveyances per day ₄	219	219	214 (-2.3%)
ED attendances per day ₅	1514	1547 (+2.2%)	1576 (-1.9%)

1. For the purposes of this analysis, winter is defined as the period from October to March
2. From *draft* Indicative Activity Plan
3. From EEAST internal plans
4. This analysis shows conveyances to the three acute Trusts in HWE, rather than conveyances of HWE patients
5. This analysis shows ED attendances at the three acute Trusts and two minor injuries units in HWE. The FY2526 plan figures have been uplifted as the planning submission included acute trusts only



Winter plan checklist

Prevention



1. There is a plan in place to achieve at least a 5 percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.

Capacity



2. Profiling of winter related patient demand is modelled & understood; plans are in place to respond to demand and surge
3. Rotas reviewed to ensure there is max decision-making capacity at times of peak pressure, inc weekends.
4. 7-day discharge profile reviewed
5. Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – incl on diagnostic services.

Infection Prevention and Control



6. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.
7. Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.
8. A patient cohorting plan including risk- based escalation is in place and understood by site management teams.

Leadership



9. On-call arrangements are in place, including medical and nurse leaders, and have been tested.
10. Plans are in place to monitor and report real-time pressures utilising the OPEL framework.

Key Actions at ENHT

Prevention	Capacity	Infection Prevention and Control	Leadership	Consideration and Risks
<p>Flu vaccine will be offered to all employees, contractors, volunteers and students from 1 October 2025.</p> <p>The importance, safety, effectiveness and availability of the vaccine will be promoted using the following:</p> <ul style="list-style-type: none"> • All staff email from CEO • Weekly Trust communications email • Posters and fliers with QR code for booking app • Social media posts • Team what's app messages • Presentations at meetings, staff networks and huddles • Intranet page • Roaming vaccine team <p>Update will be monitored through divisional performance meetings and TMG</p>	<p>Review of bed base and identification using the full capacity protocol of triggers for increased capacity with specific reference to ED, SDEC, critical care, stroke, PPCI, trauma, paediatric and respiratory capacity.</p> <p>Robust review of all patients with a length of stay over 21 days.</p> <p>Early discharge planning; increased use of the discharge lounge and discharges before midday.</p> <p>Completion of ED capital extension of ambulance handover.</p> <p>Monitoring of RTT and cancer performance against trajectory.</p> <p>Maximise use of Hospital @ Home.</p> <p>Maximise frailty pathways</p>	<p>Review of management of PPE stock and top up is in place</p> <p>Monitoring of staff fit testing and escalation through TMG and divisional performance meetings of any areas with inadequate numbers of staff tested and passed.</p> <p>IPC and Site working closely on outbreak actions including bed / ward closures and cohort wards.</p>	<p>Daily monitoring from October of local and national demand profile to indicate activity surges</p> <p>Ensuring equal take up of leave each quarter to ensure maximum resilience to cope with surge in quarter 4.</p> <p>Review of vaccination uptake and staff sickness at TMG.</p> <p>System wide communication, collaboration and support for patient pathways and colleagues, early escalations of concerns and requests for support.</p>	<p>Attention and monitoring of impact of surge to RTT, cancer and diagnostic capacity</p> <p>Ensuing prompt step down from critical care and hyper acute stroke unit to protect capacity and accelerate patient recovery.</p> <p>Risk to safely cope with surge if industrial action continues</p> <p>Implementation of phase 1 of OneEPR is scheduled for February 2026, with training for all clinical staff from Nov-Feb. Training and go live potential impact on workforce, activity and flow.</p>

Prevention

Staff Vaccinations:

- 39% last year, national target to increase by at least 5%
- Led by Health @ Work - booked appointments and drop in sessions being offered as well as roaming teams.
- Divisions identifying peer vaccinators.
- Drafted communication to go out.
- Compliance to be monitored through divisional performance meetings and TMG.

Patients:

Flu vaccinations for new patients to a care home

- All new residents should be registered with the GP that ordinarily covers the home, they will be added to the GP's list for a flu vaccination, this is provided when they visit the home.
- Working with Digital and our Associate Medical Director for Primary Care to increase uptake for those on the elective list who meet the eligibility criteria to have a flu vaccine.

Winter Surge Capacity (temporary escalation spaces)

Quality and Governance

Use of Escalation Areas and Plus One Beds

- The use of escalation areas including Plus One Beds will be considered to balance risk to patients across the hospital when ED is under pressure from crowding or breaching; opening additional escalation areas will require the prior approval of the Chief Operating Officer, Chief Nurse and Medical Director
- Patients placed in escalation areas or Plus One Beds will have individual risk assessments on the suitability and any mitigations required
- Where a patient is placed in a Plus One Bed, the rationale for this will be clearly explained to the patient by the Nurse-in-Charge and documented in the patient notes

Patient Safety & Risk Assessments

- The overall impact of the use of Boarding, Plus One Beds and Escalation areas on patient safety, care and experience will be monitored by the Matrons and Divisional Directors of Nursing, by review of feedback, incidents or complaints. Where needed this will be escalated to the Chief Nurse and Medical Director
- All areas identified for escalation or Boarding (Sitting Out) will be risk assessed by the appropriate Divisional Director of Nursing
- Any related safety incidents should be appropriately managed at the time of the incident by the Ward, ED senior nursing or medical teams, and further escalated to the Matrons in hours, or Site Team out of hours to ensure any further mitigations or controls are put in place

Surge Capacity Winter Plan

Early review, and focus on discharge pathways including criteria led discharge, H@H pathway, and frailty.

Planned Care Division

- Review of SAU staffing, to increase SAU capacity
- Recovery beds maximum 6 patients (only for theatre cases that cannot be bedded), 2 RN and 1 CSW

Unplanned Care Division

- Use the 3 escalation spaces in AMU plus 2 plus 1 beds
- Discharge Lounge to accommodate 8 patients, signed off by divisional director/DON

Trust wide action following ENHT Full Capacity Protocol
(reverse boarding, plus one capacity)

Winter Surge Capacity

Identified Plus One and Reverse Boarding Areas

	Plus one areas identified	Reverse board areas identified
11B RSU	X1	No
10A	X2	X2
10B	No	X2
9A	X1	X2
9B	No	X2
8A	X1	x2
6A	No	X1
6B	X1	X1
5A	X1	X3
5B	X1	X2
7A	X2	X2
7B	X1	X3
Swift	X0	X2

Escalation Beds

	NO OF ESCALATION SPACES	Reverse board areas identified
ED AMBO	0	X4
ED CORRIDOR/ MAJORS 4	X4	X6
AMU	X3	X2
ACU	X4	X0
DISCHARGE LOUNGE	X8	X0
CATH LAB	X12	x0
THEATRE RECOVERY	X6	X0
ENDOSCOPY	X6	X0
SDEC	X12	X0
TOTAL	47	

10 |

Critical Care Winter Plan

- Protect the critical care bed capacity, to meet the winter demand.
- Improve critical care compliance
- Ensure the right patient will receive the care in right space. Timely referrals to specialities.
- Three daily huddles with Site to discuss potential step downs.
- Zero tolerance on critical care outliers.

Site Actions:

- Priority to be given to critical care stepdown.
- Ensure to step down to the right ward in a timely manner.
- Identified bed within 30 minutes of request. Step-down patients within 4 hours of bed allocation.
- If no bed identified, liaise with divisions or matrons to support in identification.
- Ensure that beds are available within the following specialities: Cardiology, Stroke, Renal, RSU and Vascular. Follow the ring fence plan.

Cardiology

To protect PPCI bed capacity

- Ring fence 3 beds in cardiology including a side room.
- Identify patients that can use plus one beds.
- Identify and move and medical patients to wards.

Respiratory capacity

Ring fence RSU capacity by:

- Ring fence a minimum of 3 RSU beds going in to evening.
- Clinician to identify a patient to step down in 11A.
- If there is no capacity in 11A, clinician should identify patients that can be stepped down in medical wards.
- Clinician to identify patient that can be discharged via Hospital at Home and community respiratory discharge pathway.
- Repats from other hospital should be screened for VRE and Covid. If no results, should be admitted to a side room.

Vascular (enhanced) beds

- Ring fence 3 enhanced beds and 1 sideroom in 7A (ideally).
- Review staffing levels in 7A to support enhanced recovery.
- Zero tolerance on v
- Vascular outlier in critical care.
- Clinicians to identify patients for repat within the 48 hour agreed pathway.
- Clinicians to identify patients that can be discharged home via the hospital at home pathway.

Stroke

- Ring fence the HASU beds.
- Clinicians to identify patients to step down to Barley.
- Clinicians to identify medical movers and discuss with medical team.
- Radiology to prioritize MRI for Pirton.
- Head of Site to link with community partners regarding rehab beds.
- All patients being admitted to stroke have LFT tested.
- Repats from other hospitals should be screened for VRE and Covid. If no results, should be admitted to a sideroom.

Renal

- Ring fence capacity in renal.
- Renal team to prioritise critical care stepdown.
- If there are no renal beds, Site to liaise with renal clinicians to identify any medical movera.



Paediatrics

- Looking at lessons learnt and cases in Australia to prepare for this winter.
- Reviewing Bluebell estate to ensure fit for purpose
- 7 day band 7 nursing in place in paediatric ED.
- Meeting held with the paediatric critical care operational delivery network on August 12th to prepare.
- Away day with paediatric emergency vehicle provider in place
- Staff identified as peer vaccinators and fit testers
- Working on minor illness pathway within the Lister UTC.
- Working on nurse led pathways and streamlining on areas such as gastro, respiratory using healthier together website and follow up the next 24 hours.

Capacity

Discharge Planning

- Transfer of Care Hub team working 7 days a week in place.
- Daily review of all patients with a length of stay over 21 days.
- New transport criteria and booking process in place

Ambulance Handover extension Capital work

- Work to commence December 2025 with expected completion March 2026. Will increase ambulance handover cubicles with overall capacity to 8 cubicles, providing improved patient quality of care and experience.
- Phase 1: Two storey modular – December 2025 – January 2026. Phase 2: Seminar Room & changing room January 2026 – February 2026. Phase 3: Ambulance Handover area February 2026 – March 2026

Elective work

- Weekly demand and capacity continues alongside escalation meetings for RTT and diagnostic performance targets

Frailty

- October 2025 Frailty Assessment Unit to manage all of CDU. 7 cubicles and 10 chairs
- Close working with system partners on admission avoidance

IPC

Daily review of side room usage and plan for step down.

Fit testing

- Divisions taking ownership of fit testing, compliance to be reviewed through performance meetings and TMG.
- Working on an updated tool for screening which will support decision making.

Screening

- Meeting held 01/09/25 to agree Trust approach on screening, tests and mask wearing for both elective and non elective pathways. Winter booklet will be updated accordingly and posters developed for staff, patients and visitors.

PPE

- Wards maintain individual stock. Redirooms coordinated through Unplanned Care division. Procurement working with supply chain on demand management.

Timelines

Action	When	Led by
Prevention – start of vaccination campaign	October 1 st 2025	Health at Work
Capacity Review of bed base and identification using the full capacity protocol of triggers for increased capacity	September 2025	Head of Site
Discharge planning and processes	Ongoing	Discharge working group
Completion of ED capital work in ambulance handover.	March 2026	Unplanned Care Operational Director
Monitoring of RTT and cancer performance against trajectory.	Ongoing	Deputy COO
Maximising frailty pathways	August 2025	Unplanned Care Operational Director
Infection Prevention and Control Review of management of PPE stock and top up is in place	August 2025	IPC / Procurement
Leadership Daily monitoring on surge or national intelligence of early warning of surge	October 2025	Head of Site / EPRR lead
Monitoring of leave, fit testing , uptake of vaccination and staff sickness	Ongoing	Lead Divisional Directors