NHS
The Princess Alexandra Hospital
NHS Trust

AGENDA
Public meeting of the Board of Directors

Date and time:	Thursday 6 June 2024 at 09.30 – 13.00
Venue:	Kao Park Boardroom, Kao Park, London Road, Harlow CM17 9NA

	Item	Subject	Action	Lead	
01 Opening administration					
09.30	1.1	Apologies	-	Chair	
	1.2	Declarations of Interest	-	Chair	
	1.3	Minutes from previous meeting	Approve	Chair	4
	1.4	Matters arising and action log	Review	All	17
09.35 Patient Story: The Maternity Services Improvement Story					
02 Chair and Chief Executive's reports					
10.00	2.1	Chair's Report	Inform	Chair	19
10.05	2.2	CEO Report	Inform	Chief executive	25
03 Risk					
10.20	3.1	Corporate Risk Register	Review	Medical Director	31
10.30	3.2	Board Assurance Framework 2024-25 *Diligent Resources: BAF 2024/25*	Review/ Approve	Head of Corporate Affairs	37
04 Patients					
10.35	4.1	Reports from Quality and Safety Committee 31.05.24: - Part I - Part II	Assure	Committee Chairs	To Follow
10.40	4.2	Paediatric Audiology Service	Assure	Chief Nurse	To Follow
10.50	4.3	Maternity Report: Serious Incident (SI) Report	Assure	Chief Nurse/ Director of midwifery	40
		Opportunity for members of the public to ask questions about the board discussions or have a question answered			
		BREAK 11.00 -11.10			
	4.4	Nursing, Midwifery and Care Staff Levels	Assure	Chief Nurse	44
	4.5	Learning from Deaths (Mortality) Report	Assure	Medical Director	58
	4.6	Electronic Health Record	Assure	Chief Information Officer	64
05 People					

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	5.1	Report from People Committee 29.05.24	Assure	Committee Chair	67
	5.2	Fit and Proper Persons Annual Submission	Approve	Chief People Officer	To Follow
06 Performance/pounds					
	6.1	Report from Performance and Finance Committee 30.05.24	Assure	Chair of Committee	To Follow
	6.2	Annual Operating Plan	Inform	Director of Finance	70
	6.3	Finance Update: Month 1	Assure	Director of Finance	77
	6.4	Integrated Performance Report (IPR) M1	Discuss	Chief Information Officer	87
		Opportunity for members of the public to ask questions about the board discussions or have a question answered			
07 Strategy/Governance					
	7.1	Report from Strategic Transformation Committee 20.05.24	Assure	Chair of Committee	102
	7.2	Report from LMT Meetings held in May 2024	Assure	Chair of Committee	106
	7.3	Report from AC.04.06.24	Assure	Chair of Committee	Verbal
	7.4	ICB Medium Term Plan	Discuss	Chief Executive	107
	8.1	Opportunity for members of the public to ask questions about the board discussions or have a question answered.			
09 Closing administration					
	9.1	Any unresolved issues			
	9.2	Review of Board Charter			
	9.3	Summary of actions and decisions	-	Chair/All	
	9.4	New risks and issues identified	Discuss	All	
	9.5	Any other business	Review	All	
	9.6	Reflection on meeting *(Is the Board content that patient safety and quality has been considered and there was evidence of good governance)*	Discuss	All	
13.00		Close			

Date of next meeting: 3 October 2024

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Purpose:
The purpose of the Trust Board is to govern the organisation effectively and in doing so to build public and stakeholder confidence that their health and healthcare is in safe hands and ensure that the Trust is providing safe, high quality, patient-centred care. It determines strategy and monitors performance of the Trust, ensuring it meets its statutory obligations and provides the best possible service to patients, within the resources available.

Quoracy:
One third of voting members, to include at least one Executive and one Non-Executive (excluding the Chair). Each member shall have one vote and in the event of votes being equal, the Chairman shall have the casting vote.

Board Membership and Attendance 2024/25			
Non-Executive Director Members of the Board (voting)		**Executive Members of the Board (voting)**	
Title	**Name**	**Title**	**Name**
Trust Chair	Hattie Llewelyn-Davies	Chief Executive	Lance McCarthy
Non-executive Director	George Wood	Chief Nurse/Deputy CEO	Sharon McNally
Non-executive Director	Colin McCready	Chief Operating Officer	Stephanie Lawton
Non-executive Director (SID)	Darshana Bawa	Medical Director	Fay Gilder
Non-executive Director	Elizabeth Baker	Director of Finance	Tom Burton
Associate Non-executive Director	Anne Wafula-Strike	**Executive Members of the Board (non-voting)**	
Associate Non-executive Director	Rob Gerlis	Director of Strategy	Michael Meredith
Associate Non-executive Director	Oge Austin-Chukwu	Director of People	Ogechi Emeadi
Associate Non-executive Director	Ralph Coulbeck	Director of Quality Improvement	Jim McLeish
		Chief Information Officer	Phil Holland
Corporate Secretariat			
Head of Corporate Affairs	Heather Schultz	Board & Committee Secretary	Lynne Marriott

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Tab 1.3 Minutes of Previous Meeting

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Minutes of the Trust Board Meeting in Public at Kao Park
Thursday 4 April 2024 from 09:30 to 13:00

Present:

Hattie Llewelyn-Davis	**Trust Chair (TC)**
Oge Austin-Chukwu (non-voting)	Associate Non-Executive Director (ANED - OA)
Liz Baker	Non-Executive Director (NED-LB)
Darshana Bawa	Non-Executive Director (NED-DB)
Tom Burton	Director of Finance (DoF)
Ogechi Emeadi (non-voting)	Chief People Officer (CPO)
Rob Gerlis (non-voting)	Associate Non-Executive Director (ANED-RG)
Fay Gilder	Medical Director (MD)
Phil Holland	Chief Information Officer (CIO)
Lance McCarthy	Chief Executive Officer (CEO)
Jim McLeish (non-voting)	Director of Quality Improvement (DoQI)
Sharon McNally	Chief Nurse (CN)
Michael Meredith (non-voting)	Director of Strategy (DoS)
Anne Wafula-Strike (non-voting)	Associate Non-Executive Director (ANED-AWS)
George Wood	Non-Executive Director (NED-GW)

In attendance/Observing:

Camelia Melody	Deputy Chief Operating Officer (DCOO)
Laura Warren	Associate Director Communications (AD-C)
Ann Nutt	Chair of Patient Panel (CoPP)

Staff Story:

Karen Kingsmill	Outreach & Retention Resourcing Partner
Janice Bernardo	Intern Manager
Rhonda Williams	Project SEARCH Team Leader
Aidan Jeffrey	Intern
Andy Jeffrey	Aidan's Father
Jamie Coates	Head of People Resourcing & Retention

Members of the Public

Anna Hill	East of England Cancer Alliance
Helena Robert	Senior Sister CCOT
Ian Child	HFMA Eastern Branch

Apologies:

Stephanie Lawton	Chief Operating Officer (COO)
Colin McCready	Non-Executive Director (NED-CM)

Secretariat:

Heather Schultz	Head of Corporate Affairs (HoCA)
Lynne Marriott	Board & Committee Secretary (B&CS)

01 OPENING ADMINISTRATION	
1.1	The Trust Chair (TC) welcomed all to the meeting,
1.1 Apologies	
1.2	Apologies were noted as set out above.
1.2 Declarations of Interest	
1.3	No declarations of interest were made.
1.3 Minutes of Previous Meeting	
1.4	The minutes of the previous meeting held on 01.02.24 were agreed as a true and accurate reflection of that meeting with no amendments. The Chief Nurse (CN) highlighted that in

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	relation to minute 4.10 which referenced the Maternity Incentive Scheme (MIS), NHS Resolution had now reviewed the evidence submitted by the Trust in relation to Safety Action 8, and had declared it compliant with that action and thereby with the scheme as a whole. Congratulations went to the team for all their hard work on this.
1.4 Matters Arising and Action Log	
1.5	There were no matters arising. The action log was noted, with agreement to close those items proposed for closure.
Staff Story: Project SEARCH (Supported Internships)	
1.6	The TC then welcomed those present for the Staff Story and handed over to the Head of People Resourcing & Retention (HoPRR). Board members introduced themselves.
1.7	The HoPRR informed members the Trust had partnered with Harlow College/Project SEARCH the previous year and currently ten interns had been placed within the hospital. The programme supported young adults with mild learning difficulties into employment. The interns would rotate through various departments within the Trust and the programme would help build their confidence and skills.
1.8	Aidan Jeffrey (AJ) then introduced himself to Board members. He informed those present that he was 20 years of age, and had been born with a learning disability and hyper-mobility. Growing up had not been an easy journey for him – he had been bullied at school but over the years had learned to deal with this. When he had joined Harlow College and the programme he had started to feel happy and that he belonged. He was very happy in his work at the hospital and was getting on with all his co-workers and felt very honoured to be where he was. He commented he had two words to say and those were "thank you"!
1.9	The Project SEARCH Team Leader (PS-TL) then informed members that the interns were all doing really well and their progress and increased confidence was clear to see in the first six months. They had already learned new skills, were all feeling part of a team and what was key was that they were all being treated as "normal". They were engaged and passionate and couldn't wait to start their working week at the hospital (after English and Maths on a Monday at college). Her ambition was that the interns would ultimately find permanent positions within the hospital. If that didn't happen they would however have learned new skills to take on to other places of work. The programme, the first to be run, would end in July.
1.10	The Intern Manager (IM) informed members that OPAL Unit (her own place of work) was the only clinical area currently on the programme. The leadership here had been structured to enable the interns to be fully supported and integrated. The interns had been welcomed by the staff, patients and families alike and were having a hugely positive impact on the department. Key for the next intake would be how to induct the job coaches so they were used to the areas where the interns were being placed and having a strategic plan for the use of this resource. She would encourage other areas to come forward for intern placement because their value to the organisation was huge.
1.11	The TC opened the item up for questions. Associate Non-Executive Director Anne Wafula-Strike (ANED-AWS) highlighted that she too had a disability and she had been happy to hear that AJ had stated he now felt that he belonged. She asked what percentage of the interns were likely to be retained by the organisation. The IM confirmed that the two interns currently placed in OPAL unit were definitely employable and she would like to retain them if possible. Chelmsford College ran the same programme via the Broomfield Hospital and their retention rate was circa 70%. They had been running the programme for seven years however.
1.12	The Chief People Officer (CPO) commented the organisation needed to be more creative about its vacancies and around the selection process for staff and to support intern retention as much as it could.
1.13	The Medical Director (MD) then asked AJ what had been the most scary thing about joining his department – Central Sterile Services Department. AJ responded the huge number of tools and where they all belonged – and how many different kinds of scissors there were.

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1.14	NED George Wood (NED-GW) thanked AJ for telling his story. He stated he was very interested in developing young people and he would be happy to act as a buddy or mentor if that would be useful.
1.15	The Director of Quality Improvement (DoQI) added that the type of work AJ was undertaking in CSSD was very complex in terms of the requirements for each individual theatre set. He had taken to the work very well with support from the team and he had heard that AJ was so happy in his role that he didn't want to rotate! AJ was a great example of what could be achieved.
1.16	The Director of Strategy (DoS) commended AJ's story. This was what was meant by 'Anchor Institution' and what the organisation could do to transform the place (links to the college) and the impact it could have in the local community as the biggest employer in Harlow.
1.17	NED Darshana Bawa (NED-DB) then asked what had been the biggest challenge in terms of getting the programme off the ground. The PS-TL responded that had been the placements. Two places (of three) had been lost in one of the departments.
1.18	The Outreach & Retention Resourcing Partner (ORRP) then informed members that her role was to persuade people of the benefits of taking an intern. However they had to see the value themselves – success would bring success. Hopefully more Trust departments would come on board once the benefits were clear.
1.19	At this point the Chief Information Officer (CIO) stated he would to reinforce the comments around the value of having interns. His department (IT) had its own intern (Frankie) who had come on in leaps and bounds since joining the team. He had supported on the HelpDesk and in the Alex Lounge and was now working with the desktop/infrastructure teams. The interns added real value and he would hugely encourage colleagues to take advantage of this programme, for themselves and for the organisation as a whole.
1.20	The CN then stated the position was a "win win"! The interns had made an amazing contribution, and had made a difference to staff who were tired, and of course to the patients. There was more the organisation could do in terms of its "anchor institution organisational plan" in terms of access for those with a learning disability and she would be happy to work with Harlow College colleagues to get that message across.
ACTION TB1.04.04.24/01	**Work with Harlow College in terms of access to the hospital as a place of employment for those with a learning disability.** **Lead: Chief Nurse**
1.21	Reflecting on the above 'anchor institution' point, ANED Rob Gerlis (ANED-RG) asked about other parts of the system and ICB and the associated workforce issues. The PS-TL responded there were 126 students currently at the college with an HCP, some were in main stream and some in supported studies. There had been 13 applications to join the programme but not all of those were suitable. The HoPRR added he had presented to the ICB the previous week and ENHT would be starting the programme in September and there was lots of interest from other partners to also participate.
1.22	The TC extended huge thanks to all involved and commented that AJ was the start of something big! The CN would work with College colleagues to see how to grow the programme further. She thanked AJ for being so brave and his father for his ongoing support and for bringing him that day. The initiative was fantastic and she asked the CPO to thank her team on the Board's behalf.
ACTION TB1.04.04.24/02	**Thank colleagues in the People Team for their work on the SEARCH project.** **Lead: Chief People Officer**
02 Chair and Chief Executive Reports	
2.1 Chair's Report	
2.1	The TC presented her paper which was taken as read. Of key to note was the news of the CEO's new role as CEO at Frimley Healthcare. Members had no questions.
2.2	The TC congratulated the Chair of the Patient Panel (CoPP) who was in the room for her 'Unsung Hero' award. She also informed members of the sad death of the husband of the Vice Chair of the Patient Panel earlier that week after a long illness. She asked the CoPP to pass on the Board's commiserations to her.

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2.3	With reference to the Service Area Visits by NEDs, ANED Oge Austin-Chukwu (OA) flagged that in terms of the visit to the Butterfly Hub and the feedback noted there, the Specialist Palliative Care Annual Report had been received at QSC in January 2024. This paper had touched on the challenges of recognising end of life in a timely way and the associated challenges of using the Butterfly volunteers. The plan was for the Patient Safety Group (PSG) to receive an update on that which would then come to QSC. The TC added this was the issue that most worried the Butterfly team.
2.2 CEO's Report	
2.4	The CEO presented his update and key headlines were as follows: **ITU Ceiling:** Colleagues would be aware the ceiling in ITU had collapsed on 14.03.24. No-one had been harmed and the response from staff had been amazing. He requested his thanks to staff be formally noted in terms of their quick thinking, mobilisation and transfer of patients to another space with a temporary facility established on Henry Moore Ward. He particularly commended the decision-making of two middle grade doctors which had been outstanding. The damage had been repaired and the area reopened a week later. Two patients had required transfer out but services had been maintained. There had been a full investigation with actions implemented as a result of that. There would be a full after-action-review to take any learning. There was access to health and wellbeing services for all colleagues. He thanked staff again for how they had responded.
2.5	**Operational & Financial Pressures:** Urgent care performance continued to improve. Whilst the position was still short of the 4 hour target (76%), there had been continuous improvement for four months now and with a good plan for ongoing improvement to achieve the new target of 78% for 2024/25. There was a very clear transformation plan being led by the Urgent Care triumvirate and there had been significant progress. Planned care performance was also making strong progress. The 'no patients waiting over 78 weeks' position had not quite been met but that was down to patient choice. Strong progress was being made in all other areas and colleagues continued to support and develop flow processes, working closely with the GiRFT team, particularly in Orthopaedics and Ophthalmology. The work to date had been commended by GiRFT. In terms of the financial position, the year-end deficit had been £6m despite a significant amount of cost reduction via PQP. The coming year would be tough financially and the funding growth of the NHS would be the lowest for a long time. The forecast position for 2024/25 currently was a £28m deficit, despite the PQP programme bordering on £20m. The system as a whole was currently forecasting a £80m deficit.
2.6	**Pay Awards:** The consultant body had rejected the referendum on a pay deal from the BMA in January. An improved award had gone back out and had closed the previous day. Doctors in training remained in dispute with the government on pay and from a 62% turn-out had voted 98% to continue with industrial action. The juniors now had a mandate running from the previous day until mid-September. There had been no notification of further industrial action but there was clearly the mandate for the junior doctors to be able to undertake that at some future point.
2.7	In relation to the financial position, NED-DB asked for some additional detail around the transformation of services and when colleagues may see something more concrete in terms of how this would move forward. The CEO responded that work would be ongoing through 2023/24 and 2024/25. There were some clear elements, for example, Pathology Procurement, with others still to come. There would not be one definitive plan. The Trust's PQP plan would link into that and much of this was underpinning the place work and the focus on the frailty pathway. The DoF added that in the previous year a system recovery plan had been developed so it would be something akin to that, but this was evolving and PAF would be kept updated. The DoQI then added that the operational framework for the current year provided a sense of direction in terms of ICBs driving some national programmes. It was hard to pull all this into one plan but the indications in this framework were that there would be some national programmes to sign up to.

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2.8	NED-DB responded it sounded that much was being driven by the Executive team and she asked what proportion was 'from us for the system'. The CEO responded a fair share in his view. The Trust was playing its role in the system and its responsibility was to ensure services at PAHT were safe and value for money. The Trust inputted into ideas generated by the system, as did others, and it had a responsibility to ensure the system position balanced and to support that position as much as it could.
2.9	The Director of Strategy (DoS) then commented that the Trust could not fix the financial position on its own, it would need to work in conjunction with the system on that. A system job description had been developed for an individual to focus on healthcare partnership development. This would be a joint role with the HCP.
2.10	The TC added the organisation was seen as a good partner. She agreed it could not solve its financial position alone so it needed to maintain its status as a good system partner. The CEO added this linked to the earlier conversation around 'anchor institution'. The Trust was the single biggest employer in the town and responsible for the provision of healthcare and good outcomes but it also had a wider responsibility to partner with other sectors and the system.
2.11	In response then to a question from ANED-RG, the CEO responded there were now lots of joint appointments, with a variety of organisations. It was in everyone's best interest to ensure it was easy for colleagues to move between roles within the system and to apply for roles in different organisations. There was starting to be a better understanding of where the pathways crossed health and social care and what the recruitment processes would be for someone working across two sovereign organisations. The Medical Director (MD) then added that one of her Deputy MDs was also the lead for the HCP. That had been an innovative appointment to ensure the right conversations and that PAHT clinicians were exposed to primary care/the system.
2.12	**New Hospital Programme**: The CEO updated that the new hospital programme team and specialist advisory teams were now being built back up. Huge thanks went to the programme's previous director (who had recently retired) for her huge input. She would now be replaced by Martin John (as of May) who was currently Director of the Science Hub programme at UKHSA. The national programme was also ramping up and a demand and capacity model had been developed with the Trust now starting to enter its data into that. There would be some clear outputs over the next few weeks which could then be translated into the schedule of accommodation linking into Hospital 2.0. The Trust had also just taken part in a governance and organisation design review with a number of the key issues reviewed and each scoring between 1.0 and 5.0. The PAHT programme had been scored as a 3.8 in total, against an expected score of 3.0 at that stage in the programme from the NHP team. That demonstrated and provided assurance of the strength of governance processes in place and readiness to proceed. In terms of the NHP Programme Business Case for the full set of 40 schemes, this was progressing through the relevant national and governmental approvals processes. It had been approved by the national Joint Investment Committee and was expected to have been through the HMT process by the end of April. At that point there should be a greater level of clarity and certainty over the funding envelopes for each scheme and the expected timeframe for delivery of each scheme.
2.13	Non-Executive Director Liz Baker (NED-LB) asked whether the demand and capacity model could benefit the organisation now in its current setting. The DoS responded that it was a national model with the Trust the second organisation to run through it. Some issues had been identified and it should not be forgotten it had been designed for a specific purpose and more would now need to be done to use the outputs to drive planning assumptions. The model was currently broad in terms of outputs, and provided a number of those currently. The Trust would work with West Herts. to review the outputs which he hoped would align and could be used as a single transformation plan. The DoQI added that the organisation's transformation plans to 2042 had already been fed into the model which should dictate the size of the new hospital.
2.14	**Alex Health Programme:** The organisation continued to make strong progress with the implementation of its Alex Health programme, in partnership with Oracle Health colleagues.

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2.15	**Partnership Working:** The CEO stated he had already referenced the financial pressures above that both the organisation and system were under. The community services model was a really significant driver of change across the system and place over the next 18 months and there had been a big review of the model in Hertfordshire and West Essex which showed variations in service offer, access and value for money. This would be fundamental to the quality of care in acute services as well as in the system and fundamental to getting a new hospital. Many patients in the acute sector could benefit from having their care in a different setting and this needed to be the focus. The governance structure continued to develop with the move to more formal HCPs. All of the areas of focus across the system for 2024/25 had now been confirmed as: – Prevention – children (obesity) and mental health (wider determinants of health). – Cardiovascular disease – case finding hypertension and heart failure. – Frailty, End of Life Care, Falls – proactive and anticipatory care. – Same day emergency care – UEC flow, Integrated UTC, virtual ward, urgent pathways in the community.
2.16	In response to the above the DoQI highlighted to colleagues there had been agreement to change the membership of the Strategic Transformation Committee (STC) to strengthen partnership arrangements. From May, Part A of the meeting would focus on how to work differently with the system to take the local/system agenda forward.
2.17	In response to the above, ANED Anne Wafula-Strike (ANED-AWS) suggested 'Disabilities' be added to the list of system priorities. The CEO responded that this work, in his view, cut across learning disabilities/mental health and the CEO of HPFT was very focussed on supporting access to those services and work was currently being driven on this via the mental health partnership. The MD added as further assurance that protected characteristics were flagged through QIA/EIA and the DoQI added that the Trust was an active member of the West Essex Inequalities Board which looked at all issues related to disabilities and access.
2.18	The TC thanked the CEO for his update. There were a number of thanks requested above, namely to the Estates team for their works around ICU, the Orthopaedic team for their work on GiRFT, and for the DoS to pass on Board thanks to Helen Davis for her work around the new hospital programme.
ACTION TB1.04.04.24/03	**Thank Estates colleagues for their work in relation to the repairs to ITU ceiling.** **Lead: Director of Strategy**
ACTION TB1.04.04.24/04	**Thank Orthopaedic colleagues for their work in relation to GiRFT.** **Lead: Chief Operating Officer**
ACTION TB1.04.04.24/05	**Thank Helen Davis for her work in relation to the New Hospital Programme.** **Lead: Director of Strategy**
2.19	The TC also requested that the Board send a thank-you card to Aidan Jeffrey for that morning's staff story.
ACTION TB1.04.04.24/06	**Send a 'thank you' card to Aidan Jeffrey.** **Lead: Director of Quality Improvement/Board & Committee Secretary**
03 RISK/STRATEGY	
3.1 Corporate Risk Register (CRR)	
3.1	This update was presented by the MD. She reminded members that risk was a very live process and risks that were higher than the Trust's agreed tolerance level were recorded and described within the paper. There were no new risks to report that month.
3.2	The DoS flagged that in relation to the current risk around Hazmat decontamination capacity/capability, the organisation had invested in a new unit to store equipment which would now mitigate this risk. That would be in place in the next week or so.
3.3	ANED-RG asked whether car-parking should be on the CRR. It was noted that currently this did not score sufficiently highly but that may change. It was currently scoring 12 so was on the risk register but not on the CRR.
3.4	The TC summarised by stating that the Board noted the CRR.

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3.2 Board Assurance Framework (BAF) 2023/24	
3.5	This update was presented by the Head of Corporate Affairs (HoCA). She informed colleagues that a new risk was attached, BAF risk 1.4 EHR. This related to the fact there was a risk that Alex Health was not deployed by October 2024 and was delayed beyond the end date of the Cambio support contract, resulting in reliance on an unsupported and unstable EHR which posed a risk to the delivery of care and patient safety. The risk had been scored as a 16.
3.6	The TC flagged that she had requested of the CIO the previous day that he run a development session on the risks associated with EHR, but also how it would revolutionise the way the hospital worked. The CIO added that the session would include how the new EHR was delivered/deployed but also what it would mean for staff and how working practices would change following deployment.
3.7	At this point the MD suggested a tweak to the wording of the new risk. The risk was that if Alex Health was not deployed/was delayed, the organisation would be reliant upon an unsupported/unstable EHR. She agreed to work with the HoCA on the wording.
ACTION TB1.04.04.24/07	**Review the wording of new BAF risk (1.4) related to EHR.** **Lead: Medical Director/Head of Corporate Affairs**
3.8	In response then to a question from NED-LB around any potential delay, the CIO responded there were a number of options/multiple scenarios dependent on how long any delay was. A six to eight week delay would be a real risk and would need cutover mitigation. The closer any delay was to February 2025 and the end of support from Cambio, the harder it would be to roll things back which was why October go-live was so critical. The DoQI added the work was complex and any delay to implementation may also require the re-training of over 4000 staff.
3.9	The TC summarised by stating that the Board noted the new EHR risk, subject to revised wording around the unsupported nature of Cosmic post February 2025.
04 PATIENTS	
4.1 Report from Quality & Safety Committee (QSC)	
4.1	This update was presented by ANED-OA as chair of QSC. She informed members she had nothing additional to add from the paper, other than to flag that the Trust's Blood Transfusion Service had been noted as one of the top ten nationally in terms of safety.
4.2	The MD then highlighted it was difficult to understand what this meant for a patient. She clarified by stating that it meant a patient was experiencing the safest care for transplant, by a combination of good culture, process and training and that those elements were amongst the safest in the country at the time of receiving a blood transfusion.
4.3	The TC thanked ANED-OA for her update.
4.2 Maternity Updates – Maternity Serious Incident (SI) Report	
4.4	This update was presented by the Chief Nurse (CN) and the paper was taken as read. There had been no new incidents declared since the last report in February. Top incident themes were included in the paper along with the associated works to address them.
4.5	At this point the TC flagged that the CPO and herself had been undertaking conversations with a head-hunter recently who had highlighted that two colleagues had recently had their maternity care at PAHT and had commended the service. The Trust had a good reputation for its maternity services and it would be good to feed that back to the team.
ACTION TB1.04.04.24/08	**Report back to the maternity team the positive feedback from women who had used the service.** **Lead: Chief Nurse**
4.6	ANED-OA agreed with the above sentiment, and as a GP herself she could confirm that women spoke highly of this service.
4.7	At this point in the meeting there were no questions from members of the public.
Break 1055 - 1105	

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4.3 Nursing Midwifery and Care Staff Levels including Nurse Recruitment	
4.8	This update was presented by the CN and was broadly a good news picture. The overall fill rate for January had remained stable for Registered Nurses and Healthcare support workers. No ward had reported average fill rates below 75% for RN against the standard planned template during January 2024. Work was now underway to optimise support for those new staff who had joined teams and to maximise efficiencies across rostering too. There was a continued focus on retention and continuing to 'drip' a pipeline of new staff into the organisation.
4.9	The TC summarised by stating that the Board noted the update.
4.4 Learning from Deaths Update	
4.10	This update was presented by the MD and the paper was taken as read. The two key highlights were as follows:

Structure Judgement Reviews (SJRs): This process reviewed deaths to celebrate good care and glean opportunities for future learning. As colleagues may be aware, there was currently a backlog of SJRs but there was significant work with the divisions to address this including through the divisional performance reviews. Medicine was making good progress, and Surgery now had dedicated individuals to undertake these.
Hospital Standardised Mortality Ratio (HSMR): This was a quality metric in terms of the number of patients who had died, and whether that were more or less than expected. She was pleased to report that as a consequence of five years of hard work around this, for the last four months the Trust had been 'lower than expected' for its HSMR, based on a seven month data positon. Data for the last two months had now been submitted and she was confident therefore that the organisation would sustain this 'lower than expected' position for the next two months. This was huge news for PAHT and it was now the third best regionally for its HSMR. She thanked all colleagues for their support in this work, not just clinical colleagues but also those in Finance and IT – a tremendous achieve all round. |
4.11	The DoS then commented that when he had joined the organisation, its HSMR had been flagging and of concern, but via quality improvement programmes under the leadership of the DoQI, it had turned its performance around. He emphasised this had not been done overnight but, as stated, was the result of sustained hard work over a period of time.
4.12	The TC asked for some additional detail around the backlog of SJRs. The MD responded there were multiple demands on clinicians' time and these were not factored into job plans. There was work now underway to build these into protected time within job plans. It was also about culture and it would take time to trust the 'just culture'. The TC responded there had been agreement earlier that morning to run a Board Development session on Trust assurance and 'no blame' and how those linked together. She asked whether there was anything else the Board could do to support clearing the backlog. Would it help to invite the medical examiners to the Board to present on the importance of SJRs. The MD responded it was about recognition of the time required to undertake the investigations and to then take the learning. There needed to be protected time. Colleagues were under huge pressures so a sustainable process to complete these needed to be built so they could be performed in a timely manner. The challenge that day would support a conversation with the divisions in terms of SJR priority. The TC responded that the Board would be supportive of the time involved.
4.13	The TC summarised by stating it commended the sustained work around HSMR and the organisation's much improved position.
4.5 Electronic Health Record	
4.14	This update was presented by the CIO. As noted at the last STC, the EHR programme had a robust governance, culminating in the Alex Health Programme Board, chaired by the CEO and with a NED on the membership. The programme continued to track as amber and remained on target for October 2024 go-live.

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4.15	The CIO continued that the Validate gateway had been delayed but had finally been approved two weeks previously. Work would now move to the testing phase. System testing had now finished so some significant time had been caught up. The preparation for integration testing would now begin.
4.16	In terms of programme risks, those were the timeline to go-live and training. Significant progress had now been made in terms of the latter. A new training provider was now in place and some resource was also being pulled from NHS frontline digitisation because training was a risk nationally to the whole programme. There was now more confidence the training schedules would go out that month so that rotas could be established in good time.
4.17	In summary there were currently multiple work-streams in flight to take the programme to October go-live and those would need to keep being driven. There was good support from the national team in terms of understanding the need and why the timeframe was so tight.
4.18	ANED-RG asked how the training of staff could be covered without taking away from the day jobs. The CIO responded there would be back-fill and that had been factored into the budget along with non-attendance so there was actually more capacity than required to manage unexpected demand. EPUT/HPFT would also need to be factored in. Training would also be a blended approach (video, booklets and eLearning) to make it more accessible to colleagues. It would be challenging in terms of all staff completion but staff had to be trained.
4.19	ANED-OA asked whether there were any mitigations for industrial action in the scheduling. The CIO responded he had allowed for 15%. The majority of users would be nurses and AHPs, not doctors.
4.20	At this point the TC asked how colleagues were coping with the demands of the programme of work. The CIO responded there was a quiet determination to get to deployment but colleagues were being looked after. A session was planned for the senior team in terms of a mentoring session to support them with their decision-making and to see how they were feeling.
4.21	NED-GW flagged that the PAHT deployment had the added pressure of the unsupported Cosmic system. The CIO agreed but added there was good support from the clinical team at NHSE.
4.22	The TC summarised by stating that the Board noted the risks and pressures within the programme, and it noted there was support in place for staff.
05 PEOPLE	
5.1 Report from People Committee (PC)	
5.1	This update was presented by NED-DB as chair of PC. There had been a significant improvement in terms of compliance with appraisals/statutory & mandatory training. Vacancy rates had improved and turnover was below target.
5.2	The TC highlighted there was beginning to be some significant progress in some key areas and she commended colleagues for their hard work.
5.2 Staff Survey Results	
5.3	This update was presented by the CPO and the paper was taken as read. The first point to note was that the response rate had been the highest the organisation had seen in several years and more nursing colleagues than ever before had completed it. She reflected that in previous years it had been concerning to learn that staff were not having a good experience at work but she highlighted that many of the actions put in place to address that were now coming to fruition.
5.4	The results were a fairly good news story for the organisation. Two of the key questions (Would you recommend PAHT as a place for treatment? Would you recommend PAHT as a place to work?) had both seen a significant increase by 5% and 6% respectively. However, compared to other organisations, the Trust was not above average on any of the NHS promises so there was some work to do there. The areas where the organisation had deteriorated the most were around staff appraisal – where it was known the introduction of a

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NHS Trust

	new electronic system/process had caused that deterioration. That said, those staff who had received an appraisal had stated the quality of that had been good.
5.5	The CPO continued that as with the previous year, there would now be a focus on two or three key areas (safety/healthy, always learning and managers' capacity/leadership). The results and free text feedback had been shared with SMT to help reshape actions at a local level.
5.3 Fit and Proper Persons	
5.6	This item was presented by the CPO and was a verbal update. She reminded colleagues that when the expanded regulations had come in it had been agreed to cover the Board which had required a revision of the Fit & Proper Persons' Policy (with a draft copy to PC for comments).
5.7	There were specific regulations for the Board and for SMT and there was now a Board Competency Framework in place which formed part of the Board Appraisal & Improvement Process for Executive Appointments and the Board Declaration in June.
5.8	The TC summarised the Board noted the above.
06 PERFORMANCE/POUNDS	
6.1 Report from Performance & Finance Committee (PAF)	
6.1	This update was presented by the DoF and the paper was taken as read. He informed members that PAF had been trying to link activity and performance with finance, so had received a second deep dive on Dermatology. This had provoked some good discussion and April's meeting would receive another run through with some more quantitative metrics to drive further the links between finance and performance.
6.2	There had been a detailed discussion on finance and capital and the risks at year-end, noting however the entire capital programme was likely to be spent. The integrated performance report (IPR) had looked at areas of good performance including diagnostics, improvements in urgent care (despite continued pressures), and also the UTC.
6.3	The TC asked if PAF members felt agendas were starting to get the balance right between finance and performance. The DoF responded that for him, finance was easier to access as it was a fixed number but the balance was getting better in terms of linking the entirety of the agenda and taking items more in the round. NED-DB added her view would be the position had improved, but there was more that could be done. The DoS commented his view was there had been significant improvement recognising it was currently year-end.
6.4	ANED-RG asked how far in advance the organisation could budget for things. The DoF responded this was the NHS medium term financial plan, which provided a five year view. Decisions were better made at place level so partners had made a commitment to do that at place.
6.5	The TC summarised by stating the Board noted the improving balance between performance and finance and recognised it would be a challenging few years ahead financially.
6.2 Draft Annual Operating Plan	
6.6	This update was presented by the DoF. The Trust would make a second plan submission in May but it was currently forecasting a £28m deficit. The system as a whole was forecasting an £80m deficit. There would now be a meeting with the national team but the Trust had been clear on its position, which was similar to others in the system.
6.7	The TC stated the Board noted the draft annual operating plan and recognised there would be more pressure to come in terms of the final forecast outturn.
6.8	NED-LB asked whether there was any risk around the messaging here given minutes/papers were in the public domain. The DoF responded that the messaging had been checked with the system prior to release. The TC responded it felt like a good step forward to her in terms of being fully transparent at that early stage. The DoS commented the Trust had always been transparent and this paid dividends in the system.
6.9	The TC thanked the DoF for his update.

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6.3 Finance Update	
6.10	This update was presented by the DoF. He informed members that in M11 the Trust had received an additional £10.4m of non-recurrent funding. £2.5m related to the M9-M11 industrial action impact, as well as £7.9m non-recurrent income from the ICB to align funding across the system to support the Trust's bottom line. This had provided a revised forecast outturn of £6.1m deficit at 31.03.24.
6.11	The Trust had declared a surplus of £8.7m in M11, with a reported deficit of £6.0m YTD against the original 23/24 plan. This meant that the Trust was favourable to the YTD plan by £0.2m. Against the revised forecast outturn the Trust was £0.1m worse than plan YTD.
6.12	The DoF emphasised that the year ahead looked very challenging.
6.13	In response to a concern raised by NED-GW about offsetting monies for system development funding, the DoF responded he could showcase what some of that funding would be used for. He would present this to PAF in May.
ACTION **TB1.04.04.24/09**	**Showcase at PAF, what System Development Funding could be used for.** **Lead: Director of Finance**
6.14	The TC summarised by stating the Board noted the M11 position, and colleagues would begin to look at what that non-recurrent income could be used for in future via PAF.
6.4 Integrated Performance Report (IPR)	
6.15	This update was presented by the CIO and key headlines were as follows: **Appraisal/vacancy rate/turnover:** Trends were going in the right direction but performance was still not where it needed to be. **Urgent Care:** Five consecutive data points of improvement had been seen from October despite continued pressures and periods of industrial action.
6.16	ANED-RG then suggested, in relation to ambulance conveyances to hospital, that alternatives to bringing patients to hospital were often not considered. The CEO responded he disagreed with that statement. There was evidence ambulances did not always go to patients' homes because there were community services that wrapped around those cases and there was strong evidence of HCT doing that in Hertfordshire. The DoS added there was a HALO (hospital ambulance liaison officer) on site to manage ambulances on arrival. The ambulance service was always very engaged in the system escalation calls in terms of how to level out the load. The Deputy Chief Operating Officer (DCOO) agreed that the ambulance service was always very engaged in meetings and had participated well in the MADE event the previous week in terms of analysis and feeding back to partners.
6.17	The DoQI then added that ambulance conveyance rates were measured across Hertfordshire and West Essex and the data did not show that West Essex was an outlier. In terms of the out-of-hospital strategy there were a number of schemes where the ambulance service was linked in to keep people at home.
6.18	The TC summarised by stating the Board noted the IPR and had discussed the position in relation to ambulance conveyances and that West Essex was not an outlier in that regard. As a final point the CEO highlighted the recent and huge changes East of England Ambulance Service had made which meant the local population was now getting a better service.
Opportunity for members of the public to ask questions about the board discussions or have a question answered.	
6.19	The Chair of the Patient Panel (CoPP) asked the following questions and those (along with the relevant response) are noted below: *Could there be some consideration around communications to patients around behaviours that will and will not be tolerated within the hospital, particularly in relation to the discrimination of staff?* The Trust had recently appointed a new Security Officer. Conversations were therefore underway as to how to signal what the organisation would tolerate in terms of behaviours.

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	Any incidents recorded related to discrimination of staff would be responded to with a direct contact with the staff member involved. The DoS chaired the organisation's Violence & Aggression Group.
	Will the success of recruitment to the Diagnostic Hub at St. Albans have a negative impact on recruitment at PAHT?
	It was agreed this could be seen as a risk, but it was right to afford staff career opportunities and a chance to develop themselves in, what would be, a world class facility.
	Was the organisation keeping in touch with patients who had been waiting a long time for their procedure? The Panel had concerns about complaint response times being outside NHS guidance of 60 days.
	In terms of waiting lists the organisation was in contact with all patients who had been waiting a long time – every three months as a minimum. Clinical reviews would be undertaken and some patients would be called in to determine priority and whether their condition had changed.
	In terms of complaints, it was acknowledged there was work to do to improve the position. The organisation was seeing a general downward trend in numbers (down from 24 per month to 15 on average) but it was recognised response times needed to improve. The average currently was 91 days. However, it was flagged that the ambition was not to provide a tokenistic response to complainants and it was highlighted that the quality of responses had improved. There was more to do and the organisation was continuing to challenge itself to respond in a more complete and timely manner.

07 STRATEGY/GOVERNANCE

7.1 Report from Strategic Transformation Committee (STC)

7.1	This update was presented by NED-LB as chair of STC. She informed members the Committee had discussed the outputs of its annual effectiveness review and the requirement for some additional NED representation. Meetings would now be restructured and the discussion topic in Part 2 would be replaced by HCP attendance/discussion in a new Part 1 to further the HCP work.
7.2	The meeting had also discussed progress against PAHT2030 which had included a gap analysis of all milestones and some feedback from a clinician on some new dictation technology which would be a key enabler of the new EHR.

7.2 Report from Senior Management Team

7.3	The CEO informed members there were no items for escalation.

7.3 Establishment of Leadership Management Team and Terms of Reference

7.4	This update was presented by the HoCA. The current membership of SMT was large (circa 40 members at most meetings) and following a review of the effectiveness of SMT as a decision making body, it was proposed to re-establish SMT as an engagement and information sharing forum. To enable more effective decision making the proposal was to establish the Leadership Management Team (LMT) meeting with a smaller membership. The new meeting structure would commence in May 2024.
7.5	In line with the recommendation the Board approved the establishment of the LMT and its Terms of Reference.

7.4 Corporate Trustee: Report from CFC.15.03.24

7.6	There were no items to escalate from this report.

08 QUESTIONS FROM THE PUBLIC

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8.1	There were no questions from the public.
09 CLOSING ADMINISTRATION	
9.1 Any Unresolved Issues?	
9.1	There were no unresolved issues.
9.2 Review of Board Charter	
9.2	It was agreed that Board members had adhered to its charter.
9.3 Summary of Actions and Decisions	
9.3	These are noted in the shaded boxes above.
9.4 New Issues/Risks	
9.4	No new risks or issues were identified.
9.4 Any Other Business (AOB)	
9.5	There were not items of AOB.
9.5 Reflections on Meeting	
9.6	The CEO reflected that quite rightly the discussions above had focussed on what the organisation could do better for patients and staff. However, there was some really good work that had been recognised that day including external recognition of work in Orthopaedics, safety of the blood transfusion service, maternity services, HSMR, nurse vacancy rates, UTC and staff survey results. He acknowledged there was more the organisation could do for patients/staff but there were a lot of positive things mentioned above and often the Trust did not do itself justice in terms of showcasing those more widely/positively.
9.7	The TC agreed and commented that the organisation was now starting to see the results of long-term pieces of improvement work. The key now would be to sustain those improvements in what was looking to be a very challenging year ahead.
9.8	The meeting closed at 12:25.

Signed as a correct record of the meeting:	
Date:	06.06.24
Signature:	
Name:	Hattie Llewelyn-Davies
Title:	Trust Chair

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Tab 1.4 Matters Arising and Action Log

ACTION LOG: Trust Board (Public) 06.06.24

NHS
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Action Ref	Theme	Action	Lead(s)	Due By	Commentary	Status
TB1.01.02.24/27	Paediatric Staffing	Review of Paediatric staffing levels to be presented to the Trust Board in September (following presentation to PAF).	CN	TB1.12.09.24	Item not yet due.	Open
TB1.04.04.24/01	PAHT: Place of Employment	Work with Harlow College in terms of access to the hospital as a place of employment for those with a learning disability.	CN	TB1.06.06.24	A follow up meeting is being arranged to discuss opportunities and strategy to optimise the opportunity for students.	Proposed for closure
TB1.04.04.24/02	SEARCH Project	Thank colleagues in the People Team for their work on the SEARCH project.	CPO	TB1.06.06.24	Actioned.	Closed
TB1.04.04.24/03	ITU Ceiling	Thank Estates colleagues for their work in relation to the repairs to ITU ceiling.	DoS	TB1.06.06.24	Actioned.	Closed
TB1.04.04.24/04	GiRFT	Thank Orthopaedic colleagues for their work in relation to GiRFT.	COO	TB1.06.06.24	Meeting arranged to thank the team in person	Closed
TB1.04.04.24/05	New Hospital	Thank Helen Davis for her work in relation to the New Hospital Programme.	DoS	TB1.06.06.24	Actioned.	Closed

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Tab 1.4 Matters Arising and Action Log

ACTION LOG: Trust Board (Public) 06.06.24

NHS
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Action Ref	Theme	Action	Lead(s)	Due By	Commentary	Status
TB1.04.04.24/06	'Thank You'	Send a 'thank you' card to Aidan Jeffrey.	DoQI B&CS	TB1.06.06.24	Actioned.	Closed
TB1.04.04.24/07	BAF Risk 1.4 EHR	Review the wording of new BAF risk (1.4) related to EHR.	MD HoCA	TB1.06.06.24	Actioned.	Closed
TB1.04.04.24/08	Maternity Services	Report back to the maternity team the positive feedback from women who had used the service.	CN	TB1.06.06.24	Actioned.	Closed
TB1.04.04.24/09	System Development Funding	Showcase at PAF, what System Development Funding could be used for.	DoF	TB1.06.06.24	Verbal Update to be Provided	Open

Tab 2.1 Chair's Report

NHS
The Princess Alexandra
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Public Meeting of the Board of Directors – 6 June 2024

Agenda item:	2.1
Presented by:	Hattie Llewelyn-Davies
Prepared by:	Hattie Llewelyn-Davies
Date prepared:	25th March 2024
Subject / title:	Chair's Report

Purpose:	**Approval**		**Decision**		**Information**	**X**	**Assurance**	

Key issues:	To inform the Board about my work; to increase knowledge of the role; to evidence accountability for what I do
Recommendation:	The Board is asked to discuss and note the report.

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients**	**People**	**Performance**	**Places**	**Pounds**

Previously considered by:	Not applicable
Risk / links with the BAF:	No risks associated with the report.
Legislation, regulatory, equality, diversity and dignity implications:	As the NED EDI Champion this continues to guide my work in all the areas noted below. My role as Freedom to Speak up Guardian informs my work in this area also.
Appendices:	Walkabout Action Notes. Board Development Programme.

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Tab 2.1 Chair's Report

1.0 Purpose/issue

This report outlines what is at the top of my agenda and what I have been doing in the last few months.

The aim of the report is to make my role as Chair more accountable to my colleagues and more transparent for our partners and local population.

2.0 Recruitment of the Chief Executive:

The Chief People Officer and I have worked closely with the NHSE Regional Director, the ICS CEO and our recruitment team at Alumni (Harvey Nash) on our recruitment campaign. I have informally met with 24 interested candidates and by the time of the board meeting we will have agreed a shortlist of four or five candidates. The quality of the candidates has been exceptionally good. I extend my thanks to everyone who has been involved in the process so far.

The final interviews take place on Tuesday 18th June 2024, with three sets of stakeholder meetings in advance of the interview, giving all our stakeholders a chance to be consulted on the appointment.

I am delighted to announce that Sharon McNally, our Chief Nurse and Deputy CEO will cover any gap between Lance leaving us and the new CEO starting in post.

2.0 Board Recruitment:

We intend to recruit to the Non-executive director vacancy for a senior clinician as soon as the CEO recruitment process has completed. We hope to advertise the role before the summer holiday period,

3.0 Board Development and Governance Work:

The annual board development programme is outlined below for information and comment:

- May 2024 – Alex Health (EHR) (CIO):
- July 2024 – PAHT 2030 (DD-QI, DoQI, DoS): Progress and next steps
- September 2024 - Challenge and Chairing Charter (TC and HoCA):
- September 2024: Complex capital projects (NED-LB and DoS)
- November 2024 – Developing HCP's (ICB representatives, Place director/s, DoS and DoQI):
- January 2025 – EDI (new EDI lead):

    Additional sessions include: CQC inspection readiness and the Well Led framework.

I have completed all the NED annual appraisals and they will be submitted to NHSE in the next few weeks. The appraisal outcomes have helped us to design the annual board development programme.

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Tab 2.1 Chair's Report

NHS
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4.0   System involvement:

I continue to be involved with the ICS and wider system. I am interviewing for two new NEDs for East and North Herts NHS Trust and I am currently mentoring three recently appointed chairs of Trusts.

I have delivered a successful set of training programmes for DNDN (Disabled NHS Directors Network) in co-operation with NHS Providers. The DNDN is about to launch a good practice toolkit on recruiting staff with disabilities and based on some work we have done in our Maternity Services is looking at launching a good practice guide on services for people with disabilities.

I continue to join the first hour of the Patient Panel monthly meetings to maintain liaison between the board and our Patient Panel.

5.0   Staff resilience and Board visibility:

The NEDs continue to do regular visits to our services. Attached is the action list that has arisen from our regular visits.

My thanks go to all the staff teams who have hosted our visits.

The Board is asked to discuss the report, and note it.

Author: Hattie Llewelyn-Davies. Trust Chair.
Date: 28th May 2024.

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Tab 2.1 Chair's Report

Title: Trust Board Chair's positive leadership walk rounds action matrix

NHS
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Chair's action matrix. version 4.1

Team: PAHT Chair and non-executive directors service area visits

Updated: May 24

Non-Executive Directors initials:	HH: Helen Howe	Others
HLD: Hattie Llewellyn-Davies (Chair)	DB: Darshana Bawa	PP: Patient Panel
GW: George Wood (senior independent)	AWS: Anne Wafula-Strike (associate)	FtSUG: Freedom to Speak Up Guardian
CM: Colin McCready	LB: Liz Baker (Associate)	
OA: Oge Austin-Chukwu (Associate)	RG: Rob Gerlis (Associate)	

Visit Date	Attendees	Venue	Feedback	Lead	Deadline	Action
16/05/2024	LZ & DB	Fracture clinic	A very positive visit – the staff were open with us and made us feel very welcome.	Estates and Facilities	TBC	Security and Outpatient appointment issues. Shared as requested. OPA follow up visit planned.
19/04/2024	GW, LB, OA, RG, AWS	Children's ED	Excellent impression of location and work, clear ideas for development as noted in actions. Escalated as needed.	ADPE	NA	Identified needs related to asthma and allergies, security, mental health with related issues of estates and portering. Escalated as needed.

Tab 2.2 CEO's Report

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board – 6 June 2024

Agenda item:	2.2
Presented by:	Lance McCarthy - CEO
Prepared by:	Lance McCarthy - CEO
Date prepared:	29 May 2024
Subject / title:	CEO report

Purpose:	**Approval**	**X**	**Decision**	**X**	**Information**		**Assurance**	

Background / Proposal:	This paper updates the Board on key issues facing the Trust since we last met, including: • Pre-election guidance • Industrial Action • Operational and financial pressures • Alex Health implementation • ICB / HCP developments
Recommendation:	The Trust Board is asked to note: • and comply with the pre-election guidance • the latest round of IA and recognise the potential impact of this on our current operational and financial pressures • current operational and financial pressures and our responses to them • progress with the implementation of Alex Health • key developments across HWE ICS and WE HCP

Trust strategic objectives:	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	x	x	x	x	x

Previously considered by:	n/a
Risk / links with the BAF:	CEO report links with all the BAF risks

Tab 2.2 CEO's Report

| Legislation, regulatory, equality, diversity and dignity implications: | – Regulatory – Board compliance with pre-election guidance

– Regulatory – Board requirement to assure itself of suitable practices and processes in place to minimise the risk to patient safety in relation to long waits for planned care and urgent care

– Regulatory – recognition of our inability this year to meet our regulatory requirement to breakeven financially without support

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– EDI – impact of the upcoming industrial action on our patients and the potential for a disproportionate impact on some of our patients, particularly those waiting for planned care

– EDI – impact of long waits for planned and urgent care on our different populations and the potential for a disproportionate impact

– EDI – ongoing need to ensure that our recovery plans and our PQP plans are quality and equality impact assessed to prevent any unintended consequences or unequal impact on colleagues or patients

– EDI – all the developments to our culture are underpinned by a proactive recognition of the need to ensure and to support EDI for all, for example, access to and ability to use digital enhancements (Alex Health)

– EDI – benefits to local populations and drive to reduce health inequalities through the planned programmes of transformation across the WE HCP |
| **Appendices:** | None |

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Tab 2.2 CEO's Report

Chief Executive's Report
Trust Board: Part I – 6 June 2024

This report provides an update since the last Board meeting on the key issues facing the Trust.

(1)   General Election / pre-election guidance

A general election will take place across the UK on Thursday 4 July 2024.

During a pre-election period there are specific restrictions placed on NHS organisations to ensure there is no potential for influence on election campaigns.

This applies to our external communications, briefings, consultations, social media and meetings in public. From the perspective of Board meetings in public, these are required to be confined to discussing matters that need Bord decisions or Board oversight and not matters of future strategy or direction, which are required to be deferred to a future date.

A link to the NHS England website with more information on the pre-election period is here - *NHS England » Pre-election guidance for NHS organisations – General Election 2024.* It runs from 00.01 on Saturday 25 May until 00.01 on Friday 5 July (or until a new government is formed).

The Board is asked to both note and comply with the pre-election guidance.

(2)   Industrial action

It was announced earlier today (29 May) by the BMA that junior doctors / doctors in training will be striking again with a 5-day full walkout, from 07.00 on Thursday 27 June 2024 until 07.00 on Tuesday 2 July 2024. This will be the 11th set of strike action by junior doctor colleagues in the last 16 months.

We will manage the impact of the latest round of Industrial Action as we have the previous rounds, including the learning we have take from the After Action Reviews from each. It is likely that this will have an impact on our current operational and financial pressures.

The Board is asked to both note the latest round of IA and recognise the potential impact of this on our current operational and financial pressures.

(3)   Operational and financial pressures

Since the Board last met in public, we have been placed into Tier 2 for our performance against our planned care and cancer care access standards. This involves a greater level of oversight from our regional NHSE colleagues about progress against our delivery plans.

The key drivers and detailed information supporting the operational and financial pressures and position are outlined in the Integrated Performance Report and associated items on the Board agenda later. Headline summaries for these are shown below.

3.1   Planned care

We are struggling to stay on trajectory for meeting our commitment to meet the national standard of having no patient waiting for more than 65 weeks for planned care by the end of

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Tab 2.2 CEO's Report

September 2024. We are exploring the ability to increase operating theatre capacity through a range of different options to support this in advance of the summer and before the additional elective centre capacity at St Albans comes on line.

We continue to meet the 28-day diagnostic standard for cancer across the Trust and continue to reduce the number of patients waiting for longer than 62 days. Our performance against the 6-week diagnostic standard continues to remain consistently in the mid to high 60%s.

3.2   Urgent Care

Our urgent care performance and flow, continues to improve, but remains under significant pressure. At the time of writing this report our in-month performance against the 4-hour standard was 65.0% against our internal plan of 64.1%, although well below the national standard of 78.0%.

We have a clear trajectory and detailed improvement plan to get to 78.0% by the end of 2024/25 and have met our own internal trajectory for the last 5 months. The trajectory however steps up noticeably in June and July, with actions required in IUTC, SDEC and across the other clinical divisions to support the flow of urgent care patients.

The demand for our urgent care services remains high and continues to grow at a greater rate than the national average, impacting on our financial pressures and exacerbating our imbalance between non-elective and elective activity.

ED attendances per head of the population, from the populations within the 2 Harlow Primary Care Networks, are significantly higher than across the rest of the PCNs within the HWE ICS, to the value of c. 25,000 per annum above the average. We continue to work closely with all partner organisation in the West Essex and East and North Hertfordshire places and across the HWE ICS to support our patients safely and effectively; and we continue to see the patient experience and clinical outcome improvements and reduced ED pressures because of our new partnership-run Integrated Urgent Assessment and Treatment Centre (IUATC).

3.3   Financial position

We have submitted a deficit financial plan for 2024/25 of £23.4m, including an efficiency programme in year of £20.5m. This makes up the majority of the current deficit plan of the HWE ICS of £30m.

The structural drivers impacting the financial position of PAHT are well understood by system colleagues and have been supported by non-recurrent funding annually for the last 7 years; none of which is built into our position for 2024/25.

Transformation of services, in partnership with health and care colleagues, in a planned, phased and integrated way is required to achieve cost reductions over the scales faced by the Trust and the system. The importance of system wide working and the development of the local Health and Care Partnerships are fundamental to this.

The Board is asked to note the current operational and financial pressures and our responses to them.

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Tab 2.2 CEO's Report

(4)   Alex Health Implementation

We continue to make strong progress with the implementation of our Alex Health programme, in partnership with Oracle Health colleagues.

We are shortly entering the second phase of integration testing and are shortly coming out of the second phase of data migration. Training plans are close to being completed and training slots are being booked up by colleagues from 12 August.

The next 2 weeks are a crucial phase in the programme, and we have several major milestones to achieve to remain on track to go live on 14 October 2024.

As previously discussed widely through Board and Committee meetings, the implementation of this instance of the Oracle Health Millenium solution will get us to HIMMS Level 6, enabling us to be one of the most digitally mature hospitals in the country, transforming how our clinicians work, the information and speed of information available to them and supporting more timely and effective clinical decision making. Our patients will benefit from improved experiences, better clinical outcomes and improved safety as a result.

The Board is asked to note progress with the implementation of Alex Health.

(5)   Integrated Care Board / Health and Care Partnership

5.1   Formalisation of the HCPs

The formalisation of the HCP governance structures reporting in to the HWE ICB Board starts on 1 June. This will enhance the membership of our WE HCP Board meeting with ICB representatives (NED, finance and clinical representation).

5.2   West Essex HCP priorities

Further to the update at the last Board meeting about the agreement of the priority areas for WE HCP for 2024/25, there are now programme leads and programme groups driving change for each of these.
–   Prevention – children (obesity) – lead = Jen Gould, EFDC
–   Preventions - cardiovascular disease – lead = Christine Moss, ICB
–   Frailty, End of Life Care, Falls – lead = Nicole Rich, EPUT
–   Community urgent and emergency care – lead = Steph Lawton, PAHT

These priorities are inextricably linked with the community services transformation (care closer to home) across the system; the development of our Integrated UTC model; and the provision of care through the local Integrated Neighbourhood Teams across West Essex.

The Board is asked to note the key developments across the HWE ICS and WE HCP.

Author: Lance McCarthy, Chief Executive
Date: 29 May 2024

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Tab 2.2 CEO's Report

PAHT 2030 Roundel; outlining our vision, priorities, objectives and values.

Tab 3.1 Corporate Risk Register

NHS
The Princess Alexandra Hospital
NHS Trust

TRUST BOARD – 6 JUNE 2024

Agenda item:	3.1
Presented by:	Fay Gilder – Medical director
Prepared by:	Lisa Flack – Compliance and clinical effectiveness manager Sheila O'Sullivan – Associate director of quality governance
Date prepared:	29 May 2024
Subject / title:	Corporate Risk Register

Purpose:	**Approval**		**Decision**		**Information**	√	**Assurance**	√

Key issues:	This paper presents data for Trust risks scoring 15 and above for all our services. It is a snapshot of risks across the Trust and was taken from our Datix database 01.05.24. The overall number of risks scoring 15 and above is 50. See section 2, tables 1 and 2. Section 3 provides detail on the five risks scoring 20. These five risks continue from the previous report and cover - - Operational performance – emergency access standard and referral to treatment constitutional standard - Quality – clinical effectiveness: associated with the pharmacy automated dispensing system - Statutory / regulatory compliance: associated with the ability to provide hazardous materials decontamination - Estate infrastructure at PAHT Two new risk scoring 16 have been raised since 28/2/20 24, detailed in section 4 One new risk scoring 15 raised since 28/02/2024, detailed in section 5.
Recommendation	Trust board is asked to - Review and discuss the contents of the corporate risk register - Confirm approval for the new risks raised

Trust strategic objectives:	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	√	√	√	√	√

Previously considered by:	Leadership Management team meeting – 28/5/24

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Tab 3.1 Corporate Risk Register

	Divisions and corporate teams review their risks at their local governance meetings. Teams escalate new risks, closed risks and those that they require assistance with for discussion at Risk Management Group on a monthly basis.
Risk / links with the BAF:	There is a direct link between the risks detailed in this paper and on the BAF
Legislation, regulatory, equality, diversity and dignity	Management of risk is a legal and statutory obligation. This paper has been written with due consideration to equality, diversity and inclusion.
Appendices:	Nil

1.0   Introduction

This paper details risks scoring 15 and above with data extracted from the Datix system on 28.02.23. Risk is managed as a dynamic process across services, this paper will continue to be updated during May 2024.

The Trust Risk Management Group (RMG) meets monthly and reviews risk by exception on rotation according to the annual work plan (AWP).

In accordance with the Risk Management Strategy and Policy, risk is being assessed and reviewed against category, appetite and risk tolerance levels.

This paper covers risks that have been agreed for placement on the corporate risk register, as well as those operational risks that are completing the process for inclusion onto this register, this includes risks that:
- a) have a current score of 15 or more
- b) exceed the risk categories appetite tolerance level and cannot be managed locally

In addition to the corporate risk register there is an operational risk register that includes risks that are being managed locally within our corporate and divisional teams.

Both corporate and operational registers now also include trust wide risks. These are risks that have the potential to affect services / teams across the organisation. Their management is led by the relevant subject matter expert with input from affected services / teams.

2.0   Context

The corporate risk register is a snapshot of risks across the Trust at a specific point in time and is made up of risks that have a current score of 15 as well as those risks that breach the risk tolerance levels and are not being managed at a local level.
Consideration is also given to patient safety risks with a consequence of 5.

There are 50 risks scoring 15 and above. RMG is progressing with the review of corporate and divisional risks escalated and reviewed for inclusion onto the corporate register.

A separate paper is completed and taken to the Risk Management group & Leadership Management Team meeting to ensure all leaders are sighted to these risks with the request

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Tab 3.1 Corporate Risk Register

that placement on the corporate register is discussed and agreed. The annual work plan will continue to be reviewed and updated to ensure that it reflects learning from this new way of working.

The breakdown by service for all risks scoring 15 and above is detailed is in table 1

Table 1 - Risks scoring 15 or more	Risk Score				
	15	16	20	25	Totals
Cancer & Clinical Support	1 (3)	6 (4)	2 (1)	0 (0)	9 (8)
Estates & Facilities	4 (7)	1 (1)	2 (1)	0 (0)	7 (9)
IM&T	0 (0)	1 (1)	0 (0)	0 (0)	1 (1)
Corporate Services	1 (1)	0 (2)	1 (1)	0 (0)	2 (4)
CHAWs Child Health	0 (1)	2 (2)	0 (0)	0 (0)	2 (3)
CHAWs Women's Health	1 (1)	1 (0)	0 (0)	0 (0)	2 (1)
Medicine	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Surgery	4 (3)	4 (4)	0 (0)	0 (0)	8 (7)
Urgent & Emergency Care	2 (1)	3 (4)	0 (0)	0 (0)	5 (5)
Trust wide	3 (2)	9 (8)	2 (2)	0 (0)	14 (12)
Totals	16 (19)	27 (26)	7 (5)	0 (0)	50 (50)

The breakdown of risks that exceed the risk category appetite tolerance is in table 2. Divisions and services consider those risks that breach appetite and score less than 15 and submit by exception to the RMG who will consider and where appropriate escalate with a recommendation that SMT give approval for inclusion onto the corporate risk register.

Table 2 – Number of risks by category that exceed appetite tolerance	Risk Appetite tolerance level	Risk Score					Totals
		10	12	15	16	20	
Quality – Safety	≥ 10	23 (25)	63(61)	9(10)	20 (16)	3 (2)	119 (114)
Quality – Patient Experience	≥ 12		9 (10)	1 (2)	2(2)	0 (0)	12 (14)
Quality – Clinical Effectiveness	≥ 12		15(17)	2 (2)	1 (1)	1 (1)	21 (21)
People	≥ 15			0(1)	3 (5)	0 (0)	4 (6)
Statutory Compliance & Regulation	≥ 12		11(11)	3 (4)	(0)	2 (2)	17 (17)
Finance	≥ 12		3 (4)	(0)	(0)	(0)	3 (4)
Reputation	≥ 15			0 (0)	0 (0)	0 (0)	0 (0)
Infrastructure	≥ 15			(0)	1 (1)	(0)	(1)
Information and Data	≥ 10	(0)	8 (9)	(0)	0(0)	(0)	9 (9)
Systems and Partnerships	≥ 15			(0)	1 (1)	(0)	1 (1)

3.0   Summary of risks scoring 20

There are 5 risks with a score of 20. A summary of these risks and actions / mitigations is below, information taken from divisional risks:

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Tab 3.1 Corporate Risk Register

3.1 Quality – Safety:
3.1.1 Emergency care access standard

- There is a risk that patients may deteriorate as a result of failing to deliver the ED four-hour access standard.
  Risk id 85: is a Trust wide risk and is on the corporate risk register. This was initially raised 2016.
  Actions / mitigations: Use of the Manchester Triage tool and Nerve Centre to improve clinical information and prioritisation of patients. Improvement trajectory agreed and oversight by the Urgent Care Board.

3.1.2 Referral to treatment constitutional standards

- Risk that patients waiting over 52-week for treatment may deteriorate and come to clinical harm. The numbers of patients waiting over 52 weeks has increased significantly during Covid 19 pandemic and there is insufficient capacity to treat them all within the constitutional standard.
  Risk id 497: is a Trust wide risk on the corporate risk register, raised February 2017, with score increased since the pandemic.
  Actions / mitigations: Regular meetings to review patient target lists (PTL), with priority for long waits. Cancer PTL reviewed every 24-48hrs. Daily circulation of PTL for escalation and long wait plans. Trajectory to reduce number of patients waiting >52 weeks with oversight by the Elective Care Operational Group and System Access Board.

3.2 Quality - Clinical Effectiveness
Pharmacy automated dispensing system

- There is a risk that the automated dispensing system could be down by over 7 days if it breaks down. This is due to the unit being used past its estimated shelf life. New spare parts are no longer being manufactured, meaning we are reliant on reconditioned parts being available in Germany and could take over 7 days to be sourced and installed. This delay would lead to significant delays in medicines supply and dispensing.
  Risk id 127: originally raised in December 2013 and on the corporate risk register, score was increased as a result of lack of availability for spares and delay arrival of these parts.
  Actions / mitigations: Trust has a system contract in place. Some refurbished parts are available but need to be imported from Germany. Business case completing due process for inclusion on capital plan. Further mitigation in process to reduce score – trajectory 30 June..

3.3 Statutory Compliance and regulation:
3.2.1 Estates infrastructure

- There is a risk that a critical infrastructure in the Trust's estate may fail due to understaffing of the department and the need to have a qualified individuals to complete regular testing and maintenance.
  Risk id 560: raised April 2023 this is on the corporate risk register since December 2023.
  Actions / mitigations: The Trust employs contractors to support internal gaps. Full review of current staffing levels taking place and business case in development.

3.2.2 Hazmat decontamination capacity and capability

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Tab 3.1 Corporate Risk Register

- There is a risk that should a hazardous materials incident occur, PAHT will not be able to discharge their duties of decontamination for several people presenting themselves for dry or wet decontamination. That is caused by insufficient equipment, storage space (for equipment) and trained staff.
Risk id 611: raised in December 2023 and placed on the corporate risk register in March.
Actions / mitigations: Equipment purchased, set up of facilities in process. Trajectory for resolution of risk – 30 June 2024

4.0 Two new risks scoring 16 raised since 28 February 2024
Quality Safety
4.1 Breast services

- There is a risk to patients are not receiving timely access to breast services due to a 14.25% increase in breast surgery referrals in 2023 when compared to 2019. This is further exacerbated by an increase in SPA for speciality doctors which has impacted capacity. A further impact arises from the significant rate of partial or early retirement by clinicians within the speciality thus creating vacancies. Resulting in delays in the timeframe to diagnosis, treatment plans and potentially having a negative impact on recovery
Risk id 645 raised in April 2024 and approved within the division and on their operational risk register
Actions: Employing two agency staff to meet immediate need, increase administration for doctors to a 4:1 ratio and reduce their templates of new patients to be seen, work with finance team to increase the establishment by two speciality doctors and to cease use of agency staff, establish a training post in breast surgery.

4.2 Capacity within Oncology services

- There is a risk to patient's chances of survival from cancer if there is a delay in the timeframe from diagnosis and treatment plan to accessing the first oncology outpatient review to receive treatment with chemotherapy at PAHT or to be referred externally for radiotherapy. This is due to a 46% increase in oncology activity since 2019 without any increase in clinical staffing to support this.
Risk id: 646 raised March 2023 and approved in division in April 24.
Action: Additional clinics established to ensure patients seen more quickly, working to identify a locum to cover, reviewing clinic profiles to ensure correct utilisation of capacity, reviewed job plans, ongoing triage of all patients to prioritise

5.0 One new risk with a score of 15 raised since 28 February 2024
Our People
5.1 Anaesthetic staffing

- There is a risk that there is insufficient Anaesthetic medical staff and an increasing demand for out of hours Anaesthetic service across the Trust. This is impacted by changes to multiple National guidance recommendations as to how and who Anaesthetic care should be delivered. This could result in major harm or death to patients and moral injury to staff with the potential to impact to trainees (service currently under GMC enhanced monitoring)
Risk id: 638 raised within the service in March 2024
Action: business case to be completed to include a demand and capacity review of workforce, audit of out of hours activity in place

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Tab 3.1 Corporate Risk Register

6.0 Recommendation

Trust board are asked to review and discuss the contents of the corporate risk register

Authors: Lisa Flack – Compliance and clinical effectiveness manager
Sheila O'Sullivan – Associate director of quality governance

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Tab 3.2 Board Assurance Framework 24_25

The Princess Alexandra Hospital
NHS Trust

Trust Board – 6 June 2024

Agenda item:	3.2
Presented by:	Heather Schultz – Head of Corporate Affairs
Prepared by:	Heather Schultz – Head of Corporate Affairs
Subject / title:	Board Assurance Framework 2024/25

Purpose:	**Approval**		**Decision**		**Information**		**Assurance**	x
Key issues:	The Board Assurance Framework (BAF) is presented for review and approval. The risks have been updated for 2024/25 with executive leads and reviewed at the relevant committees during May 2024. The finance risk (5.1) has been updated to reflect the risk at the start of the 2024/25 financial year and is attached for approval following review by PAF. The risk has been scored as a 12. The wording for Risk 4.3 has been updated as reflected on Appendix B. The remaining risk scores have not changed this month and are summarised in Appendix B. The full BAF is available in the resources section of Diligent.
Recommendation:	The Board is asked to: - Approve Risk 5.1and the proposed risk score of 12 - Note the remaining BAF risk scores and the revised wording for BAF risk 4.3

Trust strategic objectives:	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	x	x	x	x	x

Previously considered by:	STC, QSC, PC and PAF in May 2024.
Risk / links with the BAF:	As attached.
Legislation, regulatory, equality, diversity and dignity implications:	NHS Code of Governance in relation to risk management. The controls and mitigating actions outlined in the risks are designed to support delivery of the Trust's strategic objectives and promote an organisational culture that drives improvements in equality, diversity and inclusion.
Appendices:	Appendix A – Risk 5.1 Appendix B – BAF dashboard

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Tab 3.2 Board Assurance Framework 24_25

Risk Key													
Extreme Risk		15-25											
High Risk		8-12	The Princess Alexandra Hospital Board Assurance Framework 2024-25										
Medium Risk		4-6											
Low Risk		1-3											
Risk No	PRINCIPAL RISKS				KEY CONTROLS		ASSURANCES ON CONTROLS	BOARD REPORTS					
	Principal Risks		RAG Rating (CXL)	Executive Lead and Committee	Key Controls		Sources of Assurance	Positive Assurances on the effectiveness of controls	Residual RAG Rating (CXL)	Gaps in Control	Gaps in Assurance	Review Date	Changes to the risk rating since the last review	Target RAG Rating (CXL)

Strategic Objective 5: Our Pounds – we will manage our pounds effectively to ensure that high quality care is provided in a financially sustainable way.

Risk No	Principal Risks		RAG Rating (CXL)	Executive Lead and Committee	Key Controls	Sources of Assurance	Positive Assurances on the effectiveness of controls	Residual RAG Rating (CXL)	Gaps in Control	Gaps in Assurance	Review Date	Changes to the risk rating	Target RAG Rating (CXL)
BAF 5.1	**Finance - revenue :** Risk that the Trust will fail to meet the financial plan due to the following factors: An annual plan has been set to deliver a deficit plan of £23m inclusive of a CIP requirement of c. £18.5m in 2024/25 and ERF delivery at c. 115% of 2019/20. The original plan was proposed at £30m and has only been revised down by agreed stretches relating to ERF. We have articulated the risk we are bearing as a provider. Inflation remains high, productivity remains a challenge and there is risk around income from the part move to a PbR basis. Cash will be a challenge in year with the potential deficit driving the Trust towards an adverse cash position.	**Causes:** The main causes of risk are : (i) The current financial regime operates predominantly 'block contract' arrangements in the main (c. 70% of activity). There is limited capacity for Commissioner contracts to be varied and we do not feel the current allocation recognises the full cost of delivering services e.g. growth in urgent care, coupled with an increasingly challenged primary care offer. Much of our improved financial delivery requires us to maximise the variable elective aspect of our financial plans. (ii) Productivity remains a challenge for the Trust having seen a decrease in Covid. We have agreed to an ambitious Elective work programme for 2024/25 which will deliver c. 115% of the activity delivered in 2019/20. While we are confident of achieving it, our reduced elective capacity compared to peers limits our ability to stretch delivery when non elective pressures remain high. In turn, we are potentially hamstrung by the delivery of EHR when we will enter into block arrangements for a period of time. While these will safeguard non delivery, the potential for growth in income is restricted. (iii) Financial plans include a requirement to deliver CIPs which remain branded as Patient Quality and Productivity schemes (PQP). PQP programme is identified but delivery will be challenging; there the plans have been modelled againt GIRFT opportunity and there remains a plan for delivering the full amount but it will be challenging to deliver savings at this level. (iv) The delivery of our financial position requires the support of the ICB / Place to redesign pathways, maximise flow etc. This requires a full disclosure of our collective financial position which to date, there has been no appetite to explore. We are endeavouring to move this forward and believe we have identified our structural deficit but need recognition at system level to tackle these issues. v) We have no assumptions for any lost activity and income rleating	4 X 4= 16	**Exec leads:** DoF **Committee :** Performance and Finance Committee	**Key Controls include :** (i) Oversight of Directorates and their PQP programmes; the financial position is much better understood by all. We have undertaekn a thourough budgeting approach this year and resolved a number of historic budgeting issues to ensure we can better manage the bottom line. (ii) Divisional / Corporate performance review meetings are in place and the emphasis on Performance Review as part of PQP Sessions is being further strengthened. (iii) Vacancy control groups are in place but will attract more scrutiny and oversight; linked to double and triple lock measures that are being mandated nationally. (iv) Oversight of the Trust's financial performance by the EMT, SMT, PAF, People and Audit Committee. (v) Monthly monitoring of financial performance by HWE and NHSE through the submission of financial returns; [ptential to move to a more challenging environment e.g. SOF4. (vi) Strengthening of financial control and governance including an improved governance process for business case investmentusiness case approval process. The Business Case Grouo is being refreshed. (vii) The Financial Recovery Programme Board has been instigated at a system level and recovery plans for 2024/25 are being developed that cross-cut at Place and System Level. (viii) Enhanced cash monitoring will be undertaken in year with more graunlarity on Capital Vs Revneue Cash. (ix) We are still pushing for a system level response to the underlying structural deficits and have set out our challnege via a formal letter to the system and national colleagues. (x) We have implemented a new financial ledger (Oracle SBS) which allows for better self service and oversight of individual positions.	(i) Performance review meetings - monitoring against plan and forecast, including reinvigorated Performance Review Meetings (PRM's). (ii) Internal audit reports / Head of Internal Audit Opinion (iii) External audit opinion (iv) Cash management monitoring and adequate cash balances (v) PQP tracking including 'deep dives' by lead NED. (vi) Reductions in run rate evidenced alongside transformation initiatives.	**Positive Assurances :** (i) Delivery against YTD and forecasted plans. (ii) CIP delivery and forecast to plan. (iii) Substantial assurance rating on internal audit reports. iv) Monthly reports to PAF and IPR reporting v) A bottom up exercise is being undertaken to better understand the cost pressures driving the underlying position within the Trust. vi) The Trust is now more cognisant of the risks around financial delivery and actions are being taken to reduce run rates across all areas. vii) The position is being discussed with commissioners and regulators alike. viii) The system is now moving to a monthly cycle of meetings with NHSE chairing to oversee financial delivery within the Trust.	4x3=12	**Gaps in Control :** (i) Instances of non-compliance across the organisation in relation to SFIs i.e. non compliant waivers (ii) Activity and demand and capacity planning not fully triangulated with finances. (iii) PQP delivery plans established but being refined. (iv) Embedding management of temporary staffing costs and impact on the ground in light of clinical need. (v) We require the system to respond to our challenge to the underlying structural deficit across all healthcare provision within the system; we have not been able to progress this wrok to date.	**Gaps in Assurance :** (i) Proposed financial regime for oversight to be confirmed (both system level and regional) (ii) Fully triangulated business and operational planning including demand and capacity plans. (iii) Business case benefits development and realisation process. (iv) Focus and prioritisation of finance across the wider gamut of challenges across the Trust. (v) Pace of change of delivery given other cultural challenges.	24/05/2024	Residual risk score not changed.	4 x 2 = 8 (Q4 2024/25)
	Effects: **(I) Challenges to meet financial control targets, including delivery of our CIP** **(ii) Delivery of revenue position may impact on future capital availability.** **iii) May require additional external support in addition to prescribed system financed initiatives (above).**								**ACTIONS:** (i) Transformational and modernisation work plans. (ii) Demand and capacity planning and modelling to be regularised. (iii) Introduction of a PMO. (iv) Review of Governance Manual/SFI's (vi)				

Tab 3.2 Board Assurance Framework 24_25

Board Assurance Framework Summary 2024.25

Risk Ref. Committee	Risk description	Year- end score (Apr 24)	June 24						Trend	Target risk score	Executive lead
	Strategic Objective 1: Our Patients - we will continue to improve the quality of care, outcomes and experiences that we provide **our patients**, integrating care with our partners and reducing health inequities in our local population										
1.1 QSC	Variation in outcomes resulting in an adverse impact on clinical quality, safety and patient experience.	16	16						↔	12	CN MD
1.2 STC	EPR: The current EPR has limited functionality resulting in risks relating to delivery of safe and quality patient care.	16	16						↔	12	CIO
1.3 PAF	Recovery programme: Risk of poor outcomes and patient harm due to long waiting times for treatment.	15	15						↔	10	COO
1.4	EHR There is a risk to the delivery of safe and high quality care caused by the Trust relying on an unsupported and unstable EHR if Alex Health is not deployed by October 2024 and is delayed beyond the end date of the Cambio support contract	16	16						↔	12	CIO
	Strategic Objective 2: Our People – we will support **our people** to deliver high quality care within a culture that supports engagement, recruitment and retention and results in further improvements in our staff survey results as we strive to be a model for equality, diversity and inclusion										
2.1 PC	GMC enhanced monitoring: There is a risk that the GMC/HEE will remove the Trust's doctors in training. This is caused by concerns regarding the quality of their experience, supervision and training. Removal of the doctors will result in the Trust being unable to deliver all of its services.	20	20						↔	10	MD
2.3 PC	Workforce: Inability to recruit, retain and engage our people	16	16						↔	8	DoP
	Strategic Objective 3: Our Places – we will maintain the safety of and improve the quality and look of **our places** and will work with our partners to develop an OBC for a new hospital, aligned with the development of our local Health and Care Partnership										
3.1 PAF	Estates & Infrastructure: Concerns about potential failure of the Trust's Estate & Infrastructure and consequences for service delivery.	20	20						↔	8	DoS
3.2 STC	System pressures: Capacity and capability to deliver long term financial and clinical sustainability at PAHT due to pressures in the wider health and social care system	16	16						↔	12	DoS
3.5 STC	New hospital: There is a risk that the new hospital will not be delivered to time and within the available capital funding.	20	20						↔	9	DoS
	Strategic Objective 4: Our Performance - we will meet and achieve **our performance** targets, covering national and local operational, quality and workforce indicators										
4.1 PAF	Seasonal pressures: Risk that the Trust will be unable to sustain and deliver safe, high quality care during seasonal periods due to the increased demand on its services.	12	12						↔	12	COO

Tab 3.2 Board Assurance Framework 24_25

Board Assurance Framework Summary 2024.25

4.2 PAF	Failure to achieve ED standard resulting in increased risks to patient safety and poor patient experience.	20	20							↔	12	COO
4.3 PAF/ (QSC for patient harms)	Industrial action: There is a risk that patient safety will be impacted by further industrial action	20	20							↔	8	COO/MD/CN
	Strategic Objective 5: Our Pounds – we will manage **our pounds** effectively to ensure that high quality care is provided in a financially sustainable way											
5.1 PAF	Risk that the Trust will fail to meet the financial plan due to the following factors: An annual plan has been set to deliver a deficit plan of £23m inclusive of a CIP requirement of c. £18.5m in 2024/25 and ERF delivery at c. 115% of 2019/20. The original plan was proposed at £30m and has only been revised down by agreed stretches relating to ERF. We have articulated the risk we are bearing as a provider. Inflation remains high, productivity remains a challenge and there is risk around income from the part move to a PbR basis. Cash will be a challenge in year with the potential deficit driving the Trust towards an adverse cash position.	16	12							Score assessed for Q1 of 2024/25	8	DoF

Tab 4.3 Maternity Reports

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board 6th June 2024

Agenda item:	4.3
Presented by:	Sharon McNally, Chief Nurse
Prepared by:	Erin Walters, Head of Maternity Governance and Assurance
Date prepared:	20 May 2024
Subject / title:	Overview of Serious Incidents within maternity services
Purpose:	**Approval** **Decision** **Information** x **Assurance**
Key issues:	The Ockenden Report, published in December 2020, recommended that all maternity Serious Incidents (SI's) reports and a summary of the key issues are shared with Trust boards. There has been 1 new maternity incident declared since the last report for April 2024. There has been 0 maternity incident closed since the last report (April 2024). Maternity services currently have 7 SI's under investigation (1 with Maternity and Newborn Safety Investigations - MNSI).
Recommendation:	To provide assurance to the Quality and Safety Committee that the maternity service are continually monitoring compliance and learning from Serious Incidents.

Trust strategic objectives:	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	x	x	x		

Previously considered by:	N/A
Risk / links with the BAF:	BAF 1.1
Legislation, regulatory, equality, diversity and dignity implications:	To be compliant with the Ockenden Interim Report that was published in December 2020 with recommendations for maternity services. To also monitor outcomes of those in black and brown ethnicities (known to have poorer outcomes), and vulnerable groups. **Mothers and Babies: Reducing Risk through Audits and Confidential Enquires** MBRRACE Report (October 2023)
Appendices:	1. Open Serious Incidents under investigation

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Tab 4.3 Maternity Reports

NHS
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NHS Trust

1.0   Purpose

This paper outlines the open and recently closed Serious Incidents within Maternity services with concerns, themes, areas of good practice and shared learning identified.

2.0   Background

The Ockenden Interim Report, published in December 2020, recommended that all maternity Serious Incidents (SI's) reports and a summary of the key issues are shared with Trust boards.

3.0   Analysis

Maternity currently have 7 SI's under investigation, 1 of which is being investigated by Maternity and Neonatal Safety Investigations (MNSI) formally Healthcare Safety Investigation Branch (HSIB), the detail can be found in Appendix 1. Table 1 details the trend of declared SI's within the last 24 months to April 2024.

Table 1. Comparison of SI's reported for Maternity in last 24 months (to April 2024)
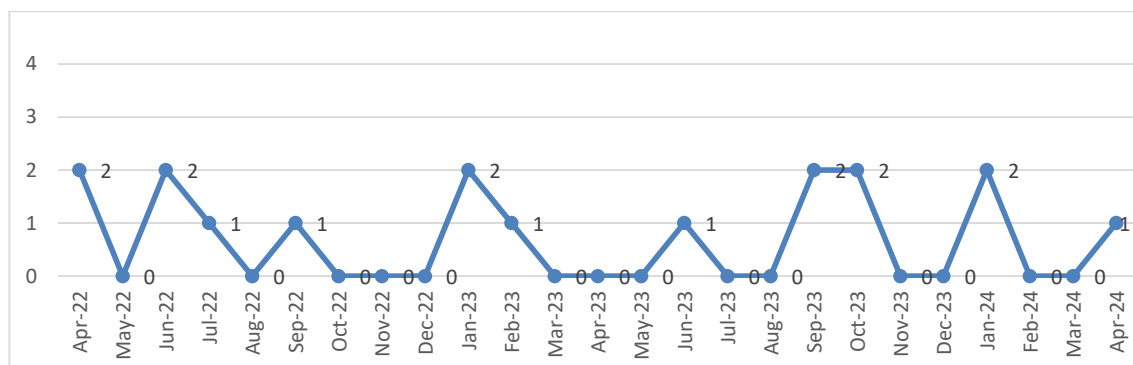
There was 1 new Maternity serious incident declared in April 2024

Table 2. Serious Incidents declared, submitted and closed for April 2024

Serious Investigations			
Number Declared for April 2024			1
Number Submitted for April 2024			0
Number Past CCG Deadline as of April 2024 (Not including HSIB/Approved Extensions)			4
New Serious Investigations declared in April 2024			
Ref	Ethnicity	Summary	Learning Points
Paweb147431	Asian or Asian British - Indian	Missed skull fracture on newborn.	• Documentation to meet the GMC and NMC requirements • The use of body maps has been shared widely at safety huddles • Safeguarding process to be followed in all cases • Discussion surrounding use of medical photography from birth – meeting to be arranged within Division and IT services.
Serious Investigations closed in April 2024			

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Tab 4.3 Maternity Reports

4.0 Themes

Table 3 details the top themes identified in maternity SI's within the last 24 months to April 2024.

Table 3. Top Themes

Total Number of SI's	Theme	Number
17	Neonatal death	6
	Hypoxic ischaemic encephalopathy (HIE)	3
	Cardiotocograph (CTG) interpretation	3
	Obstetric Haemorrhage	2
	Cross Border Working	2
	Delay in care	2
	Intrauterine death	2
	Retained Object	2
	Escalation	2
	Medical Equipment	2
	Screening Incident	1
	Therapeutic Cooling	1
	Birth Injury	1

5.0 Actions to Address Top 3 Themes

All mortality incidents are reviewed by a multidisciplinary panel including external stakeholders. This is reported onto a National database where themes and trends from the cases are collated. Action plans are initiated from every review and these form part of the assurance process for the Maternity Incentive Scheme and Saving Babies Lives Care Bundle v3.

MBRRACE metrics:
Neonatal mortality rate (per 1,000), Stillbirth rate (per 1,000)

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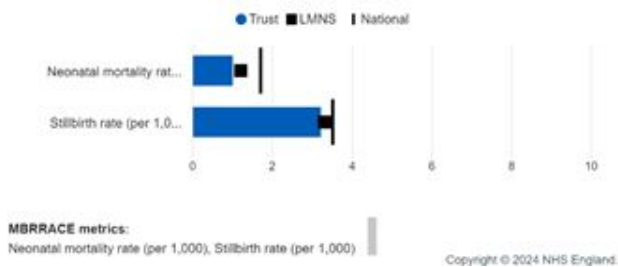
Hypoxic ischaemic encephalopathy (HIE) is reported through a variety of forums and monitored across the Local Maternity and Neonatal Services. Despite being a top theme, the service reports very few cases compared to our partner Trusts across the system. This is evidenced by the minimal referrals to MNSI (1 case in last 12 months) where referrals are based on criteria set nationally. Where criteria are met, an immediate review of care is undertaken by the MDT and initial learning and actions are shared. In relation to HIE, there are no overarching themes related to the outcome and each case has individual contributory factors. This is continuously monitored within the service and a deep-dive would be undertaken where themes are noted – this has occurred in previous years where anomalies were detected in the number of cases which led to commissioning of external reviews for each case.

Of the cases covered by this report, 2 babies were diagnosed with HIE 2 (Moderate) and 1 baby was diagnosed with HIE 3 (severe).

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Tab 4.3 Maternity Reports

CTG interpretation has been a key workstream for the service. In 2020, physiological interpretation was introduced as the method to determine fetal well-being. As a result of this an annual training and competency package has been introduced, whereby, all midwives and obstetricians are required to pass the assessment following completion of the course. Weekly MDT training has also been introduced and is led by the Fetal Monitoring Midwife or Fetal Monitoring Consultant. These are also attended by the Local Maternity and Neonatal System to encourage shared learning and good practice. Current compliance with the competency and training is >90% for all staff groups.

6.0 Oversight

All incidents are initially reviewed weekdays by an MDT of senior clinicians. Any that require further information/ investigation are escalated to the twice weekly Trust Incident Management Group (IMG) chaired by the Director of Clinical Quality Governance. This where management of the incident is decided i.e. SI declared. This is currently in a transition period with the implementation of the Patient Safety Incident Response Framework (PSIRF).

Further management and investigation is undertaken by the division. It is then approved and noted at Divisional Governance Board, then Patient Safety Group, then Quality and Safety Committee. Final oversight once complete is via Patient Safety Incident Assurance Panel, Trust Board, then the Local Maternity and Neonatal System.

Currently, the division is undertaking a review of the governance pathways and reporting structures to strengthen and develop the existing system so that it aligns further with local and national governance objectives.

Further assurance is achieved though triangulation of outcomes from investigations; this includes those from complaints and legal cases. The quality improvement agenda continues and is monitored via the Maternity Improvement Board and all the workstreams are tracked via the PM3 project management tool.

7.0 Recommendation

It is requested that the committee accept the report with the information provided and the ongoing work with the investigation process.

Author: Erin Walters, Head of Maternity Governance and Assurance
Date: 20 May 2024

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Tab 4.4 Hard Truths

Trust Board (Public) – 6 June 2024

Agenda item:	4.4
Presented by:	Giuseppe Labriola – Deputy Chief Nurse / Sharon McNally Chief Nurse
Prepared by:	David Dellow – Safe Staffing Lead and Giuseppe Labriola – Deputy Chief Nurse
Date prepared:	18.5 2024
Subject / title:	Report on Nursing and Midwifery staff levels for April 2024.

Purpose:	**Approval**		**Decision**		**Information**	**x**	**Assurance**	**x**
Key issues:	There was an increase in the overall unregistered, registered and overall fillrate in April 2024 No ward reported average fill rates below 75% for RN against the standard planned template during the reporting period.							
Recommendation:	The Board is asked to note the information within this report.							

Trust strategic objectives:	Patients	People	Performance	Places	Pounds
	x	x	x		x

Previously considered by:	NA
Risk / links with the BAF:	BAF: 2.1 Workforce capacity All divisions have both recruitment and retention on their risk registers
Legislation, regulatory, equality, diversity and dignity implications:	NHS England and CQC letter to NHSFT CEOs (31.3.14): Hard Truths Commitment regarding publishing of staffing data. NHS Improvement letter: 22.4.16 NHS Improvement letter re CHPPD: 29/6/18
Appendices:	**Appendix 1:** Ward and divisional fill rates by month against adjusted standard planned template. RAG rated. **Appendix 2**: Ward and divisional CHPPD data **Appendix 3:** Nursing Red Flags (NICE 2014) **Appendix 4:** Occasions when registered staffing fell below 75% trend **Appendix 5:** Substantive staff redeployment trend **Appendix 6:** Falls SPC charts **Appendix 7:** Pressure Ulcers SPC charts

Tab 4.4 Hard Truths

1.0   Introduction

This paper illustrates how PAHT's nursing and midwifery staffing has been deployed for the month of April 2024. It evidences how planned staffing has been successfully achieved and how this is supported by nursing and midwifery recruitment and deployment.

2.0   Background

The National Quality Board (NQB 2016) recommend that monthly, actual staffing data is compared with expected staffing and reviewed alongside quality of care, patient safety, and patient and staff experience data. The trust is committed to ensuring that improvements are learned from and celebrated, and areas of emerging concern are identified and addressed promptly. This paper will identify safe staffing and actions taken in March 2024. The following sections identify the processes in place to demonstrate that the Trust proactively manages nursing and midwifery staffing to support patient safety.

3.0   Inpatient wards fill rate

The Trust's safer staffing submission has been submitted to NHS Digital for April 2024 within the data submission deadline. Table 1 shows the summary of the overall fill rate for this month. Appendix 1 illustrates a ward-by-ward breakdown for this period. Table 2 shows a summary of overall fill rate percentages for a rolling 12-month period.

There was an increase in the overall unregistered, registered and overall fillrate in April 2024. With the overall fill rate increasing to 108.7% (↑5.2%), while the healthcare support worker fill rates also increased by 7.3% to 119.4%. While the overall registered fillrate also increased by 4.2% to 103.6%, the Registered fill rate for nights decreased by 1.1% to 102.1%.

Registered fill rate increased due to new joiners within the organisation who require a supernumerary period in clinical areas. Unregistered fill rate increased due to additional levels of enhanced care required across wards. We continue to utilise NHS Professionals (NHSP) and agency to mitigate vacant shifts. In addition, our senior nurses and midwives are also supporting individual areas. SafeCare data continues to be collected three times a day to improve staffing governance across the organisation.

Table 1. Overall fill rate

Average day fill rate - registered nurses/midwives	Average day fill rate - care staff	Average night fill rate - registered nurses/midwives	Average night fill rate - care staff	% Registered overall fill rate	% HCSW overall fill rate	% Overall fill rate
104.9%	116.6%	102.1%	122.8%	103.6%	119.4%	108.7%

Tab 4.4 Hard Truths

Table 2. Inpatient fill rate including Maternity Wards Trend
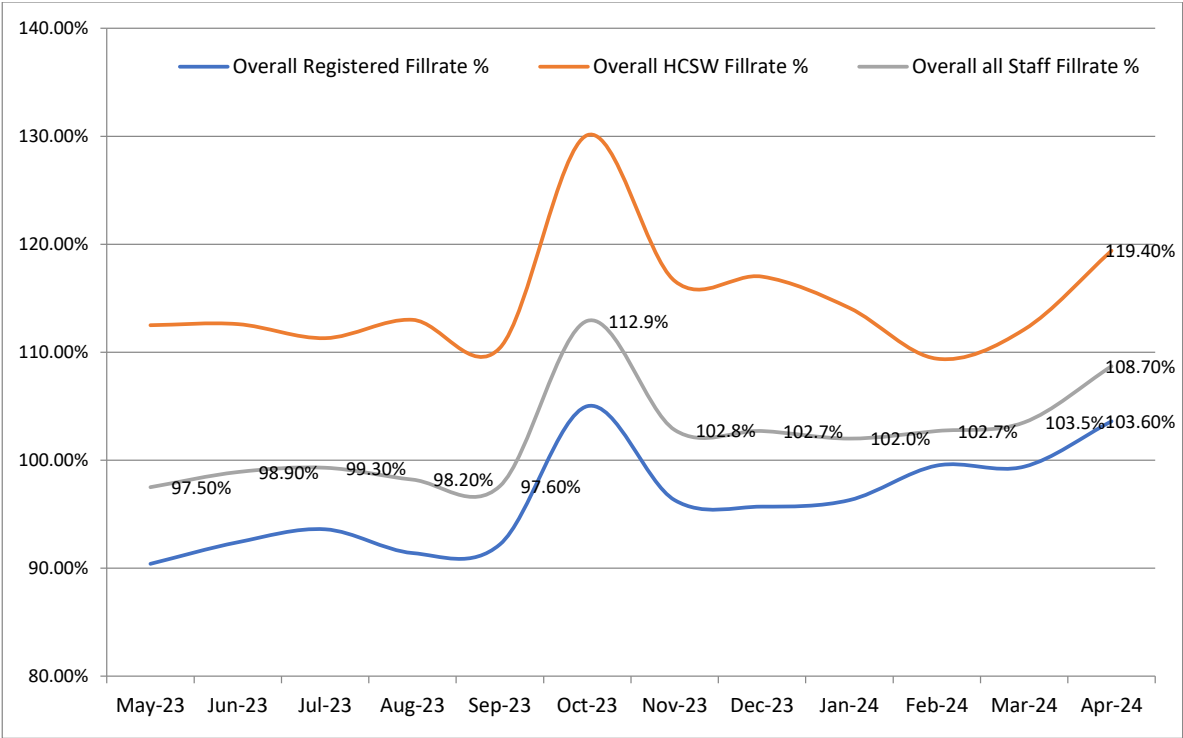
4.0 Care Hours Per Patient Day (CHPPD)

CHPPD allows comparison of a ward's CHPPD figure with that of other wards in the hospital, or with similar wards in other hospitals. It can be used to look at variation between similar wards to ensure the right staff are being used in the right way and in the right numbers.

The hours worked during day and night shifts by registered nurses and midwives and healthcare assistants are added together. This figure is then divided by the number of patients at midnight, this then gives the total CHPPD. The number of registered and unregistered hours can be divided by the number of patients to understand the registered and unregistered CHPPD.

By itself the CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective or responsive. It should therefore be considered alongside measures of quality and safety.

Table 3. Overall Care Hours Per Patient Day (CHPPD) April 2024

Registered CHPPD	Unregistered CHPPD	Total CHPPD
5.1	2.8	8

The Model Hospital data for February 2024 shows the Trust with a CHPPD of 7.5 against the national median of 8.3. Table 4 also now shows the Trusts total CHPPD against our peers (East and North Hertfordshire NHS Trust and West Hertfordshire Teaching Hospitals NHS Trust)

Appendix 2 shows the individual ward and divisional CHPPD for April 2024

Tab 4.4 Hard Truths

Table 4. CHPPD Trend
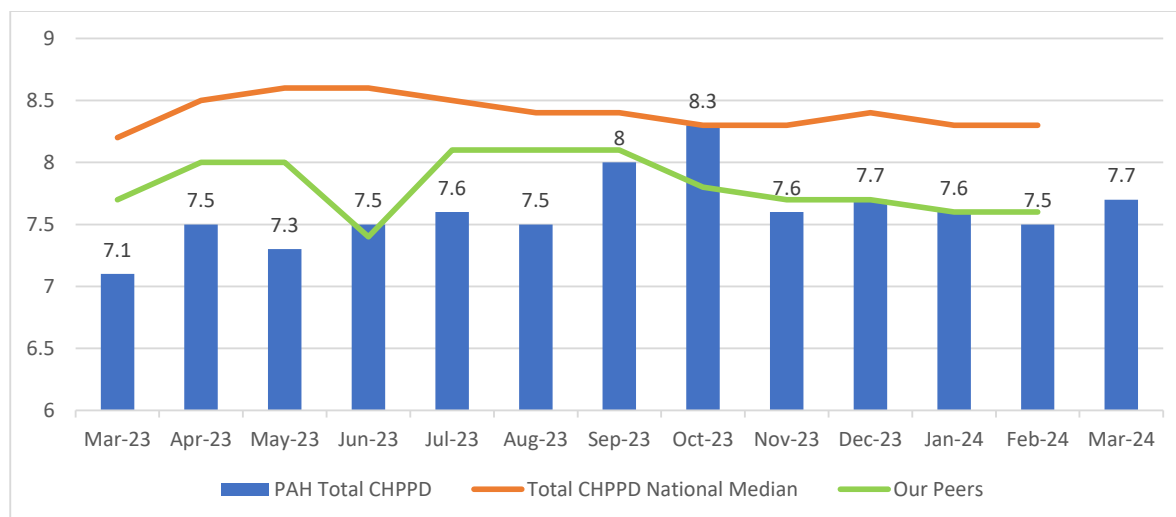
5.0 Quality Indicators

5.1 Nursing Red Flags

Nursing red flags prompt an immediate response by the registered nurse in charge of the ward. The response may include allocating additional nursing staff to the ward or other appropriate responses. Appendix 3 details the NICE (2014) definition of Nursing Red Flags. Currently this information cannot be monitored for all nursing red flags on DATIX. However, this is being investigated by the governance team and the deputy chief nurse.

A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available, compared with the actual requirement for the shift is a nursing red flag.

The number of occasions/shifts where the reported fill rate has fallen below 75% across the wards is available in Table 5. This decreased by 41 occasions in April to 58 and now includes Maternity which had 26 in month, a decrease of 4. Nightingale Ward fell below their standard template on 22 occasions in April. The ward has a template, which is currently under review, for 3 registered staff both on a day and night. However, there is a review of patient acuity and dependency on a shift by shift basis to determine if the ward can be safely staffed with 2 registered staff, without affecting patient safety. In addition, John Snow Ward's healthcare support worker template is under review. This is part of a wider review of all ward rosters led by the deputy chief nurse. Appendix 4 details the staffing red flags trend.

Tab 4.4 Hard Truths

Table 5. Occasions when registered staffing fell below 75% of standard template
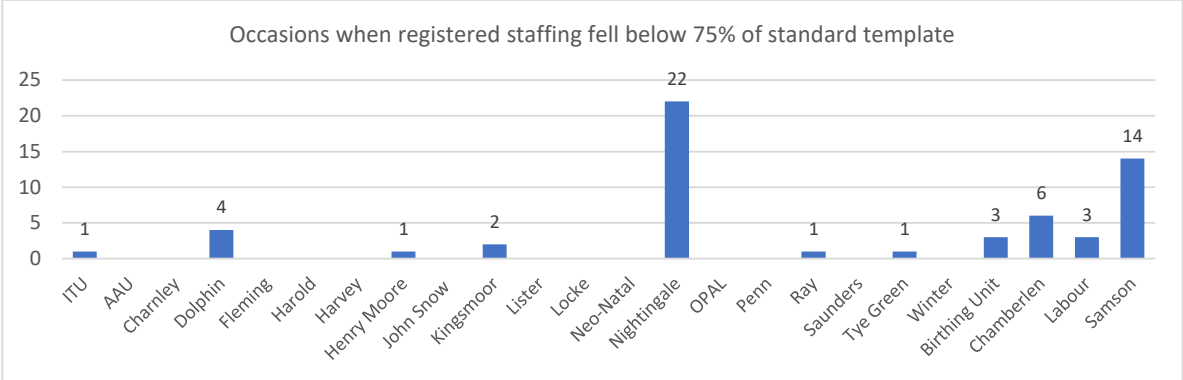
5.2 Falls

Table 6. Number of falls, unwitnessed falls and falls with harm in April, with the top 3 wards being highlighted

	Total falls in month	Top 3 wards		
Total falls	105	Kingsmoor 13	Locke 9	Charnley 9
Unwitnessed falls	74	Kingsmoor 8	Locke 7	Charnley 7
Falls with harm *	22	Locke 3	7 wards had 2	6 wards had 1

subject to change following review at Falls Incident Oversight Group

The Trust falls reduction strategy and workplan (2024/2025) is in place and mandatory falls training is currently at 94%. Kingsmoor ward have a falls action plan in place, with Charnley ward having an improving essentials of care plan. The Trust Lead Nurse for Falls Reduction and Prevention is currently supporting Locke ward

5.3 Pressure Ulcers

Table 7. Number of Hospital Acquired Pressure Ulcers (HAPU) Cat 2 and Cat 3 Pressure Ulcers (including unstageable)

Tab 4.4 Hard Truths
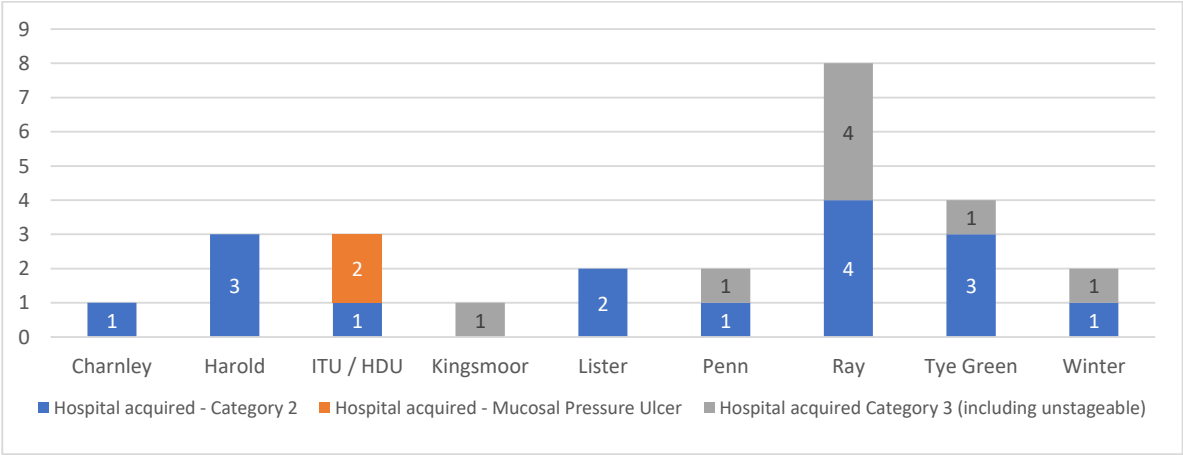
In April the highest number of HAPUs developed on Ray ward (8) and Tye Green (4).
- Tissue viability have collated monthly data from intense auditing including Ray ward
- Lack of bed linen, reduced staffing levels, complex patients and new inexperienced health care assistants were identified as contributory factors on Ray ward
- Other trends have been identified on Ray ward which will be discussed with ward manager, matron and head of nursing regarding next steps

Redeployment

Redeployment of staff continues to be undertaken to support safe staffing as part of the daily staffing huddles. Table 8 details the trend in April with Harold ward redeploying the highest number of substantive staff. John Snow ward was the next highest. Outpatient department staff continue to be redeployed to support wards but this is not consistently recorded in Health Roster. The highest net receiver of staff remains Nightingale ward alongside A&E. Appendix 5 demonstrates the number of substantive staff redeployments per month trend. Table 9 shows the hours of substantive staff moved as a percentage of total hours worked.

Table 8. Hours of substantive staff redeployed
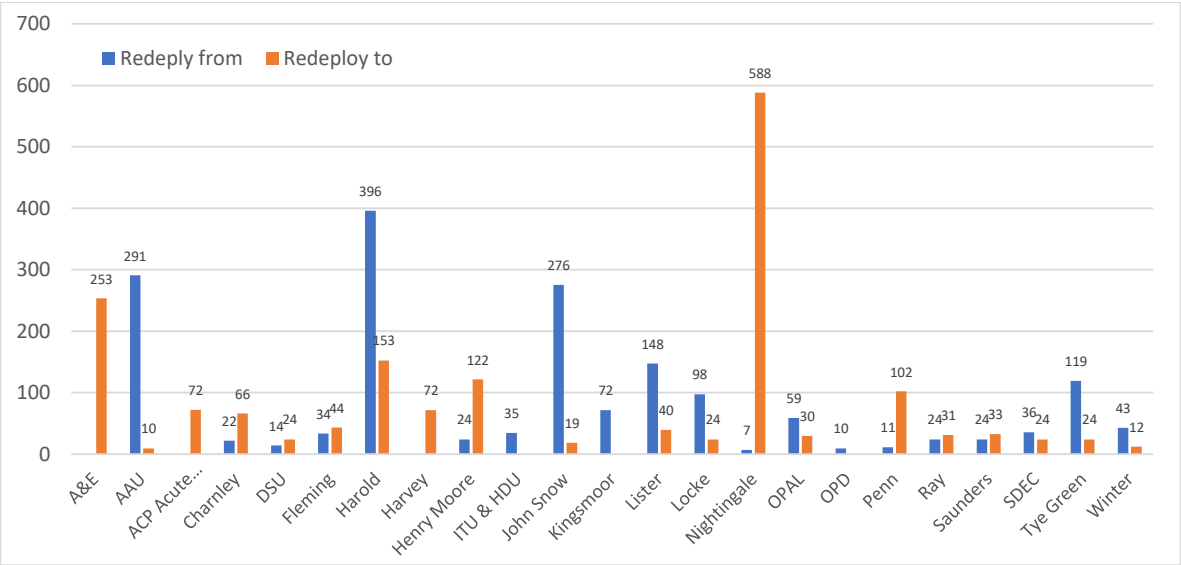
Table 9. % of substantive staff redeployed as % of total hours worked

Substantive staff hours redeployed	Total hours worked (inc bank and agency)	% of total hours worked / substantive staff redeployed
1,738	143,575	1.2%

6.0 Conclusion

This paper will evolve in the future to include the impact of staffing including additional nursing and midwifery sensitive indicators such as complaints and compliance with nationally mandated staffing such as CNST provision in midwifery. The paper will also demonstrate initiatives underway to review staffing establishments and activities to ensure nursing and midwifery workforce is deployed in the most cost-efficient way.

7.0 Recommendation

Tab 4.4 Hard Truths

The committee are asked to note the information in this report to provide assurance on the daily mitigation of nursing and midwifery staffing.

Appendix 1: Ward level data: fill rates April 2024. *(Adjusted Standard Planned Ward Demand)*

>95%	75 – 95%	< 75%

Ward name	Day		Night		% Registered overall fill rate	% HCSW overall fill rate	% Overall fill rate
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)			
ITU & HDU	104.1%	113.0%	103.2%	86.1%	103.7%	99.5%	103.3%
Saunders	105.0%	138.9%	121.3%	154.6%	111.1%	144.9%	123.8%
Penn	96.6%	116.8%	100.0%	167.3%	98.0%	136.0%	111.6%
Henry Moore	119.6%	104.3%	148.3%	114.2%	131.1%	109.1%	121.5%
Harvey	105.6%	151.9%	104.4%	104.7%	105.1%	129.3%	113.9%
John Snow	106.5%	33.7%	100.0%	33.6%	103.4%	33.7%	73.3%
Surgery Total	**105.0%**	**112.3%**	**108.9%**	**120.0%**	**106.7%**	**115.5%**	**109.4%**
Charnley	108.4%	135.8%	100.7%	136.0%	104.7%	135.9%	113.6%
AAU	103.0%	136.8%	106.7%	143.0%	104.6%	139.7%	112.0%
UEC Total	**105.1%**	**136.3%**	**104.2%**	**139.5%**	**104.7%**	**137.8%**	**112.7%**
Harold	101.3%	121.7%	102.8%	120.3%	102.0%	121.1%	108.0%
Kingsmoor	90.3%	158.4%	105.5%	143.9%	96.0%	151.5%	116.7%
Lister	107.1%	120.3%	104.2%	120.8%	105.8%	120.5%	111.7%
Locke	106.8%	138.4%	100.1%	133.8%	103.9%	136.2%	116.8%
Ray	125.5%	118.9%	100.0%	173.4%	114.7%	139.6%	123.6%
Tye Green	100.1%	105.2%	104.0%	140.8%	101.8%	119.7%	108.8%
Nightingale	82.6%	78.3%	88.5%	102.5%	85.4%	89.9%	87.2%
Opal	134.1%	117.6%	103.3%	145.7%	119.4%	131.0%	124.0%
Winter	101.1%	130.4%	99.2%	129.3%	100.3%	129.9%	112.1%
Fleming	97.0%	90.5%	100.0%	101.4%	98.3%	95.7%	97.5%
Medicine Total	**103.8%**	**119.9%**	**101.2%**	**131.3%**	**102.7%**	**125.1%**	**111.0%**
Neo-Natal Unit	95.3%	90.0%	95.4%	83.3%	95.3%	86.7%	93.9%
Dolphin	98.4%	76.4%	87.3%	72.0%	93.5%	75.0%	88.9%
Labour	115.7%	89.7%	99.0%	100.1%	107.7%	94.6%	104.8%
Birthing	118.6%	89.4%	101.1%	95.9%	110.3%	92.5%	104.3%
Samson	96.8%	149.8%	90.4%	102.1%	93.8%	127.0%	110.4%
Chamberlen	120.7%	85.0%	100.3%	94.8%	110.9%	89.7%	105.6%

Tab 4.4 Hard Truths

| CHAWS Total | 106.9% | 104.9% | 95.5% | 94.6% | 101.5% | 100.2% | 101.1% |
| Total | 104.9% | 116.6% | 102.1% | 122.8% | 103.6% | 119.4% | 108.7% |

Tab 4.4 Hard Truths

Appendix 2: Ward level data: CHPPD April 2024.

Care Hours Per Patient Day (CHPPD)			
Ward	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Overall
Trust Total	**5.1**	**2.8**	**8**
ITU & HDU	27.9	2.7	30.6
Harvey Ward	4.3	3.0	7.3
Henry Moore Ward	3.7	2.4	6.1
John Snow Ward	7.8	1.9	9.7
Penn Ward	3.7	2.9	6.5
Saunders Unit	4.0	3.1	7.1
Surgery Total	**6.0**	**2.8**	**8.8**
AAU	6.9	2.4	9.3
Charnley Ward	4.5	2.4	6.9
UEC Total	**5.7**	**2.4**	**8.1**
Fleming Ward	4.0	1.7	5.7
Harold Ward	4.9	2.7	7.6
Kingsmoor General	3.5	3.3	6.8
Lister Ward	4.0	3.0	7.1
Locke Ward	3.9	3.4	7.3
Nightingale Ward	3.7	2.6	6.2
Opal Unit	5.2	3.8	9.0
Ray Ward	4.3	2.9	7.2
Tye Green Ward	4.3	3.2	7.5
Winter Ward	3.7	3.2	6.9
Medicine Total	**4.1**	**3.0**	**7.1**
Birthing Unit	10.1	4.3	14.4
Chamberlen Ward	6.5	1.7	8.2
Dolphin Ward	7.2	1.9	9.1
Labour Ward	15.1	3.8	18.9
Neo-Natal Unit	11.6	2.1	13.7
Samson Ward	2.1	2.8	4.9
CHAWS Total	**6.9**	**2.7**	**9.6**

Tab 4.4 Hard Truths

Appendix 3. Nursing Red Flags (NICE 2014)

Box 2: Nursing red flags

- Unplanned omission in providing patient medications.

- Delay of more than 30 minutes in providing pain relief.

- Patient vital signs not assessed or recorded as outlined in the care plan.

- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:

  - Pain: asking patients to describe their level of pain level using the local pain assessment tool.

  - Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.

  - Placement: making sure that the items a patient needs are within easy reach.

  - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.

- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).

- Less than 2 registered nurses present on a ward during any shift.

Note: other red flag events may be agreed locally.

Tab 4.4 Hard Truths

Appendix 4: Staffing Red Flags Trend Data

Number of ocassions when registered staffing < 75% April 23 - March 24

Tab 4.4 Hard Truths
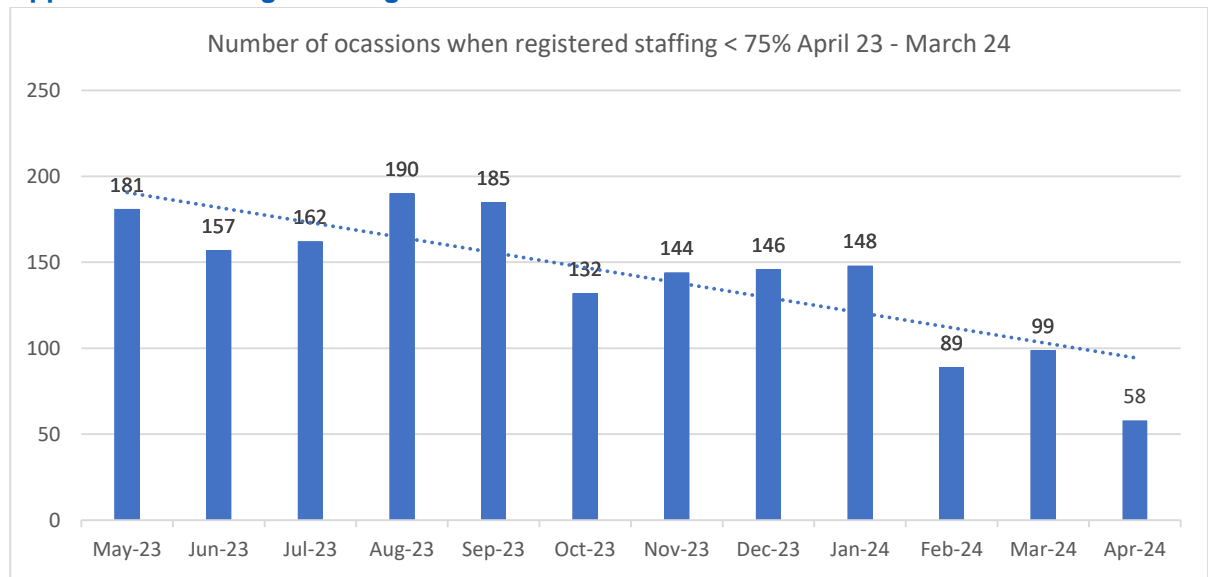
Appendix 5: Substantive staff redeployment trend

This reports looks at the number of shifts substantive staff working a shift are redployed, it does not include the shifts when agency, bank or multi post holders are redeployed.

Number of ocassions when substantive staff redeployed November 2023 - April 2024

Month	Number
Nov-23	229
Dec-23	203
Jan-24	221
Feb-24	185
Mar-24	134
Apr-24	163

Tab 4.4 Hard Truths
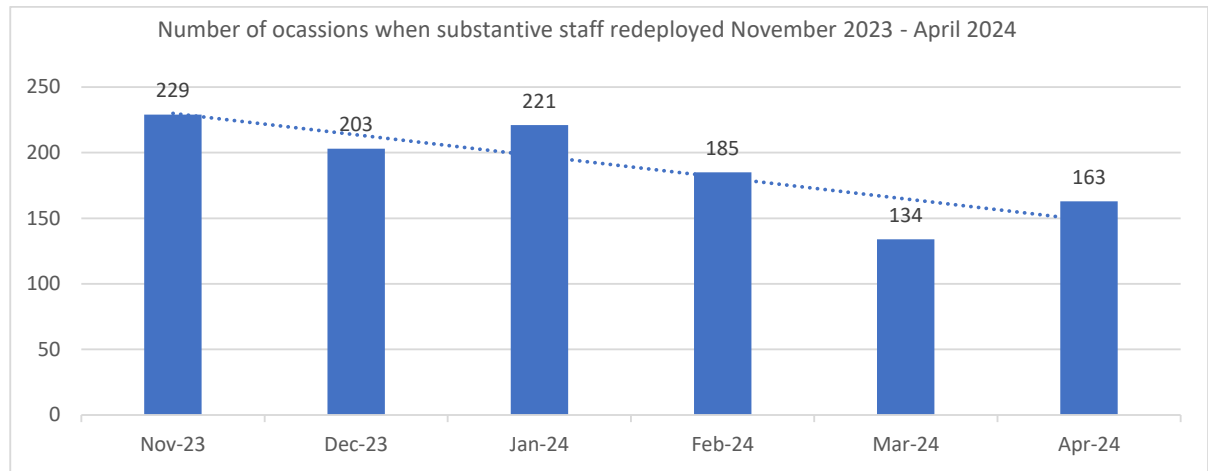
Appendix 6: Falls Rate per 1000 bed days

Falls Rate per 1000 Bed Days

Falls with Harm Rate per 1000 Bed Days

Tab 4.4 Hard Truths
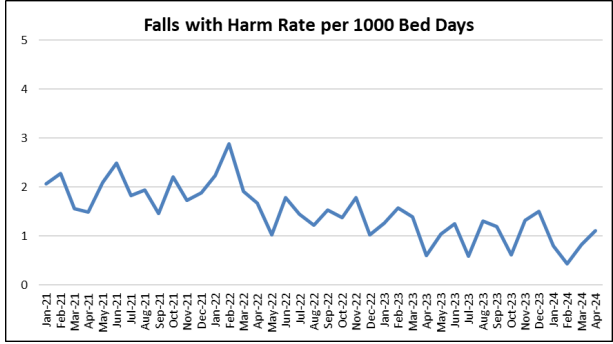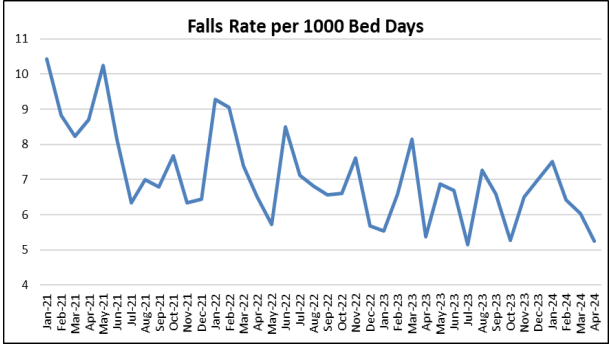
Appendix 7: Total Pressure Ulcer Rate per 1000 bed days and Moderate Harm Pressure Ulcer Rate per 1000 bed days trend

Total pressure ulcer rate per 1,000 occupied bed days
Including new reporting definitions and refreshed data from June 2018 - Apr 2024
From Feb 2024 Unstageable is included in Cat 3, DTI is no longer included
Axis labels showing alternate months

Moderate harm pressure ulcer rate per 1,000 occupied bed days
Including new reporting definitions and refreshed data from June 2018 - Apr 2024
From Feb 2024 Unstageable is included in Cat 3, DTI is no longer included
Axis labels showing alternate months

Tab 4.5 Learning from Deaths

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board – Public – 6 June 2024

Agenda item:	4.5
Presented by:	Fay Gilder | Medical Director
Prepared by:	Nicola Tikasingh | Lead Nurse for Quality and Mortality Information Team Fay Gilder | Medical Director
Date prepared:	13th May 2024
Subject / title:	Learning from deaths and Mortality Paper

Purpose:	**Approval**		**Decision**		**Information**	x	**Assurance**	x
Key issues:	This paper provides assurance on the learning from death process and highlights key pieces of learning and updates on the current programme of work to improve clinical practice and patient outcomes.							
Recommendation:	To note the progress being made on the learning from death process and the improvement work to address this.							

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	✓	✓	✓		

Previously considered by:	Strategic Learning From Death Group
Risk / links with the BAF:	BAF 1.1 Variation in outcomes resulting in poor clinical quality, safety and patient experience.
Legislation, regulatory, equality, diversity and dignity implications:	*'Learning from Deaths'* - National Quality Board, March 2017 *This paper has been written with due consideration to equality, diversity and inclusion in respect of our patients, people and potential providers.*
Appendices:	

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Tab 4.5 Learning from Deaths

1.0   Purpose/issue

The purpose of this paper is to provide monthly assurance on the learning from death process. The paper will highlight key pieces of learning and provide progress updates on the current programme of work to improve clinical practice and patient outcomes

2.0   Background

PAHT has a learning from death process that meets the national requirements.
The risks associated with this are captured on the learning from death risk register.

3.0   Current Telstra update on mortality indices for Princess Alexandra Hospital (PAHT)

3.1   Background

Telstra provided an in-hospital mortality report, for all inpatient admissions for the 9 month time period Apr 2023 – Dec 2023.
Telstra have been unable to update the position due to a data processing error between Telstra and Hospital Episode Statistics (HES).

3.2   Analysis

**Figure 1 – Hospital Standardised Mortality Ratio (HSMR) Monthly Trend
HSMR (Apr-23 to Dec-23)**

Tab 4.5 Learning from Deaths

The Princess Alexandra Hospital
NHS Trust

Figure 2 – Expected V's Observed Deaths (Apr-23 to Nov-23)
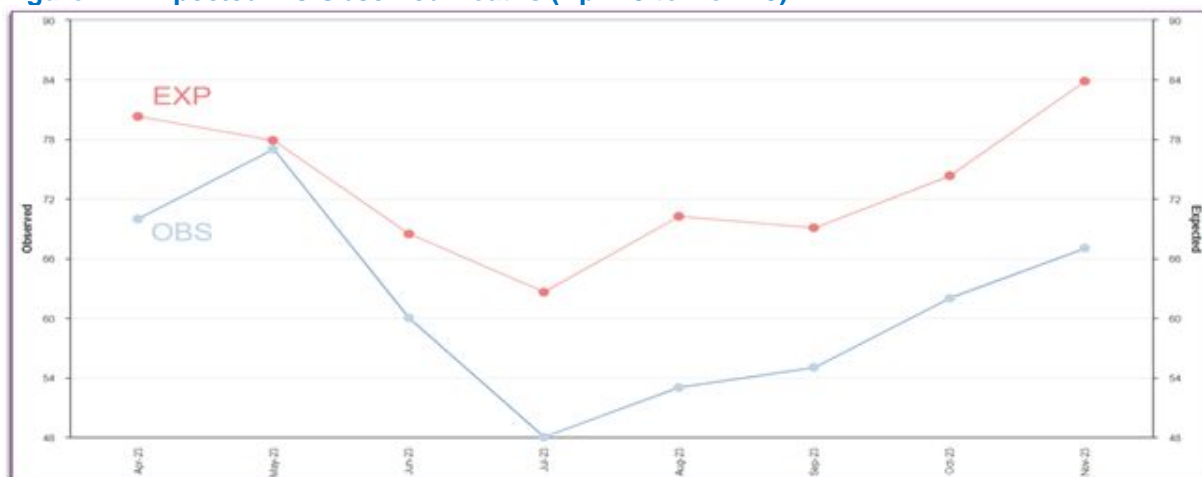
Figure 3 - Regional HSMR for the period Apr-23 to Nov-23
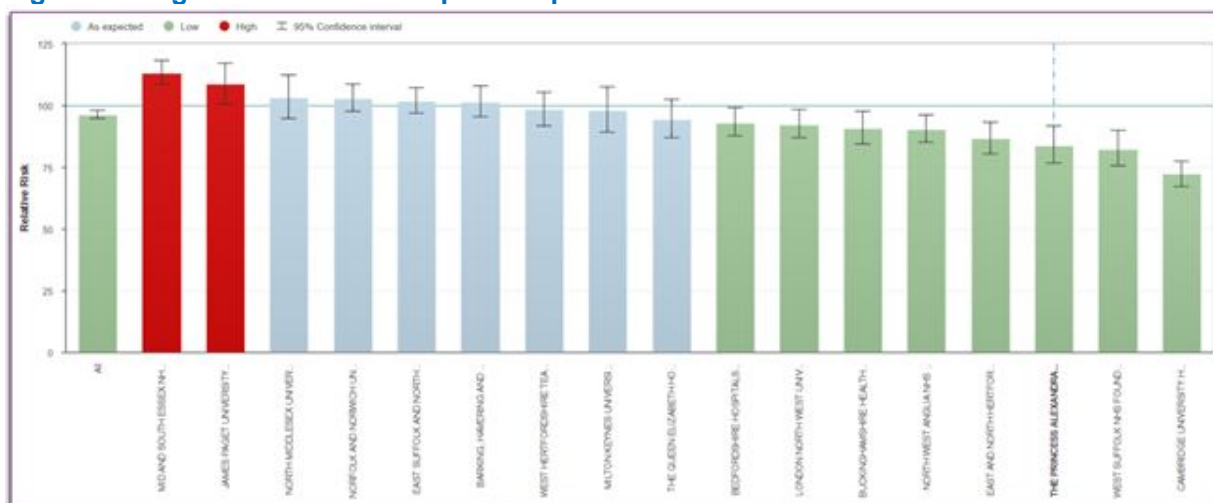
Figure 4 - Outliers and alerts

Title	CUSUM	Vol	Obs	Exp	%	Relative risk
⊟ All Diagnoses	🔔 1 🔔 2	43063	598	703.2	1.4	85.0
HSMR (56 diagnosis groups)	🔔 4	17420	492	586.7	2.8	83.9
Cardiac arrest and ventricular fibrillation	🔔 1	4	4	2.2	100.0	179.6
Gangrene		2	1	0.0	50.0	11861.2
Other infections, including parasitic	🔔 1	37	3	1.4	8.1	210.9
⊟ All Procedures	🔔 2	28459	333	447.7	1.2	74.4
Circumcision	🔔 1	52	1	0.0	1.9	16367.2
Lung biopsy	🔔 1	38	1	0.4	2.6	224.1

Standardised Mortality Ratio Overview
SMR for Nov-23 is 78.4 and "lower-than-expected",
The HSMR value (Apr-23 to Dec-23) is 84.6 and "lower-than-expected" for this period
Regional HSMR for the period Apr-23 to Nov-23 is 96.3 and "lower-than-expected". PAH are statistically significantly lower than regional peers.
There is one new CUSUM alert to report, and this is for 'cardiac arrest and ventricular fibrillation'.

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Tab 4.5 Learning from Deaths

3.3 Summary

There has been an outstanding data issue with the HES M10 dataset. NHS England have acknowledged that the issue originates with their process, and will impact any supplier who is in recipient of HES data, which includes Princess Alexandra Hospital Trust (PAHT). Telstra will provide updates on when this will be resolved; however this has affected data being available for recent reporting periods.

All CUSUM alerts continue to be audited and presented at the Learning from Deaths Group (SLFDG). The new outlier, cardiac arrest and ventricular fibrillation, will be reviewed with appropriate clinical leads and the head of coding for learning and the results presented to SLFDG with any learning identified and actioned.

4.0 Mortality Programme Updates

Fractured Neck of Femur
An update was provide on this working group by the clinical lead.
There was a higher than average number of fractured femur admissions during the months of December 2023 and January 2024, which impacted on the time of patients' journey from the Emergency Department to the ward. There was reported good time theatre for surgery.
The working group continues to meet as a Multi-Disciplinary Team to measure the patients' journey to the national requirements and identify where improvements may be required.
PAH is not a mortality outlier for fracture neck of femur

5.0 Learning from deaths process update
5.1 Mortality Narrative
- There were 67 deaths in April 2024.
- 9 cases referred for Structured Judgement Reviews (SJRs)
- There are 133 outstanding SJRs (over 6 weeks of the patients' death.) The divisional directors now receive monthly reports with the breakdown of outstanding SJRs. These are discussed at the divisional review meetings with the executive team to monitor progress.

Of the 2023/24 completed SJRs and incident investigations into patients who had died, 1 was found to be as a result of deficiencies in the care provided to the patient. 9 are under review.

5.3 Cases for the second review panel
Surgical Division:
- Failure to act on diagnostics. SJR and second panel review completed. Death deemed probably avoidable (more than 50:50). This case is subject to a coroner's inquest 30 May 2024.

5.4 Themes and Issues Identified from Reviews and Investigation
Themes & Issues:
- Delay in acting on deranged diagnostics
- Delays in urgent diagnostics and follow up
- Lack of communication leading to delays in patient review and treatment plan
- Delays in accessing NIV

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Tab 4.5 Learning from Deaths

Good Practice:
•   Surgical procedures
•   Pre-operative assessments

6.0   Medical Examiner (ME) Headlines
6.1   Scrutiny Update

100% of deaths scrutinised between 8 Medical Examiners.
11 cases were referred to the Coroner:
- Of these, 2 Form A's were issued (Cause of death agreed with coroner).
- 4 post-mortems were requested
- No death certificates were issued by a GP
- There were no independent post-mortems.
- There were no inquests.

Medical Certificate of Cause of Deaths (MCCD) issued within 72 hours: (National Target)
- The 11 coroners' referrals are exempt from Trust Statistics
- 55 of the remaining 58 were issued on time
- 3 failed National target due to delays in doctors attending to complete the MCCD.
- This resulted in 95% of MCCDs being issued within 72 hours in March 2024. This fulfils the National target of 95%.

6.2   Ongoing Developments

ME/MEOfficer teaching is due to take place in the upcoming weeks to clarify the process for SJR and M&M reporting in the hopes of improving the suitability and appropriateness of cases being put forward for review.

The Lead MEO has begun to deliver a new training session to trust doctors so they are aware of the purpose, rules and regulations of the ME service as well as their responsibilities in the death certification process.

Site Team training is pending to facilitate a new system in the A&E department whereby the team will assist Drs in producing certificates for acute and urgent out of hours deaths before their shift ends. The aim is to avoid delays in obtaining a death certificate because the on-call staff are away from the hospital for their rest period.

A formal process for the scrutiny of perinatal deaths is under construction using an MDT approach. The neonatal and midwifery team undergo monthly training sessions with the ME department to ensure staff members have a better understanding of the process when there is a death on the ward.

An on-call system to cover acute, urgent and faith deaths in the out of hours period is in the early stages of development with a dedicated on-call mobile number now active and a proforma being finalised.

7.0   Risks

A new risk was presented and approved by the group in relation to delays in Structured Judgement Reviews being complete. This was impacted by a key member of staff being on unexpected leave for 5 months, creating a backlog. New process are being put into place to ensure that this does not occur again and work is commencing on the backlog. The risk score is currently a 3 (C) x 3 (L) = 09 and is due to be presented at the May 2024 Risk Management Group meeting.

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Tab 4.5 Learning from Deaths

8.0   Recommendation

For the Committee to provide feedback on the contents of the paper to ensure a dynamic development of the information provided so that assurance can be provided.

Tab 4.6 Electronic Health Record

NHS
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Trust Board (Public) 6 June 2024

Agenda item:	4.6
Presented by:	Phil Holland, CIO and Alex Health SRO
Prepared by:	Phil Holland
Date prepared:	29 May 2024
Subject / title:	**Alex Health (AH) Programme Update**

Purpose:	Approval		Decision		Information		Assurance	x
Key issues: please don't expand this cell; additional information should be included in the main body of the report	This paper provides the monthly update on the programme, governance, assurance and key risks of the Alex Health programme. It is currently predominantly delivering against its critical path for the October go live							
Recommendation:	For information and assurance							

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	Patients	People	Performance	Places	Pounds
	x	x		x	x

Previously considered by:	**Alex Health Programme Board – 17 April 2024**
Risk / links with the BAF:	1.2 Data Quality, 1.2A EPR Implementation
Legislation, regulatory, equality, diversity and dignity implications:	The programme is ensuring that all personal data is protected and processed in accordance with relevant data protection, security, and privacy laws, such as the UK General Data Protection Regulation (UKGDPR) and the Data Protection Act 2018. It will also ensure that patient rights to privacy are respected, and their personal data is used in accordance with their wishes. We are also ensuring that all staff members are treated fairly and equally regardless of their race, gender, religion, disability, or any other protected characteristic.

We continue to ensure that the implementation allows for appropriate access for all individuals, and ensures necessary dignity and diversity implications are factored into the programme, such as enabling all access through the new patient portal, and providing specific training to enable access to our new digital system |
| **Appendices:** | None |

Tab 4.6 Electronic Health Record

Introduction

The Alex Health programme is currently on course to implement in October, with the majority of key milestones continuing to be met. This paper outlines progress over the last 6 weeks, plans for the next period, current risks we are managing, emerging concerns, and review of our critical path.

Programme Progress

The programme has continued to deliver against the majority of the critical path milestones. The key deliverables have been:

- Progress of training recovery plan, with good take up of training dates. Delivery of new training block onto the main site. Training schedules have now been released for all staff groups
- Continuation of integration testing and data migration trial load 2
- Resolution of issues with electronic referral system and smart card integration
- Continued delivery of first look Fridays including Womens Health, and Capacity Management
- Increasing focus and drive on organisational readiness and 'start, stop, continue'

Plans for the next period

The following key activities will be completed over the next 4 – 6 weeks:

- Completion of data migration trial load 2
- Continuation of training preparation and delivery
- Two further first look fridays

Current Risks and Issues

While the programme is currently rated at amber, there are risks that we continue to manage and mitigate. The key risks, generally remain the same, and are summarised below:

- Effective completion of integration testing phase one, and data migration trial load 2. Risk exists with the completion of this testing phase and is currently under review to assess mitigating options
- Completion of installation and integration of bedside monitoring devices
- Continued lack of flex in our timeline.
- End User Training readiness and delivery
- Organisational Readiness for go live and new ways of working

Key risks and issues continue to be managed through the Implementation Board with detailed mitigation plans, with the appropriate escalation to the Programme Board.

Critical path timeline review

As described in the 'plans for next period' section, we continue to work towards critical path deliverables for the next period of completion of data migration trial load 2, and the review of integration testing phase 1.

Conclusion

The Trust Board is asked to review and consider the contents of this report

Phil Holland

Chief Information Officer and Alex Health SRO

Tab 4.6 Electronic Health Record

Tab 5.1 Report from PC

The Princess Alexandra Hospital **NHS**

NHS Trust

BOARD OF DIRECTORS: Trust Board 6th June 2024				AGENDA ITEM: 5.1
REPORT TO THE BOARD FROM: People Committee				
REPORT FROM: Committee Chair – Darshana Bawa Non-Executive Director				
DATE OF COMMITTEE MEETING: 29th May 2024				
Agenda Item:	**Committee assured** **Y/N**	**Further work** **Y/N**	**Referral elsewhere for further work** **Y/N**	**Recommendation to Board**
2.1 Freedom to Speak Up Report	Yes	Yes	No	The update was noted. The most common theme from reporting is behaviours from other staff and line management. Actions being taken to address the concerns raised were noted and it was agreed that the new Head of EDI will triangulate the data sources and present a report back to a future meeting.
2.2 People Report	Yes	Yes	No	The vacancy rate has increased to 8.74% and sickness level was just above target at 4.58% with rolling sickness decreasing at 4.59%. Bank and agency expenditure remains a focus and it was agreed to map the reasons for temporary spend. Diverse representation at senior roles is 39.92% - double the national KPI of 19%.
2.3 Learning and OD Update	Yes	Yes	No	Appraisals and statutory and mandatory training compliance were discussed along with a programme of work to optimise the functionality of TiMS. Appraisals and Statutory and Mandatory training compliance were at 74.06 % and 81.51% respectively.
2.4 Staff Survey	Yes	Yes	No	An update on the staff survey results was received. Four divisions had completed workshops thus far and a unique session was being developed for CHaWS to include both the national midwifery staff survey and the annual NHS staff survey.
2.5 Safer Nurse Staffing Report	Yes	No	No	There was an increase in the overall unregistered, registered and overall fill rate in April 2024; increasing to 108.7%. No ward

Tab 5.1 Report from PC

The Princess Alexandra Hospital **NHS**

NHS Trust

BOARD OF DIRECTORS: Trust Board 6th June 2024				AGENDA ITEM: 5.1
REPORT TO THE BOARD FROM: People Committee				
REPORT FROM: Committee Chair – Darshana Bawa Non-Executive Director				
DATE OF COMMITTEE MEETING: 29th May 2024				
Agenda Item:	**Committee assured** **Y/N**	**Further work** **Y/N**	**Referral elsewhere for further work** **Y/N**	**Recommendation to Board**
				reported average fill rates below 75% for RN against the standard planned template during the reporting period.
2.6 Nursing Midwifery and Allied Health Professionals Strategy 2024/27	Yes	No	No	The 2019/24 strategy has been refreshed to enable a focus on the professional priorities for the coming 3 years. Two adjunct strategies will also be published this year: Our nursing, midwifery and AHP Research Strategy, and our AHP strategy. The Committee endorsed the strategy.
2.7 PAHT 2030 Culture Milestones, Trust's People Plan and ICS People Plan	Yes	No	No	Three elements were noted: PAHT 2030 culture milestones – the 2023/24 milestones have been closed and the 2024 milestones have been planned. Trust's people plan 2025 – 2030 - the timeline for production of the new strategy was noted. HWE ICS People Plan - the Committee noted system partners approach to implementing the NHSE long term workforce plan.
2.8 BAF Risk 2.3 Workforce: Inability to recruit, retain and engage our people	Yes	No	No	The risk has been refreshed for 2024/25; the score remains unchanged at 16 with a target risk score of 12 by March 2025.
2.10 Horizon Scanning	Yes	No	No	The recent announcement of a further period of industrial action from 27 June to 2 July was noted. he NHS England Domestic Abuse and Sexual Violence (DASV) Programme was noted
2.11 GMC Enhanced Monitoring	Yes	Yes	No	Good progress was noted. The NETS Survey 2023 results were published on 7th March 2024 and are currently being analysed

Tab 5.1 Report from PC

The Princess Alexandra Hospital **NHS**

NHS Trust

BOARD OF DIRECTORS: Trust Board 6th June 2024				AGENDA ITEM: 5.1
REPORT TO THE BOARD FROM: People Committee				
REPORT FROM: Committee Chair – Darshana Bawa Non-Executive Director				
DATE OF COMMITTEE MEETING: 29th May 2024				
Agenda Item:	**Committee assured** **Y/N**	**Further work** **Y/N**	**Referral elsewhere for further work** **Y/N**	**Recommendation to Board**
				but show improvement. The GMC Trainee & Trainer Survey closed on 16th May 2024 with results available by July 2024. .
2.12 BAF Risk 2.1: (GMC enhanced monitoring)	Yes	No	No	The risk score remains unchanged at 20 in line with HEE's risk assessment score.
2.13 Guardian of Safer Working Report	Yes	No	No	In the 3 month period January to March 2024 24 exception reports were received, the majority due to working over hours. No immediate patient safety concerns were reported. The largest number of exception reports came from acute medicine (11). All other specialties are in single figures.
3.1 Communications Update	Yes	No	No	An update on the activity of the Communications team was noted including the advice regarding the pre-election period. .
4.1 Voluntary Services Report	Yes	No	No	An update on progress against the Voluntary Services Strategy was received. It was noted the team would continue developing the relationship with Estates to ensure that the Garden project is delivered safely and effectively.

Tab 6.2 Operating Plan

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board 6 June 2024

Agenda item:	6.2
Presented by:	Tom Burton, DoF
Prepared by:	Beth Potton, DDoF
Date prepared:	29 May 2024
Subject / title:	Annual Operating Plan

Purpose:	**Approval**		**Decision**		**Information**		**Assurance**	**X**

Key issues: please don't expand this cell; additional information should be included in the main body of the report	At the time of reporting, the ICS, following discussions with NHSE national and regional teams, are looking to move from a system deficit of £44.9m to £30m. This has required PAH to include further stretch of £2m bringing the 2024/25 plan to a deficit of £23.4m.
Recommendation:	The Board is asked to note the annual operating plan.

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	X	X	X	X	X

Previously considered by:	Paper to EMT, Paper to PAF
Risk / links with the BAF:	BAF risks 5.1 and 5.2.
Legislation, regulatory, equality, diversity and dignity implications:	No impact on EDI identified.
Appendices:	See report attached

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Tab 6.2 Operating Plan

Annual Operating Plan

The Trust submitted a deficit plan of £25.4m on 2nd May 2024 for the 2024/25 financial year. At a system level the plan submission at that time was £44.9m.

Subsequent to that submission, discussions have taken place within the ICS and with NHSE regionally and nationally to further improve the plan position. As of the date of this report, the PAH position has further improved by £2m to a revised deficit position of £23.4m. The ICS position has improved to align to the NHSE Control Total of £30m deficit.

PAH are expecting to deliver the additional stretch through a reduction in Follow-Up attendances and utilising additional temporary theatre capacity to earn further ERF income within Ophthalmology.

Within PAH, budgets have now been allocated and have been used for M1 reporting.

Additional funding has been allocated to ensure unavoidable costs are appropriately budget set in 2024/25 and these include:
- Nursing rotas (see point above) £3.3m
- Specialling Costs £0.9m
- Maternity Leave Costs £1.5m (funding and costs to be held centrally)
- Ophthalmology Investment relating to capacity £0.5m
- Apprenticeship Backfill £0.7m
- UTC Streaming £0.3m
- International Nurses £1.2m
- Waiting List Session £2.6m (to be held centrally and allocated out on conclusion of the junior doctor analysis)

Budget Review Meetings have been held with all Divisions and Corporate services to review and agree budgets, activity plans and PQP targets. The final step in the process for the coming week will be to obtain final sign off by each Division and Corporate service.

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Tab 6.2 Operating Plan

24/25 Planning Update
May 2024

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Tab 6.2 Operating Plan

24/25 Plan - PAH

NHS
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NHS Trust

Statement of comprehensive income	24/25
	£m
Operating income from patient care activities	346.8
Other operating income	13.9
Employee expenses	(256.7)
Operating expenses excluding employee expenses	(124.4)
OPERATING SURPLUS/(DEFICIT)	**(20.5)**
FINANCE COSTS	
Finance income	0.5
Finance expense	(0.4)
PDC dividends payable/refundable	(5.3)
NET FINANCE COSTS	**(5.2)**
Adjustments - Capital donations/grants/peppercorn lease	0.3
Adjusted financial performance surplus/(deficit)	**(25.4)**
Additional Agreed Stretch	2.0
REVISED PLAN 2024/25	**(23.4)**

At the time of reporting, the financial plan for the Trust for 2024/25 has moved further due to national discussions. It is now a deficit of £23.4m.

This has moved from the previously presented value of £25.4m due to the following items:
- Further stretch £2m focused on reducing follow up attendances and utilising temporary theatre capacity to increase ERF income within Ophthalmology.

This plan has the following key assumptions:
- Activity plan at 112.6%
- PQP Target of £18.5m
- No new developments – ongoing funding for EHR and CDC as per business cases.
- Elective Care Hub excluded.
- Pathology transformation included from November 2024.
- The non-recurrent £5.1m received and planned for in 2023/24 is not included in the 2024/25 plan.
- No impact of industrial action in 2024/25 has been included as per planning guidance.

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Tab 6.2 Operating Plan

24/25 Plan – HWE ICS

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Change in Provider Planning Positions
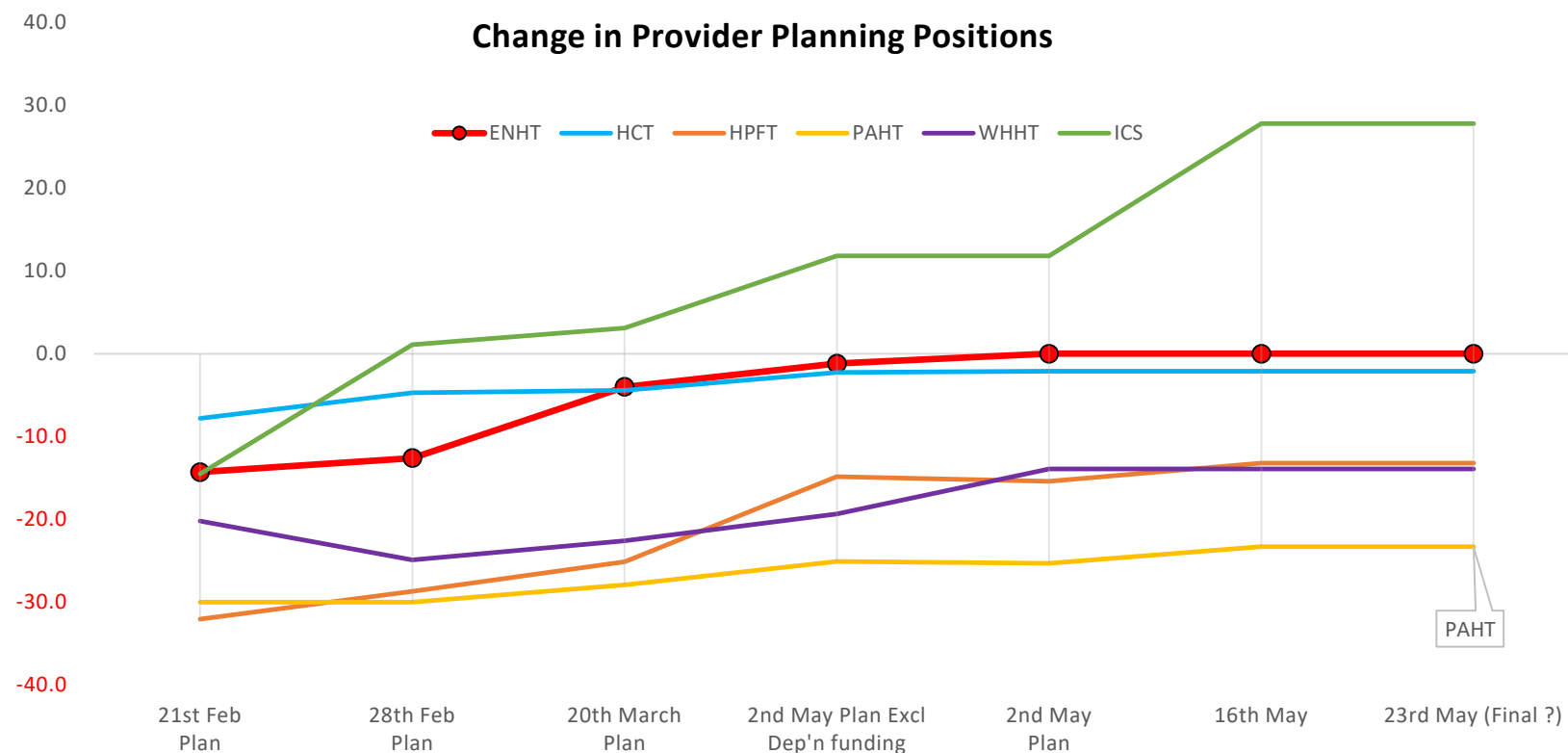
At the time of reporting, the ICS is working to an NHSE Control Total of £30m deficit. The graph above shows the movement by organisation with this position correct as at 23rd May but remains subject to change following NHSE meetings and final agreement of allocation by organisation.

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Tab 6.2 Operating Plan

24/25 Internal Budget Allocation

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A number of significant pieces of work have been undertaken between Finance and the Divisions and Corporate Services to establish robust and reasonable budgets for 2024/25 within the overall envelope of £25.38m deficit.

Key Steps in the Process:

- Establishments – all pay positions have been reviewed at an individual level to review against the 2023/24 budgets to identify cost pressures (i.e. unfunded posts) and new requirements.

- Nursing Rotas – a piece of work between the Head of Financial Management and the Deputy Chief Nurse was undertaken to ensure all ward nursing rosters (with the exception of Dolphin Ward) were compliant with the Safer Staffing Tool and with a fair and uplifted headroom/time out calculation.

- Additional funding has been allocated to ensure unavoidable costs are appropriately budget set in 2024/25 and these include:
  - Nursing rotas (see point above) £3.3m
  - Specialling Costs £0.9m
  - Maternity Leave Costs £1.5m (funding and costs to be held centrally)
  - Ophthalmology Round Table £0.5m
  - Apprenticeship Backfill £0.7m
  - UTC Streaming £0.3m
  - International Nurses £1.2m
  - Waiting List Session £2.6m (to be held centrally and allocated out on conclusion of the junior doctor analysis)

- Non Pay positions reviewed and adjusted for non-recurrent items and changes in activity.

- Strategic Projects have been included based on agreed business cases – this includes CDC, EHR and Pathology.

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Tab 6.2 Operating Plan

24/25 Internal Budget Allocation

The Princess Alexandra Hospital NHS Trust

Determination of Budgets between Divisions and Corporate Services

Key Principles:

- Divisions to absorb and manage cost pressures already underway within own budget envelope – i.e. utilising vacant posts to fund unfunded posts. This excludes Junior Doctors which is being managed at a Trust level whilst further analysis is undertaken.

- No new costs/service developments were agreed – new costs were only associated with ongoing strategic projects including CDC, EHR and Pathology.

- The start point of 2024/25 budgets was 2023/24 budgets excluding PQP targets. They have then be uplifted for the unavoidable costs, strategic projects and inflation. PQP targets have then been assigned and budgets reduced accordingly.

- Clinical Income is based on activity plans provided by Divisions; these do not assume additional Waiting List Objectives in the first instance hence there is the opportunity to deliver more.

Confirmation of Budgets for 2024/25

- Divisions have all had Budget Review Meetings which has included a review and agreement around cost pressures, activity plans and PQP targets. Corporate Services meetings are due to take place next week.

- Divisions have confirmed although not fully signed off, that with the exception of junior doctors which remains under review, the establishments and the overall financial envelope is reasonable to deliver the activity plans set out above.

- Final step in the process will be to get formal sign off by each Division and Corporate Services.

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Tab 6.3 Finance Update

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board 6 June 2024

Agenda item:	6.3
Presented by:	Tom Burton, DoF
Prepared by:	Beth Potton, DDoF
Date prepared:	29 May 2024
Subject / title:	Month 1 Financial Performance

Purpose:	**Approval**		**Decision**		**Information**		**Assurance**	**X**

Key issues: please don't expand this cell; additional information should be included in the main body of the report	In M1 the Trust had a plan of £2.0m deficit with delivery at £3.1m deficit. This is £1.1m adverse to the submitted plan for 2024/25 of £25.4m for the year. Elective Recovery Income has performed at plan including the additional income stretch. Temporary staffing costs above vacant substantive posts remain a challenge into 2024/25 impacting on PQP delivery and the ability to remain within plan. The closing cash balance at the end of April is £23.4m. This has reduced by £4.9m from the end of March 2024 due to payments relating to EHR for 2023/24. Capital spend at M1 was £2.2m against a plan for 2024/25 of £30.3m. The plan assumed expenditure of £2.1m so M1 is slightly ahead of plan.
Recommendation:	The Board is asked to note the month 1 financial results.
Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients** X **People** X **Performance** X **Places** X **Pounds** X

Previously considered by:	Paper to EMT, Paper to SMT, Paper to PAF
Risk / links with the BAF:	BAF risks 5.1 and 5.2.
Legislation, regulatory, equality, diversity and dignity implications:	No impact on EDI identified.
Appendices:	See finance report attached

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Tab 6.3 Finance Update

The top 3 issues to note are:

1. The volume of temporary staffing has reduced since March 2024, but the Trust continues to use bank and agency in excess of substantive vacancies.

2. ERF Income is overperformed by £90k but this was offset by extra target in plan. Overall, income over-performed by £260k which included £186k of pass-through high-cost drugs, private patients (£25k) and Road Traffic Accident (£21k).

3. The closing cash balance on 30th April is £23.4m. Given the financial plan for 2024/25 there is an expectation that cash support will be required during the year.

Summary finance notes

- In M1 the Trust had a plan of £2.0m deficit with delivery at £3.1m deficit. This is £1.1m adverse to the submitted plan for 2024/25 of £25.4m for the year. See table 1 below.

Table 1: M1 24/25 position

	FY Budget £'m	Apr-24			YTD		
		Budget £'m	Actual £'m	Variance £'m	Budget £'m	Actual £'m	Variance £'m
Income							
NHS & non-NHS Income	360.6	29.8	30.1	0.3	29.8	30.1	0.3
Income Total	**360.6**	**29.8**	**30.1**	**0.3**	**29.8**	**30.1**	**0.3**
Pay							
Substantive	(241.9)	(20.3)	(18.4)	1.9	(20.3)	(18.4)	1.9
Bank	(7.9)	(0.6)	(2.4)	(1.8)	(0.6)	(2.4)	(1.8)
Agency	(6.9)	(0.5)	(1.3)	(0.8)	(0.5)	(1.3)	(0.8)
Pay Total	**(256.7)**	**(21.4)**	**(22.1)**	**(0.7)**	**(21.4)**	**(22.1)**	**(0.7)**
Non-Pay							
Drugs & Medical Gases	(29.6)	(2.5)	(2.8)	(0.3)	(2.5)	(2.8)	(0.3)
Supplies & Services - Clinical	(16.6)	(1.4)	(1.7)	(0.3)	(1.4)	(1.7)	(0.3)
Supplies & Services - General	(4.8)	(0.4)	(0.1)	0.3	(0.4)	(0.1)	0.3
All other non pay costs	(56.9)	(4.4)	(5.0)	(0.6)	(4.4)	(5.0)	(0.6)
Non-Pay Total	**(108.0)**	**(8.7)**	**(9.6)**	**(1.0)**	**(8.7)**	**(9.6)**	**(1.0)**
Financing & Depn							
Depreciation	(16.4)	(1.4)	(1.2)	0.2	(1.4)	(1.2)	0.2
PDC & Interest	(5.2)	(0.4)	(0.3)	0.1	(0.4)	(0.3)	0.1
Financing & Depn Total	**(21.7)**	**(1.8)**	**(1.5)**	**0.3**	**(1.8)**	**(1.5)**	**0.3**
Total	**(25.7)**	**(2.1)**	**(3.1)**	**(1.1)**	**(2.1)**	**(3.1)**	**(1.1)**
Technical Adjustment	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Grand Total	**(25.4)**	**(2.0)**	**(3.1)**	**(1.1)**	**(2.0)**	**(3.1)**	**(1.1)**

- Temporary staffing continues to be a key driver of the year-to-date expenditure position with costs exceeding vacancies by £0.7m.

- Temporary staffing remains a key focus area and forms a significant element of the PQP requirement for 2024/25.

- The Trust had a PQP target of £1.5m in M1 of which £1.0m was delivered. Despite the £1.0m delivery, overspends elsewhere have meant the impact on the financial position was only £0.5m. The under delivery against the PQP target is one of the main

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Tab 6.3 Finance Update

contributors to the Trust adverse position in month 1. Divisions are working on identifying schemes to deliver the PQP plan for the year and recover the underperformance seen this month. PQP is largely phased equally across the year which will have impacted on the performance in M1 as schemes get established.

- The closing cash balance at the end of April is £23.4m. This has reduced by £4.9m from the end of March 2024 due to payments relating to EHR for 2023/24.

- Capital spend at M1 was £2.2m against a plan for 2024/25 of £30.3m. The plan assumed expenditure of £2.1m so M1 is slightly ahead of plan.

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Tab 6.3 Finance Update

April - Month 01

Financial Performance

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Tab 6.3 Finance Update

Summary financial results

NHS
The Princess Alexandra Hospital
NHS Trust

*As part of the movements in the planning submission, we originally submitted a plan with 112.6% of 2019/20 activity as the income target. Following the penultimate submission, this rose to 114.7%. There are then further conversations in train around further ERF stretch (if additional investment is received for additional capacity). The final agreed income plan will be confirmed for Month 2 reporting onwards but for this report, we make reference to both the **original plan (112.6%)** and **revised plan (114.7%).***

- The Trust declared a deficit of £3.1m in month 1 of 24/25 against a planned deficit of £2.1m, therefore a £1.1m adverse variance to plan.

- In month 1 , the Trust has reported income surplus of £260k driven by:
  - £90k ERF over-performance against the original plan, offset by extra target of £102k in the revised plan.
  - £45k variable Advice and Guidance activity
  - £186k of pass-through high-cost drugs above baseline but offset by expenditure.
  - £46k overperformance in private patients and Road Traffic Accident income

- The Trust had a PQP target of £1.5m in M1 of which £1.0m was delivered. Despite the £1.0m delivery, overspends elsewhere have meant the impact on the financial position was only £0.5m. The under delivery against the PQP target is one of the main contributors to the Trust adverse position in month 1. Divisions are working on identifying schemes to deliver the PQP plan for the year and recover the underperformance seen this month. PQP is largely phased equally across the year which will have impacted on the performance in M1 as schemes get established and budgets are received; note other Trusts have more of a 'hockey stick' plan.

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Tab 6.3 Finance Update

Summary financial results

NHS The Princess Alexandra Hospital

	FY Budget £'m	Apr-24			YTD		
		Budget £'m	Actual £'m	Variance £'m	Budget £'m	Actual £'m	Variance £'m
Income							
NHS & non-NHS Income	360.6	29.8	30.1	0.3	29.8	30.1	0.3
Income Total	**360.6**	**29.8**	**30.1**	**0.3**	**29.8**	**30.1**	**0.3**
Pay							
Substantive	(241.9)	(20.3)	(18.4)	1.9	(20.3)	(18.4)	1.9
Bank	(7.9)	(0.6)	(2.4)	(1.8)	(0.6)	(2.4)	(1.8)
Agency	(6.9)	(0.5)	(1.3)	(0.8)	(0.5)	(1.3)	(0.8)
Pay Total	**(256.7)**	**(21.4)**	**(22.1)**	**(0.7)**	**(21.4)**	**(22.1)**	**(0.7)**
Non-Pay							
Drugs & Medical Gases	(29.6)	(2.5)	(2.8)	(0.3)	(2.5)	(2.8)	(0.3)
Supplies & Services - Clinical	(16.6)	(1.4)	(1.7)	(0.3)	(1.4)	(1.7)	(0.3)
Supplies & Services - General	(4.8)	(0.4)	(0.1)	0.3	(0.4)	(0.1)	0.3
All other non pay costs	(56.9)	(4.4)	(5.0)	(0.6)	(4.4)	(5.0)	(0.6)
Non-Pay Total	**(108.0)**	**(8.7)**	**(9.6)**	**(1.0)**	**(8.7)**	**(9.6)**	**(1.0)**
Financing & Depn							
Depreciation	(16.4)	(1.4)	(1.2)	0.2	(1.4)	(1.2)	0.2
PDC & Interest	(5.2)	(0.4)	(0.3)	0.1	(0.4)	(0.3)	0.1
Financing & Depn Total	**(21.7)**	**(1.8)**	**(1.5)**	**0.3**	**(1.8)**	**(1.5)**	**0.3**
Total	**(25.7)**	**(2.1)**	**(3.1)**	**(1.1)**	**(2.1)**	**(3.1)**	**(1.1)**
Technical Adjustment	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Grand Total	**(25.4)**	**(2.0)**	**(3.1)**	**(1.1)**	**(2.0)**	**(3.1)**	**(1.1)**

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Tab 6.3 Finance Update

PQP

NHS
The Princess Alexandra
Hospital
NHS Trust

The Trust PQP plan for the year is £18.5m. The plan has been phased in twelfths to ensure continued focus on delivery of the £18.5m by the year end.

In month 1, the Trust delivered £1.0m PQP against a plan of £1.5m, whilst some divisions delivered a PQP in month there were some divisions that did not deliver and in addition exceeded their budgets, this has meant the impact of the PQP delivery on the financial position was only £0.5m though we are endeavouring to still record over delivery where it occurs.

Currently £10.1m of schemes have financial values against them with not all Divisions updating financials against each scheme at the time of reporting though this excludes CSS and CHAWS, both of which will be updated in future iterations of the plan. Work is continuing to assign a financial value to the schemes that have been identified as well as continued progress on identification of the schemes that will deliver the full extent of the plan.
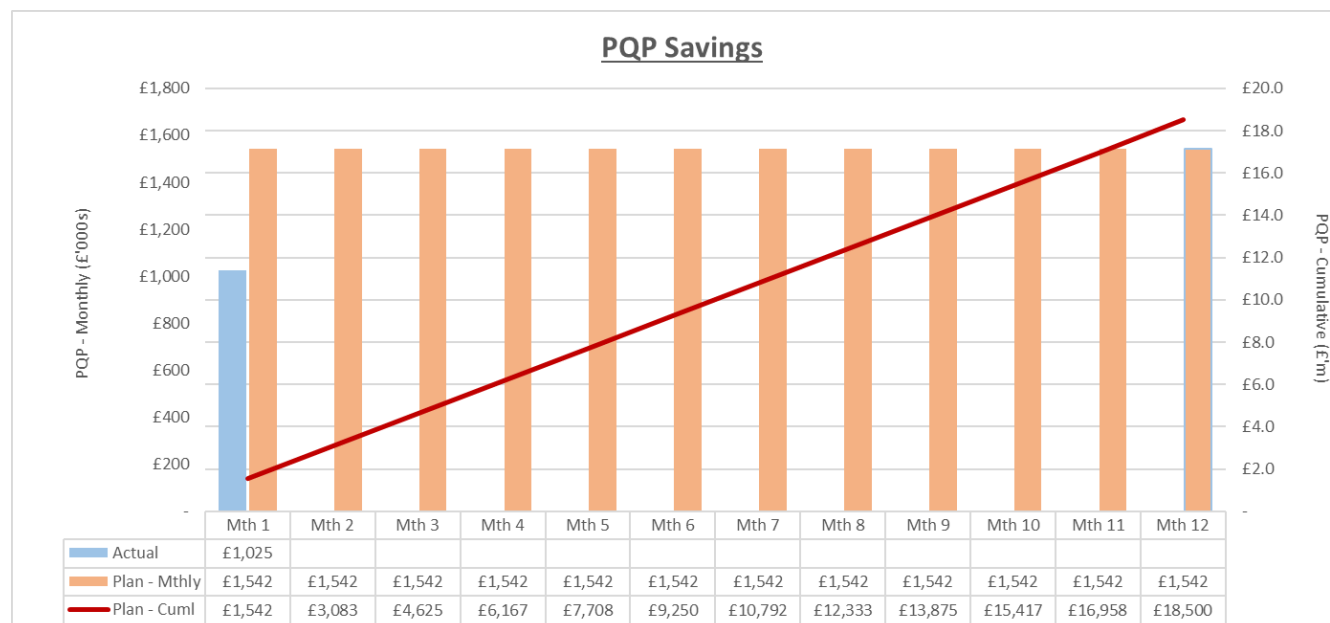
PQP Savings

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
Actual	£1,025											
Plan - Mthly	£1,542	£1,542	£1,542	£1,542	£1,542	£1,542	£1,542	£1,542	£1,542	£1,542	£1,542	£1,542
Plan - Cuml	£1,542	£3,083	£4,625	£6,167	£7,708	£9,250	£10,792	£12,333	£13,875	£15,417	£16,958	£18,500

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Tab 6.3 Finance Update

Statement of Financial Position

NHS
The Princess Alexandra
Hospital
NHS Trust

Statement of Financial Position

Statement of Financial Position	Mar-24 £'m	Mar-24 £'m	Apr-24 £'m	Movement In Month £'m	Movement YTD £'m
Non-current assets					
Property, plant & equipment	180.6	180.6	179.4	(1.1)	(1.1)
Right of use assets	41.7	41.7	41.5	(0.2)	(0.2)
Intangible assets	20.1	20.1	22.5	2.4	2.4
Trade & other receivables	1.1	1.1	1.1	(0.0)	(0.0)
Non-current assets	**243.5**	**243.5**	**244.5**	**1.0**	**1.0**
Current assets					
Inventories	5.0	5.0	5.0	0.0	0.0
Trade & other receivables	15.0	15.0	14.6	(0.3)	(0.3)
Cash & cash equivalents	28.2	28.2	23.4	(4.9)	(4.9)
Current assets	**48.2**	**48.2**	**43.1**	**(5.2)**	**(5.2)**
Total assets	**291.7**	**291.7**	**287.6**	**(4.1)**	**(4.1)**
Current liabilities					
Trade & other payables	(51.5)	(51.5)	(50.7)	0.8	0.8
Provisions	(0.9)	(0.9)	(0.9)	0.0	0.0
Borrowings	(2.4)	(2.4)	(2.4)	0.0	0.0
Current liabilities	**(54.8)**	**(54.8)**	**(54.0)**	**0.8**	**0.8**
Net current assets/ (liabilities)	**(6.6)**	**(6.6)**	**(10.9)**	**(4.4)**	**(4.4)**
Total assets less current liabilities	**236.9**	**236.9**	**233.6**	**(3.3)**	**(3.3)**
Non-current liabilities					
Trade & other payables	0.0	0.0	0.0	0.0	0.0
Provisions	(0.9)	(0.9)	(0.9)	0.0	0.0
Borrowings	(39.2)	(39.2)	(39.0)	0.2	0.2
Total non-current liabilities	**(40.2)**	**(40.2)**	**(39.9)**	**0.2**	**0.2**
Total assets employed	**196.8**	**196.8**	**193.6**	**(3.1)**	**(3.1)**
Financed by:					
Public dividend capital	356.3	356.3	356.3	0.0	0.0
Income and expenditure reserve	(172.4)	(172.4)	(175.5)	(3.1)	(3.1)
Revaluation reserve	12.8	12.8	12.8	0.0	0.0
Total taxpayers' equity	**196.8**	**196.8**	**193.6**	**(3.1)**	**(3.1)**

- **Non-Current Assets:** PPE and ROU assets have decreased by £1.1m and £0.2m respectively due to M01 depreciation. Intangible assets has increase by £2.4m and is as a result of M01 depreciation.

- **Trade and Other Receivables** has decreased by £0.3m and this is mainly due to receipt of £0.3m from the NHS Herts & West Essex ICB for CDC Audiology Project 23/24

- **Cash balances** has decreased by £4.9m and this is driven by payments made to Kingsfield Computer Ltd of £1.6m, Oracle Corporation Ltd of £1.1m, Actaccom Ltd of £1m, Nautilus Consulting Ltd of £0.5m, T&B Contractors Ltd of £0.3m, Liaison Financials of £0.2m, and WD Construction of £0.2m.

- **Trade and Other Payables** has decreased by £0.6m and this is due to post year-end clearance of outstanding invoice

- **Borrowings** decrease representing payment of liability falling due & post audit adjustment in ROU assets, following revaluation of St Margaret's Hospital

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Tab 6.3 Finance Update

Cashflow

NHS
The Princess Alexandra Hospital
NHS Trust

<---YTD--->											
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-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Opening Cash Balance	28,242	23,376	14,588	12,044	11,395	10,173	5,175	3,544	3,084	1,000	154	12,009
Closing Cash Balance	23,376	14,588	12,044	11,395	10,173	5,175	3,544	3,084	1,000	154	12,009	7,164
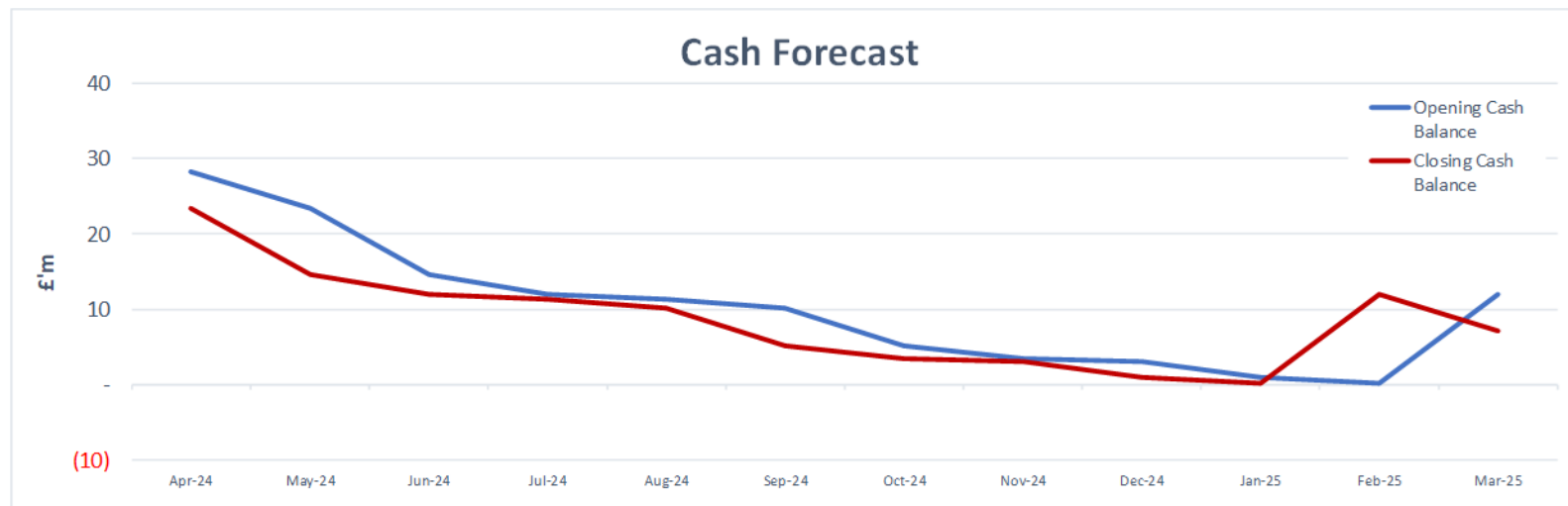
The decrease of £4.9m is as a result of payments to Kingsfield Computer Ltd of £1.6m, Oracle Corporation Ltd of £1.1m, Actaccom Ltd of £1m, Nautilus Consulting Ltd of £0.5m, T&B Contractors Ltd of £0.3m, Liaison Financials of £0.2m, and WD Construction of £0.2m. Further analysis on the cash position is set out later in this report, including the split of revenue and capital.

Tab 6.3 Finance Update

Capital Analysis 24/25

NHS
The Princess Alexandra Hospital
NHS Trust

	Month 1			YTD			Forecast		
	In-Month Forecast £'m	In-month Actual £'m	Variance £'m	Forecast £'m	Actual £'m	Variance £'m	Plan & profile £'m	FY Forecast	Variance £'m
Internally Funded Schemes									
Estates									
Dispensing Robot (Pharmacy)	-	39	(39)	-	39	(39)	1,000	1,000	-
New UPS/IPS to critical areas - Phase 1 Main theatres/ED/ITU/HDU	-	(1)	1	-	(1)	1	1,580	1,580	-
Estates	-	101	(101)	-	101	(101)	252	252	-
Estates BLM									
Estates BLM Schemes	-	(266)	266	-	(266)	266	2,323	2,323	-
EHR, ICT & Info									
ICT & Information Schemes	-	(107)	107	-	(107)	107	-	-	-
EHR	1,108	-	1,108	1,108	-	1,108	7,738	7,738	-
Corporate									
Corporate schemes	-	(127)	127	-	(127)	127	17	17	-
Medical Equipment									
Medical Equipment (Surgery)	-	(97)	97	-	(97)	97	199	199	-
Medical Equipment (CSS)	-	2	(2)	-	2	(2)	-	-	-
Other Equipment (People)	-	-	-	-	-	-	-	-	-
Medical Equipment (Medicine & UEC)	-	(25)	25	-	(25)	25	188	188	-
Medical Equipment (CHAWS)	-	-	-	-	-	-	1,000	1,000	-
Equipment (General)	-	0	(0)	-	0	(0)	-	-	-
CRL to be allocated to plan	-	-	-	-	-	-	-	-	-
YTD Total	1,108 -	480	1,588	1,108 -	480	1,588	14,297	14,297	-
Externally Funded Schemes									
New Hospital (CPO)	-	(8)	8	-	(8)	8	1,700	1,700	-
New Hospital	-	10	(10)	-	10	(10)	500	500	-
CDC	-	3	(3)	-	3	(3)	6,660	6,660	-
CDC Additional funding	-	-	-	-	-	-	-	-	-
CDC Substation	-	-	-	-	-	-	-	-	-
EHR	976	2,644	(1,668)	976	2,644	(1,668)	6,836	6,836	-
ICS East Imaging	-	37	(37)	-	37	(37)	335	335	-
UTC Works	-	-	-	-	-	-	-	-	-
YTD spend on External Schemes	976	2,686 -	1,710	976	2,686 -	1,710	16,031	16,031	-
Total - Internal and External	2,084	2,206 -	122	2,084	2,206 -	122	30,328	30,328	-

Tab 6.4 IPR

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board (Public) – 6th June 2024

Agenda item:	6.4
Presented by:	Phil Holland – Chief Information Officer
Prepared by:	Antoinette Woodhouse – Head of Information
Date prepared:	30th May 2024
Subject / title:	Integrated Performance Report

Purpose:	**Approval**		**Decision**		**Information**	X	**Assurance**	

Key issues: please don't expand this cell; additional information should be included in the main body of the report	
Recommendation:	The Board is asked to note and discuss the contents of this report.

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	X	X	X	X	X

Previously considered by:	

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Tab 6.4 IPR

Risk / links with the BAF:	Links to all BAF Risks
Legislation, regulatory, equality, diversity and	No regulatory issues/requirements identified, the IPR demonstrates a full view of service delivery to ensure we take into account equality, diversity and dignity
Appendices:	M1 IPR

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Tab 6.4 IPR

Integrated Performance Report:

April 2024

As at 28/05/2024

Tab 6.4 IPR

Executive Summary

NHS
The Princess Alexandra Hospital
NHS Trust

Patients

Patients	**C. Difficile**	The numbers of C. Difficile cases have been above target for the last 3 data months. The data is the total of hospital and community onset cases. C. Difficile cases are rising nationally, system work to understand the increasing incidence and any actions is in place. Additionally, the Infection Prevention and Control Committee (IPCC) will review the themes, learning and actions from the 2023/24 cases. PAHT rate per 1,000 bed days is in line with the east of England rates.

Performance

Performance	**RTT Elective Standards**	The 18-week performance has remained steady at 51%, with the number of patients waiting more than 78 weeks decreasing to 50 and the patients waiting longer than 65 weeks also decreasing. Specialty trajectories to achieve the target of no patient waiting longer than 65-weeks at 30th September are in place with actions such as increased capacity & transfer of patients to the independent sector in place.
	Urgent Care Standard	The 4-hour standard has improved for the 2nd month to 63.4% however the proportion of ambulance handovers over 30 minutes has increased but within common cause variation. the number of patients over 7 days length of stay has decreased for the 2nd month.
	Diagnostics	Diagnostics performed within 6 weeks of referral have deteriorated by 3% this month due to ongoing demand in Ultrasound and Audiology and capacity pressures. Both modalities have a recovery plan in place.
	Cancer	The 28-day diagnosis standard has maintained above the 75% standard for another month and the 62-day performance remains stable but significantly under the standard of 85%. The tumour sites have individual recovery action plans to reduce the backlog further and return to 62-day performance.

People

People	**Appraisals**	The Trust has seen a steady increase on appraisals logged in the system since October 2023. The new cycle has commenced and it is currently steadily going in the positive direction.
	Statutory and Mandatory Training	Since January 2024 the percentage of staff that is fully compliant is steady, hovering around the 82%. The team is working by raising awareness to the divisions to make sure the compliance rate is increasing
	Vacancies	Vacancy rate increase to 8.74%. This is largely due to the increase in funded establishment from the workforce plan incorporating approved business cases. CSS, Surgery, CHAWS, E&F and Finance divisions are all carrying vacancies over the target rate of 9.0% whilst UEC and Medicine have vacancies of 5.7% and 4.8% respectively.
	Staff Turnover Voluntary	Rolling voluntary turnover has continued to improve month on month and now sits at 11.1% which is 0.9% below the Trust target. The lowest since June 2021
	Sickness Absence	In month sickness is 4.58%. Divisions are supported to actively review all attendance cases when triggered to ensure that staff have the appropriate health and wellbeing support in place to help to improve attendance including referrals to Staff Health and Wellbeing.

Pounds

Pounds	**Surplus / Deficit**	The Trust reported a deficit of £3.1m in month 1 against a plan of £2.1m.
	Capital Spend	The Trust total Capital resourcing for 2024/25 is £36.6m, this includes external PDC including the new hospital project, CDC, EHR, and others. The capital plan will be approved at CWG.
	Income/Activity	The Trust put in Elective Recovery Fund (ERF) weighted value of 112.65% of 2019/20 baseline weighted value. The performance in April is slightly above divisional plans. Outpatient first attendances and ordinary elective are ahead of plan in April, but day case and procedures are behind plan.
	Cash	The Trust's cash balance is £23.4m. The cash reserves which were boosted due to the national COVID support received by the Trust have started reducing as we continue to run with a deficit.
	PQP	The 2024/25 PQP target is £18.5m. The month 1 target was £1.5m.

Places	**No Updated Data**

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Tab 6.4 IPR

Section summaries

NHS
The Princess Alexandra Hospital
NHS Trust

Patients Summary		Board Sub Committee: Quality and Safety Committee	
Focus Area	**Description and action**	**Reason for Inclusion**	**Target Date for Resolution if applicable**
C. Difficile	The numbers of C. Difficile cases have been above target for the last 3 data months. The data is the total of hospital and community onset cases. C. Difficile cases are rising nationally, system work to understand the increasing incidence and any actions is in place. Additionally, the Infection Prevention and Control Committee (IPCC) will review the themes, learning and actions from the 2023/24 cases.\nPAHT rate per 1,000 bed days is in line with the east of England rates.	For information	N/A

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Tab 6.4 IPR

Section summaries

NHS
The Princess Alexandra Hospital
NHS Trust

People Summary		Board Sub Committee: Workforce Committee		
Focus Area	Description and action		Reason for Inclusion	Target Date for Resolution if applicable
Vacancies	Vacancy rate increase to 8.74%. This is largely due to the increase in funded establishment from the workforce plan incorporating approved business cases. CSS, Surgery, CHAWS, E&F and Finance divisions are all carrying vacancies over the target rate of 9.0% whilst UEC and Medicine have vacancies of 5.7% and 4.8%, respectively.		For information	N/A
Statutory & Mandatory Training	Since January 2024, the percentage of staff that is fully compliant is steady, hovering around the 82%. The team is working by raising awareness to the divisions to make sure the compliance rate is increasing		For information	N/A
Sickness Absence	In month sickness is 4.58%. Divisions are supported to actively review all attendance cases when triggered to ensure that staff have the appropriate health and wellbeing support in place to help to improve attendance including referrals to Staff Health and Wellbeing.		For information	N/A
Appraisals	The Trust has seen a steady increase on appraisals logged in the system since October 2023. The new cycle has commenced and it is currently steadily going in the positive direction.		For information	N/A

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Tab 6.4 IPR

Section summaries

NHS
The Princess Alexandra Hospital
NHS Trust

Performance			Board Sub Committee: Workforce Committee	
Focus Area	**Description and action**		**Reason for Inclusion**	**Target Date for Resolution if applicable**
Diagnostics	Diagnostics performed within 6 weeks of referral have deteriorated by 3% this month due to ongoing demand in Ultrasound and Audiology and capacity pressures. Both modalities have a recovery plan in place.		For information	31/03/2025
RTT Elective standards	The 18-week performance has remained steady at 51%, with the number of patients waiting more than 78 weeks decreasing to 50 and the patients waiting longer than 65 weeks also decreasing. Specialty trajectories to achieve the target of no patient waiting longer than 65-weeks on 30th September are in place with actions such as increased capacity & transfer of patients to the independent sector in place.		For information	30/09/2024
Urgent Care standards	The 4-hour standard has improved for the 2nd month to 63.4% however the proportion of ambulance handovers over 30 minutes has increased but within common cause variation. the number of patients over 7 days length of stay has decreased for the 2nd month.		For information	31/03/2025
Cancer standards	The 28-day diagnosis standard has maintained above the 75% standard for another month and the 62-day performance remains stable but significantly under the standard of 85%. The tumour sites have individual recovery action plans to reduce the backlog further and return to 62-day performance.		For information	31/03/2025

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Tab 6.4 IPR

Introduction

About this pack

The Trust produces this Integrated Performance Report (IPR) on a monthly basis to inform our Board, Executive team, Divisions and other stakeholders of the performance across core domains.

This particular report provides a summary of all metrics for the 'our patients' pillar and is structured as follows:

Indicators Summary	Overview of metric performance
Metrics Reports	SPC charts detailing trajectory and variation of metric performance
User Guide & **Supporting Information**	Outline of document interpretation, report content and SPC calculation logic

For further information about this IPR please contact paht.information@nhs.net

Contents

Indicators Summary

Metrics Reports

How to use this report

Supporting Information

Tab 6.4 IPR

Key Performance Indicators In Special Cause Variation

NHS
The Princess Alexandra Hospital
NHS Trust

5P Section	KPI	SPC Status	Performance	BAF Risk Reference	Current Risk Score	Target Risk Score
Patients	Tissue viability (Pressure Ulcers) per 1000 bed days		2	1.1	16	12
	Serious Incidents		3	1.1	16	12
	Falls per 1000 bed days		4.75	1.1	16	12
	PPH over 1500mls		2.50%	1.1	16	12
People	Statutory & Mandatory training		81.5%	2.3	16	8
	Vacancy Rate		8.8%	2.3	16	8
	Voluntary Turnover		11.1%	2.3	16	8
	Appraisals - non-medical		74.1%	2.3	16	8
Performance	78 week waits		29	1.3	16	12
	4 hour standard		63.4%	4.2	20	12
	Cancer 28 day faster diagnosis		63.4%	1.3	16	12
	Diagnostics within 6 weeks		71.8%	4.2	20	12

Figures included are for April 2024

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Tab 6.4 IPR

Patients section measures in special cause variation

SPC for C.14 - Tissue Viability - (Pressure Ulcers) per 1000 bed days

Previous month ...
March-2024

1

Month to date v...
April-2024

2

Target
April-2024
Target is at Trust-wide level
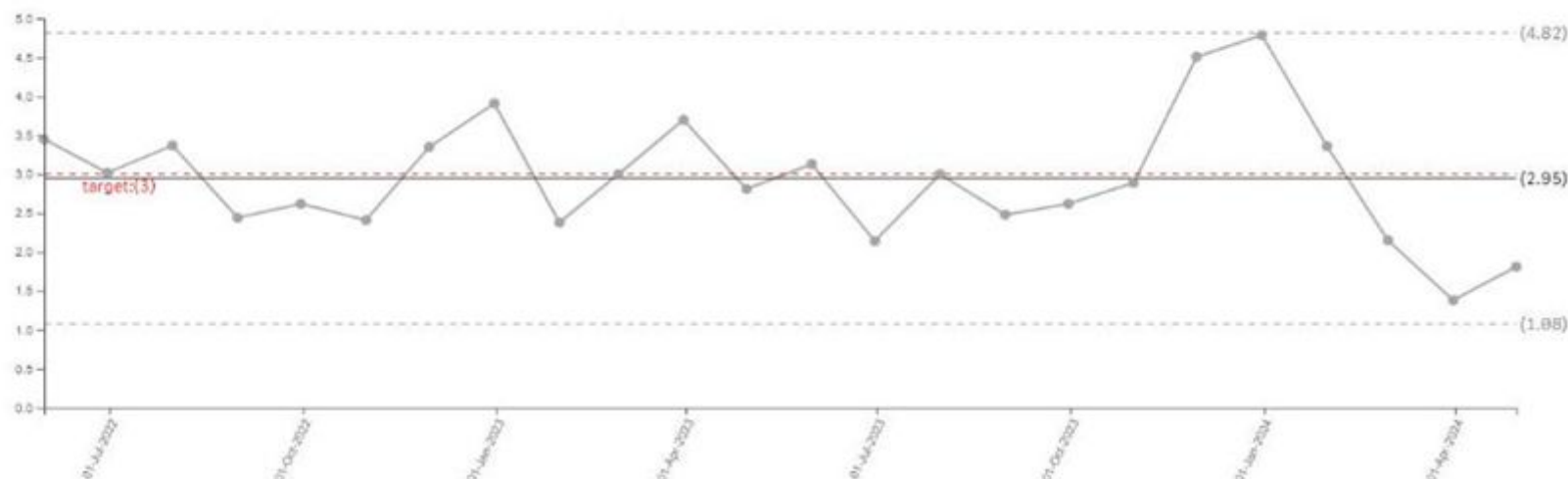
SPC for C.13 - Serious Incidents – (Patient Safety Incidents)

Previous month ...
March-2024

1

Month to date v...
April-2024

3

Target
April-2024
Target is at Trust-wide level

Tab 6.4 IPR
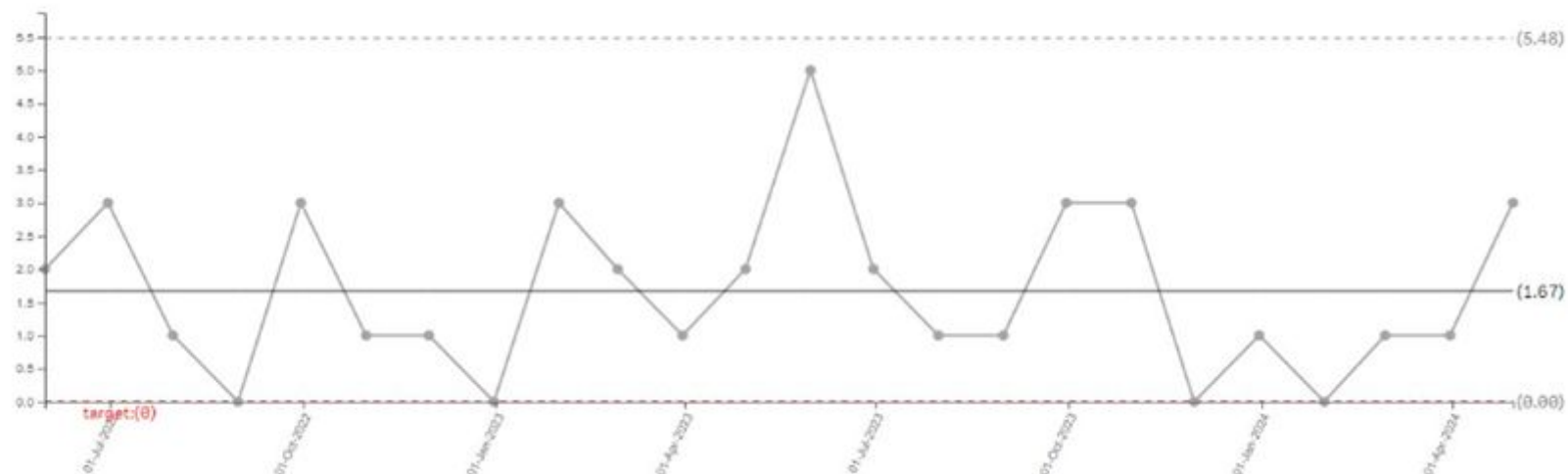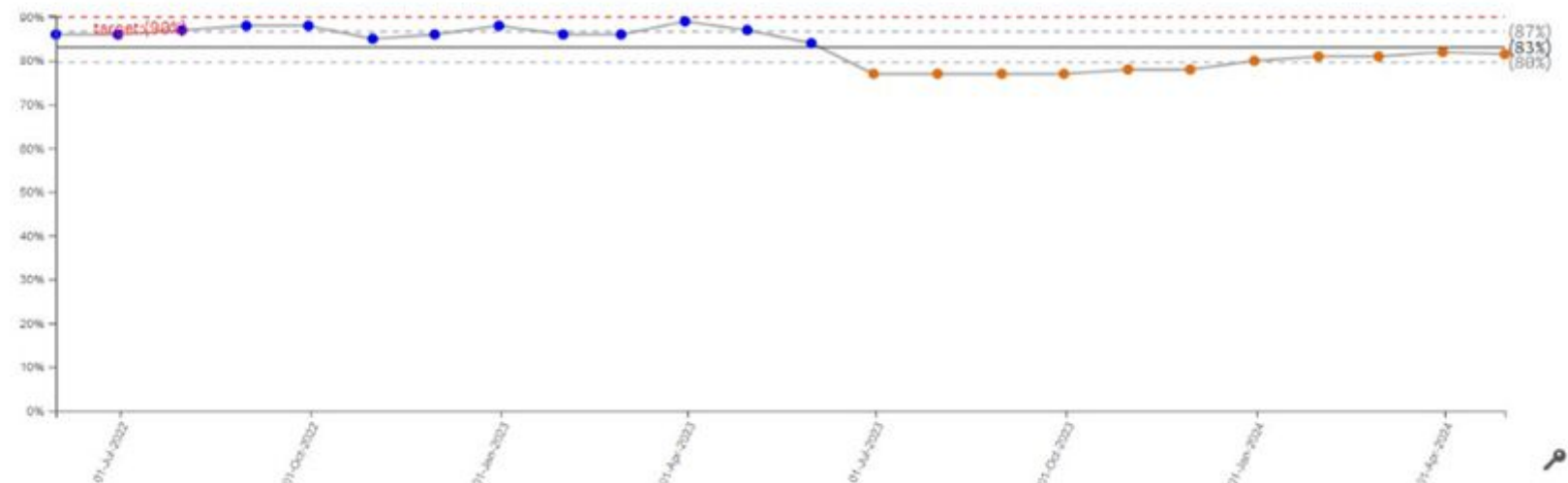
Patients section measures in special cause variation

SPC for D.1 - Falls per 1000 bed days

SPC for B.16 - PPH over 1500mls

Tab 6.4 IPR

People section measures in special cause variation

Tab 6.4 IPR

People section measures in special cause variation

Tab 6.4 IPR

Performance section measures in special cause variation

Tab 6.4 IPR
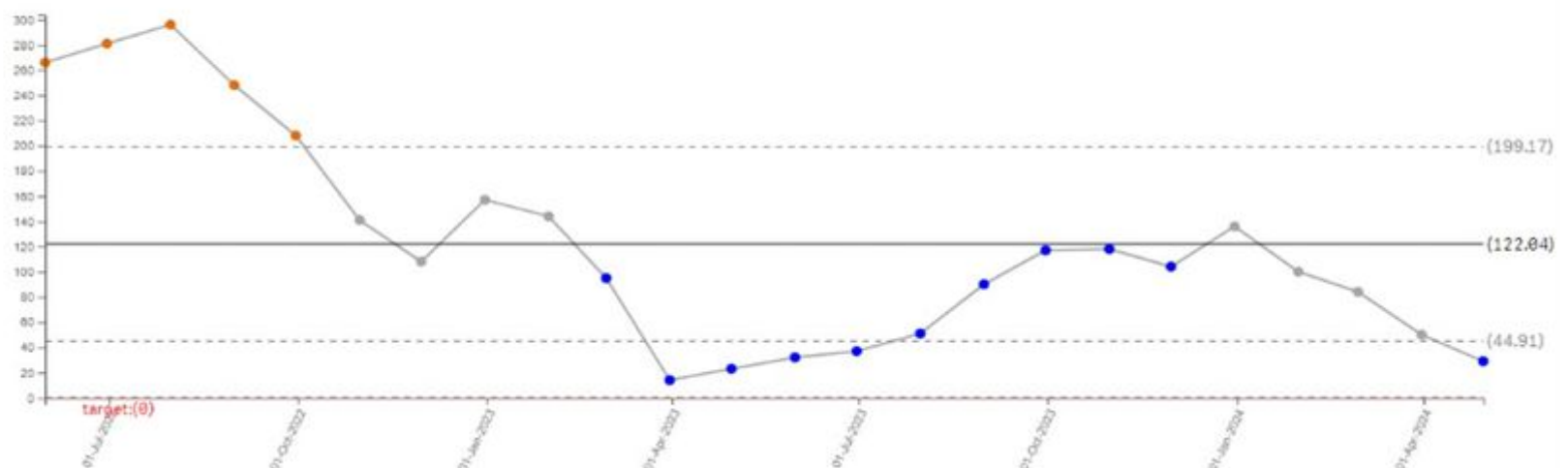
Performance section measures in special cause variation

SPC for C.22 - Cancer 28 Day Faster Diagnosis

Previous month ...
February-2024

80.3%

Month to date v...
March-2024

77.8%

Target
March-2024
Target is at Trust-wide level

target:(75%)

(81%)
(74%)
(68%)
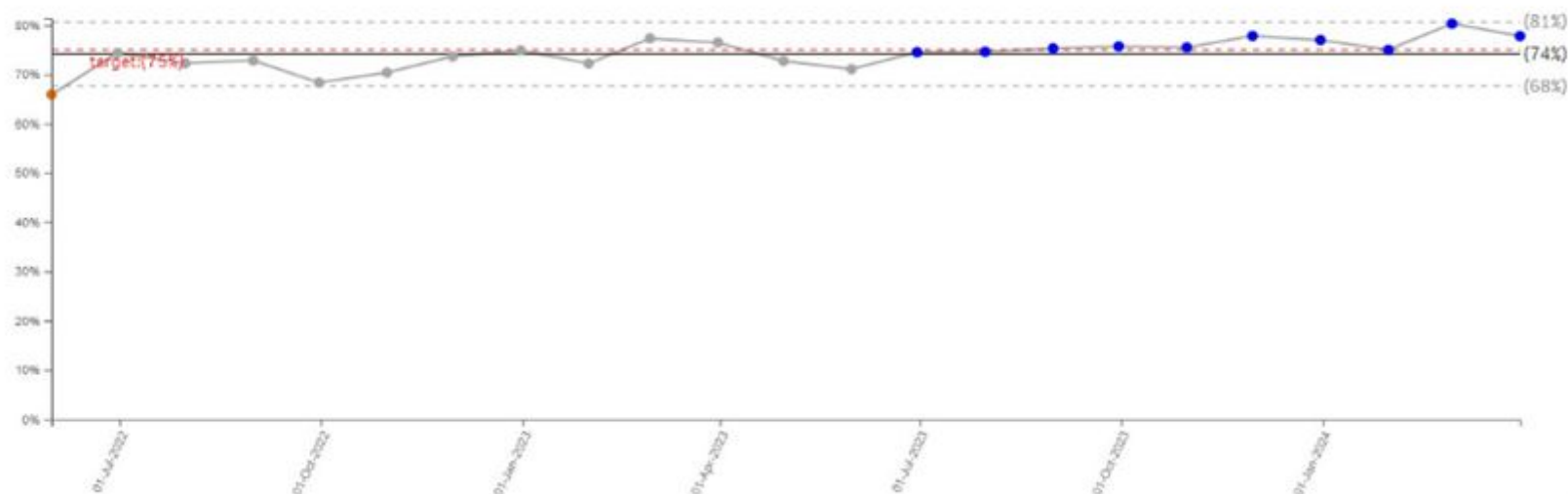
SPC for A.4 - Proportion of Patient treated within 4 hours in ED

Previous month ...
April-2024

61.9%

Month to date v...
May-2024

63.4%

Target
April-2024
Target is at Trust-wide level

target:(80%)

(62%)
(55%)
(48%)

Tab 7.1 Report from STC

NHS

The Princess Alexandra Hospital
NHS Trust

BOARD OF DIRECTORS:	6 June 2024	AGENDA ITEM: 7.1
REPORT TO THE BOARD FROM:	**Strategic Transformation Committee (STC)**	
REPORT FROM:	**Liz Baker - Chair**	
DATE OF COMMITTEE MEETING:	**20 May 2024**	

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.1 PAHT2030 Update	Y	Y	N	Going forward it had been agreed that Executive Sponsors/Leads would provide an update on their own individual work-streams (see below). In terms of the programme as a whole, PAHT2030 continued to track and progress well. All of the 22/23 milestones had now been completed and for 23/24 milestones, only two of the strategic priorities remained amber/outstanding. Those were Transforming Our Care (TOC) and Corporate. There was confidence however that key elements of those two priorities would be delivered in the current year rather than in 24/25. After discussion it was agreed that further consideration would be given to how the New Hospital work-stream was reported to STC in terms of its current paradoxical reporting of both red and green (in relation to external/internal elements of the work).
2.1 Transforming our Care Update	Y	Y	N	STC noted that the two 23/24 objectives (clinical strategies/healthcare inequalities) were both rated as green. There would be five objectives for 24/25, including the two noted above and also including for children, childhood obesity and mental health provision, and for adults, hypertension and cardiovascular disease. The virtual ward would also be a focus. In response to concerns that currently measures were process focussed rather than outcome focussed, it was

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Tab 7.1 Report from STC

NHS

The Princess Alexandra Hospital
NHS Trust

BOARD OF DIRECTORS:	6 June 2024	AGENDA ITEM: 7.1
REPORT TO THE BOARD FROM:	Strategic Transformation Committee (STC)	
REPORT FROM:	Liz Baker - Chair	
DATE OF COMMITTEE MEETING:	20 May 2024	

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
				noted an outcomes framework was being developed which would be applied across PAHT2030.
2.1 Digital Work-Stream Update	Y	Y	N	The programme was currently reporting as amber and huge progress had been made in terms of training, data migration and comms. There was some work to do around testing and resource and the emphasis remained on the very aggressive timescale to go-live in October 2024.
2.1 BAF Risk 1.2 (EHR)	Y	Y	N	In line with the recommendation it was agreed that the risk score would remain at 16.
2.1 BAF Risk 1.4 (Alex Health)	Y	Y	N	In line with the recommendation the Committee approved the risk wording, that it should be included in the BAF and that the current risk score would be 16.
2.1 New Hospital Update	Y	Y	N	In response to a request from the national programme, the local new hospital team had been re-established with three key new appointments (Programme Director, Technical Director and PMO manager). The Trust had also been the second organisation nationally to input its data in the new national demand and capacity model.

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Tab 7.1 Report from STC

NHS
The Princess Alexandra Hospital
NHS Trust

BOARD OF DIRECTORS:			**6 June 2024**	**AGENDA ITEM: 7.1**
REPORT TO THE BOARD FROM:			**Strategic Transformation Committee (STC)**	
REPORT FROM:			**Liz Baker - Chair**	
DATE OF COMMITTEE MEETING:			**20 May 2024**	

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.1 BAF Risk 3.5 (New Hospital)	Y	Y	N	It was agreed that the risk score would remain at 20.
2.1 Corporate Transformation Update	Y	Y	N	Dragon Medical One (dictation software) rollout had been largely successful with 85%-90% compliance currently. There would be another month in which colleagues could complete their training and there would be only one area that would be an exception to this (fracture clinic). Lessons learned from this implementation would now be applied to the EHR rollout. The Booking Team Review/Admin Team Review would be deferred until after EHR rollout.
3.1 Strategic System Update	Y	Y	N	The HCP was driving forwards strongly and at the last HCP board meeting there had been a much broader/wider discussion around non-health issues and the wider impact on health inequalities and partnership working. Given PAHT made up a substantial part of the forecast system deficit for 24/25, the PAHT CEO had started to pull together a paper to outline the structural drivers of that which were different to the other acute providers.
3.2/3.3 West Essex and East & North Hertfordshire	Y	Y	N	The West Essex Place Director led a detailed discussion around: • High level delivery plans (and priorities) for West Essex/East & North Hertfordshire HCPs.

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Tab 7.1 Report from STC

NHS
The Princess Alexandra
Hospital
NHS Trust

BOARD OF DIRECTORS:	6 June 2024			AGENDA ITEM: 7.1
REPORT TO THE BOARD FROM:	Strategic Transformation Committee (STC)			
REPORT FROM:	Liz Baker - Chair			
DATE OF COMMITTEE MEETING:	20 May 2024			

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
Healthcare Development Programme Updates				• Locality governance structure and how primary care was going to engage in the HCP in a different way. • The leadership structure to help deliver the HCP as well as the system partners in EPUT, mental health and PAHT. • Local Community Services Review.
3.4 Stakeholder Update	Y	Y	N	The new interim leader of the local council was keen to develop a strong working relationship with the Trust with a clear focus on deprivation and health & wellbeing.
3.5 BAF Risk 3.2 System Pressures	Y	Y	N	The risk score remained unchanged at 16.

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Tab 7.2 Report from LMT

The Princess Alexandra Hospital **NHS**
NHS Trust

Trust Board – 6ᵗʰ June 2024   **Item No: 7.2**

REPORT TO THE BOARD FROM:	Leadership Management Team (LMT)
CHAIR:	Lance McCarthy
DATE OF MEETINGS:	**14ᵗʰ May and 28ᵗʰ May 2024**

ITEMS FOR THE BOARD'S INFORMATION AND ASSURANCE

The following items were discussed at the LMT meeting on **14ᵗʰ May 2024**:

- **Terms of Reference:** LMT approved the Terms of Reference and agreed that the report to Board would also be included in SMT papers to provide feedback on decisions.

- **ITU business case:** Surgery triumvirate presented an introduction to the ITU business case. The full business case will be presented to SMT and LMT in June 2024. As discussed by LMT the full business case must have the full alignment of all the divisions on models of care, workforce model. The need to gain partnership support for the case of need was agreed (ICB, region and the Critical care network).

- **Dragon Medical Online (DMO):** LMT approved a hard stop date of 10 June for use of legacy systems. For areas where this is challenging a clinical risk assessment is to be completed to inform the actions required to enable compliance.

- **Ongoing mechanical issues with lifts 1 and 2:** Work to repair the lifts was underway. It was agreed by LMT that a number of actions would be taken including a clinical risk assessment to be carried out for 1st level response.

The following items were agreed for escalation to Board on the **28ᵗʰ May 2024**:

- **IMS business case:** approved by LMT. The IMS system will have a positive impact on reducing stock wastage and improving stock control

- **The West Essex Health Care Partnership** delivery plan was discussed at LMT and the group agreed this is a key driver to delivery on many of the issues PAHT are facing.

- **Triple Lock** – Application for systems with a deficit plan discussed at LMT. A copy of the Triple Lock application process was circulated to LMT members for familiarisation.

Tab 7.4 ICB Medium Term Plan

Trust Board – 6 June 2024

Agenda item:	7.4
Presented by:	Lance McCarthy - CEO
Prepared by:	Lance McCarthy - CEO
Date prepared:	31 May 2024
Subject / title:	HWE ICB medium term plan
Purpose:	**Approval**		**Decision**		**Information**	**X**	**Assurance**	
Background / Proposal:	The medium-term plan for the Hertfordshire and West Essex ICB was approved at its public Board meeting on 24 May 2024. Attached is the paper that went to that meeting, including the plan, priorities for the next 2 years and associated appendices. The West Essex HCP priorities for the year are aligned with the ICB priorities and 4 programmes of work are now underway.
Recommendation:	The Trust Board is asked to note the HWE ICB medium term plan and priorities for 2024 – 2026.

Trust strategic objectives:	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	x	x	x	x	x

Previously considered by:	n/a
Risk / links with the BAF:	The medium-term plan and associated priorities and the translation of these to local WE HCP programmes of work support mitigations against each of our BAF risks.
Legislation, regulatory, equality, diversity and dignity implications:	EDI – benefits to local populations and drive to reduce health inequalities through the planned programmes of transformation across the WE HCP aligned with the ICB priorities and strategic ambitions.
Appendices:	None

Tab 7.4 ICB Medium Term Plan

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*		☐
	NHS HWE ICB Board meeting held in <mark>Public</mark>		**Meeting Date:**	**24/05/2024**	
Report Title:	**Hertfordshire and West Essex Medium Term Plan**		**Agenda Item:**	**13**	
Report Presented by:	Michael Watson, Chief of Staff				
Report Signed off by:	Jane Halpin, Chief Executive				

Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☒	**Information**	☒

Which Strategic Objectives are relevant to this report	• Increasing Healthy Life Expectancy and reduce inequality. • Give every child the best start in life. • Improving access to health and care services • Increasing the number of citizens taking steps to improve their health and wellbeing • Successfully deliver our financial plan each year
Key questions for the ICB Board / Committee:	The Board is asked to agree the Hertfordshire and West Essex ICB Medium Term Plan.
Report History:	The Board initially discussed the Medium-Term Plan at its board day in February. Work has subsequently taken place to develop the plan, in consultation with colleagues from within the ICB and across the Integrated Care System.
Executive Summary:	Since its formation in July 2022 the Hertfordshire and West Essex Integrated Care Board has worked with system partners to develop a broad range of system wide plans and strategies that are making an impact- for example on Urgent & Emergency Care, our People Plan, our Primary Care Strategy and our Digital Strategy and Community Services Review. The Medium-Term Plan builds on this work, by exploring the key challenges facing the system for the remainder of this decade, and setting out our vision for overcoming them- focusing on achieving five ambitions that would deliver that vision and lead to a significant change in the way that we deliver health and care in Hertfordshire and West Essex. The Medium-Term Plan also confirms how we will we work with partners to achieve this. That shift will manifest itself in three ways:

Tab 7.4 ICB Medium Term Plan

	• A move from reactive acute care to preventative, anticipatory and community -based care • From a siloed and poorly coordinated model to continuous, integrated care • From a model based on providing care to one where active patients are engaged in self-management and collaborative care planning.			
Recommendations	▪ To note Executive Summary highlights as reported to Performance Committee			
Potential Conflicts of Interest:	*Indirect*	☐	*Non-Financial Professional*	☐
	Financial	☐	*Non-Financial Personal*	☐
	None identified			☒
Implications / Impact:				
Patient Safety:				
Risk: *Link to Risk Register*				
Financial Implications:	N/A			
Impact Assessments:	*Equality Impact Assessment:*		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

Tab 7.4 ICB Medium Term Plan

Overview

The Hertfordshire and West Essex Medium Term Plan will set the direction of the ICBs work for the remainder of this decade. It details our approach to meeting our immediate operation and financial challenges, whilst delivering a new approach which would see us move from :

- Reactive acute care to preventative, anticipatory and community-based care.
- A sometimes siloed and poorly coordinated model to continuous, integrated care.
- A model based on providing care to one where active patients are engaged in self-management and collaborative care planning.

The plan sets out our approach to delivering this change and will guide our work in the years ahead. It also sets out our approach to partnership working within the system, which is critical to our success.

Our future challenge

There are four key challenges facing the Integrated Care System in the six years ahead. The first is the projected change in the demographics of our system. We will see a dramatic increase in our elderly population, with the associated challenges to health and care that increase will lead to.

Demographic Profile and Segmentation

- The population of the HWE ICB is expected to increase by 6% overall between 2018 and 2043.

- There will be significant differences in growth across age bands.

- Whilst there will be limited growth (or reductions) in children and working age adults, there will be significant growth in over 65 year olds and very significant growth in over 85 year olds.

- There is a sharp incline in the number of people aged over 85 years after 2030 as 'baby boomers' age.

Population projections for HWE ICB, split by age group. 2018-2043

The second is the areas of inequality that exist in our system, with the potential for the gap in health and other outcomes to increase in the years ahead.

Tab 7.4 ICB Medium Term Plan

Life Expectancy – Variation at local level

Better 95% | Similar | Worse 95%

	Indicator Name	Time period	England	East of England	HWE ICB	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
OF	Life expectancy at birth - (Male, 3 year range)	2018/20	79.4	80.2	80.6	79.6	81.1	81.6	80.4	78.6	79.5	81.1	81.8	79.5	81.2	82.6	79.3	80.6
OF	Life expectancy at birth - (Female, 3 year range)	2018/20	83.1	83.8	84.1	84.0	84.0	85.0	84.0	82.5	84.0	84.2	85.4	82.8	84.3	85.4	82.7	83.8
OF	Life expectancy at birth - (Male, 1 year range)	2021	78.7			79.5	80.5	80.8	80.1	78.4	81.3	80.9	82.1	80.2	81.2	83.6	78.7	80.3
OF	Life expectancy at birth - (Female, 1 year range)	2021	82.8			83.8	84.4	84.6	84.1	81.9	83.9	83.2	85.8	82.0	84.9	85.7	83.4	83.8

The third challenge is the need to improve patient experience and move from a model which is not aligned to modern day need. Finally, as discussed elsewhere on the agenda of today's meeting, the system continues to carry an underlying, recurrent, financial deficit, and will not be financially sustainable until this is resolved.

We will not overcome these challenges without a coordinated system wide effort which is focused on a clear vision of what we want to achieve, the radical shift in delivery of health and care required to achieve it, and the steps we will take to deliver it. Once approved the Medium-Term Plan will guide the work of the ICB in the years ahead- supporting and guiding decisions on how we set out priorities, use our resources and work with our partners.

Developing the plan

The principles that underpin the Medium-Term Plan were discussed at a board day in February of this year. Subsequent versions of the plan have been shared with the ICB Executive Team, and a wider group of ICB members of staff, the System CEO group, the Chair and other board members and the ICB directors of strategy group. Wherever possible feedback has been included.

Understanding the plan

The plan is broadly split into three parts:

The Hertfordshire and West Essex Vision (Slide 2): This sets out in more detail the vision for Hertfordshire and West Essex that underpins our core mission - *Hertfordshire and West Essex ICB exists to work with others to build a future in which all of our residents can live better, healthier and longer lives*

Tab 7.4 ICB Medium Term Plan

The five medium-term 2030 ambitions that will support delivery of the vision (Slide 20-26): These will be delivered in a phased multi-year way, and the Medium-Term plan sets out the various pieces of work that will need to take place to achieve them. Work has already begun on all of the areas set out in the plan, and there is more detail on this in the many strategies and plans that have informed the creation of our Medium-Term Plan.

Our 2024-2026 priorities (slide 28): Although work has begun on all the areas that are set out in this plan, there are some that we need to prioritise now- this may be because there is an urgent need to improve performance for our residents (for example Urgent and Emergency Care, recovering our elective services and more support for those in mental health crisis), or because of the potential longer term benefits if we act now (A focus on CVD and hypertension) or because of the potential harm of not moving quickly (reducing backlogs in children's care).

Key elements of the plan

The Medium-Term Plan identifies the four challenges facing Hertfordshire and West Essex over the remainder of this decade, which without action will place huge constraints on our ability to deliver health and care effectively.

The Future Challenge

The combination of health inequalities and an ageing population mean that demand faced by our health and care services outstrips their capacity, and this will only worsen without action. Appendix A and B set out more detail on our current and future challenge.

Changing Demographics	Inequality	Patient Experience	Financial sustainability
• Demographic changes in Hertfordshire and West Essex mean that our older population will be growing rapidly over the coming 15 years or so, and it is this section of the population that are the most intensive user of health and care services	• Whilst the population is (in general) less deprived than the national average, there are communities within each of our three place areas with much more significant deprivation, where health and other outcomes are not at the same level as other parts of the system.	• Repeated episodic care does less to enhance patient experience and outcomes, in some instances accelerating loss of self-confidence and increasing dependency	• A combination of increased demand, greater acuity, demographic changes and broader economic challenges mean that the system has a recurrent, underlying financial deficit
• We also predict seeing continuing levels of demand for support relating to mental health / wellbeing and in relation to childhood development (higher than were seen pre-pandemic)	• Key partners across the system recognise both that the main factors affecting deprivation sit outside direct health & social care provision, and that health and care services can do more to better support more deprived populations	• Whilst specialisation of care brings advantages, it can make caring for people with multiple conditions more costly and less joined up	• Unless tackled, this will prevent the system from moving to the new model of care that is required for the future and will negatively impact on our residents.

——————

The plan recognises that we will need to change our approach if we are to overcome these challenges, by moving to a Hertfordshire and West Essex in which:

Tab 7.4 ICB Medium Term Plan

Hertfordshire and West Essex ICB exists to work with others to build a future in which all of our residents can live better, healthier and longer lives. Critical to this will be ensuring that:

- Our whole system delivers high quality, fully integrated care that can be accessed easily and quickly.

- No patient is treated in a hospital setting when it would have been possible for them to receive their treatment at home or in their community.

- The quality of care, experience and outcomes of all Hertfordshire and West Essex residents matches the experience and outcomes of those who live in our least deprived areas, with a focus on tackling unwarranted variation and health inequalities across and within our HCP areas

- Our system is proactive and as focused on interventions to prevent illness and reduce the risk of hospitalisation, as we are on the management of illness.

- We base our strategy and decisions on evidence and what's been proven to work- with strategy designed at a system level and implemented by each HCP in a way that is tailored to the needs of residents.

- We move to a sustainable financial position as a system which enables us to shift funds away from acute care and into prevention and care in home or community settings.

This vision will be achieved through a multiyear focus on achieving our five ambitions for the system, which are formed from our existing priorities:

Increasing healthy life expectancy, and reduce inequality	Giving every child the best start in life	Improving access to health and care services	Increasing the numbers of citizens taking steps to improve their wellbeing	Successfully delivering our financial plan each year

The plan set outs more detail on our key areas of focus relating to each ambition, along with the main steps we will take to achieve it. The detail on delivery of each is contained in the strategies and plans that underpin the document.

By achieving these ambitions, we will be able to deliver the shifts in care critical to overcoming the four challenges and achieving our vision for the future.

Tab 7.4 ICB Medium Term Plan

Achieving the three shifts in care

The work that we will do to deliver our five ambitions will also support the 3 shifts required to our model of care to ensure we can meet the challenge of the changing demographics of our population:

Shift 1
From reactive acute care to preventive, anticipatory and community-based care:

✓ A focus on preventing Cardiovascular disease and hypertension;
✓ Implementing the outcome of our Community Services review;
✓ Expanding frailty support;
✓ Working with partners to reduce drug and alcohol dependency
✓ Successfully delivering our suicide prevention strategy

Shift 2
From a siloed and poorly coordinated model to continuous, integrated care:

✓ Targeted improvements in children's services
✓ Improving same day access to Urgent and Emergency Care
✓ Expanding MH crises support
✓ Utilising the opportunity presented by the New Hospital programme

Shift 3
From a model based on providing care to one where active patients are engaged in self-management and collaborative care planning:

✓ Data driven approaches to public health
✓ Being an active partner in the Integrated Care system as it works to reduce inequality

The Hertfordshire and West Essex Digital Strategy for 2022-2032 is a key enabler to these shifts in care.

Community model

An integral part of delivering our Medium-Term Plan will be the implementation of the approach being developed across the East of England to 'Close the Care Gap'.

Closing the Care Gap
The Model

The vision for healthcare in EOE is one that is readily accessible, seamlessly integrated, and inclusive to all members of our community. A healthcare system that is simple to use, with services available whenever they are needed. Our priority is to empower individuals by placing access to care directly in their hands, offering user-friendly digital platforms and personalised support to navigate their healthcare journey with ease. Moreover, committed to creating an environment our workforce finds joy and fulfilment in their work, with opportunities for professional growth, meaningful collaboration, and a shared sense of purpose in delivering high-quality care. By prioritising accessibility, inclusivity, and workforce satisfaction, the aim is to create a healthcare system that not only meets the needs of our community but also enriches the lives of those who serve within it.

Change Management

Digital Enablement

Information
- Wellbeing
- Eating well
- Sleep management
- Alcohol education
- Mindfulness

Options
- Medicines management
- Psychological therapy
- Sleep therapy
- Social Prescribing
- Weight management

Access
- Common entry point
- Waiting list comms
- Appointment booking
- Care navigation

Health Optimisation

Prevent
- Lifestyle Optimisation
- Vaccination
- Health checks

Detect & optimise
- Cancer
- Hypertension
- CVD, COPD, AF, HF, CKD Diabetes
- Complex people/families

Acute Illness

Core Solutions
- Diagnostics
- MH Crisis management
- Rapid consultant access
- Rapid community access
- Rapid reablement
- Virtual wards
- Step-up beds
- GP management

Co-ordination
- MDT reviews
- Case management
- Telemedicine

Last 2 years of life

Core Solutions
- INT Case Management
- Advanced care planning
- Psychological support
- Pain Management
- Grief counselling
- Named GP management

Segmentation and proactive management

Risk Management

Workforce

Tab 7.4 ICB Medium Term Plan

25-26 priorities

The plan also identifies the priorities that will be our key areas of focus over the next two years. They were developed by the system CEOs group and are based on an analysis of current need. Each has clearly defined success measures and will support our 6th key priority- delivering our financial plan.

Priority	Expected outcome	Success measures
Reduce inequality with a a focus on outcomes for CVD and hypertension	Reduce under 75 mortality from long term conditions	• 2% increase in hypertension QOF measures (March 2026) • Increase the % of patients with GP recorded hypertension whose last blood pressure was in taget to 77% • Increase the age of standardised prevalence of hypertension in the most deprived 20% of the population from 17.6% to 19% (March 2026)
Improve UEC through more anticipatory/ SDEC care	Reduce the rate of unplanned hospitalisations for chronic ambulatory care	• Decrease the rate of emergency admissions for falls within the community for people aged 65+ by 5% (March 2027) • Reduce the % of deaths with 3 or more emergency admissions in the last 90 days of life (all ages) from 6% to 5% across Herts and West Essex by March 2027
Better care for those in Mental Health crisis	Increase in the provision of early help to prevent mental illness and support the health and wellbeing of those with severe mential illness, learning disabilities or autism.	• Increasing our response to urgent referrals to Community Crises Services in 24/25 from 64% to 67%. • Reduce the use of out of area inappropriate beds for adults requiring a mental health inpatient stay across the ICS from 16 people to 4 people by March 2025. • 75% of inpatient discharges to have 72 hour follow up by March 2025.
Elective care recovery	Reduction in the numbers waiting for elective activity and diagnostics	• Reduce number of patients waiting more than 65 weeks for treatment, to 0 by 30th Sept 2024 • 85% of surgery across HWE is consistently undertaken as day case by March 2026 • Reduce the number of patients waiting more than 6 weeks for diagnostic services year on year and by March 2025 ensure that 95% of patients have their diagnostics within 6 weeks.
Childrens care backlog reductions	All children will have the best start and live a healthy life	• Reduction in wait for community paediatric services to 65 weeks by April 2026 • Reduction in ED attendance and admission rates for children and young people by 5% (2028)

Delivering the plan- changing our operating approach

Working with partners

Working with our partners to deliver our shared priorities

The Medium-Term Plan sets out the priorities and focus of the ICB, and our vision for Hertfordshire and West Essex in 2030.

In setting this plan we have ensured that all of our work will contribute to the delivery of the wider Integrated Care Strategy. The ICB and the Integrated Care Partnership are interdependent- we cannot deliver many of the aims of this plan without the ICP, and the ICP will not be as effective in achieving its priorities without the commitment of the ICB and the wider NHS. Our medium-term plan commits us to continuing to be full and active partners within the Integrated Care Partnership.

Our key non-NHS partners:

Partner	Our work together
Local Government	Our County, District and Borough colleagues are critical to the adoption of our new model care, and we will continue, and build on, our joint work on the delivery of social care, the prevention of illness, public health management and much more.
Health and Well Being Boards	The Joint Health and Wellbeing Strategies of both the Hertfordshire and Essex Health and Well Being Boards have informed this Medium-Term plan and we will continue to work closely with them as we build our delivery approach
Voluntary Sector, Faith and Social Enterprise Alliance	We are fortunate in Hertfordshire and West Essex to have a strong VCSFE alliance and we are one of only a small number of ICBs who have a representative of the sector as a full board member. The alliance is crucial to the delivery of the MTP and we look forward to continuing to work in partnership with them.

Tab 7.4 ICB Medium Term Plan

How it all fits together

Changing our operating model

Health and Care Partnerships have a critical role in the delivery of our Medium-Term Plan. A key principle set out in the plan is that decisions about health and care are best taken as closely as possible to those that it will impact. The plan also sets out the approach and options for further development of HCPs in the future.

Changing our governance

The Board will be aware that we have now concluded the review of our governance and are implementing the recommendations of that review. The creation of the strategy committee will enable the coordination of delivery of the plan.

In addition we will be changing our reporting to board to ensure it aligns to the Medium Term Plan, and aligning our future schedule of deep dives to highlight progress or issues relating to key areas of the plan.

The ICBs approach

The ICB has begun the process of changing its ways of working to ensure maximum focus on delivery of the Medium-Term Plan, including:

- Creating a new executive sub-group to ensure strategy alignment and monitor delivery.

Tab 7.4 ICB Medium Term Plan

- Using the five priorities to underpin business planning processes for 24/25
- All executive team members have objectives linked to delivery of the five priorities
- A revised approach to involving the ICBs senior leadership group in conversations around delivery of the Medium-Term Plan
- Early work taking place across our teams to align resource to the delivery of the plan.

Next steps

Once the board has approved the plan, the intention is to publish it formally in June. In terms of governance, the board will receive an update on progress towards implementation at each of its meetings, and each board sub-committee will discuss its role in implementation at their June/July meetings.

HCPs are finalising their delivery plans for 24/25 which are based on the five priorities, and the ICB will continue its progress on ensuring our approach is focused on delivery of the plan.

Tab 7.4 ICB Medium Term Plan
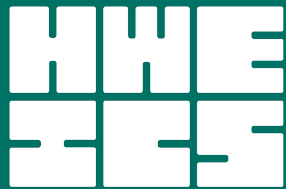
Hertfordshire and West Essex Integrated Care System

The Hertfordshire and West Essex ICB Medium Term Plan

Working together
for a healthier future

Tab 7.4 ICB Medium Term Plan

Introduction

The NHS is seeking to meet the dual challenge of unprecedented demand for our services and significant financial constraints. Hertfordshire and West Essex Integrated Care System is no different, and this means that for 2024/5, and each year that follows, we will need to focus on a clear set of priorities that will help us to meet both of those challenges.

In addition, we know that changes to the demographics of our population alongside an increase in the numbers of people living with multiple health conditions will further test both the services we provide and the budget which we have to provide them in the latter parts of this decade. Our system, which already has a higher proportion of over 85s than many others, will see a further steep incline in its older population over the next six years. This is cause for celebration, but it does mean that our services and approach will need to change to match the changing health and care needs of our residents.

Finally- we must not lose sight of the pockets of deprivation and health inequalities that exist in Hertfordshire and West Essex. Any plan that covers the remainder of this decade must demonstrate how the Integrated Care Board will level up people's experience and outcomes from health and care to match those in our least deprived communities.

Our Medium-Term plan describes our vision for Hertfordshire and West Essex and the key priorities and shifts in our care model we will need to focus on to achieve it. It doesn't describe everything we are and will do as a system but is designed to set out clearly the areas we will focus our efforts and investment on in coming years. It also describes the journey we will follow to build our operating model- which is based on the principle that decisions should be taken as closely as possible to our residents.

Some of our priorities will be achieved through our active participation in the Integrated Care Partnership. Others will be delivered in partnership with other NHS organisations, our district, borough and county council colleagues, other public sector organisations and with our partners in the voluntary, community, faith and social enterprise sector. The detail on delivery of those priorities is set out in other strategies and plans that are referenced throughout this document.

Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan

The Future Challenge

The combination of health inequalities and an ageing population mean that demand faced by our health and care services outstrips their capacity, and this will only worsen without action. Appendix A and B set out more detail on our current and future challenge.

Changing Demographics	Inequality	Patient Experience	Financial sustainability
• Demographic changes in Hertfordshire and West Essex mean that our older population will be growing rapidly over the coming 15 years or so, and it is this section of the population that are the most intensive user of health and care services	• Whilst the population is (in general) less deprived than the national average, there are communities within each of our three place areas with much more significant deprivation, where health and other outcomes are not at the same level as other parts of the system.	• Repeated episodic care does less to enhance patient experience and outcomes, in some instances accelerating loss of self-confidence and increasing dependency	• A combination of increased demand, greater acuity, demographic changes and broader economic challenges mean that the system has a recurrent, underlying financial deficit
• We also predict seeing continuing levels of demand for support relating to mental health / wellbeing and in relation to childhood development (higher than were seen pre-pandemic)	• Key partners across the system recognise both that the main factors affecting deprivation sit outside direct health & social care provision, and that health and care services can do more to better support more deprived populations	• Whilst specialisation of care brings advantages, it can make caring for people with multiple conditions more costly and less joined up	• Unless tackled, this will prevent the system from moving to the new model of care that is required for the future and will negatively impact on our residents.

Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan

Understanding our Medium-Term Plan

This medium-term plan will guide the work of the Hertfordshire and West Essex Integrated Care Board for the remainder of this decade. It is a response to the very urgent challenges we face now, and the demographic changes we will see over the next six years. It effectively has three key components:

The Hertfordshire and West Essex Vision (Slide xxx): This sets out in more detail the vision for Hertfordshire and West Essex that underpins our core mission - ***Hertfordshire and West Essex ICB exists to work with others to build a future in which all ~~of~~ our residents can live better, healthier and longer lives***

The five medium-term transformation objectives that will support delivery of the vision(Slide xxx): These objectives will be delivered in a phased multi-year way, and the Medium-Term plan sets out the various pieces of work that will need to take place to achieve them. Work has already begun on all ~~of~~ the areas set out in the plan, and there is more detail on this in the ~~many~~ strategies and plans that have informed the creation of our Medium-Term Plan.

Our 2024-2026 priorities (slide xxx): Although work has begun on all the areas that are set out in this plan, there are some that we need to prioritise now- this may be because there is an urgent need to improve performance for our residents (for example Urgent and Emergency Care, recovering our elective services and more support for those in mental health crisis), or because of the potential longer term benefits if we act now (A focus on CVD and hypertension) or because of the potential harm of not moving quickly (reducing backlogs in children's care).

Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan

The planning assumptions/constraints we are working with

We will set clear measures of success for all the areas identified for improvement in this plan.

Some will relate to the longer-term shift in population health we would like to see, with others acting as shorter-term markers of success.

Planning assumptions
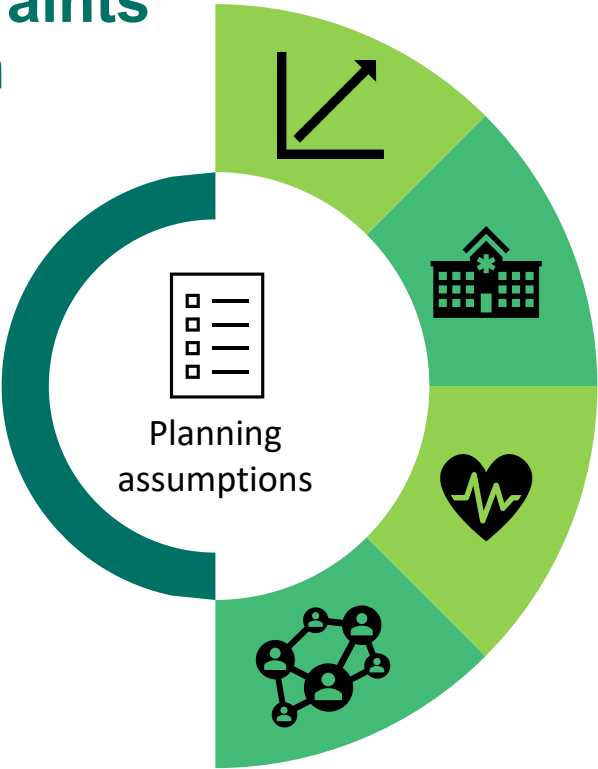
C.25% of the (non-elective) patients admitted to our hospitals could be cared for at home if their needs were met earlier or differently.

The New Hospital programme presents an opportunity for the system to reset its current model of delivery but will mean that we have less beds across the system.

There is a system wide appetite to move towards proactive and preventative approaches that identify needs earlier and offers less intensive support to achieve better outcomes and enable people to live longer, healthier and happier lives.

A multi-partner whole system approach in areas of deprivation will improve residents' health and wellbeing and to some extent reduce hospital demand
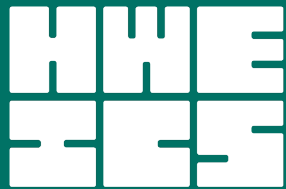
Tab 7.4 ICB Medium Term Plan

About Hertfordshire and West Essex

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Tab 7.4 ICB Medium Term Plan

Snapshot of the Hertfordshire & West Essex ICS

NHS

Hertfordshire

Population: 1,198,800*

Hertfordshire Health & Wellbeing Board

Hertfordshire County Council

10 District and Borough Councils

3 Health and Care Partnerships
- **East & North Herts**
- **South & West Herts**
- **Mental Health Learning Disabilities & Autism**

2 Acute Hospital Trusts

4 Community, Mental Health & Ambulance Trusts

35 Primary Care Networks

Hertfordshire Healthwatch

Growth Board

Local Enterprise Partnership

One university

Combined population of 1.52m

West Essex

Population: 319,300*

Essex Health & Wellbeing Board

Essex County Council

3 District Councils

Health and Care Partnership
- **West Essex**

1 Acute Hospital Trust

2 Community, Mental Health and Ambulance Trusts

6 Primary Care Networks

Essex Healthwatch

VCSFE Alliance

7

* Source: Census 2021

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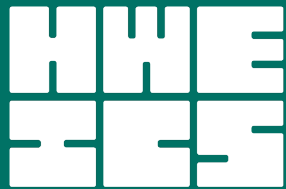
Hertfordshire and West Essex Integrated Care System

Our vision for Hertfordshire and West Essex

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Tab 7.4 ICB Medium Term Plan

The Hertfordshire and West Essex Vision

Hertfordshire and West Essex ICB exists to work with others to build a future in which all ~~of~~ our residents can live better, healthier and longer lives. Critical to this will be ensuring that:

- **Our whole system delivers high quality, fully integrated care that can be accessed easily and quickly.**

- **No patient is treated in a hospital setting when it would have been possible for them to receive their treatment at home or in their community**

- **The quality of care, experience and outcomes of all Hertfordshire and West Essex residents matches the experience and outcomes of those who live in our least deprived areas, with a focus on tackling unwarranted variation and health inequalities across and within our HCP areas**

- **Our system is proactive and as focused on interventions to prevent illness and reduce the risk of hospitalisation, as we are on the management of illness.**

- **We base our strategy and decisions on evidence and what's been proven to work- with strategy designed at a system level and implemented by each HCP in a way that is tailored to the needs of residents.**

- **We move to a sustainable financial position as a system which enables us to shift funds away from acute care and into prevention and care in home or community settings.**

Hertfordshire and West Essex Integrated Care System

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Achieving our vision

| To achieve our vision, we will focus on five ambitions | Increasing healthy life expectancy, and reduce inequality | Giving every child the best start in life | Improving access to health and care services | Increasing the numbers of citizens taking steps to improve their wellbeing | Successfully delivering our financial plan each year |

| Which will support 3 shifts in our model of care | From reactive acute care to preventive, anticipatory & community-based care | From a siloed and poorly coordinated model to continuous, integrated care | From a model based on providing care to one where active patients are engaged in self-management and collaborative care planning |

| In our first year we will prioritise | CVD and hypertension | Reducing waiting times in targeted children services | Reducing UEC demand by delivering more anticipatory/ same day care | Provide better care to people in mental Health Crises | Continue our elective care recovery |

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Achieving the three shifts in care

The work that we will do to deliver our five ambitions will also support the 3 shifts required to our model of care to ensure we can meet the challenge of the changing demographics of our population:

Shift 1
From reactive acute care to preventive, anticipatory and community-based care:

- ✓ A focus on preventing Cardiovascular disease and hypertension;
- ✓ Implementing the outcome of our Community Services review;
- ✓ Expanding frailty support;
- ✓ Working with partners to reduce drug and alcohol dependency
- ✓ Successfully delivering our suicide prevention strategy

Shift 2
From a siloed and poorly coordinated model to continuous, integrated care:

- ✓ Targeted improvements in children's services
- ✓ Improving same day access to Urgent and Emergency Care
- ✓ Expanding MH crises support
- ✓ Utilising the opportunity presented by the New Hospital programme

Shift 3
From a model based on providing care to one where active patients are engaged in self-management and collaborative care planning:

- ✓ Data driven approaches to public health
- ✓ Being an active partner in the Integrated Care system as it works to reduce inequality

The Hertfordshire and West Essex Digital Strategy for 2022-2032 is a key enabler to these shifts in care.

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Changing our model of care- implementing the East of England Model as part of our Medium-Term Plan

We will continue to develop our approach to implementing this model in 24-25.

Tab 7.4 ICB Medium Term Plan

Hertfordshire and West Essex Integrated Care System

Our approach to delivery

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Tab 7.4 ICB Medium Term Plan

Working with our partners to deliver our shared priorities

The Medium-Term Plan sets out the priorities and focus of the ICB, and our vision for Hertfordshire and West Essex in 2030.

In setting this plan we have ensured that all of our work will contribute to the delivery of the wider Integrated Care Strategy. The ICB and the Integrated Care Partnership are interdependent- we cannot deliver many of the aims of this plan without the ICP, and the ICP will not be as effective in achieving its priorities without the commitment of the ICB and the wider NHS. Our medium-term plan commits us to continuing to be full and active partners within the Integrated Care Partnership.

Our key non-NHS partners:

Partner	Our work together
Local Government	Our County, District and Borough colleagues are critical to the adoption of our new model care, and we will continue, and build on, our joint work on the delivery of social care, the prevention of illness, public health management and much more.
Health and Well Being Boards	The Joint Health and Wellbeing Strategies of both the Hertfordshire and Essex Health and Well Being Boards have informed this Medium-Term plan and we will continue to work closely with them as we build our delivery approach
Voluntary Sector, Faith and Social Enterprise Alliance	We are fortunate in Hertfordshire and West Essex to have a strong VCSFE alliance and we are one of only a small number of ICBs who have a representative of the sector as a full board member. The alliance is crucial to the delivery of the MTP and we look forward to continuing to work in partnership with them.

Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan

The Integrated Care Strategy

The ICB continues to be an active participant within the ICP, which is critical to delivery of much of the MTP

Key System Partners
Critical to the success of the MTP
- Local NHS orgs
- Local Authorities
- Voluntary Sector
- NHSE

The Medium-Term Plan Sets the strategic vision, narrative and focus for the ICB

2024-2030

Enabling Strategies - create the conditions that enable delivery of the MTP
- HWE People Plan
- HWE Digital Strategy
- HWE Primary Care Strategy
- Financial Strategy

Delivery Strategies - Provide the detail on how the MTP will be achieved
- Joint Forward Plan
- UEC strategy
- Elective Recovery Strategy
- Planned Care Strategy
- Cancer Strategy

Delivering the 24/25 Priorities:
-Business planning
-Objective setting
-HCP delivery plans

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Tab 7.4 ICB Medium Term Plan

Our key enabling strategies

In addition to the strategies that focus on delivery of our priorities directly, we have a number of enabling strategies that help to develop the right conditions for the delivery of the plan. They will be developed further over time to ensure full alignment with the medium term plan. These include:

Strategy	Overview
Hertfordshire and West Essex People Strategy 2023-2025	This strategy supports integrated workforce planning, innovation and new ways of working, a sustainable workforce supply, improved staff wellbeing, experience, and education, talent, and leadership development.
Hertfordshire and West Essex Digital Strategy	This strategy covering health service provision focuses on enabling our professionals to transform services to meet the needs of our residents. It will do this by providing the right digital capabilities, including technology and infrastructure. It is these capabilities that will enable those that provide care to work together to create the best outcomes for people living in Hertfordshire and west Essex. It will enable improved access for residents, patients, and service users to information about themselves and allow them to interact digitally with their clinical and care professionals when it is appropriate and convenient to do so.
Hertfordshire and West Essex Primary Care Strategic Delivery Plan 2023-2026	Our strategy to develop GP, community pharmacy, dentistry, and ophthalmology services across Hertfordshire and west Essex to benefit patients and communities over the next three years.

Tab 7.4 ICB Medium Term Plan

Our delivery architecture

Vision and objectives

Medium Term Plan

Integrated Care Strategy

Plan once, set clear expectations and outcomes, do things once where it makes sense to do so- for example data analysis

Enabling strategies- set the conditions needed for successful delivery

Digital strategy
People plan
Primary Care strategy
Financial plans

Delivery strategies- the plan for how we achieve the five MTP objectives

UEC strategy
Joint forward plan
Cancer strategy
End of Life strategy
Planned care strategy

Delivery- tailored locally when appropriate

HCPs -Delivery of agreed improvements, tailoring plans to local knowledge /circumstance, identify additional areas for improvement

Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan

Delivery in practice- UEC and same day urgent care example

Vision and objectives

Medium Term Plan- Aims to give everyone in Hertfordshire and West Essex access to Same Day Urgent Care as needed

Setting strategy and identifying what should be delivered once across the system

Relevant Enabling plans-

Digital strategy (supportive of improved pathways incl digital triage)

People plan (growing skills and capacity to support new pathways and models of care

Primary Care strategy (looks to simplify and enhance access for urgent primary care needs)

Financial plans- Implementing community service strategy

Guiding delivery strategy

UEC strategy- Sets out plan to move to an integrated 24/7 urgent care service, timely and appropriate access to diagnostics, integrated community pharmacies with UEC model, consistent, locally led pathways of care, greater treatment of patients through non admitted same day emergency care pathways

Delivery- tailored locally when appropriate

HCPs -Delivery of the agreed strategies through their annual delivery plans, tailoring plans to local knowledge /circumstance, identifying additional areas for improvement where approproiate

Hertfordshire and West Essex Integrated Care System

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More detail around the delivery of the medium-term plan:

Strategy	Link *to be added*
Integrated Care Strategy	
Joint forward plan	
Primary Care Strategy	
UEC strategy	
HWE People Plan	
Elective recovery strategy	
Planned Care Strategy	
Cancer strategy	
Hertfordshire and West Essex Digital Strategy	

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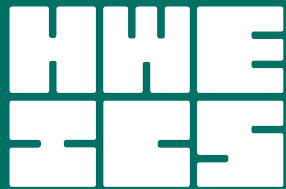
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Our 2030 plan- delivering our five ambitions

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Tab 7.4 ICB Medium Term Plan

The priorities of the Integrated Care Board 2024-2030

Our mission	Better, healthier and longer lives for all

We will achieve this by

Improving physical and mental health across our population	Tackling unequal access, experience and outcomes	Enhancing productivity and value for money	Ensuring the NHS supports broader social and economic development.

Our 2030 ambitions are:

Increasing healthy life expectancy, and reduce inequality	Giving every child the best start in life	Improving access to health and care services	Increasing the numbers of citizens taking steps to improve their wellbeing	Successfully delivering our financial plan each year

The ICB will deliver this by:

Setting direction for the NHS in Hertfordshire and West Essex	Allocating NHS resources fairly and effectively	Supporting, equipping, and empowering our people	Working with and pooling resources with our partners	Enabling improvement and driving change, with a focus on quality	Using data and evidence to generate insight and assess impact

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Tab 7.4 ICB Medium Term Plan

Our approach to ensuring every child has the best start in life

What we will do:

We want to see improvements in the health of our children and young people, setting them up for their best future life. We will:

- tackle health inequalities and promote the prevention of ill health to ensure that all children receive high- quality care and are supported to live a healthy life both physically and emotionally.

- work together to ensure that children with long term conditions or complex care needs are supported to achieve their fullest potential.

- change the way we work together to provide care that is easy to access and integrated, which places the child or young person and their family at the heart of our planning.

- ensure that care is personalised and provided as close to home as possible, recognising the role of the community in children's lives supporting them to achieve their goals

Between 2024 and 2030 our focus will be on:

- Reducing waiting times in targeted children's services (ASHS / ASD system wide, community paediatrics, paediatric audiology), by building on current plans and redirecting resources.

- Improving services for children with Special Educational Needs and Disability (SEND) through our work with local government partners.

- Improving emergency pathways for children- as set out in our Urgent and Emergency Care Strategy

- Continuing our system journey of improvement in Maternity Services, with a focus on implementing the six elements of 'Saving Babies Lives' care bundle'

- Improve paediatric access to NHS dentistry

What our residents can expect:
- A reduction in the numbers of stillbirths and deaths in the first week of life
- Fewer 5-year-olds with tooth decay
- Reduced waiting lists for neurodiversity services
- Decreased waiting times across all community paediatric services
- Reduced emergency admissions for all children under 18.
- Increased utilisation of virtual wards and other approaches to support children to have hospital level care in their own home.

Hertfordshire and West Essex Integrated Care System

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Our approach to increasing healthy life expectancy and reducing inequality

What we will do:

Through our work in the Integrated Care Partnership, with our communities and through own work:

- Reduce health inequalities to improve our resident's health and wellbeing

- Take positive action on the wider determinants of health, including housing, employment and the environment

- Ensure we adopt a data driven approach to prioritise work and approaches that will have the biggest public health impact

Between 2024 and 2030 our focus will be on:

- Continuing to play an active role in the work of the Integrated Care Partnership, supporting delivery of its priorities.

- Redeploy more of our resources on preventing and treating Cardiovascular disease, hypertension and Lipids

- Growing our Tobacco dependency reduction programme- to achieve a smoke free system

- Strengthening our work with system partners to reduce drug and alcohol dependency

- Working with local Governance and VCSFE colleagues to support healthy ageing

- Successfully delivering our suicide prevention strategy

- Taking targeted action across our HCPS to tailor approaches to delivering the above to local need

What our residents can expect:

- An increase in life expectancy across our system
- A lower rate of mortality from all cardiovascular disease
- An increase in the number of GP recorded hypertension patients with a blood pressure reading within the target range

- A fall in the rate of suicide across Hertfordshire and West Essex
- Targeted work to identify patients with hypertension in our most deprived communities

Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan

Our approach to improving access to Health and Care Services

What we will do:

We will ensure that residents of Hertfordshire and West Essex are able to get the help that they need, from the best place or health and care service, at the right time by:

- Developing ways of working that streamline care, providing a better experience for patients, carers and staff

- Working as a system to ensure we have the right model of care to support this

- Making it easier to connect people to the "best" service – rather than the "most obvious" service- ensuring the right people have access to care in the right place and at the right time.

- Continue to implement our Primary Care Strategic Delivery Plan for 23-26

Between 2024 and 2030 our focus will be on:

Ensuring system wide same day access to Urgent and Emergency Care

Expanding our MH crisis support / CAMHS services to ensure they meet present and future need

Continuing our work to recover elective care services

Delivering sustained improvement in cancer services

Ensuring we achieve the maximum benefit of new Community Diagnostic Centres and elective hubs for patients

Improving the experience of those at the end of life.

What our residents can expect

- Faster access and delivery of cancer services in line with the cancer standards
- Quicker access to diagnostic tests
- Shorter waits for planned care

- Easy and rapid access to same day or urgent care as needed
- Less emergency Hospital admissions for intentional self-harm across the system
- An enhanced response to urgent referrals to community crisis services
- A reduced uses of inappropriate out of areas placements for Mental Health patients

Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan

Our approach to increasing the number of residents taking steps to improve their wellbeing

What we will do

Our approach to ensuring that our residents are taking steps to improve their wellbeing is through our role as an active partner in the Integrated Care Partnership. The partnership is committed to:

- Develop a new physical activity offer for our residents.

- Support our residents in low-income households to have access to affordable healthy food and facilities to store and cook it.

- Support our residents most at risk of poor outcomes from being overweight including those with mental health conditions, physical disability or learning disability and autism.

- Support children and young people to have access to information, advice, and support to maintain a healthy weight and access to leisure activities in their communities, to support the importance of tackling childhood obesity

Between 2024 and 2030 our focus will be on:

- Working with our system partners to successfully deliver the relevant parts of the Integrated Care Strategy for the Hertfordshire and West Essex

- Tackling frailty, which is crucial given our future demographic changes as a system. We will deliver the changes we set out in our UEC strategy to achieve this- implementing improved clinical pathways, introducing an integrated acute frailty service, and strengthen our out of hospital care.

What our residents can expect:
- Fewer people admitted to hospital as a result of a fall.
- Access to physical activity offers

- A universal support offer for those looking to stop smoking
- Targeted support for those who are on low incomes
- More access to information that will help them stay healthy and improve their wellbeing.

Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan

Our approach to ensuring we are financially sustainable

What we will do:

We will use the resources available to us as best we can – to maximise the benefits for residents and staff, setting ourselves the twin challenge of being both more productive and efficient as a system. This will be guided by our medium-term financial plan.

Key to our financial sustainability, and the delivery of all of our objectives is our workforce. We will continue to implement the NHS Long term workforce plan alongside the Hertfordshire and West Essex People Plan.

With well-advanced and supported plans for large scale capital developments, we must use this once in a generation opportunity to invest wisely for today and for years to come.

- **Between 2024 and 2030 our focus will be on:**

- Using a data driven approach to improve the productivity of elective care pathways, focussing on our five high impact changes based on a 'Best in HWE Benchmark'.

- Making better use of workforce data and digital innovation to support workforce productivity and efficiency.

- Developing primary and community workforce to ensure more care takes place in the home / community.

- Implementing a new model of Out of Hours and Community Services which is underpinned by a new contractual framework focused on improving outcomes and tackling variation

- Focusing on those that are most likely to suffer deteriorating health leading to a need for urgent or emergency care, preventing where this is possible and ensuring same day access is integrated, easily accessible and safe

- Implementation of the ICS estates strategy.

- Developing a local workforce pipeline in line with workforce clinical expansion targets, support better retention of our workforce and reduce agency spend.

- Achieving financial balance annually (NHS)

- Designing and delivering a system wide agreed plan to maximise the benefits of the £2bn capital investment New Hospital Programme

What our Residents can expect:

- More care taking place at home or in the community
- For the system to maximise the productivity of our operating theatres and outpatients' services

- Develop a local workforce pipeline in line with workforce clinical expansion targets, support better retention of our workforce and reduce agency spend.
- A decrease in the amount of money we need to spend on urgent and emergency care
- A fall in our annual spend on agency staff to cover vacancies.
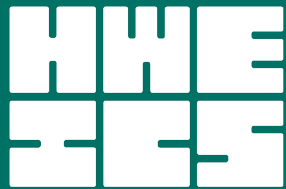
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Hertfordshire and West Essex Integrated Care System

Priorities for 2024-2026

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2024-2026 transformation priorities

The Integrated Care Board has five key transformation priorities for the next two years. The delivery plans of our Health and Care Partnerships will set out our approach to achieving them. These transformation priorities will support delivery of our longer ambitions and assist in achieving our 6th priority for 24/25- delivering our financial plan.

Priority	Expected outcome	Success measures
Reduce inequality with a a focus on outcomes for CVD and hypertension	Reduce under 75 mortality from long term conditions	• 2% increase in hypertension QOF measures (March 2026) • Increase the % of patients with GP recorded hypertension whose last blood pressure was in taget to 77% • Increase the age of standardised prevalence of hypertension in the most deprived 20% of the population from 17.6% to 19% (March 2026)
Improve UEC through more anticipatory/ SDEC care	Reduce the rate of unplanned hospitalisations for chronic ambulatory care	• Decrease the rate of emergency admissions for falls within the community for people aged 65+ by 5% (March 2027) • Reduce the % of deaths with 3 or more emergency admissions in the last 90 days of life (all ages) from 6% to 5% across Herts and West Essex by March 2027
Better care for those in Mental Health crisis	Increase in the provision of early help to prevent mental illness and support the health and wellbeing of those with severe mential illness, learning disabilities or autism.	• Increasing our response to urgent referrals to Community Crises Services in 24/25 from 64% to 67%. • Reduce the use of out of area inappropriate beds for adults requiring a mental health inpatient stay across the ICS from 16 people to 4 people by March 2025. • 75% of inpatient discharges to have 72 hour follow up by March 2025.
Elective care recovery	Reduction in the numbers waiting for elective activity and diagnostics	• Reduce number of patients waiting more than 65 weeks for treatment, to 0 by 30th Sept 2024 • 85% of surgery across HWE is consistently undertaken as day case by March 2026 • Reduce the number of patients waiting more than 6 weeks for diagnostic services year on year and by March 2025 ensure that 95% of patients have their diagnostics within 6 weeks.
Childrens care backlog reductions	All children will have the best start and live a healthy life	• Reduction in wait for community paediatric services to 65 weeks by April 2026 • Reduction in ED attendance and admission rates for children and young people by 5% (2028)

Tab 7.4 ICB Medium Term Plan

Building our operating model- making decisions happen closer to our communities

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Starting in April 2024

In April 2024 our Health and Care Partnerships will become a more formal part of our system. This will mean that:

- The role and ways of working of the partnerships will be underpinned by an MOU and they will have a clearer place within the ICBs governance

- Financial, performance, quality and workforce data will be developed and aligned to support HCP decision making- this will be a priority for the ICB

- A provider CEO will take formal responsibility for the leadership of the HCP and developing and maintaining the relationships and ways of working critical to its success

- All of the work of the HCPs will be underpinned by a Population Health Management Approach underpinned by the new data platform.

Throughout 24/25 the main task of our HCPs will be to implement delivery plans around our five 24/25 transformation priorities and the delivery of our financial plan (see slide 10)

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Our future operating approach

To support our vision of decisions about health and care being taken as close to the end user as possible, except where there is the benefit of our scale, our systems target operating model is one where:

The ICBs role will be:

- Coordinating strategic planning across the system

- Delivering the statutory functions of the ICB

- Taking decisions which have ramifications for the whole system- for example whole system service design or procurement

- Assurance around the performance of HCPs

- A focus on tackling inequalities- using Public Health Management data analysis and Evidence Based Interventions

The HCPs role will be:

- To be a key part of developing the system strategy

- To have responsibility for the delivery of the strategy within their HCP areas.

- To have the duty of oversight for finance, performance, quality and commissioning of services within their HCP

- To have fully devolved budgetary responsibility for their local population

- A focus on tackling inequalities-utilising their local understanding using PHM data to drive service redesign.

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Achieving this approach

Our target operating model will require a significant shift in our current culture, operational approach and governance.

We recognise that given the different starting points of our HCP's, some will move faster than others towards achieving this target state.

There are several models by which we can achieve the empowerment of the HCPs we wish to create through this model. All of those models would see a shift of responsibility and accountability from the ICB to HCP partners.

Recently launched NHSE guidance has helped to clarify the process for delegation and has confirmed that ICBs can follow two models in delegation- a lead provider model and committee in common. The merits of both models will be considered in 24/25.

Irrespective of the final model agreed, HCP take on budgetary and contractual responsibility for the delivery of HCP duties within their HCP footprint. This would be underpinned by a partnership agreement between the ICB, the provider and the members of the Health and Care Partnership.

Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan
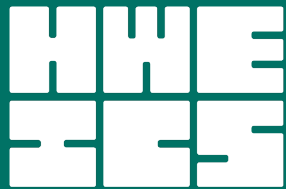
**Hertfordshire and
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Care System**

Appendix A: Our System in 2024

Working together
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Tab 7.4 ICB Medium Term Plan

Life Expectancy Gap Between the Most and Least Deprived

OF	Life Expectancy Gap between most and least deprived			
	Male		**Female**	
	2017-19	**2020/21**	**2017-19**	**2020/21**
HWE	6.2	6.4	4.5	5.2
East of England	6.7	7.2	5	5.8
England	7.8	8.6	6.3	7.1

- The life expectancy gap between the least deprived and most deprived populations is 6.4 years for males and 5.2 years for f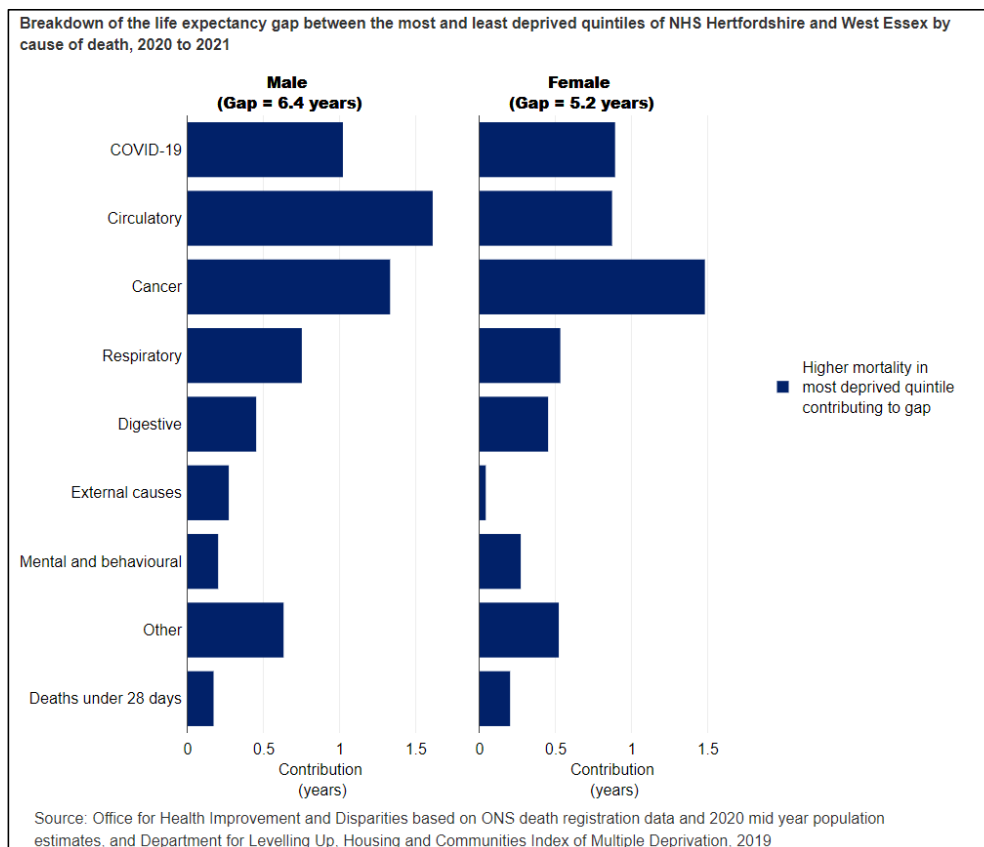emales in HWE. The latest data shows an increase in the gap in line with what has been seen nationally and regionally. The gap remains smaller in HWE compared with the regional and national.

- This illustration on the right shows the breakdown of the causes that contribute to the life expectancy gap between people living in the most and least deprived areas of Hertfordshire and West Essex.

- This particular update shows the impact of Covid during 2020 to 2021.

- Data shows that Circulatory Disease and Cancer contribute the most to the life expectancy gap between the most and least deprived. These areas are identified within our clinical and strategic priorities of the ICB.

Segment Tool (phe.gov.uk)

Hertfordshire and West Essex Integrated Care System

Breakdown of the life expectancy gap between the most and least deprived quintiles of NHS Hertfordshire and West Essex by cause of death, 2020 to 2021

Male (Gap = 6.4 years)

Female (Gap = 5.2 years)

Higher mortality in most deprived quintile contributing to gap

Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Tab 7.4 ICB Medium Term Plan

Life Expectancy – Variation at local level

| | Better 95% | Similar | Worse 95% |

	Indicator Name	Time period	England	East of England	HWE ICB	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
OF	Life expectancy at birth - (Male, 3 year range)	2018/20	**79.4**	**80.2**	**80.6**	79.6	81.1	81.6	80.4	78.6	79.5	81.1	81.8	79.5	81.2	82.6	79.3	80.6
OF	Life expectancy at birth - (Female, 3 year range)	2018/20	**83.1**	**83.8**	**84.1**	84.0	84.0	85.0	84.0	82.5	84.0	84.2	85.4	82.8	84.3	85.4	82.7	83.8
OF	Life expectancy at birth - (Male, 1 year range)	2021	**78.7**			79.5	80.5	80.8	80.1	78.4	81.3	80.9	82.1	80.2	81.2	83.6	78.7	80.3
OF	Life expectancy at birth - (Female, 1 year range)	2021	**82.8**			83.8	84.4	84.6	84.1	81.9	83.9	83.2	85.8	82.0	84.9	85.7	83.4	83.8

- Overall life expectancy and healthy life expectancy for the ICS masks variation within communities and HWE.

- HWE overall Life Expectancy is higher than regional and England. Urban areas experience lower average life expectancy for both males and females, with residents in Harlow experiencing the lowest average life expectancy for both males and females.

- The 2021 update for one year life expectancy shows an improved position for females in Harlow. This was previously categorised as significantly worse than the England value, however the latest data shows similar to England.

* Absolute trends will be updated later in the year as Fingertips methodology is updated to reflect the latest census

HWE ICS
Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan

Healthcare and premature mortality

* value suppressed for disclosure control due to small denominator

Better 95%	Similar	Worse 95%

Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
E01 - Infant mortality rate	2019 - 21	3.9	4.7	2.8	3.2	1.9	2.2	2.5	2.6	2.4	4.6	4.2	1.9	4.5	2.7
OF E02 - Percentage of 5 year olds with experience of visually obvious dentinal decay	2021/22	23.7	24.6	11.4	9.2	23.2	28.6	14.9	7.2	10.2	11.6	11.0	*	16.6	17.4
OF E03 - Under 75 mortality rate from causes considered preventable	2021	183.2	170.5	146.3	119.4	161.7	208.8	134.7	138.7	122.2	168.6	129.6	102.3	179.0	158.0
OF E04a - Under 75 mortality rate from all cardiovascular diseases	2021	76.0	57.5	63.5	65.0	62.4	89.5	57.8	67.0	48.4	59.4	40.3	44.4	64.2	56.2
OF E04b - Under 75 mortality rate from cardiovascular diseases considered preventable	2021	30.2	24.4	23.6	24.8	23.5	36.0	20.0	27.6	19.5	26.1	15.9	16.6	24.9	20.9
E05a - Under 75 mortality rate from cancer	2021	121.5	126.9	108.7	98.4	103.3	133.5	112.3	103.9	81.8	115.6	87.1	87.2	121.2	108.5
E05b - Under 75 mortality rate from cancer considered preventable	2021	50.1	45.7	42.5	28.1	45.3	54.5	46.2	31.6	35.7	47.9	35.0	33.4	52.5	52.7

- Premature mortality by different conditions for the ICS remains similar or better than the England position.

- Cardiovascular premature mortality trend is marginally worse for England but has remained similar for Hertfordshire and West Essex.

- Areas with higher levels of deprivation in general experience poorer outcomes within the ICS. As previously observed Broxbourne, Harlow, Stevenage, Watford and Welwyn Hatfield have similar outcomes and are similar in terms of demographic features.

Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan

Healthcare and premature mortality

* value suppressed for disclosure control due to small denominator

| Better 95% | Similar | Worse 95% |

Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
E06a - Under 75 mortality rate from liver disease	2021	21.2	13.1	14.0	12.5	9.8	19.1	11.6	16.0	11.4	20.8	23.0	*	16.4	21.2
E06b - Under 75 mortality rate from liver disease considered preventable	2021	18.9	*	11.9	10.4	8.2	*	*	11.9	10.0	18.1	21.7	*	14.0	15.1
E07a - Under 75 mortality rate from respiratory disease	2021	26.5	24.6	19.4	13.7	16.5	*	22.1	19.6	14.7	27.8	20.2	*	21.6	29.8
E07b - Under 75 mortality rate from respiratory disease considered preventable	2021	15.6	12.6	11.8	10.1	8.2	*	13.1	11.9	9.3	20.0	*	*	*	17.2
E08 - Mortality rate from a range of specified communicable diseases, including influenza	2021	9.4	*	13.1	7.9	7.1	*	10.9	9.0	6.4	*	13.6	*	*	11.5
E10 - Suicide rate	2019 - 21	10.4	6.1	8.4	8.8	8.7	10.0	11.5	6.5	8.3	9.0	6.9	10.3	4.4	7.7

OF

OF

- Further indicators for Premature mortality by different conditions shows the ICS is similar or better than the England position.

- Latest suicide data shows an improvement in rates in Harlow.

HWE ICS Hertfordshire and West Essex Integrated Care System

Tab 7.4 ICB Medium Term Plan

Healthcare and premature mortality

* value suppressed for disclosure control due to small denominator

| Better 95% | Similar | Worse 95% |

Indicator Name	Time period	England	Broxbourne	Dacorum	East Hertfordshire	Epping Forest	Harlow	Hertsmere	North Hertfordshire	St Albans	Stevenage	Three Rivers	Uttlesford	Watford	Welwyn Hatfield
E11 - Emergency readmissions within 30 days of discharge from hospital	2020/21	15.5	13.9	14.1	14.8	15.7	15.9	13.4	15.2	13.2	15.8	13.8	13.8	13.7	14.0
E13 - Hip fractures in people aged 65 and over	2021/22	551.2	488	505	559	555	540	551	555	510	638	533	567	557	536
E13 - Hip fractures in people aged 65 to 79	2021/22	235.7	191	229	217	184	208	276	183	217	216	246	196	250	241
E13 - Hip fractures in people aged 80 and over	2021/22	1466	1349	1307	1550	1631	1503	1348	1636	1360	1863	1365	1645	1449	1389
E14 - Winter mortality index	Aug 2020 - Jul 2021	36.2	47.8	31.6	22.8	62.2	53.4	35.0	69.1	52.5	53.0	48.9	49.2	52.7	65.6
E14 - Winter mortality index (age 85 plus)	Aug 2020 - Jul 2021	42.8	45.9	39.1	35.2	59.8	52.0	34.4	89.8	50.9	71.8	52.7	36.8	72.8	81.3
E15 - Estimated dementia diagnosis rate (aged 65 and over)	2022	62	50.8	56.4	51.5	78.3	52.3	66.4	65.5	55.8	73.7	55.1	61.0	75.8	56.3
E15 - Estimated dementia diagnosis rate (aged 65 and over)	2023	63.0	54.6	60.0	52.2	80.6	55.1	67.2	67.5	56.6	74.6	52.3	62.4	76.3	57.7

(OF markers shown beside rows E11, E13 Hip fractures 65 and over, E13 Hip fractures 65 to 79, E13 Hip fractures 80 and over)

- In general the majority of indicators are similar or better than the England rate.
- A small number of indicators are statistically worse than the national average in some districts within the ICS for Winter Mortality.
- Post covid the estimated dementia diagnosis rate has opportunity for improvement in 7 districts within the ICS.
- The latest % Winter mortality index covers the period of the Covid pandemic. The data shows Epping Forest, North Hertfordshire and Welwyn Hatfield with significantly higher number of deaths than the national.

HWE ICS
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Tab 7.4 ICB Medium Term Plan
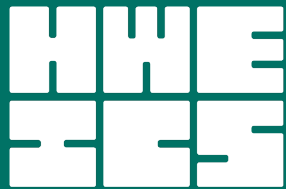
Hertfordshire and West Essex Integrated Care System

Appendix B: Our system in the future

Working together
for a healthier future

Tab 7.4 ICB Medium Term Plan
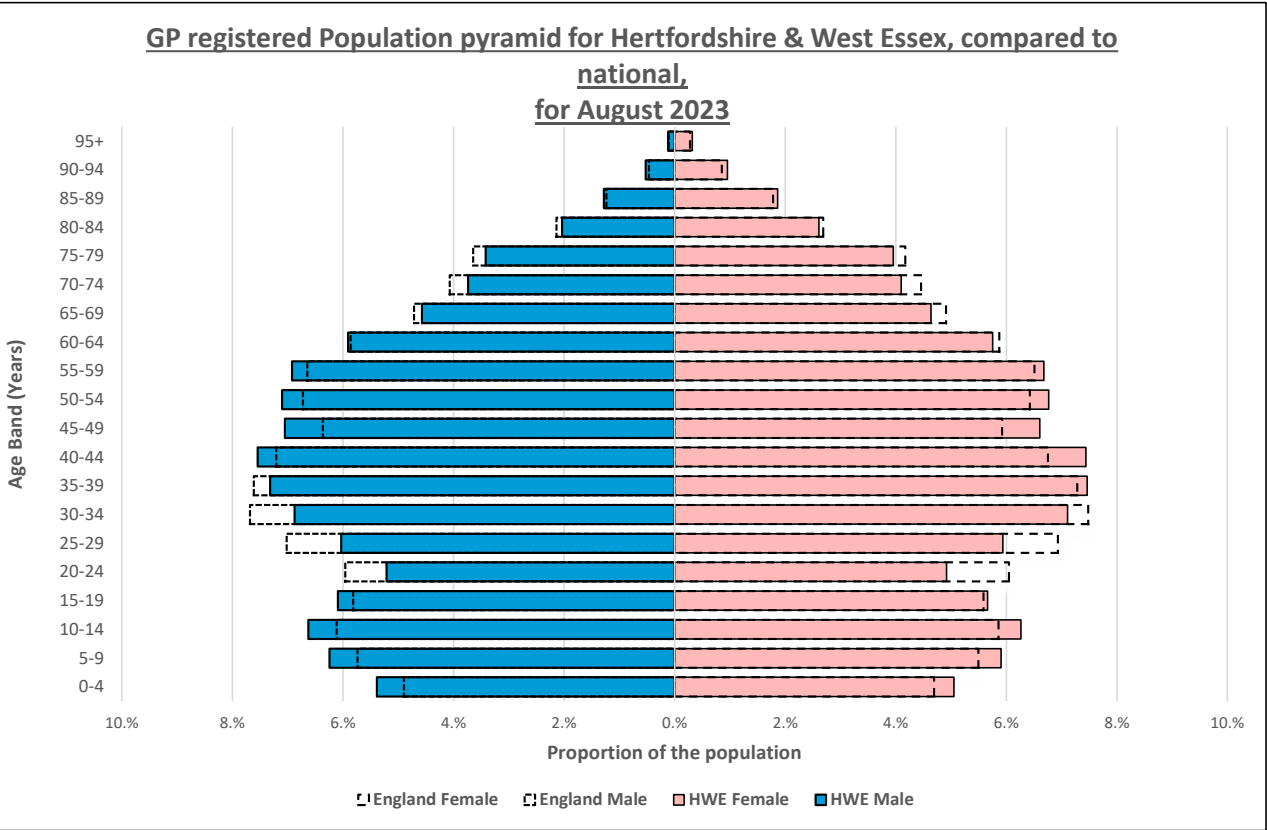
Demographic Profile and Segmentation

- Compared to the national average, the HWE ICS has a higher proportion of the population aged over 85 years, and a higher proportion aged under 20 years.

- Younger adults (20-34 years) make up a smaller proportion of the population, whilst older working age adults make up a greater proportion of the population.

- The registered population in HWE ICS has increased by 1.33% in the last 12 months, compared to a 1.35% increase nationally.

Source: Patients registered at a GP Practice Dashboard - August 2023

GP registered Population pyramid for Hertfordshire & West Essex, compared to national, for August 2023

Tab 7.4 ICB Medium Term Plan

Demographic Profile and Segmentation

- The population of the HWE ICB is expected to increase by 6% overall between 2018 and 2043.

- There will be significant differences in growth across age bands.

- Whilst there will be limited growth (or reductions) in children and working age adults, there will be significant growth in over 65 year olds and very significant growth in over 85 year olds.

- There is a sharp incline in the number of people aged over 85 years after 2030 as 'baby boomers' age.

Population projections for HWE ICB, split by age group. 2018-2043

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