



## TRUST BOARD MEETING IN PUBLIC AGENDA

**03 December 2020 at 09.30 – 12.00**  
**Executive Meeting Room and via Zoom, Watford Hospital**

Apologies should be conveyed to the Trust Secretary, Rod While on [rod.while@nhs.net](mailto:rod.while@nhs.net)  
or call 01923 436 361

Time	Item ref	Title	Objective	Accountable officer	Paper or verbal
09.30	01/86	<b>Opening and welcome</b>	Information	Chair	Verbal
	02/86	<b>Patient story</b>	Information	Chief Nurse	Verbal
09.50	03/86	<b>Apologies for absence</b>	Information	Chair	Verbal
	04/86	<b>Declarations of interest</b>	Information	Chair	Paper
	05/86	<b>Minutes of previous meeting on 5 November 2020</b>	Approval	Chair	Paper
	06/86	<b>Board decision log.</b>	Information	Chair	Paper
	07/86	<b>Board action log</b>	Approval	Chair	Paper
	08/86	<b>Chair's and Chief Executive's report</b>	Information	Chair / Chief Executive	Paper
10.00	09/86	<b>Board Assurance Framework</b>	Information and assurance	Chief Executive	Paper
10.10	10/86	<b>Activity Recovery Update &amp; Access Standards Performance</b>	Information and assurance	Chief Operating Officer	Paper
	11/86	<b>Integrated performance report</b> Key messages from: <ul style="list-style-type: none"> <li>• Chief Operating Officer</li> <li>• Chief Nurse</li> <li>• Chief Medical Officer</li> <li>• Chief People Officer</li> <li>• Chief Finance Officer</li> <li>• Chief Information Officer</li> </ul>	Information and assurance	Chief Operating Officer	Paper
10.25	12/86	<b>Annual Establishment Review – Paediatrics</b>	Information and assurance	Chief Nurse	Paper
10.30	13/86	<b>End of Life Care Annual Report</b>	Information and assurance	Chief Nurse	Paper
10.45	14/86	<b>Strategic Priorities Update</b>	Information and assurance	Deputy Chief Executive	Paper
10.55	1586	<b>Digital Strategy</b>	Approval	Chief Information Officer	Paper

11.05	16/86	<b>Freedom to Speak Up Activity and Case Update</b>	Information and assurance	Chief People Officer	Paper
11.15	17/86	<b>Flu Assurance Paper</b>	Information and assurance	Chief People Officer	Paper
11.25	18/86	<b>Corporate risk register report</b>	Approval	Chief Medical Officer	Paper
11.30	19/86	<b>Assurance report from Trust Management Committee</b>	Information and assurance	Chief Executive	Paper
	20/86	<b>Assurance report from People, Education and Research Committee</b>	Information and assurance	Chair of Committee/Chief People Officer	Verbal
	21/86	<b>Assurance report from Finance and Performance Committee</b>	Information and assurance	Chair of Committee/Chief Financial Officer	Paper
	22/86	<b>Assurance report from Quality Committee</b>	Information and assurance	Chair of Committee/Chief Nurse	Paper
	23/86	<b>Assurance report from Audit Committee</b>	Information and assurance	Chair of Committee/Chief Financial Officer	Paper
<b>Corporate Trustee Business</b>					
11.35	24/86	<b>Charity Annual Report</b>	Approval	Charity Committee Chair	Paper
<b>Closing Items</b>					
11.45	25/86	<b>Any other business previously notified to the chair</b>	N/A	Chair	Verbal
11.50	26/86	<b>Questions from Hertfordshire Healthwatch</b>	N/A	Chair	Verbal
	27/86	<b>Questions from our patients and members of the public</b>	N/A	Chair	Verbal
12.00	28/86	<b>Date of the next board meeting: 4 February</b> Executive Meeting Room and via Zoom, Watford Hospital	Information	Chair	Verbal



# Acronyms and abbreviations

**A**

<b>AAA</b>	Abdominal Aortic Aneurysm
<b>ACS</b>	Accountable Care System
<b>AAU</b>	Acute Admissions Unit
<b>A&amp;E</b>	Accident and Emergency
<b>ABPI</b>	Association of the British Pharmaceutical Industry
<b>AC</b>	Audit Commission
<b>ACS</b>	Adult Care Services
<b>ADM</b>	Assistant Divisional Manger
<b>AGM</b>	Annual General Meeting
<b>AGS</b>	Annual Governance Statement
<b>AHP</b>	Allied Health Professional
<b>ANP</b>	Advanced Nurse Practitioner

**B**

<b>BAF</b>	Board Assurance Framework
<b>BAMM</b>	British Association of Medical Managers
<b>BAU</b>	Business as usual
<b>BBE</b>	Bare Below Elbow
<b>BC</b>	Business Continuity
<b>BCP</b>	Business Continuity Plan
<b>B&amp;H</b>	Bullying and Harassment
<b>BISE</b>	Business Integrated Standards Executive
<b>BMA</b>	British Medical Association
<b>BME</b>	Black and ethnic minorities
<b>BSI</b>	Bloodstream infection

**C**

<b>CAB/C&amp;B</b>	Choose and Book
<b>Caldicott Guardian</b>	The named officer responsible for delivering and implementing the Confidentiality and patient information systems
<b>CAMHS</b>	Child and adolescent mental health services
<b>CAS</b>	Central Alert System
<b>CCG</b>	Clinical Commissioning Groups
<b>CCIO</b>	Chief Clinical Information Officer
<b>CCORT</b>	Clinical Care Outreach Team
<b>CCU</b>	Critical Care Unit
<b>CDI</b>	Clostridium Difficile Infection
<b>C.Diff</b>	Clostridium Difficile
<b>CEO</b>	Chief Executive Officer
<b>CfH/CFH</b>	Connecting for Health
<b>CFO</b>	Chief Financial Officer
<b>CHC</b>	Continuing Health Care
<b>CHD</b>	Coronary heart disease
<b>CIO</b>	Chief Information Officer
<b>CIP</b>	Cost improvement programme
<b>CIS</b>	Care Information Systems
<b>CMO</b>	Chief Medical Officer
<b>CNS</b>	Clinical Nurse Specialist
<b>CNST</b>	Clinical Negligence Scheme for Trusts
<b>COI</b>	Central Office of Information
<b>COO</b>	Chief Operating Officer

<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>COSHH</b>	Control of Substances Hazardous to Health
<b>CPA</b>	Clinical Pathology Accreditation
<b>CPD</b>	Continuing Professional Development
<b>CPOP</b>	Clinical Policy and Operations
<b>CFPG</b>	Capital Finance Planning Group
<b>CPR</b>	Cardiopulmonary resuscitation
<b>CQC</b>	Care Quality Commission
<b>CQUIN</b>	Commissioning for Quality & Innovation
<b>CRS</b>	Care Records Service
<b>CSE</b>	Child sexual exploitation
<b>CSSD</b>	Central Sterile Service Department
<b>CSU</b>	Commissioning Support Unit
<b>CT</b>	Computerised Tomography
<b>D</b>	
<b>DBS</b>	Disclosure Barring Service
<b>DCC</b>	Direct Clinical Care
<b>DD</b>	Divisional Director
<b>DGH</b>	District General Hospital
<b>DGM</b>	Divisional General Manager
<b>DM</b>	Divisional Manager
<b>DIPC</b>	Director of Infection Prevention and Control
<b>DHSC</b>	Department of Health and Social Care
<b>DNA</b>	Did Not Attend
<b>DNR</b>	Do Not Resuscitate
<b>DO</b>	Developing our Organisation
<b>DoC</b>	Duty of Candor
<b>DoLS</b>	Deprivation of Liberty Safeguards
<b>DPH</b>	Director of Public Health
<b>DQ</b>	Data Quality
<b>DTA</b>	Decision to admit
<b>DTOC</b>	Delayed Transfers of Care
<b>DQ</b>	Data Quality
<b>E</b>	
<b>EA</b>	Executive Assistant
<b>EADU</b>	Emergency Assessment and Discharge Unit
<b>ECG</b>	Echocardiogram
<b>ECIP</b>	Emergency Care Improvement Programme
<b>ED</b>	Emergency Department
<b>ED</b>	Executive Director
<b>EDD</b>	Expected Date of Discharge
<b>EDS</b>	Equality Delivery System
<b>EHR</b>	Electronic Health Record
<b>EHRC</b>	Equality and Human Rights Commission
<b>EIA</b>	Equality Impact Assessment
<b>ENHT</b>	East & North Herts NHS Trust
<b>ENT</b>	ear, nose and throat
<b>EoE</b>	East of England
<b>EoL</b>	End of Life
<b>EPAU</b>	Early Pregnancy Assessment Unit
<b>EPRR</b>	Emergency Preparedness, Resilience and Response
<b>ERAS</b>	Enhanced Recovery Programme after Surgery
<b>ESR</b>	Electronic Staff Record
<b>EWTD</b>	European Working-Time Directive

**F**

<b>FBC</b>	Full Blood Count
<b>FBC</b>	Full Business Case
<b>FCE</b>	Finished Consultant Episode
<b>FFT</b>	Friends and Family Test
<b>FD</b>	Finance Director
<b>FGM</b>	Female genital mutilation
<b>FOI</b>	Freedom of Information
<b>FRR</b>	Financial Risk Rating
<b>FSA</b>	Food Standards Agency
<b>FT</b>	Foundation Trust
<b>FTE</b>	Full Time Equivalent
<b>FYE</b>	Full Year End

**G**

<b>GDC</b>	General Dental Council
<b>GGI</b>	Good Governance Institute
<b>GMC</b>	General Medical Council
<b>GP</b>	General Practitioner
<b>GUM</b>	Genito-urinary medicine

**H**

<b>H&amp;S</b>	Health and Safety
<b>HAI</b>	Hospital Acquired Infection
<b>HAPU</b>	Hospital Acquired Pressure Ulcer
<b>HCA</b>	Health Care Assistant
<b>HCAI</b>	Healthcare-Associated Infections
<b>HCC</b>	Hertfordshire County Council
<b>HCT</b>	Hertfordshire Community NHS Trust
<b>HDA</b>	Health Development Agency
<b>HDD</b>	Historical Due Diligence
<b>HDU</b>	High Dependency Unit
<b>HEE</b>	Health Education England
<b>HHH</b>	Hemel Hempstead Hospital
<b>HES</b>	Hospital Episode Statistics
<b>HIA</b>	Health Impact Assessment
<b>HITP</b>	Hertfordshire Integrated Transport Partnership
<b>HON</b>	Head of Nursing
<b>HPA</b>	Health Protection Agency
<b>HPFT</b>	Hertfordshire Partnership NHS Foundation Trust
<b>HR</b>	Human Resources
<b>HRG</b>	Health Related Group
<b>HSC</b>	Health Service Circular; (House of Commons) Health Select Committee
<b>HSC</b>	Health Scrutiny Committee, sub-committee of Overview and Scrutiny Committee, Hertfordshire County Council
<b>HSE</b>	Health and Safety Executive
<b>HSMR</b>	Hospital Standardised Mortality Ratio (Rates)
<b>HSO</b>	Health Service Ombudsman
<b>HTM 00</b>	Health Technical Memorandum
<b>HUC</b>	Herts Urgent Care
<b>HVCCG</b>	Herts Valley Clinical Commissioning Group
<b>HWE STP</b>	Hertfordshire & West Essex Sustainability and Transformation Partnership

**I**

<b>IBP</b>	Integrated Business Plan
<b>IC</b>	Information Commissioner
<b>ICAS</b>	Independent Complaints Advocacy Service
<b>ICNs</b>	Infection Control Nurses
<b>ICO</b>	Information Commissioners Office
<b>ICS</b>	Integrated Care System
<b>ICT</b>	Information, Communications and Technology
<b>IDT</b>	Integrated Discharge Team
<b>IVF</b>	In Vitro Fertilisation
<b>ICU</b>	Intensive Care Unit
<b>IDVA</b>	Independent domestic violence advisors
<b>IG</b>	Information Governance
<b>IMAS</b>	Interim Management Service
<b>IM&amp;T</b>	Information Management and Technology
<b>IP</b>	Inpatient
<b>IPR</b>	Integrated Performance Report
<b>ISE</b>	Integrated Standards Executive
<b>IST</b>	Intensive Support Team
<b>IT</b>	Information Technology
<b>ITFF</b>	Independent trust financial facility
<b>ITU</b>	Intensive Treatment Unit

**J**

<b>JSNA</b>	Joint Strategic Needs Assessment
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**K**

<b>KLOE</b>	Key Line of Enquiry
<b>KPI</b>	Key Performance Indicator

**L**

<b>LAs</b>	Local authorities
<b>LABV</b>	Local Asset Backed Vehicle
<b>LAT</b>	Local Area Team (of NHS England)
<b>LCFS</b>	Local Counter Fraud Service
<b>LD</b>	Learning Disability
<b>L&amp;D</b>	Learning and Development
<b>LDB</b>	Local delivery board
<b>LGBT</b>	Lesbian Gay Bisexual and Transgender
<b>LHCAI</b>	Local Health Care Associated Infections
<b>LHRP</b>	Local Health Resilience Partnerships
<b>LMC</b>	Local Medical Committee
<b>LSMS</b>	Local Security Management Specialist
<b>LSP</b>	Local Service Provider
<b>LTFM</b>	Long Term Financial Model

## M

<b>MAU</b>	Medical Assessment Unit
<b>MCA</b>	Mental Capacity Act
<b>MD</b>	Medical Director
<b>MDA</b>	Medical Device Agency
<b>MDT</b>	Multi-Disciplinary Team
<b>MEWS</b>	Modified Early Warning Score
<b>MH</b>	Mental Health
<b>MHRA</b>	Medicines and Healthcare Products Regulatory Agency
<b>MIU</b>	Minor Injuries Unit
<b>MMR</b>	Measles, mumps, rubella
<b>MRET</b>	Marginal rate emergency tariff
<b>MRI</b>	Magnetic resonance imaging
<b>MRSA</b>	Methicillin-resistant Staphylococcus aureus
<b>MSSA</b>	Methicillin-sensitive Staphylococcus aureus

## N

<b>NBOCAP</b>	National Bowel Cancer Audit Programme
<b>NE</b>	Never Event
<b>NED</b>	Non Executive Director
<b>NHS</b>	National Health Service
<b>NHS CFH</b>	NHS Connecting for Health
<b>NHSE</b>	NHS England
<b>NHSLA</b>	NHS Litigation Authority
<b>NHSTDA</b>	NHS Trust Development Agency
<b>NHSP</b>	NHS Professionals
<b>NHSP</b>	Newborn Hearing Screening Programme
<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>NICU</b>	Neonatal Intensive Care Unit
<b>NIHR</b>	National Institute for Health Research
<b>NMC</b>	Nursing and Midwifery Council
<b>#NoF</b>	Fractured Neck of Femur
<b>NPSA</b>	National Patient Safety Agency
<b>NSF</b>	National Service Framework
<b>NTDA</b>	NHS Trust Development Agency

## O

<b>OBC</b>	Outline Business Case
<b>OD</b>	Organisational Development
<b>OJEU</b>	Official Journal of the European Union
<b>OLM</b>	Oracle Learning Management
<b>OMG</b>	Operational Management Group
<b>ONS</b>	Office for National Statistics
<b>OOH</b>	Out of Hours Service
<b>OP</b>	Outpatient
<b>OSC</b>	(local authority) Overview and Scrutiny Committee
<b>OT</b>	Occupational Therapist/Therapy



**P**

<b>PA</b>	Programmed Activities
<b>PAC</b>	Public Accounts Committee
<b>PACS</b>	Picture Archiving and Communications System
<b>PALS</b>	Patient Advice and Liaison Service
<b>PAM</b>	Premises Assurance Model
<b>PAS</b>	Patient Administration System
<b>PAS 5748</b>	Publicly Available Specification 5748 - provides a framework for the planning, application and measurement of cleanliness in hospitals
<b>PbR</b>	Payment by Results
<b>PCC</b>	Primary Care Centre
<b>PCT</b>	Primary Care trust
<b>PEG</b>	Patient Experience Group
<b>PFI</b>	Private Finance Initiative
<b>PHO</b>	Public Health Observatory
<b>PID</b>	Project Initiation Document
<b>PLACE</b>	Patient Led Assessment of the Care Environment
<b>PMO</b>	Programme Management Office
<b>PMR</b>	Provider Management Regime
<b>PPI</b>	Proton Pump Inhibitors
<b>PPI</b>	Patient and Public Involvement
<b>PR</b>	Public Relations
<b>PSED</b>	Public Sector Equality Duty
<b>PSQR</b>	Patient Safety, Quality and Risk Committee
<b>PTL</b>	Patient Tracker List

**Q**

<b>QA</b>	Quality Assurance
<b>Q&amp;A</b>	Questions and Answers
<b>QG</b>	Quality Governance
<b>QGAFF</b>	Quality Governance Assurance Framework
<b>QIA</b>	Quality Impact Assessment
<b>QIP</b>	Quality Improvement Plan
<b>QIPP</b>	Quality, Improvement, Prevention and Promotion
<b>QRP</b>	Quality Risk Profile
<b>QSG</b>	Quality and Safety Group

**R**

<b>R&amp;D</b>	Research and Development
<b>RA</b>	Registration Authority
<b>RAG</b>	Risk and Governance/Red Amber Green
<b>RCA</b>	Root Cause Analysis
<b>RCN</b>	Royal College of Nursing
<b>RCP</b>	Royal College of Physicians
<b>RCS</b>	Royal College of Surgeons
<b>RES</b>	Race Equality Scheme
<b>RFH</b>	Royal Free Hospitals NHS Foundation Trust
<b>RIDDOR</b>	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
<b>RSRC</b>	Risk Summit Response Committee
<b>RTT</b>	Referral to Treatment
<b>RTTC</b>	Releasing Time to Care

**S**

<b>SACH</b>	St Albans City Hospital
<b>SCBU</b>	Special Care Baby Unit
<b>SES</b>	Single Equality Scheme
<b>SFI</b>	Standing Financial Instructions
<b>SHMI</b>	Standardised Hospital Mortality Index
<b>SHO</b>	Senior House Officer
<b>SI</b>	Serious Incident
<b>SIC</b>	Statement of Internal Control
<b>SIRG</b>	Serious Incident Review Group
<b>SIRI</b>	Serious Incident Requiring Investigation
<b>SIRO</b>	Serious Incident Risk Officer
<b>SLA</b>	Service Level Agreement
<b>SLR</b>	Service Line Reporting
<b>SLM</b>	Service Line Management
<b>SMG</b>	Strategic Management Group
<b>SMS</b>	Security Management Service
<b>SOC</b>	Strategic Outline Case
<b>SOP</b>	Standard Operating Procedure
<b>SQ</b>	Safety and Quality
<b>SPA</b>	Supporting Professional Activity
<b>SRG</b>	System Resilience Group
<b>STEIS</b>	Strategic Executive Information System
<b>ST &amp; M</b>	Statutory and Mandatory
<b>STF</b>	Sustainability and Transformation Funding
<b>STP</b>	Sustainability and Transformation Partnership
<b>SUI</b>	Serious Untoward Incident (same as Serious Incident, more commonly used).

**T**

<b>T&amp;D</b>	Training and Development
<b>TDA</b>	Trust Development Authority (also known as NTDA)
<b>TEC</b>	Trust Executive Committee
<b>TLEC</b>	Trust Leadership Executive Committee
<b>TNA</b>	Training Needs Analysis
<b>T&amp;O</b>	Trauma and Orthopaedic
<b>TOP</b>	Termination of Pregnancy
<b>TOR</b>	Terms of Reference
<b>TPC</b>	Transformation Programme Committee
<b>TSSU</b>	Theatre Sterile Service Unit
<b>TUPE</b>	Transfer of Undertakings (Protection of Employment) Regulations
<b>TVT</b>	Tissue Viability Team

**U**

<b>UCC</b>	Urgent Care Centre
<b>UTI</b>	Urinary Tract Infection

**V**

**VFM** Value For Money  
**VSM** Very Senior Manager  
**VTE** Venous Thromboembolism

## **W**

**WACS** Women's and Children's Services  
**WBC** Watford Borough Council  
**WFC** Workforce Committee  
**WGH** Watford General Hospital  
**WHHT** West Hertfordshire Hospitals NHS Trust  
**WHO** World Health Organisation  
**WRVS** Women's Royal Voluntary Service  
**WTD** Working-time directive  
**WTE** Whole Time Equivalent (staffing)

## **Y**

**YTD** Year to date  
**YCYF** Your care, your future



# Coproduction: Developing our approach to engaging and involving local people and partners

David Thorpe Deputy Chief Nurse



# Coproduction - What is It?

**Service users, carers and communities work in an equal partnership, sharing responsibility in the development, design and delivery of services**

**Bovaird, 2006**



**No decision about me without me**

The Health and Social Care Act 2012

**“active consumer” rather than a “passive recipient”**



# Coproduction Board

healthwatch  
Hertfordshire

**NHS**  
West Hertfordshire  
Hospitals  
NHS Trust

- 2 Coproduction Board Meetings
- Great interaction with WHHT, CCG and various voluntary organisations – 23 members
- Showcasing presentations given from members each meeting
- 5 agreed projects to take forward
  - Carer awareness
  - Learning Disability Ask, Listen, Do more accessible complaints process
  - Non pharmacological induction of labour
  - Patient property
  - Therapy apps on ipads



# Project 1 - Accessible feedback and complaints process for people with learning disabilities



## A nationally survey of 1288 identified:

- Nine out of ten people said that they had wanted to raise a concern or make a complaint at some time
- Two out of three people said they sometimes or never knew how to do this
- Seven out of ten people said that they did not feel that their complaint(s) had changed the way the organisation supports people as a result.

## To support this we completed a WHHT search and found

2 complaints/issues raised through the PALS/complaints system in the previous 2 years from patients with learning disabilities and/or their carers

# What we are going to do

- Establish and facilitate a panel of 'Experts by Experience'
- Representation from patients, carers, staff and local voluntary organisations with lived experience
- Panel to assess the barriers to people with learning disabilities and/or autism in providing feedback about their care
- Panel to propose a more accessible feedback mechanisms for those with learning disabilities and/or autism. (e.g. easy read: guide, webpage, feedback forms, visual aids, explanatory videos, display boards, signage)
- Develop training for PALS and complaints staff and for patient facing staff and volunteers
- A vision for the Experts by Experience panel to meet virtually bimonthly to review and discuss complaint topics and how they support improvements and learning.



# Expected outcomes

## **An accessible, standardised survey will be undertaken pre and post implementation of more accessible feedback mechanisms**

- Increase in people with learning disabilities and/or autism and their carers reporting they know how to raise a concern or a complaint.
- Increase in people with learning disabilities and/or autism and their carers reporting that the process for raising concerns and providing feedback is easy to understand and accessible.
- Decrease in people with learning disabilities and/or autism and their carers reporting that they did not feel that their complaint(s) had changed the way the organisation supports people as a result.



# The future is ours to create

- Further develop trust and collaborative working within the Coproduction Board
- Continue to listen to members and their networks on what matters to them
- Develop further projects
- Develop more coproduction facilitators to support projects
- Facilitate an AGM for the Network



# Your thoughts and Questions?





**Declarations of board members and attendees interests  
03 December 2020**

**Agenda item: 04/86**

Name	Role	Description of interest
Phil Townsend	Chairman	<ul style="list-style-type: none"> <li>Son works for ATOS Sintel a separate legal entity wholly on work associated with the BBC</li> </ul>
Christine Allen	Chief Executive	None
Paul Bannister	Chief Information Officer	None
Dr Andy Barlow	Divisional Director, Medicine	<ul style="list-style-type: none"> <li>Barlow Medical Services Ltd</li> <li>Director, London &amp; Hertfordshire Respiratory Diagnostics Ltd</li> </ul>
John Brougham	Non-Executive Director	<ul style="list-style-type: none"> <li>Non-Executive Director and Chair of the Audit Committee of Technetix Ltd</li> </ul>
Helen Brown	Deputy Chief Executive	None
Tracey Carter	Chief Nurse and Director of Infection Prevention and Control	None
Paul Cartwright	Non-Executive Director	<ul style="list-style-type: none"> <li>Member of Charity Committee, West Hertfordshire Hospitals NHS Trust</li> <li>Member of Council of King's College London</li> </ul>
Paul da Gama	Chief People Officer	None
Helen Davis	Associate Non-Executive Director	<ul style="list-style-type: none"> <li>Director and shareholder at Brierley Advisory LLP</li> <li>Partner is senior civil servant at DHSC</li> </ul>
Ginny Edwards	Non-Executive Director (Vice-Chair)	<ul style="list-style-type: none"> <li>Trustee Peace Hospice Care (ended 6 October 2020)</li> <li>Director of Edwards Consulting Ltd</li> <li>Charity Committee for West Hertfordshire Hospitals NHS Trust</li> <li>Executive coaching for Cross sector leadership exchange (CSLE)</li> </ul>

Last updated: June 2020

Name	Role	Description of interest
		<ul style="list-style-type: none"> <li>• Executive support Public Health England</li> <li>• Volunteer organisation 'Help Force' advisor (Ended April 2020)</li> <li>• In Touch networks - coaching consultant (Ended April 2020)</li> <li>• Husband is CEO of The Nuffield Trust</li> <li>• Husband is Director of Edwards Consulting Ltd</li> <li>• Husband is a non-remunerated member of the Strategy Committee of Guy's and St Thomas's Charitable Trust</li> <li>• Trustee Infection Prevention Society</li> </ul>
Natalie Edwards	Associate Non-Executive Director	None
Louise Halfpenny	Director of Communications	None
Edwin Josephs	Non-Executive Director	<ul style="list-style-type: none"> <li>• Member of the Vine House Health Centre Patient Participation Group</li> </ul>
Jonathan Rennison	Non-Executive Director	<ul style="list-style-type: none"> <li>• Trustee of NHS Charities Together (formerly the Association of NHS Charities) (ended October 2020)</li> <li>• Change Management and strategy support with Kings College London</li> <li>• Director of Yellow Chair Ltd</li> <li>• Edgcombe Consulting - Associate</li> <li>• The Teapot Trust - Coaching</li> <li>• In Touch networks - coaching consultant</li> <li>• Charity Committee for West Hertfordshire Hospitals NHS Trust</li> <li>• Governance, strategy and business planning support to London North West University Healthcare NHS Trust - work is focused on their NHS Charity (Ended January 2020)</li> <li>• Organisational development, change management, leadership development with Quo Vadis Trust - mental health residential care and supported housing service. (Ended January 2020)</li> </ul>
Don Richards	Chief Financial Officer	None
Sally Tucker	Chief Operating Officer	None

Last updated: June 2020

Name	Role	Description of interest
Dr Mike van der Watt	Chief Medical Officer	<ul style="list-style-type: none"> <li>• Owner and Director Heart Consultants Ltd</li> </ul>
Mr Simon West	Divisional Director of Surgery , Anaesthetics and Cancer – from 01 April 2020	<ul style="list-style-type: none"> <li>• Director Northampton Hip and Knee</li> </ul>
Dr Anna Wood	Director of Governance	None



**TRUST BOARD MEETING IN PUBLIC**  
**05 November 2020**  
**Executive Meeting Room, Watford and via Zoom**

<b>Chair</b>	<b>Title</b>	<b>Attendance</b>
Phil Townsend	Chairman	Yes
<b>Voting members</b>		
Christine Allen	Chief Executive	Yes
John Brougham	Non-Executive Director	Yes (virtual)
Helen Brown	Deputy Chief Executive	Yes
Tracey Carter	Chief Nurse and Director of Infection Prevention and Control	Yes
Paul Cartwright	Non-Executive Director	Yes (virtual)
Ginny Edwards	Non-Executive Director (Vice-Chair)	Yes
Jonathan Rennison	Non-Executive Director (Senior Independent Director)	No
Don Richards	Chief Financial Officer	Yes (virtual)
Dr Mike Van der Watt	Chief Medical Officer	Yes
<b>Non-voting members</b>		
Dr Andy Barlow	Divisional Director, Medicine	Yes (virtual)
Paul Da Gama	Chief People Officer	Yes (virtual)
Helen Davis	Associate Non-Executive Director	Yes (virtual)
Natalie Edwards	Associate Non-Executive Director	Yes (virtual)
Sally Tucker	Chief Operating Officer	Yes
Paul Bannister	Chief Information Officer	Yes (virtual)
Dr Anna Wood	Director of Governance	Yes (virtual)
Dr Simon West	Divisional Director, Surgery, Anaesthetics and Cancer	Yes (virtual)
<b>In attendance</b>		
Laura Abel	Assistant Trust Secretary	Yes (virtual)
Meg Carter	Healthwatch Hertfordshire	Yes (virtual)
Michelle Sorley	Lead Macmillan Nurse	Yes (virtual)
Liz Sumner	Palliative Care Team Leader	Yes (virtual)
Rod While	Trust Secretary (notes)	Yes

**2 members of the public were in virtual attendance**

## MEETING NOTES

Agenda item	Discussion	Lead	Dead-line
<b>01/85</b>	<b>Opening and welcome</b>		
01.01	The Chairman welcomed the Board and members of the public to the meeting. He reminded presenters to assume that all papers had been read in advance of the meeting and advised members to ask questions of clarification or for additional assurance.		
<b>02/85</b>	<b>Patient story</b>		
02.01	The Chief Nurse introduced the item and the presenters Michelle Sorley (MS), Macmillan Nurse and Liz Sumner (LS) Palliative Care Team Leader		
02.02	<p>Liz Sumner informed the Board the following:</p> <ul style="list-style-type: none"> <li>Frank was referred to the palliative care team late one Friday evening. LS visited him on one of the wards after his transfer from Mount Vernon Hospital where he had been treated for metastatic lung cancer which had spread to the spine. He had gone to Mount Vernon because he had a fracture of the spine.</li> <li>He was wearing a hard collar and had been lying flat. LS saw him with the aim of improving his symptom control and a holistic needs assessment was completed. It emerged that he was in pain when he ate as the cancer had spread to his jaw.</li> <li>There were obvious mobility issues and he was short of breath. He was positive but frustrated by being in hospital.</li> <li>He had been working but was currently furloughed and was looking forward to returning to work.</li> <li>Whilst at the Trust he received a number adjustments to his antibiotics. Medication was prescribed to control his pain and also laxatives to help his constipation. High dose steroids were used to control swelling but this caused him to become manic and his discharge was delayed as a result.</li> <li>A plan was put in place to manage his fracture longer term and physiotherapists were involved in this.</li> <li>Psychological support was the most difficult. The same nurse specialist was involved in this and this involved a great deal of listening.</li> <li>He expressed a need to die at home and things could then be put in place for this to happen and a do not resuscitate discussion was held.</li> </ul>		
02.03	MS noted that this was a good story because it was a full illustration of what the palliative team were able to put in place in this kind of presentation. Cross organisational work had been very good and produced good outcomes for the patient.		
02.04	The Chairman thanked LS and MS for their excellent presentation.		
02.05	Paul Cartwright noted that the story reflected the progress the Trust had made in recent years.		
<b>OPENING</b>			
<b>03/85</b>	<b>Apologies for absence</b>		
03.01	Apologies were received from Jonathan Rennison		
<b>04/85</b>	<b>Declarations of interests,</b>		
04.01	No changes were reported to the declarations of interest from those circulated prior to the meeting.		



Agenda item	Discussion	Lead	Deadline
<b>05/85</b>	<b>Minutes of previous meeting</b>		
05.01	<b>Resolution:</b> The Board approved the minutes of the meeting of the Boards of WHHT and HVCCG on 1 October as a true and accurate record		
05.02	For the minutes of the Board meeting in Public 1 October 2020, the following points were made: <ul style="list-style-type: none"> <li>02.05 – add that the Chairman and CEO gave thanks for the work of the volunteers outside of the organisation.</li> <li>07.02 – state that Ginny Edwards remains the NED with responsibility for FTSU</li> <li>10.02 – “personal” should be added to protective equipment</li> <li>12.01 – the word “that” in second sentence to “about”.</li> <li>16.01 - one risk rather than two had been added to the risk register.</li> </ul>		
05.03	<b>Resolution:</b> The Board approved the minutes of the meeting of the Board in public on 1 October 2020 as a true and accurate record, subject to the amendments listed above.		
<b>06/85</b>	<b>Action log</b>		
06.01	It was noted the action was complete and should be closed.		
<b>07/85</b>	<b>Chair’s and Chief Executive’s report</b>		
07.01	The Chairman noted the following: <ul style="list-style-type: none"> <li>Edwin Josephs would join the Trust as a new NED on 16 November.</li> <li>MP Daisy Cooper had opened the new orthopaedic centre at St Albans City Hospital.</li> <li>A meeting was held with the CEO of ATOS to discuss the requirements of the Trust.</li> </ul>		
07.02	The Chief Executive noted the following: <ul style="list-style-type: none"> <li>October was freedom to speak up month.</li> <li>Congratulations were given to Tracey Carter, Chief Nurse and Matthew Knight, Consultant Physician who had been awarded MBEs.</li> <li>October was Black History Month and it was really important to recognise the contribution of black people.</li> <li>The Trust had been winners in two HPMA categories, HR Team of the Year and excellence in OD award for SMART.</li> <li>Professor Jo Martin, president of the Royal College of Pathologists, visited the microbiology department on 14 October and commended the Trust on its innovations</li> </ul>		
<b>08/85</b>	<b>Board Assurance Framework (BAF)</b>		
08.01	The Chief Executive introduced the report noting that it was the latest version. The BAF described how the Trust was managing the risks relating to the achievement of those objectives. All BAF risks were routinely evaluated at the appropriate Board Committees. She noted that all changes made to the BAF since the previous Board meeting were highlighted in red.		
08.02	<b>Resolution:</b> The Board approved the Board Assurance Framework.		

Agenda item	Discussion	Lead	Dead-line
<b>PERFORMANCE</b>			
<b>09/85</b>	<b>Activity Recovery Update &amp; Access Standards Performance</b>		
09.01	<p>The Chief Operating Officer introduced the report and informed the Board:</p> <ul style="list-style-type: none"> <li>• A&amp;E four hour standard had improved against the previous month.</li> <li>• There had been a slight improvement in performance on diagnostics.</li> <li>• Improvements had also been seen in referral to treatment.</li> <li>• All cancer standards had been achieved except for 31 days subsequent to surgery.</li> <li>• Overall referrals received for September was 81% compared to the previous September.</li> <li>• A number of patients had found it difficult to self-isolate prior to endoscopy and had declined appointments.</li> <li>• There had been a downward trend in presentations at A&amp;E but a 7.6% increase in ambulance conveyances, with a particular issue with mental health.</li> <li>• The UTC performance had been 98.4%.</li> <li>• 52 week performance had been a challenge with oral surgery, ENT and ophthalmology. This was being addressed with support from an external consultancy.</li> </ul>		
09.02	<p>Paul Cartwright asked whether it was possible to address 52 week waiters for ENT when much of this was out of the Trust's control. It was clarified that it was the triage service that was out of the Trust's control not the main part of the service.</p>		
<b>10/85</b>	<b>Integrated performance review</b>		
10.01	<p>The Chief Operating Officer introduced the report and gave the following headlines:</p> <ul style="list-style-type: none"> <li>• The COVID snapshot included in the paper was for 15 October. Currently the Trust was caring for 55 COVID patients, 6 of which were in ITU. 39 beds were currently closed due to outbreaks.</li> <li>• 241 members of staff were currently absent due to COVID.</li> <li>• The Trust remained committed to achieving the recovery trajectory targets expected. Any deviations from this were workforce related.</li> <li>• There had been business continuity incidents in October based on pressures earlier in the month.</li> <li>• An orthopaedic service had opened in St Albans</li> <li>• A new head of emergency planning had commenced in post.</li> <li>• The UK threat level had risen from substantial to severe. COVID level had risen to level 4.</li> </ul>		
10.02	<p>The Chief Nurse gave the following updates:</p> <ul style="list-style-type: none"> <li>• Nosocomial infections had continued to receive a great deal of focus with collaborative work taking place with the CCG and regional infection control team. Considerable action had been taken to manage internal COVID outbreaks and investigations to understand the learning.</li> <li>• Safe staffing also continued to be an area of focus, ensuring recruitment processes were in place and supporting the well-</li> </ul>		

Agenda item	Discussion	Lead	Dead-line
	<p>being of staff. Staffing had been approved for winter surge.</p> <ul style="list-style-type: none"> <li>• Continuity of carer for midwifery had been a focus of discussion at Quality Committee. This model had been shown to improve maternity outcomes and was part of the national ambition, especially for those from a BAME background.</li> <li>• Interviews for the Associate Nurse had taken place and the position had been appointed to.</li> <li>• The maternity visiting guidance had been reviewed with the local maternity and neonatal system and work had been carried out the enable a partner to attend a birth and also scans.</li> </ul>		
10.03	<p>The Chief Medical Officer gave the following updates:</p> <ul style="list-style-type: none"> <li>• Consultants were being redeployed to work with COVID patients.</li> <li>• The hospital redevelopment strategy had continued at pace with good engagement from the consultant workforce.</li> <li>• Appraisals had restarted with a very different and supportive format.</li> </ul>		
10.04	<p>The Deputy Chief People Officer gave the following updates:</p> <ul style="list-style-type: none"> <li>• Work was underway on a “valuing you” week which would be held from 23 November. This would provide focus in the Trust’s health and wellbeing work and to recognise the experiences of staff during the pandemic. Long service awards would also take place during that week.</li> <li>• Two successful system bids had taken place, the first relating to improving the occupational health service and the second formalising ongoing work relating to wellbeing.</li> <li>• The flu vaccination programme had performed well with 58% of staff receiving a vaccination.</li> <li>• A full plan relating to teaching hospital status has been restarted.</li> <li>• The Trust’s Inclusion Charter would be launched during November.</li> </ul>		
10.05	<p>The Chief Finance Officer gave the following updates:</p> <ul style="list-style-type: none"> <li>• The current report relates to month 6 which was the last report before the financial regime would change. Costs during the period had been fully covered by revenue.</li> <li>• Pay costs were below budget but non-pay costs were now higher than budget.</li> <li>• Capital expenditure had been very high with £50m spend planned.</li> </ul>		
10.06	<p>The Chief Information Officer gave the following updates:</p> <ul style="list-style-type: none"> <li>• Service provision had been stable with a low number of incidents.</li> <li>• EPR was progressing well and the assurance process involving national and regional teams continued with support from the finance team. A formal gateway review would take place on 6 November.</li> <li>• Recruitment had been very successful with regard to EPR.</li> <li>• Windows 10 technical work was complete and devices were being rebuilt and the capital business case had been approved.</li> <li>• The ATOS contract required renegotiation with the expansion of the Trust’s IT development programmes.</li> </ul>		
10.07	<p>The Chairman asked what was meant by the raising incident level to</p>		

Agenda item	Discussion	Lead	Dead-line
	level 4. The Chief Operating Officer informed the Board that the Trust awaited confirmation from NHS England as to detail on what this meant in practice.		
10.08	Paul Cartwright asked for clarity on what the Trust needed to do when the terror threat reached severe. The Chief Operating Officer noted that this involved being more aware of internal security arrangements and extra vigilance for the security team.		
10.09	Helen Davis asked what the implications were if the Trust did not spend capital budget as expected. The Chief Financial Officer stated that that would have a negative impact on spend in future years.		
<b>11/85</b>	<b>Complaints and PALS Annual Report</b>		
11.01	The Chief Nurse noted the report had been fully discussed at the Quality Committee and the Committee had noted the assurances regarding the overall improvement in responsiveness and also the reduction in complaints over the past few years.		
<b>12/85</b>	<b>Annual Report on Infection Prevention and Control</b>		
12.01	The Chief Nurse informed the Board that the report had been fully discussed at the Quality Committee and the Committee had noted the assurances around the management of infection prevention and control in line with the Health and Social Care Act. The majority of the report was pre-COVID and it was to be expected that the annual report for the current year would be very different in terms of content.		
12.02	John Brougham noted that the national average for surgical site infections was five times greater than was the case for the Trust and this was an excellent performance.		
<b>13/85</b>	<b>Annual disability equality standard report and Annual NHS workforce race equality standards report</b>		
13.01	<p>The Chief People Officer noted that that both papers had been discussion by the People, Education and Research Committee (PERC) and that there was a requirement to publish both reports. He noted that in the race equality report, there were two areas that the Trust appeared to be performing less well on. The first related to the likelihood of white Africans being appointed. However the system used did not take into account applications from overseas recruitment and therefore overseas recruitment is not captured as being shortlisted so the figure of 1.7 appeared worse than it actually was. For CPD funding, the perception of BAME staff was that they did not have as many opportunities to receive funding. However he noted that this was not the case.</p> <p>He noted that there was now a full time member of staff who was focused on diversity ad inclusion. There was a much more active BAME network than was previously the case.</p>		
13.02	In relation to the disability equality standard report the Chief People Officer informed the Board that the main issue debated at PERC was the low self-declaration of disability amongst staff and this required further work.		
13.03	John Brougham noted that there had been a previous discussion at Trust Board regarding the fact that for non-clinical areas it was only the finance department that included a significant number of BAME staff. He asked whether there had been any improvement on this. The Chief People Officer stated that the Trust would be implementing balanced recruitment panels in order to help address this. A positive action programme was also being implemented to help develop BAME		

Agenda item	Discussion	Lead	Dead-line
	members of staff.		
<b>14/85</b>	<b>Strategic Priorities update</b>		
14.01	The Deputy Chief Executive noted that the inpatient chemotherapy pathway had gone live on the Watford site. She also drew the Boards attention to the update on the Mount Vernon Cancer Centre. She noted that focus had recently increased on the development of an Integrated Care Partnership (ICP) and discussions were being progressed on a joint transformation programme.		
14.02	The Chairman asked for further information on the Cath lab and the nature of what was taking place. The Deputy Chief Executive noted that this had been redesigned with new equipment and infrastructure.		
14.03	John Brougham asked where the Trust was on the strategy relating to pathology services. The Chief Financial Officer noted that the original direction from the regulator was to consolidate pathology without the use of capital due to considerable private sector capacity. More recently it had been noted that there had been concern from the national teams that plans to use private sector capital were not appropriate. The Trust awaits feedback on whether the current approach was the correct way forward.		
14.04	Paul Cartwright asked for detail on the performance of the Urgent Treatment Centre. The Deputy Chief Executive noted that there was an urgent care programme board in place with the CCG and the feedback broadly was that relationships on the ground were good, though there had been some issues as the service was not yet seeing the predicted number of patients. It was noted that there was a contract review meeting taking place on 9 November and feedback on this would be communicated at the next Trust Board meeting. <b>ACTION:</b> HB to include feedback on the UTC contract review meeting in the strategic priorities report for the December Board.	HB	Nov 2020
<b>15/85</b>	<b>Updated Standing Financial Instructions, Standing Orders and Scheme of Delegation</b>		
15.01	The Chief Financial Officer noted that there had been little change in any of the three documents. The Audit Committee had recommended the policies for approval by the Trust Board. On the Standing Financial Instructions (SFIs) he noted that there was a revised description of waivers. For the standing orders and Scheme of Delegation, the Great Place Committee had been added to those policies.		
15.02	<b>RESOLUTION:</b> The Board approved the revised Standing Financial Instructions, Standing Orders and Scheme of Delegation		
<b>16/85</b>	<b>Corporate Risk Register</b>		
16.01	The Chief Medical Officer noted that the Risk Review Group last met on 12 October and the risk register was also reviewed at Quality Committee on 29 October. There were 22 open risks, 4 of which were related to COVID and there was one new risk relating to IT issues with software used in radiology.		
16.02	<b>RESOLUTION:</b> The Board approved the Corporate Risk Register.		
<b>17/85</b>	<b>Assurance Report from the Trust Management Committee</b>		
17.01	The Chief Executive noted that the report covered the meetings that took place in September.		
<b>18/85</b>	<b>Assurance Report from the People, Education and Research Committee</b>		
18.01	Natalie Edwards highlighted the discussion that had been held on workforce support and wellbeing and that the HR team were performing		

Agenda item	Discussion	Lead	Dead-line
	well on this issue.		
<b>19/85</b>	<b>Assurance Report from the Finance and Performance Committee</b>		
19.01	The Board noted the report.		
<b>20/85</b>	<b>Assurance Report from the Quality Committee</b>		
20.01	The Board noted the report.		
<b>21/85</b>	<b>Assurance Report from the Audit Committee</b>		
21.01	The Board noted the report.		
<b>22/85</b>	<b>Questions from Hertfordshire Healthwatch</b>		
22.01	<p>Meg Carter of Healthwatch Hertfordshire asked a number of questions. On the complaints report she asked whether the ability of frontline staff to respond to patient concerns had improved. The Chief Nurse stated that the Trust had maintained performance on response to complainants. Staff had continued to carry out local resolution meetings albeit in a different way and had responded to complaints in a timely manner.</p> <p>She noted that the UTC procurement for Hemel Hempstead had been paused and asked for further detail on this. The Deputy Chief Executive noted that the plan had been to jointly procure for Hemel Hempstead and St Albans and this was a national programme. With the pandemic, the minor injuries units at St Albans had closed, primarily for due to workforce constraints and the need to maintain St Albans as a COVID free site. It had been agreed with the CCG that there would be a review of the service model and there were a number of potential options. The CCG was leading this piece of work.</p> <p>She asked whether the new lockdown restrictions would impact on volunteer services at the Trust. The Chief Nurse stated that volunteers would continue to be used but some of the more mature volunteers had not yet returned since the first lockdown.</p>		
<b>23/85</b>	<b>Questions from the patients and members of the public</b>		
23.01	There were no questions from members of the public.		
<b>24/85</b>	<b>Date of the next Board meeting</b>		
24.01	3 December 2020		

BOARD AND CORPORATE TRUSTEE DECISION LOG			
Board meeting/decision date	Decision reference (from minutes)	Item presented to Board for action	Comments/outcome
3/5/2020	13.03/80	2019 annual gender gap report	The Board approved the 2019 annual gender gap report.
3/5/2020	14.03/80	2019 annual equality report	The Board approved the 2019 annual equality report for publication.
3/5/2020	15.02/80	2018/19 medical appraisal annual audit report	The Board approved the 2018/19 medical appraisal annual audit report for submission.
3/5/2020	17.02/80	Proposal to extend the patient administration system contract	The Board approved the extension of the contract and the completion of a waiver
3/5/2020	18.03/80	Corporate risk register report	The Board approved the corporate risk register
4/2/2020	07.05/81	Board Assurance Framework	The Board approved the draft Board Assurance Framework.
4/2/2020	16.03/81	Outline business case for electronic patient record programme	The Board approved option C of the outline business case and to explore further approaches to deploy the EPR and other potential funding solutions.
4/2/2020	17.03/81	Business case for managed print service	The Board approved the business case to negotiate a six month extension to the current managed print service contract and to proceed to tender for a new contract.
4/2/2020	19.02/81	2020/22 corporate objectives	The Board approved the 2020/22 strategic objectives subject to the measures being re-based following the COVID-19 pandemic.
4/2/2020	20.03/81	Corporate risk register report	The Board approved the corporate risk register
4/2/2020	23.02/81	Assurance report from Charity Committee	The Corporate Trustee approved 1) the establishment of an urgent appeal to raise funds to support staff and volunteers working on the frontline to manage the COVID-19 virus and 2) the use of dormant funds for the purpose detailed above
5/7/2020	08.02/82	Board Assurance Framework	The Board approved the draft Board Assurance Framework
5/7/2020	08.07/82	Corporate risk register report	The Board approved the corporate risk register
5/7/2020	13.03/82	2020/21 budget	The Board approved the financial plan for the year, noting the potential to refresh in August pending NHSE/I advice.
5/7/2020	14.03/82	Contract for enabling works to support the multi-story car park at Watford hospital	The Board approved the use of emergency powers to make the contract award decision
5/7/2020	16.02/82	Annual statement of actions taken in 2019/20 to prevent slavery and human trafficking	The Board approved the annual statement on actions taken in 2019/20 to prevent slavery and human trafficking
5/7/2020	17.03/82	Board and committee governance: 2020/21 terms of reference and work plans	The Board approved the terms of reference and work plans for the Trust Board and committees
5/7/2020	22.02/82	Annual report and accounts	The Board approved the delegation of the approval of the final annual report and accounts to the audit committee.
6/4/2020	06.04/83	The replacement of two catheter labs	The Board ratified the urgent decision made in respect of the replacement of two catheter labs.
6/4/2020	16.03/83	Capital expenditure programme	The Board approved the capital expenditure programme for 2020/21
6/4/2020	19.07/83	Board self assessment of effectiveness	The Board approved the assessment of effectiveness subject to a small number of amendments
7/2/2020	12.04/81(part 1)	Theatres redevelopment	The Board delegated authority to the Finance and Performance Committee to approve the business case for theatres at its meeting in July*
7/2/2020	13.02/81 (part 1)	Corporate risk register report	The Board approved the corporate risk register*
7/2/2020	19.01/81 (part 1)	Charity funding requests	The Corporate Trustee ratified the funding requests of over £25k as listed in the assurance report*
7/2/2020	11.02/84 (part 2)	Procurement of a design team and other specialist services to support the OBC	The Board approved the proposal to delegate authority to the Great Place Programme Board to confirm the appointment of a design team*
7/2/2020	13.03/84 (part 2)	Integrated Care System (ICS) governance	The Board approved the Trust's proposed feedback on the ICS governance proposals as outline in the paper
7/2/2020	15.01/81 (part 2)	Electronic Patient Record business case	The Board approved that an extraordinary Board meeting be set up for the Board to review the business case
8/13/2020	04.09/85 (Extraordinary Board meeting)	Electronic Patient Record (EPR)	The Board approved the following: <ul style="list-style-type: none"> <li>The timetable set out for FBC and coming back to board for approval in October.</li> <li>The spend through to December of £5.4m, subject to written confirmation of funding.</li> <li>The risk related to procurement challenge, subject to confirmation that there was no risk to individual Board members.</li> <li>The formal launch of the programme</li> </ul>
9/3/2020	08.03/82	Board Assurance Framework	The Board approved the Board Assurance Framework
9/3/2020	15.02/82	Corporate Risk Register	The Board approved the Corporate Risk Register
9/3/2020	16.03/82	Great Place Committee Terms of Reference	The Board approved the Terms of Reference for the Great Place Committee
9/3/2020	10.04/86 (Part 2)	Phase 3 Recovery Letter	The Board approved the recommendation to delegate to the Executive team final sign off of the forecast submission to the ICS
10/1/2020	06.04/83	Redevelopment options shortlist	Taking into consideration all of the information and analysis provided by the option appraisal report, emergency care high level risk assessment, the communications and stakeholder engagement report and the independent site feasibility report the WHHT Board: <ol style="list-style-type: none"> <li>Approved the proposed shortlist and preferred options for emergency and planned care</li> <li>Noted the activities undertaken over the past four months to ensure that local people are informed of and engaged in planning for the redevelopment of WHHT hospital facilities.</li> <li>Approved the recommended actions to address and mitigate the key concerns identified via the engagement activities summarised within the stakeholder engagement report.*</li> </ol>
10/1/2020	08.03/84	Board Assurance Framework	The Board approved the Board Assurance Framework
10/1/2020	15.05/84	Office relocation of HR and finance staff	The Board approved the proposals for office relocation as set out in the business case
10/1/2020	16.02/84	Corporate Risk Register	The Board approved the Corporate Risk Register
10/1/2020	21.02/84	The current charity investment strategy	The Corporate Trustee supported the current investment strategy be continued
10/1/2020	21.02/84	Outsourced charity finance function	The Corporate Trustee supported the move to an outsourced finance function
10/1/2020	21.03/84	£10k contribution to an endoscopy simulator	The Corporate Trustee approved a £10k contribution to an endoscopy simulator
10/1/2020	21.03/84	Contribution to staff wellbeing facilities	The Corporate Trustee approved up to £150k for staff wellbeing facilities at Watford, St Albans and Hemel Hempstead
10/1/2020	09.06/87 (Part 2)	Full Business Case for Electronic Patient Record	The Board approved the Full Business Case for EPR
10/1/2020	09.07/87 (Part 2)	Electronic Patient Record	The Board delegated authority to the Chairman, the Chief Executive and two NEDS to approve the contract for the interim solution
11/5/2020	08.02/85	Board Assurance Framework	The Board approved the Board Assurance Framework*
11/5/2020	15.02/85	Revised Standing Financial Instructions, Standing Orders and Scheme of Delegation	The Board approved the revised Standing Financial Instructions, Standing Orders and Scheme of Delegation*
11/5/2020	16.02/85	Corporate Risk Register	The Board approved the Corporate Risk Register*

\* Subject to final Approval of minutes







## Action log Part 1 – 03 December 2020

Ref No.	Action from agenda item	Action	Lead for completing the action	Date to be completed	Update
1	14.04/85	HB to include feedback on the UTC contract review meeting in the strategic priorities report for the December Board.	HB	03 December	Completed





**Trust Board Meeting  
03 December 2020**

<b>Title of the paper</b>	<b>Chairman and Chief Executive report</b>			
<b>Agenda Item</b>	<b>08/85</b>			
<b>Presenter</b>	<b>Phil Townsend, Chairman and Christine Allen, Chief Executive</b>			
<b>Author(s)</b>	<b>Rod While, Trust Secretary</b>			
<b>Purpose</b>	For approval	For discussion	For information ✓	
<b>Executive Summary</b>	The aim of this paper is to provide an update to the Board on items of national and local interest/relevance.			
<b>Trust strategic aims</b>  <i>(please indicate which of the 4 aims is relevant to the subject of the report)</i>	Aim 1 Best quality care  Objectives 1-5  ✓	Aim 2 Great place to work  Objectives 6-8  ✓	Aim 3 Improve our finances  Objective 9  ✓	Aim 4 Strategy for the future  Objective 10-12  ✓
<b>Links to well-led key lines of enquiry</b>	✓ Is there the leadership capacity and capability to deliver high quality, sustainable care? ✓ Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? ✓ Is there a culture of high quality, sustainable care? ✓ Are there clear responsibilities, roles and systems of accountability to support good governance and management? ✓ Are there clear and effective processes for managing risks, issues and performance? ✓ Is appropriate and accurate information being effectively processed, challenged and acted on? ✓ Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? ✓ Are there robust systems and processes for learning, continuous improvement and innovation? ✓ How well is the trust using its resources?			
<b>Previously considered by</b>	Committee/Group N/A		Date	
<b>Action required</b>	The Board is asked to receive the report for information.			




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**Trust Board Meeting – 03 December 2020**
**Chairman and Chief Executive's report**
**Presented by: Phil Townsend, Chairman and Christine Allen, Chief Executive**


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**1. PURPOSE**

The aim of this paper is to provide an update on items of national and local interest/relevance to the Board. Please note that due to the current restrictions in place due to COVID-19 the December meeting is only open to members of the public via Zoom.

**2. NEWS AND DEVELOPMENTS**
**Trust News**

- 2.1. We officially welcome Edwin Josephs to the Trust Board as Non-Executive Director (NED). He will take the chair of the Audit subcommittee and be second NED on People, Education & research (PERC). Paul Cartwright will move to Chair Finance & Performance Committee and be second NED on Great Place Committee. Helen Davies will be second NED on Audit Committee. Natalie Edwards will be Chair of Remuneration Committee. Natalie has also agreed to be the WHHT NED lead for Well-being. The NED chairs will be working with the Executive leads to ensure a smooth transition, a review of work plans and all papers stay on schedule. Organisational and governance maps will be updated to reflect the above.
- 2.2. I want to express my thanks and appreciation to John Brougham. John joined the Trust as a NED during a difficult time and quickly started to apply his huge financial knowledge. He's been a massive supporter of the Trust and its goals. The December Board is his last ahead of retiring at Christmas. On behalf of the Board and the organisation I want to record our thanks to John.
- 2.3. We are pleased to announce that the Trust has been moved from segment 3 to segment 2 of the oversight framework. This essentially means a move from "mandated support" from the regulators to "targeted support". The NHS England and NHS Improvement Regional Team noted that:
  - Following the CQC visit in January 2020, the ratings for "safe", "effective" and "well-led" had all improved and inspectors had observed the overall improvement and a number of areas of good practice.
  - The Trust had continued to demonstrate a financial grip and control
  - There had been significant improvements in reducing the referral to treatment backlog and the number of 52 week waiters.

We would like to thank all of our staff for the all of their hard work in driving forward these real and tangible improvements.
- 2.4. Throughout October, the Freedom to Speak Up Guardian and Champions visited many wards and departments across our three hospital sites and gave away over 700 water bottles as part of the awareness raising activities around Freedom to Speak Up (FTSU).

We also installed a new FTSU post box on each site. These are locked, secure boxes where staff can post their concerns.

- 2.5. We launched our new Compassionate Leadership programme on Monday 23 November, as part of our #WeValueYou week. This year has been a really tough one for many of us and the programme is a new way for #TeamWestHerts to value and look after each other by leading with care and compassion during this difficult time. During the week, the Learning and Development team ran two half-hour sessions at lunchtime throughout #WeValueYou week (Monday 23 - Friday 27 November).

#### **MP Updates**

- 2.6. Briefings were held in November with MP briefings including Daisy Cooper (St Albans), Dean Russell (Watford) and Mike Penning (Hemel Hempstead)

#### **Other Meetings**

- 2.7 The Chairman has conducted the following business on behalf of the Trust:
- Met the families and love ones at the opening of the memorial garden
  - Several chair to chair meetings across the ICP and ICS
  - Radiology tour with Martin Keble (Divisional Director, Clinical Support) at Hemel Hempstead.
  - Consultant Interviews for Emergency Medicine
  - Attended Board Committees
  - Clinical excellence panel
  - Long Service awards
  - ICP development workshop

### **3. BOARD NEWS**

#### **Board visit programme**

- 3.1. As part of the monthly Board visit programme, the Board visited three areas at Watford hospital in November 2020, these were levels 4, 5 and 6 Princess Margaret of Kent wing. A further "virtual" visit was made to De La Mare and Beckett Wards at St Albans Hospital. Verbal feedback from the visits was received in the private session of the Board meeting in November 2020 and will be included in a bi-annual engagement Board report.

### **4. SYSTEM NEWS**

- 4.1. NHS England has proposed legislation to abolish Clinical Commissioning Groups (CCGs) by April 2022. If approved, this will mean that Integrated Care Systems (ICS) will be given statutory status and will pick up CCGs current commissioning responsibilities. It is also proposed that provider trusts will be expected to be part of provider collaboratives and guidance on this will be published in early 2021. Organisations have until 8 January to give their views on the proposals.

### **5. RECOMMENDATION**

- 5.1. The Board is asked to receive the report for information.





**Phil Townsend**  
Chairman

**Christine Allen**  
Chief Executive

**November 2020**



### Trust Board Meeting 05 November 2020

<b>Title of the paper</b>	Board assurance framework report			
<b>Agenda Item</b>	09/86			
<b>Presenter</b>	Christine Allen, Chief Executive			
<b>Author(s)</b>	Rod While, Trust Secretary			
<b>Purpose</b>	<i>For approval</i>	<i>For discussion</i>	<i>For information</i>	
	✓			
<b>Executive Summary</b>	<p>This report is to provide the Board with assurance that risks to achieving the Trust's objectives are being appropriately mitigated, to consider those elements that report direct to Board and any escalated from Board to Committees with regard to gaps in control or assurance.</p> <p>The majority of risks are managed through Board committees, supported by reports to the Board. The Board Assurance Framework (BAF) has been cross referenced against the operational risks on the corporate risk register.</p> <p>Over the past months, the BAF has been reviewed and refreshed and now reflects the 2020/21 corporate objectives and the on-going impact of COVID-19.</p> <p>All changes to the BAF since the last Board Report are marked in red.</p>			
<b>Trust strategic aims</b>	Aim 1 Best quality care  Objectives 1-5	Aim 2 Great place to work  Objectives 6-8	Aim 3 Improve our finances  Objective 9	Aim 4 Strategy for the future  Objective 10-12
	✓	✓	✓	✓
<b>Links to well-led key lines of enquiry</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Is there the leadership capacity and capability to deliver high quality, sustainable care?</li> <li><input checked="" type="checkbox"/> Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</li> <li><input checked="" type="checkbox"/> Is there a culture of high quality, sustainable care?</li> <li><input checked="" type="checkbox"/> Are there clear responsibilities, roles and systems of accountability to support good governance and management?</li> <li><input checked="" type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance?</li> <li><input checked="" type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on?</li> <li><input checked="" type="checkbox"/> Are the people who use services, the public, staff and external partners</li> </ul>			

	<p>engaged and involved to support high quality sustainable services?</p> <p><input checked="" type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation?</p> <p><input checked="" type="checkbox"/> How well is the trust using its resources?</p>
<b>Previously considered by</b>	<ul style="list-style-type: none"> <li>• Finance and Performance Committee</li> <li>• Quality Committee</li> </ul>
<b>Action required</b>	<p>The Board is asked to approve the Board Assurance Framework</p>




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**Trust Board meeting – 03 December 2020**
**Board Assurance Framework report**
**Presented by: Christine Allen, Chief Executive**


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**1. Purpose**

- 1.1 This report aims to provide the Board with assurance that risks to achieving the Trust's objectives are being appropriately mitigated, to consider those elements that report direct to Board and any escalated from Board to Committees with regard to gaps in control or assurance.

**2. Background**

- 2.1 All NHS Trusts are required to use a Board Assurance Framework (BAF), not least because it's been proven good practice for many years in both healthcare and a whole range of complicated high-risk organisations. In short, a BAF is a list of the promises made by the Trust and an assurance that these will be delivered despite all the challenges faced by the Trust on the way. The BAF "live" document that changes over time, and in particular it picks up all the controls that the Trust has in place to manage, minimise and/or remove the identified risks and points towards concise and comprehensive evidence that the controls are working.
- 2.2 The BAF forms part of the Trust's overall board assurance and integrated risk management arrangements. It brings together three things:
- The Trust's four aims and 14 underpinning strategic objectives
  - A headline summary of all the issues (risks) that might get in the way of achieving those objectives
  - A headline summary of what the Trust is doing about those issues, along with a concise description of how the Board can be assured that what is being doing is working.
- 2.3 All changes to the BAF since the last Board Report are marked in **red**.

**3. Next steps**

- 3.1 Once approved by the Board, the relevant elements of the BAF will be submitted to and discussed by the key committees overseeing the delivery of the four aims of the Trust:
- Aim 1 Best Care – Quality Committee
  - Aim 2 Best Value – Finance and Performance Committee
  - Aim 3 Great Team - People, Education and Research Committee
  - Aim 4 Great Place – Great Place Committee
- 3.2 The standard operating procedure for the BAF will be updated to reflect the new format and will be circulated to appropriate staff.

**4. Risks**

- 4.1 There is a risk that failure to keep effective oversight of the Trust's key risks may lead to the Trust not achieving its organisational strategic aims and objectives.

**5. Recommendation**

- 5.1 The Board is asked to approve the recommended changes made by the lead Directors.

**Christine Allen**  
**Chief Executive**

November 2020

Appendix 1 Board Assurance Framework

BOARD ASSURANCE FRAMEWORK 2020/21

Strategic Objective 2020/21	Breakthrough Objective (priority areas of focus for 2020-22)	Breakthrough Measure	Risks Identified	Exec lead	Lead Committee	Link to Corporate Risk Register	Link to Standards	Rating of risk to delivering objective	Key Controls	Control Gaps	Identified assurance	Assurance Gaps	Actions to Address gaps (controls and assurance)				
What the organisation aims to deliver (outcome required)			Risk no What could prevent us from meeting this objective?	Board level responsible	The sub-committee responsible for	Risks scored 15 and above	CQC, NHSLA, HSE, etc.	Low/Medium/High	What controls have been put in place to mitigate the risk?	What are the key gaps in controls?	1. First line of assurance (divisional)	Where we are not gaining	Actions to address control and assurance gaps. (Exec lead, Time scale)	Update			
AIM 1: BEST CARE	Mortality (SHM & HSM): 'as expected or better than expected' for HSMR and for SHM.	Available from: From free care: continuous improvement and better than national average for new pressure ulcers, falls with harm, new venous thromboembolism, urinary tract infections (in patients with a catheter) and a fall	1a	Increase mortality due to COVID-19 and non-COVID-19 patients	Chief Medical Officer	Quality Committee	4272	CQC	High	1. Monthly and monthly meetings 2. Structural judgement review process fully embedded 3. Operational Governance meetings 4. Consultant cadets and medical trainees fully established 5. Quality, Mortality review group 6. Quality Committee reports 7. Dr Foster Mortality reports	The effect of Covid-19 on mortality has not been precisely known. Performance, in a number of patients to attend ED is significant.	1. Divisional governance meeting, 2. Quality Committee 3. Dr Foster	At Covid-19 a new disease, the medium term effects are unknown	1. No additional actions are currently possible	001	01/12/2020	
			1b	% deaths reduced by a medical professional, evidence of learning, from deaths (30 annual report to CEO)	Chief Nurse	Quality Committee	4287	CQC, HSE	High	1. Infection & Prevention control panel 2. Governance Framework 3. Decontamination 4. IMT Recovery	Continuously changing national guidance based on increasing evidence as we move through the pandemic.	1. Risk analysis 2. Quality Committee reporting 3. CQC review/accident reporting	At Covid-19 a new disease, the medium term effects are unknown	1. Ongoing education on evidence available 2. Staff training to support development of skills 3. Develop a project management approach to develop a repository for the evidence 4. Staff & Training programme 5. Develop PR reporting of key elements i.e. nosocomial infections, testing	1. Actions completed and in place. UKCAF reporting part of CE workshops and repository in place on PACS. RCA's completed for Covid cases over 7 days. Staff training in place and business cases developed and approved. Further monitoring in place and to review further actions with new RCP guidelines. 2) Variation review 3) Monitor JCI and Covid risks 4) Assessment for Covid prevention and local discussion. 5) Review again in December 20	001	01/12/2020 31/12/2020
			1c	Reduce the gap between weekend and week day mortality to prevent Covid-19 outbreaks in a hospital setting. 2 or more confirmed cases in the same ward/critical care in the preceding 14 days. To be used in conjunction with the categories of hospital-acquired infection. The categories help to distinguish between hospital and community-acquired infections. Cluster 2 or more confirmed cases of COVID-19 among staff / hospital visits 14 days	Chief Nurse	Quality Committee	4287	CQC, NCB	High	Daily staffing review meetings, E-roster and 8PT, with use of 'Safe Care' (Senior clinical to review staffing and 2000 Min in and 2000 Set-out)	Continuously changing national guidance based on increasing evidence as we move through the pandemic.	1. Divisional Quality Surveys 2. Quality Improvement Forum (QIF) 3. Bi-annual establishment review 4. Quality Committee reporting and PR 5. NICE review and level 4 attainment	None	1. Quality impact assessments to be undertaken of templates 2. Staff training to support development of skills 3. Develop a project management approach to develop a repository for the evidence 4. Staff & Training programme 5. Develop PR reporting of key elements i.e. nosocomial infections, testing	1. Quality Impact Assessment completed and also a review of COVID templates. High score note embedded and to continue this financial year 2. Education and Training courses recommended 3. Focus on international recruitment with COVID training recommended 4. Monitor position introduced into the Staff Free Care team to support surveillance and improvement. Review February 2021	001	01/12/2020 31/12/2020
			1d	Harm free care in line with or above national average and staff fall rate above 90%	Chief Medical Officer	Quality Committee	4272	CQC	High	Adherence with 7 day working standards, DMMF support to ED. Improved patient flow. Clinical Outreach service. Sepas covering	The effect on COVID has been profound, and injury mortality has been seen throughout the UK. Reduction in outpatient capacity, access to primary care may further reduce our capacity to apply 7 day working standards, and a second wave of COVID would once again severely test our ability to provide intensive interventions	1. Divisional governance meeting, 2. Quality Committee 3. Dr Foster	At Covid-19 a new disease, the short and medium term effects are unknown, especially if we get another outbreak	None	001	01/12/2020	
			1e	25% reduction in a fall by 2021	Chief Nurse	Quality Committee		NHSLA	Medium	RCA process for all cases Review of all patients admitted with a catheter	Design and management of catheter services across the trust	1. Cell working group with the CCG 2. IPAC	1. Reporting of all catheter insertion and use of patients 2. Hydration project 3. Catheter usage and the catheter restriction programme	1. Review and update catheter care plan 2. Review and update catheter care plan	001	30/09/21	
			1f	PFPE training Downing and Duffing areas	Chief Nurse	Quality Committee			Medium	PFPE training Communication campaigns/posters for Reception areas	Compliance with the wearing of PFPE	1. PFPE panel 2. Review governance reporting on PFPE	1. Consistent compliance in the wearing of PFPE 2. Risk assessing correct PFPE usage 3. PPE sign checks 4. Safety message and check of PFPE at handover 5. Training films development	1. Actions completed and ongoing. PFPE being reviewed according to new PPE guidance and updated guidance issued. To continue with current actions and review again in December 20	001	01/12/2020 31/12/2020	
			2a	% of patients seen in primary care led LTC model	Chief Operating Officer	Quality Committee	4210	NHS Constitution National waiting times standards	High	1. Demand management 2. Prevention of LTCs as an alternative to the acute COVID the advice & guidance offer to primary care (acute admission avoidance) 3. Referral SMMT (admission avoidance) 4. Integration of COVID / Non COVID pathways 5. Daily overnight in place 6. IT performance improvement programmes & Access meetings 7. Ambulance handover improvement plan	1. Inability to influence demand 2. Capacity constraints due to social distancing requirements reduce flow 3. PPE requirements impact on flow to correct diagnosed bed base 4. Workforce constraints (safety rate & absence related to COVID 19)	1. Daily performance insight 2. Check ED presentation and transition plans 3. Discharge working group 4. Patient flow transformation board 5. ED team check in with CIO 6. Patient Management Committee 7. Finance & Performance Committee 8. Patient Care Programme Board (with WCCG) 9. System resilience group 10. Local Governance Board 11. High Impact Review Group 12. WCCG Control & Quality Review Meeting	At Covid-19 a new disease the short and medium term effects are unknown and the impact on demand for emergency services is therefore considerable	1. No additional actions are currently possible	001	31.12.20	
			2b	Performance against trajectories	Chief Operating Officer	Quality Committee	3826 4210	NHS Constitution National waiting times standards	High	1. Demand management 2. Prevention of LTCs as an alternative to the acute COVID the advice & guidance offer to primary care (acute admission avoidance) 3. Referral SMMT (admission avoidance) 4. Integration of COVID / Non COVID pathways 5. Daily overnight in place 6. IT performance improvement programmes & Access meetings 7. Ambulance handover improvement plan	1. Inability to influence demand 2. Capacity constraints due to social distancing requirements reduce flow 3. PPE requirements impact on flow to correct diagnosed bed base	1. Daily performance insight 2. Check ED presentation and transition plans 3. Discharge working group 4. Patient flow transformation board 5. ED team check in with CIO 6. Patient Management Committee 7. Finance & Performance Committee 8. Patient Care Programme Board (with WCCG) 9. System resilience group 10. Local Governance Board 11. High Impact Review Group 12. WCCG Control & Quality Review Meeting	At Covid-19 a new disease the short and medium term effects are unknown and the impact on demand for emergency services is therefore considerable	1. No additional actions are currently possible	001	31.12.20	
			2c	Failure to deliver LTCs in line with planned delivery rates	Deputy Chief Executive	Quality Committee			Medium	1. Patient Experience Group 2. Family Liaison Unit 3. Patient Liaison Unit 4. Patient Liaison Unit 5. Patient Liaison Unit 6. Patient Liaison Unit 7. Patient Liaison Unit 8. Patient Liaison Unit 9. Patient Liaison Unit 10. Patient Liaison Unit	1. Programme plan for procurement of HRSG and SACH LTCs to be finalised	1. Urgent Care Programme Board - joint with HVCCG 2. Update to Board on Service Delivery	1. Finalise programme plan for procurement of HRSG and SACH LTCs	001	30/09/21		
			2d	COVID-19 outbreak negatively impacts on patient experience	Chief Nurse	Quality Committee	4289 4287	CQC	High	1. Patient Experience Group 2. Family Liaison Unit 3. Patient Liaison Unit 4. Patient Liaison Unit 5. Patient Liaison Unit 6. Patient Liaison Unit 7. Patient Liaison Unit 8. Patient Liaison Unit 9. Patient Liaison Unit 10. Patient Liaison Unit	1. National PPE policy and the challenges that it brings with effective communication 2. Due to existing restrictions reduced MDT communication with family	1. Discharge Working Group 2. Patient Experience Group 3. Quality Committee 4. Trust Management Committee 5. Healthcare reports	1. Monitor PACS. Complaints and thank you correspondence. 2. Compensate conversation of staff service to be considered, which will get valuable patient feedback. 3. Continue healthcare research to monitor the feedback challenge from their members. 4. Coproduction work with healthcare and reporting to PEG and DC.	1. Continue to review complaints and PACS to enable them to be monitored. Call back service continue to operate with no major themes emerging. But patient have been reviewed at source i.e. medication explanation, CT delivery, patient discharge follow up. Coproduction board project reduction documents being completed and reviewed. Future coverage support with CPG and redevelopment. Operational information being used to update coproduction board members and their networks. PEG reviewing of CQC Patient survey to enable corporate focused support. Review again in March 21	001	01/12/2020 31/12/2020	
2e	Failure to communicate effectively with our patients and carers and improve the experience of discharge	Chief Nurse	Quality Committee	4207	CQC	Medium	1. Discharge working group 2. Discharge checklist 3. Discharge and ward based performance analysis 4. EPR 5. Comprehensive conversation call back service 6. Electronic discharge letters 7. Communication bundle reviewed	1. National PPE policy and the challenges that it brings with effective communication 2. Due to existing restrictions reduced MDT communication with family	1. Discharge Working Group 2. Patient Experience Group 3. Quality Committee 4. Trust Management Committee 5. Healthcare reports	1. Reinforce the communication bundle to improve collaborative planning of care and goal setting using e.g. methodology. 2. The coproduction board will reach out to members to enable engagement and involvement and encourage work to support planning and evaluation	001	01/12/2020					
2f	Implementing new outpatient pathways to improve patient experience	Chief Nurse / Chief Information Officer	Quality Committee		CQC	Medium	1. A business plan has been developed for the completion of the digital delivery programme. 2. Expert telephony resource has been secured. 3. Regular progress meetings are held between our IT and outpatient administration team	1. A potential lack of alignment between the technical and administrative enablement and the operational and clinical development of new pathways	1. Outpatient Transformation Group 2. Trust Management Committee 3. Patient surveys	1. Contribution of outpatient administration support, understanding and enabling process as per e.g. 2. Production of an outpatient specific clinical plan - this should emerge out of the review phase and the clinical design for the new pathway	001	31/03/2021 31/12/2020					



BOARD ASSURANCE FRAMEWORK 2020/21

Strategic Objective 2020/21	Breakthrough Objective (priority areas of focus for 2020-22)	Breakthrough Measure	Risks Identified	Exec lead	Lead Committee	Link to Corporate Risk Register	Link to Standards	Rating of risk to delivering objective	Key Controls	Control Gaps	Identified assurance	Assurance Gaps	Actions to Address gaps (controls and assurance)			
What the organisation aims to deliver (outcome required)			Risk no. What could prevent us from meeting this objective?	Board level lead responsible for achieving the objective	The sub-committee responsible for monitoring the risk	Risks scored 15 and above	CCG, NISLA, HSE, etc.	Low/Medium/High/Extreme	What controls have been put in place to mitigate the risk?	What are the key gaps in controls?	1. First line of assurance (divisional) 2. Second line of assurance (committee) 3. Third line of assurance (external)	Where we are not gaining effective evidence?	Actions to address control and assurance gaps.	Exec lead (to deliver specific)	Time scale /review date	Update
<b>AIM 2: BEST VALUE</b>																
<p><b>AMBITION 4</b> Deliver our annual control totals and each break-even by 2023. Achieve a 'cost per weighted activity unit' that places us in the top 50% of acute trusts for efficiency (using the NHS Improvement Model Hospital metrics).</p>	<p>Ensure that revenue income balances with revenue for each of the next two years</p> <p>Ensure that there is an improvement in costs per weighted activity unit in comparison to other acute trusts</p>	<p>Deliver financial plan for 2021 and ensure that all clinical Divisions are able to either demonstrate costs are within 2020/21 budget or an improvement in patient care productivity.</p> <p>Improved controls to ensure that there is a direct link between agreed staff deployment patterns and staff expenditure.</p>	4a	Costs of responding to COVID-19 and restarting COVID-19 activity exceed available budget	Chief Financial Officer	Finance and Performance Committee	N/A	N/A	High	Chief sign-off of all Covid-19 related costs.  Regular updates on criteria and processes by which costs may be recorded and reimbursed.	Possibility that postings may be made to dedicated Covid-19 centre outside of this process.	Submission of revenue and capital returns re Covid-19 and subsequent payments.  Internal scrutiny at Finance and operational levels.	Timing delays confirming outcome of a given submission.  Regular communication with NHSEI and others to ensure timeliness of response and rapid resolution of queries.	CFO	30/11/2020	Reimbursement mechanism moving to fixed payments, reinforcing the need for existing controls in order to avoid an increased risk of cost under-recovery.  The plan for months 7-12 of FY21 have been submitted and signed off by the ICS / STP in the last week. The Trust deficit indicated by that plan is £5.6m (26/10/2020)
			4b	Impact of COVID-19 on operational efficiency	Chief Financial Officer	Finance and Performance Committee	N/A	N/A	High	Where services remain operational, ringfence resources to maintain.	Advancement of Covid-19 outside of existing control measures, and subsequent drain on resources otherwise devoted to non-Covid activity.	Maintenance and improvement of operational efficiencies per existing measurement mechanisms.	Current systems geared towards business-as-usual operation, and while appropriate workarounds have been enacted, sufficiently flexible systems are not yet in place.	Post-Covid assessment of systems and operational requirements in response to a future pandemic or other prolonged major incident.	CFO	31/12/2020





BOARD ASSURANCE FRAMEWORK 2020/21																
Strategic Objective 2020/21	Breakthrough Objective (priority areas of focus for 2020-22)	Breakthrough Measure	Risks Identified	Exec lead	Lead Committee	Link to Corporate Risk Register	Link to Stand ards	Rating of risk to delivering objective	Key Controls	Control Gaps	Identified assurance	Assurance Gaps	Actions to Address gaps (controls and assurance)			
What the organisation aims to deliver (outcome required)			Risk no. What could prevent us from meeting this objective?	Board level lead responsible for achieving the objective	The sub-committee responsible for monitoring the risk	Risks scored 15 and above	CCQ, NHSLA, HSE, etc.	Low/Medium/ High/ Extreme	What controls have been put in place to mitigate the risk?	What are the key gaps in controls?	1. First line of assurance (divisional) 2. Second line of assurance (committee) 3. Third line of assurance (external)	Where we are not gaining effective	Actions to address control and assurance gaps.	Exec lead to deliver specific	Time scale /review date	Update
<b>AIM 3: GREAT TEAM</b>																
<b>AMBITION 5</b> We want to be one of the best hospitals in England for staff engagement and in top 20% of acute hospital Trusts in the country for NHS national staff survey results.	Ensure that all of our staff feel engaged and included (equality, diversity and inclusion)	Equality, diversity and inclusion domain of the staff survey - improvement to above national median	S4 Impact of COVID-19 on staff morale and wellbeing (in the context of west Herts being a badly affected community)	Chief People Officer	People, Education and Research Committee	3422		Medium	1. H&WB programme with psyching support is in place for staff. 2. Continuing to provide reduced rest breaks and encouraging people to take breaks. 3. Pastoral teams offering support.	1. More work required on: 2. Need to decide how we replicate the sanctuary. 3. Need to decide how we replicate the sanctuary.	1. Divisional Performance Meetings. 2. PERC 3. Staff survey (including F&T)	It is still unclear as to the precise impact of COVID-19 upon our staff	1. Implementing a programme of compassionate leadership. 2. Increase access to clinical psychologists 3. Work on STP H&WB proposal 4. Agree proposal regarding using charitable funds for staff H&WB	CPO	01/11/2020	
	Reduce vacancy rates in hard to recruit "hotspots"	Trust wide vacancy rate less than 10%	S5 The differential impact of COVID-19 on BAME staff adversely affects the engagement of BAME workforce	Chief People Officer	People, Education and Research Committee	4292	HSE	Medium	1. Clear plan in place to deal with issues. 2. Employee risk assessment. 3. Admitting BAME COVID positive staff into virtual hospital. 4. Working with Connect. 5. Helping to create and resource an STP BAME telephone support line.	1. Completing employee risk assessments increasing the voice of BAME staff within senior decision making bodies. 2. Encouraging BAME staff to check their vitamin D levels. 3. Reviewing our approach to our WRES action.	1. Divisional Performance Meetings. 2. PERC 3. Staff survey (including F&T)	A number of the initiatives are still in development	1. Continue with roll out of employee risk assessments 2. Continue to work with Connect. 3. Look at external best practice and see what we can learn from this.	CPO	01/11/2020	
			S4 There is a risk that vacancy rates will increase as a result of COVID-19	Chief People Officer	People, Education and Research Committee			Medium	1. We have an on-going recruitment campaign in place. 2. We have an overseas nurse recruitment plan in place. 3. Turnover rates have fallen and vacancy rates are below our target of 5%.	1. We need a strong proposal to encourage students to remain working at the Trust. 2. There are no roles within the Trust where it will be likely that we will need an additional incentives for joiners and this is not in place.	1. Divisional performance Reviews 2. TMC/PERC		1. Need to have clear plans in place for how we recruit to hard to fill roles such as ED	CPO	Oct-20	
			S4 Increased staff absence as a result of COVID-19	Chief People Officer	People, Education and Research Committee			Medium	1. Have in place the Enhanced Absence Management Hub. 2. Clear reporting to be in place. 3. Point of mental health support are in place to help support staff.	1. Whilst there is good absence control across many of our staff groups more work is required in relation to managing the absence of medical staff, particularly our junior doctor population.	1. Divisional performance Reviews 2. TMC/PERC	N/A	1. Business case being prepared to make our Enhance Absence Management Service a permanent service. 2. A number of H&WB initiatives are being put into place to help our staff.	CPO	Oct-20	

BOARD ASSURANCE FRAMEWORK 2020/21																
Strategic Objective 2020/21	Breakthrough Objective (priority areas of focus for 2020-22)	Breakthrough Measure	Risks Identified	Exec lead	Lead Committee	Link to Corporate Risk Register	Link to Standards	Rating of risk to delivering objective	Key Controls	Control Gaps	Identified assurance	Assurance Gaps	Actions to Address gaps (controls and assurance)			
What the organisation aims to deliver (outcome required)			Risk no. What could prevent us from meeting this objective?	Board level lead responsible for achieving the objective	The sub-committee responsible for monitoring the risk	Risks scored 15 and above	COC, NHSLA, HSE, etc.	Low/Medium/ High/ Extreme	What controls have been put in place to mitigate the risk?	What are the key gaps in controls?	1. First line of assurance (divisional) 2. Second line of assurance (committee) 3. Third line of assurance (external)	Where are we not gaining effective evidence?	Actions to address control and assurance gaps.	Exec lead (to deliver specific action)	Time scale /review date	Update
<b>AIM 4: GREAT PLACE</b>																
<b>AMBITION 6</b> Ambition 6 Paperless hospital by 2025 New Hospital facilities - building work to commence 2023	IT infrastructure: increased time to care	Reduced log in times, reduced downtime	6a Failure to deliver planned improvements to IT infrastructure and releasing time to care	Chief Information Officer	Great Place Committee	3896; 3894; 3899	COC	Medium	1. Detailed programme plan and weekly reporting of progress. 2. Interim recruitment of infrastructure expertise. 3. Clear working relationships with Atos.	1. Hybrid model - gaps in knowledge and control of infrastructure. 2. Lack of complete network diagrams.		Definitive evidence of improvements in stability and performance	1. Post completion of the network upgrade we will compile feedback from users plus monitor the number of network related incidents. 2. Establishment of the Great Place subcommittee	PB PB PB	Sep 20 Dec 20 Mar 21	The Local Area Network programme has been completed, a programme closure report is being produced. The HSCN upgrade has also been completed, meaning we are much more resilient from a network perspective. We are in the process of ascertaining the performance improvements that have come from these projects. We now have network diagrams and much more knowledge of how our network is structured. We are now turning to the hybrid model, the CID is shortly to present a paper to the board describing a future operating model which should reduce the risk inherent in the hybrid model.
	Redevelopment OBC approved	Key milestones	6b Failure to progress redevelopment OBC in line with the programme plan	Deputy Chief Executive	Great Place Committee			Medium	1. RFL & PA advisory support commissioned. 2. Detailed programme plan, workstreams established and PMO reporting in place.		1. Great Place Programme Board (TMC) 2. Monthly regulator calls 3. Partnership Board convened on ad hoc basis		1. Establish formal Board sub-committee 2. Programme Director in post 3. External assurance arrangements TBC (e.g. Gateway reviews)	HB HB HB	Sep 20 Dec 20 Dec 20	First Great Place Board sub-committee held 17/09/20 Programme Director commenced in post July 2020. A national assurance programme for HCP One schemes is being developed - initial meeting held with DHSC lead. Assurance approach to be further developed for sub-committee review and approval.
			6c Insufficient engagement of clinical staff and stakeholders in planning for the new hospital results in a sub-optimal solution	Deputy Chief Executive	Great Place Committee	Reflected in programme risk register		Medium	1. Clinical Workstream established. 2. First draft clinical packs developed and clinical & technology brief in progress. 3. Activity and capacity workstream updating demand assumptions.	1. Clinical engagement limited by COVID - increased dedicated clinical sessions required. 2. Team capacity - vacant posts. 3. Clinical brief to be finalised - current focus on activity and capacity modelling and agreement of functional content.		1. Appoint clinical leads with dedicated time. 2. Appoint to vacancies in programme team. 3. Establish User Groups.	HB HB HB	Sep 20 Oct 20 July 20	In progress. Good clinical engagement via user groups. Offers made - 2 x new project managers to commence in November. 3rd candidate withdrew. New 'nurse lead' role to be developed. User groups now well established and meeting regularly.	
	EPR secure funding and FBC mobilised	Key milestones	6d Failure to secure funding for EPR	Chief Information Officer	Great Place Committee	4116	COC	High	communications established with CEO of NHSX cross checked with Regional Director of Digital Transformation at NHSX 2. Cross referencing of NHSX and HIP 1 communications 3. JPs and board governance that ensure EPR programme cannot commence until funding	1. Inability to influence national leaders to decide on route and amount of technology funding. 2. Inability to have an effective conversation on internal commitment to technology funding.	1. IT Digital Strategy steering group. 2. Trust Management Committee. 3. External assurance from technology partners, Deloitte, Atos, Berkeley partnership	Certainty of progress, the nature of this risk and its impact on our progress is not linear and will test our risk appetite	1. Appointment of external technology partners for both EPR provision and longer term technology delivery 2. Establishment of the Great Place subcommittee	PB PB PB	Sep 20 Dec 20 Mar 21	Our EPR programme with RFL and Cerner has been launched with a programme team largely in place. An interim contract with Cerner to the end of Dec 20 has been signed. The Full Business Case (covering ten years of service) has been approved by the Trust Board. This Full Business Case is being reviewed by various regulators with the expectation that it will be formally reviewed (and hopefully approved) at the national Joint Investment Committee at the end of November. The plan then being that we would sign contracts with Cerner before the Christmas break. In the meantime the programme continues with the plan showing that EPR and PAS go live in Nov 21 and clinicals at the end of Jan 22.
	Multi storey car park - FBC completed, approved and works commenced	MSCP key milestones - FBC work on site / completion date	6e Failure to complete FBC for MSCP	Chief Financial Officer	Finance and Performance Committee	N/A	N/A	Medium	Construction of business cases accordance with established guidance	Resource and knowledge constraints regarding what is needed within the project team.	Regularly updated criteria by which the FBC can be measured. Official communications from NHSX to the effect that an application has been successful, or the additional conditions which must be met to ensure success.	Timeliness of NHSX and other communications, inconsistency of interpretation re business case criteria.	Continued regular communication with NHSX and other relevant bodies in order to be continually aware of the latest guidance and the Trust's duties in relation to them.	FO	Nov 20	Preparation of the Full Business Case is ongoing and is governed & progressed by weekly meetings with all relevant stakeholders. (16/10/2020)



### Trust Board Meeting 3 December 2020

<b>Title of the paper</b>	Activity Recovery Update & Access Standards Performance (October 2020 data reporting period)																																																														
<b>Agenda Item</b>																																																															
<b>Presenter</b>	Sally Tucker Chief Operating Officer																																																														
<b>Author(s)</b>	Jane Shentall Director of Performance																																																														
<b>Purpose</b>	<p><i>Please tick the appropriate box</i></p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;"><i>For approval</i></td> <td style="border: 1px solid black; padding: 5px;"><i>For discussion</i></td> <td style="border: 1px solid black; padding: 5px;"><i>For information</i></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px; text-align: center;">✓</td> <td style="border: 1px solid black; height: 20px; text-align: center;">✓</td> </tr> </table>	<i>For approval</i>	<i>For discussion</i>	<i>For information</i>		✓	✓																																																								
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<b>Executive Summary</b>	<p>Activity recovery is progressing although October actuals are behind plan and target against a number of measures including outpatients, some diagnostic modalities and elective inpatients/day cases.</p> <p>Performance data is provisional at the time of writing (27/11/2020) and a few of the cancer indicators may change until closure of the formal submission period.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #0070C0; color: white;"> <th style="text-align: center;">Indicator</th> <th style="text-align: center;">Target</th> <th style="text-align: center;">Actual</th> <th style="text-align: center;">Change</th> </tr> </thead> <tbody> <tr><td>A&amp;E 4 hour standard</td><td style="text-align: center;">95%</td><td style="text-align: center;">83.4%</td><td style="text-align: center;">↓</td></tr> <tr><td>Diagnostic waits</td><td style="text-align: center;">99%</td><td style="text-align: center;">72.0%</td><td style="text-align: center;">↑</td></tr> <tr><td>RTT incomplete pathways &lt; 18 weeks</td><td style="text-align: center;">92%</td><td style="text-align: center;">74.8%</td><td style="text-align: center;">↑</td></tr> <tr><td>52 week waits</td><td style="text-align: center;">0</td><td style="text-align: center;">1075</td><td style="text-align: center;">↓</td></tr> <tr><td>2 week wait referrals</td><td style="text-align: center;">93%</td><td style="text-align: center;">96.8%</td><td style="text-align: center;">↓</td></tr> <tr><td>2 week wait breast symptomatic referrals</td><td style="text-align: center;">93%</td><td style="text-align: center;">98.7%</td><td style="text-align: center;">↑</td></tr> <tr><td>28 day Faster Diagnosis standard</td><td style="text-align: center;">70%</td><td style="text-align: center;">83.7%</td><td style="text-align: center;">↑</td></tr> <tr><td>31 day first definitive treatment</td><td style="text-align: center;">96%</td><td style="text-align: center;">94.3%</td><td style="text-align: center;">↓</td></tr> <tr><td>31 day subsequent - surgery</td><td style="text-align: center;">94%</td><td style="text-align: center;">100.0%</td><td style="text-align: center;">↑</td></tr> <tr><td>31 day subsequent - drug</td><td style="text-align: center;">98%</td><td style="text-align: center;">100.0%</td><td style="text-align: center;">↔</td></tr> <tr><td>31 day subsequent - palliative</td><td style="text-align: center;">94%</td><td style="text-align: center;">100.0%</td><td style="text-align: center;">↔</td></tr> <tr><td>62 day referral to first treatment</td><td style="text-align: center;">85%</td><td style="text-align: center;">80.9%</td><td style="text-align: center;">↓</td></tr> <tr><td>62 day screening referral to first treatment</td><td style="text-align: center;">90%</td><td style="text-align: center;">66.7%</td><td style="text-align: center;">↔</td></tr> </tbody> </table> <div style="text-align: center; margin: 10px 0;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">↑ <small>improved non-compliant</small></td> <td style="text-align: center; padding: 2px;">↓ <small>deteriorated non-compliant</small></td> <td style="text-align: center; padding: 2px;">↔ <small>no change non-compliant</small></td> <td style="text-align: center; padding: 2px;">↑ <small>improved compliant</small></td> <td style="text-align: center; padding: 2px;">↓ <small>deteriorated compliant</small></td> <td style="text-align: center; padding: 2px;">↔ <small>no change compliant</small></td> </tr> </table> </div> <p>Performance against the A&amp;E 4 hour waiting time standard was lower than the previous month (84.3%) at 83.4%.</p> <p>Diagnostics continues to improve, this month at 72% compared with 69.4% previously.</p> <p>RTT performance improvement is sustained, now at 74.8% (from 69.7% last month). However, there has been a further significant increase in 52 week waits, now at 1075 (was 855).</p>	Indicator	Target	Actual	Change	A&E 4 hour standard	95%	83.4%	↓	Diagnostic waits	99%	72.0%	↑	RTT incomplete pathways < 18 weeks	92%	74.8%	↑	52 week waits	0	1075	↓	2 week wait referrals	93%	96.8%	↓	2 week wait breast symptomatic referrals	93%	98.7%	↑	28 day Faster Diagnosis standard	70%	83.7%	↑	31 day first definitive treatment	96%	94.3%	↓	31 day subsequent - surgery	94%	100.0%	↑	31 day subsequent - drug	98%	100.0%	↔	31 day subsequent - palliative	94%	100.0%	↔	62 day referral to first treatment	85%	80.9%	↓	62 day screening referral to first treatment	90%	66.7%	↔	↑ <small>improved non-compliant</small>	↓ <small>deteriorated non-compliant</small>	↔ <small>no change non-compliant</small>	↑ <small>improved compliant</small>	↓ <small>deteriorated compliant</small>	↔ <small>no change compliant</small>
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	<p>Model Hospital benchmarking shows that the Trust's performance in September, resulted in placement in the top quartile of providers.</p> <p>All cancer waiting standards were achieved with the exception of the 31 day first definitive treatment at 94.3% (target 96%). The standard has not been met for either 62 day first pathways (80.9%), where there are 15.5 breaches or 62 day screening pathways (66.7%) where there were 2.5 breaches.</p> <p>Model Hospital benchmarking shows the trust remains in the top quartile with further improvement in the position compared to other organisations, 19<sup>th</sup> place out of 111 providers in total.</p>									
<p><b>Trust strategic aims</b></p> <p><i>(please indicate which of the 4 aims is relevant to the subject of the report)</i></p>	<p><b>Aim 1</b> Best care</p>  <p><b>Objectives 1-4</b></p> <p>✓</p>	<p><b>Aim 2</b> Great team</p>  <p><b>Objectives 5-8</b></p>	<p><b>Aim 3</b> Best value</p>  <p><b>Objective 9</b></p>	<p><b>Aim 4</b> Great place</p>  <p><b>Objective 10-12</b></p>						
<p><b>Links to well-led key lines of enquiry</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Is there the leadership capacity and capability to deliver high quality, sustainable care?</li> <li><input checked="" type="checkbox"/> Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</li> <li><input checked="" type="checkbox"/> Is there a culture of high quality, sustainable care?</li> <li><input checked="" type="checkbox"/> Are there clear responsibilities, roles and systems of accountability to support good governance and management?</li> <li><input checked="" type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance?</li> <li><input checked="" type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on?</li> <li><input checked="" type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</li> <li><input type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation?</li> <li><input checked="" type="checkbox"/> How well is the trust using its resources?</li> </ul>									
<p><b>Previously considered by</b></p>	<table border="1" data-bbox="458 1473 1426 1576"> <thead> <tr> <th data-bbox="458 1473 1086 1509">Committee/Group</th> <th data-bbox="1090 1473 1426 1509">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="458 1509 1086 1541">Trust Management Committee</td> <td data-bbox="1090 1509 1426 1541">25 November 2020</td> </tr> <tr> <td data-bbox="458 1541 1086 1576">Finance &amp; Performance Committee</td> <td data-bbox="1090 1541 1426 1576">26 November 2020</td> </tr> </tbody> </table>				Committee/Group	Date	Trust Management Committee	25 November 2020	Finance & Performance Committee	26 November 2020
Committee/Group	Date									
Trust Management Committee	25 November 2020									
Finance & Performance Committee	26 November 2020									
<p><b>Action required</b></p>	<p>The Committee is asked to receive this report for information.</p>									



**Trust Board Meeting  
3 December 2020**

**Agenda Item:**

**Trust Board Meeting – 3 December 2020**

**Activity Recovery & Access Standards Performance  
(October 2020 reporting period)**

**Presented by: Sally Tucker, Chief Operating Officer**

**1. Purpose**

- 1.1 The first section of this paper provides details of the progress made in activity recovery, measured against the targets set for activity, measured as a percentage of the corresponding month in the previous year, eg August 2020 activity as a percentage of August 2019 activity.
- 1.2 A summary of progress against plan and target is included in Appendix 1.
- 1.3 The second section of the paper provides details of performance against access targets, the relevant factors where standards have not been achieved, and the actions in place to improve waiting times and achieve compliance when non-urgent elective care is reinstated.
- 1.4 The relevant standards and guidance are included in appendix 2.

**ACTIVITY RECOVERY**

**2 Recovery to date (October 2020)**

- 2.1 A table showing the activity plan, actuals and gap against targets is included in Appendix 1. This also includes a brief update on progress, reasons for shortfall and future plans.
- 2.2 Overall referrals received in October amounted to 79% of the October 2019 total. Within this, cancer referrals were at 103% of the previous year. New ways of working, including Advice & Guidance and Referral Assessment Services (RAS) mean that not all referrals progress and this is likely to result in a lower level of referrals than in previous years, but is a positive change. In October approximately 10% of referrals went through an Advice & Guidance Service.
- 2.3 Diagnostic recovery is progressing well across most modalities although there is some way to go to achieve the 100% target. Endoscopy recovery is the most challenged as a result of IPC requirements and patient choice, with many patients unwilling to comply with self-isolation requirements prior to their procedure.
- 2.4 Outpatient activity improved slightly and the non-face to face outpatient targets have been achieved.
- 2.5 Elective day case admissions have increased further and inpatient admissions, although lower than the previous month, have shown signs of further improvement in November. Independent sector outsourcing accounted for 17.5% inpatient and 8.5% day case activity in October.

### ACCESS STANDARDS PERFORMANCE

#### 3 Indicators not achieved in the reporting period

3.1 At the time of reporting the following waiting times standards were not achieved in the month.

Indicator	Target	Actual	Change
A&E 4 hour standard	95%	83.4%	↓
Diagnostic waits	99%	72.0%	↑
RTT incomplete pathways < 18 weeks	92%	74.8%	↑
52 week waits	0	1075	↓
31 day first definitive treatment	96%	94.3%	↓
62 day referral to first treatment	85%	80.9%	↓
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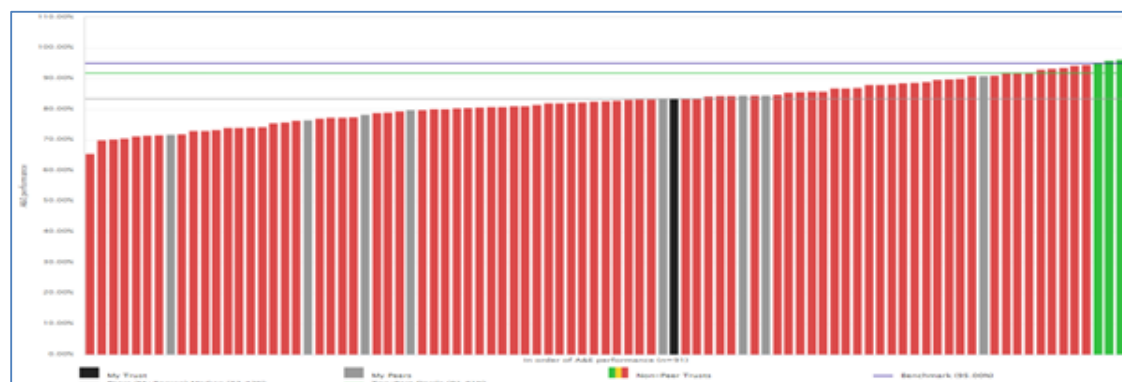


#### 4 A&E 95% target

4.1 Performance against the 4 hour standard was slightly lower than the previous month at 83.4% (previously 84.3%) across the trust’s urgent or emergency care units. CED performance was much better than the previous month (88.5%) at 93%. Flow of Majors patients remains challenging with 61.5% compliance with the target. Non-admitted performance was 78.8% for the month. The Minor Injuries Unit at SACH remains closed but UTC at Hemel Hempstead achieved 100% compliance.

4.2 Watford UTC performance was better at 99.2%. When this activity is combined with the WGH type 1 activity performance was 77.9% (last month 78.8%).

4.3 Model Hospital benchmarking (October 2020 performance) shows the Trust (the black bar) position has improved further, now in the second quartile, and better than the national median of 82.7%. The regional median was 83.42% (regional peer trusts in grey).



#### 5 Ambulance Handover Delays

5.1 The number of patients arriving at A&E in an East of England ambulance was higher than previous month, and accounted for 35% of all attendances at WGH. For comparison, in October 2019, 25% of attendances at WGH were via ambulance.

There was an increase in handover delays between 30 and 60 minutes (372 from 327) and delays over 60 minutes also rose (99 from 78).

- 5.2 The trend in ambulance arrivals has been raised with EEAST and was discussed at SRG. As a result EEAST have undertaken to review their conveyance avoidance arrangements and CLCH will be reviewing their community rapid response model.

**6 RTT Incomplete pathways**

- 6.1 The improving open pathway performance continues with 74.8% of open pathways under 18 weeks this month (previously 69.7%). A specialty level breakdown is shown in appendix 3, and this now includes an indicator showing the change from the previous month.
- 6.2 The PTL has increased slightly but this remains lower than in previous years. There has been a good reduction (14%) in the over 18 week backlog when compared to the previous month.
- 6.3 Model Hospital benchmarking (September 2020 performance at 69.7%) shows the Trust (the black bar) in the top quartile. It should be noted that no organisation achieved the standard, the highest performance being 87.4%. The regional median 60.6% and national median 61.3% are better than previous months.



**7 52 week waits**

- 7.1 The number of patients waiting more than 52 weeks continues to increase at a significant rate, now at 1075 pathways waiting a year or more, and the highest number of these long waits remains in Oral Surgery.

Service	Oct-20
ORAL SURGERY	300
ENT	220
OPHTHALMOLOGY	177
UROLOGY	97
TRAUMA & ORTHOPAEDICS	94
GENERAL SURGERY	88
PAIN MANAGEMENT	36
VASCULAR SURGERY	24
ORTHODONTICS	12
PAEDIATRIC UROLOGY	9
COLORECTAL SURGERY	8
PAEDIATRIC OPHTHALMOLOGY	7
DERMATOLOGY	1
UPPER GI	1
GASTROENTEROLOGY	1
<b>Total</b>	<b>1075</b>

Service	Sep-20
ORAL SURGERY	254
ENT	178
OPHTHALMOLOGY	135
UROLOGY	77
TRAUMA & ORTHOPAEDICS	93
GENERAL SURGERY	50
PAIN MANAGEMENT	24
VASCULAR SURGERY	20
ORTHODONTICS	10
COLORECTAL SURGERY	5
PAEDIATRIC UROLOGY	4
GASTROENTEROLOGY	2
PAEDIATRIC OPHTHALMOLOGY	2
NEUROLOGY	1
<b>Total</b>	<b>855</b>



- 7.2 In October, 213 pathways over 52 weeks were closed, 93 non-admitted and 124 admitted.
- 7.3 Of the total number of patients waiting over 52 weeks in October, 33% currently have an agreed date for treatment, 10% of which will be treated in the independent sector.
- 7.4 There is greater scrutiny externally on the very long waits for treatment, with a weekly submission giving the breakdown of waits over 78 weeks. In October there were 37 patients waiting 78 weeks or longer, of which 25 now have planned treatment dates.
- 7.5 Of the 12 patients over 78 weeks without a treatment plan, 2 have expressed a wish to defer due to COVID, 2 have been removed at the patient's request, 3 have declined or cancelled recent admission dates and these plus the remaining patients are awaiting dates.

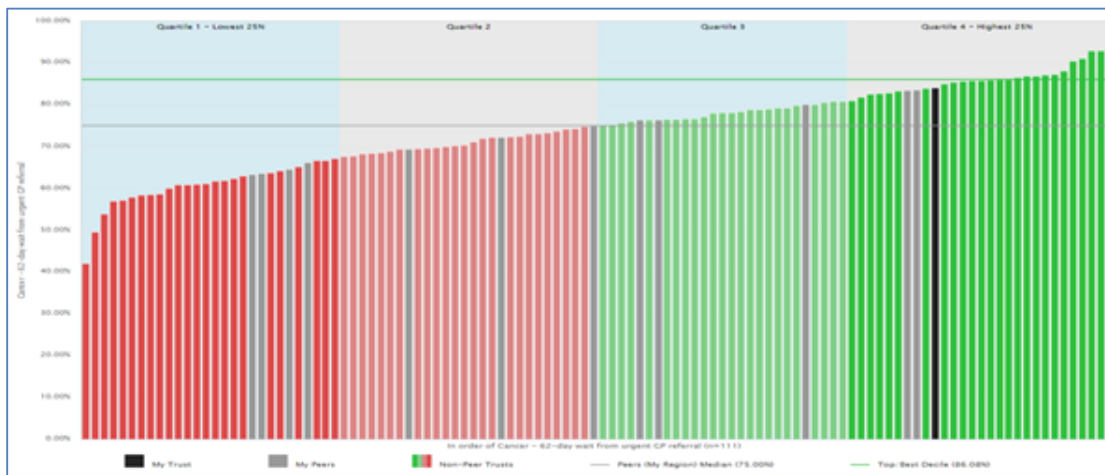
**8 Cancer Waiting Times Performance**

- 8.1 The 2 week wait and breast symptomatic standards were achieved, as were most of the 31 day standards.
- 8.2 There were 8 breaches (Urology, Lower GI, Breast and Gynaecology) of the 31 day referral to first definitive treatment standard, resulting in performance (94.3%) just 1% below the target.
- 8.3 Performance against the 62 day referral to first treatment standard is currently below the 85% target at 79.6% although the reporting period is still open and additional activity will be recorded which could affect performance either way. There are 15.5 breaches (across all tumour sites although LGI accumulated the most breaches) with 81 pathways in total.
- 8.4 There has been no change in performance against the 62 day screening referral standard. There were 2.5 breaches (Lower GI and Breast) with 7.5 pathways in total.
- 8.5 A rolling 12 month summary of performance against the cancer waiting time standards is included in appendix 4.
- 8.6 The Phase 3 recovery plan requires organisations to reduce the number of cancer pathways over 104 and 63 days. Good progress has been made to date, as shown in the table below.

August	>62 days total	154	October	>62 total	110
	>62 days with diagnosis	34		>62 day with a diagnosis	23
	>104 total	69		>104 total	34
	>104 with a diagnosis	13		>104 with a diagnosis	8
September	>62 total	126	November	>62 total	99
	>62 day with a diagnosis	20		>62 day with a diagnosis	21
	>104 total	39		>104 total	28
	>104 with a diagnosis	3		>104 with a diagnosis	8

- 8.7 Patients waiting over 104 days are reviewed at the weekly Access meeting and where pathways have failed to progress, actions are agreed to ensure bottlenecks are tackled. Patient choice or non-compliance is a factor, as are prolonged waits for diagnostics in some cases, delayed MDT discussions and pathway complexity. There are 2 further meetings each week to review the cancer waiting lists with escalations to clinicians where necessary. This approach has facilitated the reduction demonstrated above.

8.6 Model Hospital benchmarking (September 2020 performance at 84%) shows WHHT has moved in to the top quartile (the black bar) and is 19<sup>th</sup> of 111 providers. Performance was better than the national and regional medians, both 75% and both lower than previously reported.



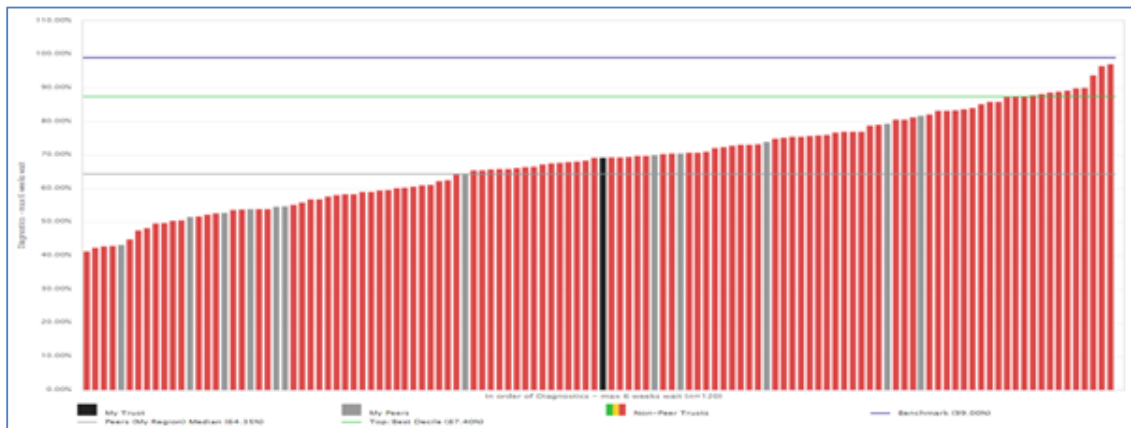
**9 Diagnostic waiting times performance**

9.1 The standard for diagnostic waiting times was not achieved, although performance has improved slightly on the previous month (69.4%) to 72%. Most modalities' performance remains below the standard.

Diagnostic Waiting Times Performance	April	May	June	July	Aug	Sept	Oct
W01: Imaging - Magnetic Resonance Imaging	52.8	55.2	75.6	72.9	75.8	82.4	82.4
W02: Imaging - Computed Tomography	53.3	90	83.3	91.3	83.5	78.3	83.8
W03: Imaging - Non-obstetric ultrasound	23.6	39.8	88.5	92	82.7	66.9	58.5
W04: Imaging - Barium Enema	80	100	100	100	100	100	75
W05: Imaging - DEXA Scan	7.5	39.3	73.6	84	35.1	38.8	32
W06: Physiological Measurement - Audiology - Audiology Assessments			100	57.2	54.8	55.8	68.1
W07: Physiological Measurement - Cardiology - echocardiography	2.2	5.7	40	36.8	70.3	86.1	97.8
W08: Physiological Measurement - Cardiology - electrophysiology							
W09: Physiological Measurement - Neurophysiology - peripheral neurophysiology	50		100	85.5	100	100	100
W10: Physiological Measurement - Respiratory physiology - sleep studies							
W11g: Physiological Measurement - Urodynamics - pressures & flows (Gynae)	100	100	100	100	100	100	100
W11s: Physiological Measurement - Urodynamics - pressures & flows (Surgical)			100	77.8	90.5	66.7	65
W12: Endoscopy - Colonoscopy	46.9	28	50.7	69.7	69.8	79.5	75.8
W13: Endoscopy - Flexi sigmoidoscopy	40.1	32.8	40.6	50.5	62.9	81.3	91.7
W14: Endoscopy - Cystoscopy	35.1	38.6	47.7	55.6	60.3	69.2	71.1
W15: Endoscopy - Gastroscopy	22	19.9	41.8	61.8	54	53.1	69.5
<b>Total</b>	<b>26.5</b>	<b>39.6</b>	<b>64.8</b>	<b>73.4</b>	<b>68.5</b>	<b>69.4</b>	<b>72</b>

9.2 DEXA scanning recovery continues to be challenging, despite an active recovery plan with additional activity in place. Further capacity is being sought with requests made to ICS partners and discussion with the regional NHSEI team.

9.3 Model Hospital benchmarking (September 2020 performance at 69.3%) shows the Trust's (the black bar) position, which was better than the national median, 69.3% and the regional position at 64.3%. No organisation achieved the 99% standard, the highest being 97.2%.



## 10 Harm Reviews

10.1 Tracking the completion of harm reviews is now conducted using the main waiting list. A paper was presented to the Quality Committee in October outlining the harm review process. Each division has a different trigger point; Surgery 48 weeks; WACS Gynaecology 40 weeks, Paediatrics 25 weeks; Medicine 40 weeks. Analysis of the PTL on 30/10/2020 is shown below. It should be noted that due to long term sickness in the Paediatric service, there has been a delay in the RCA process.

Surgery (Trigger: 48 weeks)	Total > 48 weeks	Harm Reviews	
		Completed	In progress or outstanding
GENERAL SURGERY	136	96.3%	3.7%
UROLOGY	122	95.9%	4.1%
TRAUMA & ORTHOPAEDICS	166	17.5%	82.5%
ENT	304	98.4%	1.6%
OPHTHALMOLOGY	257	98.8%	1.2%
ORAL SURGERY	360	98.3%	1.7%
COLORECTAL SURGERY	19	94.7%	5.3%
UPPER GI SURGERY	4	100.0%	0.0%
VASCULAR SURGERY	31	100.0%	0.0%
ORTHODONTICS	14	92.9%	7.1%
PAIN MANAGEMENT	79	30.4%	69.6%
PAEDIATRIC UROLOGY	14	100.0%	0.0%
PAEDIATRIC OPHTHALMOLOGY	10	80.0%	20.0%
<b>Total</b>	<b>1516</b>	<b>85.5%</b>	<b>14.5%</b>

Medicine (Trigger: 40 weeks)	Total > 40 weeks	Harm Reviews	
		Completed	In progress or outstanding
GASTROENTEROLOGY	4	25.0%	75.0%
CARDIOLOGY	20	45.0%	55.0%
DERMATOLOGY	3	33.3%	66.7%
RESPIRATORY MEDICINE	1	0.0%	100.0%
NEUROLOGY	11	81.8%	18.2%
RHEUMATOLOGY	2	100.0%	0.0%
GERIATRIC MEDICINE	6	16.7%	83.3%
ENDOCRINOLOGY	2	50.0%	50.0%
CLINICAL HAEMATOLOGY	1	0.0%	100.0%
HEPATOLOGY	2	0.0%	100.0%
<b>Total</b>	<b>52</b>	<b>46.2%</b>	<b>53.8%</b>

WACS (Trigger: Gynae 40 weeks Paeds 25 weeks)	Total > 40/25 weeks	Harm Reviews	
		Completed	In progress or outstanding
GYNACOLOGY	5	100.0%	0.0%
PAED ENDOCRINOLOGY	2	0.0%	100.0%
PAED CARDIOLOGY	3	0.0%	100.0%
PAEDIATRICS	3	0.0%	100.0%
<b>Total</b>	<b>13</b>	<b>38.5%</b>	<b>61.5%</b>

- 10.2 Cancer 62 day harm reviews are tracked by the MDT Co-ordinator team. The latest available summary shows that 61% of breached pathways (March to September 2020) had a completed review. CWT guidance puts responsibility for completion of a harm review on the treating provider. Although WHHT have undertaken reviews for a number of pathways with onward tertiary referrals, input from the treating organisation is sometimes difficult to get but HVCCG are supportive of the trust's position and are actively looking at ways of engaging other organisations in the process.

Period covered: Mar-Sep 20	Tracking		Reviews completed	Harm identified	Comments / update
Tumour Site	Total reviews required	Total reviews in progress			
Urology	54	38	16	0	
Colorectal	33	3	30	0	
Head & Neck	17	14	3	0	NWP – 10 outstanding L&D – 4 outstanding
Upper GI	13	0	13	0	
Breast	10	2	8	0	
Gynaecology	10	1	9	0	Luton - 0 outstanding Lister - 1 outstanding
Lung	23	7	16	0	
Haematology	17	5	12	0	
Dermatology	3	0	3	0	
Sarcoma	1	1	0	0	RNOH – 1 outstanding

- 10.3 To date 9 low degree harms associated with delays on the RTT waiting list have been identified in Urology. These range from recurrent UTIs, urosepsis, condition progression requiring a change in treatment, or ongoing symptoms.
- 10.4 Further potential harms have been identified, mainly within Urology. Confirmation following review at Surgery's divisional governance meeting is awaiting.
- 10.5 In the event of moderate or severe harm, duty of candour is applicable

## 11 Risks

- 11.1 Risk 3828 remains on the corporate risk register with a score of 20 in light of the COVID-19 pandemic and the suspension of elective care. The rapid rise in long waits has increased the likelihood of patient harm and the rate of recovery is likely to be slower than that seen in 2018/19 – 2019/20.
- 11.2 A range of controls are in place with oversight and assurance not only through harm reviews, but also through regular review of performance and access to services in the weekly Access meetings, the monthly Elective Care Programme Board, and in reports to the Finance & Performance Committee and Trust Board

## 12 Recommendation

- 12.1 The committee is asked to note the contents of this report.

**Jane Shentall**  
**Director of Performance**  
 27 November 2020

### Appendix 1 - Elective Recovery – Actual vs Plan vs Target

Activity type			Sep	Oct	Nov	Dec	Jan	Feb	Mar	Update / Comment to w/commencing 16/11/20	
Diagnostics	CT	Trust plan	103%	102%	102%	102%	102%	102%	102%	<p><b>The last week reported is not a final position</b></p> <p><b>Diagnostics</b> A additional capacity for MRI, CT and CT colon secured through locally commissioned outsourcing is going well. WHHT has been commended on CT recovery within the region.</p> <p><b>Endoscopy</b> The bowel screening programme suspension is not expected to be removed. Activity that was done within this programme has therefore not returned, making achievement of the 2019/20 baseline activity difficult.</p> <p><b>Outpatients</b> Referrals (all types) in October were at 80% of the previous year's but within that Cancer referrals were at 103%. 10% of referrals were reviewed via Advice &amp; Guidance and Referral assessment services (RAS). Some of this activity would have converted to outpatient activity previously and accounts for some of the gap between target/plan and actual.</p> <p><b>Elective Inpatient</b> Complex elective activity at WGH did not resume in October and in fact started on 9/11/20, with roll out to other specialties from 16/11/20. Paediatric elective admissions have been constrained by limited access to the bed base. Day case activity is lower than plan largely because Oral Surgery in particular, but also ENT and Ophthalmology activity has not yet resumed in large numbers.</p> <p><b>Independent Sector</b> The current national contract ends on 31/12/20. Discussions are underway with local ISPs to agree capacity and the model of delivery. Treasury funding is confirmed to 31/3/21 and an update on whether this will continue in 2021/22 is awaited.</p>	
		Target	90%	100%	100%	100%	100%	100%	100%		
		Actual	90%	91%	98%						
		Gap to plan	-13%	-11%	-4%						
		Actual vs target	0%	-9%	-2%						
	MRI	Trust plan	113%	102%	104%	104%	102%	108%	106%		
		Target	90%	100%	100%	100%	100%	100%	100%		
		Actual	75%	75%	88%						
		Gap to plan	-38%	-27%	-16%						
		Actual vs target	-15%	-25%	-12%						
	Endoscopy	Trust plan	55%	81%	100%	100%	100%	100%	100%		
		Target	90%	100%	100%	100%	100%	100%	100%		
		Actual	60%	79%	65%						
		Gap to plan	5%	-2%	-35%						
		Actual vs target	-30%	-21%	-35%						
Outpatients	All Outpatients	Trust plan	75%	90%	90%	90%	90%	90%			
		Target	100%	100%	100%	100%	100%	100%			
		Actual	77%	82%	76%						
		Gap to plan	2%	-8%	-14%						
	All non face to face	Actual	39%	38%	39%						
		Target	25%	25%	25%	25%	25%	25%			
		Gap	14%	13%	14%						
	F/Up non face to face % of all non face to face	Actual	63%	65%	67%						
		Target	60%	60%	60%	60%	60%	60%			
Electives	Day Case	Trust plan	98%	94%	94%	95%	95%	94%	94%		
		Target	80%	90%	90%	90%	90%	90%	90%		
		Actual	51%	74%	67%						
		Gap to plan	-47%	-20%	-27%						
		Actual vs target	-29%	-16%	-23%						
	Inpatient	Trust plan	79%	89%	89%	89%	89%	89%	89%		
		Target	80%	90%	90%	90%	90%	90%	90%		
		Actual	87%	76%	87%						
		Gap to plan	8%	-13%	-2%						
		Actual vs target	7%	-14%	-3%						

## Appendix 2

### The Access standards

- 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department
- Less than 1% of patients should wait 6 weeks or more for a diagnostic test, measured against 15 key diagnostic tests (see below).
- More than 92% of patients on incomplete (open) pathways should have been waiting no more than 18 weeks from referral.
- A maximum of 2 weeks
  - from urgent GP referral for suspected cancer to first outpatient appointment – 93% operational standard
  - from referral or any patient with breast symptoms (where cancer is not suspected) to first hospital assessment – 93% operational standard
- Maximum one month (31 days)
  - from decision to treat to first definitive treatment – operational standard of 96%
  - decision to treat/earliest clinically appropriate date to start second/subsequent treatment where the treatment is surgery (operational standard 94%), drug treatment (operational standard 98%), radiotherapy (operational standard 94%)
- Maximum two months (62 days) from
  - urgent GP referral for suspected cancer to first treatment – 85% operational standard
  - urgent referral from NHS Cancer Screening Programme (breast, cervical, bowel) for suspected cancer to first treatment – 90% operational standard

### The 15 key diagnostic tests

1. Imaging - Magnetic Resonance Imaging
2. Imaging - Computed Tomography
3. Imaging - Non-obstetric ultrasound
4. Imaging - Barium Enema
5. Imaging - DEXA Scan
6. Physiological Measurement - Audiology – Audiology Assessments
7. Physiological Measurement - Cardiology - echocardiography
8. Physiological Measurement - Cardiology - electrophysiology
9. Physiological Measurement - Neurophysiology - peripheral neurophysiology
10. Physiological Measurement - Respiratory physiology - sleep studies
11. Physiological Measurement - Urodynamics - pressures & flows
12. Endoscopy - Colonoscopy
13. Endoscopy - Flexi sigmoidoscopy
14. Endoscopy - Cystoscopy
15. Endoscopy – Gastroscopy

<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/08/DM01-guidance-v-5.32.pdf>

## Appendix 3

## Specialty level RTT performance against 92% open pathway standard – October 2020

Description	Total	Less than 18 Weeks	18 Weeks Plus	% Under 18 Weeks	Change since last month
ANAESTHETICS	1	1	0	100.0%	↔
PAEDIATRIC EPILEPSY	10	10	0	100.0%	↔
PAEDIATRIC CLINICAL HAEMATOLOGY	14	14	0	100.0%	↔
MEDICAL ONCOLOGY	17	17	0	100.0%	↔
GYNAECOLOGICAL ONCOLOGY	25	25	0	100.0%	↔
PAEDIATRIC DERMATOLOGY	69	68	1	98.6%	↑
DERMATOLOGY	1884	1852	32	98.3%	↑
BREAST SURGERY	290	283	7	97.6%	↑
CLINICAL ONCOLOGY	40	39	1	97.5%	↑
DIABETIC MEDICINE	71	69	2	97.2%	↑
PAEDIATRIC GASTROENTEROLOGY	28	27	1	96.4%	↓
GASTROENTEROLOGY	1173	1124	49	95.8%	↑
PAEDIATRICS	283	271	12	95.8%	↓
NEUROLOGY	733	700	33	95.5%	↑
PAEDIATRIC ENDOCRINOLOGY	42	40	2	95.2%	↓
CLINICAL HAEMATOLOGY	158	149	9	94.3%	↓
ORTHOTICS	70	66	4	94.3%	↓
ENDOCRINOLOGY	235	221	14	94.0%	↓
RHEUMATOLOGY	383	353	30	92.2%	↑
RESPIRATORY MEDICINE	503	454	49	90.3%	↑
UPPER GASTROINTESTINAL SURGERY	214	187	27	87.4%	↓
CARDIOLOGY	1554	1344	210	86.5%	↑
GYNAECOLOGY	903	777	126	86.1%	↑
GENERAL MEDICINE	14	12	2	85.7%	↑
OTHER	6	5	1	83.3%	
PAEDIATRIC CARDIOLOGY	51	42	9	82.4%	↓
PAEDIATRIC UROLOGY	187	150	37	80.2%	↑
COLORECTAL SURGERY	422	338	84	80.1%	↑
NEPHROLOGY	8	6	2	75.0%	↓
UROLOGY	1389	1023	366	73.7%	↑
HEPATOLOGY	56	41	15	73.2%	↑
GENERAL SURGERY	1384	920	464	66.5%	↑
GERIATRIC MEDICINE	76	49	27	64.5%	↓
TRAUMA & ORTHOPAEDICS	2016	1260	756	62.5%	↑
PAEDIATRIC OPHTHALMOLOGY	182	113	69	62.1%	↑
VASCULAR SURGERY	172	95	77	55.2%	↑
OPHTHALMOLOGY	1401	719	682	51.3%	↑
PAIN MANAGEMENT	753	371	382	49.3%	↑
ENT	1226	600	626	48.9%	↑
ORAL SURGERY	1113	516	597	46.4%	↑
ORTHODONTICS	36	10	26	27.8%	↑
<b>Total</b>	<b>19192</b>	<b>14361</b>	<b>4831</b>	<b>74.8%</b>	<b>↑</b>

#### Appendix 4 Cancer waiting times performance – update (at 27/11/20)

Standard	Target	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	20/21 YTD (latest)
2ww	93.0%	94.1%	96.3%	96.8%	97.0%	97.6%	98.0%	95.1%	99.0%	97.7%	98.6%	96.4%	97.1%	96.8%	97.3%
2ww 28 day FDS	75.0%	71.1%	75.2%	76.8%	75.8%	84.7%	77.0%	68.8%	85.6%	82.1%	80.3%	81.7%	78.1%	83.7%	80.9%
2ww breast	93.0%	100.0%	96.3%	98.4%	94.2%	98.6%	98.5%	100.0%	87.9%	87.9%	98.1%	96.2%	97.1%	98.7%	95.2%
31 day 1st	96.0%	94.3%	98.0%	99.4%	96.3%	97.2%	97.1%	98.5%	92.1%	97.2%	96.5%	96.6%	96.4%	94.3%	96.3%
31 day surgery	94.0%	78.9%	100.0%	100.0%	100.0%	100.0%	100.0%	93.3%	87.5%	100.0%	89.5%	70.0%	83.3%	100.0%	87.7%
31 day drug	98.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.2%	100.0%	100.0%	100.0%	100.0%	98.8%
31 day palliative	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
62 day	85.0%	79.4%	77.9%	82.9%	84.8%	80.1%	83.1%	70.3%	76.9%	86.4%	76.9%	86.6%	85.5%	80.9%	80.7%
62 day screening	90%	66.7%	92.3%	100.0%	72.0%	80.0%	92.0%	85.7%	64.3%	100.0%	0.0%	66.7%	66.7%	66.7%	66.3%

NB: Performance is provisional at the time of writing and until the quarterly reporting period closes.









## Trust Board Meeting 3 December 2020

<b>Title of the paper</b>	<b>Integrated Performance Report</b> <i>(November 2020 reporting period – October 2020 data)</i>			
<b>Agenda Item</b>	11/86			
<b>Presenter</b>	<b>Sally Tucker</b> <b>Chief Operating Officer</b>			
<b>Author(s)</b>	<b>Jane Shentall</b> <b>Director of Performance</b>			
<b>Purpose</b>	<p><i>Please tick the appropriate box</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; border: 1px solid black;"> <div style="background-color: #cccccc; padding: 2px; font-size: small;">For approval</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> </td> <td style="width: 33%; text-align: center; border: 1px solid black;"> <div style="background-color: #cccccc; padding: 2px; font-size: small;">For discussion</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px; text-align: center;">✓</div> </td> <td style="width: 33%; text-align: center; border: 1px solid black;"> <div style="background-color: #cccccc; padding: 2px; font-size: small;">For information</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px; text-align: center;">✓</div> </td> </tr> </table>	<div style="background-color: #cccccc; padding: 2px; font-size: small;">For approval</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<div style="background-color: #cccccc; padding: 2px; font-size: small;">For discussion</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px; text-align: center;">✓</div>	<div style="background-color: #cccccc; padding: 2px; font-size: small;">For information</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px; text-align: center;">✓</div>
<div style="background-color: #cccccc; padding: 2px; font-size: small;">For approval</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<div style="background-color: #cccccc; padding: 2px; font-size: small;">For discussion</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px; text-align: center;">✓</div>	<div style="background-color: #cccccc; padding: 2px; font-size: small;">For information</div> <div style="border: 1px solid black; height: 20px; margin-top: 5px; text-align: center;">✓</div>		
<b>Executive Summary</b>	<div style="background-color: #f4a460; padding: 2px;"><b>Best Care / Great Team – COVID-19 snapshot</b></div> <ul style="list-style-type: none"> <li>Significant increase in COVID-19 positive inpatients continues, with 72 (was 34), similar number of suspected at 9 (was 8), and an increase in ITU COVID-19 positive patients (from 3) at 5 (slide 3, 28-30)</li> <li>Results awaited is higher at lower than previous months (slide 3, 28-30)</li> <li>COVID-19 negative inpatients, is relatively stable, now 471 (was 465) (slide 3, 28-30)</li> <li>Staff absence indicators show a reduction in COVID-19 sickness at 234 (up from 246), fewer staff self-isolating at 138 (previously 174) (slide 3)</li> <li>1 indeterminate and 1 community nosocomial infections were reported (slide 3, 30)</li> <li>PPE RAG rating indicates that there was a good supply of items, all of which were green in terms of days' supply (slide 3, 29)</li> </ul> <div style="background-color: #003366; color: white; padding: 2px;"><b>Safe Care &amp; Improving Outcomes</b></div> <ul style="list-style-type: none"> <li>Mortality indicators: SHMI is stable at 100.5 (100.6 last period), HSMR has reduced significantly (from 110) to 83.9 (slides 4, 25)</li> <li>There were 2 hospital apportioned clostridium difficile cases (previous month 6) with a year to date total of 15 (slides 4, 26)</li> <li>The overall C-section rate is lower at 34.5% (previously 36.2%) and is above (worse than) target (28%); the elective rate at 16% (was 15.7%) is above the local target (11%), as is the emergency rate (target 15%) at 18.5% (was 20.5%). The year to date rate for all C-sections is 33.8% (slides 4, 32).</li> <li>Reporting for safe care, nursing shift fill, remains suspended as a result of the COVID-19 pandemic (slides 4, 34)</li> <li>There were 5 serious incidents and patient safety incidents that are harmful has increased to 10% (previous month 8.1%) and year to date 8.6% (slides 4, 34)</li> <li>Safety thermometer new harms remains suspended as a result of the COVID-19 pandemic (slide 4, 35)</li> <li>VTE risk assessment compliance is stable and better (higher) than target (95%) at 96.5% and year to date the rate is 96% (slides 4, 37)</li> <li>Stroke indicators: Admission to the unit within 4 hours is below target (90%) at 18.8% (previously 17.4%); 80% (was 78%) of patients spent 90% of their admission on the unit (target 80% (slides 4, 38)</li> </ul> <div style="background-color: #660099; color: white; padding: 2px;"><b>Caring &amp; Responsive Services</b></div> <ul style="list-style-type: none"> <li>Ambulance turnaround delays were worse with 372 (was 327) between 30 and 60 minutes and 99 (was 78) over 60 minutes (slides 5, 39)</li> <li>ED 4 hour performance was lower than the previous month (84.3%) at 83.4% with a year to date position of 84.1% (slides 5, 39)</li> <li>Reporting requirements for delayed transfers of care (DToCs) remain suspended as a result of the covid-19 pandemic (slides 5, 41)</li> <li>Friends &amp; Family testing has also been paused for COVID-19</li> <li>Complaints response times have improved further and remain better than target (80%) at 86.5% with 1 reactivated complaint received in the month (slides 5, 44)</li> <li>RTT (incomplete) performance continues to improve (from 69.7%) to 74.8% (ytd)</li> </ul>			

	<p>62.9%). There were 1075 x 52 week breaches (previously 855) (slides 5, 46)</p> <ul style="list-style-type: none"> <li>Diagnostic waiting times performance remains below the standard (99%) but has improved at 71.8% (was 69%) (slides 5, 46)</li> <li>2 week wait (96.8%) is better (higher) than target (93%), 2 week wait breast symptomatic is compliant with the standard (93%) at 98.7% (slides 5, 47)</li> <li>28 day faster diagnosis standard (2ww) performance is compliant at 84.6% (slides 5,47)</li> <li>31 day first performance is currently below the standard (96%) at 94.3% (slides 5, 48)</li> <li>Performance against the 62 day urgent referral to first treatment is currently below target (85%) at 80.9% (slide 5, 49)</li> <li>62 day screening performance remains non-compliant at 66.7% (slides 5, 49)</li> <li>Short notice appointment cancellations have reduced significantly but are below (worse than) target, at 8.9% (slides 5, 50)</li> <li>Outpatient DNA rates are stable and just above (worse than) target (8%) at 8.1% (year to date 7.2%) (slides 5, 50)</li> </ul> <p><b>Workforce &amp; Finance</b></p> <ul style="list-style-type: none"> <li>12 month turnover rate is stable at 13.3% (previously 13.6%) and is just above target (13%); the vacancy rate is similar to previous month at 10.7% but worse than target (10%) (slides 5, 51)</li> <li>Sickness absence rates have risen above (worse than) the target (3.5%) at 4.2% (slides 6, 51)</li> <li>All staff appraisals are temporarily suspended (slides 5, 52)</li> <li>Mandatory training is compliant at 91.1% (slides 5, 52)</li> <li>Bank pay is better (lower) than the target (12%) at 11.6% (ytd 10.5%) but agency pay has risen above (worse than) target (4.7%) at 5.1% (slides 6,17)</li> <li>October 2020 (month 7) saw the transition into a revised system wide funding regime which sees fixed supplementary covid-19 cash flows approved within the ICS from a 'system' wide allocation from NHSI/E.</li> <li>The trust reported a position that was in line with our updated forecast. Income matched the £37.2m of expenditure incurred in the month and a small overspend of £12k was reported in month.</li> <li>As per the revised plan, the trust was expected to achieve £0.2m worth of efficiencies in month. This was met. The revised full year target for efficiencies is £2m.</li> <li>The sensitivity of the forecast ranges from a £8.3m deficit in the worst case, a £5.6m deficit in the likely case and a £4.17m deficit in the best case. The Trust has been asked to work to the best case scenario to manage services within the ICS financial envelope.</li> <li>A range of activity counts are now included for information (slide 6):             <ul style="list-style-type: none"> <li>→ Referrals continue to increase month on month</li> <li>→ A&amp;E attendances are rising</li> <li>→ Elective inpatient and day case spells are lower than plan</li> </ul> </li> </ul> <p>Activity RAG ratings are shown in the context of the minimum income contract where the primary objective is to match capacity to demand. Therefore, non-elective activity above plan/expectations would be rated red. Births are classified as non-elective activity and so activity below plan is rated green. Elective spell underperformance against expectations is rated red in the context of waiting list management.</p> <p><i>NB: Data correct at the time of reporting – 27/11/2020</i></p>
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<p><b>Trust strategic aims</b></p> <p><i>(please indicate which of the 4 aims is relevant to the subject of the report)</i></p>	<p><b>Aim 1</b> Best care</p>  <p><b>Objectives 1-4</b></p>	<p><b>Aim 2</b> Great team</p>  <p><b>Objectives 5-8</b></p>	<p><b>Aim 3</b> Best value</p>  <p><b>Objective 9</b></p>	<p><b>Aim 4</b> Great place</p>  <p><b>Objective 10-12</b></p>
	✓		✓	

<b>Links to well-led key lines of enquiry</b>	<p><input checked="" type="checkbox"/> Is there the leadership capacity and capability to deliver high quality, sustainable care?</p> <p><input type="checkbox"/> Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p>
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	<p><input type="checkbox"/> Is there a culture of high quality, sustainable care?</p> <p><input checked="" type="checkbox"/> Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p> <p><input checked="" type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance?</p> <p><input checked="" type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on?</p> <p><input type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p> <p><input checked="" type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation?</p> <p><input checked="" type="checkbox"/> How well is the trust using its resources?</p>						
<p><b>Previously considered by</b></p>							
	<table border="1"> <thead> <tr> <th data-bbox="450 551 1086 582">Committee/Group</th> <th data-bbox="1086 551 1434 582">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="450 582 1086 613">Trust Management Committee</td> <td data-bbox="1086 582 1434 613">25 November 2020</td> </tr> <tr> <td data-bbox="450 613 1086 651">Finance &amp; Performance Committee</td> <td data-bbox="1086 613 1434 651">26 November 2020</td> </tr> </tbody> </table>	Committee/Group	Date	Trust Management Committee	25 November 2020	Finance & Performance Committee	26 November 2020
	Committee/Group	Date					
Trust Management Committee	25 November 2020						
Finance & Performance Committee	26 November 2020						
<p><b>Action required</b></p> <p>The Board is asked to receive this report for information, assurance and discussion.</p>							

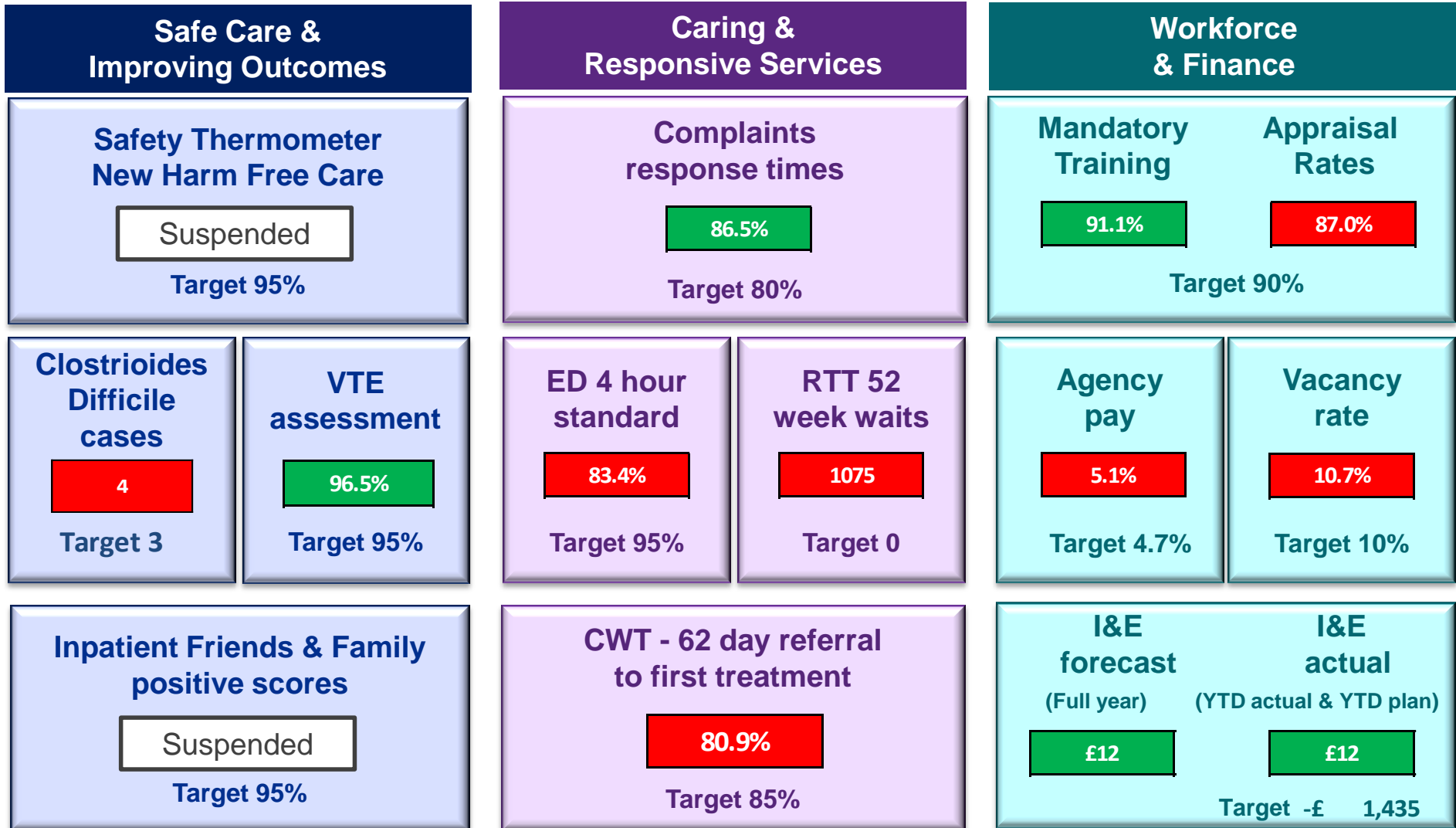
# Integrated Performance Report

## November 2020

### Reporting Period: October 2020

Trust Board: 3<sup>rd</sup> December 2020  
*Performance data updated on: 27<sup>th</sup> November 2020*

## How Are we Doing?

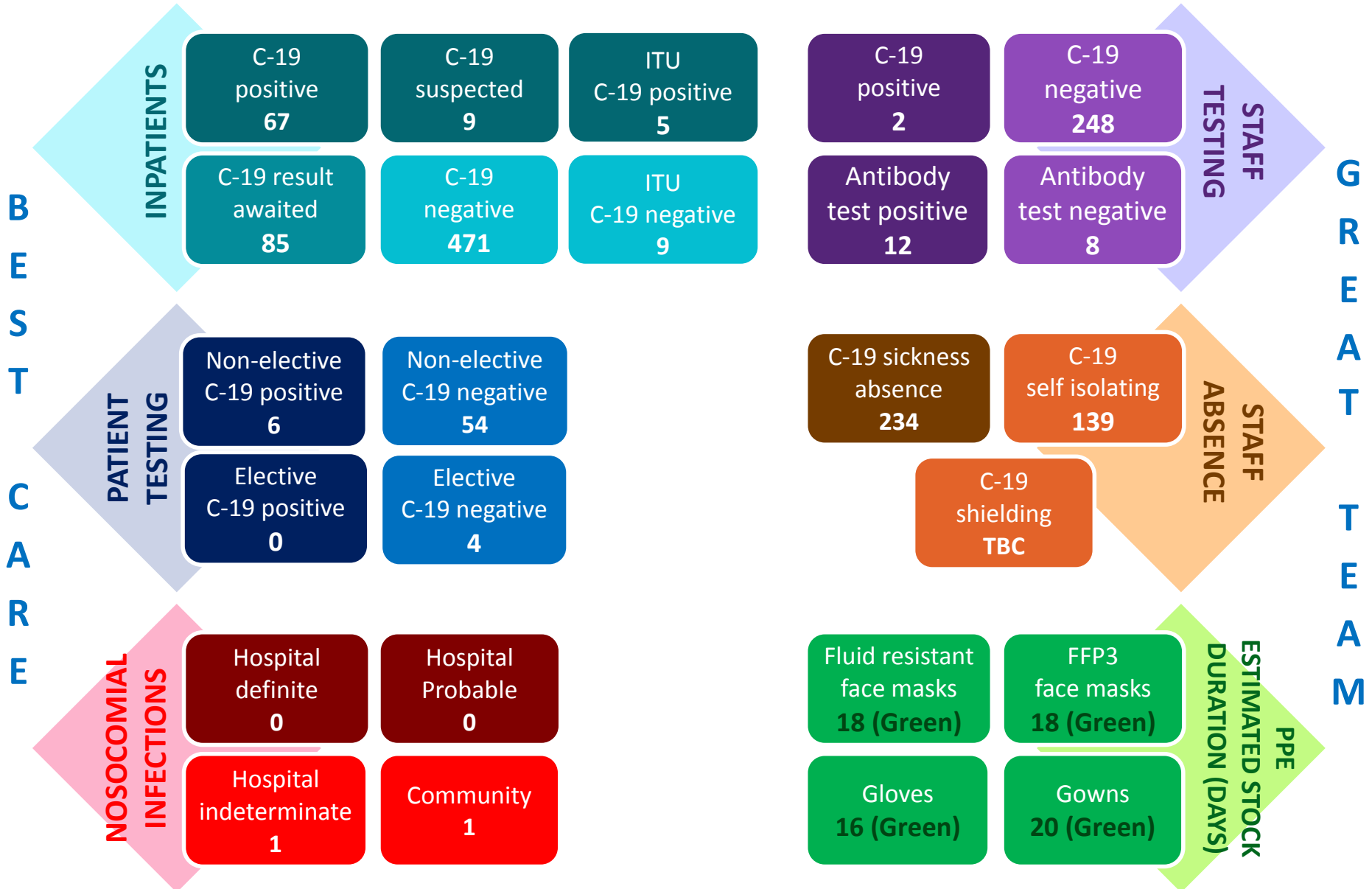


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# COVID-19 SNAPSHOT – 16<sup>th</sup> November 2020





# The very best care for every patient, every day

## Essential Measures – Executive Summary

### Safe Care & Improving Outcomes

<b>Mortality</b> Lower than previous month and within the "as expected" range	SHMI 100.5 HSMR 83.9
<b>Infection Control – clostridoides Difficile (hospital &amp; healthcare)</b> 2 Cat1 and 2 Cat2 cases this month	4 (Cat1: 2 Cat 2:2) YTD 24
<b>Serious incidents &amp; Never Events (NE)</b> Variable – 5 SIs in reporting period	SI 5 YTD 15 NE 0 YTD 1
<b>Patient safety incidents which are harmful</b> Higher than previous month	10.0% YTD 8.6%
<b>Combined Caesarean Section</b> Standard (28%) not achieved but better (lower) than previous month	34.5% YTD 33.8%
<b>VTE assessments</b> Better (above) than target (95%) Similar to previous month	96.5% YTD 96.0%
<b>Stroke Indicators</b> Admission to Stroke Unit within 4 hrs – target (90%) not achieved 90% admission spent in the Stroke Unit – target (80%) achieved	4 hr 18.8% YTD 27.7% Adm 80.0% YTD 73.8%

**Reporting Sub-Committee**  
Quality Committee

### Caring & Responsive Services

<b>Complaints response times</b> Above target (80%) and better than previous month	86.5% YTD 76.8%
<b>Inpatient Friends &amp; Family Test</b> Positive scores mainly compliant but variable, ED just below target (95%)	Suspended
<b>Mixed sex accommodation</b> None in reporting period but usually low number when breaches occur	Suspended
<b>Outpatient DNA rates</b> Above (worse than) target (8%) but lower than previous month	8.1% YTD 7.2%
<b>ED waiting times</b> Worse than previous month Target (95%)	83.4% YTD 84.1%
<b>RTT waiting times</b> Lower than the target (92%) Increase in 52 week waits	74.8% YTD 62.9% 1075
<b>Cancer waiting times</b> 2ww achieved consistently 62 day below target (85%) Worse than previous month	2ww 96.9% YTD 97.4% 62 day 80.9% YTD 94.7%

**Reporting Sub-Committees**  
People, Education & Research Committee  
Finance & Performance Committee

### Workforce & Finance

<b>All staff appraisal</b> Unchanged from previous month Below target (90%)	Suspended
<b>Mandatory training</b> Consistently achieved (target 90%) and stable	Suspended
<b>Turnover at 12 months</b> Just above (worse than) target (13%) Similar to previous month	13.3% YTD 13.7%
<b>Income &amp; Expenditure</b> Breakeven position for October	£0.01m YTD £0.01m
<b>Capital Spend</b> £1.39m Capital spend in October against a target of £2m	(£1.39)m YTD (£7.48)m
<b>CIP Efficiency</b>	Suspended
<b>Other Finance Indicators</b> Financial risk rating Activity vs plan Elective activity Non-elective activity	FRR 0 Elec 2070 vs 4148.37  Non-Elec 3901 vs 4925.79

**Reporting Sub-Committees**  
People, Education & Research Committee  
Finance & Performance Committee

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# COVID19 – SNAPSHOT - Indicator Summary

Domain	Theme	Trend Month on Month	Trend		
			Sep-20	Oct-20	Nov-20
COVID 19 Snapshot	<b>Inpatients</b>				
	C-19 positive	Worsening	10	34	67
	C-19 suspected	Worsening	14	8	9
	C-19 result awaited	Improving	111	108	85
	C-19 negative	Worsening	478	465	471
	ITU C-19 positive	Worsening	0	3	5
	ITU C-19 negative	Improving	13	7	9
	<b>Staff Testing</b>				
	C-19 positive	Stable	0	0	2
	C-19 negative		3	15	248
	Antibody test positive	Improving	1	4	12
	Antibody test negative		16	9	8
	<b>Patient Testing</b>				
	Non-elective C-19 positive	Worsening	2	3	6
	Non-elective C-19 negative	Worsening	50	66	54
	Elective C-19 positive	Stable	0	0	0
	Elective C-19 negative	Stable	0	1	4
	<b>Staff Absence</b>				
	C-19 sickness absence	Improving	40	246	234
	C-19 self isolating	Improving	18	174	139
	C-19 shielding		N/A	N/A	N/A
	<b>Nosocomial Infections</b>				
	Hospital definite	Improving	0	1	0
	Hospital probable	Improving	0	1	0
	Hospital indeterminate	Worsening	0	0	1
	Community	Stable	0	1	1
	<b>Estimated duration of PPE stock (days)</b>				
	Fluid resistant face masks	Worsening	39	25	18
	FFP3 face masks	Worsening	17	31	18
	Gloves	Worsening	15	18	16
	Gowns	Worsening	16	21	20



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# Indicator Summary



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Domain	Theme	Page	Target	Trend	Aug-20	Sep-20	Oct-20	YTD actual	YTD target	Data period	National / Local / Trust	Bench-marking	Bench-marking period		
Safe care & Improving Outcomes	Safe	<b>Quality of Care: Mortality Indicators</b>													
		SHMI (Rolling 12 months)	26	100	Performance stable but worse than target	100.6	100.6	100.5			May-20	National	100	May-20	
		HSMR - Total (Rolling three months)	26	100	Performance improved and better than target	117.5	111.0	83.9			Jul-20	National	100	Jul-20	
		<b>Quality of Care: Infection Control</b>													
		Clostridioides Difficile - Hospital associated (Cat 1)	28	n/a		1	6	2	15			Oct-20	National	n/a	
		Clostridioides Difficile - Healthcare associated (Cat 2)	28	n/a		1	1	2	9			Oct-20	National	n/a	
		Clostridioides Difficile - Hospital and Healthcare associated Total	28	3	Performance stable but worse than target	2	7	4	24	19		Oct-20	National	n/a	
		Hand Hygiene Compliance	29	95%	Performance stable and better than target	97.3%	98.4%	95.9%	97.4%	95%		Oct-20	Local	n/a	
		<b>Quality of Care: Emergency Readmissions</b>													
		30 Day Emergency Readmissions - Elective *	33	4.4%	Performance stable and better than target	3.3%	2.5%	3.8%	3.8%	4.4%		Apr-20	National	4.4%	Apr-20
		30 Day Emergency Readmissions - Emerg *	33	12.9%	Performance stable and better than target	12.7%	12.2%	12.6%	12.6%	12.9%		Apr-20	National	12.9%	Apr-20
		<b>Quality of Care: Caesarean Section rates</b>													
		Caesarean Section rate - Combined*	34	28.0%	Performance stable but worse than target	31.2%	36.2%	34.5%	33.8%	28.0%		Oct-20	Local	28.0%	2017/18
		Caesarean Section rate - Emergency*	34	15.0%	Performance stable but worse than target	15.1%	20.5%	18.5%	17.1%	15.0%		Oct-20	Local	16.0%	2017/18
		Caesarean Section rate - Elective*	34	11.0%	Performance stable but worse than target	16.1%	15.7%	16.0%	16.7%	11.0%		Oct-20	Local	12.0%	2017/18
		<b>Patient Safety</b>													
		% nursing hours (shift fill rate)	36	95.0%	Performance stable and better than target	suspended		101.2%	100.3%	95.0%		Oct-20	National	n/a	
		Serious incidents - number*	37	0	Performance deteriorated and worse than target	1	2	5	15	0		Oct-20	National	n/a	
		Serious incidents - % that are harmful*	37	0.0%	Performance stable but worse than target	100.0%	100.0%	50.0%	58.3%	0%		Oct-20	National	n/a	
		% of patients safety incidents which are harmful*	37	0.0%	Performance stable but worse than target	7.9%	8.1%	10.0%	8.6%	0%		Oct-20	National	n/a	
		Never events	37	0	Performance stable and better than target	0	0	0	1	0		Oct-20	National	n/a	
		Safety Thermometer Harm Free Care (acquired within and outside of Trust)	-	95.0%	Performance improved but worse than target	Suspended				95.0%		Oct-20	National	93.7%	Mar-20
		Safety Thermometer % New Harm Free Care (acquired within Trust)	-	95.0%	Performance improved but worse than target	Suspended				95.0%		Oct-20	National	97.8%	Mar-20
		Category 4 pressure ulcers - New (Hospital acquired)	39	0	Performance stable and better than target	0	0	0	0	0		Oct-20	Local	n/a	
		Category 3 pressure ulcers - New (Hospital acquired)	39	0	Performance stable and better than target	0	0	0	1	0		Oct-20	Local	n/a	
		VTE risk assessment*	42	95.0%	Performance stable and better than target	95.9%	95.7%	96.5%	96.0%	95.0%		Oct-20	National	95.3%	Q3 19/20
		Patients admitted to stroke unit within 4 hours of hospital arrival	43	90.0%	Performance improved but worse than target	18.5%	17.4%	18.8%	27.7%	90.0%		Oct-20	National	54.0%	Mar-20
		Stroke patients spending 90% of their time on stroke unit	43	80.0%	Performance stable and better than target	84.1%	78.0%	80.0%	73.8%	80.0%		Oct-20	National	82.7%	Mar-20

Key	Description	Performance improved - statistically significant change compared to previous 12 months (2 standard deviations SPC)	Performance deteriorated - statistically significant change compared to previous 12 months (2 standard deviations SPC)	Performance stable - no statistically significant change compared to previous 12 months (2 standard deviations SPC)
Green	Performance better than target/threshold	Green	Orange	Green
Red	Performance worse than target/threshold	Red	Red	Red



# The very best care for every patient, every day

## Indicator Summary



West Hertfordshire Hospitals

Domain	Theme	Page	Target	Trend	Aug-20	Sep-20	Oct-20	YTD actual	YTD target	Data period	National / Local / Trust	Bench-marking	Bench-marking period	
Caring & Responsive Services	Effective	<b>Patient Flow: Emergency Department</b>												
		Ambulance turnaround time between 30 and 60 mins		0	Performance stable but worse than target	354	327	372	2088	0	Oct-20	National	n/a	
		Ambulance turnaround time > 60 mins		0	Performance stable but worse than target	180	78	99	532	0	Oct-20	National	n/a	
		% Patients admitted through A&E - 0 day LOS		n/a		28.3%	28.6%	27.2%	27.6%		Oct-20	National	n/a	
		<b>Patient Flow: In hospital flow</b>												
		Discharges between 8am and 12pm (main adult wards excl AAU)		33.0%	Performance stable but worse than target	17.8%	16.5%	18.0%	15.6%	33.0%	Oct-20	National	n/a	
		Mixed sex accommodation breaches	45	0	Performance stable and better than target	suspended				0	Oct-20	National	59 Trusts breaching	Feb-20
		LOS > 21 days	46	65	Performance stable but worse than target	57	68	67	67	65	Oct-20	National	n/a	
		Delayed Transfers of Care (DToC) beddays used in month	46	n/a		Suspended				n/a	Oct-20	National	n/a	
		Delayed Transfers of Care (DToC) beds used in month	46	n/a		Suspended				n/a	Oct-20	National	n/a	
	<b>Patient Experience: Friends &amp; Family Test</b>													
	A&E FFT % positive	-	95%	Performance improved but worse than target	suspended				95%	Oct-20	National	85.0%	Feb-20	
	Inpatient Scores FFT % positive	-	95%	Performance improved but worse than target	suspended				95%	Oct-20	National	95.9%	Feb-20	
	Daycase FFT % positive	-	95%	Performance improved but worse than target	suspended				95%	Oct-20	National	n/a		
	Maternity FFT % positive	-	95%	Performance improved but worse than target	suspended				95%	Oct-20	National	96.9%	Feb-20	
	<b>Patient Experience: Complaints</b>													
	Complaints responded to within target/agreed timescale	47	80%	Performance stable and better than target	80.6%	85.7%	86.5%	76.8%	80%	Oct-20	National	n/a		
	Reactivated complaints	47	0	Performance stable but worse than target	5	0	1	9	0	Oct-20	National	n/a		
	<b>Patient Experience: End of life care</b>													
	<i>New indicators to be included in Q4</i>													
	<b>Access to Services</b>													
	ED 4hr waits (Type 1, 2 & 3)	44	95.0%	Performance stable but worse than target	83.1%	84.3%	83.4%	84.1%	95.0%	Oct-20	National	84.4%	Oct-20	
	Referral to Treatment - Incomplete*	49	92.0%	Performance stable but worse than target	61.8%	69.7%	74.8%	62.9%	92.0%	Oct-20	National	60.6%	Sep-20	
	Referral to Treatment - 52 week waits - Incompletes	49	0	Performance deteriorated and worse than target	669	855	1075	3573	0	Oct-20	National	139545 (all Trusts)	Sep-20	
	Diagnostic (DM01) <6 weeks		99.0%	Performance stable but worse than target	68.5%	69.4%	71.8%	62.4%	99.0%	Oct-20	National	67.0%	Sep-20	
	<b>Cancer</b>													
	Cancer - Two week wait *	50	93.0%	Performance stable and better than target	96.4%	97.1%	96.9%	97.4%	93.0%	Oct-20	National	88.1%	Q2 20/21	
	Cancer - Breast Symptomatic two week wait *	50	93.0%	Performance stable and better than target	96.2%	97.1%	98.7%	96.0%	93.0%	Oct-20	National	81.9%	Q2 20/21	
	Cancer - 28 day waits (faster diagnosis standard)-shadow reporting	50	75.0%	Performance stable and better than target	83.1%	79.5%	84.6%	81.8%	73.6%	Oct-20	National	n/a		
	Cancer - 31 day *	51	96.0%	Performance stable but worse than target	96.6%	96.4%	94.3%	96.1%	96.0%	Oct-20	National	94.7%	Q2 20/21	
	Cancer - 31 day subsequent drug *	51	98.0%	Performance stable and better than target	100.0%	100.0%	100.0%	99.4%	98.0%	Oct-20	National	99.2%	Q2 20/21	
	Cancer - 31 day subsequent surgery *	51	94.0%	Performance stable and better than target	70.0%	84.6%	100.0%	90.9%	94.0%	Oct-20	National	87.5%	Q2 20/21	
Cancer - 31 day subsequent radiology *	51	94.0%		-	100.0%	100.0%	100.0%	94.0%	Oct-20	National	96.1%	Q2 20/21		
Cancer - 62 day *	52	85.0%	Performance stable but worse than target	86.6%	85.5%	80.9%	94.7%	85.0%	Oct-20	National	76.9%	Q2 20/21		
Cancer - 62 day screening *	52	90.0%	Performance stable but worse than target	66.7%	66.7%	66.7%	62.0%	90.0%	Oct-20	National	64.0%	Q2 20/21		
<b>Access to Services: Outpatients</b>														
Outpatient cancellation rate within 6 weeks^	53	5.0%	Performance stable but worse than target	14.2%	14.1%	8.9%	18.3%	5.0%	Oct-20	Local	n/a			
DNA rate	53	8.0%	Performance stable but worse than target	7.5%	8.4%	8.1%	7.2%	8.0%	Oct-20	National	n/a			



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# Indicator Summary

Domain	Theme	Page	Target	Trend	Aug-20	Sep-20	Oct-20	YTD actual	YTD target	Data period	National / Local / Trust	Bench-marking	Bench-marking period	
Workforce and finance	Well led	<b>Recruitment &amp; Retention</b>												
		Staff turnover rate (rolling 12 months)	54	13.0%	Performance improved but worse than target	13.3%	13.6%	13.3%	13.7%	13.0%	Oct-20	National	15.0% (Beds and Herts orgs)	Q1 19/20
		% staff leaving within first year (excluding medics and fixed term contracts)	54	n/a		16.0%	16.6%	18.1%	16.5%	n/a	Oct-20	National	n/a	
		Vacancy rate	54	10.0%	Performance deteriorated and worse than target	9.7%	10.4%	10.7%	9.8%	10.0%	Oct-20	National	11.1% (local survey)	Q1 19/20
		Sickness rate	54	3.5%	Performance stable but worse than target	3.5%	3.9%	4.2%	5.4%	3.5%	Oct-20	National	3.7% (EoE orgs)	Q1 19/20
		<b>Developing Staff</b>												
		Appraisal rate (Total)	55	90.0%	Performance improved but worse than target	87.0%	87.0%	87.0%	87.0%	90.0%	Oct-20	National	n/a	
		Mandatory Training	55	90.0%	Performance improved and better than target	93.9%	90.5%	91.1%	92.7%	90.0%	Oct-20	Local	91.0% (local survey)	Q1 19/20
		Essential Training	55	90.0%	Performance improved but worse than target	90.8%	0.0%	0.0%	90.8%	90.0%	Oct-20	Local	n/a	
		<b>Finance overview</b>												
		Financial Risk Rating	14-24	3	Performance improved but worse than target	0.00	0.00	0.00			Oct-20	Local	n/a	
		Income & Expenditure Actual	14-24	£563	Performance stable but worse than target	£0	£0	£12	£12	£-1,435	Oct-20	Local	n/a	
		Income & Expenditure forecast	14-24	£12	Performance deteriorated but better than target	£0	£0	£12	£12	£12	Oct-20	Local	n/a	
		Cash balance at the end of the month	14-24	£2,077	Performance deteriorated but better than target	£52,789	£50,383	£44,730	£44,730	£2,077	Oct-20	Local	n/a	
		Capital expenditure	14-24	£-2,008	Performance stable but worse than target	£-1,400	£-506	£-1,388	£-7,481	£-14,050	Oct-20	Local	n/a	
		CIP delivery against plan	14-24	£1,153	Performance improved but worse than target	suspended				£8,068	Oct-20	Local	n/a	
		% Bank Pay**	14-24	12.0%	Performance stable and better than target	11.4%	11.1%	11.6%	10.7%	12.0%	Oct-20	Local	n/a	
		% Agency Pay**	14-24	4.7%	Performance stable but worse than target	4.2%	4.2%	5.1%	4.0%	4.7%	Oct-20	Local	7.3% (local survey)	Q1 19/20
		<b>Activity (chargeable)</b>												
		GP referrals		8,027	Performance stable and better than target	5,027	6,535	6,907	31,576	56,189	Oct-20	National	n/a	
		A&E attendances		15,092	Performance stable and better than target	11,892	11,933	11,933	72,390	100,608	Oct-20	National	n/a	
		Elective spells (overnight)		492	Performance stable but worse than target	345	410	410	1,886	3,312	Oct-20	National	n/a	
		Elective daycase		3,656	Performance stable but worse than target	1,660	2,031	2,031	9,257	24,595	Oct-20	National	n/a	
		Total elective spells		4,148	Performance stable but worse than target	2,005	2,070	2,070	10,401	27,907	Oct-20	National	n/a	
		Non-elective spells		4,926	Performance stable and better than target	3,708	3,901	3,901	24,347	34,973	Oct-20	National	n/a	
Births		322	Performance stable but worse than target	381	360	360	2,563	2,288	Oct-20	National	n/a			
Outpatient attendances		21,481	Performance stable but worse than target	9,500	11,185	11,185	67,138	144,510	Oct-20	National	n/a			

\* No official cash target  
\*\* Straight line target

Activity RAG ratings are shown in the context of the minimum income contract where the primary objective is to match capacity to demand. Therefore, non-elective activity above plan/expectations would be rated red. Births are classified as non-elective activity and so activity below plan is rated green.  
Elective spell underperformance against expectations is rated red in the context of waiting list management.

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## Key messages for the Board

### Safe Care & Improving Outcomes

#### Chief Medical Officer

As part of the redevelopment project, I have been working with divisions and clinical teams to 'confirm and challenge' the detailed schedule of accommodation that feeds into the work of the architect design team; teams have been fully engaged and have been considering opportunities to develop and deliver services in new ways. In parallel, detailed and constructive engagement with the EPR development and strategy is occurring across all divisions.

The exec team, with all divisions, are rapidly developing our strategy for the deployment of staff to support the mass vaccination of essential staff. The rising numbers of COVID patients is significantly affecting patient flow, in order to maintain infection, prevention and control, but our performance in many key indicators, demonstrate the trust is rising to the challenge, and are in the upper quartile in Model Hospital data.

#### Chief Nurse

The Key actions for infection prevention and control and testing have been published with 10 key actions to support the management of COVID and nosocomial infections. This has been reviewed and discussed at the incident management (IMT) for COVID and at the clinical decision panel as part of our COVID governance. A number of actions have already been implemented and further work is underway to strengthen the evidence of assurance and meet all 10 actions.

Safe staffing continues to be an area of focus due to COVID across nursing and midwifery working closely with HR around recruitment and health and wellbeing, also ensuring a clear plan of communication as we move into winter. Staffing templates are reviewed twice daily to plan the 24 hour period and ensure a clear plan for the night with the senior clinical rota and night sister.

We have continued to progress work to meet the national patient safety strategy; we have identified a number of roles who will create a cohort of patient safety specialists working in every NHS organisation which is an ambition of the strategy.

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## Key messages for the Board

### Caring & Responsive Services

#### Chief Nurse

We have continued to progress the work to expand maternity visiting so that partners can attend further ante-natal scans. Working closely with estates to agree the work required and complete this to support the safety of women, partners and the staff.

The family liaison line (FLL) has been supported to expand across the trust in the adult areas to support one call every two days. This will enable improved communication with families/carers whilst restricted visiting in place. It will be put in place for six months and then reviewed and extension up to 12 months depending on the pandemic and requirements.

We now have volunteer coordinators across the seven period supporting our volunteers, who have made a huge impact already at the weekends for patients and staff.

#### Chief Operating Officer

ED attendances continue to fluctuate but have not reduced in line with that of Phase 1 of the COVID pandemic. COVID related admissions have steadily increased with the Trust converting a fourth ward for COVID+ve use. Based upon this bed base carve out, a number of bed closures for infection related reasons and workforce constraints precluding the use of surge areas, the Trust has found itself under pressure with regards to available bed capacity. As a result of this a Business Continuity Incident was declared on 13<sup>th</sup> November, at the time of writing this report (17.11.20) recovery has not been achieved and the incident remains active.

In terms of capital initiatives, replacement of the Cardiac Cath Labs has commenced. Enablement works are underway for the Theatres development and progress continues for Phase 2 of EAU with ground works being completed in readiness for receipt of the modular building over the first weekend of December 2020.

The Trust participated in its first CQC Patient FIRST review at the end of October which focused upon Emergency Care Services.

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## Key messages for the Board

### Workforce & Finance

#### Chief People Officer

**Valuing you week** – We held a very successful Valuing Your Week for our staff which saw us undertake a number of activities aimed at supporting the health and well being of our staff, this included three videos which allowed staff to share their experiences of the first wave of the pandemic. Executives also did walkabouts, thanking staff and giving out health and well being bags. Feedback from the week has been very positive.

We also held our Long Service Awards virtually with staff with over 30 years plus of service being recognised. Other staff with less service who would normally be recognised will be included in the 2021 awards.

**Lateral Flow Testing** - We have so far distributed over 500 lateral flow tests to our staff and provided training. It is anticipated that we should complete full distribution by the start of December. This will allow our staff to self test themselves twice weekly.

**COVID Vaccination Preparation** – We have begun preparations for rolling out COVID vaccinations to all our staff and potentially to staff from other local NHS organisations. It is anticipated that we will use the facilities at Watford Football Club from which to run the vaccination programme over two three week blocks during December and January.

**Flu and staff survey** – Flu vaccination rates stand at 76% and staff survey completion rates at 47%. These rates are significant improvements on both project as compared to the same point in 2019, although in order to commence with the COVID vaccination programme we will need to finish the flu vaccination programme by the start of December.

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## Key messages for the Board

### Workforce & Finance

#### Chief Finance Officer

October 2020 (month 7) saw the transition into a revised system wide funding regime which sees fixed supplementary COVID-19 cash flows approved within the ICS from a 'system' wide allocation from NHSI/E. As our income is mostly fixed, the trust is now expected to deliver activity within a funding envelope. However our spending forecasts (in line with targeted income recovery) suggest that costs will exceed income. In September we had submitted a forecast indicating that the Trust required an extra £5.6m to meet the additional costs in re-establishing capacity and productivity approaching NHSEI targeted activity levels. During the approval process, the Trust was challenged to improve this forecast. The November Finance and Performance Committee discussed optimistic scenarios that are expected to improve the forecast to a £4.2m deficit. This forecast is however predicated on stretching ambitions for activity recovery. It is therefore still likely, that total patient numbers will fall lower than ambition due to rising COVID admissions. Non COVID related costs are likely to be lower, while COVID related costs higher (see below).

For this month (7) the trust reported a position that was in line with our updated forecast. Income matched the £37.2m of expenditure incurred in the month and a small overspend of £12k was reported in month. Against the business as usual financial plan set out before the start of the pandemic, the trust would have underperformed by £575k in month. This reflects the fixed funding envelope for the month providing marginally less income than planned for, before the year started, combined with high non pay costs. Year to date, total revenues of £247.3m match costs of £247.3m which is £1.4m better than the original (pre-pandemic) plan as at the end of October (The plan anticipated a £1.4m deficit). The year to date position reflects overall costs (excluding those related to COVID care) being less than planned for.

Also within the month 7 figures, COVID care costs totalled £2.2m, which although consistent with last month, were £0.6m higher than £1.6m forecast for these costs for the month. This COVID care cost pressure was offset by other costs being lower than expected. The level of future COVID expenditure represents a risk for the organisation which is reflected in a 'worse case' scenario discussed at Finance Committee. Year to date, a total of £15.4m has been accrued for COVID care with an expected outturn spend of £23.1m in the financial forecast.

The majority of services have now restarted and this continues to support an upward trajectory in the level of patients treated. The financial performance against plan can be summarised as.

- Elective admissions were 80% of the original plan in month, compared to an average of 43% for previous months.
- Outpatient attendances were 78% of the original plan in month, compared to a 60% YTD average.
- A&E attendances 80% of plan compared to a 71% average trend for previous months.

The Trust spent £1.3m on buildings and equipment assets in October. The year to date capital spend stands at £6.7m. The total capital expenditure programme for 2020/21 now exceeds over £50m including starting construction on a new multi-story car park, the development of a new electronic patient record, new complex imaging equipment including replacing our cardiac catheter labs, fire safety and critical infrastructure improvements and the business case for the major redevelopment of Watford General Hospital.

Cash flow continues to be healthy through advance block payments and this is supporting the trust's efforts to pay suppliers as quickly as possible.

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## Key messages for the Board



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### Corporate - ICT

#### Chief Information Officer

The October metrics show a reasonably consistent picture but a very busy month as the technology teams supported increased volumes of activity relating to re-start and COVID support activities:

Metric	Jun	Jul	Aug	Sep	Oct
Priority 1 incidents	4	7	2	3	3
Priority 2 incidents	17	20	21	10	12
Incident backlog	350	415	416	417	458
First time fix rate	87%	91%	92%	91%	91%
Customer satisfaction score	7.2	6.6	6.8	6.9	6.5
Network availability	100%	100%	100%	100%	100%

Of the three priority 1 incidents, one was significant. This incident occurred on Monday the 26<sup>th</sup>. Over the weekend there had been a VMware upgrade in the Atos environment. This upgrade caused an external circuit fault which limited the speed of data transfer between the Trust and the Atos data centre in Birmingham, impacting some end users during the morning.

The issue was managed by diverting the majority of traffic via the Longbridge data centre which was not impacted, but the permanent resolution was not in place till early November, so whilst the impact was minimal for a couple of hours on Monday morning the Trust was running with a non-resilient solution for almost a week.

The EPR programme continues to evolve at significant pace. The Full Business Case will be presented to the Joint Investment Committee on the 1<sup>st</sup> of November. Our presentation has been endorsed by a written report from region which recommends approval. We aspire to sign contracts on either the 16<sup>th</sup> or 23<sup>rd</sup> December subject to receiving written approval from JIC.

The Windows 10 business case has now been approved at Trust Management Committee and we have developed a deployment schedule which should see the vast majority of end users having a modern, functional and quicker device by the end of the financial year. We continue to work through the required application upgrades to enable complete roll out.

Six responses have been received for the printing tender. We are currently assessing these responses with a particular focus on the organisation that can improve the quality of service and provide the flexibility of provision we need as our technology services evolve.

Significant progress has now been made on the Medical Records Outsourcing programme, with the expectation that the Full Business Case will be presented to Trust Management Committee on the 23<sup>rd</sup> December.

We have also been working to establish our plan to upgrade to Microsoft 365 next year. This is the online version of the Microsoft suite and will provide staff with consistent access to the latest Microsoft tools and storage enabling easier collaboration and mobile working.



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## Workforce & Finance: Income and Expenditure October 2020

Trust Definition	Expense Type	Annual Budget	In Month (£000's)				YTD			
			Budget	Actual	Variance		Budget	Actual	Variance	
Income	Divisional Income	81,014	6,755	9,773	3,018	Bii	47,238	56,178	8,940	Fii
	NHS Revenue	336,416	28,813	27,411	(1,402)	Bi	196,800	191,073	(5,727)	Fi
	Income Unallocated CIPs	0	0	0	0		0	0	0	
<b>Income Total</b>		<b>417,431</b>	<b>35,568</b>	<b>37,184</b>	<b>1,616</b>	<b>B</b>	<b>244,038</b>	<b>247,251</b>	<b>3,213</b>	<b>F</b>
Pay	Medical Pay	(81,814)	(6,758)	(7,085)	(326)		(47,950)	(47,947)	3	
	Non-Clinical Pay	(61,307)	(5,187)	(4,083)	1,104		(34,410)	(29,356)	5,054	
	Nursing Pay	(80,561)	(6,871)	(6,772)	100		(46,930)	(45,618)	1,313	
	Other Clinical Pay	(30,851)	(2,499)	(2,568)	(69)		(17,955)	(18,367)	(412)	
	Scientific, Technical & Profes	(27,348)	(2,282)	(2,309)	(26)		(15,943)	(16,122)	(179)	
	Pay Unallocated CIPs	9,386	842	0	(842)		3,369	0	(3,369)	
<b>Pay Total</b>		<b>(272,496)</b>	<b>(22,755)</b>	<b>(22,815)</b>	<b>(60)</b>	<b>(159,819)</b>	<b>(157,409)</b>	<b>2,410</b>	<b>G</b>	
Non Pay	ClIn Supp Serv	(31,291)	(2,735)	(2,811)	(76)		(18,304)	(15,881)	2,423	
	Drugs	(21,424)	(1,863)	(1,685)	178		(12,532)	(11,167)	1,365	
	OTHER (NON CLIN)	(81,330)	(5,782)	(8,289)	(1,507)		(47,074)	(52,984)	(5,910)	
	Non Pay Unallocated CIPs	5,654	508		(508)		1,910		(1,910)	
<b>Non Pay Total</b>		<b>(128,390)</b>	<b>(10,871)</b>	<b>(12,785)</b>	<b>(1,913)</b>	<b>(76,001)</b>	<b>(80,032)</b>	<b>(4,031)</b>	<b>H</b>	
Recharges	Recharges	0	0	0	0		0	0		
<b>Recharges Total</b>							0	0		
Financing Charges	Depreciation	(10,948)	(913)	(1,198)	(286)		(6,383)	(6,651)	(268)	
	Trust Debt Redemption	(5,570)	(464)	(400)	64		(3,256)	(3,182)	74	
	Unwinding Discount	(27)	(2)	2	4		(16)	11	27	
<b>Financing Charges Total</b>		<b>(16,545)</b>	<b>(1,378)</b>	<b>(1,596)</b>	<b>(218)</b>	<b>(9,655)</b>	<b>(9,822)</b>	<b>(167)</b>	<b>I</b>	
<b>Total</b>		<b>0</b>	<b>563</b>	<b>(12)</b>	<b>(576)</b>	<b>A</b>	<b>(1,437)</b>	<b>(12)</b>	<b>1,425</b>	<b>J</b>

The performance to plan was worse by £576k. The performance against plan shown, represents the pre-COVID business as usual plan.

B- The overall income position saw an over performance in month of £1,616k.

Bi – With the interim reimbursement arrangements in place, key points to note within divisional income include reduced MRET, PSF and car parking income within the month. This was mitigated by the top up payment and claims for additional COVID related costs which are captured on slide 11.

Bi- NHS Revenue generated a total of £27,411k in month. This represented the ongoing temporary block arrangements with all CCGs, regardless of activity performance. This guarantee of income saw an against the business as usual plan. This is where block arrangements did not cover our original expectations of the activity to be performed in October. The underperformance was £1,402k in month. Operationally, all points of delivery saw significant underperformances in month as a result of the COVID-19 situation. However, Actual activity levels have continue to increase month on month since May.

C – The overall pay bill for the month was £22,815k which was £60k overspent. Within the pay position, an additional £900k was spent in relation to COVID-19 and is offset by income. After allowing for these items, the residual underspend is due to reduced activity levels in month.

D – The non pay position reported an overspend of £1,913k. This includes an additional £1,320k spent in relation to COVID-19. This has partially been offset by income.

E – Financing charges over spent in month by £218k. This was in relation to a year to date adjustment reflecting the actual effect of depreciation.

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# Workforce & Finance: Finance overview dashboard

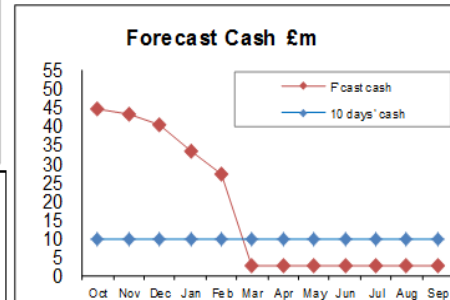
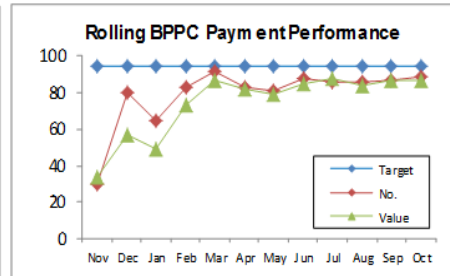
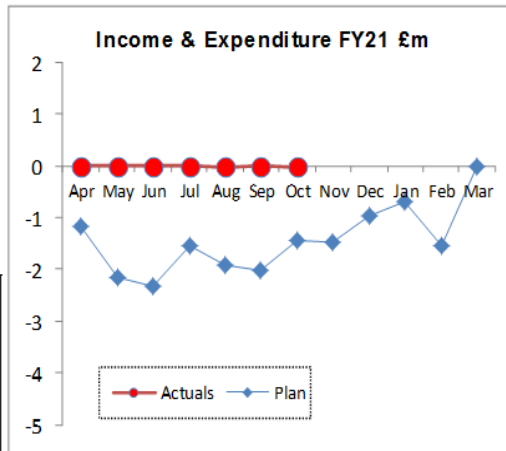
## Financial Overview 31 October 2020

Month 7 Income & Expenditure			
£m	Plan	Actual	Var
Surplus / (Deficit)	(0.6)	(0.0)	0.6

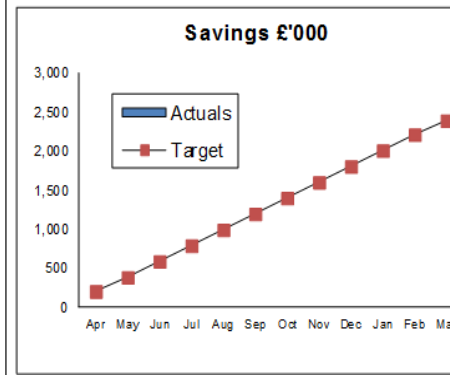
YTD M7 20/21			
£m	Plan	Actual	Var
Surplus / (Deficit)	(1.4)	(0.0)	1.4

Statutory / Regulatory Duties		
Breakeven	The trust achieved break even year to date and has a break even plan for FY21.	<b>A</b>
CRL	The Trust has not exceeded its Capital Resource Limit.	<b>G</b>
EFL	The Trust has managed spend within its External Financing Limit.	<b>G</b>
10 Days' Cash	Cash at 31/10/20 equated to £44.7m	<b>G</b>
BPPC	Month 7 performance - 88.5% on number, 89% on value (95% target)	<b>A</b>

Financial Risk Rating	FY21	2
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YTD Variance by Division £m	
Medicine	(10.5)
Unscheduled Care	(7.0)
Surgery	(17.5)
Women's	(4.2)
Clinical Support	(3.9)
Estates & Facilities	(1.0)
Corporate	(0.9)
Other	46.4
<b>Total</b>	<b>1.4</b>



### Commentary

- See earlier pages for I&E detail.
- The Better Practice Payment statistics for October show 89% by value and 88.5% by number.
- The cash balance at the end of October was £44.7m.

Risk rating on a scale of 1 to 4, with 1 being best and 4 being worst.



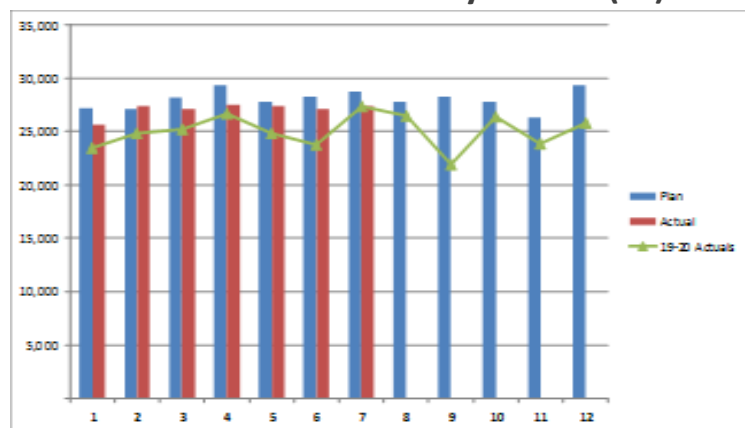
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## Workforce & Finance: Trust Income – October 2020

### NHS Revenue: Performance by Month (£s)



NHS revenue continues to be set at a block amount of £27.4m for the month of October. This resulted in an underperformance against the business as usual plan.

All points of delivery showed underperformances as a result of the COVID-19 outbreak:

Despite increases in activity from previous months, A&E continues to underperform against plan by £0.4m

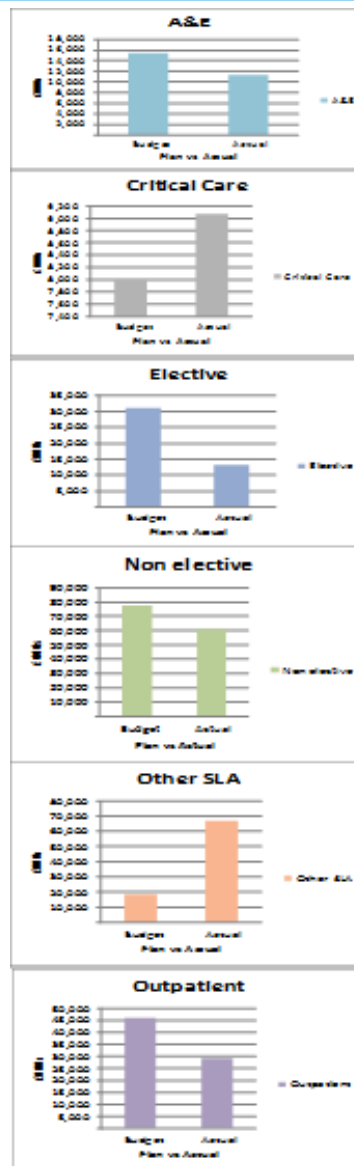
In October, Critical care achieved a break even position. This was linked to the number of COVID patients requiring critical care facilities.

The reduction in Elective cases continues to drive a monthly underperformance of £0.9m. This is predominately within the Surgery division.

For Non Elective the in month position showed under performance of £0.6m.

Despite an increase in virtual interactions, the overall fall in Outpatient attendances meant performance was £1.4m away from plan.

The adverse variances above were offset by other SLA income being favorable to plan by £2.1m. This reflects the block reimbursement arrangements.



### In Month Performance (£s)

Expense Type	POD	Annual Budget	In Month (£000's)		
			Budget	Actual	Variance
NHS Revenue	A&E	26,486	2,244	1,804	(440)
	Critical Care	13,664	1,153	1,089	(64)
	Elective	53,207	4,627	3,731	(896)
	Non elective	132,024	11,213	10,562	(651)
	Other SLA	32,315	2,772	4,858	2,086
	Outpatient	78,721	6,804	5,366	(1,437)
	NHS Rev Unallocated CIPs				
<b>NHS Revenue Total</b>	<b>Total</b>	<b>336,416</b>	<b>28,813</b>	<b>27,411</b>	<b>(1,402)</b>

### In Month Performance (spells)

Expense Type	POD	Annual Budget	In Month (Activity)		
			Budget	Actual	Variance
NHS Revenue	A&E	186,835	15,868	11,400	-4,468
	Critical Care	14,579	1,238	1,113	-125
	Elective	47,706	4,148	3,196	-952
	Non elective	64,358	5,466	4,478	-988
	Other SLA	3,774,708	328,235	313,264	-14,971
	Outpatient	479,834	41,688	34,751	-6,938
<b>NHS Revenue Total</b>	<b>Total</b>	<b>4,568,020</b>	<b>396,645</b>	<b>368,203</b>	<b>-28,442</b>

### Divisional Income

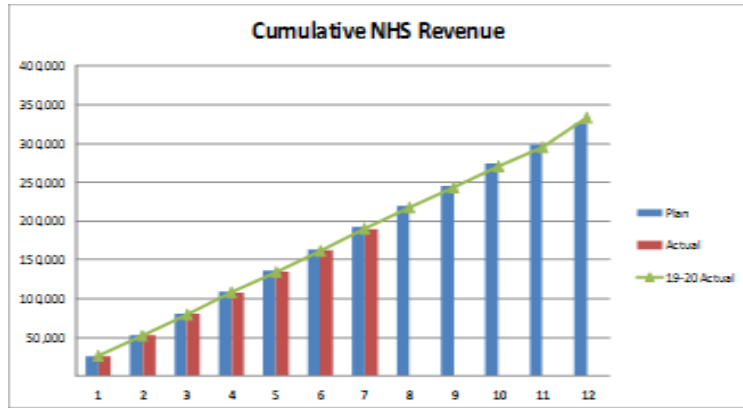
Divisional income delivered a £3.0m surplus in month. Reduced MRET, PSF and car parking income was mitigated by the COVID top up payment. In addition to this the Trust received £1.6m worth of claims for additional COVID related expenditure. This is included within the position.

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## Workforce & Finance : Year To Date (YTD) – Trust Income

### NHS Revenue: Performance by Month (£s)



Month 7 YTD shows Income under performance of £5.7m. £191.1m has been generated against plan of £196.8m.

A&E has a YTD under performance of £4.2m which is linked to a price and volume variance.

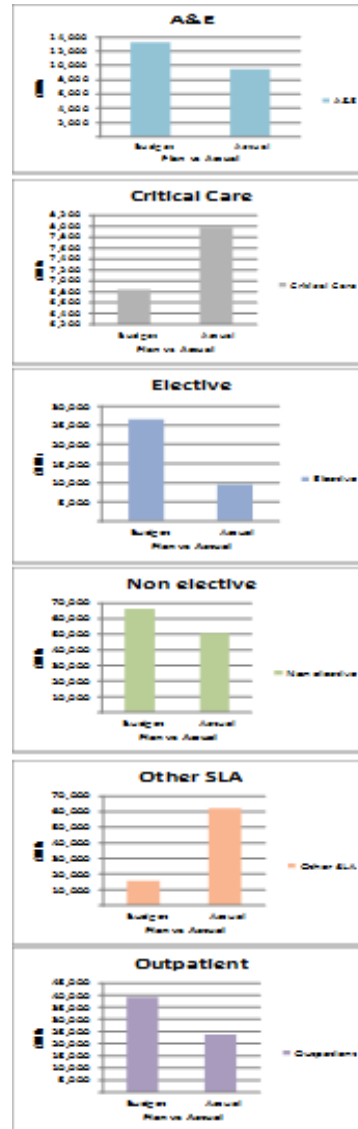
Critical care is £1.1m better than plan and has seen an average occupancy rate of 80%. The increase is linked to the COVID-19 pandemic.

Elective performance is £16.2m away from the YTD plan. This is mostly driven by underperformances across the Surgery division linked to a reduction in the volume of procedures performed and a reducing complexity of procedures.

Non Elective activity has a deficit against plan of £16.3m. This is predominately centred around the Emergency division and is linked to a reduction in emergencies throughout the pandemic.

YTD Outpatient performance shows £16.8m worth of under performance.

Other SLA income is £48.3m above plan. This is driven by a central adjustment to take into account the impact of the block reimbursement structure.



### YTD Performance (£s)

POD	YTD (£000's)		
	Budget	Actual	Variance
A&E	15,519	11,302	(4,217)
Critical Care	7,997	9,069	1,072
Elective	31,125	13,312	(17,813)
Non elective	77,406	61,135	(16,271)
Other SLA	18,693	66,993	48,300
Outpatient	46,061	29,262	(16,799)
NHS Rev Unallocated CIPs			
<b>Total</b>	<b>196,800</b>	<b>191,073</b>	<b>(5,727)</b>

### YTD Performance (spells)

POD	YTD (Activity)		
	Budget	Actual	Variance
A&E	109,542	75,812	-33,730
Critical Care	8,548	8,832	284
Elective	27,907	12,164	-15,743
Non elective	37,733	27,070	-10,663
Other SLA			
Outpatient	280,717	169,678	-111,040
<b>Total</b>	<b>464,447</b>	<b>293,556</b>	<b>-170,892</b>

### Divisional Income

The YTD divisional income position is now better than plan by £8.9m. This is driven by claims for COVID -19 revenue reimbursement from the centre.



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## Workforce & Finance: Trust Pay October 2020

### Trust Pay Performance

Expense Type	Annual Budget	In Month (£000's)			WTE		
		Budget	Actual	Variance	Budget	Actual	Variance
Medical Pay	(81,814)	(6,758)	(7,085)	(326)	715.27	758.03	-43
Non-Clinical Pay	(61,307)	(5,187)	(4,083)	1,104	1,263.38	1,230.66	33
Nursing Pay	(80,561)	(6,871)	(6,772)	100	1,647.35	1,640.32	7
Other Clinical Pay	(30,851)	(2,499)	(2,568)	(69)	1,045.99	1,039.34	7
Scientific, Technical & Profes	(27,348)	(2,282)	(2,309)	(26)	512.90	520.20	-7
Pay Unidentified CIPs	9,386	842	(842)		0.00	0.00	0
<b>Total</b>	<b>(272,496)</b>	<b>(22,755)</b>	<b>(22,815)</b>	<b>(60)</b>	<b>5,184.89</b>	<b>5,188.55</b>	<b>-4</b>

The Trust reported an in month overspend of £0.06m This is linked to reduced activity levels performed in month. There was also £0.9m worth of cost captured in relation to COVID-19.

Key areas to note include;

Medical pay was £0.32m overspent, this is linked to operational changes in dealing with the COVID-19 outbreak.

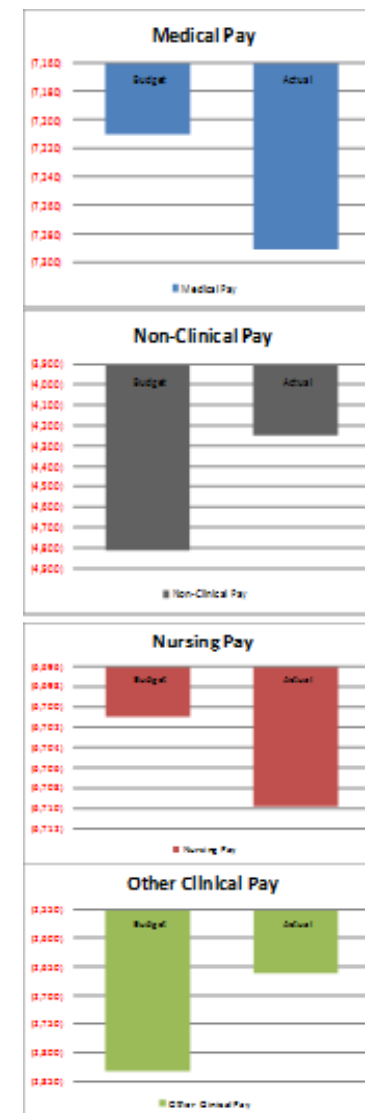
Non Clinical Pay- was underspent by £1.1m. This represents unspent growth reserves across divisions.

Nursing and other clinical pay showed a combined underspend against plan of £0.1m. This was driven by a lower bank and agency spend in month due to unfilled shifts.

Agency premium to cover scientific and professional vacancies across clinical support, theatres and cardiology resulting in the £0.03m overspend in month.

Expected pay efficiencies in month were not achieved and this caused a £0.84m adverse movement against plan.

Additional work is ongoing to understand any future cost implications of implemented hospital zoning versus existing funded establishment.

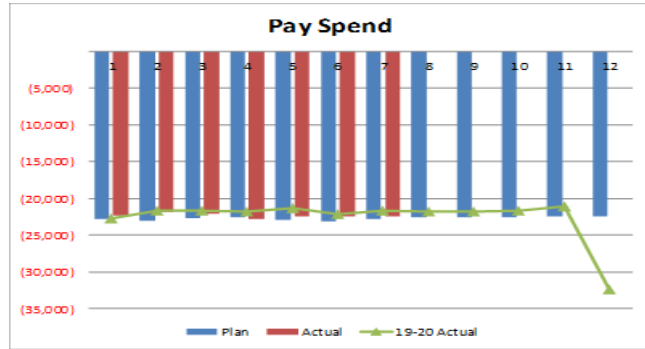


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## Workforce & Finance: Trust Pay October 2020



The year to date reported position shows an underspend of £2.4m.

Key year to date themes to note are:

Medical pay – is showing a breakeven position. This reflects operational changes made during the COVID-19 pandemic.

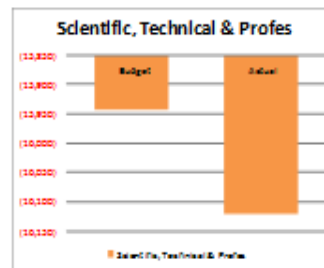
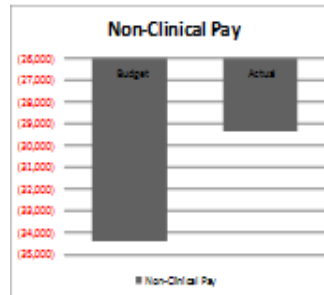
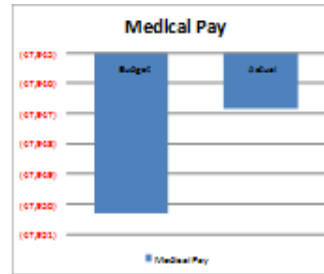
Nursing and other clinical pay has a combined underspend of £0.9m YTD. This is driven by a lower bank and agency fill rate and operational changes made to deal with COVID-19 (zonal deployment).

Scientific & therapeutic agency premium to cover vacancies across clinical support, theatres and cardiology are causing £0.18m YTD overspend.

The above overspends are buffered by unutilised growth monies sitting on the non clinical pay line.

Unachieved CIPs due to the temporary suspension of the efficiency programme account for a £3.37m overspend.

Total Pay costs which have been spent in relation to the COVID-19 pandemic total £5.7m.

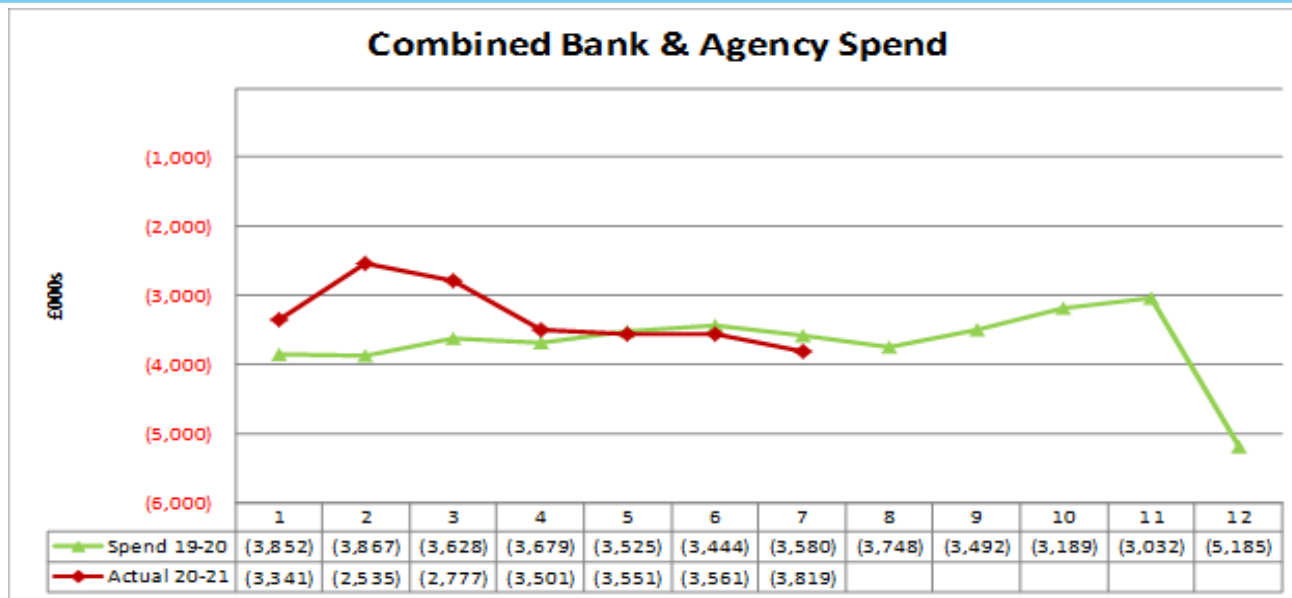


### YTD Pay Performance

Expense Type	Annual Budget	YTD		
		Budget	Actual	Variance
Medical Pay	(81,832)	(41,223)	(40,862)	361
Non-Clinical Pay	(61,737)	(29,223)	(25,273)	3,950
Nursing Pay	(80,052)	(40,028)	(38,846)	1,182
Other Clinical Pay	(30,913)	(15,457)	(15,800)	(343)
Scientific, Technical & Profes	(27,348)	(13,661)	(13,813)	(152)
Pay Unallocated CIPs	9,386	2,527		(2,527)
		<b>(137,065)</b>	<b>(134,594)</b>	<b>2,470</b>

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## Workforce & Finance: Bank & Agency Spend October 2020



### Agency

The Trust has set an internal target of £12.8m for 20-21.

This is £0.2m lower than the internal target set last year.

Agency expenditure in the month totaled £1.16m. This represented an increase when compared with previous months spend.

Of the £1.16m in-month spend, £0.38m was spent in relation to COVID.

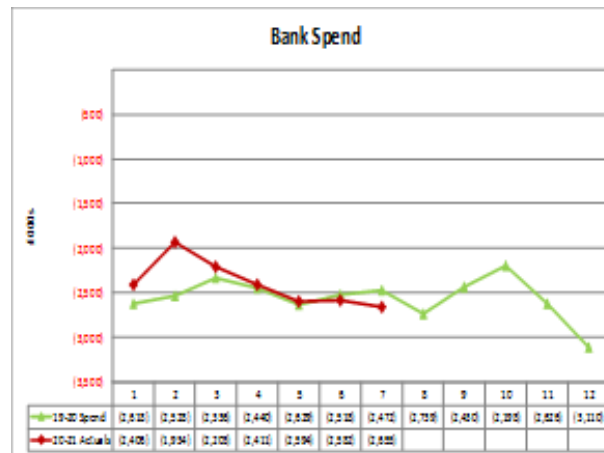
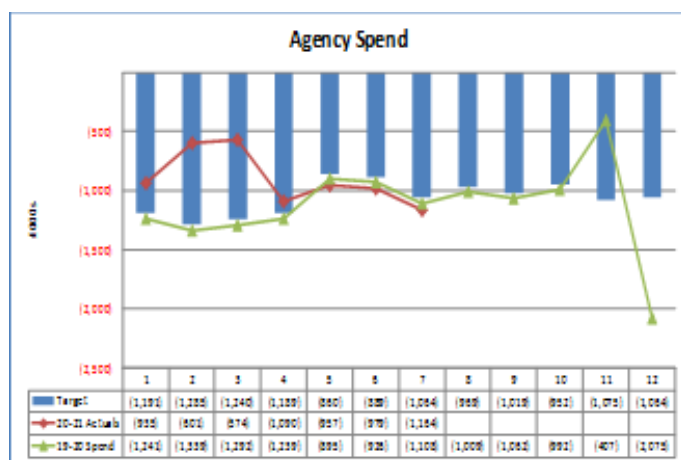
Year to date Agency spend stands at £6.5m. This is within the £7.7m YTD target. At year end, the Trust expects to meet the original agency target of £12.8m.

### Bank

Bank spend for October was £2.7m. This is slightly higher than the patterns of spend seen in previous months.

Of the £2.7m spend, £0.36m was spent in relation to COVID.

When comparing to the same month last year, the Trust has spent £0.24m more on temporary staffing



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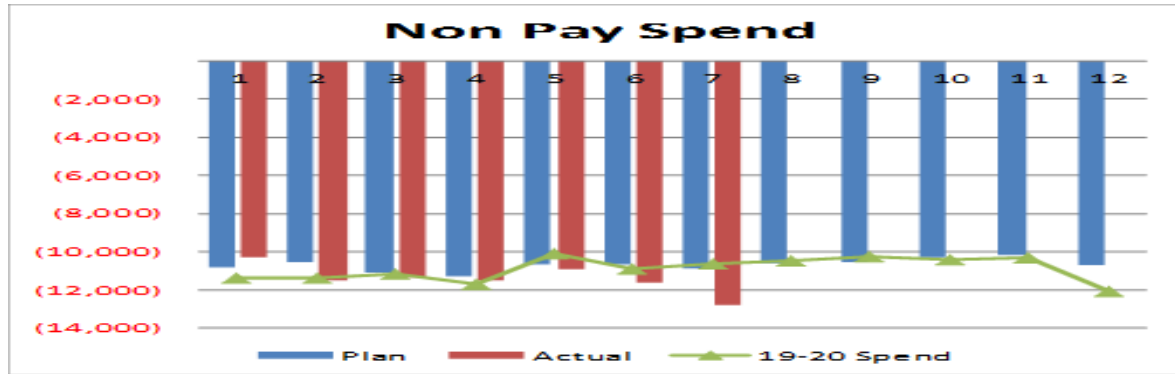


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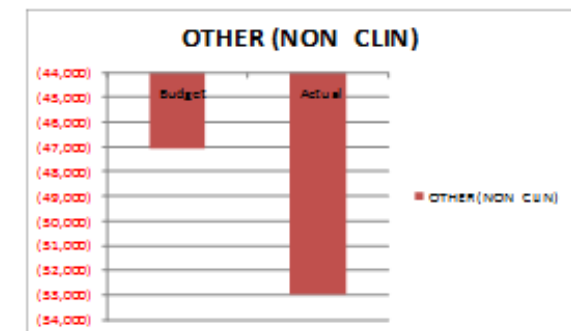
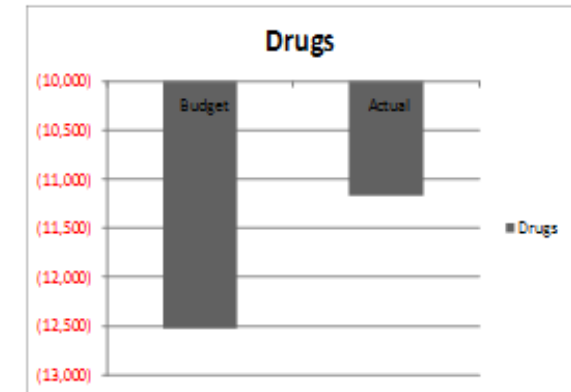
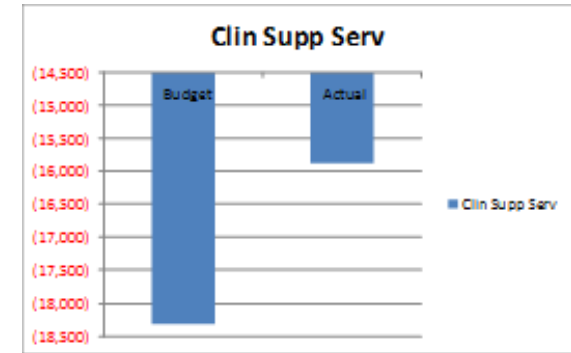
## Workforce & Finance: Non Pay September 2020

### Non Pay Performance

Expense Type	Annual Budget	In Month (£000's)			YTD		
		Budget	Actual	Variance	Budget	Actual	Variance
Clin Supp Serv	(31,291)	(2,735)	(2,811)	(76)	(18,304)	(15,881)	2,423
Drugs	(21,424)	(1,863)	(1,685)	178	(12,532)	(11,167)	1,365
OTHER (NON CLIN)	(81,330)	(6,782)	(8,289)	(1,507)	(47,074)	(52,984)	(5,910)
Non Pay Unallocated CIPS	5,654	508		(508)	1,910		(1,910)
<b>Total</b>	<b>(128,390)</b>	<b>(10,871)</b>	<b>(12,785)</b>	<b>(1,913)</b>	<b>(76,001)</b>	<b>(80,032)</b>	<b>(4,031)</b>



### YTD Performance



The in month non pay position reported an overspend of £1.91m. Actual Spend was £12.79m against a budget of £10.87m.

The main drivers of the position include:

Clinical supplies were £0.76m underspent in month. This was driven by a cumulative monthly increase in the number of elective procedures performed.

Drugs were underspent by £0.18m. This is linked to the overall levels of patients seen in month.

Other non clinical supplies were overspent by £1.5m. The majority of this relates to COVID related infrastructure costs.

The position includes a total spend of £1.3m in relation to COVID-19 in month.

YTD the position is £4m overspent. This includes total YTD COVID non pay costs of £9.7m.



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## Workforce & Finance: COVID-19 Cost Capture October 2020

### Principles

Two main financial control principles are used to ensure relevant COVID-19 costs are charged:

- All expenditure to the central code must be signed off by a Chief officer.
- Divisional expenditure is collated through finance managers within each division, and then assessed for relevance, backup etc. before being submitted for Chief approval.

### Month 7

In month 7 the following costs have been captured:

- £900k pay
- £1,322k non-pay

This has been offset with £1,605k worth of central income.

Major equipment purchases will be largely non-recurrent, while staff costs will be ongoing.

		£000s	
Trust Definition	Expense Type	In Month Actual	YTD Actual
Pay	Medical Pay	378	1732
	Non-Clinical Pay	168	1172
	Nursing Pay	124	1221
	Other Clinical Pay	76	616
	Scientific, Technical & Profes	154	939
<b>Pay Total</b>		<b>900</b>	<b>5,680</b>

		£000s	
Trust Definition	Expense Type	In Month Actual	YTD Actual
Non Pay	Bedding & Linen	-	1
	Cleaning supplies & materials	69	422
	Computer expenditure	16	73
	Consultancy	112	281
	Drugs		202
	Estates expenditure	4	1092
	Fuel & power	-4	20
	Furniture & office equipment		12
	Healthcare from other NHS Bod	27	111
	Laboratory expenses	312	1822
	Medical & Surgical Equipment	-	1126
	Other non-pay	222	3429
	Printing & stationery	25	56
	Provisions	-73	43
	Rates	10	45
	Staff Uniforms	606	988
Travel & subsistence		3	
<b>Non Pay Total</b>		<b>1,325</b>	<b>9,725</b>
<b>Grand Total</b>		<b>2,226</b>	<b>15,406</b>

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## Workforce & Finance: Efficiency Programme

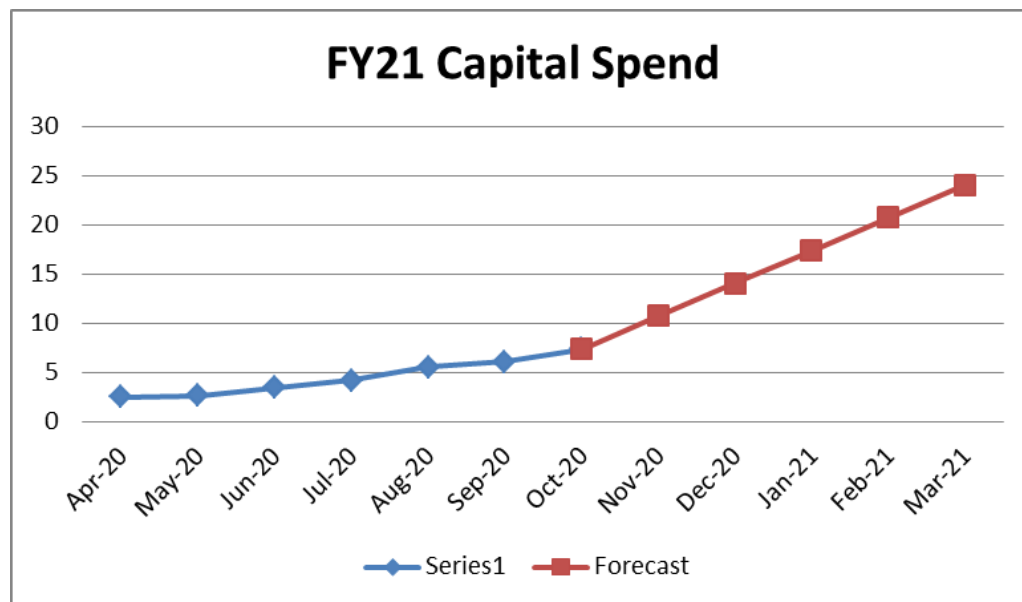
WHHT - FY21 CIP Efficiency Covid 19 im pact													
FY21 Efficiency Strategy Themes Covid 19 im pact (as of 18.11.20)													
	Suspended						FY21 Target						
Strategy Theme	M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000	Total £000
Pay efficiencies - establishment review									30	30	30	30	120
Non-Pay Procurement initiatives							143	143	143	204	204	204	1,041
Income - efficiency opportunities							115	145	145	145	145	145	840
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>258</b>	<b>288</b>	<b>318</b>	<b>379</b>	<b>379</b>	<b>379</b>	<b>2,001</b>

### WHHT FY21 CIP Efficiency Divisional Target

	Suspended						FY21 Target						
Division	April M1 £000	May M2 £000	June M3 £000	July M4 £000	Aug M5 £000	Sept M6 £000	Oct M7 £000	Nov M8 £000	Dec M9 £000	Jan M10 £000	Feb M11 £000	March M12 £000	FY21 Total £000
Clinical Support							23	25	28	33	33	33	175
Corporate							31	35	38	46	46	46	241
Medicine							56	62	69	82	82	82	431
Surgery & Anaesthetics							68	76	84	100	100	100	529
Emergency Medicine							27	31	34	40	40	40	213
Womens & Childrens							28	31	35	41	41	41	219
Environment							25	28	31	37	37	37	193
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>258</b>	<b>288</b>	<b>318</b>	<b>379</b>	<b>379</b>	<b>379</b>	<b>2,001</b>

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## Workforce & Finance: Capital Expenditure October 2020



### YTD Capital spend by Scheme

Month	Scheme	Spend (£m)
1	Your Care Your Future	0.3
1	LED Lighting	0.2
1	Medical Equipment	0.6
1	Backlog maintenance	0.1
1	Covid-19 related projects	1.3
<b>Month 1 Total Spend</b>		<b>2.5</b>
2	Your Care Your Future	0.06
2	Covid-19 related projects	-0.49
2	Fire Safety	0.31
2	Backlog maintenance	0.25
<b>Month 2 Total Spend</b>		<b>0.13</b>
3	Your Care Your Future	0.08
3	Medical Assessment Unit	0.31
3	Endoscopy Equipment	0.29
3	Replacement of Pharmacy Robot	0.06
3	Theatre Project	0.08
3	WAN Infrastructure- IT	0.03
<b>Month 3 Total Spend</b>		<b>0.85</b>
4	Covid-19 related projects	0.02
4	Medical Assessment Unit	0.18
4	Multi Storey Car Park (MSCP)	0.03
4	Fire Safety	0.41
4	Estates projects	0.07
<b>Month 4 Total Spend</b>		<b>0.71</b>
5	Fire Safety	0.14
5	Your Care Your Future	0.33
5	Medical Assessment Unit	0.05
5	Multi Storey Car Park (MSCP)	0.07
5	Sundry Estates	0.07
5	Covid-19 related projects	0.74
<b>Month 5 Total Spend</b>		<b>1.40</b>
6	Fire Safety	0.04
6	Your Care Your Future	0.14
6	Medical Assessment Unit	0.04
6	Security Improvements	0.03
6	IT LAN Remediation	0.06
6	Cardiac Catheter Lab	0.16
6	Sundry Estates	0.03
6	Covid-19 related projects	0.01
<b>Month 6 Total Spend</b>		<b>0.51</b>
7	Fire Safety	0.10
7	Your Care Your Future	0.6
7	Medical Assessment Unit	0.1
7	X-Ray rooms	0.1
7	EPR	0.20
7	Sundry Estates	0.1
7	Covid-19 related projects	0.1
<b>Month 7 Total Spend</b>		<b>1.30</b>
<b>YTD Spend</b>		<b>6.10</b>

# Detailed reports

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## Safe Care & Improving Outcomes: Mortality Indicators

### In this reporting period:

The latest available (August 2019 to July 2020) Summary Hospital Mortality Indicator (SHMI) was 100.52 and within the 'as expected' range (band 2). For the 12 month period (August 2019 to July 2020), the Trust's overall HSMR of 100.2 was within the 'as expected' range. The COVID diagnostic code is not part of the HSMR primary diagnostic bundle but has been mapped to the virus infection SMR group. Reviews of COVID-19 mortality have been carried out internally using a bespoke Dr Foster investigation and structured judgement review, an external review was also conducted by the Intensive Care National Audit and Research Centre.

### Quantitative aspects of Mortality :

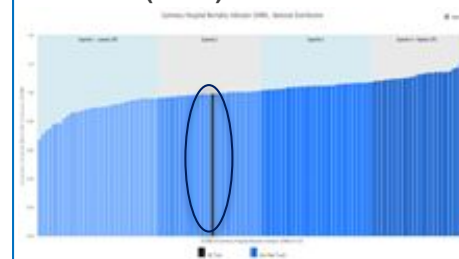
A case note deep dive review is undertaken for each 'outlying' primary diagnostic SMR group with a speciality or senior trust consultant and the coding manager. This process is consistent and has not highlighted any lapses of care to date in those outlying groups. Current outlying groups include septicaemia except in labour and virus infection. An audit is scheduled to look at a cohort of sepsis cases.

### Qualitative aspects of Mortality:

Monthly speciality/departmental Mortality Review meetings have restarted as well as the process for Structured Judgement Review (SJR) both of which had been suspended. The level tier 2 work for judgements of potential avoidability of death has resumed. The internal COVID-19 SJR review led to recommendations on procalcitonin testing, D-Dimer testing, C reactive protein, fluid challenge, nutritional support, proning and ceilings of care.

**Performance stable  
Better than target/threshold**

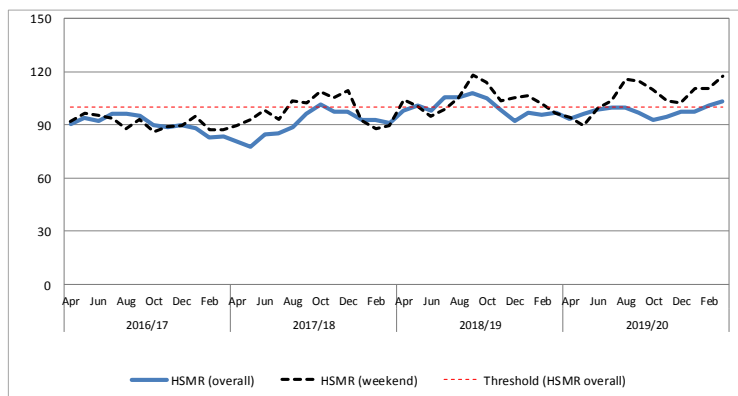
**Benchmarking: MODEL HOSPITAL**  
Summary Hospital Mortality Indicator (SHMI)



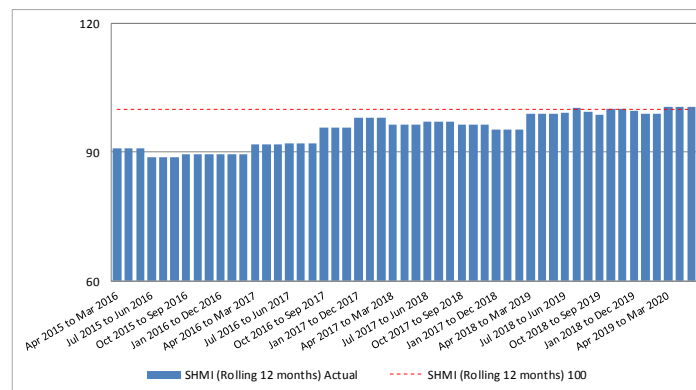
**Period: Oct 2020**

**WHHT 0.99      Sector: 1.01**

**HSMR – rolling 3 months**



**SHMI – rolling 12 months**



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Objective Ref
Safe Care & Improving Outcomes: Safe	Chief Medical Officer	Quality Committee	1a / 1b / 2a / 3a / 4a



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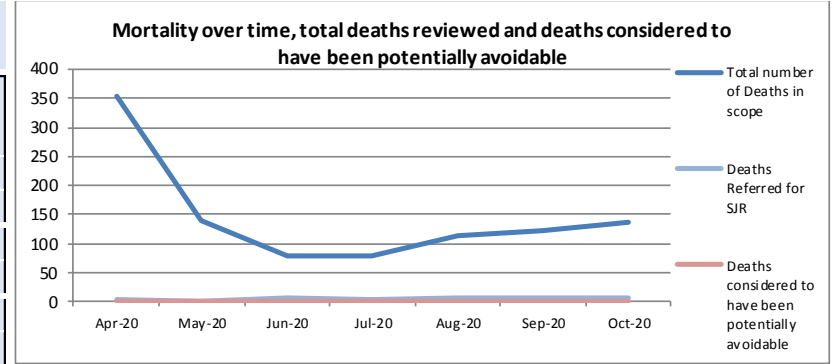


# Safe Care & Improving Outcomes: Learning from deaths dashboard

## Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

**Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)**

Total Number of Deaths in Scope *based on date of death		Total Deaths Referred in for SJR **based on date of review		Total that were Tier 2 reviewed		Total Number of Deaths considered to have been potentially avoidable (RCP <=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month	This Month	Last Month
136	123	6	7	5	5	0	1
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
136	317	6	17	5	14	0	2
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1028	1652	36	137	19	32	2	2



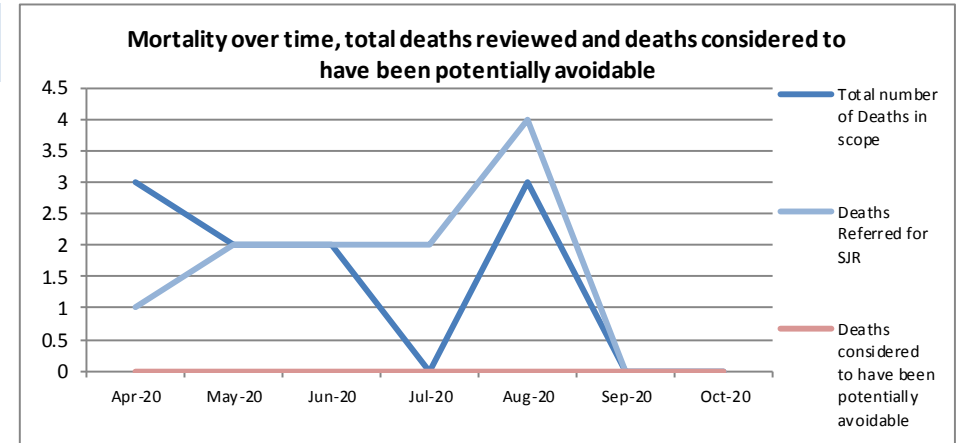
### Total Deaths Reviewed by RCP Methodology Score

Score 1 Definitely avoidable		Score 2 Strong evidence of avoidability		Score 3 Probably avoidable (more than 50:50)		Score 4 Probably avoidable but not very likely		Score 5 Slight evidence of avoidability		Score 6 Definitely not avoidable	
This Month	0	This Month	0	This Month	0	This Month	3	This Month	0	This Month	2
This Quarter (QTD)	0	This Quarter (QTD)	0	This Quarter (QTD)	0	This Quarter (QTD)	3	This Quarter (QTD)	0	This Quarter (QTD)	2
This Year (YTD)	0	This Year (YTD)	1	This Year (YTD)	1	This Year (YTD)	8	This Year (YTD)	4	This Year (YTD)	5

## Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

**Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities**

Total Number of Deaths in Scope *based on date of death		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of Deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
0	3	0	6	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
10	23	11	23	0	0





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## Safe care & Improving Outcomes: Infection Control (2 of 2)

**In this reporting period:**

**E. Coli bacteraemia (E colib):**

There was 2 post-48hr cases and 19 pre-48 hour cases (non-trust) reported in Oct 2020. There is no externally set target for the trust but the national target is to deliver a 25% reduction by 2021 and 50% by 2024; this is reflected in the quality indicator which is monitored by the CCG. Thematic data is gathered for post-48 hour cases and reviewed alongside microbiology review of the pre-48 hour cases. Work around this is to be recommended as part the recovery plan.

**Methicillin-sensitive Staphylococcus aureus (MSSAb):**

There was 1 post-48 hour case and 4 pre-48 hour cases of MSSAb in Oct 2020. Each case is usually reviewed by a microbiologist using an RCA tool to identify and share learning .

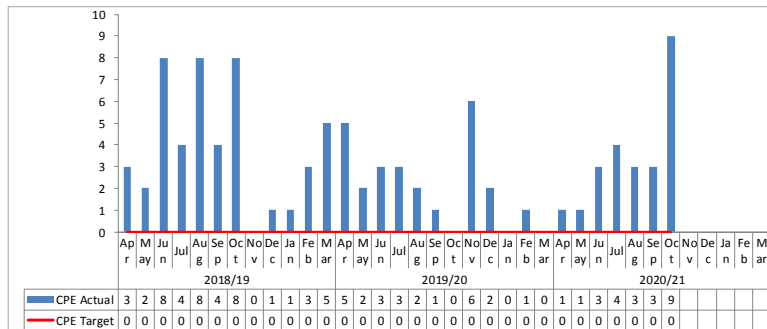
**Carbapenemase-producing Enterobacteriaceae (CPE):**

The trust routine management and compliance process for CPE continues, including screening, enhanced cleaning and isolation. This is being focussed on by the IPCT as the trust recovers from the COVID19. A cluster of cases were identified on 3 separate wards, and genetic typing has been requested to identify any transmission. Immediate actions including enhanced cleaning and isolation of patients was undertaken.

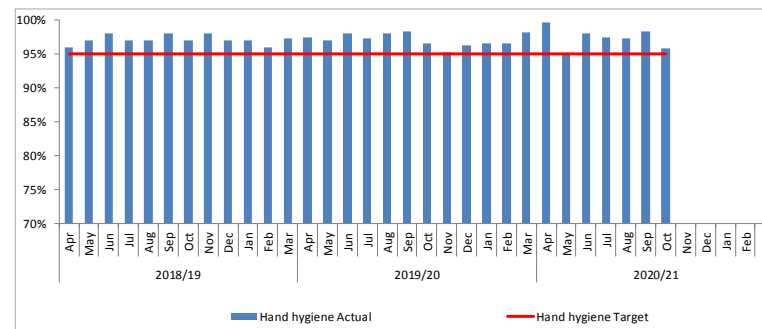
**IPC Progress Update:** The IPC Code of Practice (CoP) audits have been reviewed to incorporate COVID19 IPC guidance & the BAF. Divisions and wards have recommenced their CoPs audits in their departments, and IPC Team are supporting. During Oct work on the use of PPE continues for COVID19. The IPCT have been providing practical support to clinical areas . There is continued monitoring of water quality, ventilation, decontamination, antimicrobial stewardship and cleaning across the trust. Also ongoing discussion from IPC with Facilities, Estates, Mitie and the clinical team to ensure we work together to continue to maintain a high standard of cleanliness of the environment which is fundamental in the prevention of Nosocomial infections in COVID. Implementation of new IPC guidance is underway, imbedding the 3 pathways outlined for inpatients .

**Next steps:** Support for clinical areas around PPE usage and reducing the sessional use , with a focus on basic IPC practices to reduces HCAsI . Work to imbed learning from both C diff and COVID RCAs is in place with divisional action plans.

**Carbapenemase-producing Enterobacteriaceae (CPE)**



**Hand hygiene compliance**



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Objective Ref
Safe Care & Improving Outcomes: Safe	Chief Nurse & DIPC	Quality Committee	1b / 2a / 2b / 2c / 3a





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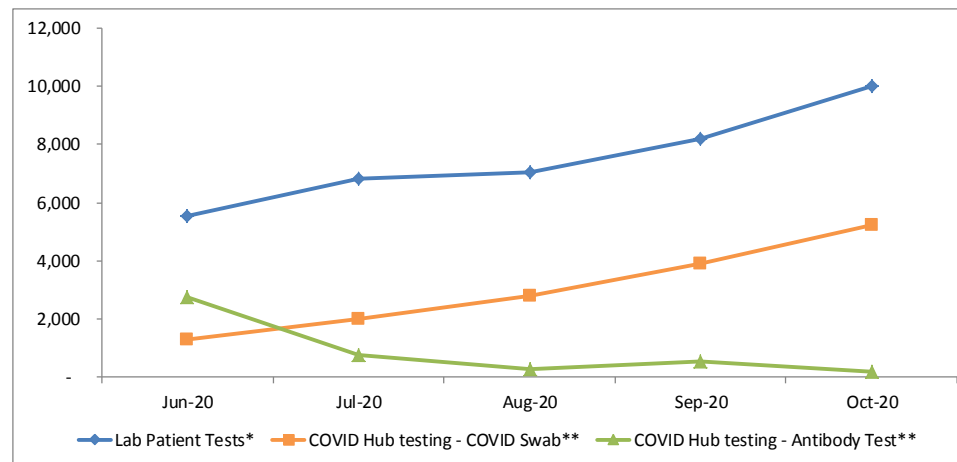
# Safe care & Improving Outcomes: COVID-19 (Slide 1 of 3)

## Laboratory and COVID Hub testing – Staff and patient volumes

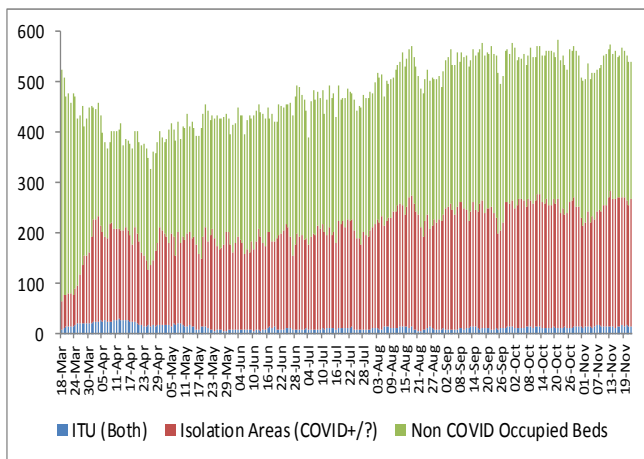
Tests/Month	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Lab Patient Tests*	5,516	6,816	7,022	8,195	10,030
COVID Hub testing - COVID Swab**	1,282	2,009	2,797	3,894	5,214
COVID Hub testing - Antibody Test**	2,734	746	281	539	154

\*(all specialties incl A&E - based on validated date)

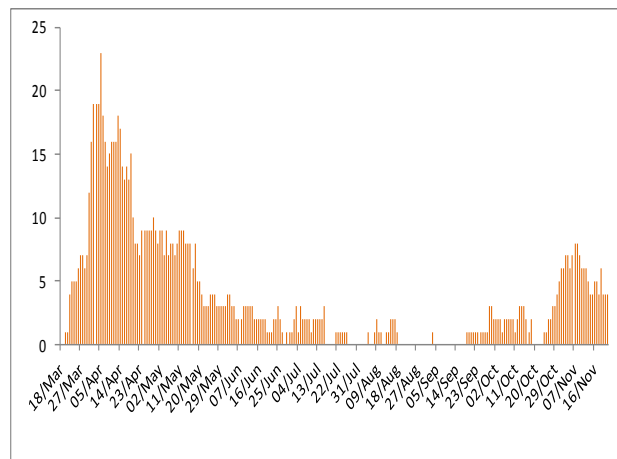
\*\* (includes WHHT/bank/agency/mitie/household - based on appt date)



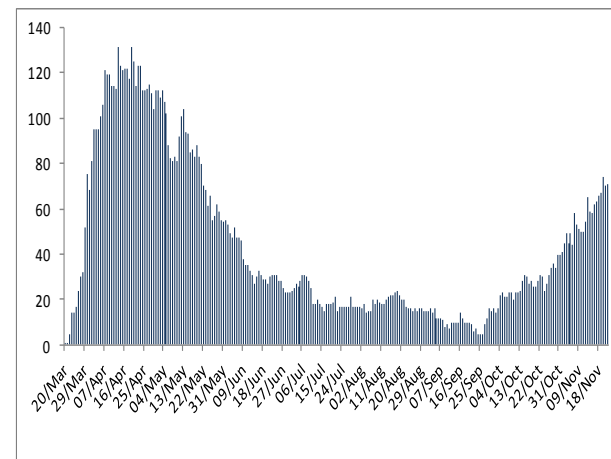
## Occupied beds all areas at 0800



## COVID-19+ve patients in ITU at 0800



## COVID-19+ve patients in other beds at 0800



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Objective Ref
Safe Care & Improving Outcomes: Safe	Chief Nurse & DIPC	Quality Committee	1b / 2a / 2b / 2c / 3a



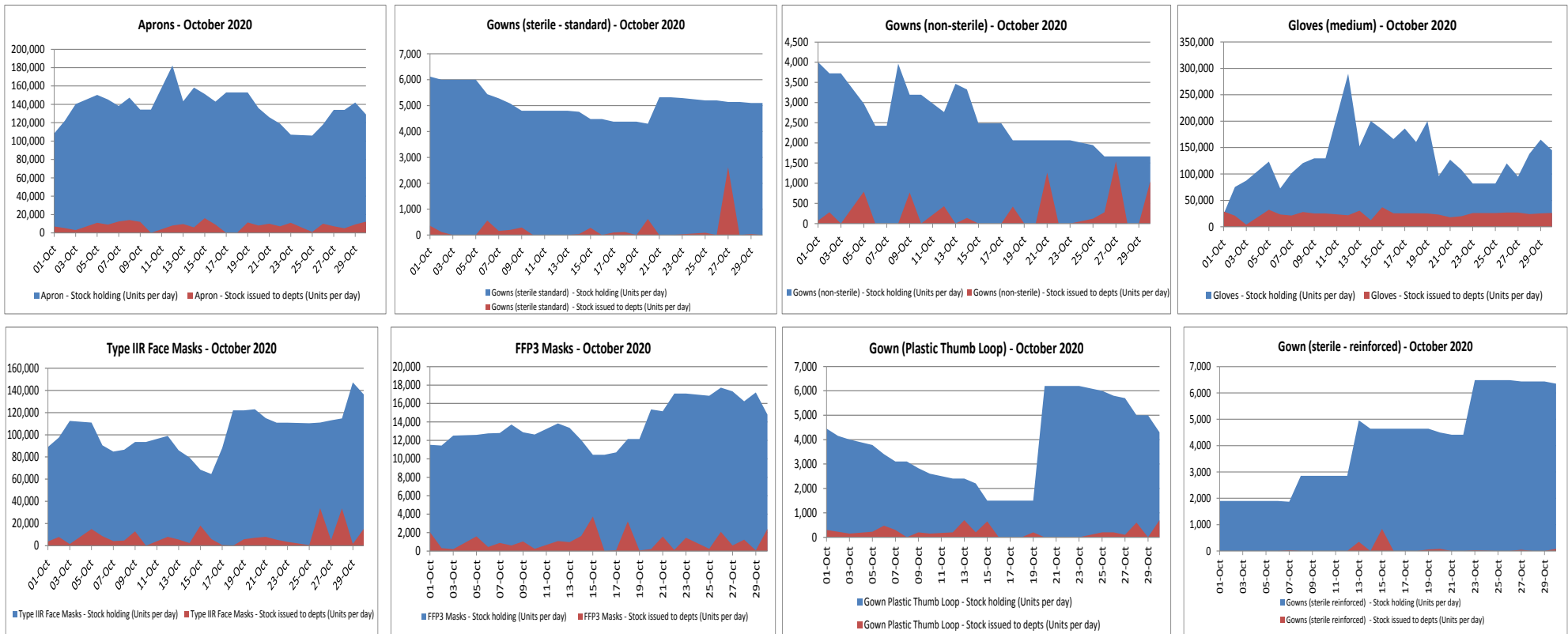
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## Safe care & Improving Outcomes: COVID-19 (Slide 2 of 3)

### PPE

- Central DHSC control of supply and delivery of items from the National Pandemic stock continues.
- The graphs below show at a summary level usage (red block) has remained below stock level although during May stock levels for gowns were under pressure.
- The main current concern remains that National Pandemic stock levels are low on certain (preferred) types of FFP3 masks. This has led to repeated fit tests on different products that are now being supplied..
- Risks around quality of goods supplied is managed by local examination undertaken by the NHS Herts Procurement clinical product specialist.
- Stock levels for different PPE items are reported to Chief Officers and the IMT every day. This allows Chief Officers to escalate further action at Regional level or seek mutual aid from other organisations.
- PPE use forecasts are being collated and compared to anticipated supply to support the re-start of normal activity.



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Objective Ref
Safe Care & Improving Outcomes: Safe	Chief Nurse & DIPC	Quality Committee	1b / 2a / 2b / 2c / 3a



## Safe care & Improving Outcomes: COVID-19 (Slide 3 of 3)

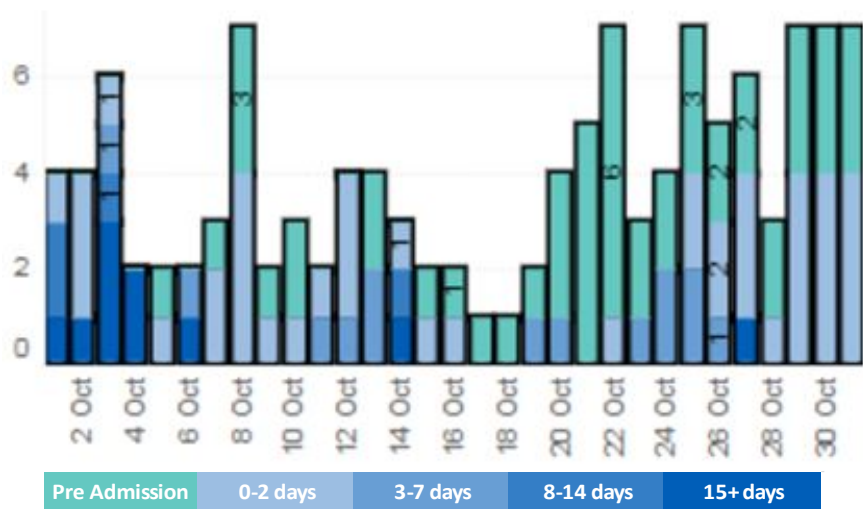
### Nosocomial infection cases

COVID19 positive inpatient cases are reviewed each day at a joint IPC meeting. The 4 categories of Nosocomial Infection are based on date of patient's sample in relation to their date of admission. The 4 categories are 0-2 days (Hospital-onset community Healthcare-Associated), 3-7 days (Hospital-onset indeterminate Healthcare-Associated), 8-14 days (Hospital onset probable Healthcare-Associated) and 15+ days (Hospital-onset definite Healthcare Associated). All cases are reported to NHSE and RCAs undertaken. During Oct on going outbreaks on x2 wards. Outbreak meetings and protocols were implemented (including PHE and NHSE representation).

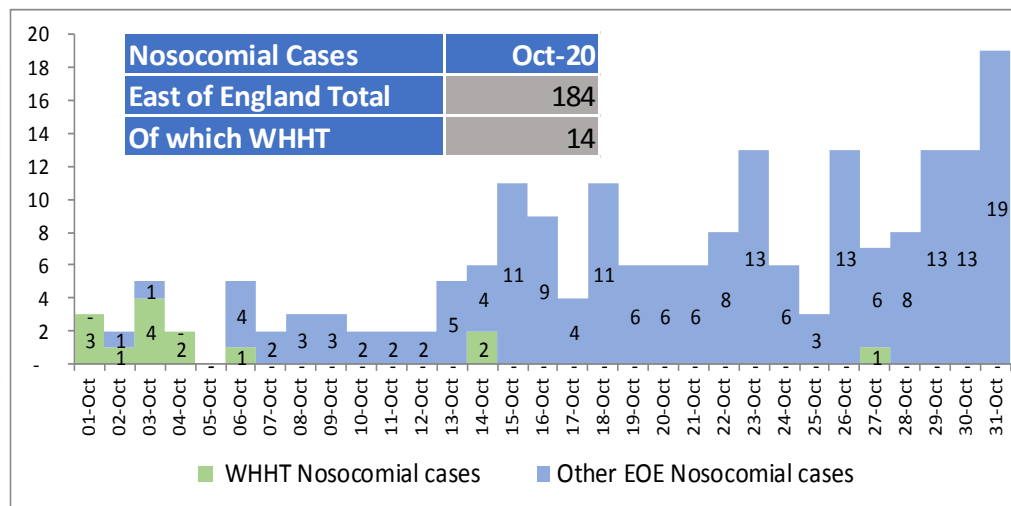
Actions undertaken included ward restrictions, staff screening, improvements in standards of cleaning and continued monitoring of remaining in the areas. RCAs are being completed for the cases falling into probable and definite categories. Initial investigations have not highlighted any significant lapses in care, but a differing presentation of COVID has been evident from that seen in the first phase. In addition a formal review visit from the NHSE regional IPC lead and CCG IPC lead was undertaken, feedback received has been implemented and a formal response sent, with no major concerns of note.

The IPC team supports the management of the COVID-19 Pandemic through daily clinical visits and reviews, PPE training in clinical areas. Advice and support regarding management of COVID-19 in both clinical and non clinical areas. RCAs completed on Hospital Acquired cases have been undertaken and findings shared, work has been undertaken to improve/maintain IPC practices and review the placement/movement of patients within the organisation to prevent transmission between areas. All patients are now tested in line with national guidance, on admission and screened on day 5 -6 of their admission. A review of commencing testing at day 10 is also being undertaken for inpatients. Other interventions include, screens for open bays with no doors and plastic curtains to support separation/segregation of the bed spaces in isolation areas and children's ED these have been trialed and await delivery.

### All cases – split by days admission to swab - WHHT



### Nosocomial infection cases – WHHT and EOE - including 8-14 days and 15+ days.



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Objective Ref
Safe Care & Improving Outcomes: Safe	Chief Nurse & DIPC	Quality Committee	1b / 2a / 2b / 2c / 3a



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# Safe care & Improving Outcomes: Emergency Readmissions

**In this reporting period:**

The readmission rate, benchmarked against the most up to date national position (Apr 2020) was below the national average overall, and below for readmissions following an elective and emergency (original) admission.

There has been a increase in the emergency readmissions rate to 12.6%, which is 0.3% lower than the national average of 12.9%.

**Factors / Themes:**

Combined readmission rates (emergency and elective admissions), includes all patients with more than one admission to the hospital within a period of 30 days, regardless of whether the second admission was related.

**Latest available data Apr 2020**

**Performance stable  
Better than target/threshold**

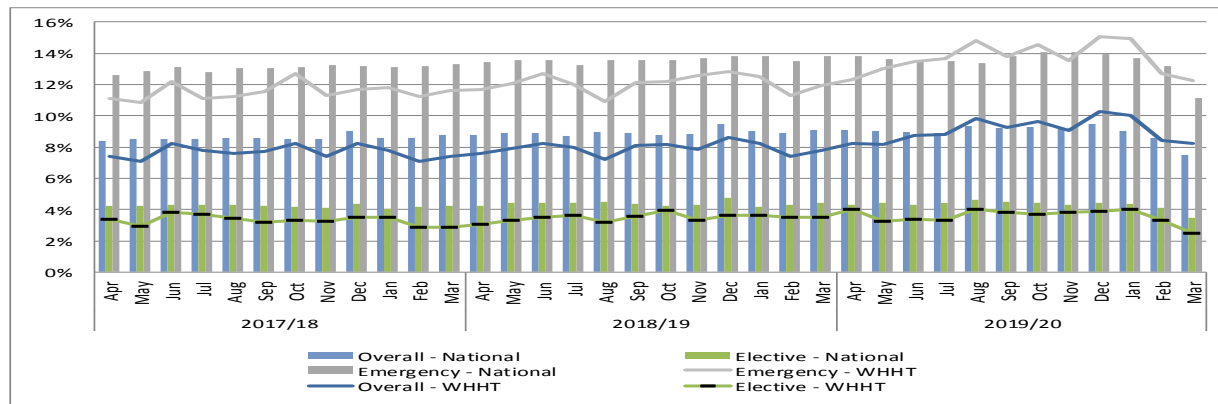
**Benchmarking: MODEL HOSPITAL  
Emergency Readmission 30 days**

**Period: Q2 2020/21**

**WHHT 8.82% Peer 8.49%  
National 8.58%**

**(Peers = Nightingale Group – acute multi-site trusts)**

**Emergency Readmissions**



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Objective Ref
Safe Care & Improving Outcomes: Safe	Chief Medical Officer	Quality Committee	2a / 2b / 2c / 3a / 4c



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## Safe care & Improving Outcomes: Caesarean Section rates

### C-section rate

The elective and emergency combined rate is 34.5% (Emergency 18.5%, Elective 16%).

Women's choices for mode of birth are facilitated as per the NICE guidance which influences the elective rate. C-sections have been reviewed daily by the incoming teams on call and decision making is reviewed and discussed with the outgoing team.

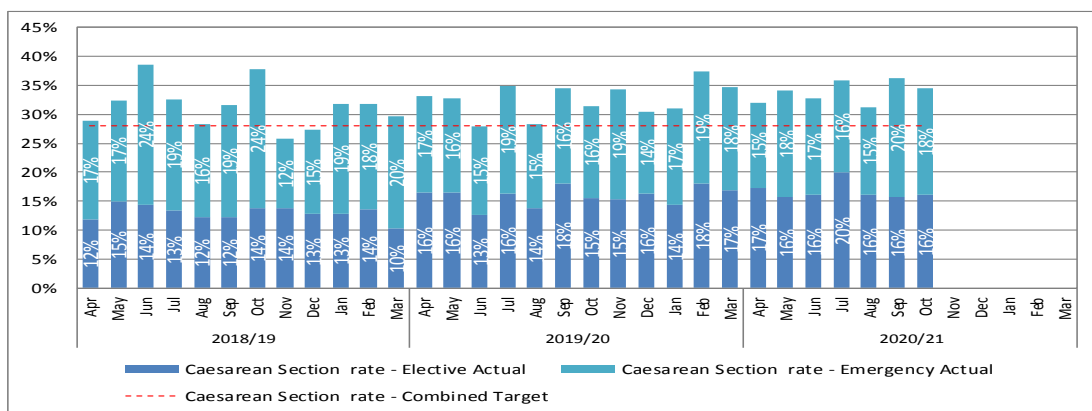
The central foetal monitoring system has enabled the on call teams to monitor women more closely especially in isolated patients. The foetal monitoring team has been actively supporting staff to monitor babies based on understanding of foetal physiology.

The foetal monitoring masterclass, a study day over 2 days, was held on 15<sup>th</sup> and 16<sup>th</sup> September to improve understanding of foetal physiology and electronic foetal monitoring. A competency based assessment test was also held.

Training in instrumental delivery and foetal monitoring are now also being offered via virtual platforms. Operative delivery is increasingly consultant led/supervised.

The C Section summit planned in November with focus on normality, decision making and operative skills was well attended.

### Caesarean section rates



**Performance stable  
Better than target/threshold**

**Benchmarking: MODEL HOSPITAL**  
Emergency Caesarean section rate

**Period: September 2020**

**WHHT 17.96% Peer: 17.86% National: 17.96%**

(Peers = Nightingale Group – acute multi-site trusts)

DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Safe Care & Improving Outcomes: Safe	Chief Medical Officer	Quality Committee	2a / 2c / 3a / 4c



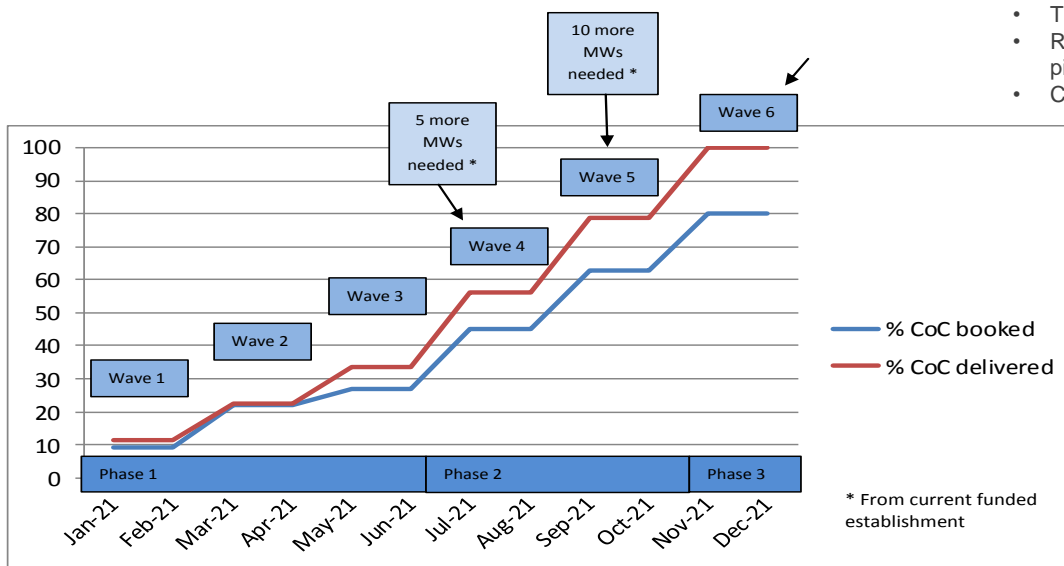
## Safe care & Improving Outcomes: Maternity – Continuity of Carer

The key recommendation of Better Births (2016), the report of the National Maternity Review is for most women to receive Continuity of Carer (CoC), to ensure safe care based on a relationship of mutual trust and respect in line with the woman’s choices and decisions.

In October it has been requested nationally that we resume implementation and the expectation of recovering the 35% ambition as quickly as possible and at least by 31 March 2021 has been set. At the same time, we will be specifically looking at the proportion of Black and Asian women and those from the most deprived neighborhoods are placed onto a continuity of carer pathway meets and preferably exceeds the proportion in the population as a whole.

Summary progress, in particular how we are planning to target BAME women for CoC

- To review CoC staffing template based on funded establishment-in progress.
- One year evaluation of Lotus team completed. Finding indicated that , this team did not meet the COC KPI indicators.
- Lotus Team currently being remodelled with new and current staff to relaunch new COC team in January 2021. This team will be based within WD post codes realigned to BAME women and deprivation area.
- We are networking with other local hospitals that had successfully implemented the COC to learn good practice.
- COC remain on Local risk register
- Local Maternity Neonatal System (LMNS) BAME working group – action plan in place
- CoC working group monthly meetings in progress with executive safety champion.
- Further HEE training sessions planned across the LMNS January 2021
- Engagement with key stakeholders to ensure co-production e.g. senior leaders, staff, student midwives/universities, service users- in progress
- Letter sent to staff and unit meeting held via MS team to promote engagement with the new model of care. Monthly meeting arranged.
- Training needs analysis of all staff, PDM support & supernumerary time for up-skilling
- Recruitment of staff to Trust & CoC teams- Vacancy currently 17% with recruitment pipeline in place.
- CoC communications and development of supporting materials



\* From current funded establishment

DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Safe Care & Improving Outcomes: Safe	Chief Medical Officer	Quality Committee	2a / 2c / 3a / 4c



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## Safe care & Improving Outcomes: Workforce and CHPPD

### In this reporting period:

Nursing and Midwifery staffing is reviewed as part of the daily operational site meeting and at the workforce safe staffing hub at 0830 and 1430hrs, where senior nursing staff support, guide and amalgamate workforce resources using patient dependency and acuity information and professional judgement.

During October the fill rate was 101.2 % (98% registered and 106.25% unregistered). ITU overall fill rate was 101.4%. Granger: overall staffing was 98.28 to cover four wards (Red, Bluebell, Winyard and Winter). During this period bed occupancy for Granger was 81.87%. Surge beds for Tudor/Castle were in use between 3rd-28<sup>th</sup> of October resulting in increased fill rate of 112% and Elizabeth 5<sup>th</sup> -13<sup>th</sup> October resulting in an increased fill rate of 111.2%. Alexander Birthing Center fill rate was 79.4% , the unit was closed on 10<sup>th</sup> Night, 11<sup>th</sup> Day and 12<sup>th</sup> night due to staffing pressures within Maternity.

Overall 71.9% shifts were RAG rated green, increase 4% from last month. 28.1% were rated amber, a reduction of 3.8% from last month and 0% red shifts. Ward leaders' supervisory time was 65% a reduction of 12.7% compared to previous month.

There continues to be an increased demand for temporary staff. A total of 83841 hours were requested (4,586 more than last month). Fill rate is 80.9% NHSP, 14.% agency & 19.1% unfilled. At the workforce meetings chaired by the Deputy Chief Nurse, we continue to encourage rosters to be completed 12 weeks in advance to achieve better bank fill of vacant duties and for staff Health and wellbeing.

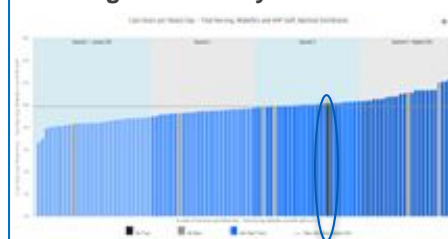
CHPPD rate is 8.83 a decrease of 0.04 from last month (Model Hospital data has not been updated since February 2020). Band 5 nursing turnover is currently at 14.8%, which is below the target of 16%. Overseas recruitment continues to be successful with the pipeline of 78 nurses arriving before the end of December 2020 and another 21 in January 2021.

### Factors/Themes

- The designated Safeguarding role to facilitate closer working with Mental Health Liaison and CAMS is working well and staff feeling supportive. Role has been added until march 2021.
- CNO Phase 3 Workforce Response to COVID19 - funding available to support International Recruitment and raising the profile of HCSWs – Trust to bid as part of ICS.
- COVID staffing is on the risk register (risk 4273), following review at RRG on 11 June the risk score was de-escalated to 12.
- Staff are supported out of hours (including BH and weekends) by band 7 bleep holders and by a Senior Nurse. In addition, a senior night sister role has been added until March 2021.
- New Data Reporting System being used by NHS Digital
- Planning for Intensive care workforce expansion is ongoing and an ICS bid has been submitted for additional national funds to support training and health and wellbeing

**Performance stable  
Better than target/threshold**

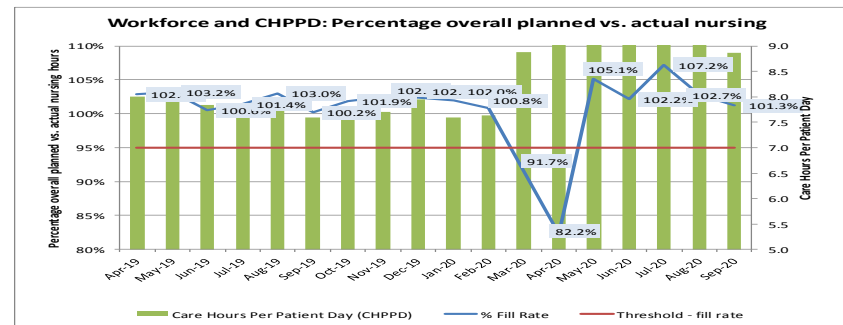
**Benchmarking: MODEL HOSPITAL**  
Care hours per patient day – total nursing & midwifery staff



Period: August 2020

**WHHT: 10.2      Peer: 9.9**  
**National: 9.7**

(Peers = Nightingale Group – acute multi-site trusts)



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Safe Care & Improving Outcomes: Safe	Chief Nurse	Quality Committee	1b / 4c / 7a / 7b / 8c



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Hospitals  
NHS Trust**

## Safe Care & Improving Outcomes: Patient Safety

**In this reporting period – October 2020:**

**Never events**

There was **one** Never Event reported in October 2020.

**Serious Incidents**

Five (5) serious incidents were declared in October 2020. At the end of October 2020 the Trust had 12 on-going SIs. Of these, 8 were in date, 3 were overdue, and 1 investigation is being undertaken by HSIB which is awaiting development of resulting actions by the Division.

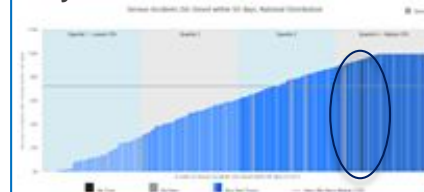
**% of patient safety incidents which are harmful**

12.3% (18) of incidents reported in October 2020 were recorded as having caused moderate or higher level of harm to patients, compared with 20% (20) in September 2020. This demonstrates a decrease in the percentage of reported incidents which were harmful. This is against the basis that more incidents were reported in October than in September 2020. The number of incidents rated as “death/catastrophic and severe” was proportionately higher in October (with 7 incidents) than in September (with 3 incidents).

There were three incidents reported in October 2020 with a harm level rated as “death/Catastrophic”:

**Performance deteriorated  
Worse than target/threshold**

**Benchmarking: MODEL HOSPITAL  
Serious Incidents closed within 60 days**



**Period: 2018/19  
WHHT 95% Peer: 72%  
National: 61%**

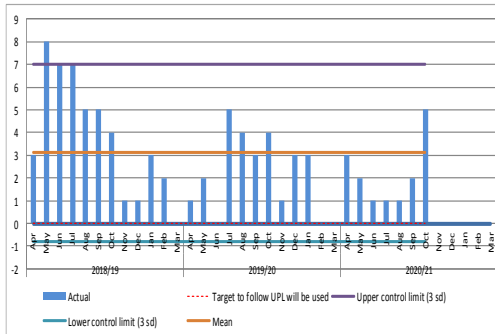
**Benchmarking: MODEL HOSPITAL  
% medication incidents reported as causing harm or death/all medication errors**



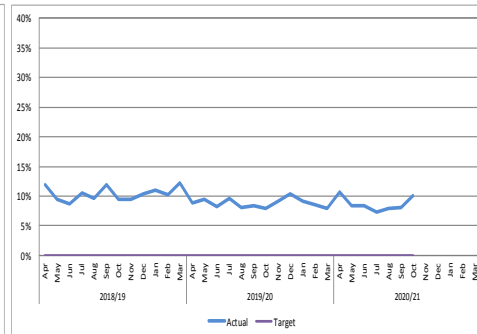
**Period: 31/09/2019  
WHHT 7.5% Peer: 18.1%  
National: 10.2%**

**(Peers = Nightingale Group – acute multi-site trusts)**

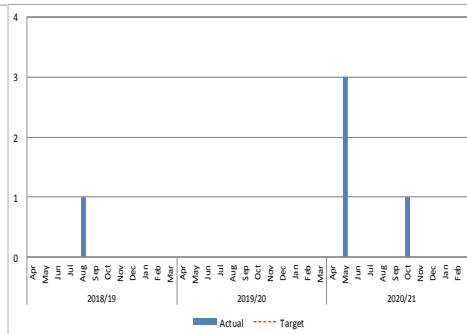
**Serious Incidents**



**Safety incidents (% harmful)**



**Medication incidents causing serious harm**



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Safe Care & Improving Outcomes: Safe	Chief Nurse	Quality Committee	1a / 1b / 2a / 3a / 4a / 4b / 4c





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## Safe Care & Improving Outcomes: Falls & Falls with harm

### In this reporting period:

In October there were 91 inpatient falls. 16 falls with low harm and 1 with severe harm that resulted in a Neck of Femur fracture. For falls with harm 11 (64.7%) were suspected (unwitnessed) and 6 (35.2%) were witnessed, 8 (47%) occurring during the night and 9 (52.9%) during the day. Of the falls with harm, 9 (52.7%) were linked to a cognitive impairment; however none of these were patients with a known Dementia.

Of the 91 falls reported in October, 63 (69.2%) occurred around the bed space and 20 (21.9%) in the toilet. 10 of the falls reported were recurrent fallers with 10.9% of the October falls being a second inpatient fall.

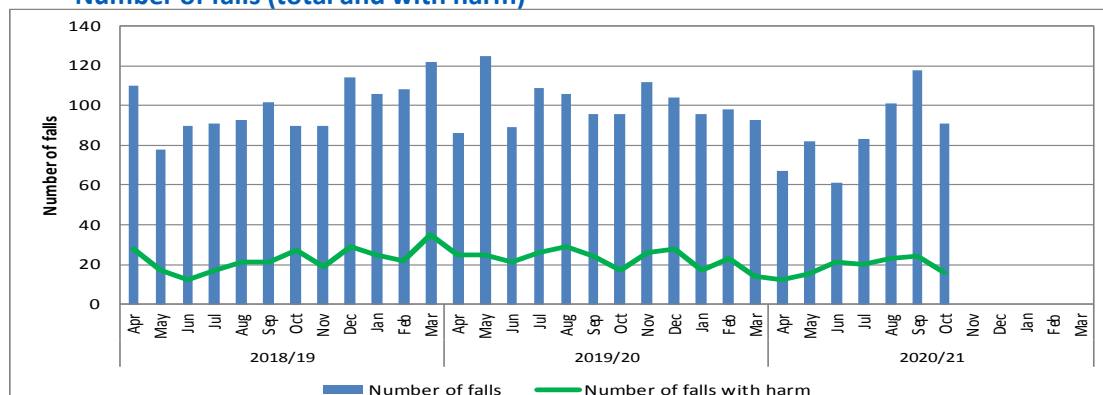
The clinical area reporting the highest number of falls was Croxley Ward with 8 falls (4 witnessed, 4 suspected; 6 within the patient's bed space). It should also be noted that Gade Ward had 3 falls (all 3 with low harm) and Herongate 6 falls, totalling 9 for this clinical area (5 witnessed and 4 suspected). This increase in numbers of falls on Croxley Ward is being used to redirect focus of QI project as discussed below.

Ongoing QI project on Croxley Ward to highlight patients at falls risk using a wristband.

### Actions:

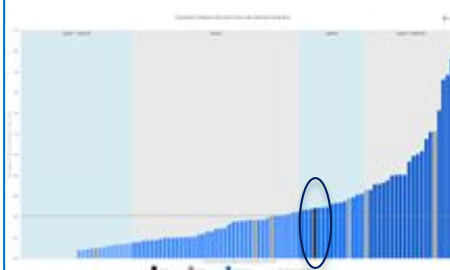
- Review focus on Croxley Ward with force field analysis to establish possible barriers to effective use of wristbands
- Review particular areas of ward environment associated with high numbers of falls
- Ongoing falls awareness, prevention and management sessions for clinical staff development
- Falls service to do spot checks to provide assurance that areas reporting higher number of falls are using safety huddles to highlight issues to help improve the falls prevention management
- Continue to support work streams using QI methodology aimed at reducing falls and improving patient safety;
  - Test change for wrist bands to identify high risk fallers on Croxley ward is ongoing
  - Ongoing audit of LSBP records of Croxley Ward
  - Further discussion with Consultant regarding anti-hypertensives review for appropriate patient cohort

### Number of falls (total and with harm)



**Performance stable  
Better than target/threshold**

**Benchmarking: MODEL HOSPITAL**  
Proportion of patients with harm from a fall in care



**Period: December 2019**

**WHHT 0.5%**      **Peer: 0.4%**  
**National: 0.4%**

(Peers = Nightingale Group – acute multi-site trusts)

DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Safe Care & Improving Outcomes: Safe	Chief Nurse	Quality Committee	1b / 2a / 3a / 4c



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## Safe Care & Improving Outcomes: Pressure ulcers (HAPUs)

October 2020 monthly report indicates an increase in the reportable HAPUs, from (11 reportable HAPUs in September to (18) reportable HAPUs in October. 11 of these HAPUs were reported from the ICU and the Acute Admission Units.

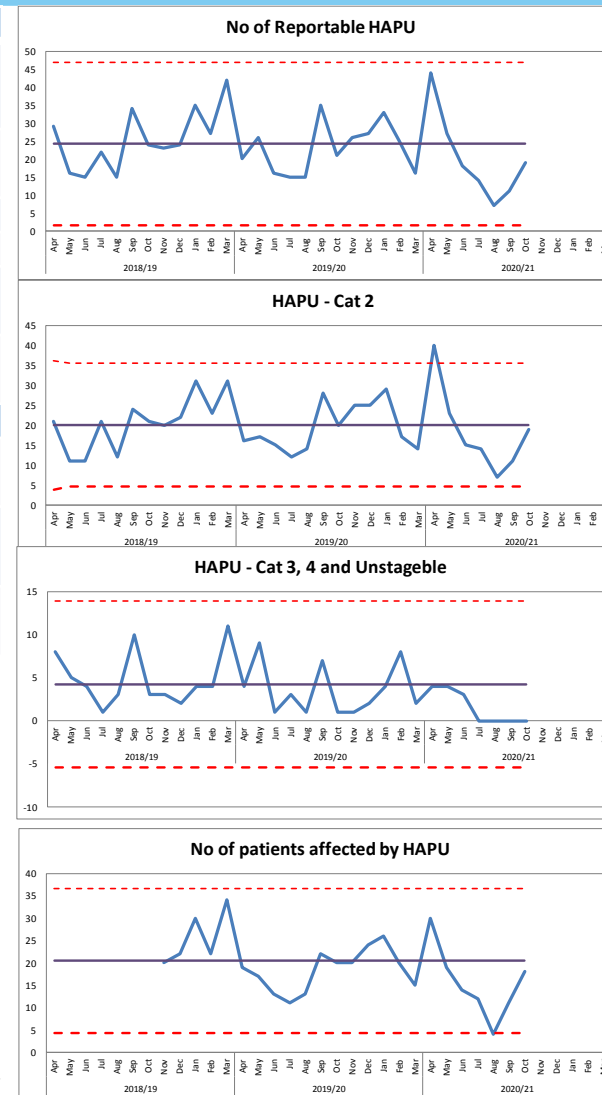
Moisture associated skin damage continues to increased from 33, in September to 50 in October. Of these, 19 were incorrectly categorized as pressure ulcers. This MASD data reflects reports on the Tissue viability DATIX only.

There was an increase in the numbers of medical device related pressure ulcers (5) reportable compared to (1) in September 3 of which were located in ICU. The others were on the respiratory admission unit and Granger Suite. 4/5 were related to Oxygen therapy treatment

Reportable HAPU (October 2020)			
Categories	HAPU	MDRPU	HAPU Total
Category 2 (affecting 17 patients)	18	5	18
Category 3	0	0	0
Category 4	0	0	0
Unstageable (possibly category 3 or 4)	0	0	0
Total reportable (affecting 17 patients)	18	5	18
Non-Reportable HAPU			
Category 1 (affecting 5 patients)	6	0	6
Suspected deep tissue injury (SDTI) (affecting 8 patients)	10	0	10
Total non-reportable (affecting 8 patients)	16	0	16

### Actions/Developments for Pressure Ulcer management

1. At the ward based level, The Skin Champions have been challenged to lead on raising awareness about prevention and treatment on their areas, using ward based projects.
2. TVN team continues to undertake 'check and challenge' exercises across clinical areas.
3. The continued auditing through the Test Your Care system and Ward accreditation scoring to ensure standards are being maintained and also to identify any gaps in care.
4. Weekly ward based 30 minute, "bite size" Tissue Viability training sessions now expanded throughout the Trust and now structured to include Medical Device Related Pressure Ulcers and Moisture Lesion,
5. Exploring virtual training for all staff including senior nursing staff.



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Safe Care & Improving Outcomes: Safe	Chief Nurse	Quality Committee	1b / 2a / 2c / 3a



## Ward Scorecard – Combined Safety and Process Alert Summary

### 1,3,6 months summary of Process and Safety Alerts Combined

One Month		Three Months		Six Months	
<b>Emergency Medicine</b>	<b>24</b>	<b>Emergency Medicine</b>	<b>69</b>	<b>Emergency Medicine</b>	<b>180</b>
AAU Y1	8	AAU Y1	28	AAU Y1	59
A&E	8	A&E	18	AAU P1	31
AAU B1	3	UCC	7	A&E	30
AAU P1	3	AAU P1	7	AAU B1	29
AAU G1	2	AAU B1	6	AAU G1	22
UCC	0	AAU G1	3	UCC	9
MIU	0	MIU	0	MIU	0
<b>Medicine</b>	<b>49</b>	<b>Medicine</b>	<b>181</b>	<b>Medicine</b>	<b>421</b>
Winyard	13	Red	23	Heronsgate & Gade	44
Stroke	5	Winyard	18	Winter	41
Red	4	Heronsgate & Gade	18	Winyard	38
AAU B/Y 3	4	Winter	16	Red	36
Heronsgate & Gade	4	Aldenham	16	AAU B/Y 3	35
CCU/ P/G 3	3	Oxhey	12	Stroke	29
Cassio	3	Stroke	12	Tudor	28
Croxley	3	Cassio	12	Sarratt	27
Aldenham	2	AAU B/Y 3	11	Croxley	24
Tudor	2	Tudor	10	Oxhey	24
Oxhey	2	Croxley	9	Cassio	23
Winter	2	Bluebell	8	Aldenham	23
Bluebell	1	CCU/ P/G 3	8	Bluebell	22
Sarratt	1	Sarratt	8	CCU/ P/G 3	17
Simpson	0	Simpson	0	Simpson	10
Frailty	0	Frailty	0	Frailty	0
<b>Surgery</b>	<b>29</b>	<b>Surgery</b>	<b>93</b>	<b>Surgery</b>	<b>187</b>
Cleves	6	Flaunden	25	Flaunden	37
Flaunden	6	Letchmore	15	Letchmore	31
Letchmore	5	Elizabeth	14	Cleves	29
Elizabeth	4	Cleves	12	Ridge	24
ICU	4	ICU	11	ICU	23
Ridge	3	Ridge	8	Elizabeth	22
Langley	1	Langley	6	Langley	19
DLM	0	DLM	2	DLM	2
<b>Grand Total</b>	<b>102</b>	<b>Grand Total</b>	<b>343</b>	<b>Grand Total</b>	<b>788</b>

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## Safe care & Improving Outcomes: VTE risk assessment

**In this reporting period:**  
The target was achieved this month.

**Factors / Themes:**  
Gaps in risk assessments in admitting areas.

- Next steps:**
- Regular reporting is being provided to all wards where VTE risk assessments are below threshold
  - Focused awareness and training sessions in AAU Level 1.
  - VTE prevention specialist nurse to target these areas and to visit Safety Huddles as well as liaise with senior sisters.
  - VTE learning is part of Doctors' and nurses' mandatory training

**Performance deteriorated**  
**Worse than target/threshold**

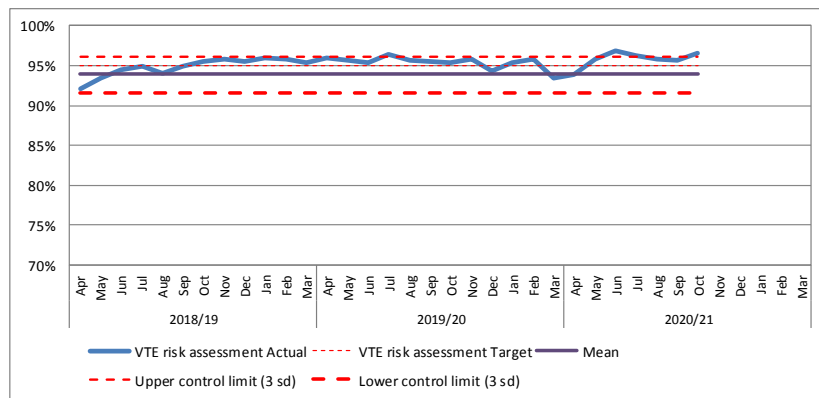
**Benchmarking: MODEL HOSPITAL**  
VTE assessment

Period: Q3 2019/20

WHHT 94.38% Peer: 94.43%  
National 95.99%

(Peers = Nightingale Group – acute multi-site trusts)

### VTE risk assessment



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Safe Care & Improving Outcomes: Safe	Chief Medical Officer	Quality Committee	1a / 1b / 2a / 2c / 4c



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## Safe Care & Improving Outcomes: Stroke

In this reporting period:

### Admission to Stroke Unit within 4 hours – 15.9%

Performance on this metric has become more difficult to achieve as patients admitted to the Trust require COVID swabs prior to any planned ward transfers and therefore wait in a holding ward until the swab results are available, which can take up to 5 hours resulting in the inability to admit to the Stroke unit within 4 hours. However during the time in the holding areas, patients are reviewed by the Stroke team and continue to receive specialist care and input whilst awaiting transfer to the Stroke unit.

Patients who are given intravenous thrombolysis are prioritised for transfer to a side room on the Stroke unit for monitoring whilst the COVID swab results are awaited. Positive COVID stroke patients are not admitted to the stroke ward but still receive stroke specialist input.

### 90% stay on Stroke Unit 80.0% (target 80%)

Compliance on this standard has been achieved despite the constraints described above.

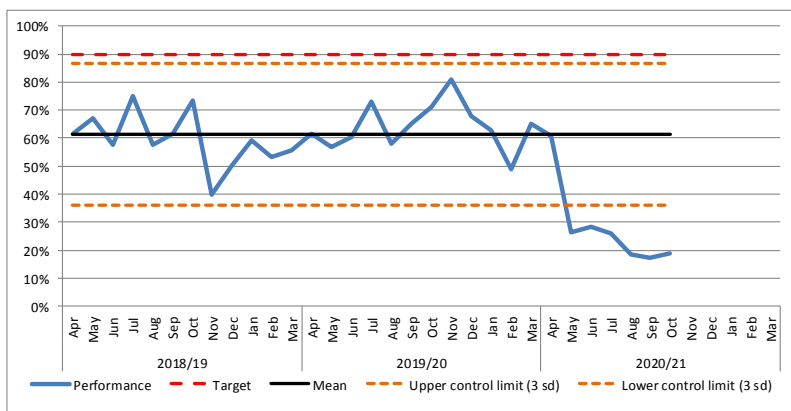
### Thrombolised within an hour – 57.1 % (SSNAP target 55%)

Achievement of the target is variable, depending on several factors but mainly the complexity of cases seen. Standard has been achieved for this reporting month.

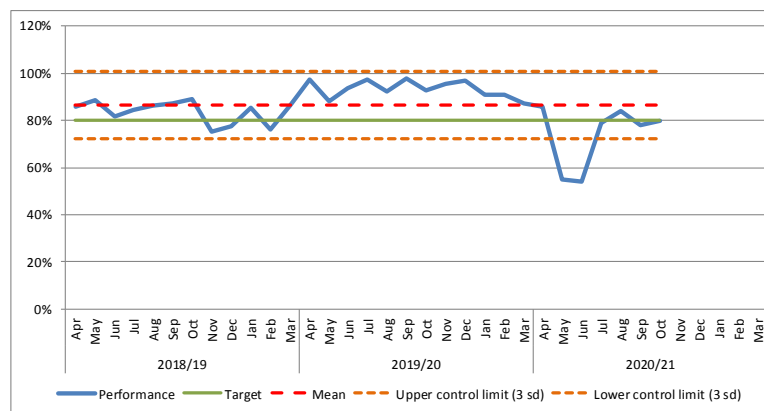
Performance stable  
Better than target/threshold

Benchmarking: SSNAP  
Period: October to March 2020  
Admission within 4 hours: 54.0%  
90% admission on Stroke Unit: 82.7%

Stroke: Admission within 4 hours



Stroke: 90% of admission on Stroke Unit



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Safe Care & Improving Outcomes: Safe	Chief Medical Officer	Quality Committee	1a / 1b / 2a / 2b / 2c / 3a / 4a / 4c



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## Caring & Responsive Services: Emergency Department

### In this reporting period:

At 83.4%, overall Trust performance slightly decreased on the previous month's performance of 84.3%. Compliance with the 95% standard was maintained at HH UTC (100%). Performance at the WGH UTC was 99%. Processes for COVID pathways hinder established pathways mainly due to capacity constraints in ED and staff are challenged with working in isolation environments in PPE. Hemel UTC attendances fell by 9.5% on the previous month. MIU remains closed. Total Trust attendances including attendances at the UTC were 5.1% lower than the previous month.

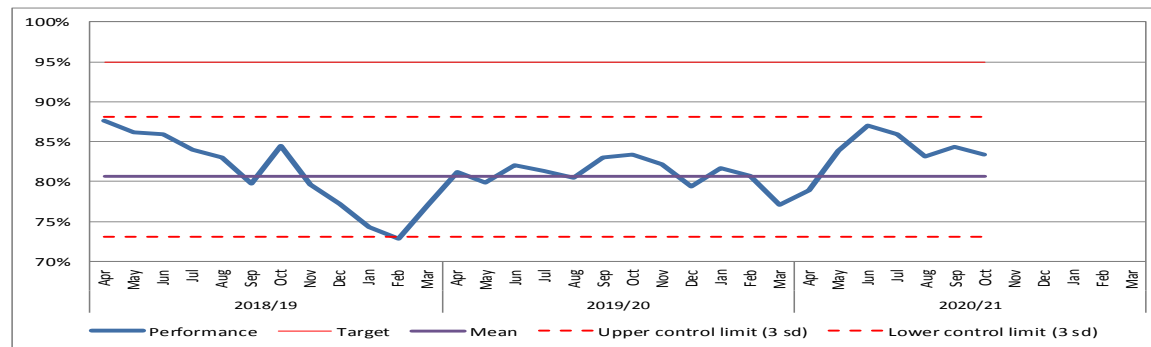
In October the number of ambulances waiting over 30 minutes rose from 352 to 454. The average handover time was 26 minutes in October an increase from September. Conveyances are up 7.5% from the previous year in comparison to a decreasing trend across the region.

There are multiple reasons for offload delays including the process for offloads for the COVID protocol which changed at the beginning of March meaning that ambulances needed to offload those patients with COVID symptoms into majors 2 creating 2 streams of patients. A loss of cubicles in STARR for the non-COVID pathway meant loss of offload capacity. Loss of cubicle capacity, an increase in attendances, interrupted bed flow due to swab result delays and changes to AAU and assessment areas impacted on flow within ED. The introduction of the UTC has also meant an increase in the number of walk in patients that are being seen in the STARR area. Business continuity due to bed capacity also impacted on flow in October.

### Next Steps:

- The regular check in meetings between the service team and Executive colleagues have restarted.
- The monthly programme board meetings oversee the ambulance work stream with a joint action plan between EEAST and the Trust restarted in May.
- Consultant recruitment - a paper to TMC on 23<sup>rd</sup> Sept outlining a recruitment and retention package was approved with interviews planned in November.
- SMART has been limited due to the new COVID pathway, a Virtual SMART commenced in September.
- We aim to improve the UTC flow through to ED with a plan for the fracture clinic space to come on line in November. This will also support our COVID escalation plans.
- The new EAU opened in August which has increased the number of patients being seen through the assessment area. An expansion is planned for this area by January 2021.

A&E: Attendances within 4 hours



**Performance deteriorated  
Worse than target/threshold**

**Benchmarking: MODEL HOSPITAL**  
% of patients admitted or discharged within 4 hours of arrival



Period: October 2020

WHHT: 83.44% Peer: 79.66%  
National: 95.0%

(Peers = Nightingale Group – acute multi-site trusts)

DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Caring & Responsive Services: Responsive	Chief Operating Officer	Finance & Performance Committee	1a / 1b // 2b / 2c / 4a / 4c / 12b / 12c / 12d

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## Caring & Responsive Services: Mixed sex accommodation breaches

**Last reported position February 2020:**

The submission has been suspended since March

**Submission suspended**

*Performance stable  
Better than target/threshold*

**Factors / Themes:**

All historical breaches occurred in ITU and were due to pressures on the emergency care pathway.

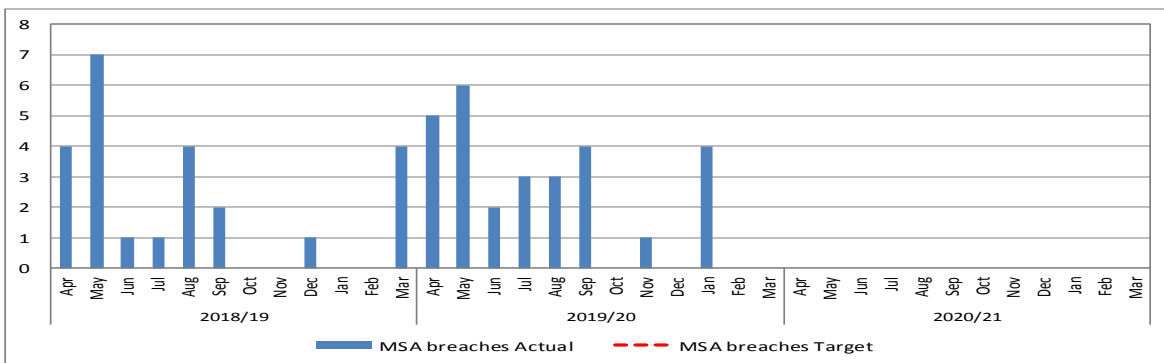
**Benchmarking:**  
  
Not currently available

**Next steps:**

The monitoring and management of patients requiring step down from ITU is reviewed daily as part of the regular operational management meetings. Privacy and dignity is maintained at all times. Full length curtains are used and patients are offered the use of the toilet/shower if they are able.

Trust Board Meeting in Public-03/12/20

Mixed sex accommodation breaches



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Caring & Responsive Services: Effective	Chief Nurse	Quality Committee	4a / 4c / 12b / 12c

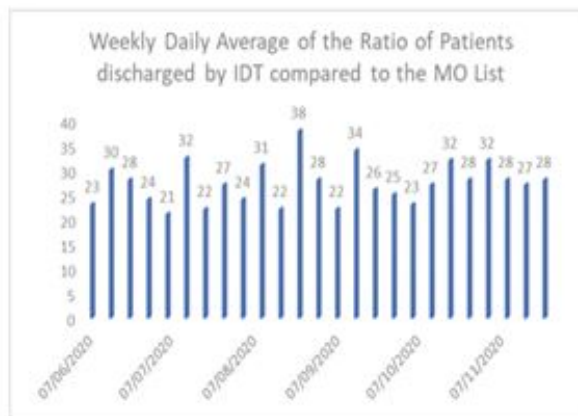
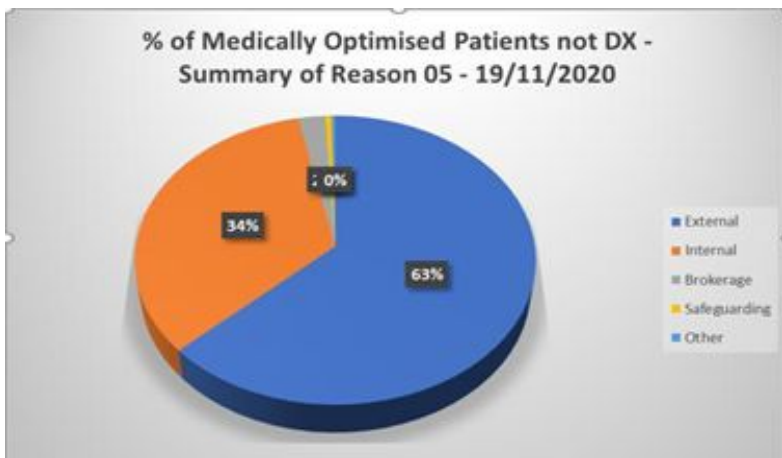


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## Caring & Responsive Services: Delayed Transfers of Care

### In this reporting period:

The chart below shows the percentage of beds occupied by medically optimised patients delayed due to external reasons. The data set shows the situation for the last two week period but is indicative for Oct 20. Reviewing the detail of the data 47% of patients who were medically optimised and did not transfer related to capacity issues, mostly home care but also bed base rehab and CCG Complex Care pathways. Also of significant concern are internal factors these typically relate to Clinical Review and changes in medical status as well as delay in MDT actions. IDT have continued to discharge an increasing number of people as shown by the line graph, however as a ratio to those declared medically optimised on the morning of discharge, this remains around 28%. Whilst this is clearly an area of concern for the system it does highlight that we are pulling other patients from the bed base following medical review later in the day.



### Key areas of focus for IDT and the Trust need to be:

- More consistency of medical decision making and referral making across 7 days.
- Introduction and roll out of the new referral process to support DTA.
- Accuracy of clinical decision making and embedding the DTA Action Cards
- Staff resource is identified and provisioned at the right level for the transformed pathways.

Maintain people's level of function during the acute part of their stay.

### Externally IDT will be working with partners to:

- Address deficits in care capacity which tend to be localised
- Maintain flow through transitional pathways supported by wrap around therapy services.

Address increase requirements around COVID + pathways.

**Performance deteriorated  
Worse than target/threshold**

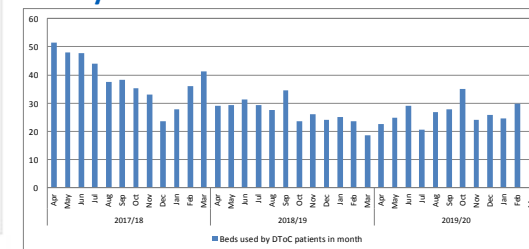
**Benchmarking: MODEL HOSPITAL**  
**Total number of bed days lost due to patients not being transferred to a more appropriate care setting**

Period: December 2019

WHHT: 799      Peer: 1247  
 National: 610  
 (Peers = Nightingale Group – acute multi-site trusts)

**Submission suspended**

### Delayed Transfers of Care



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Caring & Responsive Services: Effective	Chief Operating Officer	Finance & Performance Committee	1b / 2b / 2c / 4a / 4c / 11a



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## Caring & Responsive Services: Complaints

### In this reporting period:

86% of complaints were responded to within the required time in October (target 80%)

25 new complaints were received as follows:

- 24% (6) relate to Surgery, Anaesthetics and Cancer (SAC)
- 40% (10) Medicine
- 4% (1) Women's & Children's (WACs)
- 12% (3) Emergency Medicine
- 8% (2) CSS
- 12% (3) Environment

At month end there were a total of 40 live complaints (down by 9 compared to previous month).

40 complaints were closed in the month. No complaints were re-opened in October 2020

### Improvement plan:

No complaints are older than 2.5 months and of 40 open complaints, none were overdue at the end of the month. Medicine and SAC continue to receive the most complaints. Open complaints remain at a level below those seen last year.

### Factors/Themes:

Trust wide, common themes remain all aspects of clinical care (incl. clinical care and treatment) at 64% (16); attitude of staff and communication at 8% (2), appointments 8% (2) Admissions/Discharge 8% (2) and 12% (3) regarding disabled car parking on WGH site. No specific themes or trends have been identified although communication remains a consistent factor throughout all complaints received.

**Performance improved  
Better than target/threshold**

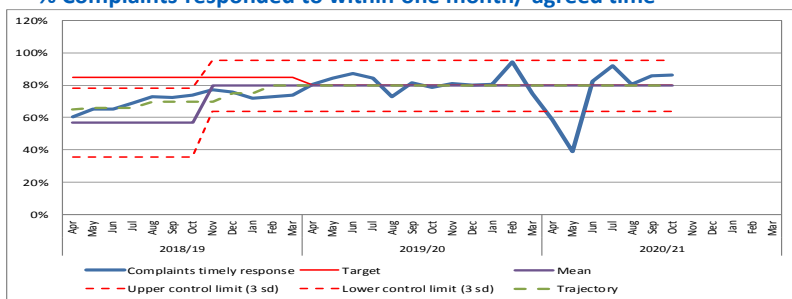
**Benchmarking: MODEL HOSPITAL**  
Number of written complaints received per 1000 staff (wte)

**Period: December 2019**

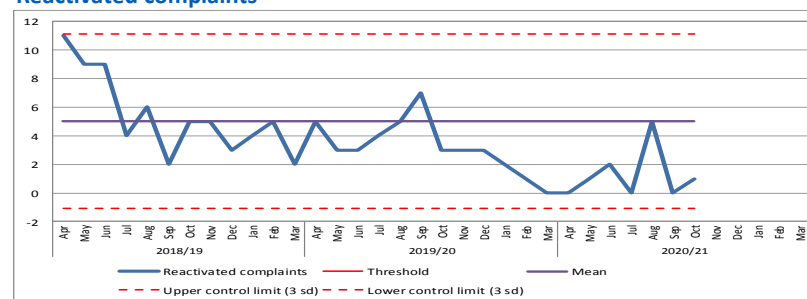
**WHHT 18.36    Peer 25.90**  
**National 21.95**

**(Peers = Nightingale Group – acute multi-site trusts)**

**% Complaints responded to within one month/ agreed time**



**Reactivated complaints**



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Caring & Responsive Services: Caring	Chief Nurse	Quality Committee	1b / 2a / 2c / 3a / 4a / 4b / 4c / 10e / 10f / 11a / 12c



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## Caring & Responsive Services: End of life care

### In this reporting period:

The NHS End of Life Care Strategy (2008) emphasised that improved end of life care provision in acute hospitals was crucial; this is where more than half of all deaths take place.

### Referrals to Specialist Palliative Care

The strategy identified that people weren't supported to die in their place of choice; and although progress has been made, this has been evidenced in many other reports. There continues to be a national focus on reducing the numbers of patients dying in hospital and offering everyone who is approaching the end of their life the opportunity to express and share their preference for where they want to die as well as any goals that are important to them (National Palliative and End of Life Care Partnership, 2015).

In October 2020, 147 referrals were made to the Trust Specialist Palliative Care Team. Of the patients with capacity to make decisions about PPD and where it was appropriate, 91% had an identified PPD.

### Patients who died at WGH where their identified preferred place of death (PPD) was not achieved

There were 3 patients in October 2020 who died in a setting that was not their preferred place of death (PPD). For the 2 patients wishing to be at home, 1 of them had physical symptoms that did not permit their transfer home and 1 deteriorated unexpectedly. There was 1 patient who wished to die in a hospice, but was unable to be transferred due to being too unwell.

### Patients on an Individualised Plan of Care for the Dying Person (IPCD) & Treatment Escalation Plans (TEP)

Of the 10 patients whose deaths were reviewed in October, 7 patients were on the IPCD. There were 3 patients who **did not** have an IPCD and it was deemed that it **would** have been appropriate to use in 2 of these patients. Learning from the audit will be fed back to ward areas to support the identification of patients appropriate for an IPCD.

### Treatment Escalation Plans (TEP)

Treatment Escalation Plans ensure that every patient's care is reviewed, individualised and their levels of care are considered, in line with the Trust's guidelines.

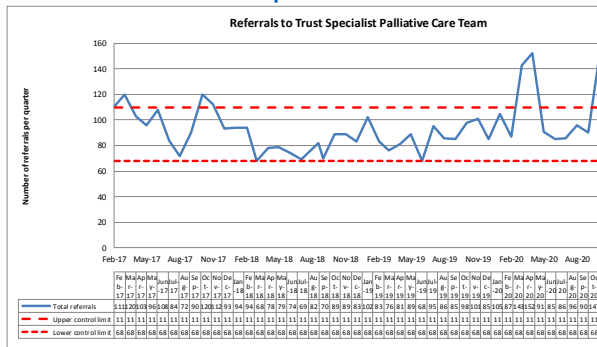
Of the 10 patients whose notes were reviewed, who died in October 2020, **all** patients had a TEP in place; however only 5 of those patients had had their TEP appropriately reviewed.

**Stable**

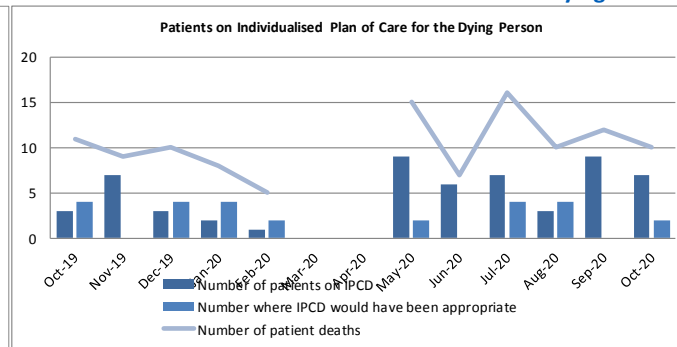
Benchmarking:

Not currently available

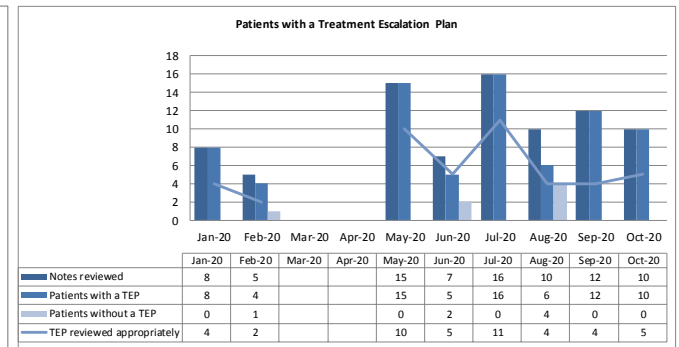
Referrals to Trust Specialist Palliative Care Team



Patients on Individualised Plan of Care for the Dying Person



Patients with a Treatment Escalation Plan



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Caring & Responsive Services: Caring	Chief Nurse	Quality Committee	2a / 2b / 2c / 3a / 4c / 11a



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## Caring & Responsive Services: RTT Open pathways

### In this reporting period:

Improved open pathway performance has continued with further reduction in the over 18 week backlog and increased referrals. This month 74.8% of pathways were under 18 weeks (previous month 69.7%), with a 14% reduction in the backlog (pathways over 18 weeks).

The median waiting time at WHHT (ie the weeks half the patients on an RTT pathway were waiting) was better than the national position (7.8 vs 12.0 weeks) but the 92nd percentile wait time was worse (46.3 vs 43.7 weeks).

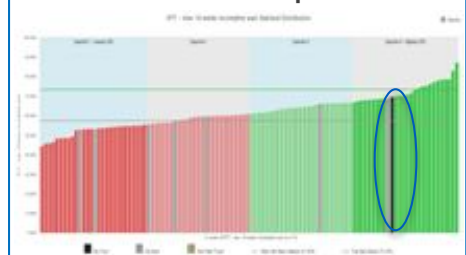
The increase in 52 week waits continues however, and at the end of the month there were 1075 patients whose waiting time exceeded 52 weeks wait, the majority remaining in Oral Surgery 28%, ENT 20%, Ophthalmology 17%. 217 pathways over 52 weeks were closed in the month.

### Diagnostics

The slow and steady recovery of diagnostic performance continues with an increase to 72% from 69% the previous month. Areas yet to demonstrate sustained improvement include DEXA scanning, non-obstetric ultrasound but plans are in place to address both .

**Performance improved  
Worse than target/threshold**

### Benchmarking: MODEL HOSPITAL RTT – 18 weeks incomplete wait

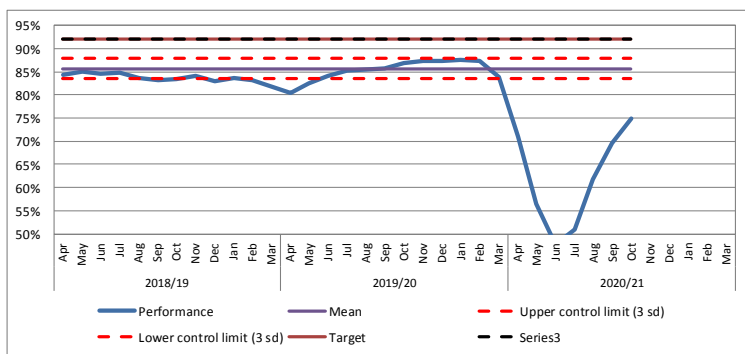


**Period: September 2020**

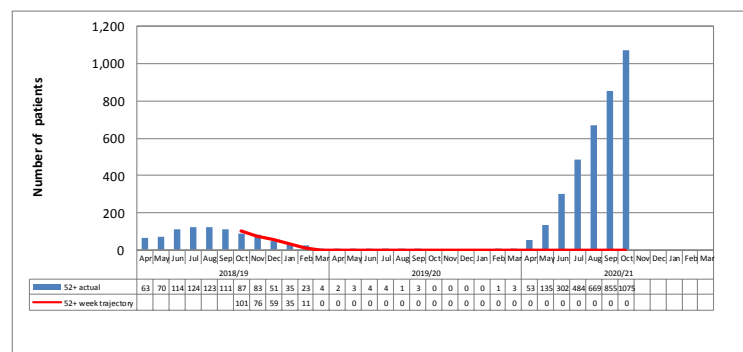
**WHHT: 69.72% Peer: 57.42%  
National: 61.26%**

**(Peers = Nightingale Group – acute multi-site trusts)**

**RTT - % within 18 weeks**



**Number of 52 week waits**



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Caring & Responsive Services: Responsive	Chief Operating Officer	Finance & Performance Committee	2c / 4b / 4c / 12c



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# Caring & Responsive Services – Cancer: Two week wait

In this reporting period:

**2 week waits:**

The provisional position for October is compliant at 96.9 % with 1609 referrals of which 50 were seen beyond 14 days. Of the 50; 10 breast , 5 gynaecology, 5 Head & Neck, 11 LGI, 2 lung, 2 skin, 7 UGI and 8 urology

In October the Trust received 103% of the baseline number of 2ww based on November 2019 (Trust's baseline for this month.)

The Trust are monitoring the referral numbers and the numbers of patients diagnosed with cancer. Currently the Trust's conversion rate is lower than usual at 3.0% in October 2020 compared with a baseline figure of 6.5%. In November 2019.

**2 week wait breast symptomatic:**

The provisional position for October is compliant at 98.7 %.

There were 150 referrals, an increase on the previous month of 41. Of these 2 patients were seen beyond 14 days

**28 day Faster Diagnosis Standard achieved (target 75%) :**

- 2ww - 83.6%
- Breast Symptomatic – 94.2%
- Screening –85% - 3 patients: All Gynae

Performance improved  
Better than target/threshold

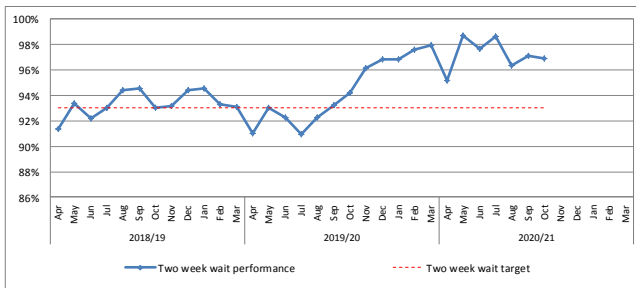
**Benchmarking: NHSI ANALYTICS HUB  
Cancer Waiting time dashboard**

Period: Sept 2020

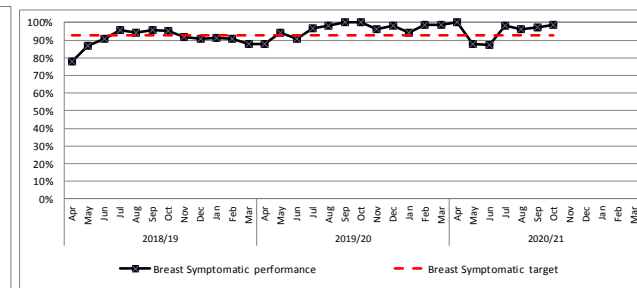
WHHT: 97.1% Peer: 87.2%  
National: 86.2%

(Peers = East of England region)

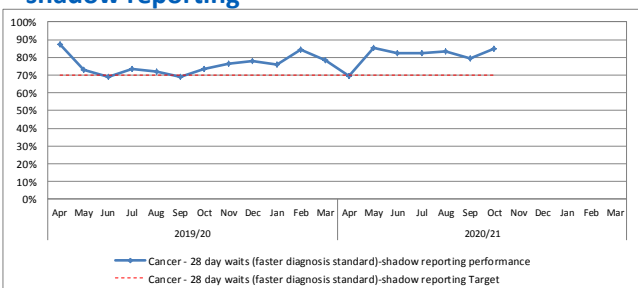
Two week waits: % within target time



Breast symptomatic patients: % within target time



Cancer - 28 day waits (faster diagnosis standard)- shadow reporting



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Caring & Responsive Services: Responsive	Chief Operating Officer	Quality Committee	2c / 4b / 4c / 12c



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## Caring & Responsive Services: Cancer 31 day

### In this reporting period:

#### 31 day referral to first definitive treatment

The position for October is provisionally non-compliant at 94.3% with 140 pathways with 8 breaches (3 x LGI, 1x testicular, 2x breast, 1x urology and 1x gynae )

#### 31 day subsequent surgery

The provisional position for October is compliant at 100%, there were 19 pathways.  
NB: the information has been updated since the data was pulled for the table below

#### 31 day subsequent Drug

The provisional position for October is compliant with 100%. There were 27 pathways

#### 31 day subsequent palliative and other

The provisional position for October is compliant at 100 % with 10 pathways

#### Next steps:

Review the influence of COVID on cancer pathways as part of the Trust's recovery plans

**Performance improved  
Better than target/threshold**

#### Benchmarking: NHSI Analytics Hub

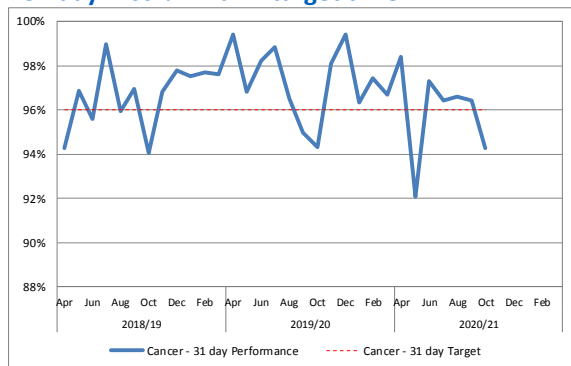
**Period: September 2020**

**31 day first:**

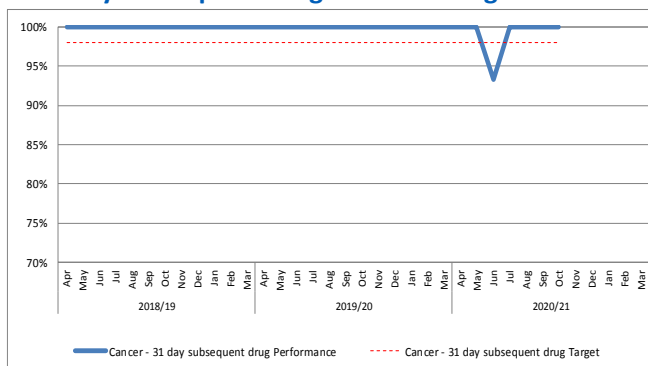
**WHHT: 97.0%    Region: 92.0%**  
**National: 94.5%**

**31 day surgery:**  
**WHHT: 84.6%    Region: 84.0%**  
**National: 87.2%**

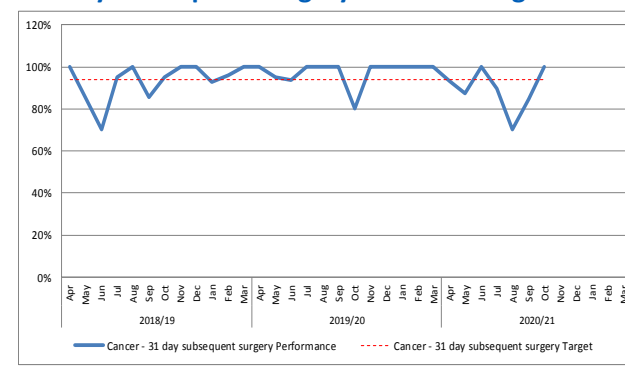
**31 day first: % within target time**



**31 day subsequent drug: % within target time**



**31 day subsequent surgery: % within target time**



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Caring & Responsive Services : Responsive	Chief Operating Officer	Quality Committee	2c / 4b / 4c / 12c



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## Caring & Responsive Services: Cancer 62 day urgent GP referral

**62 day referral to first definitive treatment** –The position for October is non-compliant at 80.9 % Provisionally there are 81 treatments (95 patients) with 15.5 breaches (20 patients). This includes 1 gynaecology, 1 haematology, 3 head & neck, 9 LGI, 1 lung, 3 urology, 1 sarcoma and 1 UGI. The number of people that the Trust treated on a 62 day pathway is progressing towards pre-COVID levels. The average for 2019/20 was 105 patients and since COVID, the numbers are: July = 98, August =82 , Sept = 127, Oct 96 patients treated.

A provisional review of breaches indicates that there were mostly associated with patients who had been delayed due to COVID related reasons such as self-isolation and positive test results. Another contributing factor is related to pts who were initially planned for surgery at Spire however subsequently there was a decision to be operated on at Watford and therefore causing delays.

**62 day screening referral to first definitive treatment** –Performance for October is provisionally non-compliant at 66.7 % with 7.5 pathways (12 patients) with 2.5 breaches (2 LGI, 1 breast)

**62 day consultant upgrade** -The provisional October position is 90% with 10 pathways (13 Patients) with 1 breach (2 patients) both lung. There is no target for this indicator.

**104 day breaches open pathways: Open pathways:** There were 23 patients; 9 LGI, 2 breast, 4 haematology, 4 UGI, 1 Head & Neck and 3 urology . These long pathways are being actively managed in 2 forums a week with clinical input where necessary.

**Closed** – In October the Trust closed 5 patient pathways after 104 days from date of referral, from all types of pathways: 62 days, 31 day, CU and screening patients

**Performance improved  
Better than target/threshold**

**Benchmarking: MODEL HOSPITAL  
62 day wait from urgent GP referral**



**Period: September 2020  
WHHT: 84.05% Peer: 80.18%  
National: 75.00%**

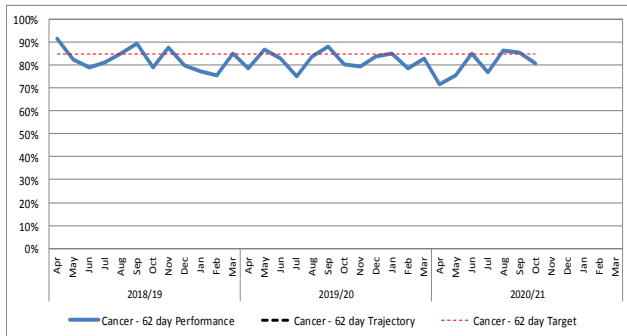
Peers = Nightingale Group – acute multi-site trusts

**Benchmarking: NHS Analytics Hub**

**Period: September 2020  
WHHT: 84.1% Peer: 73.2%  
National: 74.7%**

Peers = East of England Region

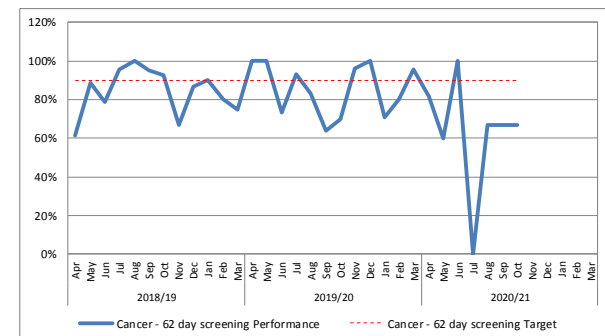
**62 day GP: % within target time**



**62 day GP: Tumour Site**

Tumour type	October
Breast	100
Gynaecological	87.5
Haematological	75
Head and Neck	0
Lower Gastrointestinal	37
Lung	50
Skin	100
Upper Gastrointestinal	71.4
Urological	86.2
Testicular	100
Other	
Sarcoma	0

**62 day screening: % within target time**



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Caring & Responsive Services: Caring	Chief Operating Officer	Finance & Performance Committee	2c / 4b / 4c / 12c

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## Caring & Responsive Services: Outpatients

### In this reporting period:

Virtual Activity: 77 hands free telephones ordered to enable Clinicians to undertake more virtual activity within the OPD setting. A new receptionist role has been added and training completed to support Attend Anywhere to encourage services to move from telephone clinics to video activity and an engagement plan is being developed.

Patient initiated follow up (PIFU) pathway development and engagement underway with high interest from divisions in adopting this transformation of patient care.

Advice and guidance being used in all services except Rheumatology Neurology and Pain Management..

**Performance stable  
Better than target/threshold**

**Benchmarking: MODEL HOSPITAL**  
Did not attend rate

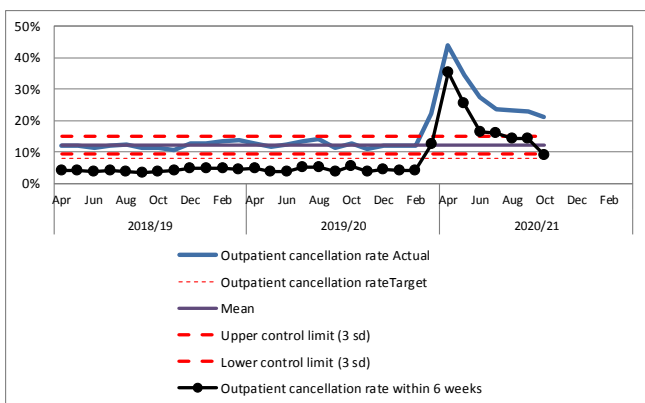
Period: Q2 2020/21

WHHT 6.30%    Peer: 6.42%  
National: 6.54%

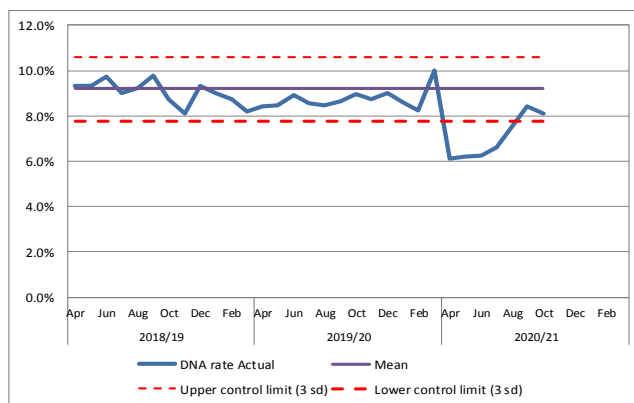
(Peers = Nightingale Group – acute multi-site trusts)

Total cancellations: 25.2%			
Hospital initiated		Patient initiated	
All cancellations	Under 6 weeks	All cancellations	Under 6 weeks
12.3%	4.3%	10.2%	9.6%

### Outpatient cancellation rate



### DNA rate



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Caring & Responsive Services: Responsive	Chief Operating Officer	Finance & Performance Committee	3a / 4b / 4c / 10e / 10g / 11a



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# Workforce & Finance: Recruitment & Retention

**In this reporting period:**

**Contracted wte staff in post** is 4,618 (4,626) wte last month (+60wte) over the last 12 months.

**Vacancies (the difference between the ledger establishment and contracted wte on ESR)** is 551 wte or 10.7% of the establishment (10.4% last month). The target rate is 10%. There has been a reduction of 8wte last month in contracted wte (partly due to aspirant students leaving Trust employment) and small increase in funded establishment over in the Paediatric Assessment Unit. A year ago the vacancy rate was the same (10.7%). Over 100 nurses are planned to be recruited from abroad over the next 3 months.

**Sickness** – the October sickness rate is 4.2% against a target of 3.5%. The 12 monthly sickness rate averages 4.8%. The monthly figure was 3.9% last month and 3.5% the month before. It was over 11% for April, the highest rate recorded over the last 10 years. The sickness rate a year ago was 3.9%. There are currently approx. 70 – 90 staff off sick with COVID symptoms.

**Labour Turnover and Number of staff leaving within first year**

This is 13.3% (last month 13.6%). The target is 13%. Rates over the last 3 – 4 months have been the lowest rate recorded since October 2013. All TUPE related leavers have been excluded from the calculations, as have staff who were on fixed term contracts or have re-commenced working for the Trust. The voluntary rate (excluding retirements / dismissals etc) is 10.6% (10.8% last month), the lowest we have recorded. The rolling 3 monthly turnover rate is around 12.6%, which suggests that there are no significant short term pressures for staff leaving.

**Turnover for staff who leave within their first year** of is now approx. 18.1%, a slight increase from last month (21% in Aug 2019). The target rate is 15%.

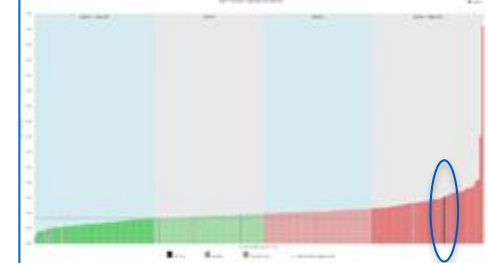
**Turnover for Band 5 Nursing and Midwifery staff** is 14.8% (14.9% last month). The target is 16%, which means that we continue to achieve this target, and is a significant reduction from May 2017 when rates were approx. 30%.

**Next steps –**

- Recruitment :During the peak of COVID, recruitment significantly slowed down, in particular international recruitment which stopped completely from end of March 2020 to mid-August 2020. This meant we were not able to meet our forecast and maintain a low vacancy rate as predicted. We are taking every effort to recruit band 5's and bring our vacancy rate back down.
- UK adverts continue and we are seeing an average of 5 Band 5 UK nurses appointed a month.
- Since mid-August we have increased our deployment of overseas nurses and we have planned groups of 24 arriving each month. From 19th August to 25th November 71 overseas nurses have started in post with a further 24 planned for 14th December and 6th January. Since August, 39 transitional nurses have passed their OSCE exam and obtained their NMC registration. A further 9 nurses will sit their exam in November and 42 nurses will sit their exam throughout December.
- We have reviewed our OSCE training timeline, we are now able to fast track a nurse through 3 weeks of continued OSCE training with an exam within 2 weeks of completing their training, shortening the time it takes to receive registration.

**Performance stable**  
**Worse than target/threshold**

**Model Hospital benchmarking:**  
**Proportion of staff leaving each month**

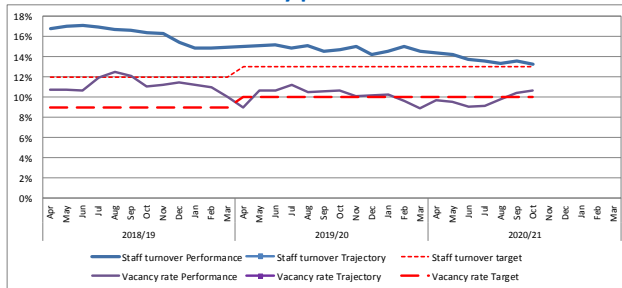


Period: October 2019

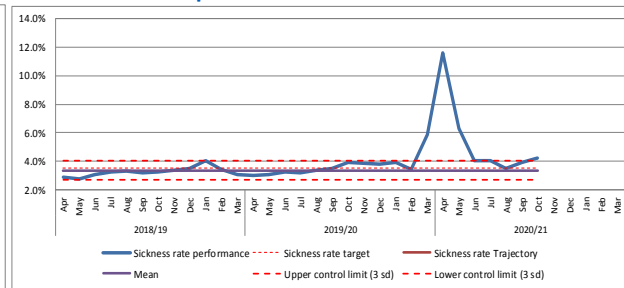
WHHT: 1.54% Peer: 0.83%  
National: 0.98%

Peers = Nightingale Group – acute multi-site trusts)

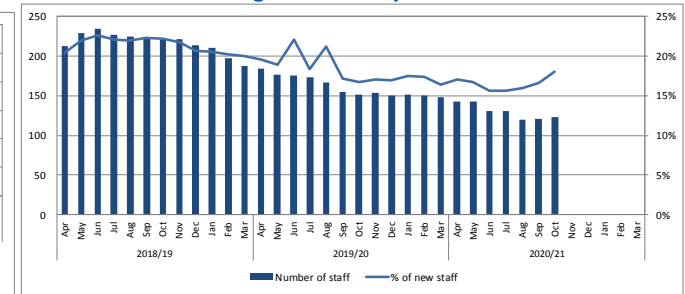
**Staff turnover and vacancy performance**



**Sickness absence performance**



**Number of staff leaving within first year**



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Workforce & Finance: Well Led	Chief People Officer	People, Education & Research Committee	3a / 6a / 6b / 7a / 7b / 12c





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## Workforce & Finance: Developing Staff

In this reporting period:

**Submission suspended**

### Appraisals

The current reported appraisal rate is 87%, this rate was set at the end of March, slightly below compliance. This includes medical staff (apart from Deanery training grade medical staff). Due to COVID, this rate was maintained for reporting purposes, while appraisals were undertaken where possible and there would be no disruption to services. Over the last 2 months, the Divisions have been working to a recovery plan in order to achieve compliance.

Divisional HR Business Partners are continuing to work closely with Divisions on maintaining and improving appraisal rates. Currently, incremental grade progression is applied automatically, however a successful appraisal will be required from December.

### Mandatory / Essential training

The all Trust mandatory training rate remains above target at 91%, for October. Compliance is now measured for one single set if mandatory training, rather than separating into mandatory and essential.

With the all-Trust targets met, attention is now focussed on any subject, department or staff group where specific help to reach compliance is still required, and the Education Service will continue to liaise with the HR Business Partners, Divisional Performance Reviews and Trust management as necessary to ensure that any outstanding areas receive appropriate support.

For local benchmarking for training compliance, within Herts Beds and Essex Trusts, the Trust ranks 5/12 local Trusts (Q1, 20/21)

*Performance improved  
Better than target/threshold*

**Benchmarking: Model Hospital**  
Trust staff with appraisal completed by the required date

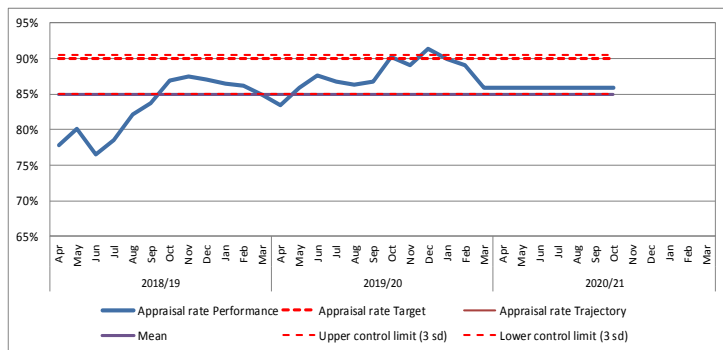
**Period: 2018/19**  
**WHHT: 80%**      **Peer: 87%**  
**National: 91%**

*Performance stable  
Better than target/threshold*

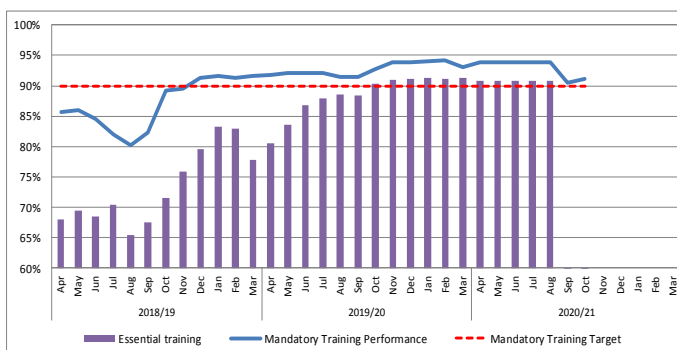
**Benchmarking: Model Hospital**  
Statutory & Mandatory training compliance rate

**Period: 2018/19**  
**WHHT 90%**      **Region 95%**  
**National 94%**  
**Peers = Nightingale Group – acute multi-site trusts)**

**Appraisal performance**



**Essential training and mandatory training performance**



DOMAIN	EXECUTIVE LEAD	SUB-COMMITTEE	BAF Ref
Workforce & Finance: Well Led	Chief People Officer	People, Education & Research Committee	3a / 5c / 6a / 6b / 8b / 8c



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## Workforce & Finance: Workforce BAF scorecard

The Board Assurance Framework shows key workforce indicators in the context of current performance, performance 12 and 3 months ago, Trust workforce targets, the distance to these targets and a RAG rating based on 5 scales. It also has benchmarking data taken from NHS healthcare providers in the Hertfordshire and West Essex and Bedford, Luton and Milton Keynes STPs.

The RAG rating is based on distance to targets – if current performance is within 0% to 20% (or exceeds) its target then the RAG rating is green. If performance is within 60% – 80% of target then the rating is yellow. This is repeated at 20% intervals for amber and brown until performance is over 80% from the target when the RAG rating is red. If 2 indicators are rated red, then the overall rating is red. If all indicators are rated green, or one is amber then the overall rating is green. Any other combination is amber.

The BAF performance indicators reflect core areas of the workforce that we are monitoring. These include B5 nurse vacancies and turnover, reflecting the focus on recruitment and retention of these staff in conjunction with NHSI. These areas are identified as the Trust’s highest workforce risk factors. B5 Nurse Turnover rates are 14.8% currently, about half their rates 3 years ago. The Trust is now consistently below its 16% target. For B5 Nurse vacancies, the rate is currently 11.5% overall and means the Trust is higher than its forecasted position. This is because of the impact of COVID on international recruitment plans. Since mid-August we have increased our deployment of overseas nurses and we have planned groups of 24 arriving each month. From 19th August to 25th November 71 overseas nurses have started in post with a further 24 planned for 14th December and 6th January. Since August, 39 transitional nurses have passed their OSCE exam and obtained their NMC registration. A further 9 nurses will sit their exam in November and 42 nurses will sit their exam throughout December.

Combined appraisals rates have been held at their pre-COVID rates of 87% just below the compliance requirement of 90%. The overall rate for medical staff (97%) includes all medics apart from Deanery posts. Mandatory training compliance is 91%, and is consistently above the 90% target. The divisions are working with HRBPs in recovery plans to increase the appraisal rates to compliance levels by the end of November.

The Oct monthly Trust sickness rate is 4.2% against a 3.5% target, and so is above target. The 12 month sickness figure is 4.8%, again above the 3.5% target and is of course reflecting high COVID related sickness over Spring 2020 and now more recently in Oct / Nov. It is anticipated that sickness will remain at historically high levels over Winter months, particularly if COVID cases rise in the general population.

The current agency pay bill percentage is 5.1%. The overall target rate for 2020/21 is 4.7%, reflecting the reduced agency cost target envelope.

The 12 month turnover rate is 13.3%, amongst the lowest rates we have recorded. The Trust is ranked 9 / 16 nearby NHS organisations.

FFT scores have been suspended during COVID. The 2020 staff survey is currently being undertaken, response rates are 13%, which is 484 more returns than at the same time last year.

### Workforce Indicators - Progress Table

Progress against target - Oct 2020

KPI	Benchmark average	Performance 12 months ago	Performance 3 months ago	Current performance	Target	Distance to target	Better / worse than 3 months ago	Remaining Progress to target needed (%)
Vacancy	11.1%	10.7%	9.1%	10.7%	10.0%	0.7%	↗	7%
Band 5 Nurse Vacancy		0.0%	6.0%	11.5%	9.0%	2.5%	↗	28%
Headline Turnover	13.7%	14.7%	13.6%	13.3%	13.0%	0.3%	↘	2%
Band 5 Nurse Turnover	16.3%	17.0%	13.6%	14.8%	16.0%	-1.2%	↗	-8%
Total Sickness	3.6%	3.9%	4.0%	4.2%	3.5%	0.7%	↗	20%
Non-Medical Appraisal	54%	87.0%	87.0%	87.0%	90.0%	-3.0%	→	3%
Medical Appraisal		97.0%	97.0%	97.0%	90.0%	7.0%	→	-8%
Core Skills Framework	89%	92.7%	94.0%	91.1%	90.0%	1.1%	↘	-1%
Agency as a % of Paybill	7.1%	5.1%	4.9%	5.1%	4.7%	0.4%	↗	9%
Friends and Family Test (Work)		53.9%	52.2%	52.2%	66.0%	-13.8%	→	21%

### Overall Summary

Key	
Achieving 80% of the target	Green
Achieving 60% to 80% of the target	Yellow
Achieving 40% - 60% of the target	Amber
Achieving 20% to 40% of the target	Brown
Achieving Under 20% of the target	Red

Overall Scoring Key	
Red	2 or more indicators Red
Green	One amber indicator, all other indicators Green
Amber	All other combinations

# Data sources

Domain	Theme	Source	Executive lead	Lead	Board IPR	Quality IPR	Patient Experience IPR	Divisional IPRs	
Safe care & Improving Outcomes	Safe	<b>Quality of Care: Mortality Indicators</b>							
		SHMI (Rolling 12 months)	Dr Foster	MD		✓	✓	✗	✓
		HSMR - Total (Rolling three months)	Dr Foster	MD		✓	✓	✗	✓
		<b>Quality of Care: Infection Control</b>							
		Clostridioides Difficile - Hospital associated (Cat 1)	WHHT	CN		✓	✓	✗	✓
		Clostridioides Difficile - Healthcare associated (Cat 2)	WHHT	CN		✓	✓	✗	✓
		Clostridioides Difficile - Hospital and Healthcare associated Total	WHHT	CN		✓	✓	✗	✓
		Hand Hygiene Compliance		CN		✓	✓	✗	✓
		<b>Quality of Care: Emergency Readmissions</b>							
		30 Day Emergency Readmissions - Elective *	Dr Foster	MD		✓	✗	✗	✓
		30 Day Emergency Readmissions - Emerg *	Dr Foster	MD		✓	✗	✗	✓
		<b>Quality of Care: Caesarean Section rates</b>							
		Caesarean Section rate - Combined*	WHHT	MD		✓	✓	✗	✓
		Caesarean Section rate - Emergency*	WHHT	MD		✓	✓	✗	✓
		Caesarean Section rate - Elective*	WHHT	MD		✓	✓	✗	✓
		<b>Patient Safety</b>							
		% nursing hours (shift fill rate)	WHHT	CN		✓	✓	✗	✓
		Serious incidents - number*	WHHT	MD		✓	✓	✗	✓
		Serious incidents - % that are harmful*	WHHT	MD		✓	✓	✗	✓
		% of patients safety incidents which are harmful*	WHHT	MD		✓	✓	✗	✓
		Never events	WHHT	MD		✓	✓	✗	✓
		Safety Thermometer Harm Free Care (acquired within and outside of Trust)	WHHT	CN		✓	✓	✗	✓
		Safety Thermometer % New Harm Free Care (acquired within Trust)	WHHT	CN		✓	✓	✗	✓
		Category 4 pressure ulcers - New (Hospital acquired)	WHHT	CN		✓	✓	✗	✓
		Category 3 pressure ulcers - New (Hospital acquired)	WHHT	CN		✓	✓	✗	✓
		VTE risk assessment*	WHHT	MD		✓	✓	✗	✓
		Patients admitted to stroke unit within 4 hours of hospital arrival	SSNAP	MD		✓	✓	✗	✓
		Stroke patients spending 90% of their time on stroke unit	SSNAP	MD		✓	✓	✗	✓

# Data sources

Domain	Theme	Source	Executive lead	Lead	Board IPR	Quality IPR	Patient Experience IPR	Divisional IPRs	
Caring & Responsive Services	Effective	<b>Patient Flow: Emergency Department</b>							
		Ambulance turnaround time between 30 and 60 mins	East of England Ambulance Service	COO		✓	✗	✗	✓
		Ambulance turnaround time > 60 mins	East of England Ambulance Service	COO		✓	✗	✗	✓
		% Patients admitted through A&E - 0 day LOS	WHHT	COO		✓	✗	✗	✓
		<b>Patient Flow: In hospital flow</b>							
		Discharges between 8am and 12pm (main adult wards excl AAU)	WHHT	COO		✓	✗	✗	✓
		Mixed sex accommodation breaches	WHHT	COO		✓	✗	✗	✓
		LOS > 21 days	WHHT	COO		✓	✗	✗	✓
		Delayed Transfers of Care (DToC) beddays used in month	Integrated Discharge Team	COO		✓	✗	✗	✓
		Delayed Transfers of Care (DToC) beds used in month	Integrated Discharge Team	COO		✓	✗	✗	✓
	<b>Patient Experience: Friends &amp; Family Test</b>								
	A&E FFT % positive	Meridian	CPO		✓	✓	✓	✓	
	Inpatient Scores FFT % positive	Meridian	CPO		✓	✓	✓	✓	
	Daycase FFT % positive	Meridian	CPO		✓	✓	✓	✓	
	Maternity FFT % positive	Meridian	CPO		✓	✓	✓	✓	
	<b>Patient Experience: Complaints</b>								
	Complaints responded to within target/agreed timescale	WHHT	CN		✓	✓	✓	✓	
	Reactivated complaints	WHHT	CN		✓	✓	✓	✓	
	<b>Patient Experience: End of life care</b>								
	New indicators to be included in Q4	WHHT	CN		✓	✓	✓	✓	
	<b>Access to Services</b>								
	ED 4hr waits (Type 1, 2 & 3)	WHHT	COO		✓	✗	✗	✓	
	Referral to Treatment - Incomplete*	WHHT	COO		✓	✗	✗	✓	
	Referral to Treatment - 52 week waits - Incompletes	WHHT	COO		✓	✗	✗	✓	
	Diagnostic (DM01) <6 weeks	WHHT	COO		✓	✗	✗	✓	
	<b>Cancer</b>								
	Cancer - Two week wait *	WHHT	COO		✓	✗	✗	✓	
	Cancer - Breast Symptomatic two week wait *	WHHT	COO		✓	✗	✗	✓	
	Cancer - 28 day waits (faster diagnosis standard)-shadow reporting	WHHT	COO		✓	✗	✗	✓	
	Cancer - 31 day *	WHHT	COO		✓	✗	✗	✓	
	Cancer - 31 day subsequent drug *	WHHT	COO		✓	✗	✗	✓	
	Cancer - 31 day subsequent surgery *	WHHT	COO		✓	✗	✗	✓	
Cancer - 31 day subsequent radiology *	WHHT	COO		✓	✗	✗	✓		
Cancer - 62 day *	WHHT	COO		✓	✗	✗	✓		
Cancer - 62 day screening *	WHHT	COO		✓	✗	✗	✓		
<b>Access to Services: Outpatients</b>									
Outpatient cancellation rate within 6 weeks^	WHHT	COO		✓	✗	✗	✓		



# Data sources

Domain	Theme	Source	Executive lead	Lead	Board IPR	Quality IPR	Patient Experience IPR	Divisional IPRs	
Workforce and finance	Well led	<b>Recruitment &amp; Retention</b>							
		Staff turnover rate (rolling 12 months)	WHHT	CPO		✓	✗	✗	✓
		% staff leaving within first year (excluding medics and fixed term contracts)	WHHT	CPO		✓	✗	✗	✓
		Vacancy rate	WHHT	CPO		✓	✗	✗	✓
		Sickness rate	WHHT	CPO		✓	✗	✗	✓
		<b>Developing Staff</b>							
		Appraisal rate (Total)	WHHT	CPO		✓	✗	✗	✓
		Mandatory Training	WHHT	CPO		✓	✗	✗	✓
		Essential Training	WHHT	CPO		✓	✗	✗	✓
		<b>Finance overview</b>							
		Financial Risk Rating	WHHT	CFO		✓	✗	✗	✓
		Income & Expenditure Actual	WHHT	CFO		✓	✗	✗	✓
		Income & Expenditure forecast	WHHT	CFO		✓	✗	✗	✓
		Cash balance at the end of the month	WHHT	CFO		✓	✗	✗	✓
		Capital expenditure	WHHT	CFO		✓	✗	✗	✓
		CIP delivery against plan	WHHT	CFO		✓	✗	✗	✓
		% Bank Pay**	WHHT	CFO		✓	✗	✗	✓
		% Agency Pay**	WHHT	CFO		✓	✗	✗	✓
		<b>Activity (chargeable)</b>							
		GP referrals	WHHT	CFO		✓	✗	✗	✓
		A&E attendances	WHHT	CFO		✓	✗	✗	✓
		Elective spells (overnight)	WHHT	CFO		✓	✗	✗	✓
		Elective daycase	WHHT	CFO		✓	✗	✗	✓
		Total elective spells	WHHT	CFO		✓	✗	✗	✓
		Non-elective spells	WHHT	CFO		✓	✗	✗	✓
		Births	WHHT	CFO		✓	✗	✗	✓



### Trust Board 3 December 2020

<b>Title of the paper</b>	Annual Establishment Review – Paediatrics						
<b>Agenda Item</b>	12/86						
<b>Presenter</b>	Tracey Carter, Chief Nurse Director Infection Prevention & Control						
<b>Author(s)</b>	Karen Walker, Head of Nursing Children’s Services David Thorpe, Deputy Chief Nurse						
<b>Purpose</b>	<p><i>Please tick the appropriate box</i></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"><i>For approval</i></td> <td style="width: 33%;"><i>For discussion</i></td> <td style="width: 33%;"><i>For information</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<i>For approval</i>	<i>For discussion</i>	<i>For information</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>For approval</i>	<i>For discussion</i>	<i>For information</i>					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
<b>Executive Summary</b>	<p>This report provides assurance to the Trust Board around safe staffing across Childrens Services following a comprehensive paediatric workforce establishment review which was undertaken in November 2019.</p> <p>This paper has been presented to Trust Management Committee (TMC) and to Patient Education Research Committee (PERC). I can confirm my professional review and that the levels meet safe staffing, we will continue to review the ward templates and quality impact assessments.</p> <p>The establishment review looked at all paediatric inpatient and emergency care areas. We identified three areas that required a change and strengthening of existing establishments: Starfish Ward; the Neonatal Unit incorporating Transitional Care and our Paediatric Assessment Unit (PAU).</p> <p>These changes were made to support the correct staffing levels for two HDU beds on Starfish Ward. To enable ward efficiency and effectiveness, we factored in seasonal variance with the ability to flex up our staffing during busy winter periods (October – March) and flex down during the summer period. Across CED and PAU there was an increase in establishment reflecting the need to extend and provide senior cover over 7 days a week.</p> <p>There was a decrease to the neonatal establishment based on the reduction in the number of cots required. Nationally data shows the numbers of births are decreasing and there are a number of initiatives to improve maternal and child safety. These two factors have led to a reduction in demand for neonatal cot days. Accordingly, the number of cots required has been assessed with the East of England Neonatal Network, reducing the unit’s cot base from 30 to 24. This will include the reduction of 3 x ITU beds to 1 but maintaining HDU beds x 5 that can be flexed accordingly and SCBU beds from 16 to 12. There has been significant progress in developing our neonatal outreach service and also with our transitional care model which has resulted in managing the care of smaller babies at a lower weight within Transitional care instead of the Special Care Baby Unit (SCBU).</p>						

The reviews undertaken support the elements of the three-point Chief Nursing Officer (CNO) strategy: helping nurses deliver the Long Term Plan in building a workforce 'fit for the future' that ensures we have enough staff with the right skills.

The November 2019 review used Safe Care; this is a component of e-roster that reports on daily patient dependency and acuity. In order to ensure that the data input at ward level is quality assured, data checks are undertaken daily with the clinical lead for safe care and matrons, scoring is reviewed using check and challenge as part of quality controls and where necessary changes are made and recorded on safe care.





The triangulation of data and information is paramount to a successful review and include: Safer Nursing Care Acuity scores; finance which included vacancy and agency spend, KPI metrics attributed to the nursing workforce around e-roster templates, productivity and reviewing of the ward score card around workforce and quality indicators 'How safe is my ward' – Hand Hygiene, Hospital Acquired MRSA, C Difficile, pressure Ulcers, and Test Your Care scores and trends. The reviews also looked at staff compliance with Statutory and Mandatory Training and information gained from Friends and Family Test (FFT).

The workforce KPI's are monitored within the divisional monthly workforce meetings, that have Head of Nursing, Matrons and Ward Leaders present. Any safety or red flag shifts are monitored and discussed. The monthly Quality Improvement Forum monitors ward safety and quality. Within this meeting any ward level concerns are openly discussed and immediate actions or additional surveillance is instigated and reported on.

Safety within Paediatric inpatient wards are monitored and discussed at 8am operational meeting and reviewed throughout the day. The paediatric HON and matron team have recently joined the two existing daily professional staffing meetings chaired by Deputy Chief Nurse, to provide assurance around safe staffing, including staff deployments and mitigations.

The band 7 ward manager role is not counted within the ratios and is 100% supervisory.

In December 2019 all areas were professionally reviewed and signed off by the Ward Leader/Manager, Matron, Head of Nursing and Chief Nurse, to provide assurance of full participation and that the Trust was meeting National Quality Board's Guidance (2016) and that it is embedded in safe staffing practice.

<b>Trust strategic aims</b>  <i>(please indicate which of the 4 aims is relevant to the subject of the report)</i>	<b>Aim 1</b> Best care 	<b>Aim 2</b> Great team 	<b>Aim 3</b> Best value 	<b>Aim 4</b> Great place 
	<b>Objectives 1-4</b> x	<b>Objectives 5-8</b> x	<b>Objective 9</b> x	<b>Objective 10-12</b> 

**Links to well-led key lines of enquiry**

- Is there the leadership capacity and capability to deliver high quality, sustainable care?
- Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?
- Is there a culture of high quality, sustainable care?
- Are there clear responsibilities, roles and systems of accountability to support good governance and management?
- Are there clear and effective processes for managing risks, issues and performance?

	<p><input checked="" type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on?</p> <p><input checked="" type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p> <p><input checked="" type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation?</p> <p><input checked="" type="checkbox"/> How well is the trust using its resources?</p>						
<b>Previously considered by</b>							
	<table border="1"> <thead> <tr> <th>Committee/Group</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Trust Management Committee</td> <td>20.6.20</td> </tr> <tr> <td>People, Education and Research Committee</td> <td>27.8.20</td> </tr> </tbody> </table>	Committee/Group	Date	Trust Management Committee	20.6.20	People, Education and Research Committee	27.8.20
	Committee/Group	Date					
Trust Management Committee	20.6.20						
People, Education and Research Committee	27.8.20						
<b>Action required</b>	The Board is asked to receive this report for information and assurance of the annual paediatric nursing establishment review.						






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**Trust Board - 3 December 2020**
**Annual Establishment Review - Paediatrics**
**Presented by: Tracey Carter Chief Nurse Director Infection Prevention & Control**


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**1. Purpose**

- 1.1 This report is to provide assurance to the Trust Board of safe staffing across both the paediatric and neonatal services following a comprehensive annual establishment review undertaken in November 2019.

**Background**

- 2.1 It is good practice to regularly review nursing establishments ensuring that the workforce is sufficient in terms of skill and number to meet demand:

- The National Quality Board - Expectations for safe staffing, sustainable and productive staffing, an improvement resource for neonatal care (June 2018)
- The National Quality Board – Safe, sustainable and productive staffing: An improvement resource for children and young people's inpatient wards in acute hospitals (June 2018)
- Royal College of Nursing – Defining staffing levels for children and young peoples' services (June 2013)
- Paediatric Intensive Care Society - Quality Standards for the Critically ill Children (2015)

Additionally, the childrens service has managed a number of changes, with the opening of the Paediatric Assessment Unit, redevelopment of the NICU and implementation of the transitional care model, as well as other changes in acuity and activity.

The department has therefore used national staffing tools such as BAPM (2018), Safer Nursing Care (SNCT) (The Shelford Group 2017), Paediatric Intensive Care Society (2015), Royal College of Nursing (2013) and the Dinning tool, which was designed to support the Trent Perinatal and Central Newborn Network peer review programmes, as well as peer review and professional opinion to review its staffing and activity in order to ensure that establishments are fit for purpose and will support the delivery of the very best care for every patient, every day.

- 2.2 This review supports the three-point CNO for England's strategy: helping nurses deliver the Long Term Plan in building a workforce 'fit for the future', that ensures we have enough staff with the right skillset; improving retention by at least 2% by 2025; and developing leadership across all levels of nursing that tackles inequalities that exist within the NHS, and creating and infrastructure to allow more volunteers to support staff.

The CNO states that three priorities that will help 'fulfil that mission' – addressing workforce shortages; enhancing the reputation of the profession; and helping nurses and midwives lead change across the NHS.

## 2. Analysis/Discussion

Childrens Services Establishment Review September 2019 resulted in changes in Starfish, PAU and Neonatal establishments. **Majority of the changes are managed with the financial envelope of the division and another (PAU) requires a business case.**

### 2.1 Paediatric Assessment Unit (PAU)

This is a new front line service which is co-located next to the Childrens Emergency Department (CED), providing assessment, investigation, observation and management for acutely presenting infants, children and young people up to the age of 16 years.

A 4 month proof of concept was undertaken and a paper was presented on the outcome of the pilot at TMC in November 2019. It was agreed that the Division would write a business case requesting correct consultant PA/ sessions, the appropriate nursing establishment to provide a safe service, board controllers to maintain good patient flow and performance and a play specialist.

### 3.2 Children's Emergency Department (CED)

CED has a staffing pattern of 5 registered and 1 unregistered childrens nurse (5:1) day and night. This is to allow cover for the different clinical areas within CED: resuscitation, waiting area and cubicles, triage nurse, bay nurse and NIC. This is covered within existing established posts.

However, within CED, unlike adult ED, there is no coordinator 24/7 supernumerary nurse, nor is there full oversight by the ED board coordinator and bed managers within paediatrics. This has been historical but the current management teams (WACS & EM) are working together to improve this situation.

Therefore the qualified nurses are currently undertaking some of these tasks. Bed management, board coordination, managing the flow of patients into beds, transfers to other hospitals, monitoring the patient flow of those waiting up to 4 hours, the 12 hour DTA's, paperwork, ireporter input and when escalations are required. This has taken the nurses away from direct clinical care. The increased workload has a direct effect on, patient experience, requesting beds, monitoring the 4 hour assessments and avoiding some of the breaches. Therefore the aim is to introduce and pilot an administration team to act as paediatric board coordinators to manage those parts of the role and as a result improve and maintain performance.

The purpose of the pilot is to allow us to review the need for a supernumerary band 7 as we feel that once they are free from administration tasks, they will be allowed to manage the department while also being in the nursing numbers. The outcome of the pilot will be discussed with the Chief Nurse in the first instance.

We feel that a nurse in charge at band 7 level on shift every day is essential to provide seniority and leadership through the department. Therefore we have increased the band 7 post from 1.0WTE to 1.5 WTE to allow for Saturday and Sunday senior nurse cover.

### 3.3 Starfish Ward

The total bed base is 22 but is currently established and staffed for 20 beds. 18 beds are for acute admissions and 2 are designated High Dependency beds for children who require level 1 & 2 care.

### **The staffing skill mix for a 2 bed HDU (Lighthouse)**

The staffing requirement for the 2 bedded High Dependency Unit as recommended by the Paediatric Intensive Care Standards (2010), RCPCH (2014), and RCN Standards (2013) is 1:2 (nurse: patient ratio), though this will be influenced by a number of factors, including patient diagnosis and complexity, severity of illness (PEWS score), and nursing skill-mix.

Lighthouse HDU was initially established on a pilot basis so was not funded within the establishment. Negotiations with commissioners to obtain additional funding for these beds are ongoing. The establishment required to provide 1:2 nursing cover for these beds is 5.2 WTE. On this basis, the establishment has been increased by 5.2 WTE to staff this area with a designated budget and within the cash envelope.

Within the remaining 18 beds, Starfish admit a number of children who are newly diagnosed with cancer and in addition the ward also cares for children jointly with other London centres. We have trained oncology nurses to administer infusions of chemotherapy locally to ensure that our patients receive the right care closer to home and in the right place at the right time. Offering a level 2 oncology shared care service can result in those children requiring a higher level of clinical input (often HDU) due to the chemotherapy regimens administered to manage the cancer and more often than not the care would be provided in a side room due to the higher risk of infection and precautions required.

There are often times of peak demand for an admission into an HDU bed and with the increase in the numbers requiring this level of care. We are not requesting staffing to accommodate this increase as we already flex our workforce from other paediatric/NICU clinical areas and use bank if appropriate with clear sign off processes at a senior level. Therefore our establishment review is based on 2 HDU beds at any given time.

Additionally Starfish ward has the ability to manage a deteriorating child who may require level 3 care who are stabilised & then transferred out to an appropriate tertiary centre. This doesn't affect the establishment.

### **The staffing skill mix for the remaining 18 bed base (Starfish excluding Lighthouse)**

Recommended ratios for ward based care based on RCN standard (2013) are as follows:

- < 2 years of age 1:3 registered nurse: child, day and night
- > 2 years of age 1:4 registered nurse: child, day and night

Based on the above ratios, an average requirement of 1:3.5 children has been used to assess required establishments.

When setting baseline establishments there are key requirements:

1. An average age of patient population should be considered, as where there are high numbers of children less than two years, an increased registered nurse : patient ratio is required.
2. The ward staffing complement must also have a supervisory senior sister Band 7. Children should also be cared for by staff that have the right knowledge, skills, expertise and competence to meet their needs.
3. In addition to the Band 7 ward sister/charge nurse, a competent, experienced Band 6 is required throughout the 24-hour period to provide the necessary support to the nursing team. This will provide an experienced nurse to advise on clinical nursing issues relating to children across the organisation 24 hours a day.

The service has reviewed summer v winter activity, acuity and occupancy. Paediatric illness has a tendency to be seasonal and acuity peaks most noticeably between November-April.

Accordingly, the ward plans to run on 80% occupancy from November to April and 65% occupancy May-October. (Average annual occupancy for 18/19 was 57.6%; average 19/20 Month 1-9 occupancy was 57.9% although, obviously, this is subject to peaks and troughs of variation).

Accordingly the following staffing has been proposed after adjusting bed numbers for capacity:

Table 1 – Starfish establishment

	Bed numbers		RNs reqd on 1:3.5	Rostered RNs	Notes
	Total	Adjust for capacity %			
Summer	18	12	3.34	3	0.3 shortfall mitigated by additional nursery nurse
Winter	18	14	4.11	4	0.1 shortfall mitigated by additional nursery nurse

Overall, this represents an increase of 1.0 WTE compared to the current budget:

The current average ratio for Starfish (excluding Lighthouse) is an average of 3.5:1 (4:1 in the day and 3:1 at night). The revised established remains at an average of 3.5:1 however the split is now 4:1 in winter and 3:1 in summer with no difference between day and night. However the establishment has increased by 1 to address a budget gap.

Roster variations will be managed tightly by changing the e roster templates, management of annual leave and regular oversight by the matron and Head of Nursing. Unexpected surges in acuity or numbers will be mitigated through working across the division and escalations as appropriate.

### 3.4 Safari Day Unit

The patients that attend Safari Day Unit are a wide range of elective procedures and investigations. They comprise of allergy, oncology, pre assessments, radiology investigations and different surgical speciality procedures.

One of the key test carried out on the day unit are food challenges (allergy). These tests demand a specific nurse/patient ratio 1:2 according to the BASCI guidelines. Activity is scheduled taking into account staff availability and numbers.

Establishment was previously set at 9.9 WTE. Following review, the establishment has been amended to 10.0 WTE to allow for a staffing pattern that reflects a ratio of 3:1 RN : CSW.

### 3.5 NICU

NICU is split into two areas: the Woodland Neonatal Unit and Transitional Care (based on Katherine ward, where babies are cared for alongside their carer).

The required establishment for the Woodland Neonatal unit and the Transitional Care unit have been revised based on BAPM standards and professional judgement.

Further areas considered when doing the establishment review were as follows:

- Neonatal unit activity is predominantly driven by the number of deliveries from Maternity. The last two financial years have shown a decline in the number of deliveries

and therefore this has reflected in a corresponding reduction in the number of neonatal critical care days required. The current forecast for births based on bookings so far suggests that in 19/20 deliveries will be approximately 300 less than 18/19 which in turn should result in a reduction of up to 500 bed days on the Neonatal Unit.

- There have also been a number of Maternity/Neonatal improvement initiatives implemented in Women's services which have improved the outcome for babies and reduced term admissions. This has resulted in a reduced need for ITU based cots and an increase in virtual transitional care. (increased outreach by SCBU nurses)
- Activity distribution shows that the majority of beds used are within SCBU/Transitional Care, it has allowed us to therefore to flex between ITU and HDU beds during peak times of demand. The network is fully aware of the planned reduction in the cot base.

In order to help inform the decision making process, Heads of Nursing, Matrons and Ward managers were provided with: vacancy data; quality indicator data that includes; MRSA, hand hygiene, test your care performance; friends and family data, as well as any incidents that occurred during the month; how well they manage their roster data and SNCT data. It was through the triangulation of this information and adding professional judgement that the Heads of Nursing were able to provide assurance and agreement regarding their staffing levels for each of their areas of responsibility.

Professional review is a vital element and was supported by a meeting in September with the workforce team, finance, ward manager, matron and heads of nursing. Shift patterns were reviewed in relation to the planned and actual budget. This proactive approach enabled senior nurses to be engaged and empowered in the management of their services.

Professional challenge is encouraged and evident throughout; this enables a healthy culture of scrutiny to further develop. In addition, this gives assurance to the Chief Nurse that ward sisters and matrons were sighted and in agreement with the establishment review process and final decision. Any major changes were supported by a quality impact assessment and reviewed within this annual process.

## 4. Next Steps

### 4.1

- Complete Quality Impact Assessments have been completed and reviewed for all areas.
- Business Case has been presented for PAU and to be implemented.
- Continue to monitor capacity and demand, and quality indicators.

## 5. Risks

### 5.1 Risk 4273

Providing safe nurse staffing levels against Covid amber (stage 2) templates during Covid 19 pandemic. There is increased demand on the available nursing staff to care for sick and very ill patients in response to Covid 19, including cover for widespread sickness of staff either symptomatic, positive or in isolation.

## 6. Trust Board action

- 6.1 The Board is asked to receive this report for information and assurance of the annual paediatric nursing establishment review.

### Name of Director – Tracey Carter





Title: Chief Nurse Director Infection Prevention & Control

Date: Nov 2020



### Trust Board 3 December 2020

<b>Title of the paper</b>	End of Life Care Annual Report 2019 -20						
<b>Agenda Item</b>	13/86						
<b>Presenter</b>	Tracey Carter Chief Nurse and Director of Infection Prevention						
<b>Author(s)</b>	Michelle Sorley Macmillan Lead Nurse Cancer and Palliative Care						
<b>Purpose</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; border: 1px solid black;"><i>For approval</i></td> <td style="width: 33%; text-align: center; border: 1px solid black;"><i>For discussion</i></td> <td style="width: 33%; text-align: center; border: 1px solid black;"><i>For information</i></td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center;">✓</td> </tr> </table>	<i>For approval</i>	<i>For discussion</i>	<i>For information</i>			✓
<i>For approval</i>	<i>For discussion</i>	<i>For information</i>					
		✓					
<b>Executive Summary</b>	<p>The End of Life Care Annual Report is an account of the progress made in relation to the Trust End of Life Care (EoLC) Strategy 2016-2019 across West Hertfordshire NHS Hospitals Trust (WHHT). The report covers the period from April 2019 to March 2020.</p> <p>This report has been discussed at the Quality Committee and demonstrates the organisations continued commitment to our patients over the last twelve months, supporting the delivery of high quality, timely, effective, individualised care for our patients with end of life care needs, to ensure support for their families as well as support for our staff providing these services. This work continues, to support our staff in providing compassionate, holistic, patient centred care. End of Life Care is everyone’s responsibility and this is recognised across our clinical areas.</p> <p>Recommendations from external reviews, audits and national recommendations remain a focus for the End of Life Care Team and are included in the Trust EoLC work plan for 2020-2021 and have informed the Trust End of Life Care Strategy 2021-2024 which is currently in development.</p> <p>During this reporting period the results of the National Audit of Care at the End of Life 2019 was published.</p> <p>The compliance for all levels of EoLC training for patient facing staff attending has continued to be a priority for all Divisions. Targeted work is ongoing to ensure compliance across all areas as a Trust overall compliance for this period is 92%.</p> <p>The number of complaints received by the Trust where EoLC was a factor the Trust has increased by 3 compared with 2018-19 however there is a reduction in the numbers received by Surgery Anaesthetics and Cancer and Medicine Divisions. Two successful learning and sharing from complaints events have taken place.</p> <p>At the beginning of this period there was one End of Life Care risk on the risk register however at the end of this period there is two; one is in relation to the insufficient establishment of palliative care consultants; this is ongoing as we have been unsuccessful in recruiting to this much needed post. The other is regarding aspects of non-compliance with Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form completion. These are both areas of continued focus for us as a Trust and a quality improvement task and finish group was</p>						

	<p>initiated in relation to the latter.</p> <p>There has been an increased emphasis on improving care for patients with learning disability, the SPC team and the safeguarding team have worked closely to develop a pathway to support these patients on admission to the Trust.</p> <p>There have been no serious incidents related to EoLC during this reporting period.</p>							
<p><b>Trust strategic aims</b></p> <p>(please indicate which of the 4 aims is relevant to the subject of the report)</p>	<p><b>Aim 1</b> Best care</p>  <p><i>Objectives 1-4</i></p> <p>✓</p>	<p><b>Aim 2</b> Great team</p>  <p><i>Objectives 5-8</i></p>	<p><b>Aim 3</b> Best value</p>  <p><i>Objective 9</i></p>	<p><b>Aim 4</b> Great place</p>  <p><i>Objective 10-12</i></p>				
<p><b>Links to well-led key lines of enquiry</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Is there the leadership capacity and capability to deliver high quality, sustainable care?</li> <li><input checked="" type="checkbox"/> Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</li> <li><input checked="" type="checkbox"/> Is there a culture of high quality, sustainable care?</li> <li><input type="checkbox"/> Are there clear responsibilities, roles and systems of accountability to support good governance and management?</li> <li><input checked="" type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance?</li> <li><input checked="" type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on?</li> <li><input type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</li> <li><input checked="" type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation?</li> <li><input type="checkbox"/> How well is the trust using its resources?</li> </ul>							
<p><b>Previously considered by</b></p>	<table border="1"> <tr> <th>Committee/Group</th> <th>Date</th> </tr> <tr> <td>Compassionate End of Life Care Panel Quality Committee</td> <td>10.11.20 November 20</td> </tr> </table>		Committee/Group	Date	Compassionate End of Life Care Panel Quality Committee	10.11.20 November 20		
Committee/Group	Date							
Compassionate End of Life Care Panel Quality Committee	10.11.20 November 20							
<p><b>Action required</b></p>	<p>The Trust Board is asked to receive this Annual Report 2019-2020 for information and assurance against the progress of the End of Life Care Strategy 2016-2019.</p>							




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## Trust Board – 3 December 2020

### End of Life Care Annual Report 2019 -20

**Presented by:** Michelle Sorley Macmillan Lead Nurse Cancer & Palliative Care

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## 1. Executive Summary

The purpose of this report is to ask the Trust Board to formally note the Trust's End of Life Care Annual Report for 2020/21. The report provides a review of progress against the Trusts' End of Life Care Strategy 2016-2019 set out for 2019/20 and sets out the priorities for 2020/21".

The Trust's End of Life Strategy 2016-2019 set out the vision and ambitions for End of Life Care in West Hertfordshire Hospitals NHS Trust (WHHT). It was informed by the Ambitions for Palliative and End of Life Care: a national framework for local action 2015-2020 and the earlier NHS End of Life Care Strategy. As a Trust we deliver End of life care in line with the 5 priorities of care set out in "One Chance to get it Right" Leadership Alliance for Care of Dying People (2014):

Caring for people nearing the end of life is one of the most important things we do in hospital for our patients and their loved ones. It is everyone's responsibility to deliver the best care for patients at the end of their lives.

This report is the fifth and final annual report in relation to progress in achieving the aims and objectives of the 2016-2019 End of Life Care Strategy.

As a Trust we have achieved 93% of our Measures of Success with those outstanding transferred to 2021-22 work plan and are reflected in the 2021-2024 Strategy which will be presented to the relevant committees and to the Trust Board.

## 2. Key achievements

98% 7 day cover provided by the Specialist Palliative Care team (SPC)

98% of all patients known to the SPC team have a preferred place of death documented

92% end of life training compliance rate for clinical staff trust wide

DNACPR e-learning package on Acorn

1123 referrals for 1060 new patients, with 63 patients re referred to the SPC team.

Higher than the national average in 4 out of 6 sections in National Audit of Care at the End of Life (NACEL) which are related to the five priorities of care and other key EoLC issues.

New Trust DNACPR form introduced.

New Treatment Escalation Plan (TEP).



Recruited to our Volunteer Coordinator Project Manager post following a successful bid for funding to Helpforce and Marie Curie to support further development of our Rose Volunteers.

### **3. Outstanding measures of success carried forward to 2020-21**

To reach the target of training 95% of our clinical staff

For 100% of appropriate patients to have an Individualised plan of care in place.



# End of Life Care Annual Report

## April 2019 – March 2020

## 1.0 Introduction

Caring for people nearing the end of life is one of the most important things we do in hospital for our patients and their loved ones. It is everyone's responsibility to deliver the best care for patients at the end of their lives.

This report gives an account for End of Life Care (EoLC) across West Hertfordshire NHS Hospitals Trust (WHHT) covering the period April 2019 – March 2020. The report will provide evidence and assurance that the organisation continues to show commitment to our patients to deliver high quality, timely, effective, individualised care for our patients with end of life care needs, ensuring support for their families and our staff. The report also aims to inform of the progress made in relation to the Trust End of Life Care Strategy 2016-2019.

End of life care continues to be supported by all divisions within the Trust through membership of the Compassionate End of life Care Panel, which is chaired by the Chief Nurse who is the Executive Lead for End of Life Care.

## 2.0 Background

End of life care in the Trust is delivered in line with the 5 priorities of care set out in "One Chance to get it Right" Leadership Alliance for Care of Dying People (2014):

1. The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly
2. Sensitive communication takes place between staff and the dying person, and those identified as important to them
3. The dying person, and those identified as important to them, are involved in the decisions about treatment and care to the extent that the dying person wants
4. The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible
5. An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, coordinated and delivered with compassion.

## 3.0 End of Life Care Work Plan

To support and enable improvement an End of Life Care work plan was developed in June 2016 which was an amalgamation of all previous action plans from previous audits, external reviews and inspections. This plan underpins and leads the activity across the Trust with progress against these actions monitored and reviewed bimonthly at the End of Life Operational Meeting chaired by our Clinical Lead.

The work plan is overseen, monitored and reviewed by the Compassionate End of Life Care Panel.

Our achievements for this reporting period and our priorities for the next year can be found in Appendix 1. Progress and achievements against our Measures of Success can be found in Appendix 2

### Key achievement

End of Life Care Strategy work plan completed and 93% of our Measures of Success achieved with those outstanding transferred to 2021-2022 work plan and are reflected in the 2021-2024 Strategy.

## 4.0 End of Life Care Leadership and Accountability

We have had continued support from our Trust Chief Nurse who is the Executive Lead with responsibility for end of life care and is the Chair of the Trust Compassionate End of Life Care Panel (CEoLCP) and from the Trust Board with the designation of a non-executive director for End of Life Care. The Trust Medical Director is the Executive Lead for Learning from deaths.

The CEoLCP continues to oversee all end of life care work across the Trust; this has continued to meet bi-monthly with representation from all Divisions, more recently an invite was extended to the Safeguarding team.

The panel reports end of life activity to the Quality and Safety Group (QSG) and through the integrated performance report (IPR) to the quality sub-committees of the Trust Board and also the Trust Board IPR.

The Clinical Lead is Mr Arbuckle one of our Colorectal Consultant Surgeons and is Chair of the Operational End of Life Care Steering Group which reports into the CEoLCP.

This annual report on the End of Life Strategy's progress is submitted to Quality & Safety Group, the Quality Committee to give assurance to the Trust Board and agreement to present to the Trust Board for publication on the trust website.

## 5.0 Inspections and Reviews

### 5.1 Care Quality Commission Inspection

During this reporting period there was no specific inspection or review for End of life Care however a Care Quality Commission (CQC) inspection was carried out in early 2020 with a number of core services inspected as well as the well-led component and our use of resources. The report was published in June and as part of this partial inspection we were rated as Requires Improvement overall.

## 6.0 Governance and Risk

### 6.1 End of Life Strategy

The Trust Strategy 2016-19 set out the vision and ambitions for End of Life Care in West Hertfordshire Hospitals NHS Trust (WHHT). It was informed by the Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 and the earlier NHS End of Life Care Strategy.

The Trust vision is to deliver the very best care for every patient every day; and for patients at the end of their lives the aim is to deliver the care they want, where and when they want delivered by competent, confident and compassionate professionals.

The Strategy covers all those under the care of the trust who are at the end of their lives, their carers, family members and others who are close to them. This includes care given in bereavement. It is applicable to all trust employees. Delivery applies to anyone, irrespective of their age, their gender, their race, their religion, their sexuality or whether they have a disability or sensory impairment.

The National framework is based on six ambitions for locally delivered care which are:

- Each person is seen as an individual
- Each person gets fair access to care
- Maximising comfort and wellbeing
- Care is coordinated

All staff are prepared to care  
Each community is prepared to help

The local priorities that we have identified will help us achieve the national ambitions for end of life care. As a Trust we measured our success in delivering this three year strategy against the achievement of our six ambitions and local priorities. These are recorded on the Trust wide End of life Care work plan which is monitored by the CEoLCP.

#### **Each person is seen as an individual**

**Progress:** over this reporting period we have continued embedding our Individualised Plan of Care for the Dying person into practice, across the Trust. Our aim was for 100% of appropriate patients to have this in place however this has not been achieved; the overall percentage for this was 65%. This is being addressed in the 2020-2021 work plan.

Everybody should have the opportunity for honest and sensitive and well informed conversations about dying early enough to enable people to reflect on their circumstances to allow them to adapt and to plan.

As a Trust our aim by 2019 was for 90% of patients to have their preferred place of death (PPD) documented and if preferred place of death was not achieved 100% of patients to have reason documented. As a SPC team we report this activity to the Board monthly and the annual overall compliance figure is higher than this with 95% of patients known to the SPC team where appropriate had a PPD recorded during this reporting period and if the patient did not achieve their PPD the reasons for this was documented for 100% of our patients.

#### **Each person gets fair access to care**

**Progress:** there is work across the locality in relation to addressing the issues of inequalities eg due to homelessness, ethnicity, patients with learning disabilities, dementia, as well as non-malignancy long term conditions.

#### **Maximising comfort and wellbeing**

**Progress:** we know many people who are approaching death are frightened of being in pain or distress and these can be relieved with expert palliative care and that good and early palliative care can improve outcomes – the Trust vision is to deliver care by competent, confident and compassionate professionals. Since April 2017 the number of staff trained in EoLC has increased and now all new appropriate members of staff attend core training at induction and our substantive staff a 3 yearly update. A Sage & Thyme course for clinicians in relation to Advance

Care Planning and having difficult conversations was held in April 2019 supported by the Medical Director.

During this reporting period we recruited to the vacant Macmillan End of Life Care Educator post with the post holder commencing in August 2019. This post is pivotal in educating our staff in early recognition that a patient may be dying to enable the patient to be as comfortable and free from distress as is possible at this time.

#### **Care is coordinated**

**Progress:** the expectation is that everyone can expect /have access to 24/7 support. As a Trust we aim to provide a 7 day service 364 days a year. For this reporting period 98% was achieved with 357 out of 364 days covered by the Specialist Palliative Care Team. There is also a 24 hour telephone advice line available in this locality for professionals as well as patients and their carers. As a locality we continue to work collaboratively and the continued use of the Electronic Palliative Care Coordination System (EPaCCS) enables all appropriate Healthcare professionals to view key patient records to ensure that we are aware of their wishes. All referrals for community care post discharge continue to be referred to a Single Point of Access known as the Palliative Care Referral Centre (PCRC) and all patients are assessed individually for appropriate care/ services. During this

reporting period there have been discussions across the locality in relation to reviewing the system in place as it is not as user friendly as had been hoped.

As we know delivering continuity of care requires individuals and organisations to work in a joined up way the Trust continues to work collaboratively with system wide providers and therefore it continues to be important for the Trust to be represented on the West Hertfordshire Palliative and End of Life Care Steering Group.

### **All staff are prepared to care**

**Progress:** Most of our ward staff care for patients who are dying it is therefore pivotal if care is to improve then staff must be trained in the aspects of end of life care that are appropriate to their role. Each ward/area had a designated Compassionate Champion who received additional support and EoLC training and this support is ongoing at the beginning of the reporting period. Due to a number of ward changes these roles have become vacant on some areas however our Macmillan End of Life Care Educator continues to develop and support these roles. The Specialist Palliative Care team (SPC) are heavily involved supporting the Educator in training staff both formally and informally across the Trust.

### **Each community is prepared to help**

**Progress:** One of the priorities for us during this period has been to continue to establish a team of “rose volunteers/ companions” who will support our end of life patients and their families at this time. It is recognised that volunteers contribute greatly. A bid was submitted to Helpforce and Marie Curie to fund a Volunteer Coordinator Project Manager which was successful. The post holder was appointed in January of this year and the SPC team have been involved in supporting with the recruitment and education of these volunteers working closely with the Voluntary Services Manager. The Volunteer Coordinator Project Manager has recently resigned and we are now in the recruitment process.

## **6.2 Audit**

During this period the National Audit of Care at the End of Life (NACEL) (second round) was undertaken and completed in October 2019. Its aim is to improve the quality of care for people at the end of life in acute, mental health and community hospitals.

The audit monitors progress against the five priorities of care as set out in One Chance to Get it Right 2014 (Leadership Alliance for the Care of Dying People), NICE Guidance (NG31) and Quality Standards (QS13 and QS144). It enables us to benchmark the Trust against other acute hospitals that have participated.

This was a 3 part audit consisting of:

a) An organisational level audit

b) A case note review of 40 deaths in total for 20 consecutive deaths in the first two weeks in April 2019 and the same for May 2019 including Category 1 deaths (it was recognised that the patient may die, whether or not life sustaining treatment was been given in parallel to end of life care) and Category 2 deaths (the patient was not expected to die). Sudden deaths (deaths in Accident and Emergency Departments, deaths within 4 hours of admission to hospital and deaths due to a life threatening condition caused by a catastrophic event) were excluded from the audit.

c) A Quality Survey was designed to collect feedback from those close to the person who had died on their experience of care provided and the support they received at the end of life. In contrast to the first round (2018/19) the Quality Survey was not linked to the case note review in order to increase uptake. Invitations were sent to the bereaved people from all deaths in April and May 2019. As a Trust 37 quality surveys were returned out of 237 surveys sent out which equates to a 15.7% return rate with an overall national return rate of 18.2 %.

The formal report of the audit was published in February 2020 with the results presented in 7 sections covering the five priorities of care and other key issues.

- Recognising the possibility of imminent death
- Communication with the dying person
- Communication with families and others
- Needs of families and others
- Individualised plan of care
- Families and others experience of care
- Workforce/specialist palliative care

As a Trust we scored higher than the national average in 4 out of 6 sections which are related to the five priorities of care and other key issues. Figure 1 provides the summary scores

- Communication with the dying person
- Communication with families and others
- Individualised plan of care
- Workforce/specialist palliative care

The areas where we as a Trust scored lower than the national average are in meeting:

- Needs of families and others
- Families and others experience of care

These areas are being addressed as part of the Trust EoLC agenda and are being managed in relation to Trust Reputation and quality of care provided to our patients.

The audit results have informed the Trust 2021-2024 End of Life Care Strategy and work plan with particular focus on the needs and their experience of care of families and others see figure 1.

Unfortunately there is no summary score for documented evidence of recognising the possibility of imminent death in this round.

Key findings of the audit can be found in Appendix 3.

**Figure 1: National summary scores compared with submission summary scores**



### 6.3 Risk Register

The End of Life risk register is discussed at the CEoLCP meetings and actions are monitored. The risks sit as part of the Surgery, Anaesthetics & Cancer division risk register and are reviewed at monthly intervals with our Clinical Governance Lead.

At the beginning of the reporting period there was one risk on our End of Life Care risk register and at the end of this reporting period there is two (Table 1) this compares with four for the previous financial year.

**Table 1: Risk Register**

Risk	Ref No.	Progress
Failure to meet the National Palliative Care Guidance for Consultant establishment	3926	Recruitment commenced
Aspects of Non-compliance with Do Not Attempt Cardiopulmonary Resuscitation	3710	QI task and finish group established, new DNACPR forms developed, training staff on the new forms and snap shot audits undertaken by the team.

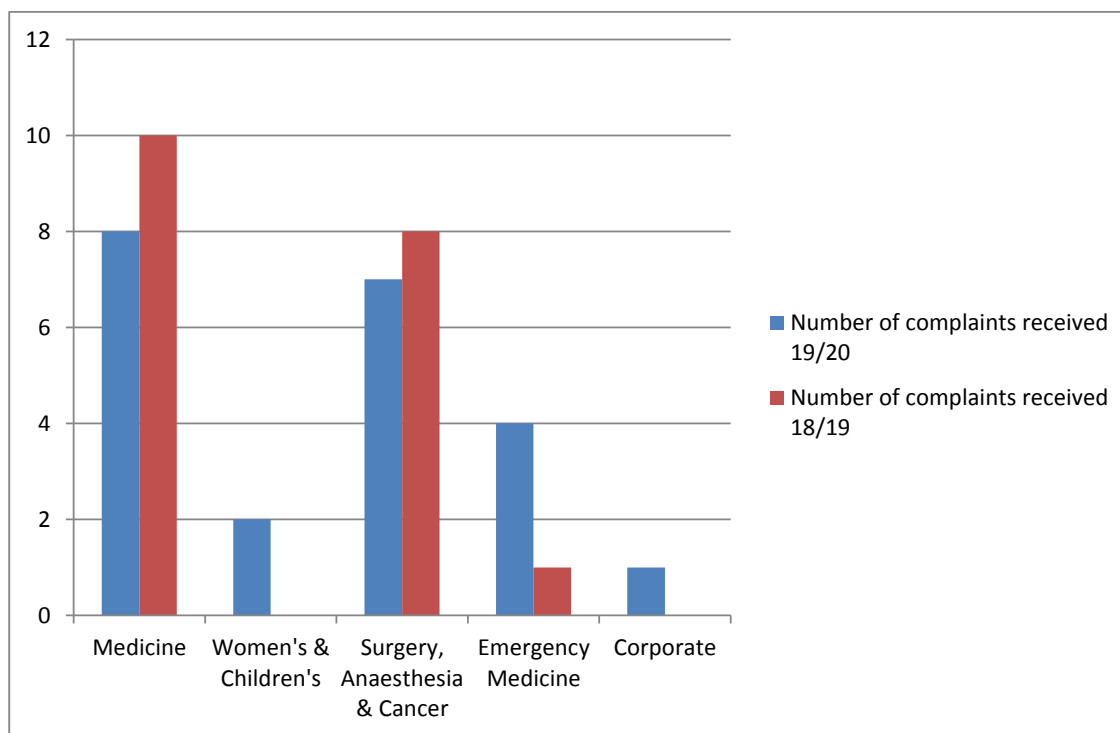


## 6.4 Complaints

It remains a key priority for the trust in seeking to improve the experience of our patients and through improved care and service we provide. This is particularly true of the need to review these in response to the feedback we receive, in the form of complaints.

A report encompassing all EOLC complaints is produced jointly by the Senior Nurse for Resolution and Patient Advisory Liaison Service (PALS) and the Complaints Manager which is submitted to the CEoLCP which details all PALS enquiries as well as the complaints related to end of life care. This is discussed as part of the CEoLCP and reviewed for learning opportunities to be identified. A Trust wide Sage & Thyme course was held in April 2019 for all clinical staff in relation to Advance care planning and difficult conversations.

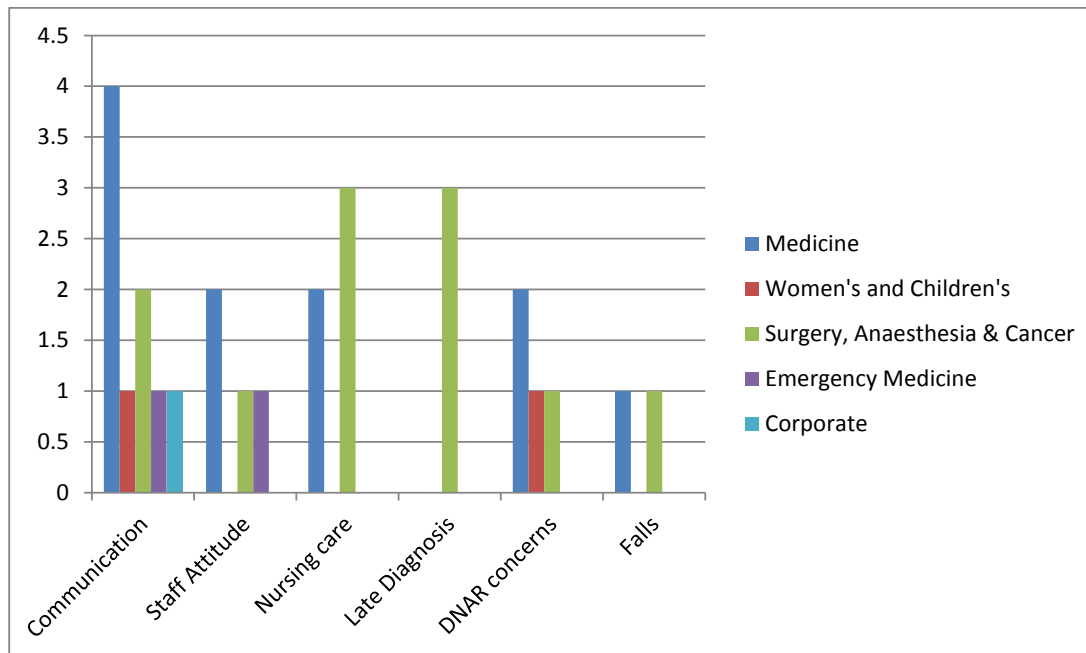
**Table 2: Breakdown of the number of complaints received (per division)**



As a Trust we received 22 formal complaints in which end of life care was a factor, in the period of April 2019 to March 2020. This was a slight increase of 3 more than in the same reporting period in 2018/19. The complaints cover a wide range of concerns within them, covering all aspects of patient care, communication and attitude of staff. Although the numbers of complaints are small and only account for 6% of all complaints received, they are generally more complex in scope and more likely to cover a number of complaint themes.

Table 3 provides a breakdown of the main themes as contained in the initial complaint

**Table 3: Main complaint themes across complaints broken down by Division**



**\*Please note that some complaints may have more than one main theme**

Communication features in at least half of all complaints relating to EOLC and is the most prevalent point of complaint raised.

A review shows that the communication is perceived as lacking or limited specifically around treatment plans, ongoing care and Do Not Attempt Resuscitation (DNAR) discussions. Relatives often complain that communication is often unclear or they were not involved or felt excluded from medical decisions relating to the care of their loved one.

It should be noted that communication is a recurring theme not only across EOLC complaints but generally through the majority of complaints received by the Trust and the small number of complaints received in relation to EOLC is such that analysis of specific themes and trends is very limited.

Staff attitude and Nursing care are other themes which are mentioned however the number of these is fairly small and there does not appear to be any specific areas of concern.

We work closely to identify any recurrent themes and learn from these; these are shared for learning across the Divisions and used to inform policy and change practice as appropriate.

**6.4.1 Trust Learning from Complaints**

In November 2019 and February 2020 as part of the learning and development of leaders across the Trust, interactive presentations and workshops were held as part of the Band 7 Development programme. This was led by the Complaints Manager and involved the use of anonymised case studies to foster discussion around the impact of complaints on the trust, while focusing on

imparting methods and good practice in the reduction and prevention of complaints. Feedback from attendees was very positive.

Working collaboratively with the complaints manager and the Lead Nurse for Resolution a large part of the training role for the Macmillan End of Life Nurse Educator has been to respond to complaints related to End of Life Care in the clinical areas thus focussing on the learning and to support the changing practice to enhance care for other patients eg embedding the use of our rose symbol on the wards and communicating to relatives what it means, teaching with medical staff on how to have difficult conversations.

## 6.5 National Report Publication — The Report of the Gosport Independent Panel

As reported in the Trust Annual Report for End of Life Care 2018-2019; the Report of the Gosport Independent Panel was published in June 2018 following an overview of information reviewed by an independent panel and covers the period 1989 to 2001. The independent Panel was established following the re-emergence of serious concerns relating to Gosport Hospital beginning in 1998 and was chaired by The Right Reverend Bishop James Jones KBE.

The conclusions from the panels' analysis of all the available information was that there were serious concerns regarding the prescribing and administration of opioid drugs and also regarding both the number of deaths and their certification.

A number of key themes were identified:

Patient Safety: Medication Prescribing and Administration, Partnership working, Clinical Effectiveness/Governance, Clinical Oversight, Care for Older People, Quality of Information and Patient Experience: Responding to Concerns and End of Life Care.

Following this publication a review of the Report of the Gosport independent Panel was undertaken by us as a Trust to provide assurance to the Board. The initial report, our gap analysis and our audit findings was discussed at the Compassionate End of Life Care Panel, (CEoLCP) Trust Medicines Usage Safety Panel (MUSP) and presented at Quality and Safety Group as well as an agenda item at the April 2019 Safety and Compliance Committee Meeting. Assurance was provided to the Board. Pharmacy has continued to undertake a number of audits with the findings presented to a number of committees for continued assurance.

The following Trust wide audits have been undertaken by pharmacy in the latter part of 2019-20:

- A point-prevalence audit on the prescribing of fentanyl patches was carried out Trust-wide, November, 2019.
- Audit to Assess if Medication Prescribed in Syringe Drivers for Palliative Care Patients is as per West Herts NHS Hospitals Trust policy and National Guidance; January 2020
- Audit to ensure opioids prescribed on a when required basis on the ward is as per Trust Policy and National Guidance (BNF and Palliative Care Formulary) February 2020.

Key findings and recommendations of these audits can be found in appendix 4

## 7.0 Specialist Palliative Care Team

### 7.1 Referrals/ Activity

Over this reporting period the Specialist palliative care team have received a total of 1123 referrals for 1060 new patients and 63 were patients who were already known to the team.

This compares with a total of 1121 referrals for 1036 patients with 968 of them being new to the team in 2018-2019 reporting period. 1134 referrals for 1054 patients in 2017 -18 and 1012 referrals for 947 patients in 2016 -17, for the same period 2015-16 there was 826 referrals for 774 new patients to the service for the same period in 2015-16.

During previous reporting years as a Trust we submitted data returns for the Minimum Data Set for Palliative Care and were classified as a large unit as we see more than 749 patients. Nationally there were 66 other large units. As this report is no longer produced we are currently unable to benchmark ourselves against Trusts.

Table 4 below shows the distribution of the number of referrals received for patients reviewed over this reporting period April 2019 --March 2020 compared with the same periods in 2018- 2019; 2017-2018, 2016-2017 and 2015-2016 and 2014-2015 and Table 5 shows a line chart to show year on year trends.

Referrals continue to be received from all wards in the Trust. The team continue to support patients across all Divisions.

As well as an increase in the number of patients there continues to be an increase in the complexity of patient need. The number of referral for patients with a non-malignant condition over the reporting period equates to 51% compared with 43.5% of patients in 2014-15.

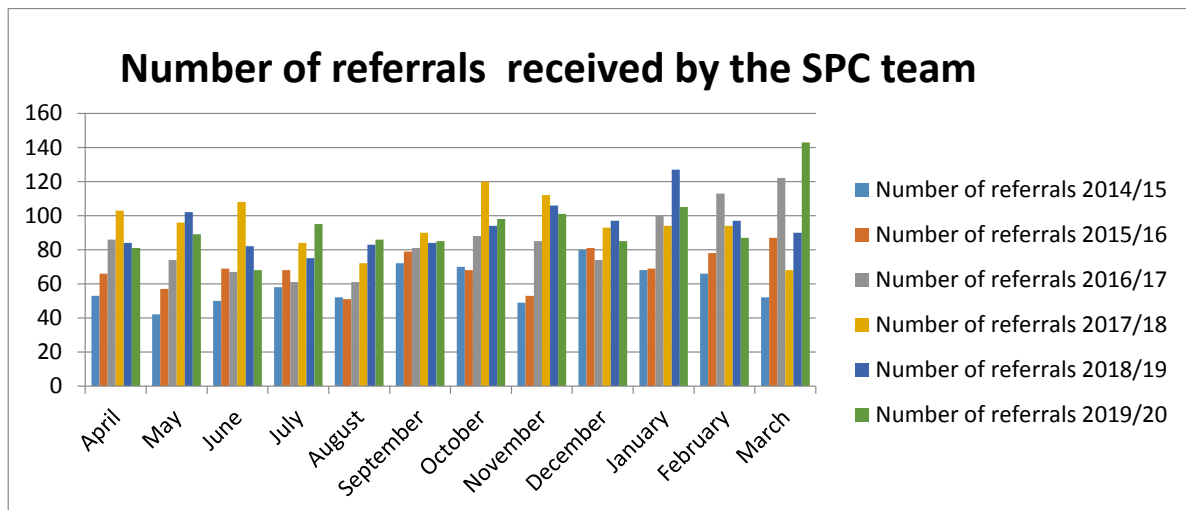
The team provide symptom control advice and psychological support to those patients that need it the most. They ensure that patients have choices by undertaking Advance Care Planning conversations with them and ensuring that these are documented. The team also provide support to our Clinical staff in caring for our patients by providing both formal and informal education sessions, advising them re symptom control and also in managing difficult situations. Additionally the Macmillan End of Life Care Educator provides targeted learning for both medical and nursing staff on how to care for palliative patients/patients with end of life care needs. The team are available to support 7 days a week inclusive of Bank Holidays with the exception of Christmas day.

The number of appropriate patients known to the SPC team who had an Advance Care plan in place and a recognised Preferred Place of Death (PPD) has remained static over the last 12 months. 98% of all patients known to the SPC team have a preferred place of death documented, our aim by 2019, was for 90% of appropriate patients to have an advance care plan in place and if preferred place of death was not achieved 100% of patients to have reason documented. Both these aims have been achieved for this reporting period.

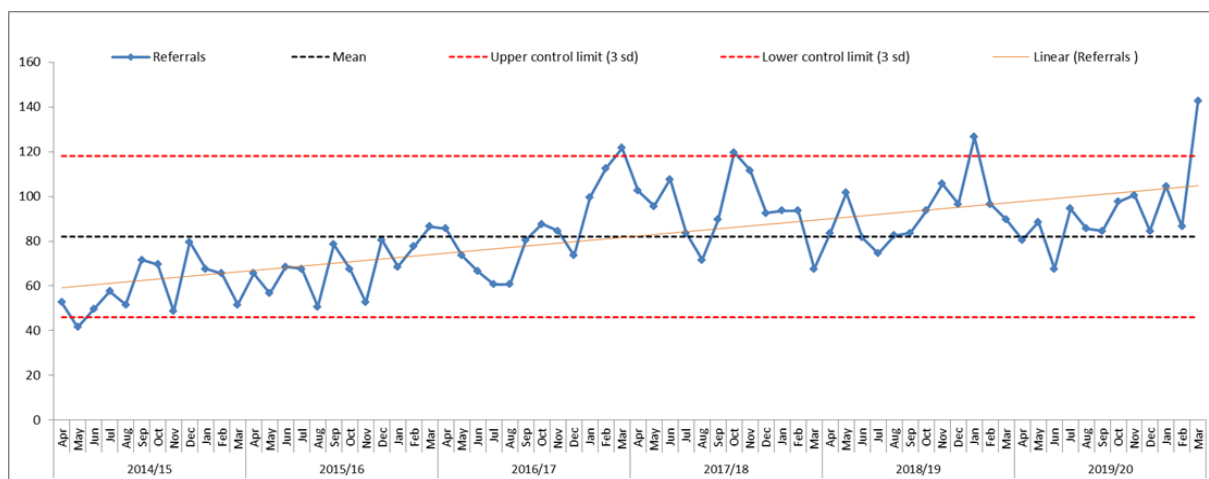
#### Key Achievements

98% of all appropriate patients known to the SPC team have a preferred place of death documented and if the patient did not achieve this reasons documented for 100% of our patients

**Table 4: Number of referrals received by SPC Team.**



**Table 5: Year on year trends**



## 7.2 Establishment

During this reporting period the Specialist Palliative Care Team welcomed three new members of staff: Macmillan End of Life Care Nurse Educator and two Palliative Care Discharge Liaison Nurses and recruited into a SPC Clinical Nurse Specialist vacancy post holder due to commence in July 2020 and our palliative care team administrator.

As a Trust we work collaboratively with our local hospices, our Palliative Care Consultants are also the Medical Directors of Hospice of St Francis in Berkhamstead and of the Peace Hospice in Watford respectively.

A business case was submitted to the Trust Executive Committee (TEC) in February 2018 for a Palliative Care Consultant which was approved however unfortunately we have not been successful in recruiting to this post despite several recruitment campaigns.

The team continue to provide a seven day face to face nursing service and this was achieved 98% with 358 days out of a possible 364 days covered. It is recognised nationally that only 36.23% of Trusts provide this. As a Trust our Clinical staff have access to a 24 hour palliative care advice line which is supported by the local hospices this enables our staff to seek palliative care advice when the team are not on duty if required, therefore ensuring our patients receive the care and treatment that is required in a timely manner especially during the night.

#### **Key Achievement**

A seven day face to face Specialist Palliative Care Service was provided 358 /364 days which equates to 98%

As a Trust we provide a seven day service – 63.77% of Trusts nationally do not.

### **7.3 Palliative Care Discharge Liaison Nurse**

The Palliative Care Discharge liaison nurse (PCDLN) continued to do invaluable work helping those patients who were thought to be imminently dying achieve their preferred place of care, by undertaking fast track continuing health care funding applications and securing care packages, equipment, nursing homes or Hospice places when appropriate. The PCDLN communicates with the Health and social care providers in the community to ensure a smooth transition for the patient out of the Trust. Following a vacancy of ten months the team recruited to this post however the postholder left the Trust after six months, Successful recruitment took place and the current post holder joined the Trust in January 2020. The SPC team supported the Trust palliative care discharges which was challenging during the initial 10 month vacancy period.

### **8.0 Mortuary**

In June 2019 the Mortuary team were awarded the Royal College of Pathologist (RCPTH) excellence award for teaching, the team were nominated by three of the training pathologists who had been taught autopsy techniques by the Mortuary team.

In June the team received a complement from the Major Crime team and the family of a murder victim, the family were so please they were able to view thanks to the reconstruction skills of the Mortuary team

In September the Mortuary Manager won the Hidden Star of Team West Herts in the staff awards.

#### **8.1 Activity**

The total number of admissions into the Mortuaries at WHHT increased by 11.6%; this can be attributed to the start of the Coronavirus Pandemic. There was a decrease of 7.2% in the total number of Coroners Post Mortems performed at Hemel Hempstead.

The number of WGH deaths referred for Coroners Post Mortem examination decreased by 22.5%, compared to the previous year.

Deaths from the wards at Hemel and St Albans increased by 27% this was due to a change in the category of patients being cared for on these wards.

The Mortuary team continue to collect data on all Coroners Post Mortems transferred from WGH to HHGH to try and identify trends; the data is shared with the Medical Examiners and the Coroner's office.

During the 2019/20 financial year the Mortuary received 199 viewing requests of those requests 6 families failed to arrive for their appointment and 4 of the viewings were conducted out of hours; viewings were postponed in the middle of March due to the pandemic. This compares with 260 viewing requests in the previous financial year of which 10 families failed to arrive.

There has been no request for consented Post Mortem examinations this compares with one in 2018-2019; the team continue to assist the brain banks with consented donations of neurological organs and tissue for research; the team performed nine retrievals between April 2019 and March 2020.

## 8.2 Staffing

Since August 2018 the Mortuary had utilised an assistant from the staff bank. The bank assistant took a substantive trainee position with the Mortuary team after one of the existing trainees relocated to another Trust; staffing has been stable even though the team lost the extra support from the bank assistant.

The Mortuary team attended a CPD event at the Gordon Museum in London on managing mass fatalities.

In May and June 2019 the Key Performance Indicator (KPI) set by the department for the timely disposal of pregnancy remains was missed, after investigation it was highlighted that the contracted undertakers were unaware of the KPI set by the Mortuary to ensure that sensitive disposals were collected within 10 days of admission to the Mortuary. Requests for cremation dates are now sent electronically so that an audit trail can be maintained to ensure compliance with the KPI.

In February 2020 the KPI for Post Mortems conducted within 24 hours of request failed; this KPI forms part of the contract with the Coroner's office. This breach was due to a reduced number in Pathologist able to perform Coroners Post Mortem examinations and annual leave of the

Consultant Pathologists. Good communication was maintained with the Coroner's office so families could be informed of a realistic timeframe as to when there Post Mortem would be conducted.

It was noticed that the number of deceased patients being received by the mortuary team without two printed ID tags was increasing. The team decided to monitor this on a weekly basis and the data was shared weekly with the senior nursing staff. Between October 2019 and February 2020, 60% of deceased received by the Mortuary without two printed ID bands on. As part of the Human Tissue Authority (HTA) it is a requirement for three points of identifiable information on the patient ID bracelet one of which must be unique. This has been addressed in a number of ways – Matrons discussed at Band 7 meetings, ward meetings and the End of Life Care Educator has incorporated this into staff education sessions.

The Mortuary team also identified that there had been an increase of 2 days in length of stay for deceased patients at WGH, compared to 2018-19; this had an impact on the overall mortuary capacity at Watford. Part of the analysis of this was a direct result of the part time Medical Examiners service which has been addressed and a recruitment plan is in place. Further analysis of this data is on hold due to the Coronavirus pandemic but will be retrospectively analysed once the workload decreases.

The deputy manager has been enrolled onto the Level 4 Diploma in Anatomical Pathology Technology which is due to start in June 2020.

**Key Achievements**

The Mortuary team were awarded the Royal College of Pathologist (RCPTH) excellence award for teaching

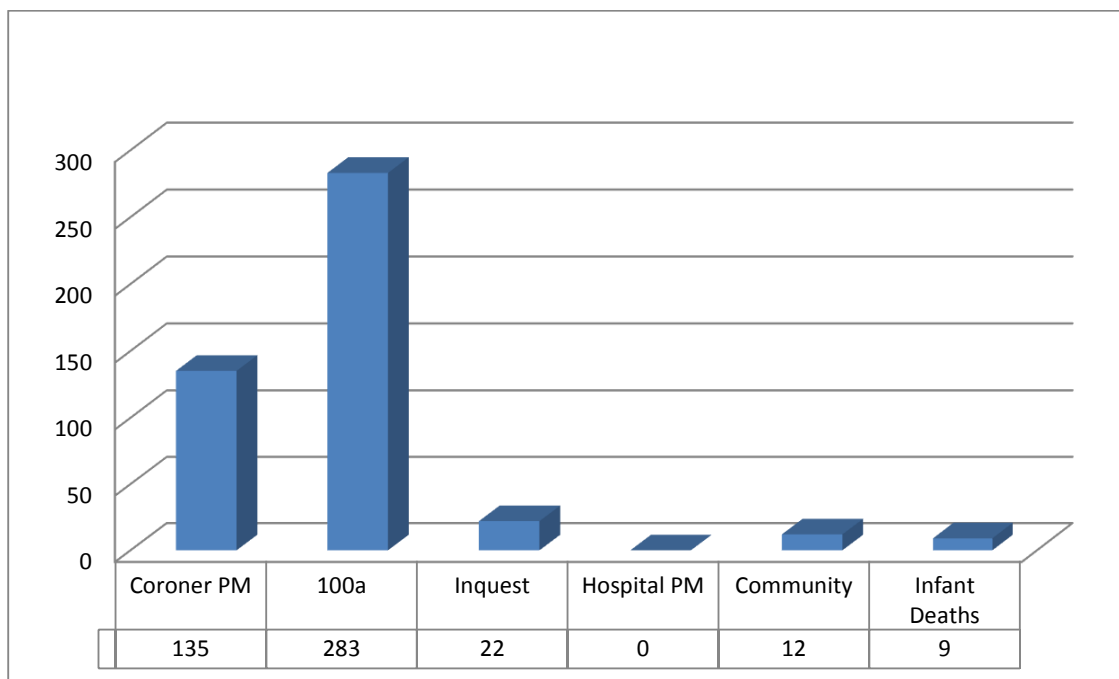
The Mortuary Manager won the Hidden Star of Team West Herts in the staff awards 2019.

**9.0 Patient Affairs**

The team continue to provide a full bereavement service Monday to Friday between 09:00 – 16:00 to families. The team work closely with doctors and offer flexibility by extending the times doctors can attend the bereavement office to review case notes and complete the legal documentation. The Sunday bereavement service continues to operate between 10:00 -16:00, the main objective for this service is to contact the families of patients who die during the weekend and bank holidays to offer guidance and support about the processes to follow. The team feel this information helps families understand processes and reduces concerns about what will happen next and the officer can provide an indication of timescale.

During this reporting period April 2019 – March 2020 the Patient Affairs team dealt with 1682 deaths. Table 5 shows a breakdown of the number of patient deaths dealt with by Patient Affairs.

**Table 5: Mortality Statistics April 2019 – March 2020 deaths processed through Patient Affairs**





**9.1 Medical Examiner:**

In October 2018 two part-time Medical Examiner’s (ME) were recruited, the Medical Examiner’s office has now appointed another 3 ME’s which now enables an ME to be on duty Monday to Friday. The ME scrutinises deceased case notes prioritising cases where concerns have been raised by a family. The ME does refer cases for a Structured Judgement Review (SJR). Doctors responsible for completing a Medical Certificate of Cause of Death are given the opportunity to discuss their patient and seek advice before they proceed to complete the legal documentation,

Referrals to the Coroner are now completed electronically and this has improved communication between the doctor and the Coroner.

Medical Examiners are now taking the lead with completing cremation 5 papers bringing revenue into the Trust.

**9.1.1. Medical Examiner’s Officer:**

Medical Examiner’s Officers (MEO) are required to support the ME’s in their role, the MEO will be proactive in this role and assist the service in an administration capacity, supporting the ME’s in their day to day working. This post is funded by DOH central funding; a business case is being prepared with an expectation to appoint into this role around July 2020.

**9.1.2 Emergency department:**

Since August 2019 the department started to report all deaths to Patient Affairs this has allowed for families to be better supported at the start of their bereavement, the bereaved person now receives a phone call from a bereavement officer offering guidance. Cases notes are scrutinised by an ME and discussions with the treating doctor will decide the appropriate course of action required.

**Key achievements**

Recruitment of an additional 3 Medical Examiners

Streamlining of services

Relatives of patients who have died in our Emergency Department now receive a supportive phone call from one of the Bereavement Officers.

**9.2 Bereavement**

As a Trust we do not provide a bereavement service however the Patient Affairs Department is the main point of contact for bereaved relatives where information can be sourced and signposting to local agencies can be offered. The department liaise closely with the specialist palliative care team especially if there is any complex bereavement needs and additional support required for our bereaved relatives. The Spiritual and Pastoral Care team are also available for support and will assist with family viewings.

## 10.0 Resuscitation Team

The resuscitation team currently consist of 4.53 WTE, which is close to the Resuscitation Council (RC) UK recommendation of 4.8 WTE (one resuscitation officer per 750 clinical staff).

In relation to end of life care, the team has made the following contributions:

Maintained the audit of peri-arrest and cardiac arrest calls to identify where there may have been missed opportunities to escalate a patient’s care or consider ‘do not attempt cardiopulmonary resuscitation (DNACPR) decisions. Data from this audit is shared across the Trust during governance meetings and education to promote the best care for every patient.

The audit of the DNACPR documentation was escalated to create a corporate risk (3710), supported by the executive team during a deep dive into the poor completion of the DNACPR form.

A DNACPR quality improvement task and finish group was initiated by the Deputy Clinical Director to review the DNACPR and treatment escalation Plan (TEP) forms.

A new DNACPR form was approved and distributed on 25<sup>th</sup> February 2020. The indefinite decision section was removed and replaced with a statement and the review sections removed.

A new Treatment Escalation Plan (TEP) has also been approved and ratified.

The DNACPR quality improvement group acknowledged that one of the causes of poor DNACPR form completion was lack of confidence and education in facilitating these difficult conversations. A small consultant survey highlighted 50% of the respondents felt internal training would be of benefit.

As part of the Acute Hospital End of Life Care Community of Practice with University College London Partnership (UCLP) the Trust were offered three places for a train the trainer ‘Talking DNACPR and prognosis’ course. Three senior members of the Trust completed the training at the latter part of this reporting period and education sessions are planned for later in 2020.

The DNACPR e-learning package on Acorn, which is mandatory for all medical staff; compliance rate is 77% at the end of March 2020. Monitoring of these figures is through divisional performance reviews with the Executives which are held monthly.

The team continues to raise awareness regarding the importance of identifying patients that may benefit from end of life care discussions through induction sessions for all staff groups.

**Key achievements**

- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) Quality Improvement (QI) task and finish group to improve DNACPR documentation across the Trust was established,
- New Trust DNACPR form developed
- New Treatment Escalation Plan (TEP) form developed
- New education training for sensitive conversations with patients and their families

## 11.0 Work streams

### 11.1 Education

One of the key achievements for this period is that end of life training continues to be one of the core essential teaching sessions that must be attended by new starters to the Trust and the team commenced this in April 2017. During this reporting period 914 clinical staff received EoLC training at induction or as a 3 yearly update. This is a decrease in the previous year however an additional 417 staff members received training for different aspects of EoLC eg: care certificate training, syringe pump training.

The Specialist Palliative Care team have continued to deliver a significant amount of education over the last twelve months which in itself has been a tremendous achievement as it has been very challenging due to our End of Life Educator post being vacant since September 2018. This post was recruited to and the successful applicant joined the team in August 2019.

Other training undertaken

- Teaching on the Individualised Plan of Care for the Dying Person.
- Teaching to Acute Medicine, Medicine and Care of the Elderly teams on Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussions and how to document and correctly complete the forms.
- Education on Mental Capacity and the new DNACPR forms.
- Teaching to FY1s and FY2s on symptom control, breaking bad news and DNACPR discussions.
- Syringe pump training in conjunction with Medical Devices Trainer.
- Final year medical students from Imperial College shadow the SPC team as part of their Long Term Conditions Placement and this has received positive feedback.
- Teaching to Allied Health Professionals.
- Compassionate Champion Study Days.
- Staff induction training.
- Three yearly update sessions for clinical staff.
- Band 5 Development days.
- Informal on the ward education with clinical staff.
- Learning from complaints
- Training delivered to care certificate programme monthly which includes care of the deceased.
- Student nursing associates training programme, all receive 2 hour end of life care training.
- Rose Volunteer training
- Supervision of the volunteers in clinical areas
- A Trust wide Sage & Thyme event was held in April 2019 for Advance care planning and difficult conversations

A large part of the training role for the Macmillan End of Life Nurse Educator is responding to complaints about End of Life Care in the clinical areas and supporting the ward areas to learn from these and thus improve the experience of other patients. as said above some examples of this is embedding the use of our rose symbol on the wards and communicating to relatives what it means, teaching with medical and nursing staff how to have difficult conversations and being able to recognise that someone's condition is deteriorating..

Table 6 below gives an overview of the training delivered following complaints received for the period of this report.

**Table 6:**

Ward area/staff group	Identified theme	Number of sessions	Number of staff trained
Medical staff	Compassion and responding to symptom management	4	22
Elizabeth Ward	Empathy, communication skills and recognising deterioration	5	27
Surgical wards	Compassion and empathy in EoLC conversations	3	6

The challenges of staff engagement in training is recognised, which is why there is a clear need to continue bespoke themed training in the clinical areas. Training in the clinical areas remains challenging; and a number of measures have been put in place to enable more staff to attend eg changing times of training to suit individual areas, review of how we deliver the training including development of an e-learning module. A Trust laptop has been purchased which will help with small training sessions in the clinical areas.

One of the areas identified is care of the elderly not being able to attend the ward sessions and this has been addressed locally as there remains a training need in this area. This is one of the areas that we will focus on in 20-21 working alongside the care of the elderly clinicians.

### 11.2 Training evaluation

Training evaluation is important to gather as it gives an understanding of the learning which takes place and insight into increased staff confidence. The changes that are made in clinical practice as a result of training are demonstrated by a change in staff attitude, a willingness to engage and fewer complaints. An analysis of trust induction evaluation shows that staff are overwhelmingly positive about training.

#### Key Achievement

914 clinical staff have received EoLC training at induction or as part of 3 yearly updates  
An analysis of trust induction evaluation shows that staff are overwhelmingly positive about training

### 11.3 Structured Judgement Reviews

Following the publication of a review of the way NHS Trusts review and investigate the deaths of patients in England – “Learning, candour and accountability” by the Care Quality Commission in December 2016 the National Quality Board published guidance for all Trusts on working with bereaved families and carers in March 2017 and an update more recently in July 2018. The Trust is committed to this and a number of part time medical examiners have been recruited to support.

Structured Judgement Reviews are embedded as are Learning from Death 2nd tier panels. The 2nd Tier panels are held fortnightly and are led by the Director of Governance at time of writing.

**Key Achievement**

Medical Examiners recruited and established Structured Judgement Reviews and 2<sup>nd</sup> Tier panels embedded.

**11.4 Learning Disabilities**

The Specialist Palliative Care team and the safeguarding team with support from the Acute Health Liaison team have worked together to review end of life care for people with Learning Disabilities. This included having difficult conversations and advance care planning. An action plan has been implemented to look at some immediate actions to support patients and carers within the trust around easy read materials for information. The teams are in the process of developing referral guidelines for any patient identified as end of life. This will result in patients being referred to the palliative care team regardless of presenting symptoms. This will ensure specialist review and support for carers and patients.

The pathway is available to all staff via the safeguarding intranet page. The pathway has seen effective patient outcomes related to symptom control and supporting difficult conversations.

**Key Achievement:**

Development and reinforcement supporting our patients with learning disability at end of life.

**11.5 Spiritual & Pastoral Care**

Following a successful recruitment process three part-time pastoral care officers/chaplains have been appointed. This has enabled each ward in the hospital to have a dedicated pastoral visitor and spiritual care coordinator designated to them, providing consistency and continuity of care for patients, families and staff. Each ward has been provided with a Pastoral Care folder to help raise awareness of cultural diversity.

The new team diversity in chaplaincy has enabled staff to feel that no matter what their view on religion or spirituality they have there is a safe place to come and talk away from the workplace.

The chaplaincy team offer support to all patients in a manner which is most appropriate and respectful for the needs and desire of the patient. Meeting the potential and actual causes of spiritual distress is key to providing excellent spiritual care to all those involved in the palliative care journey.

In the wider community the chaplaincy is coordinating a regular bereavement sign posting service to help those dealing with loss and spiritual trauma in the months and years following the death of a friend or relative.

The Chaplains support the annual adult memorial service and are supporting the opening of a garden of remembrance.

During this reporting period one of the team has been able to participate in the weekly palliative care MDT in order to provide better collaboration between all the teams' thus enhancing patient and family support at a time of need.

**Key achievement**

A dedicated pastoral visitor and spiritual care coordinator has been appointed to each ward in the hospital to provide consistent continuity of care for patients, families and staff.

A member of the chaplaincy team now regularly takes part in the weekly palliative care MDT meeting in order to provide better collaboration between all the teams.

**11.6 Memorial Service**

Our fourth Annual Memorial service was held in November 2019 for the families of those with loved ones who had died in the Trust.

As over the last few years the number of attendees continues to increase; as always this was a very special, emotional and intimate multi faith service with the Gospel Arts Manna Choir performing; which was held to remember the lives of those who had died on our wards across the Trust; it was a time of reflection and of remembering those whom they loved.

Each person attending was given the opportunity to write the name of their loved one in our remembrance book and also received a pink rose in remembrance of their loved one.

The service was supported by the Trust Organ Donation team.

**11.7 End of Life volunteers**

As a team we continue to strive to fulfil achieving a team of End of Life Care Volunteers who will be known as Rose Volunteers after the symbol we use to promote dignity and compassion at end of life.

The aim of these volunteers is to provide company to patients who may feel lonely and afraid. To offer support to families and carers who may need a break, a friendly face to talk to, or the reassurance that someone will sit with their loved one whilst they are home. The volunteers have been able to make drinks for family members, run small errands for them such as buying a paper from the shop if the family did not want to leave the bedside. They can and are able to provide some of the little things that we know make such a difference for our dying patients and those important to them.

The volunteers visit patients in all our ward areas and have been able to help patients and those important to them in a number of ways and also supporting our staff.

Six volunteers were initially recruited to support this initiative and by March 2020 ten volunteers ; had successfully completed a specially formulated training program coordinated by the Specialist Palliative Care Team with support from the Trust Voluntary Services Manager prior to them commencing these roles. The End of Life Care Educator also provides clinical supervision and support for the volunteers.

As a Trust we bid for funding to Helpforce and Marie Curie for a Volunteer Coordinator post. The successful applicant commenced in January 2020.

Due to the pandemic we had to put this initiative on hold as we were no longer able to support this initiative due to the volunteers not being able to visit the wards and a high proportion of them were classed as vulnerable as per the Government guidelines at this time. This remains very important to us and will remain a priority for us in 2021-24.

**Key achievement**

Successful bid to Helpforce and Marie Curie for funding for our Volunteer Coordinator post  
Macmillan Lead Nurse – finalist in Star of Herts for Fundraising in the staff awards 2019

## 12.0 Recommendations

The Trust Board are asked to receive this report for information and assurance that we have achieved 92% of the End of Life Care Strategy 2016-2019.

**Author:** Michelle Sorley  
Macmillan Lead Nurse Cancer and Palliative Care  
November 2020

## APPENDIX 1: Achievements 2019-20

- The Mortuary team were awarded the Royal College of Pathologist (RCPTH) excellence award for teaching
- Successful bid to Helpforce and Marie Curie for funding for our Volunteer Coordinator post
- Volunteer Coordinator commenced post in January
- Recruitment of part time Medical Examiners who are now in post
- Shared learning event from complaints event in relation to EoLC held in November 2019 and February 2020.
- Sage & Thyme course held in April 2019 – for advance care planning and difficult conversations
- Developed a pastoral support group for those affected by end of life issues.
- Recruited three new part-time pastoral care officers / chaplains.
- Each chaplain has been assigned to a particular ward to offer support to patients, families, carers and staff.
- All wards have been provided with a Pastoral Care folder to help raise awareness of cultural diversity.
- Recruited to Macmillan End of Life Care Educator post
- Recruited to Palliative Care Discharge Liaison Nurse
- Development and implementation of DNAR e-learning.
- Development and implementation of new DNACPR form
- Introduction of new Trust Escalation Plan (TEP)
- Development of an end of life care plan for palliative patients with a learning disability
- As a Trust we participated in the National Audit of Care at End of Life (NACEL) second round
- Continued embedding of personalised care eg wedding box, handmade syringe pump bags, knitted/crocheted blankets available for our patients, the latter two have been provided by local women groups.
- Fourth Trust memorial service held.
- End of Life Boards on a number of ward areas.
- 98% - 7 day cover by Palliative Care CNS achieved
- 98% of all patients known to the SPC team had a preferred place of death documented.
- Updated End of Life Care - Rose symbols on all ward areas.
- Post bereavement phone calls from Intensive Care Unit staff to bereaved relatives 6-8 weeks post bereavement.
- Memorial board and book implemented for relatives of patients who have died on Intensive Care
- The Mortuary implemented electronic system for recording data.
- Recruited Carers Lead Nurse



## Future Priorities 2020-21

- Launch our Trust End of Life Care strategy 2021-2024.
- Recruit to our Trust SPC Consultant post
- Continue to embed our education programme across the Trust and how we deliver this
- Embedding compliance with the Mental Capacity Act 2005 and associated code of practice when completing 'do not attempt cardiopulmonary resuscitation' forms.
- We will improve use of Treatment Escalation Plans to support effective care planning, through embedding these and training clinical staff in their use.
- Continue to work with the Trust Care of the Elderly team to improve the End of Life Care that is delivered, including earlier referrals into End of Life Care team.
- Following the NHS Improvement End of Life collaborative programme and the establishment of our Quality Improvement we will work with the QI team to share learning, best practice to other areas in the Trust.
- Continue to recruit and support our Compassionate Care Champions.
- Recruit to Volunteer Coordinator Manager post
- Recruit our End of Life volunteers to support patients and their families at this difficult time.
- Recruit additional Medical Examiners and Medical Examiner Officer
- To continue working with the emergency planning team and the local authority to ensure infrastructure is in place should an incident of mass fatalities occur following the designation of Hemel Mortuary as the regional disaster Mortuary.
- Trust participation in the National Audit of Care at End of Life (NACEL), Round 3.
- Further education and support is planned in order to give ward staff the confidence and awareness to sign post and refer relatives and patients to the spiritual and pastoral support on offer from and via the team.
- The Resuscitation team and End of Life Care Educator have planned a comprehensive training programme for 2020/21 in conjunction with UCLP re difficult conversations.
- To ensure our dying patients have an Individualised Plan of Care for the Dying person in place if appropriate.
- Review and update our Trust Bereavement Survey
- Patient Affairs office to implement new IT system.
- Developing a teaching video for staff on care of patients after death
- Updating the CME 34 Syringe pump policy
- Review and update of the Trust Organ Donation policy.
- Reviewing the Trust Individualised Plan of Care for the Dying Person
- Intensive Care Unit in the process of developing the bereavement support they give to relatives. - Plans for a remembrance card to be sent to relatives on the first anniversary of the patient's death.
- Relaunch of the Learning Disability forum and as part of this improving end of life care for patients with learning disabilities, having difficult conversations and advance care planning for the LD patient will be a priority.
- Continue to work with the Integrated Care System (ICS) in relation to end of life care across Herts and West Essex.
- Trust Carers Strategy to be developed.

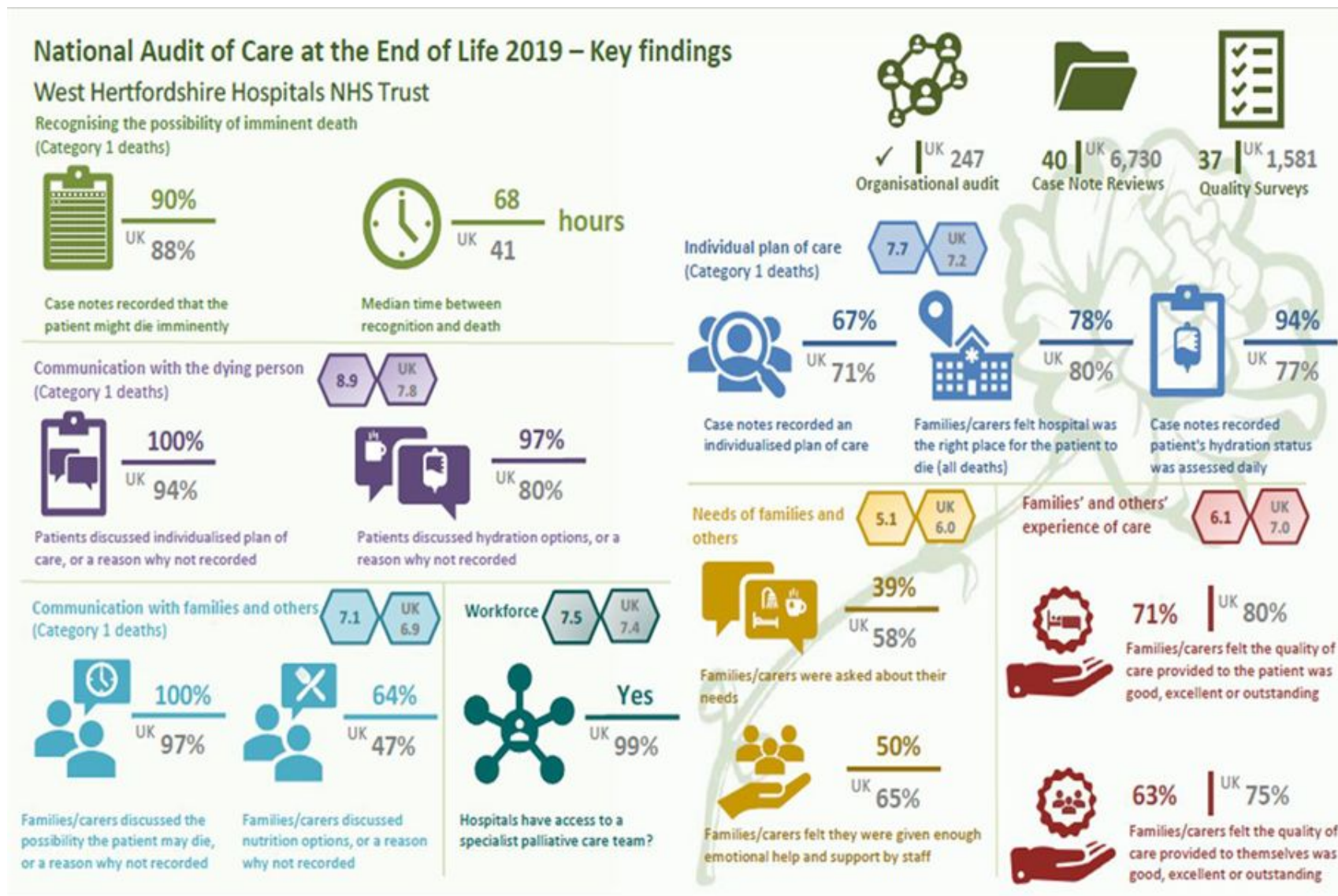
## Appendix 2: Measures of Success Progress from April 2019 – March 2020.

Local Priority	Measure of Success	Progress to date: April 2019 - March 2020
<b>Individualised care plans</b>	By 2019, 100% of appropriate patients to have individualised care plans in place	<p>The Individualised plan of care for the dying person has now been implemented and embedded across the Acute Trust.</p> <p>As part of the Trust IPR we are undertaking a snapshot audit of deaths and if on IPCDP. The findings of the snapshot audit for this reporting period is 65%.</p>
<b>Advance care plans</b>	<p>By 2019, 90% of appropriate patients to have an advance care plan in place</p> <p>By 2019, 90% of patients to have their preferred place of death documented and if preferred place of death was not achieved 100% of patients to have reason documented</p>	This is now recorded monthly for the Trust IPR and the annual overall compliance figure is higher than this with 95% of patients known to the SPC team where appropriate had a PPD recorded during this reporting period and if the patient did not achieve their PPD the reasons for this was documented for 100% of our patients.
<b>Meeting diverse needs of communities</b>	Evidence of engagement and involvement of local communities and religious leaders	<p>We continue to work with local communities and religious leaders eg. Bereavement focus groups held locally. 4<sup>th</sup> Annual Trust Memorial service held in November 2019.</p> <p>Pastoral and Spiritual Care team have recruited three new part-time pastoral care officers / chaplains</p> <p>Every ward is provided with a Pastoral Care folder to help raise awareness of cultural diversity for patient care as one element of improving patient experience.</p>
<b>7 day palliative care service</b>	By 2016, Specialist palliative care onsite support to be available 364 days per annum and access to out of hours service available 365 days per annum	Of the 364 days in this period with Christmas Day excluded) 358 days were covered by the Specialist Palliative Care Team =98 %. Access to the out of hours service has been available for the 365 days.

<b>Improving care for all</b>	Continue to deliver and audit an equitable service to cancer and non-cancer patients ensuring benchmarking against National data	There is no longer a submission of our Palliative care data set (MDS) so we are unable to benchmark ourselves nationally however as a Trust the team have seen 51% of patients with a non-malignant disease and 49% with a malignancy
<b>Updated policies and clinical guidelines</b>	Each year to have agreed policies and guidelines that impact on end of life care and to review, ratify and reflect best practice	Policies continue to be reviewed to reflect best practice
<b>Supporting carers and families</b>	By 2016, to have a Patient Experience and Carers strategy in place	Trust Patient and Carers Strategy is in place. This has been completed.
<b>Electronic links between care providers</b>	By 2016, electronic links in place between ourselves, primary and community providers are used to co-ordinate care	This work has been undertaken with the CCG and other local providers and since February 2017 we as a SPC team have had viewing access to the system. Work has taken place with the CCG to enable other areas e.g. ED, respiratory and the Cancer CNS's to have access to this as well.
<b>Leadership</b>	By 2016, appointment of End of life Clinical lead, Non-Executive Director lead and Compassionate End of Life Care panel (CELCP) chaired by Chief Nurse	These posts have been appointed to
<b>Continuity in partnership</b>	Regular attendance and engagement with local, network, Academic health science partnerships, strategic clinical networks and national forums.	Engagement continues & Trust is represented at all forums and now represented at the STP meetings. As part of the Integrated Care System WHHT is hosting the post - End of Life Strategy Evaluation Lead for End of Life Care
<b>Core and extended training</b>	In 16/17 to have trained 40% of identified staff, in 17/18 to have trained 75% of high risk staff and 40% of others and in 18/19 to have trained 95% of high risk staff and 50% of others	Core training continues and all appropriate new starters to the trust attend this –914 clinical staff attended induction or 3 yearly training in this period – 92% compliance as a Trust
<b>Bereavement support</b>	Families and carers have increased levels of satisfaction with the care of their dying relatives offering signposting to support. Identifying those families at risk.	Trust Bereavement questionnaire is being reviewed and Focus groups have been held locally in previous years however there has been no focus groups held over the last 12 months as there has been no uptake

		<p>for these from our bereaved relatives.</p> <p>Intensive Care Unit – have implemented a Memorial board and a remembrance book for all patients who have died in their care. Plans for a remembrance card to be sent to relatives on the first anniversary of the patient's death.</p> <p>The fourth Trust Annual Memorial Service was held on November 19<sup>th</sup> 2019 which was well attended.</p> <p>The Spiritual &amp; Pastoral care team provide Trauma &amp; bereavement support as required.</p>
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## Appendix 3 Key findings of National Audit of Care at the End of Life 2019







## Appendix 4 Key findings of audits related to Gosport Review

Title	Main Findings	Recommendation
Trust wide prescribing of fentanyl patches November 2019	The audit showed that the prescribing of fentanyl patches was as per guidance and no opioid-naïve patients were prescribed fentanyl patches during that time frame. All prescribing was also carried out by a doctor and the cases where fentanyl patches were initiated, the equivalent doses were correctly prescribed	
To Assess if Medication Prescribed in Syringe Drivers for Palliative Care Patients is as per Trust policy and National Guidance; January 2020	Start date of syringe pump documented in 35% of prescription charts reviewed Drugs combined in one syringe pump are bracketed together on the drug chart. – 38% achieved.	Re-emphasise issues seen in the prescribing of palliative care syringe drivers to doctors in order to help reduce some of the prescribing errors identified. Training of pharmacists will also help to increase their ability to recognise and act upon syringe driver prescribing errors. Possible inclusion of an example of syringe driver prescription onto the Individualised Care Plan for the Dying Person form may remind or inform doctors of correct syringe driver prescribing. Re-audit in a year's time will help to assess if there have been any improvements in syringe driver prescribing practises
Audit to ensure opioids prescribed on a when required basis on the ward is as per Trust Policy and National Guidance (BNF and Palliative Care Formulary) February 2020.	19% of charts audited did not have any reference to renal function	There needs to be a reference to a patient's renal function being checked by the pharmacist to know the dosing is appropriate.



**Trust Board  
03 December 2020**

<b>Title of the paper</b>	<b>Strategic Priorities Update</b>									
<b>Agenda Item</b>	14/86									
<b>Presenter</b>	<b>Helen Brown, Deputy Chief Executive</b>									
<b>Author(s)</b>	<b>Esme Walsh, Strategy Delivery Office</b>									
<b>Purpose</b>	<i>Please tick the appropriate box</i> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">For approval</td> <td style="width: 33%;">For discussion</td> <td style="width: 33%;">For information</td> </tr> <tr> <td> </td> <td> </td> <td>✓</td> </tr> </table>				For approval	For discussion	For information			✓
For approval	For discussion	For information								
		✓								
<b>Executive Summary</b>	This paper provides an update to the Trust Management Committee on the progress of the key strategic priorities for 2020-21.									
<b>Trust strategic aims</b>  <i>(please indicate which of the 4 aims is relevant to the subject of the report)</i>	<b>Aim 1</b> <b>Best care</b>  <b>Objectives 1-4</b>	<b>Aim 2</b> <b>Great team</b>  <b>Objectives 5-8</b>	<b>Aim 3</b> <b>Best value</b>  <b>Objective 9</b>	<b>Aim 4</b> <b>Great place</b>  <b>Objective 10-12</b>						
	✓	✓	✓	✓						
<b>Links to well-led key lines of enquiry</b>	<input type="checkbox"/> Is there the leadership capacity and capability to deliver high quality, sustainable care? <input checked="" type="checkbox"/> Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? <input type="checkbox"/> Is there a culture of high quality, sustainable care? <input checked="" type="checkbox"/> Are there clear responsibilities, roles and systems of accountability to support good governance and management? <input type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance? <input type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on? <input type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? <input type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation? <input checked="" type="checkbox"/> How well is the trust using its resources?									
<b>Previously considered by</b>	n/a									
<b>Action required</b>	The Trust Board is asked to note the delivery status of the strategic priority projects.									

**Trust Board – 03 December 2020**

**Strategic Priorities Update**

**Presented by: Helen Brown, Deputy Chief Executive**

**1.0 Purpose**

1.1 This paper outlines the strategic projects that have been identified as priorities for 2020-21 and provides an update on their development and delivery.

**1.2 Table 1: 2020-2021 Strategic Priorities**

WHHT 2020-21 STRATEGIC PRIORITIES - Reporting to TMC	BEST CARE	BEST VALUE	GREAT TEAM	GREAT PLACE
<b>CLINICAL STRATEGY</b>				
CLINICAL STRATEGY	✓	✓	✓	
REPATRIATING CHEMOTHERAPY	✓		✓	
INTERVENTIONAL RADIOLOGY	✓			
EMBEDDING SMART AS BAU	✓	✓		
MOUNT VERNON CANCER CENTRE REVIEW	✓			
VASCULAR HUB	✓			
ICS / ICP DEVELOPMENT	✓			
<b>INTEGRATED CARE JOINT QIPP</b>				
TRANSFORMATION PLAN	✓	✓	✓	
UTCs WGH and SACH & HEMEL	✓	✓	✓	
<b>CAPITAL PROGRAMME</b>				
THEATRES	✓	✓	✓	✓
EMERGENCY DEPARTMENT	✓	✓	✓	✓
MAU EXPANSION	✓	✓	✓	✓
LOCAL AREA NETWORK / WINDOWS 10 (ETC.)	✓	✓	✓	✓
OFF SITE BACK OFFICE	✓	✓	✓	✓
HEALTH RECORDS BC	✓	✓	✓	✓
OTHER BACKLOG MAINTENANCE PROJECT				✓
MRI SCANNER (SACH)	✓			✓
CARDIAC CATHETER LAB	✓			✓
FIRE SAFETY SPEND				✓
£1M MISCELLANEOUS MEDICAL EQUIPMENT				✓
CT SCANNER (WGH)	✓			✓
MULTI-STOREY CAR PARK				✓



## 2.0 Clinical Strategy

- 2.1** Good progress has been made on the development of the **Clinical Strategy** with significant engagement with Divisional and service line leads over the past 6 weeks. Further work is required to align the divisional and service line strategies before a final 'engagement' draft of the strategy can be finalised. The timeline for Board approval of the draft has therefore been reset to February 2021. This will also allow for some further targeted engagement on the strategy with key stakeholders during December and January.

Work is also underway as part of our redevelopment programme to finalise the clinical brief that will underpin the detailed design of new hospital facilities. A summary document setting out proposed service delivery models for our three hospital sites is being developed; this document will also set out where specific changes to service delivery models or locations of care are envisaged.

A structured engagement programme on both the clinical strategy and clinical brief / site service strategies will be undertaken in the spring before both documents are finalised for formal approval via the Board in the summer.

- 2.2 Repatriating Inpatient Chemotherapy** - Inpatient chemotherapy for a small number of selected cases commenced in August 2020. Further work is required to further enhance the nursing workforce, expand numbers of patients and embed the service. An action plan to progress these aspects and evaluate the benefits of this service development is being finalised by the service and progress updates will continue to be provided via the strategy update until all actions are completed.

- 2.3 The Interventional Radiology (IR) OBC** is being progressed. Space has been identified and a design developed and is currently being costed. The OBC will be submitted to TMC for approval in December 2020. Discussions with Raise regarding the potential for charitable fundraising for some or all of the costs of this scheme (c £2m) have been initiated and firm timelines for launching an appeal will be confirmed once the business case has been approved.

- 2.4** The virtual **SMART (Senior Medics Assigning & Re-designing the Take)** pilot ended on 5 November. Patient and junior doctor feedback has now been completed and the informatics team are compiling this for presentation at the pilot review meeting, which has been scheduled for 2 December. Cardiology continue to deliver 'face to face' SMART; however, the Respiratory team will continue to work the virtual SMART model in the interim.

- 2.5** A number of the impact assessments have been completed for the **Vascular Hub Project** and reported to the Programme Board. A final impact assessment will be completed when the new operating model for the network is complete, which is expected in around 3-4 weeks' time. The OBC is scheduled for completion in January 2021.

The full financial and workforce impact is being assessed and the hub team leading the work at East and North Herts have been given additional resource to support delivery, though the timelines are a challenge for this. The WHHT vascular team are engaged, data analysis is the main limiting factor at present. Agreement of the FBC with all parties was expected in autumn 2020, however with the OBC delays due to Covid this timeline is expected to change.

**2.6** Progress continues to be made in developing the west Hertfordshire **Integrated Care Partnership (ICP)**, although the second wave of Covid has had an impact on capacity and delayed delivery of some of the milestones set out in the programme plan. Additional resources to support the development of the ICP have been secured, including the appointment of an Associate Director of ICP development who will commence in post in January. Work is in progress to develop a joint transformation programme for the remainder of this year and next year to progress key partnership transformation priorities; this will be brought to TMC for review and approval early next year.

The west Hertfordshire ICP has been selected to participate in the second cohort of the NHS England Population Health Management development programme; this will provide an excellent opportunity to accelerate progress in this key ICP workstream.

**2.7** The **Mount Vernon Cancer Centre (MVCC)** review process continues. The next key milestones are for approval of the clinical model and shortlist of options for more detailed appraisal in December 2020. The Trust has actively been liaising with the MVCC team and understands that co-location for significant elements of future MVCC clinical service at WGH is likely to be one of the shortlisted options.

The MVCC review team and clinicians from MVCC and UCLH attended CAG on 18<sup>th</sup> November 2020 to discuss the clinical model. WGH clinicians were very supportive of the potential for the service to be co-located on the WGH site and the substantial patient benefits that this could bring.

The redevelopment team are liaising with UCLH to understand the estate requirements and look at options for delivering this in the context of the Trusts major redevelopment plans at WGH.

### **3.0 Integrated Care Joint QIPP (part of Transformation Plan)**

**3.1 Frailty** outreach continues to support patients in the Emergency Department identified through the Clinical Frailty Score (Rockwood) as being frail to support options for admission avoidance. The Frailty Unit opened on 8 October in the old Minor Assessment Unit (MAU) and is an invaluable space for completing a patient's comprehensive geriatric assessment with the Multi-Disciplinary Team (MDT). Work is underway to finalise the frailty pathway (now that the Frailty Unit has re-opened) to include how we bring together both the single clinical offer with Community Services and Primary Care to include Rapid Response and the Frailty Hotline. The frailty service will relocate to the emergency assessment unit in February 2021, once the expansion works have completed.

Community MDTs and Rapid Response with Care of the Elderly consultant clinical support continue. The community clinics are a challenge to support due to the increased demand of Covid admissions and deployment of clinicians to support the Emergency Department and the isolation wards.

**3.2** Priority areas for **Outpatient Transformation** have jointly been agreed between WHHT & Herts Valleys CCG to include Urology, Dermatology and Rheumatology now and Neurology from April 2021, to align with the community service plans. Scoping of opportunities from a WHHT perspective have been completed for Urology. WHHT are part of the Sustainability and

Transformation Partnership (STP) Patient Initiated Follow Up (PIFU) Group and Rheumatology has been identified as the next service for PIFU implementation.

**3.3 Children's and Young People** - Two targeted pieces of work have commenced regarding a community Jaundice pathway and the Cystic Fibrosis pathway and the relationship with tertiary providers. The Paediatric Transformation Board starts this month, with the overall aim of the group to review current paediatric & young person's service models and identify opportunities for transformation.

**3.4 Watford General Hospital (WGH) Urgent Treatment Centre** - The first Contract Quality Review Management (CQRM) meeting took place on 19 November, it was chaired by West Herts Chief Operating Officer, there was good representation from all teams and engagement was excellent.

The key areas of concern were identified and agreed, these included:

Data reporting: Issues with the data feed between Adastra (Greenbrook's Patient Record System) and the UTC have resulted in a small number of inaccuracies in our Emergency Care Data Set (ECDS) submission. Greenbrook and Adastra Information Teams are working closely together to address the issues.

Activity Levels: The teams are to develop a joint action plan and improvement trajectory to increase the activity seen by the UTC, the baseline target is 50% of total Emergency Department activity, the service is current seeing approximately 38%.

The next meeting is on 10 December.

**3.5 Hemel Hempstead Hospital (HHH) Urgent Treatment Centre** – The decision has been taken to pause procurement of service and review in January 2021. Current contract arrangements with HUC have now been formally signed off and a contract variation has been agreed for the current contract to run to March 2022.

**3.6 St Albans City Hospital (SACH) Minor Injury Unit / Urgent Care development** – The MIU remains closed for the foreseeable future. WHHT and Herts Valleys CCG are working together to develop a plan for potential urgent illness provision, this will not be until at least April 2021. Future plans will be aligned to the national strategy, taking into account the needs of the locality population and the Trust's future plans for St Albans City Hospital. The St Albans GP Federation have confirmed that they support this approach. A paper setting out rationale and possible options will be presented to the Joint Urgent Care Programme Board in December. A task force has been established with representation from all key stakeholders.

## 4.0 Capital Programme

**4.1** The scale, pace and processes of the following three large programmes (**WGH Theatres Reconfiguration, Backlog Maintenance Programme and Fire Safety Improvements**) are such that overall progress summaries are not markedly different than reported last month. With that in mind, any statements that are still relevant have been repeated and updated where appropriate.

**4.2** The Main Contractor for the **WGH Theatres Reconfiguration** project (Vinci Facilities), has been appointed, a purchase order and JCT contract issued.

Pre-enabling works have already been completed with Surgical & Theatres staff relocated to the old cytology building and new offices within PMoK Levels 4 and 6. The final piece of the pre-enabling works is the Theatre Instrument Decontamination Department's relocation to PMoK Level 7. This is on target to be completed w/c 23/11/20.

Key milestones are:

- Mobilisation of the contractor's compound to the AAU Car Park will be complete by 14/12/20
- Validation and Surveys for specialist design coordination – Commencing PMoK Levels 4-7 from 16/11/20
- The first of six phases of Main Construction works will commence in PMoK on 14/12/20 and will complete by April 2021.
- April 2021 to September 2021 will involve the works to create new Theatre Staff Changing areas. The theatres entrance and reception will be relocated around the same time.
- The final phase to create 4 additional bays for a new Recovery Area will be completed by February 2022.
- In parallel to the main construction is the fit out of the new ultraclean Theatre 5 by Howorth Air Technologies. Works will commence from April 2021 and be complete by September 2021.
- Works to upgrade/refresh the existing recovery area and the Theatres Procedure room will follow the completion of the main construction works.

**4.3 The Backlog Maintenance Programme (BLM)** comprises over 30 projects, all in different phases of preparation and procurement, however in general project management terms, the programme is currently on plan.

To maintain the momentum of the agreed programme, the Capital Finance Planning Group (CFPG) have allowed the Capital Team to progress and raise POs for suppliers identified, whenever possible, in advance, on a rolling monthly basis. This has worked well, to date, for consultant surveys and single supplier contracts, but will inevitably be replaced with an approval process where works are tendered.

In the last month, a number of projects have progressed to design stage. The majority of these designs should be completed within November with works, subject to business case approval, beginning in December and running through to March.

NHSI/E have implemented a monthly update reporting process, starting in November, for all projects granted capital through the Critical Infrastructure Risk (CIR) fund. Any project costing more than £1.5m has to be reported separately. As all of the Trust's projects are less than this they will be reported as a single "Consolidated Scheme".

**4.4** As in previous years, a material element of the **Fire Safety Improvements** will address remedial works in relation to fire door set replacement, fire compartmentation repair and the replacement/extension of emergency lighting (predominantly at SACH and HHH).

For emergency lighting, tender specifications are being produced for a retro-fitted new system at St. Albans and Hemel Hempstead to mirror that installed on the Watford site. Specialists are currently surveying the sites and will prepare tender documents for issue in early December. The bids are expected to be of considerable value and therefore a phased priority based plan will be developed with a level of works achieved in the 2020/21 financial year.

For fire alarms, tender documents are being prepared for replacements and improvements primarily at the St Albans site. Although the Tender release has slipped, it is still planned for

works to commence in January. Priority works to incorporate the Shrodells, Helen Donald and Maxillo Facial buildings on to the new Fire alarm 'network' at Watford is due to start before the end of November and is planned for completion before Christmas.

The programme for fire door installations progresses as planned on the previously purchased fire doors. The fire door sets in the Cardiac Centre and Cherry Tree House have been replaced. Further replacements will take place in the Admin Block and Willow House during November.

The fire compartment works that originally formed the baseline costs included in the Fire Safety Improvements Business Case (October 2017) is complete. Following due diligence reviews of the Trusts Fire compartmentation lines by the Trusts Authorised Engineer for Fire, additional works have been identified to vary existing compartment lines.

**4.5 The Emergency Department Development** project scope has been refined following direction from TMC. The OBC and £350k investment needed for creation of the FBC was approved via TMC and is included in the capital plan. The FBC has been rescheduled with a target date to go to the Trust Board in February 2021. The supplier for the modular unit is now engaged and a final design has been agreed. Approval and confirmation of funding will be required before target start and completion dates can be confirmed.

**4.6** The winter plan for 2020-21 is for a modular unit (up to 20 beds) to be placed in Shrodell's garden, to be linked to the previous **Emergency Assessment Unit (EAU) Expansion**. The business case for this is being finalised, with key focus on the clinical model, expected activity levels and capital and revenue costs. The business case is due to be reviewed by TMC in December for Board approvals in January / February.

**4.7** The physical **Local Area Network (LAN)** install is now complete, however there is some documentation that remains outstanding which is missing a few updated processes; these will be updated and included in the closure report which will be completed in November.

The first phase of the Windows 10 roll out has been completed. A business case for a further roll out phase has been developed and was approved by TMC on the 25 November. This will enable the vast majority of the Windows 10 devices to be deployed by end March 2021. A business case for upgrading key applications for Windows 10 environment is in development and will be presented for consideration as part of the 2021 / 2022 capital programme.

**4.8** The business case for the **Off Site Back Office Project** (Administrative Staff project) was approved by the Trust Board and is an essential enabler for creating additional clinical capacity on the WGH site.

The preferred option has been agreed as Unit 11 Trade City, Thomas Sawyer Way due to the proximity to WGH and value for money. A feasibility study is now underway to create a final design and a pre-application has been submitted for a change of planning use from a light industrial unit to offices. The full application decision is due on 05/02/2021. The tender process has commenced with the full tender starting on 07/12/20.

The original timeframe for this project was delayed due to Covid and the first choice of premises fell through. The revised handover date of premises after works completed is 30/7/2021, with staff expected to move during August/September (plan to be agreed).

Consideration is being given to how this programme dovetails into the redevelopment plans for WGH site and the long term strategy for all non-clinical accommodation. This may result in some changes to the scope and design of the solution to maximise the strategic benefit of this investment.

**4.9** Staff team meetings have been held with all clinic preparation and library departments to inform them of the service changes that will be proposed in the **Health Records Business Case**. A working draft of the full business case (FBC) is being shared with the Management Team on 13 November. The next steps are to review the business case content with the legal and finance teams and engage with Assistant Divisional Managers, to walk through the service changes and incorporate feedback into the workflow model.

The FBC is to be submitted for review in December, with approval anticipated in January 2021, with service changes completed by end of Q1/beginning of Q2.

**4.10 MRI SACH** - Funding for the modular unit has been confirmed. The MRI scanner has been ordered and Siemens have conducted a site visit regarding installation of the modular unit. A major upgrade of HV electricity supply to the site is required to enable the installation of the MRI, this is being funded via Covid diagnostics capital for delivery in this financial year.

**4.11 CT WGH** - We need to install the two ED x-ray rooms first to increase our efficiency and allow us to lose the AAU Level 1 x-ray room where the new CT scanner will be installed by end of 2020-21 financial year. Work has completed on the first ED x-ray room. The purchase order has been raised to replace the second ED X-ray room and work has commenced. The CT scanner for level 1 AAU has been ordered.

**4.12** Works to **Cath Lab 2** began on the 6 November and continue on site as per programme, with the timeline for completion being February 2021. Works to Cath lab 1 will commence in February 2021 with the expectation that it will be operational in early June 2021.

The transition plan for the cath lab is now complete and works are running on schedule, the only current change is the delivery of the equipment for Cath Lab 2 which will be on the 16 January.

**4.13** A progress update and associated RAG rating on the **£1m Miscellaneous Medical Equipment** project is set out below:

Equipment	£000	Progress Update	RAG Rating
Anaesthetic machines	£312k	Order placed. Expected delivery 15/01/21	
Foetal Recorder CTG	£200k	Clinical trial in progress. Target January CFPG for business case approval & order to be raised. 4-6 week lead in time for delivery.	
Epidural Volumetric Pump	£60k	Supplier has confirmed the production is back to normal again. Business case to be submitted to December CFPG and order to be raised.	

Tourniquet machines	£28k	Clinical trial in progress to confirm preferred equipment. Target January CFPG for business case approval and order to be raised.	
Defibrillators	£400k	Original allocation was to replace 40 defibrillators noting that the current standard model across the Trust is no longer in production and a warning notice has been issued necessitating a full replacement of all defibrillators as an urgent priority. A Clinical trial in process to identify preferred supplier and a business case will be presented to CFPG ASAP to enable purchase and roll out of new equipment in Q4.	
Total	£1000k		

**4.14 Multi-Storey Car Park (MSCP)** – the project team have been working intensively with NHS E / I to finalise the FBC and address all regulator requirements prior to submission for formal approval to the National Joint investment Committee in December 2020. There is a risk of slippage to January 2020 due to the regulator approval process.

**5.0 Recommendation**





The Trust Board is asked to note the update on progress with key strategic projects.



### Trust Board 03 December 2020

<b>Title of the paper</b>	Digital Strategy						
<b>Agenda Item</b>	15/86						
<b>Presenter</b>	Paul Bannister						
<b>Author(s)</b>	Sean Gilchrist, Paul Bannister						
<b>Purpose</b>	<p>Please tick the appropriate box</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;">For approval</td> <td style="border: 1px solid black; padding: 5px;">For discussion</td> <td style="border: 1px solid black; padding: 5px;">For information</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">√</td> <td style="border: 1px solid black; text-align: center;">√</td> <td style="border: 1px solid black; text-align: center;">√</td> </tr> </table>	For approval	For discussion	For information	√	√	√
For approval	For discussion	For information					
√	√	√					
<b>Executive Summary</b>	<p>The digital strategy herein describes the Trusts plan to continue its technology improvements and to meet the ambitions described in the overall Trust strategy to provide staff and patients with the most effective and efficient digital toolset as possible as we move towards the hospital redevelopment.</p> <p>A range of staff and stakeholders were consulted in either 1 to 1 interviews or workshops with Sean, David and the team, supported by consultancy and technology experts from Deloitte to ensure we assessed and utilised as broad a range of expertise and knowledge as possible.</p> <p>There was significant enthusiasm for an ambitious digital strategy and a widespread adoption of technology to aid more effective and joined up care. This increased use of technology will go hand in hand with the organisation adopting a more data driven culture.</p> <p>The provision of an integrated enterprise wide EPR is at the heart of the revised strategy but there is a range of other functionality being proposed, including, but not limited to:</p> <ol style="list-style-type: none"> <li>1. Widespread device integration</li> <li>2. Real time tracking of patients and equipment</li> <li>3. Automated stock management</li> <li>4. E Nurse call</li> <li>5. Predictive analytics</li> <li>6. A command centre</li> <li>7. Remote &amp; Home monitoring</li> <li>8. Increased Integration &amp; data sharing</li> <li>9. Unified communications</li> <li>10. Robotics and Artificial Intelligence</li> </ol> <p>Given the long list of digital functionality requested across the organisation we categorised the enhancements in three groups as follows:</p> <ol style="list-style-type: none"> <li>1. Must have's</li> <li>2. Should have's</li> <li>3. Could (nice to) have's</li> </ol> <p>This grouping essentially provides a loose prioritisation should the Trust not be able to provide the funding to deliver the entire strategy.</p> <p>The strategy document provides some indicative costing's to deliver (and "run") the digital strategy over a five year period which is currently estimated at £74m. If the Trust does deliver this strategy it would likely make WHHT the most advanced digital hospital in the UK by the time the redevelopment has been completed.</p>						



	<p>For this strategy to be successful the organisation (not just the IT department) needs to commit to a technology first culture and a multi-year funding strategy. This strategy will not be delivered by “as and when” bespoke funding. The funding plan at the moment is to include the need in the OBC for the hospital redevelopment though this may not be a realistic plan given the worsening financial climate.</p> <p>The committee is asked to consider the strategy, particularly the level of ambition it represents and if appropriate approve the strategy whence forth it will go to the Trust board for formal adoption.</p>											
<p><b>Trust strategic aims</b></p> <p><i>(please indicate which of the 4 aims is relevant to the subject of the report)</i></p>	<p><b>Aim 1</b> Best care</p>  <p><b>Objectives 1-4</b></p> <p style="text-align: center;">√</p>	<p><b>Aim 2</b> Great team</p>  <p><b>Objectives 5-8</b></p>	<p><b>Aim 3</b> Best value</p>  <p><b>Objective 9</b></p> <p style="text-align: center;">√</p>	<p><b>Aim 4</b> Great place</p>  <p><b>Objective 10-12</b></p> <p style="text-align: center;">√</p>								
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Committee/Group	Date											
Executive team and Board seminar session												
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Great Place Committee	November 2020											
<p><b>Action required</b></p>	<p><i>This section should explain exactly what action the Board/Committee is being asked to take. Examples below:</i></p> <ul style="list-style-type: none"> <li>• <i>The Board is asked to approve the Digital Strategy</i></li> </ul>											



# 2020-2025 Digital Vision, Strategy and Roadmap



Draft for Discussion



# Contents

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## Draft for Discussion



## Foreword

**Our vision for 2025 is that digital will underpin every aspect of clinical innovation. We will provide the core digital foundation to empower the population of West Hertfordshire, and support our staff to provide high-quality, safe, consistent and efficient care for every patient, every day.**

We have made significant progress in recent years, and in recent months we have leveraged technology to support virtual care and different ways of working during the COVID-19 pandemic. We plan to continue this trajectory of progress as we improve our network and provide our clinicians and staff with digital tools and applications to make achieving excellence in their roles easier, and patient care safer.

Over the next five years we have a unique opportunity to transformation both our physical estate and our digital capabilities. We will ensure both the facilities and our digital capabilities work together to improve care delivery. Our digital roadmap sets out the path for our new, more digital, hospital. Digital will enable our Trust to achieve our strategic ambitions to provide the very best care for every patient, every day, and ensure that the care we provide is integrated, personalised and consistent.

Our digital strategy has been developed in consultation with our clinicians, staff, external partners, and most importantly, our patients: we know effective technology is very important to you. We will shift our culture and work with our clinicians, staff and patients to build trust and confidence in IT and show how technology can be an enabler, not an obstacle, in their day-to-day work. Our ambition is that our digital tools will help you, our clinicians and staff, spend more time with patients and on meaningful activities to improve care and services. Digital tools will support us to deliver proactive care, anticipating our patient's needs and responding swiftly and effectively.

Our digital vision and strategy outlines a number of the capabilities required to deliver our vision. Implementing an integrated Electronic Patient Record (EPR) system is at the heart of our digital strategy and foundational to delivering care safely and efficiently.

Patients will be active participants in their healthcare journeys. We will provide the best care and improve patient experience by empowering patients, enabling them to have more options for access and control over their health data.

We will deliver digital excellence for our care teams to support an efficient and seamless work experience across multiple locations. We will continue to be a great place by leveraging new technologies to enable increased access to care outside the traditional hospital environment, enabling patients to access our services in ways that are less disruptive to their daily lives.

We will drive integrated care by introducing pathways, enabled by digital services and tools. This will promote collaboration and safer, more consistent, joined-up care, achieving the best outcomes and value for our patients and the population of West Herts. Digital tools will minimise unwarranted variation and provide confidence that every patient will receive the best care, every day. We will use data to generate insights, overcome challenges, and support informed clinical and operational decisions to contribute to high-quality care for our patients.

Thank you for your enthusiastic participation in developing this strategy and we look forward to working with you to achieve our Digital Vision.

<b>Dr David Gaunt</b>	<b>Paul Bannister</b>	<b>Mike van der Watt</b>	<b>Tracey Carter</b>
<i>Chief Clinical Information Officer</i>	<i>Chief Information Officer</i>	<i>Medical Director</i>	<i>Chief Nurse</i>

## Strategic Context

**The development of this digital strategy offers a unique opportunity to leverage technology to address key challenges faced by West Hertfordshire Hospitals NHS Trust (WHHT) and to prepare for the acute re-development alongside the digital future.**

It is a challenging time to be working in the NHS. Healthcare is having to adapt quickly to the unprecedented times brought by 2020's global health crisis. In the years ahead, we will need to have the tools and capabilities to adapt quickly, whilst continuing to provide the best care for every patient in new and more responsive ways.

This is the time to set the ambitious goals that will build the foundations of our digital future. A future driven by proactive and integrated care initiatives, redeveloped hospital services, and the commitment to deliver safe and sustainable services for all.

### The plan for the NHS

The NHS has several national strategies for the future. Goals include patients having the right to virtual consultations, clinicians accessing records from anywhere and increased integration of care, in order to achieve high quality, cost-effective outcomes. The digital initiatives outlined in this strategy will provide the foundation to achieve those goals in the next five years.

### Patients have a key role to play

Patient needs are changing. With more information and technology available, they expect more control over their own health journey, with health services adapting to their needs and way of life.

There are a range of tools we can use to empower patients to access excellent care outside the hospital, own their information and collaborate in their health journey.

### The healthcare world is changing

The 2020 global crisis has brought changes to every aspect of our lives, and healthcare is no different.

Health services need to be reshaped. Redesigned patient pathways and new ways to access care, will maximise our reach whilst protecting us all, providing the best value and quality care and experience for our patients, wherever they are.

### A great team needs great tools

We represent a workforce of almost 5,000 exceptional people and we understand the impact we have in their lives, their families lives and the community around them.

The NHS can be a high pressure environment, and reliable, robust technology is key to enabling staff to work more efficiently, spending more time doing what they do best: caring for patients.

4

## 2. OUR 2020-2025 DIGITAL VISION AND STRATEGY



Draft for Discussion



## Stakeholder Engagement

To develop our 2020-2025 Digital Vision and Strategy, a wide range of engagement was carried out with both staff and patients of WHHT, as well as stakeholders in partner organisations and clinical groups at the Trust.



28

Interviews with senior leaders on their Digital ambitions for WHHT

4

Digital Visioning Virtual Sessions

~55

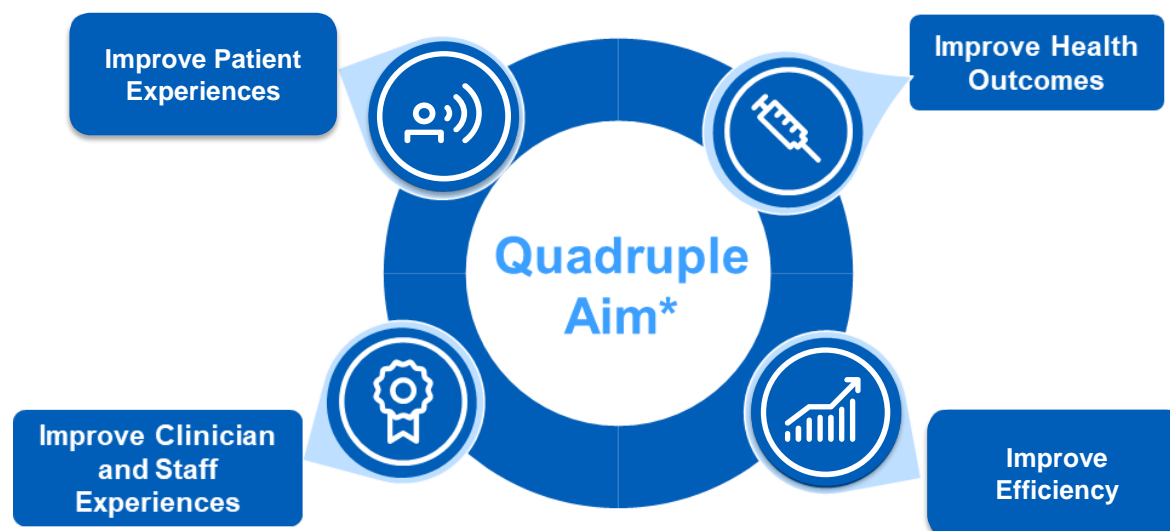
Clinicians and staff involved in the visioning sessions

100+

Patients and members of the public engaged

## How can Digital improve the Quadruple Aim of Healthcare?

The Quadruple Aim, widely accepted as a compass to optimise healthcare performance, was used as a framework to build our digital vision and strategy. The Quadruple Aim, shown below, is centred on four overarching goals: enhancing patient experiences, health outcomes, efficiency, and clinician and staff experiences. Clinicians and staff on how digital solutions could improve health outcomes, patient and their own experiences, as well as efficiency.



\*Institute for Healthcare Improvement, <http://www.ihl.org/communities/blogs/the-triple-aim-or-the-quadruple-aim-four-points-to-help-set-your-strategy>





## Our 2020-2025 Digital Vision and Strategy

At WHHT, our **vision** is that digital underpins every aspect of clinical innovation. We will provide the core digital foundation to empower the population of West Hertfordshire, support our staff to provide high-quality, safe, consistent and efficient care for every patient, every day.

Our Digital Strategy has five core themes, which are the focus of achieving our vision. Our roadmap for achieving each of these strategic themes is outlined in Section 6.

### Core Themes underpinning our Digital Strategy

- 1** **Enable patient participation throughout their health journey** We will provide the **best care** and improve patient experience by empowering patients, enabling them to have more options for access and control over their health data. Patients will be active participants in their healthcare journeys.
- 2** **Provide an efficient and seamless work experience for our staff** We will deliver digital excellence for our **great team** to support an efficient and seamless work experience across multiple locations. Robust, flexible infrastructure and user centric system design and tools, will free up time to care for patients.
- 3** **Join-up healthcare and a shared digital patient record** We will drive integrated care by introducing pathways, enabled by digital services and tools. This will promote collaboration and safer, joined-up care with the **best outcomes and best value** for our patients and the population of West Herts.
- 4** **Enhance ways to care for patients enabled by Digital** We will continue to be a **great place** by leveraging new technologies to enable increased access to care outside the traditional hospital environment, enabling patients to access our services in ways that are less disruptive to their daily lives.
- 5** **Better data collection & quality to drive improvement** We will use data to generate insights, overcome challenges, and support informed clinical and operational decisions to contribute to the **best care** of our patients, building our capacity for innovation and research.



Trust Board Meeting in Public-03/12/20

### 3. WHAT OUR DIGITAL VISION MEANS

# The future of healthcare delivery: Doris's story

*Doris's story illustrates how West Herts' healthcare will look like in the future, enabled by digital capabilities and tools.*

Doris is a frail elderly patient with dementia and diabetes. After falling at home, Doris is brought to the WGH ED for treatment and admitted to the ward. She receives personalised, high-quality care, delivered proactively and guided by best practice standards. After Doris is discharged home, she is remotely monitored and receives virtual follow-up care.



**Patient Portal**

**Mobile Access**

**Integrated Devices**

**Real-time Analytics**

**Integrated EPR**

**Barcode Scanning**

**Video Appointments**

*Please note that Doris is a fictional patient, inspired by our real patients and representative of our collective ambitions for the future. Her full story may be found in the Appendix.*

Draft for Discussion



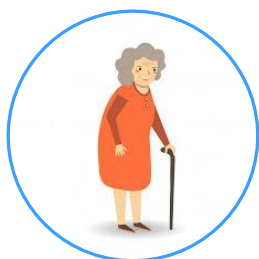
# What does digital mean for me?

In addition to Doris’s story, which grounds our Digital Vision and Strategy in the patient perspective, we have developed several personas. These personas articulate our digital ambitions for how we can improve the day-to-day experiences of our clinicians, staff, and partners.

	Doris, Patient	Nurses	Sylvia, Doctor	Sam, Operational Manager	Elaine, Admin	External Partners
Who am I?						
How will digital benefit me?	I feel empowered to manage my condition and care. I have access to key information in my record and tools to manage my health proactively. I feel supported when I’m not in hospital and fully prepared before each visit.	I work efficiently to plan and co-ordinate care for my patients, enabling me to spend more time with my patients. I feel reassured that the system is supporting me to provide safe care.	I access key information seamlessly to provide a holistic view of my patients, speeding up decision-making. I provide proactive care, adhering to pathways and minimising unwarranted variation.	I track operational metrics easily to manage and plan my service. I trust the data I receive and use it to solve problems and work with clinical teams to redesign care.	I have more time to spend helping patients navigate care, as I can easily access updated records and share information smoothly with internal and external care team members (GPs, community, social care).	I work more collaboratively with the Trust, enabled by seamless sharing of data and information. Truly operating as a system, we work in partnership to improve patient care.

The forthcoming slides explain the impact and benefits of digital capabilities from the perspectives of different stakeholders.

## What does digital mean for Doris, a patient?



### By 2025, digital will support me to:

- Feel **empowered** to manage my condition and care because I have access to key information in my record and tools to manage my health proactively.
  - Take an active role in decisions about my care.
  - Feel reassured that my care is **personalised** and **safe**.
  - Access my **patient portal** to manage my appointments conveniently, view laboratory and radiology results, communicate with my clinical team electronically, and keep track of my current/new/stopped medications.
  - **Remain at home**, avoiding unnecessary visits and staying in the hospital any longer than required.
  - Have the option of virtual appointments.
  - Only have to tell my story once.
  - Navigate the hospital site and find my way around.
  - Have appropriate contact with the care team to minimise any infection risk - staying safe from COVID.
- Feel **supported when I'm not in hospital**, knowing that clinical teams are remotely monitoring me using information received from a digital device, such as an electronic blood pressure cuff or glucose monitor.
  - Fill in forms electronically before coming to the hospital to make the most out of my appointment.
  - **Know where I am in the course of my treatment**, including what the next step is.
  - Feel **prepared** before coming to the hospital, knowing what to expect, where to do and how long my appointment will last, and what will happen.
  - Be **confident** that my consultant and clinical team are joined up with my GP.
  - Know that my time is respected and my waiting will be minimised.
  - View and receive alerts on clinic waiting times.

## Draft for Discussion



## What does digital mean for nurses?



### By 2025, digital will support me to:

- Work efficiently and **spend more time with my patients.**
  - **Anticipate patients at-risk of deteriorating** (e.g. auto-calculation of NEWS scores and changes in falls risk).
  - Access information about my patients quickly and easily without having to log onto multiple systems.
  - **Feel reassured that the system is supporting me to provide safe care** via checks, alerts, and reduced risks from manual processes such as medicines administration.
  - Know where my patients are via real-time tracking.
  - Scan the barcode on my patients' wristband to quickly view key information, including observations, medications, and a list of my outstanding tasks.
  - **Complete documentation efficiently (e.g. clinical assessments and care planning templates)** using auto-populated templates.
- Monitor my patients on my mobile device, using **electronic observations and integrated smart devices** (e.g. scales, blood pressure monitors).
  - Automate processes, enabling me to **spend more time on clinically valuable activities.**
  - Order blood tests electronically.
  - **Handover my patients efficiently and consistently**, supported by an e-handover form which highlights MUST, NEWS and e-worklist priorities.
  - Access information from the ambulance service to understand my patients' home environment and needs.
  - **Staff my ward** using predicted staffing levels which take into account patient activity, complexity and acuity.
  - **Redesign pathways and models of care** to achieve better outcomes for my patients.

## What does digital mean for Sylvia, a doctor?



### By 2025, digital will support me to:

- Have confidence that the care I'm providing is consistent and safe, with **unwarranted variation minimised**.
  - **Seamlessly access key information** about my patients to support decision-making and speedy diagnosis.
  - Provide **proactive and effective care**, supported by clinical decision support tools and embedded best practice guidance.
  - Have no issues finding my patients' drug chart and note.
  - Quickly order all investigations and medications electronically.
  - Receive results and diagnostic imaging reports as soon as they are available on my mobile, tablet or laptop.
  - Have a **holistic view of patients** before arrival with key information available from primary, community and secondary care.
  - Easily share information with different teams and externally.
  - Document rapidly, without the need for duplicate entries and with the support of advanced voice recognition with natural language processing to convert my speech to text.
  - Facilitate MDTs effectively, sharing clinical knowledge and judgements and making the best decisions collectively
  - Proactively stratify, identify, and manage my high-risk patients.
- Seamlessly communicate amongst my team and with different teams without the use of bleeps (e.g. e-referrals and a unified communication system).
  - Have **real-time, high-quality, clinically-useful data easily available at my fingertips** to monitor my patients' progress and analyse outcomes.
  - When appropriate, use my **mobile** device to photograph my patient (e.g. wounds), and upload images directly to the EPR with measurements.
  - Free up my time to **redesign pathways**, and provide me with the tools to auto-trigger and evaluate adherence.
  - Complete my medication reviews electronically, with support to address poly-pharmacy issues.
  - Complete ward rounds efficiently, using an e-template on a tablet.
  - Efficiently conduct **clinical audits, service reviews** and participate in **research**.
  - Provide accurate information across my whole practice (outpatient, inpatient and daycase / attender), allowing me to plan effectively or track high-risk patients or patient groups.
  - Efficiently access expertise, supervision, and second opinions.

## What does digital mean for Sam, an Operational Manager?



### By 2025, digital will support me to:

- Access the hardware and software that I need, which consistently works.
  - Automate and standardise processes, freeing my time to support improvement activities and service redesign.
  - Easily track operational metrics (e.g. waiting lists, activity), reducing my manual effort to get the information I need.
  - Access real-time data and interrogate drillable dashboards to solve problems.
  - Trust the data in the reports I receive.
  - Spend less time validating reports, due to automated data quality features.
  - Work more proactively with tools to identify service gaps, spending less time in 'firefighting mode'.
  - Better manage resources with real-time visibility of stock levels and equipment and auto-ordering features.
- Enhance my flexibility to work at home and at other sites.
  - Have less headaches due to procedures cancelled at short notice for avoidable reasons (e.g. lack of patient notes).
  - Locate where patients, staff, and equipment is in the hospital.
  - Free up my time to participate in innovative and creative initiatives.
  - Review performance and activity at the clinician-level against job plans, identifying trends and variation.
  - Ensure my service's performance is optimised, meaning patients are waiting less for the care they need.
  - Have the digital tools to work with clinical teams on care redesign.



## What does digital mean for Elaine, an Administrative Coordinator?



### By 2025, digital will support me to:

- Have **trust in IT**, knowing that I have the tools I need to do my job and that I will have a positive experience every time I need support from the IT team.
  - Have **confidence that I am fully trained** and aware of how to use the digital tools available.
  - Only need to log into one system.
  - **Release time to focus on important elements of my work**, ensuring patients and staff are supported and nothing is falling through the cracks.
  - **Spend more time supporting patients navigate their care**, especially those with complex needs or who are less digitally-savvy.
  - Spend less time on appointment management, as patients will be able to schedule and request changes via the patient portal.
- **Free up my time** currently spent on manual data entry.
  - **Smoothly prepare for clinics and MDT meetings**, as clinicians will access notes, results and images electronically.
  - **Seamlessly communicate and collaborate** with my teams.
  - Spend less time managing patient registrations and check-ins, with patients and their carers able to do this themselves upon arrival.
  - Provide directions less often, as patients and their families will be able to navigate the Trust on their mobile device.
  - **Experience less stress** dealing with patients who have waited for long periods of time, as patients will receive alerts electronically.

## What does digital mean for our external partners?



### By 2025, digital will support me to:

- Have **visibility** when patients are admitted to West Herts, where they are in their pathways, and what's happened during their treatment.
  - **Proactively engage** with West Herts teams for early discharge planning and to ensure smooth transfers of care.
  - **Access and contribute to the EPR** for a holistic view of patients and joined-up care.
  - **Work more collaboratively with the Trust, enabled by seamless sharing of data and information.**
  - Feel reassured that acute care teams have electronically received information from the ambulance service and social care to understand a patient's home environment and needs.
  - Easily access up-to-date **medication lists** to support concordance.
  - Have confidence that **referrals** will be smoothly triaged and managed electronically.
- **Truly operate as a system.**
  - **Communicate efficiently and coordinate interventions** to prevent unnecessary conveyances, ED attendances, hospital admissions, and outpatient visits.
  - Deliver care close to home and in the right setting.
  - **Work in partnership with the Trust to remotely monitor patients** and help them manage their long-term conditions.
  - Access **high-quality data, available in real-time** to better understand demand and actively manage capacity across the system.
  - Have the time and the tools to redesign pathways.
  - Have the data and analytical tools to realise our **population health and public health ambitions** for the region.
  - Connect with hospital specialists for expert opinions and guidance.



## 4. OUR STRATEGIC GOALS

Draft for Discussion



## Our Strategic Goals

Each of our five strategic themes consists of a number of **core goals** to be delivered over the next five years.

1. Enable patient participation throughout their health journey	2. Efficient and seamless work experience for all our staff	3. Join up healthcare and a shared digital patient record	4. Enhance ways to care for patients enabled by Digital	5. Better data collection & quality to drive improvement
1.1 Use technology to enable hospital care outside the traditional hospital environment	2.1 Provide staff with the required IT infrastructure to perform their routine tasks without obstacles	3.1 Promote interoperability and data sharing between healthcare providers	4.1 Provide virtual consultations to reduce unnecessary hospital visits and missed appointments	5.1 Utilise data analytics to optimise healthcare management and administration
1.2 Support patients digitally on their care journey	2.2 Deliver an integrated digital environment to allow a more seamless experience	3.2 Promote a joined-up approach across the Trust	4.2 Leverage technology to provide specialist support for the community	5.2 Make data capture and analysis part of our culture
1.3 Provide new ways for patients to access our services	2.3 Automate tasks to free-up staff time to care for patients	3.3 Leverage technology to improve collaboration between different levels of care	4.3 Provide remote monitoring for long term conditions	5.3 Support clinical decision-making through access to relevant clinical data
1.4 Give patients access to their own data	2.4 Improve communication between staff so we can work as a more unified team	3.4 Lead new partnerships for digital innovation	4.4 Redesign patient pathways to include digital initiatives	5.4 Partner with research, academia and industry to develop data-led solutions
1.5 Integrate technologies in our services	2.5 Provide a paperless work place to improve safety and improve efficiency	3.5 Provide health promotion activities for patients through digital initiatives	4.4 Ensure digital enables safe, consistent care, reducing unwarranted variation and adhering to clinical pathways	5.5 New processes to make our data available for population health purposes

The forthcoming slides explain what these goals mean for us and how we will use digital tools to achieve them.

## 1. Enable patient participation throughout their health journey

We will provide the best care and improve patient experience by empowering patients, enabling them to have more options for access and control over their health data. Patients will be active participants in their healthcare journeys.

Digital technology is key to ensure patients become equal partners in their healthcare decisions and stay in control of their journeys.

We value our patients and believe that, if given the right tools and information, they can have an active role in decision-making and take ownership of their health, to manage their care and navigate their healthcare journey in a way that best suit their needs.

We will empower our patients to be active recipients of care and to own their health in each step of their care.

### Goals:

**1.1 We will use technology to enable hospital care outside the traditional hospital environment.** This will include integrating approved healthcare apps for smartphones, monitoring patients at home through connected devices and utilising existing technologies that patients already have access to, such as wearables that can monitor their activity and other important metrics.

**1.2 We will support patients on their digitally on their care journey** by providing personalised and detailed information on new technologies being used to manage their health and their benefits. We will also provide ongoing access to IT support and partner with digital inclusion projects, while adapting our approach to embrace those who are less inclined to choose the digital approach. We will ensure no one is left behind.

**1.3 We will provide new ways for patients to access our services** by increasing our capabilities and capacity for remote care, including video and phone consultations. This will provide patients with flexibility and choices to reduce unnecessary hospital journeys and adapt healthcare to their lifestyles.

**1.4 We will give patients access to their own data in accessible formats.** This will give patients knowledge about their own conditions to encourage the self-management of health and raise their awareness of their health progress.

**1.5 We will integrate technologies in our services.** This will allow patients to book and manage appointments, navigate the hospital, receive alerts on clinic waiting times and access information related to their journey.



Draft for Discussion



## 2. Provide an efficient and seamless work experience for all our staff

We will deliver digital excellence for our great team to support an efficient and seamless work experience across multiple locations. Robust, flexible infrastructure and user centric system design and tools will free up time to care for patients.

Our staff provide high-quality care for the patients of West Hertfordshire. However, they often face obstacles related to the technology available. We will support our workforce by ensuring they have a safe, reliable and robust IT environment to improve the quality of care provided, increase efficiency, improve patient safety and make WHHT an exceptional place to work, where staff feel they are enabled to perform at their best everyday.

### Goals:

**2.1 We will provide staff with the required IT infrastructure to perform their routine tasks without obstacles.** This will include fit-for-purpose hardware, software and network optimised for the end-user with intuitive systems. We will also provide in-house IT support to overcome any possible challenges.

**2.2 We will deliver an integrated digital environment to allow a more seamless experience.**

Working in an integrated environment will allow our staff to have a virtual desktop to work remotely. Systems will share information automatically to avoid duplication of work, a single sign-on solution will reduce time spent entering passwords, and improve security. Consistent access to high-quality and complete data will improve patient safety, and well structured user interfaces, designed alongside users will enable seamless workflows.

**2.3 We will automate tasks to free-up staff time to care for patients.** We will work with our staff to identify repetitive clinical and administrative actions that take-up time and increase the margin for error, we will develop and pilot digital solutions to address, these challenges, ensuring they can be implemented as widely as possible.

**2.4 We will improve communication between staff so we can work as a more unified team.** This will include digital communication solutions that go beyond the 'bleep', such as MS Teams, SharePoint and others. We will build a collaborative and efficient work environment.

**2.5 We will provide a paperless workplace to improve safety and improve efficiency.** This will be achieved through electronic patient records, cloud solutions and other specific systems, chosen with patient and staff in mind and improved on an ongoing basis alongside users.

### 3. Join-up healthcare and a shared digital patient record

**We will drive integrated care by introducing integrated pathways, enabled by digital services and tools. This will promote collaboration and safer, joined-up care whilst providing the best value for our patients and the population of West Herts.**

An NHS patient's healthcare journey can involve multiple different health and social care professionals, working in different organisations to provide care. Consequently, the patient experience can be fragmented, with delays, repetitions and gaps in delivery not always meeting the patient's needs in a personalised way.

We will work towards delivering a comprehensive, coordinated and integrated care experience to the population of West Herts, with holistic, high-quality patient care at the centre.

#### Goals:

**3.1 We will promote interoperability and data sharing between healthcare providers.** We will aim for universal access to appropriate data by working with other health providers to achieve safe and structured data, with standardised data recording and transfer across the healthcare ecosystem. We will aspire to provide the best ways of making data available for relevant partners involved in patient care, and lead by example.

**3.2 We will promote a joined-up approach across the Trust** by establishing governance and working closely with other regional providers to breakdown the artificial boundaries between different levels of care to deliver services in a standardised and structured way. Patients and providers will be informed about their pathways and what to expect when moving between settings, reducing unwarranted variation and duplication.

**3.3 We will leverage technology to improve collaboration between different levels of care.** This will include using digital communication tools to establish governance between providers and to allow collaboration between health and care professionals, to promote holistic and multidisciplinary care to meet each patient's needs.

**3.4 We will lead new partnerships for digital innovation.** We will aim to partner with those whose services offer clear impact to the long-term health of patients, including social care and the third sector, improving the overall efficiency and quality of care, working to identify health and care needs before they become urgent.

**3.5 We will provide health promotion activities for patients through digital initiatives.** We will use tools such as patient portals, digital communication and partnerships with primary care providers to direct health promotion services to those who can benefit the most.

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## 4. Enhance ways to care for patients enabled by digital

We will continue to be a great place to receive care by leveraging new technologies to enable increased access to care outside the traditional hospital environment, enabling patients to have the option to access services in ways that are less disruptive to their daily lives.

The current 2020 world health crisis has accelerated innovation and access to a whole range of digital services at a much faster pace than would have been imaginable before. This is especially true for healthcare, where the strong trend towards remote care will likely become the new normal, with clinical care continuing to look and feel different for patients.

We aim to change our care pathways to adapt to digital trends and provide flexible and efficient care for our patients, enabled by safe and user focussed digital solutions.

### Goals:

**4.1 Provide virtual consultations to reduce unnecessary hospital visits and missed appointments.** We will reconfigure care pathways to include virtual consultations in most of our services, where face-to-face interactions are not clinically required. This will allow a significant increase in the number of patients seen, a reduction in delays, flexibility for patients to access care in different circumstances, and the ability for staff to gain additional time to spend with more complex patients.

**4.2 Leverage technology to provide specialist support for the community.** We will use digital solutions to improve communication between primary and secondary care and allow specialist care input outside the hospital traditional setting. We will also connect primary and secondary level practitioners to align pathways and share protocols to reduce unnecessary hospital visits.

**4.3 Provide remote monitoring for specific patients.** This will include leveraging connected devices and utilising tools such as virtual wards to monitor patients with chronic illnesses, enabling more proactive and preventive care, with early intervention delivered when needed, reducing hospital admissions and creating a safer environment for patients.

**4.4 Redesign patient pathways to include digital initiatives, especially for chronic diseases.** We will utilise digital tools such as patient-led data recording, online portals and apps, existing wearable technology used by patients and other digital initiatives in order to proactively monitor, guide and treat patients based on reliable and timely data and patient provided information.

**4.5 Ensure digital enables safe, consistent care, reducing unwarranted variation and adhering to clinical pathways.** We will take advantage of clinical decision support, intelligent alerts, and embedded best practice guidelines to ensure the care we provide is consistent and safe.



## 5. Better data collection & quality to drive improvement

We will use data to generate insights, overcome challenges, and support informed clinical and operational decision-making to contribute to the best care and experience for our patients. We will build our capacity and capability for innovation and research.

Our goal is to be able to use data as a powerful tool for decision-making within the trust, both in management and clinical areas. This will also be aligned to and support improved data use in the wider health economy. The informed use of data by clinical and operational staff will contribute to improved health outcomes, a more efficient care delivery system and new opportunities for digital innovation in the region.

To deliver our vision, we will introduce robust data governance, analysis and management practices, making data analysis a part of our culture and a fundamental pillar of our services.

### Goals:

**5.1 We will utilise data analytics to optimise healthcare management and administration.** By analysing existing and new data through dashboards, command centres and other methods, we will be able to identify trends and issues, supporting proactive management of resources, staff and patient flow. We will become a much more efficient and adaptable workplace investing effort where it is most needed.

**5.2 We will make data capture and analysis part of our culture** by ensuring everyone uses appropriate data and understands its value for the organisation. High-quality data capture will be embedded in our processes and workflows as a key part of our high-quality service delivery capability.

**5.3 We will support clinical decision-making through access to relevant clinical data.** Our clinical staff will be able to make informed outcome-focussed clinical decisions through data-driven insights, which will add another layer of evidence based practice to their own knowledge and clinical experience.

**5.4 We will partner with researchers and academics to develop data-led solutions.** This includes working with universities and technology experts involved in healthcare and data sciences. This will enable us to explore and develop new ways of applying data in our digital-first hospital to achieve outstanding patient outcomes.

**5.5 We will create new processes to make our data available for population health purposes.** This will support national and regional initiatives to improve health outcomes and focus on prevention and early intervention.



## 5. ENABLERS OF SUCCESS

## Enablers of success

To achieve the transformation we envision, we must work in partnership to design and embed new ways of working supported by digital tools, whilst continuing our focus on improving our core infrastructure.

- 1** **Change Management** Strengthening our change management and adoption support capabilities will ensure that staff are engaged and supported in using new technologies to make their working lives easier.
- 2** **Clinical Engagement** Our Digital Champions and Clinical Leads will play a pivotal role in driving cultural change in how we view and utilise data and technology.
- 3** **Collaboration with our Partners** We will continue to work collaboratively with patients and our partners across community, social, and primary care to redesign care pathways and share data.
- 4** **Integration** Implementing an integrated EPR and adhering to national standards and best practices (e.g. FHIR) is key to providing joined-up, safe, and efficient care.
- 5** **Robust Infrastructure** Continuing to improve our network and infrastructure will ensure that our clinicians and staff have reliable, fast access and the hardware and devices they need.
- 6** **User-centred Design** We will engage our clinicians, staff, and patients in the design of our digital solutions, as well as continuously incorporate their feedback throughout the implementation lifecycle.



## 6. OUR DIGITAL ROADMAP

Draft for Discussion



## Roadmap Transition Horizons

We have set out an ambitious Digital Vision. To achieve this change over time, we need to plan and build a roadmap. Our strategic outcomes will be delivered across three transition horizons. This phasing will lay the foundations, implementing incremental change whilst driving towards digital as BAU in a way that is achievable for the Trust.

### PREPARE FOUNDATION YEAR 1: FY20/21

Prepare the foundation to support the transformation of digital across the Trust.

Our focus will be to implement the infrastructure required to support an EPR and other digital services.

### TRANSFORM YEAR 2&3: FY21/22 – 22/23

Enhance clinical care by implementing the digital tools to support patients and staff.

Our focus will be to deliver an EPR and other applications to support the digital vision.

### ENHANCE YEAR 4&5: FY23/24 – 24/25

Optimise clinical care and service delivery by driving digital as a 'business as usual' across the Trust.

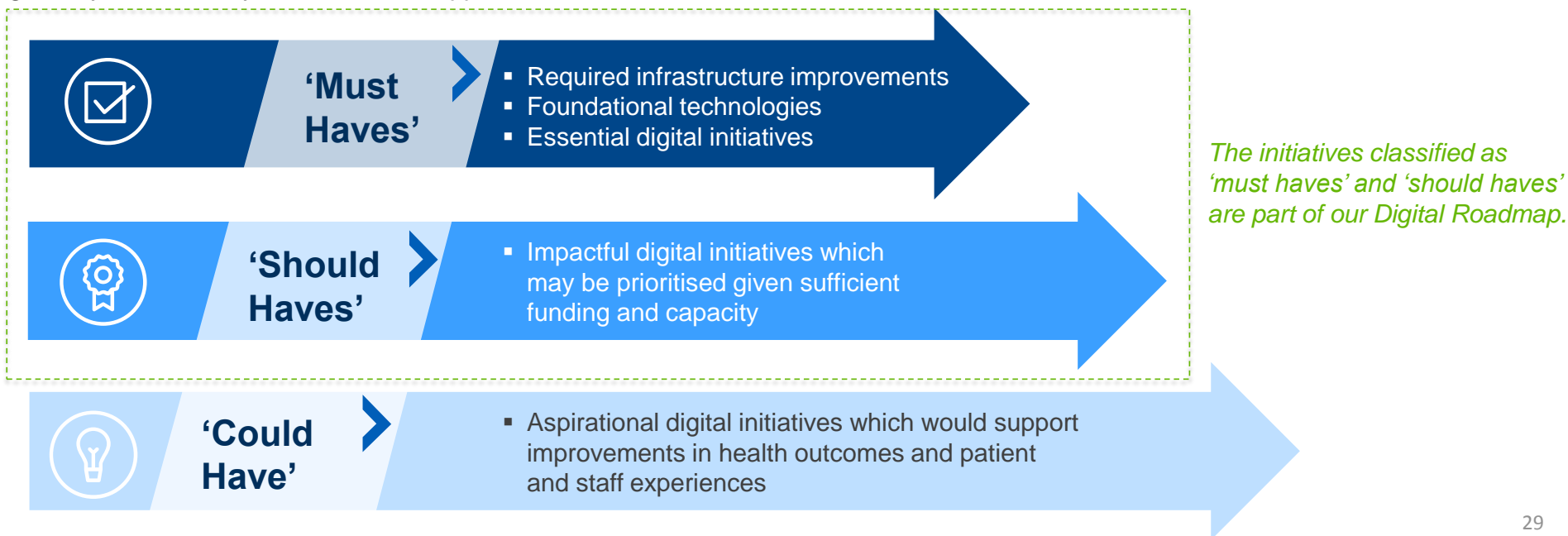
Our focus will be on embedding and maturing our capabilities in order to realise the most benefit.

Draft for Discussion



## Defining our 2020-2025 Digital Roadmap

To achieve our 2020-2025 Digital Vision and Strategy, we have categorised and evaluated initiatives which we 'must have', 'should have', or 'could have'. We have engaged senior clinical and non-clinical leaders in the prioritisation of the initiatives. Indicative costs have been estimated through initial vendor engagement and insights from other Trusts' experiences. Further details on key digital initiatives and a glossary of terms may be found in the appendix.



Draft for Discussion



## 'Must Have' digital initiatives

Indicative Cost Estimates (5 years)		
Low, <£100k	Moderate, £100k - 1m	Significant, >£1m
Updates post-Executive Session (10/9/2020)		

Implementing an Integrated EPR is foundational to our Digital Strategy, along with other technologies to improve safety and efficiency.

### PREPARE Year 1: FY20/21

### TRANSFORM Years 2&3: FY21/22 – 22/23

### ENHANCE Years 4&5: FY23/24 – 24/25

	PREPARE Year 1: FY20/21	TRANSFORM Years 2&3: FY21/22 – 22/23	ENHANCE Years 4&5: FY23/24 – 24/25
<b>Solution Initiatives</b>	Network improvements	£££	Expand device integration to a wider range of devices (infusion pumps, blood pressure monitoring, etc.)
	Video Consultations (further rollout)	££	Digital wayfinding to support patients navigating the sites via devices
	Electronic communication for patient letters and results	££	E-nurse call system to support two-way comms amongst nursing team and with patients
	Video Conferencing solution	££	Real-time location tracking of patients and equipment (further rollout)
	Improved intranet	£	Advanced voice recognition with natural language processing tools
	Digital dictation (pilots)	££	
<b>Process Initiatives</b>		<b>Integrated EPR</b> £££	
		Live clinic waiting times shared with patients	£
		E-Nurse call system trial	£
		EDRMS for electronic content management	£££
		Device integration for priority devices (ECG)	£££
		Barcode scanning of patient wristbands	££
		Tele-health for remote care and monitoring (pilots)	£
		Analytics, including risk stratification tools and predictive modelling	£££
		Robotics (e.g. robotic process automation)	££
		Improved internet	££
	Digital dictation (further rollout)	££	
	Automated stock management	£££	
	Real-time location tracking of patients (priority areas, e.g. A&E)	££	
	<b>Command Centre</b> £££		
	Adoption of SNOMED and FHIR coding and inter-operability standards	££	
	Standardised data capture and handling, supporting CPG initiatives	£	

Draft for Discussion



# 'Should Have' digital initiatives

Indicative Cost Estimates (5 years)		
Low, <£100k	Moderate, £100k - 1m	Significant, >£1m
Updates post-Executive Session (10/9/2020)		

Advanced digital solutions will further enhance our abilities to provide care proactively, effectively and efficiently.

## PREPARE Year 1: FY20/21

## TRANSFORM Years 2&3: FY21/22 – 22/23

## ENHANCE Years 4&5: FY23/24 – 24/25

Initiatives

Digital tools to support seamless virtual collaboration with community teams	£
Task automation	££
Digital check-in kiosks	££

Patient portal enhancements to enable patients to upload results, provide consent, check symptoms and be triaged	££
Pilot AI solutions to automate defined clinical and administrative tasks (e.g. triaging of referrals)	££
Improved communication tools with other HCPs	£
Shared repository for storing data across STP's	£
<b>BYOD (Bring Your Own Device) access to allow clinicians and staff to use their personal devices to connect to the WHHT network and systems</b>	£££
Digital office/meeting room booking system	££

Artificial Intelligence (AI) tools to identify and predict patient needs	££
Mobile working for all systems, including mobile live dashboards	£
Unified communication system to enable comms through a single application or service	£££
Hybrid theatres (combined operating theatre with imaging)*	£££
Virtual Reality simulations for clinical training (further rollout)	£££
Smart building management and smart hospital rooms*	££
Integration with community systems	££
Integration of the patient portal with third party apps and smart devices (e.g. asthma inhalers, glucose monitors)	££
Mechanical robots (e.g. automated guided vehicles) to deliver supplies and food*	£££
Real-time location tracking of staff (e.g. to locate the nearest porter)	££
Biosensors to support advanced disease detection and diagnosis	££
Genomics and precision medicine (e.g. Omics)	£££

\*Costing required through the construction procurement process



Draft for Discussion



## 'Could Have' digital initiatives

Indicative Cost Estimates (5 years)		
Low, <£100k	Moderate, £100k - 1m	Significant, >£1m

Advancing innovation, public health and population health management are aspirational goals.

### PREPARE Year 1: FY20/21

Improved information sharing with patients through the creation of Wiki pages and FAQs	££
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### TRANSFORM Years 2&3: FY21/22 – 22/23

Chatbots tools to provide advice (e.g. pre-appointment information)	£
Expanded virtual wards	££
Integration with social media applications	£

### ENHANCE Years 4&5: FY23/24 – 24/25

Augmented reality and virtual reality to create new ways for patients to access our services (e.g. virtual tours)	£
Advanced data sharing with the holistic NHS community for public health and population health management**	
Establish incubator partnerships for digital innovation and tech start-ups	££
Research and academia partnerships to scale the analytics solution	££
Smart lifts which can be controlled centrally and / or linked to patient and staff bar codes (e.g. to prioritise emergencies)*	

Initiatives

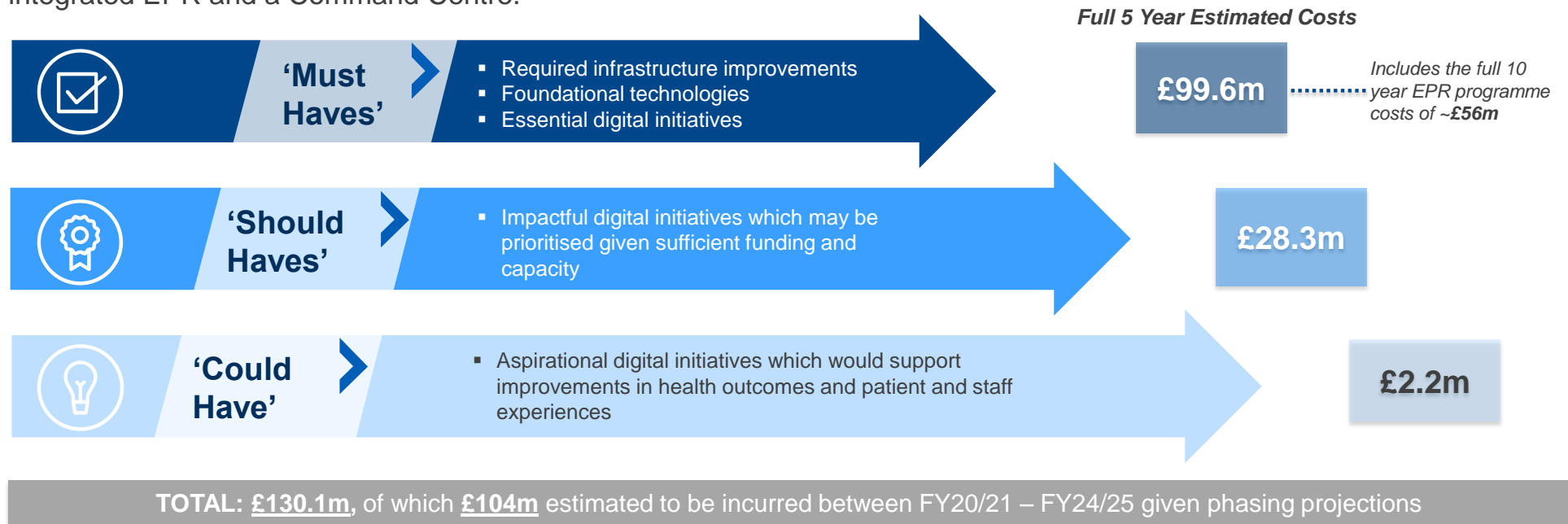
\*Costing required through the construction procurement process  
 \*\*Costing included in EPR, integration and analytics solutions

Draft for Discussion



## Estimated costs of the potential digital initiatives

High-level estimations of the costs associated with the ‘must have’, ‘should have’ and ‘could have’ digital initiatives are outlined below\*. To achieve our Digital Vision and Strategy, two of the most significant investments required are an integrated EPR and a Command Centre.



\*Costs are indicative estimates only and will be refined during the next stage of implementation of our Digital Strategy and Roadmap.

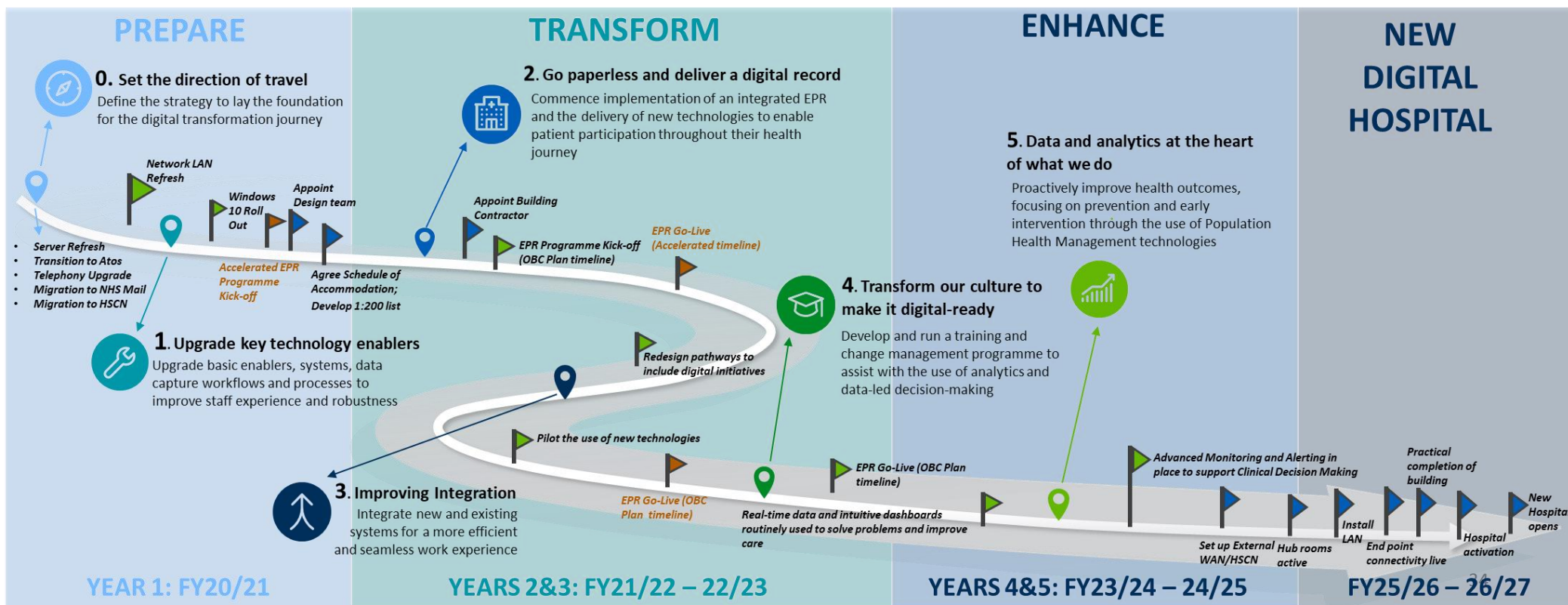
Draft for Discussion



West Hertfordshire  
Hospitals  
NHS Trust

# High-Level Roadmap

Our high-level roadmap sets the path for what we seek to achieve across the three transition horizons. Implementing an integrated EPR is pivotal to our transformation. Ultimately, we will embed data and analytics to deliver care more proactively.

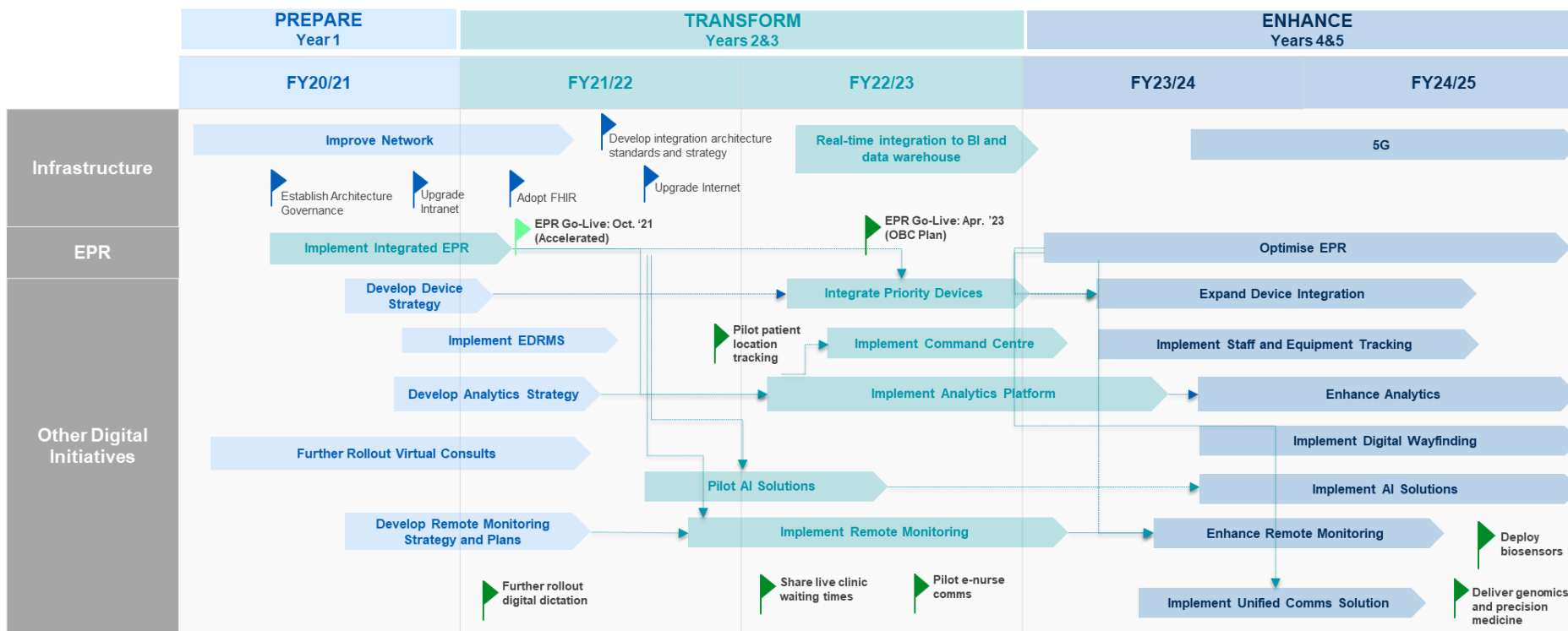


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# High-Level Plan

Our high-level plan sequences key initiatives on the path to achieving our Digital Vision and Strategy.

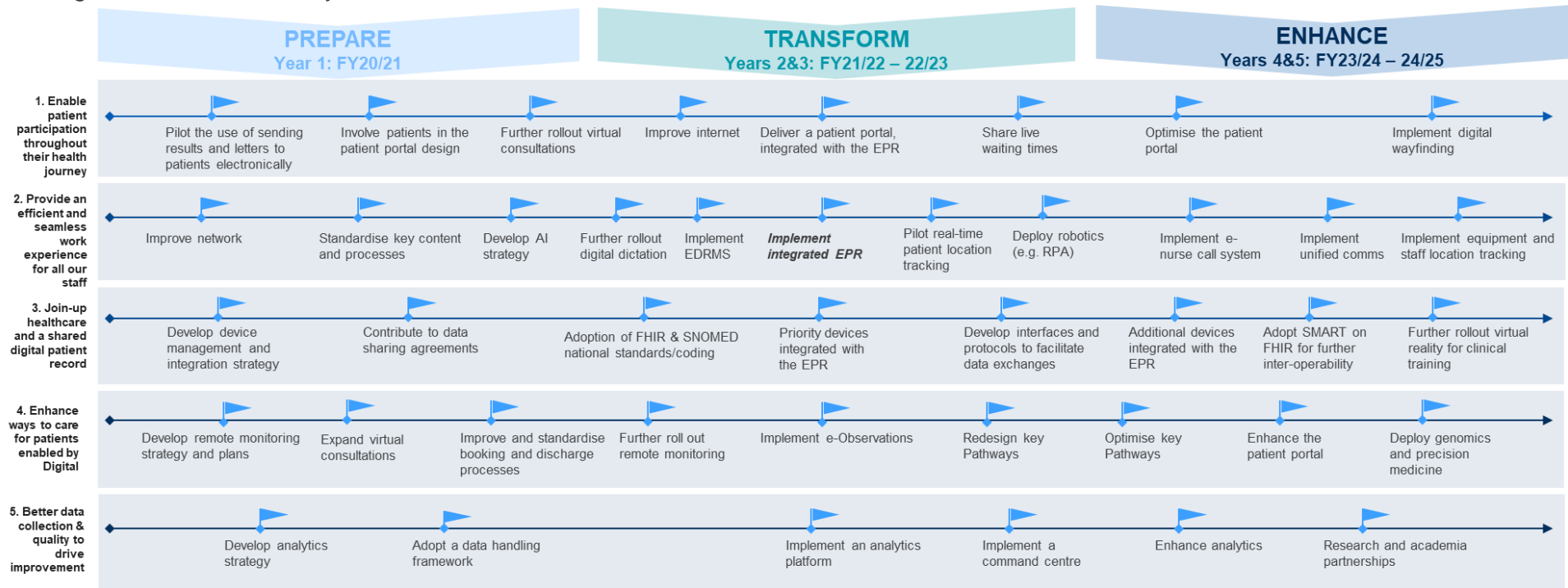


Draft for Discussion



# High-level Roadmap: Key milestones

To achieve our digital ambitions, we have set out key milestones across the prepare, transform, and enhance phases for each of our five strategic themes. The following section describes our focus areas, enablers, technical requirements, and the digital solutions we will deploy during each of the next five years.

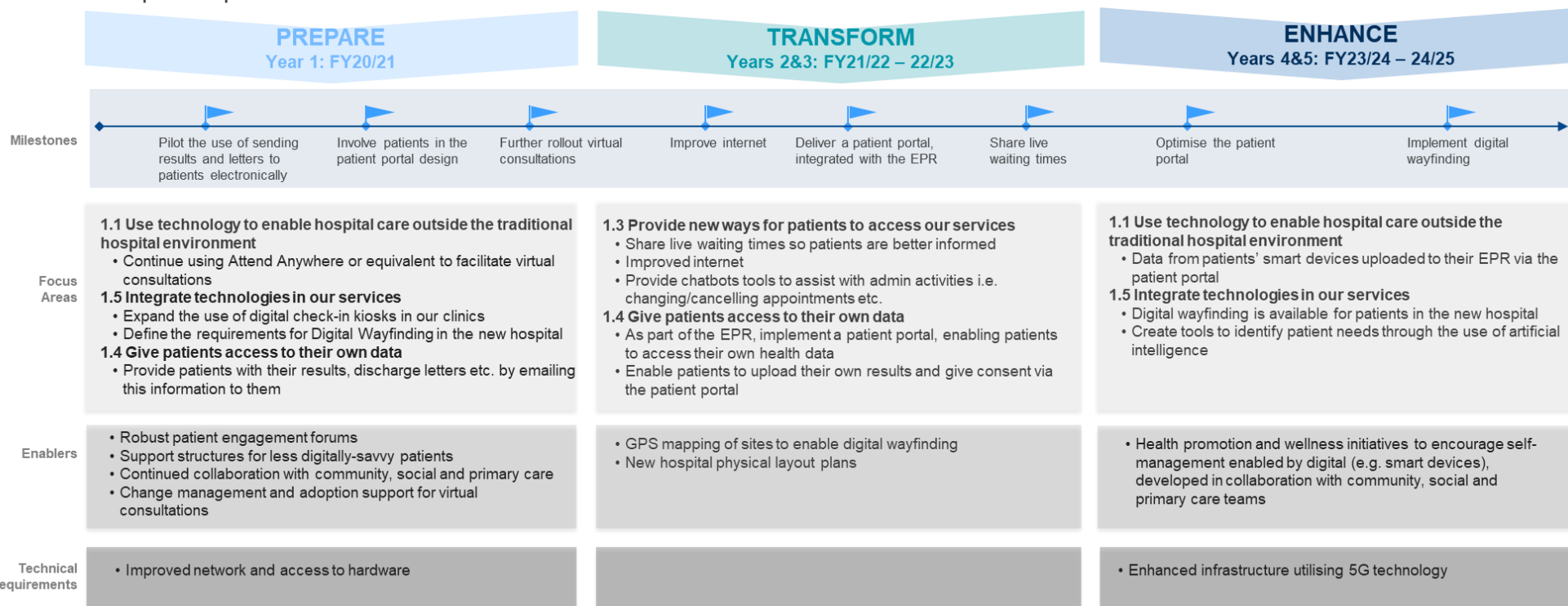


Draft for Discussion



High-level Roadmap: 1. Enable patient participation throughout their health journey

We will focus on providing our patients with access to key information from their records and the tools to manage their health digitally, via a patient portal. We will also continue to rollout virtual consultations.



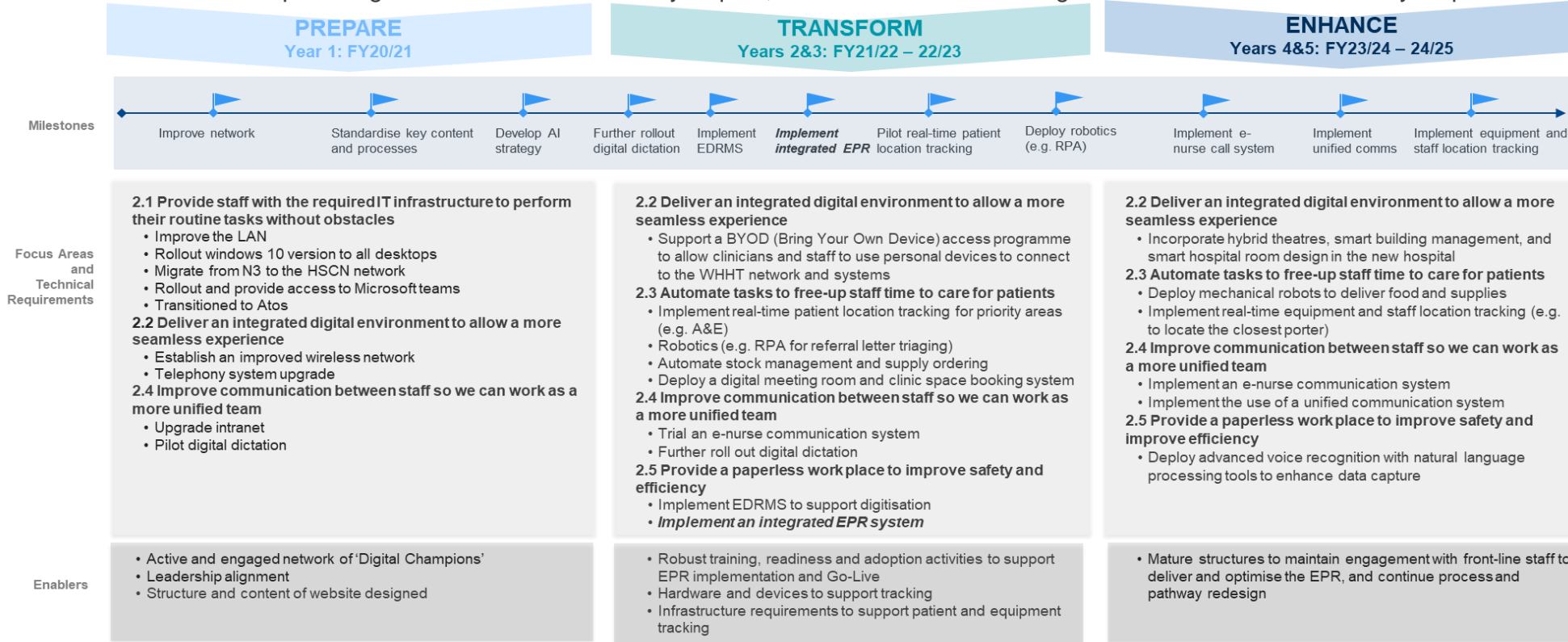


Draft for Discussion



## High-level Roadmap: 2. Provide an efficient and seamless work experience for all our staff

We will focus on providing our staff with the tools they require, such as access to an integrated EPR to work as efficiently as possible.

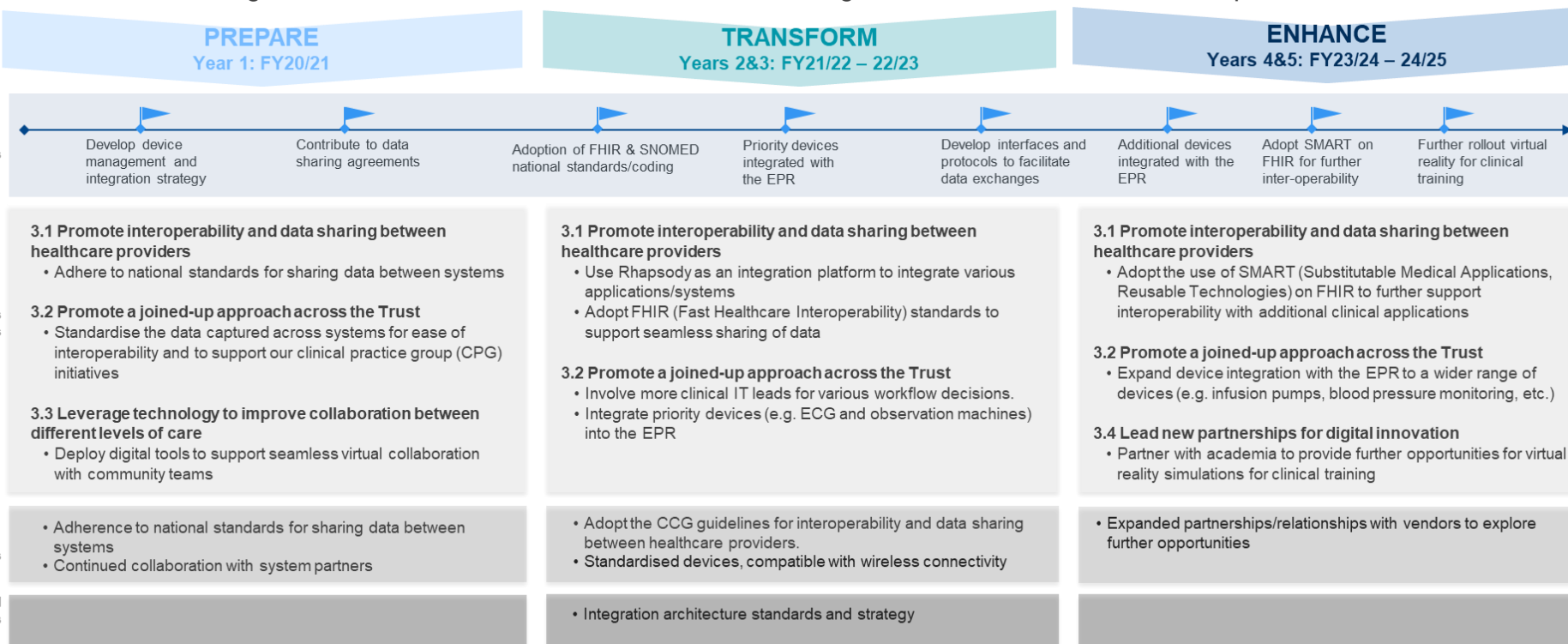


Draft for Discussion



High-level Roadmap: 3. Join-up healthcare and a shared digital patient record

We will focus on integration of devices within our EPR, as well as sharing of data and information with our partners.





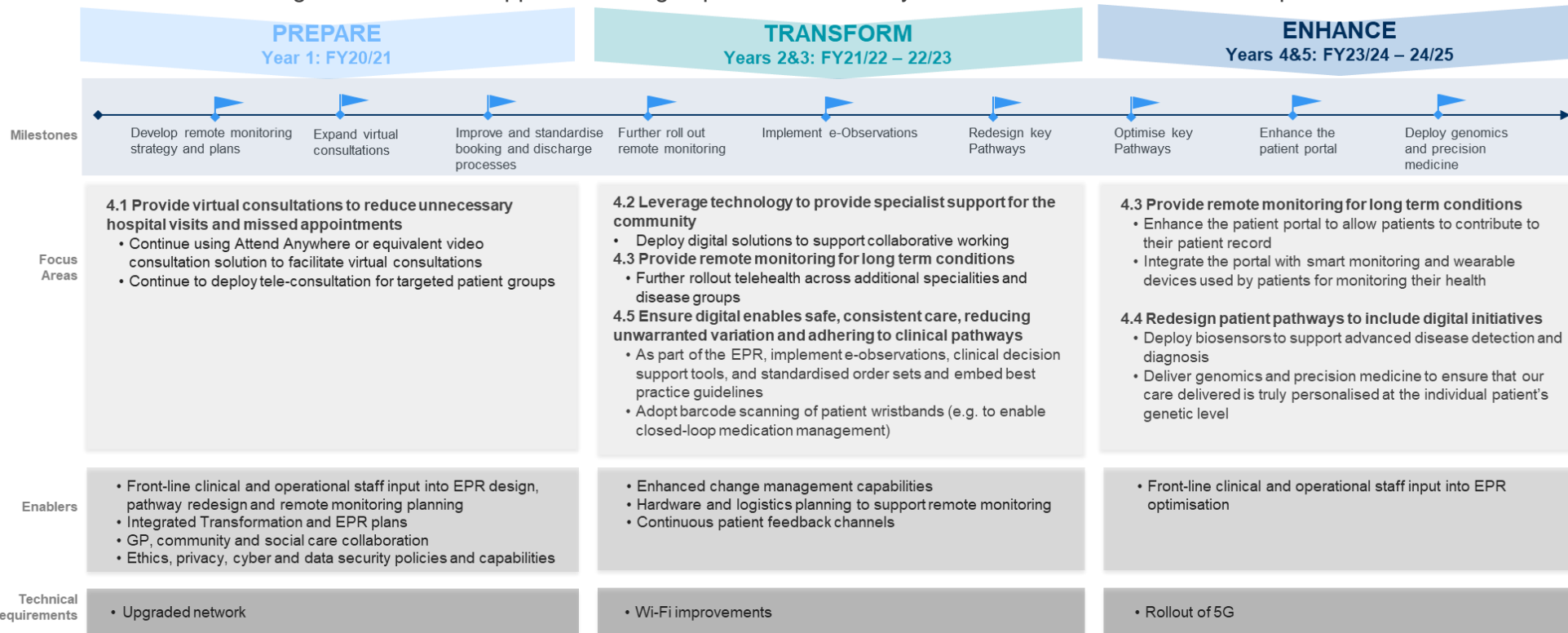


Draft for Discussion



### High-level Roadmap: 4. Enhance ways to care for patients enabled by Digital

We will embrace digital solutions to support us caring of patients whilst they are inside and outside of the hospital walls.



Trust Board Meeting in Public-03/12/20

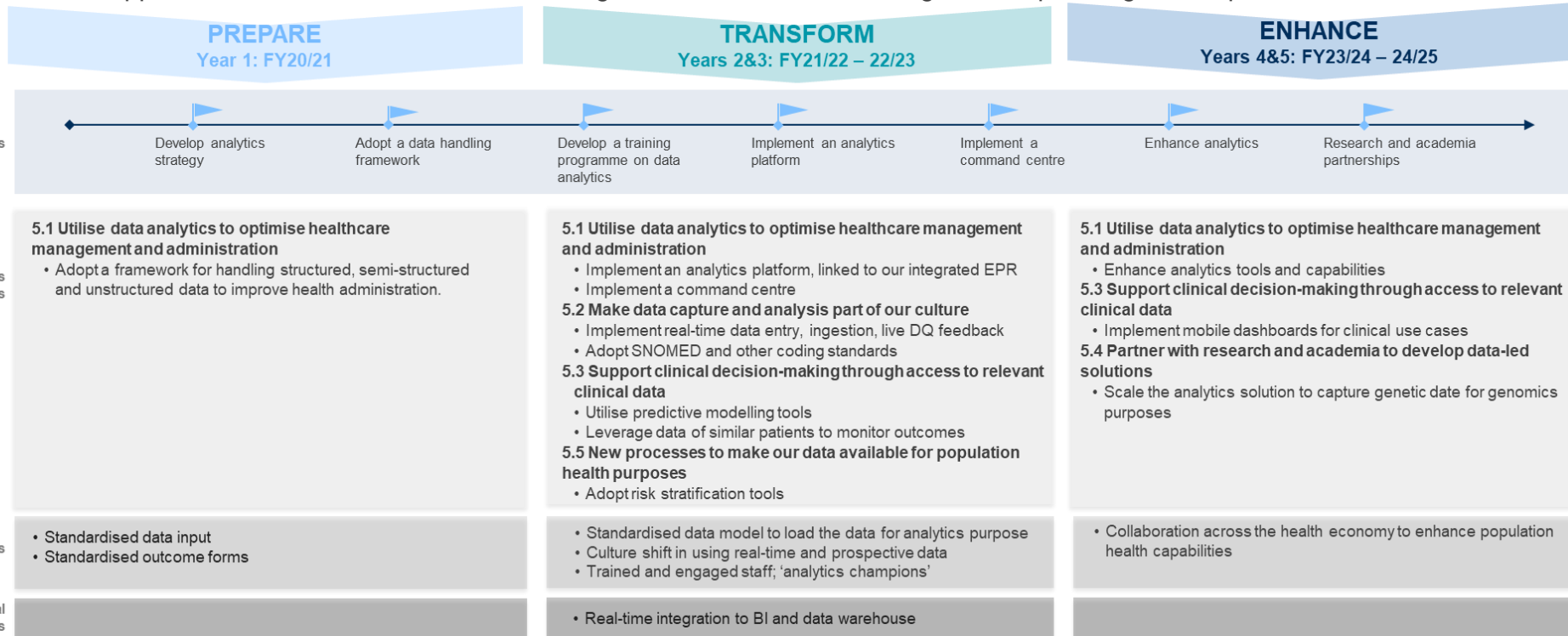


Draft for Discussion



## High-level Roadmap: 5. Better data collection and quality to drive improvement

We will support our clinicians and staff in embedding data in our decision-making, service planning, and improvement initiatives.



## 7. OUR NEXT STEPS



Trust Board Meeting in Public-03/12/20

## Draft for Discussion



## Our next steps

We will continue the momentum to lay the foundation to achieve our 2020-2025 Digital Vision and Strategy. As we transition to our next phase, we will develop detailed implementation plans for our priority initiatives.



# APPENDICES





# GLOSSARY

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## Draft for Discussion



## Glossary of Terms

Digital Solution	Description
<b>Analytics</b>	Systematic computational analysis of data or statistics. It is used for the discovery, interpretation, and communication of meaningful patterns in data. It also entails applying data patterns towards effective decision making.
<b>Artificial Intelligence (AI) and machine learning</b>	Artificial intelligence (AI) is the use of algorithms and software to emulate human cognition in the analysis, interpretation, and comprehension of complicated medical and healthcare data. Specifically, AI allows to systems to approximate conclusions without direct human input.
<b>Command Centre</b>	A centralised, data-driven decision making and logistics management capability to aggregate clinical and operational data across sites of care
<b>Device integration and smart monitoring devices</b>	Automatic connection of various devices (e.g. ECG machines, observation measurement devices, insulin pumps) to the EPR, supporting efficient and safe monitoring of patients. Smart devices are electronic devices that connect to other devices electronically.
<b>Digital wayfinding</b>	Solutions to provide patients with the ability to navigate the Trust sites digitally via their smartphones or tablets.
<b>E-Nurse call system</b>	Digital tools to support efficient two-way communication between nursing and patients, rapid responses and triaging of patient support requests, enabling safer care.
<b>Genomics and precision medicine</b>	Genomic medicine is an emerging medical discipline that involves using genomic information about an individual as part of their clinical care (e.g. for diagnostic or therapeutic decision-making). Precision medicine is an approach to patient care that allows doctors to select treatments that are most likely to help patients based on a genetic understanding of their disease.
<b>Hybrid theatre</b>	Advanced procedural space that combines a traditional operating theatre with an image guided interventional suite, allowing for highly complex, advanced surgical procedures and offering the capability to perform combined image-guided procedures with minimally invasive procedures.

## Draft for Discussion



## Glossary of Terms, continued

Digital Solution	Description
<b>Risk stratification</b>	Technique for systematically categorising patients based on their health status and other factors. Risk stratification uses predictive modelling to predict future adverse events, such as unplanned hospital admissions to find and proactively support the most at-risk patients and for population health planning.
<b>Robotics and Robotic Process Automation</b>	Robotic process automation (RPA) is a form of business process automation technology based on software robots (bots) or on artificial intelligence (AI) to produce a list of actions to automate tasks, mimicking human operators.
<b>Smart buildings</b>	A smart building is one that implements smart technology to achieve significant efficiency improvements.
<b>Telehealth and remote monitoring</b>	Telehealth includes video consultations between the patient and health professionals, remote monitoring of patient data (e.g. heart rate, blood pressure, etc.), and the provision of information to the patient regarding the management of their conditions.
<b>Unified communication system</b>	A communication system that allows multiple communication methods, such as video calls, instant messaging and audio over the same platform.
<b>Virtual reality</b>	An artificial environment which is experienced through sensory stimuli (such as sights and sounds) provided by a computer and in which one's actions partially determine what happens in the environment. For example, VR can enable medical personnel to practice new surgical procedures on simulated individuals.
<b>Voice recognition with natural language processing</b>	Solution used to dictate notes, with the capability to understand speech and convert into structured text. May be used to facilitate coding, or coupled with decision support to predict patient needs or compare documentation against clinical guidelines.



# EVALUATION OF PRIORITY DIGITAL INITIATIVES



## Draft for Discussion



## Electronic access to patient appointment letters and results

Using applications such as Zesty, InTouch, or DrDoctor will allow appointment letters and results to be sent electronically to patients instead of being sent via the post.

### Strategic Alignment

1. **Enable patient participation throughout their health journey**
  - 1.2 Support patients on their digital journey
  - 1.3 Provide new ways for patients to access our services
  - 1.4 Give patients access to their own data
2. **Efficient and seamless work experience for all our staff**
  - 2.3 Automate tasks to free-up staff time to care for patients

### Deliverability and Key Considerations

- Short deployment timescales (~6-16 weeks, depending on complexity of integration required)
- Integration with existing PAS system
- Rollout of digital triage, protocol-driven questionnaires
- Clinician engagement required to develop protocols and rules for sending patient results

### Benefits

- **Reduction in paper and postage costs** – Letters are sent virtually which eliminates the need for printing letters and using postage.
- **Reduction in DNAs** – Texts are sent to patients when the appointment letter is in their portal and patients can easily manage their appointments themselves.
- **Reduction in RTT times and waiting lists** – Applications like DrDoctor automatically notify patients when earlier slots become available, automatically look for empty slots in clinics, and offer these to patients on waiting lists.
- **Improved efficiency** – Letters are more likely to reach the patient as it eliminates the chances of letters getting lost in the mail.
- **Improved patient experience** – It is easier for patients to manage their appointments and book appointments and cancel appointments.

### Cost Estimate

- Based on vendor (Zesty) pricing model:
- **Phase 1 - £70k:** Initial licence fee; **£25k:** Integration fee
- **Phase 2 - £80k:** Licence fee; **£50k:** Integration fee
- **£150k:** Combined fees (subsequent years)



## Draft for Discussion



## Live clinic waiting times shared with patients

Patients may be provided with live waiting times and have clear visibility of delays by using a visual analytics dashboard on a screen in the waiting room or via an app.

### Strategic Alignment

1. **Enable patient participation throughout their health journey**
  - 1.2 Support patients on their digital journey
  - 1.3 Provide new ways for patients to access our services
2. **Efficient and seamless work experience for all our staff**
  - 2.3 Automate tasks to free-up staff time to care for patients

### Deliverability and Key Considerations

- Short development timescales for visual dashboards in clinic waiting rooms (~4 weeks, depending on complexity of integration required)
- Integration with existing PAS/check-in system; ability to provide a live data feed to a database
- High data validity and quality (e.g. accurate information available in real-time on patients who have checked in, who is next in the queue, duration of appointments)
- Informatics capabilities to support deployment, maintenance, and enhancements
- Minimal change management
- Communication to support patient awareness and adoption

### Benefits

- **Improved patient experience** – By providing patients with live waiting times patients are more informed about delays and are updated in real time.
- **Improved administrative staff experiences and efficiencies** - Providing patients with live waiting times electronically will release time for clinic staff to spend supporting more complex or less digitally-savvy patients.

### Cost Estimate

- **£80k:** Estimated 5 year costs based on insights from other Trusts
- Includes visual analytics software licence (e.g. Tableau, Qlikview): ~£500 per license per year per screen plus initial development, hardware and integration costs, and ongoing maintenance costs



## Draft for Discussion



## EDRMS (Electronic document and records management system)

EDRMS facilitates the creation, management, use, and storage of patient records, reducing the likelihood of information getting lost and making it easier to access.

### Strategic Alignment

#### 2. Efficient and seamless work experience for all our staff

- 2.2 Deliver an integrated digital environment to allow a more seamless experience
- 2.5 Provide a paperless work place to improve safety and efficiency

### Deliverability and Key Considerations

- Moderate deployment timescales: ~6-12 months from mobilisation to rollout
- End user hardware (e.g. scanners), servers, infrastructure, and integration required
- Indexing functionality of the system (e.g. is it intuitive and user friendly to support time efficiencies?)
- Information governance requirements
- Time and effort to prepare existing records for scanning
- Change management and clinician engagement in the design of electronic forms and workflows
- Training and communication to support rollout

### Benefits

- **Reduction in time spent on administration** - Reduction for filing, tracking and paper records retrieval.
- **Improved patient care** – Centralised source for patient data means better informed clinical decision making. It will also improve efficiencies as staff will spend less time finding patient data and more time with patients.
- **Improved patient experience** – patient will not have to re-share information and less delays in providing information that patients request
- **Improved security of patient information**
- **Cost savings from decommissioning legacy systems** – the existing medical records tracking system would be decommissioned, avoiding software usage
- **Reduction in paper and stationary costs**
- **Reduction in storage space costs**

### Cost Estimate

- **£9m:** Estimated 5 year costs based on insights from other Trusts
- Costs include hardware, software license fees, software integration and interface development, software development, project management, business case and procurement support, training, and development of e-forms, plus annual revenue costs



# Device Integration

Integration of medical devices will support e-observations, efficient monitoring of cohorts of patients, and safer, more proactive care.

Trust Board Meeting in Public-03/12/20



## Strategic Alignment

1. **Enable patient participation throughout their health journey**
  - 1.1 Use technology to enable hospital care outside the traditional hospital environment
2. **Efficient and seamless work experience for all our staff**
  - 2.2 Deliver an integrated digital environment to allow a more seamless experience
  - 2.5 Provide a paperless work place to improve safety and improve efficiency
4. **Enhance ways to care for patients enabled by Digital**
  - 4.3 Provide remote monitoring for long term conditions
5. **Better data collection & quality to drive improvement**
  - 5.3 Support clinical decision-making through access to relevant clinical data



## Deliverability and Key Considerations

- ~6-12 months for initial planning, requirements analysis, design and configuration, testing, and implementation
- A sufficient data storage solution and robust hosting infrastructure to support the target architecture
- Agreement on scope of priority medical devices; impact on the licensing model presented by vendors
- A sophisticated and capable enterprise wide integration engine
- Impact to the workforce with regards to changes to workflow and training
- An accurate and up-to-date medical device asset register to minimise implementation risks
- Predictive analytics to enable detection of patients at risk of deteriorating and support clinical decision-making.



## Benefits

- **Improved patient care** – Device integration eliminates / reduces the need for manual entry which frees up time for patient care.
- **Error Reduction** – Medical device connectivity eliminates manual collection and reporting via automated workflows, reducing the possibility of transcription errors
- **Improved workflow efficiency** - Access to current patient information improves workflow efficiency by saving the healthcare provider the time of having to manually enter data into a paper chart
- **Improved safety and health outcomes** – especially when coupled with clinical decision support and predictive analytics (e.g. identification and management of septic patients)



## Cost Estimate

- **£1.2m** (priority devices) + **£700k** (additional devices); Estimated costs based on high-level costings and insights from a vendor (Capsule)
- Includes device replacement, hardware, integration, and delivery support, plus 18% annual support and maintenance charges



## Draft for Discussion



## Remote monitoring enabled by smart devices

Tele-health involves using technology to remotely manage and monitor patients' health. Examples of this are remote monitoring of vital signs, ECG or blood pressure.

### Strategic Alignment

1. **Enable patient participation throughout their health journey**
  - 1.1 Use technology to enable hospital care outside the traditional hospital environment
  - 1.4 Give patients access to their own data
4. **Enhanced ways to care for patients enabled by Digital**
  - 4.3 Provide remote monitoring for long term conditions
5. **Better data collection & quality to drive improvement**
  - 5.3 Support clinical decision-making through access to relevant clinical data

### Deliverability and Key Considerations

- Significant clinical engagement and leadership to develop service and/or disease-specific plans (e.g. diabetes, COPD, CHF, asthma)
- Pathway redesign and significant changes in processes and workflows
- Collaborative working with community, social, primary care and mental health providers
- Robust hosting infrastructure (e.g. cloud)
- Patient communication and engagement
- Integration with the EPR, including third party middleware
- Integration with predictive analytics tool and command centre for centralised remote monitoring

### Benefits

- **Improved patient care and recovery** – Remote monitoring of vital signs increases the chances of early detection of deterioration in patients.
- **Cost savings through admission avoidance** – patients can be monitored from their home and do not have to be admitted
- **Reduction in length of stay** – patients can be monitored remotely, reducing the number of inpatient days required
- **Increased patient engagement and empowerment** in managing their health

### Cost Estimate

- Based on high-level costings and insights from other Trusts
- Assumption that smart device costs ~£500/patient
- Expanded remote monitoring includes costs for integration with EPR and patient wearables
- Assumes rollout of the Command Centre to support enhanced remote monitoring



## TECHNOLOGY SPOTLIGHT

### TELECOMMUNICATIONS TECHNOLOGY

Telecommunications technology is the electronic transmission of information between a patient and a healthcare provider. It is used as a tool by healthcare providers to enable patients to access care remotely, which is often called Telemedicine.

Telemedicine is being used in numerous ways, including video consultations between the patient and health professionals, remote monitoring of patient data (e.g. heart rate, blood pressure, etc.), and the provision of information to the patient regarding the management of their conditions. These services can play a key role in delivering care to patients with long-term conditions, especially those in fragile circumstances, with limited mobility or with reduced access to a physical healthcare provider.

In the future, the widespread nature of technologies such as 5G and high-speed broadband will support the provision of data-heavy health services. They will further enable the interplay between health sensors, algorithms and smart devices, and support telemedicine and remote monitoring more efficiently and effectively.

Sources: Cees van Berkel, *et al.* Retrospective observational study of the impact on emergency admission of telehealth at scale delivered in community care in Liverpool, UK. BMJ 2019

## USE CASE



### LIVERPOOL CCG: TELEHEALTH SERVICE FOR HEART FAILURE MANAGEMENT IN THE COMMUNITY

#### NEED

Liverpool CCG delivers services for around 900,000 people throughout the city. It serves one of the most deprived areas in the UK and consequently rates of long term conditions, including heart failure, diabetes and COPD are high and result in recurrent admissions to hospital. The CCG wanted to find a way to reduce these repeated admissions, which are known to be particularly prevalent in heart failure and to enable people to live better in their own homes.

#### SOLUTION

The Liverpool Telehealth service was set up to allow monitoring, advice and pre-emptive action to prevent deterioration while people remained in their own homes. The system consists of a base station which connects to the patient's TV or tablet, allowing two way communication with the specialist nurse-led central telehealth offices and also the delivery of educational content. The unit connects to a variety of Bluetooth enabled devices such as oxygen saturation monitors, blood sugar monitors, blood pressure machines and also Wi-Fi enabled scales for the measurement of daily weights. Data is uploaded from these devices via the internet to the central monitoring unit where early signs of deterioration can be detected by the specialist staff. This allows the person to be contacted to find out if there is a developing problem and for action to be taken to try and reverse the adverse trend before a major decompensation occurs, which inevitably would result in the necessity for hospital admission.

#### OUTCOME

In a study published in 2019 in the BMJ Open, the results of 3562 participants in the telehealth programme were reported. It concluded that the patients in the telehealth programme had a 22.7% reduction in emergency admissions, when compared to 4875 cases who were receiving standard care. The study also showed that patients at a higher risk had an even more substantial reduction in emergency admission, indicating the most benefit to the more vulnerable patients.

## Draft for Discussion



## Digital Wayfinding

Providing patients with the ability to navigate the Trust sites digitally via their smartphones or tablets will improve patient experiences and free up staff time.

### Strategic Alignment

1. **Enable patient participation throughout their health journey**
  - 1.5 Integrate technologies in our services
2. **Efficient and seamless work experience for all our staff**
  - 2.3 Automate tasks to free-up staff time to care for patients

### Deliverability and Key Considerations

- Integration of wayfinding app with the Patient Portal
- Patient communication and support adopting digital wayfinding
- GPS map of site

### Benefits

- **Increased efficiencies for administrative staff** – Due to less time spent providing directions
- **Increased clinical time with patients** – Due to fewer patients arriving late to appointments
- **Improved patient experience** - Patients will have an easier way to navigate the hospital sites and struggle with getting lost less often.

### Cost Estimate

- **£280k:** Estimated 5 year costs based on high-level costings and insights from a vendor (CenTrak)





## Draft for Discussion



## E-Nurse Communication System

Digital tools to support efficient two-way communication between nursing and patients, rapid responses and triaging of patient support requests, and safer care.



### Strategic Alignment

2. **Efficient and seamless work experience for all our staff**
  - 2.3 Automate tasks to free-up staff time to care for patients
  - 2.4 Improve communication between staff so we can work as a more unified team
3. **Join up healthcare and a shared digital patient record**
  - 3.3 Leverage technology to improve collaboration between different levels of care



### Deliverability and Key Considerations

- Sophisticated integration with the EPR, alarm management system, smart beds, and monitors to achieve efficiency and safety benefits
- Integration with RTLS (Real-time Location Service) – e.g. CenTrak, to enable real-time tracking and silencing of alerts when nursing/staff have entered the patient room in response to a call
- Significant clinical/nursing and staff (porters, healthcare assistants, ward clerks) engagement required in the design of the call logic / call tree, alerts system, triaging and emergency response protocols, response timings, response workflows, communication methods (e.g. hallway lights, overhead pages, alerts to mobile devices), etc.



### Benefits

- **Improved efficiency for nursing and ward clerks** due to improved direct communication solution and the ability to triage and direct requests to the closest staff member
- **Improved patient experience** provided by the ability to easily communicate to the care team and receive assurance that requests for assistance have been acknowledged and actioned
- **Enhanced safety** enabled by integrated digital solutions (e.g. integration of smart beds and the e-nurse call system to automatically send alerts if patients at-risk of falls get out of bed)



### Cost Estimate

- **£2.4m:** Estimated 5 year costs based on high-level costings from a vendor (Ascom)
- Assumption of deploying 15 devices per ward across 45 wards
- Costs include monitoring software, hardware (e.g. nurse call devices), wiring and implementation



## Draft for Discussion



## Robotics, including Artificial Intelligence (AI) and Robotic Process Automation (RPA)

Advanced digital tools (algorithms, business process automation, etc.) for analysis and interpretation of complex data and automation of activities and processes.



### Strategic Alignment

2. **Efficient and seamless work experience for all our staff**
  - 2.3 Automate tasks to free-up staff time to care for patients
5. **Better data collection & quality to drive improvement**
  - 5.1 Utilise data analytics to optimise healthcare management and administration
  - 5.3 Support clinical decision-making through access to relevant clinical data



### Deliverability and Key Considerations

- Clinician and administrative staff engagement and leadership in pilots, solution design, and rollout
- Change management required for changes to workflows, processes and roles
- Integration with EPR
- Collaboration with GPs and other partners



### Benefits

- **Increased efficiencies for clinicians and staff** due to automation of manual activities
- **Reduction in costs** due to decreased resources required for key activities (e.g. referral management, delivering supplies, food, etc. to wards)
- **Improved health outcomes** delivered by freeing up clinician time to focus on more urgent and higher complexity cases
- **Reduction in waiting times and delays** achieved by automating review of GP referral letters



### Cost Estimate

- Based on high-level costings and insights from other Trusts
- Costings for deploying RITA (Referral & Intelligent Triage Analytics) used as an indicative example of cost range; costings dependent on scope and use cases





# TECHNOLOGY SPOTLIGHT

## ARTIFICIAL INTELLIGENCE (AI) AND ROBOTIC PROCESS AUTOMATION (RPA) SOFTWARE

Artificial intelligence (AI) is the use of algorithms and software to emulate human cognition in the analysis, interpretation, and comprehension of complicated medical and healthcare data. Specifically, AI allows to approximate conclusions without direct human input.

Robotic process automation (RPA) is a form of business process automation technology based on software robots (bots) or on artificial intelligence (AI) to produce a list of actions to automate tasks, mimicking human operators.

AI methods applied to electronic patient record data have been shown to be capable of accurately predicting multiple medical events from multiple centres. When combined with RPA software, AI technologies, such as Natural Language Processing (NLP), provide an opportunity to free up expert clinical time through the automation of repetitive administrative tasks and speed up patient journeys.

In the future, AI-enabled RPA will be widely adopted to improve patient and staff experiences, to reduce costs and to achieve better health outcomes. Institutions around the world have already started leveraging the power of AI and RPA in their services.

## USE CASE

### NHS Lothian: Workflow Automation Through Artificial Intelligence (AI) and Robotic Process Automation (RPA) Software

#### NEED

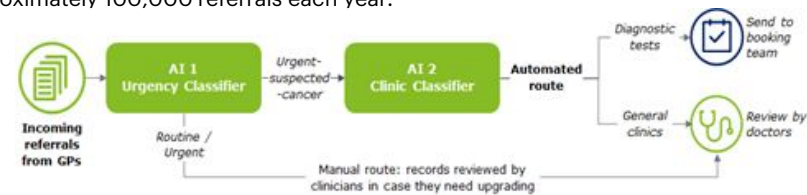
NHS Lothian has some of the longest waiting times in Scotland, with specialties being over 52 weeks for non-urgent treatment. Previously, for triage, GP-referral letters were read and assessed by a hospital consultant. However, with thousands of letters per year, it was time consuming and created delays and variations in triage thresholds between consultants.

#### SOLUTION

AI techniques including Natural Language Processing were used to **build an AI Triage Automated Solution**, reading over 20,000 historical GP referrals to gastroenterology and identify inputs and decision outcomes. AI was then able to predict the appropriate urgency and pathway for the patient, enabling automation of low risk cases. In addition, insightful dashboards were built for clinical context through the use of analytics and a Virtual Assistant was created to reduce clinician's time to reply to GPs on rejected cases.

#### OUTCOME

Around 40-50% of urgent suspicion cancer referrals were automated in the first pilot, reducing the waiting time for patients by two days, a significant reduction for those waiting on a cancer referral. NHS Lothian is now planning on deploying it to other high-volume cancer specialties, equating approximately 100,000 referrals each year.



## Draft for Discussion



## Real-Time Patient Location Tracking

Real-time view of patient location, accessible electronically either passively (via RFID) or actively (via scanning of wristbands) to improve efficiency and experiences.

### Strategic Alignment

- 2. Efficient and seamless work experience for all our staff**
  - 2.3 Automate tasks to free-up staff time to care for patients
- 3. Join up healthcare and a shared digital patient record**
  - 3.2 Promote a joined-up approach across the Trust
- 5. Better data collection & quality to drive improvement**
  - 5.1 Utilise data analytics to optimise healthcare management and administration

### Deliverability and Key Considerations

- Integration with electronic bed management solution
- Redesigned processes and ways of working
- RFID (Radio Frequency Identification) tagged wristbands with scannable barcodes underpinned by GS1 standards
- Identification of every location throughout all sites with a Global Location Number (GLN) to enable electronic patient tracking via barcode scanning
- Alternatively, embedding RFID chips in every location barcode to enable passive tracking of patients with no action required from staff
- Patient consent

### Benefits

- **Increased efficiencies for clinicians and staff**, particularly endoscopy, radiology and theatre teams, due to automation of manual processes currently performed to track patients
- **Improved patient flow and enhanced operational performance** - enabled by digital capabilities to provide greater visibility on real-time patient location
- **Improved experiences for families and carers visiting** – provided by quick, accurate information on patient location
- **Improved patient experiences** – as clinicians and staff will be able to better prepare for patient arrival

### Cost Estimate

- **£900k - £1m**: Estimated 5 year costs based on high-level costings and insights from a vendor (CenTrak)
- Includes costs for infrastructure, radio receiving devices, infrared devices, software, consultancy services, and integration to EPR



## Draft for Discussion



## Equipment Tracking

Real-time view of equipment location, accessible electronically to provide an accurate view of equipment inventory and location.

### Strategic Alignment

- 2. **Efficient and seamless work experience for all our staff**
  - 2.3 Automate tasks to free-up staff time to care for patients
- 4. **Enhance ways to care for patients enabled by Digital**
  - 4.4 Ensure digital enables safe, consistent care, reducing unwarranted variation and adhering to clinical pathways
- 5. **Better data collection & quality to drive improvement**
  - 5.1 Utilise data analytics to optimise healthcare management and administration

### Deliverability and Key Considerations

- Establishing optimum location for fixed readers and fitting locating devices with RFID tags
- Required network infrastructure
- Integration with the medical equipment database
- Clinician engagement and multidisciplinary input (IT, procurement, nursing, clinical, transformation) in the design and rollout

### Benefits

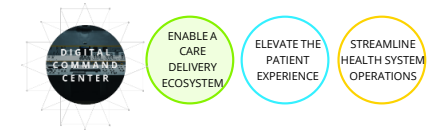
- **Cost savings** through avoidance of the purchase of extra equipment
- **Improved management** of beds and reduction in cancelled operations due to bed unavailability
- **Reduction in costs** for ad hoc rentals of equipment
- **Increased efficiency** of technical staff performing equipment maintenance
- **Reduced time for clinical staff** locating equipment and managing stock, thereby releasing time to care
- **Better equipment utilisation**
- Improved inventory accuracy
- **Reduction in delays** for porters moving patients
- **Improved asset management**
- **Increased patient safety and reduction in the average time taken to recall a product** due to complete traceability of a product
- **Accurate patient-level costing and reductions in unwarranted variation in care**

### Cost Estimate

- **£320k:** Estimated 5 year costs based on high-level costings and insights from other Trusts participating in the Scan4Safety initiative
- Assumption of four fixed active readers required per 30 bed ward at a cost of ~£600 per reader, plus the costs of integration and enhancing the equipment database



## Draft for discussion



# Digital Command Centre Overview

A Digital Command Centre (DCC) is the engine that drives the Hospital of the Future. The DCC convenes data across the system alongside key clinical and non-clinical partners to drive care delivery decisions and facilitate flexible patient engagement through virtual care

## What is It?

A **centralised, data-driven decision making and logistics management capability** to aggregate clinical and operational data across sites of care

Design considerations include:

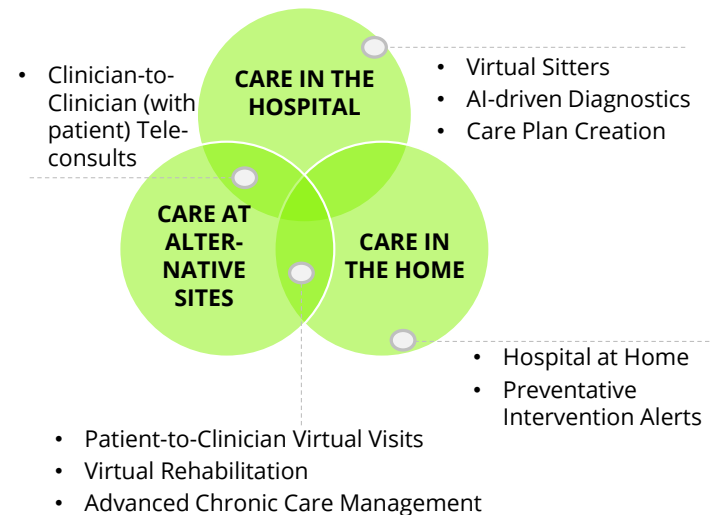
- Ability for the Command Centre to focus within a **single health center** or span across **multiple health centers within a system**
- Ability for the Command Centre to focus on **improving care delivery** through the use of analytics, virtual care, and remote monitoring; and/or **logistics management** through data-driven facilitation of patient, clinician, and staff movement between sites of care and levels of acuity

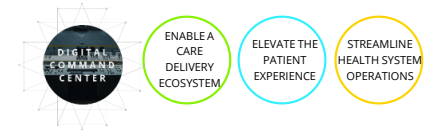
## Why is It Imperative?

- **Expands patient management capabilities** to coordinate and manage patients throughout the system, at alternate sites of care, and at home
- Allows patient flow management to support **strong utilisation**, increase **patient retention** and **referral efficiency**
- Enables patients to receive the **right care** at the **right time** at the **right location**
- Provides centralised capability to enable efficiency through **virtual care, remote monitoring** and **at-home care**
- **Establishes oversight** for referral management, care transitions, facility operations, and proactive care management
- Provides a **hub for the collection and analysis of clinical data** to improve decision making around diagnosis, care delivery, and discharge instructions

## Where is the Impact?

Capabilities of the Digital Command Centre will impact care in hospitals, at alternative sites of care, and in the home





## Draft for discussion

### CASE STUDY

# Digital Command Centre

GE & Bradford Teaching Hospitals NHS Trust

### SITUATION :

**Context:** Bradford Teaching Hospitals NHS Foundation Trust is responsible for providing hospital services for the people of Bradford and communities across Yorkshire. Bradford Teaching Hospitals NHS Trust serves a core population of around 500,000 people and provide specialist services for some 1.1 million. In 2019, the Trust became the first healthcare organisation in Europe to implement a Command Centre to transform patient flow. The Command Centre team is made up of the hospital's patient flow experts: the clinical site team, bed bureau and diagnostic virtual ward which are located in one place for the first time to make multi-disciplinary decisions about patient pathways.

**Objective:** Utilise advanced analytics and machine learning to provide operational decision-makers and clinical leadership with real-time information to help them make speedy and informed decisions on managing patient flow across the Trust's hospitals.

### RESULTS :

- Faster ambulance transfer times;
- Patients moving through hospital faster and more efficiently without unnecessary delays, getting home quicker;
- Fewer cancelled operations due to winter pressures.
- Visual presentation of data to drive actionable insights for the COO and Command Centre team;
- Whole, accurate picture of activity across the Trust and patient movement through pathways;
- Ability to highlight process issues, bottlenecks and persistent problems.

### SAMPLE CAPABILITIES :

- **'Wall of Analytics':** which constantly pulls in streams of data from Cerner, the Trust's electronic patient record (EPR) system and draws on many other, separate sources of data from across the hospitals, to make sense of what's happening and why, 24-hours-a-day, seven-days-a-week.
- **50 tiles (applications), powered by clinical decision support,** to enable the Command Centre team to proactively improve care quality and operational flow (tiles focus on discharge planning, forecasting the census, identify and manage septic patients, etc.) in real-time.

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Trust Board Meeting in Public-03/12/20

## **DORIS'S STORY**



WORK IN PROGRESS – DRAFT FOR DISCUSSION

## After falling at home, Doris is brought to WGH ED.



### Doris Falls at Home

- Doris's family is alerted via her home monitoring service that she has not moved in several hours.
- Upon arriving at Doris's home and realising she has fallen, they **access her patient portal for decision-making support on what to do.**
- They are guided to take Doris to the WGH ED.



### Doris Arrives in ED

- Upon arrival, Doris's family are prompted to check in on their phones or via a **self check-in kiosk.**
- After Doris is registered, an **RFID tagged wristband** is printed and affixed to Doris by staff.



WORK IN PROGRESS – DRAFT FOR DISCUSSION

## In the ED, Doris is registered and triaged.



### Doris is Triaged

- Doris sits on a **smart device** that measures her weight, height, BMI and observations.
- Her **NEWS score is auto-calculated** and an **alert is sent to the triage nurse**.



### Doris's E-workflow is Reviewed

- The triage **nurse reviews her e-workflow on her mobile device** for Doris' location, then logs onto the EPR using biometric data. Triage is supported by an **electronic triage dashboard** is populated with key info from primary, community and secondary care for a holistic view of Doris.
- As Doris has had falls previously and recent social services input, an **alert is sent to the IDT and the frailty pathway is triggered**.

WORK IN PROGRESS – DRAFT FOR DISCUSSION

## Doris receives care in the ED.



### Doris's Wound is Diagnosed

- A **mobile device is used to photograph Doris' wound**, which is uploaded directly to the EPR with measurements.
- Doris's leg ulcer is diagnosed by the doctor as infected.
- **CDS prompts the doctor to order an antimicrobial** according to local guidelines and prior infective status.



### Doris has Tests Ordered



- Doris's diabetic diagnosis in her GP records prompts the triage nurse to take a **BM level with an integrated smart device**. The results automatically flow into the assessment form.
- The **nurse uses an electronic order set for all required blood tests**. Barcoded labels are printed, affixed to the blood bottles and PODed to the lab.
- The doctor and nurse are electronically alerted when the results are ready.
- The **EPR supports the doctor in addressing poly-pharmacy during medication review**. Further investigations are performed including potentially pending investigations from the GP.

## WORK IN PROGRESS – DRAFT FOR DISCUSSION

## Doris is admitted to WGH.



## Doris Deteriorates and is Admitted

- The **automated bed flow management system** recognises she could become an inpatient and **reserves a bed aligned to her needs**.
- Doris's worsening NEWS score alerts clinicians that Doris is likely deteriorating.
- A decision to admit is made, triggering cancellation of transport and the restarting of her POC, all **coordinated via the command centre**.
- An e-rostering system is used to predict staffing levels by taking into account patient activity, complexity and acuity.



## Doris has an Urgent CT

- Porter locations are electronically tracked, and the closest porter is redirected to take Doris for an urgent CT. Junior Doctors and Consultants are able to **view Doris's X-rays remotely**.
- Doris's location is also electronically tracked to enable the ward team to be aware of her arrival.
- Verbal handover occurs. An e-handover form is used which highlights MUST, NEWS and e-worklist priorities.



WORK IN PROGRESS – DRAFT FOR DISCUSSION

## Doris is cared for on the ward.

### Doris's Care is Handed Over

- Doris and her family only need to tell their story once, as key information from Doris's **ED attendance, recent GP visits and previous admissions is easily accessible**. Doris's clinical team have no issues finding her drug chart and notes.
- Doris's upcoming outpatient clinic appointment is automatically cancelled.
- Doris's EDD is set upon admission and actively managed by the team.



### Doris has Additional Assessments

- Doris receives a comprehensive geriatric assessment; all **forms are embedded in the EPR and auto-populated**.
- The **diabetic nurse receives an automatic alert** with key information on Doris and her location. **E-referrals are sent to other teams** with support for the teams to triage incoming requests.

### Supplies and Meds Arrive

- **Robots** deliver medication, supplies, and food to the ward to save time for nurses and staff.



## WORK IN PROGRESS – DRAFT FOR DISCUSSION



## Doris's care is personalised to her needs.



## Doris is in a Dementia Friendly Room

- Given Doris's falls risk, **safety equipment is automatically electronically ordered.**
- Doris's hospital room **is equipped with smart sensors** to detect if she has had a fall. Doris is in a smart, dementia-friendly room with LED lighting and family photos to help Doris feel more comfortable.



## Doris's Care is Co-ordinated

- All **investigations are electronically ordered** on the EPR.
- Clinicians are offered **the option to electronically send results to Doris's GP.**



## Doris is Monitored by Clinicians

- Doris's **wristband is scanned** to enable teams to quickly view Doris's key information, including her observations, medications, and a list of their outstanding tasks.
- Doris's observations are taken and monitored electronically; **integrated smart devices enable clinical teams to spend more time with Doris.**
- The clinical teams access an **e-template on a tablet for efficient ward rounds.**



WORK IN PROGRESS – DRAFT FOR DISCUSSION

## Doris's care continues on the ward and she has family visits.



### Doris Uses Technology to Interact with Nurses and Her Husband

- Doris is able to **call for attention using the e-nurse call system**.
- Doris's **family is assisted by digital wayfinding** to find Doris easily during their visit. Doris is able to **keep in contact with her 90 year old husband via video calls**, as he is too frail to visit.



### Clinicians Communicate with Each Other and Doris

- Clinicians **communicate directly via the EPR**.
- **Advanced voice recognition software** picks up voices and converts the conversation to text, highlighting what the clinician and Doris have said.



## WORK IN PROGRESS – DRAFT FOR DISCUSSION



## Doris is discharged and makes her way home.



## Doris's Home Needs and Post-discharge Care is Assessed

- Doris's **previous package of care is flagged to the team's** upon her admission.
- Doris's acute care teams are able to **access information** from the ambulance service to **understand Doris's home environment and needs.**



## Doris's Discharge is Prepared

- Acute, social work, community teams, Doris's GP, and Doris's family are proactively engaged early in Doris's admission to plan her discharge. **All providers are able to access the EPR for information about Doris.**
- A **Regional Command Centre** is used to co-ordinate.
- Doris's **discharge summary is auto-populated** and her discharge medications are electronically sent to the hospital and community pharmacy teams. Doris's **updated medication list is automatically sent to her GP and available in her patient portal.**



## Doris's is Discharged

- Doris's discharge summary is provided to Doris in large font and available for Doris's family to **access in the patient portal.**
- Doris's **transport home is electronically coordinated.**





WORK IN PROGRESS – DRAFT FOR DISCUSSION

## Doris is remotely monitored and receives virtual follow ups.



### Doris is remotely monitored

- District nurses visit Doris at home for dressing checks and changes. Doris's blood sugar levels are monitored with a **smart glucose monitor**. **Results are automatically uploaded in her patient portal to enable remote monitoring.**
- In the event that Doris begins to deteriorates, the district nurses, GP and hospital teams are able to communicate efficiently and coordinate interventions to prevent another ED attendance and hospital admission



### Doris has a Virtual Follow-up

- Doris receives **follow-up consultation virtually**, with the help of her family, who are present to assist in the use of the technology and ensure connectivity.
- **Analytic tools support the teams in continuous improvement** (e.g. frailty pathways, diabetes care, etc.)





## STAKEHOLDERS INVOLVED

## Draft for Discussion



## Stakeholder Interviews

Thank you to all of our clinical, operational and IT leaders, as well as our external partners who participated in interviews to provide their views on our Digital Vision and Strategy.

Name	Role
Hakan Akozek	CIO, Hertfordshire Partnership University NHS FT
Adrian Ball	Divisional Manager, WACS
Freddie Banks	Consultant Urologist, Clinical Director of Strategy
Paul Bannister	CIO
Andy Barlow	Respiratory Medicine, Divisional Director
Mary Bhatti	Divisional Director, Womens and Childrens Services
Helen Brown	Deputy Chief Executive and Director of Strategy
Tracey Carter	Chief Nurse & Director of Infection Prevention and Control
Andrew Chronias	CIO, Central London Community Healthcare NHS Trust
William Forson	Divisional Director, WACS
David Gaunt	CCIO
Fran Gertler	Director of Integrated Care
Sean Gilchrist	Director of Digital Transformation
Louise Halfpenny	Director of Communications

Name	Role
Claire Hearnshaw	Head of Cancer and Palliative Care
Martin Keble	Divisional Director Clinical Support Services
Esther Moors	Acute Redevelopment Programme Director
Trudi Mount	IT Lead, Herts Valley CCG
Clare Parker	Director of Integrated Care Partnership Development
Duane Passman	Acute Redevelopment / Estates Lead
Don Richards	Chief Financial Officer
Jane Shentall	Director of Performance
Phil Townsend	Trust Chair
Sally Tucker	Chief Operating Officer
Simon Vaughan	ICT Director
Mike Van der Watt	Medical Director/Director of Patient Safety
Simon West	Consultant Orthopaedic Surgeon & Divisional Director
Natalie Whittle	Divisional Manager, CSS

## Draft for Discussion



## Digital visioning session participants

Thank you to all of our clinical, operational and IT team members, as well as our external partners who participated in the digital visioning sessions to shape our Digital Vision and Strategy.

Name	Role
Sade Akhanoba	Consultant Obstetrics and Gynaecology
Sierra Antonio	Lead midwife for midwifery education
Bethany Appleton	Deputy Team Manager, IDT, Adult Care Services
Freddie Banks	Consultant Urologist, Clinical Director of Strategy
Heidi Buckell	Disability Champion
Yasmin Caianiello	Midwife
Mariola Czuchrzynska	WACS Service Manager
Anna Farndale	Currie & Brown
Conor Galaska	
David Gaunt Gaunt	A&E Consultant, CCIO
Fran Gertler	Director of Integrated Care
Debbie Gilbert	Medical Secretary
Sean Gilchrist	Director of Digital Transformation
Paddy Hennessy	Director of Environment
James Hollingshead	Consultant Colorectal and General Surgeon
Sharon Howarth	Lead Medicines Safety & Audit Pharmacist / Medication Safety Officer
Javeed Iqbal	Cancer Information analyst
Stephanie Johnson	Divisional Manager
Paula King	Head of Nursing Surgery, Anaesthetics & Cancer
Michael Koa-Wing	Consultant Cardiologist
Elaine Lagdon	EPR Programme Manager
Carla Laurence	
Meghna Mapara	Dietician
Disha Maru	Advanced Pharmacist, COE
Martine Mason	Assistant Divisional Manager Outpatients & Health Records

Name	Role
Pamela McCologan	Pathology Service Manager
David McGrath	Procurement Lead
Jason McKee	Deputy Divisional Manager
Trish McSkeane	Head of Legal & Clinical Effectiveness
Natalie Miles-Kemp	PMO and Transformation Team Lead
Esther Moors	Acute Redevelopment Programme Director
Michelle Mulvaney	Lead Nurse for Safeguarding (Children)
Shanmu Nandakumar	Risk & Governance Facilitator
Adeyinka Okungbowa	Theatre Booking Supervisor for 2 weeks
Alan Osman	Head of Information
Anupama Paul	Pharmacist
Sue Petchey	E-Referral, SMS Texting & RA Smartcard Support Manager
Sandi Peters	Head of Programmes & Applications
Rodney Pindai	Director of Contracts, Efficiency & Commercial Development
Emma Pukis	Senior Sister, Endoscopy
Ashley Reece	Consultant Paediatrician
Wendy Riddle	General Manager, Mount Vernon Cancer Centre
Rachana Shah	
Jane Shentall	Director of Performance
Richard Smith	Physiotherapist
Ben Spiegelberg	Consultant, Trauma and Orthopaedics
Karen Stow	Paediatric Matron
David Thorpe	Deputy CNIO
Deepan Vyas	Paediatric Consultant
Adrian Vyse	Physiotherapist

# ARCHITECTURE



Draft for Discussion



## Contents

01	Introduction and Approach
02	WHHT Blueprint
03	Current State Architecture Assessment Summary
04	Future State Blueprints
04	Information Architecture
05	Recommendations

Draft for Discussion



## Introduction

In Summer 2020 West Hertfordshire Hospital Trust (WHHT) developed a new digital strategy as we sought to outline our vision and approach to securing better use of digital as the Trust embarks on an accelerated EPR programme and a new hospital programme (which will come to full fruition in 2025).

**This architecture assessment supports** the WHHT digital strategy by providing an assessment of the current state architecture alongside a future blueprint. Together, these documents illustrate the change required to realise the WHHT five-year digital vision.

Draft for Discussion



## Approach

The Architecture has been developed in conjunction with the WHHT Digital team in parallel to the development of the digital strategy. The overall approach is summarised below.

1. Using **Deloitte's Digital Hospital Reference Model**, we tailored a **Blueprint for WHHT** that provides a framework for the digital capabilities required to deliver the Trust vision.
2. The WHHT Blueprint was used as a structure to assess the **current digital maturity** across each of the domains at WHHT.
3. As the digital strategy developed and supporting initiatives were identified, the blueprint was matured to reflect the **transitional architecture states** required to support delivery of the strategy.
4. A set of **supporting recommendations** have been made to enable the delivery of the architectural requirements to **realise the WHHT digital vision** over the next five years.



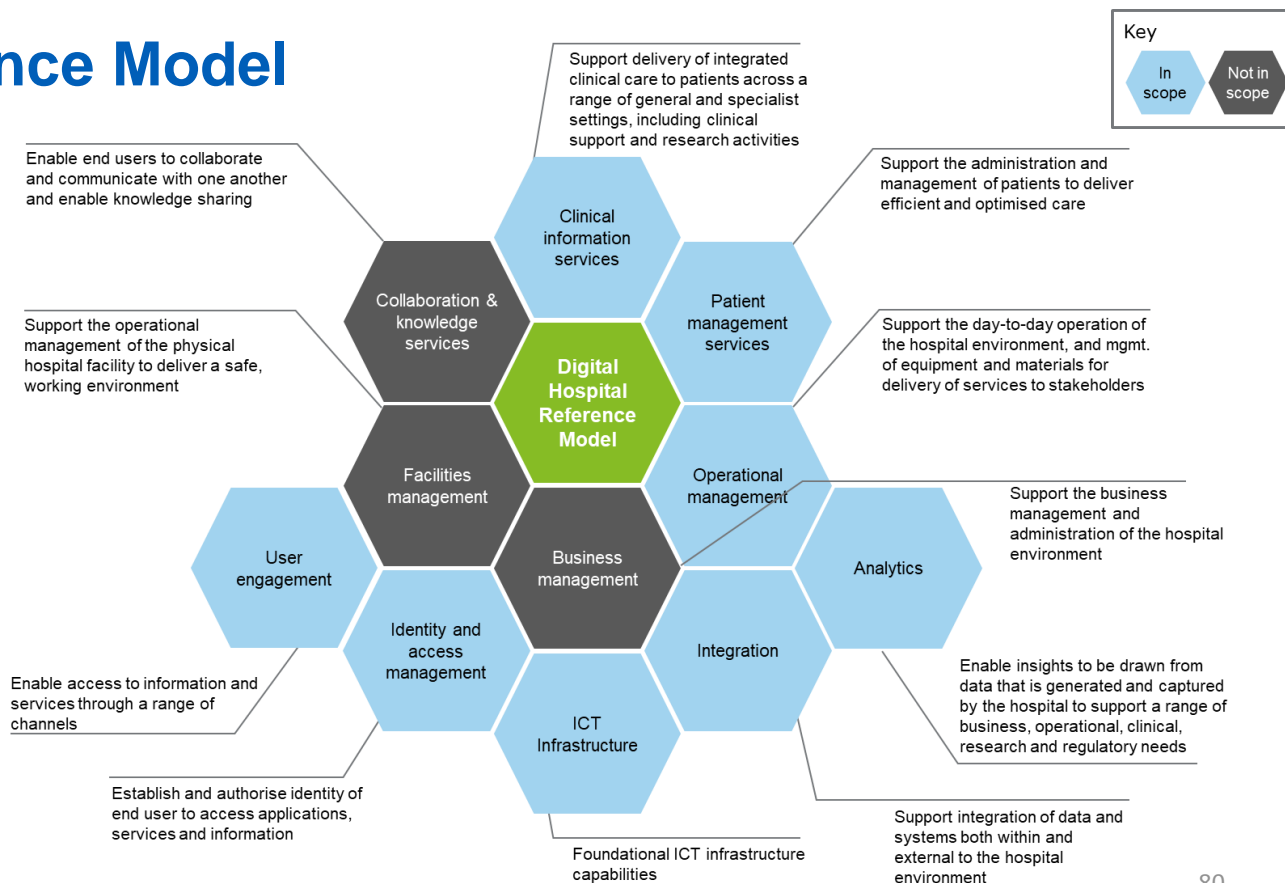
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# Digital Hospital Reference Model

Deloitte's Digital Hospital Reference Model is a leading practice model that provides a representation of the capabilities needed in a modern digital hospital. The model is comprised of 11 'Level 1' domains that group together digital and technology capabilities to deliver an integrated outcome in a specific area.

The model was used as a basis for the WHHT Blueprint, but in line with the scope of the Digital Strategy, the following domains were determined to be out of scope: Collaboration & Knowledge Services, Facilities Management and Business Management. Where required these capabilities will be delivered under alternative programmes (e.g. acute redevelopment, Windows 10). The areas in light blue (right) were agreed to be in scope.

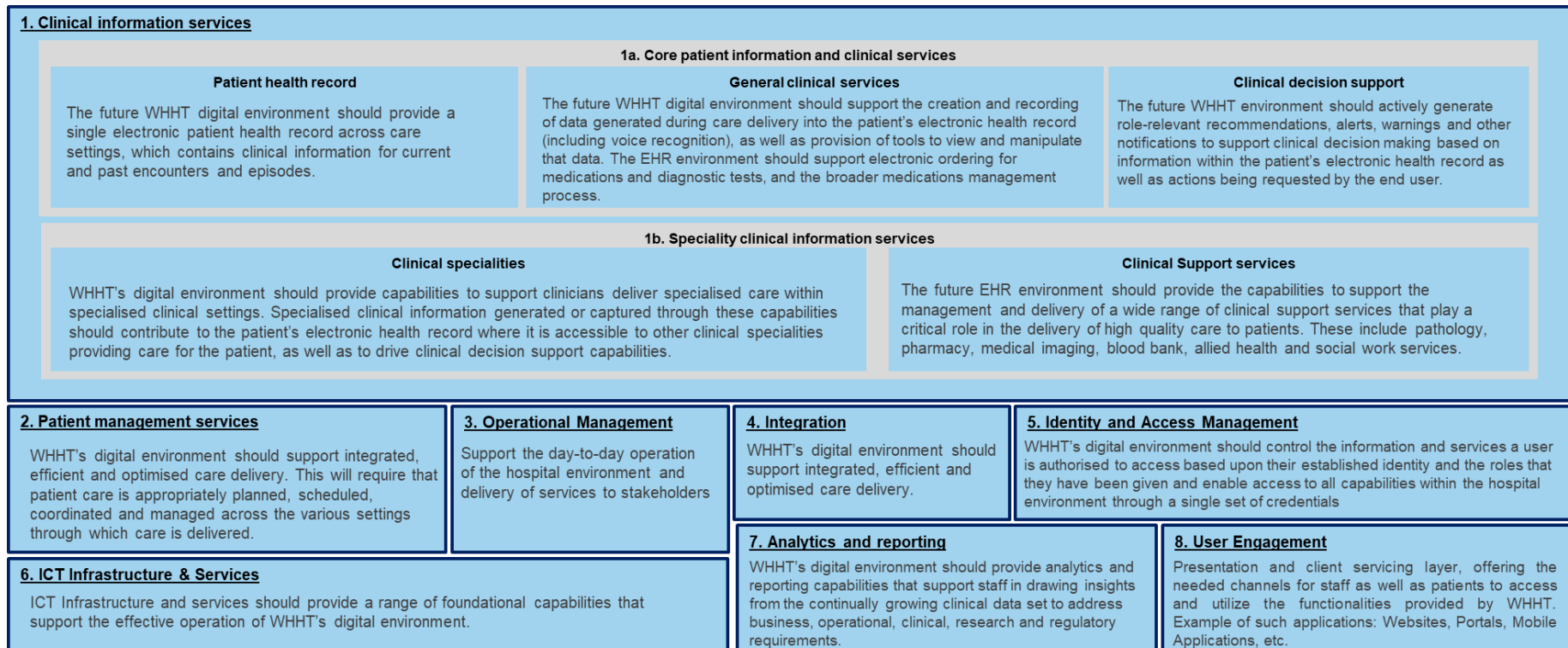


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# WHHT Blueprint – Domain Definitions

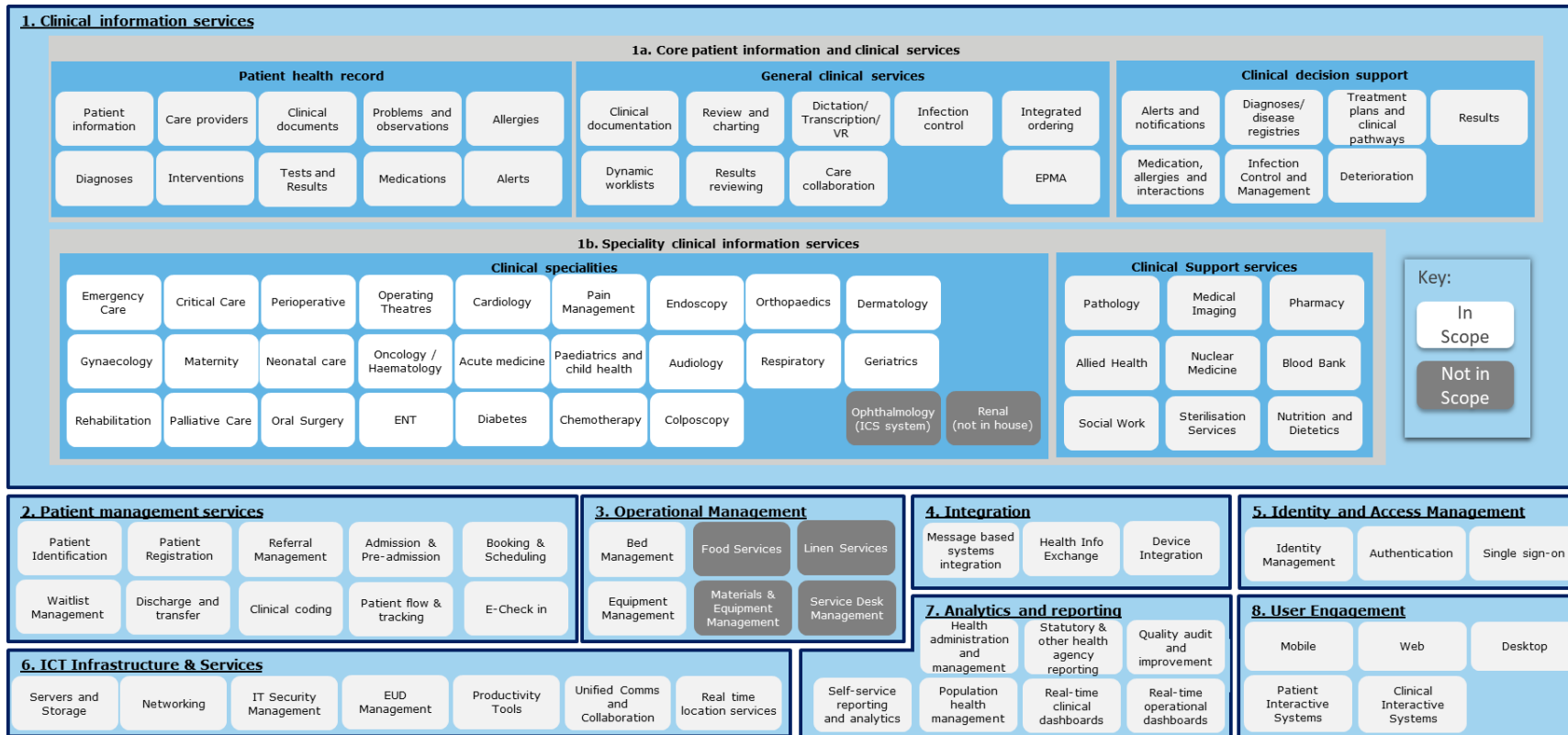
The diagram below provides the outline definition of each architectural domain.



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# WHHT Blueprint – Capabilities



Draft for Discussion



## Architecture Assessment Approach

The assessment uses the WHHT Blueprint as a framework to evaluate the current state architecture against and took the following approach:

- 1 Desk based review of existing WHHT documentation including asset lists and architecture documents.
- 2 Initial RAG assessment of each domain based on information available.
- 3 One-to-one interviews with key stakeholders representing one or more of the domains to get further information and update the assessment.
- 4 Validation workshop with key digital stakeholders to review and confirm the RAG status for each architecture domain.

Each domain and capability was assessed using a Red/Amber/Green scale described below. Each domain was categorised as falling into one of these categories:



- System/Capability is well supported
- System is upgraded to a recent version
- System is Integrated
- Functionality/Capability meets trust requirements



- System/Capability has limited support
- System is near end of life
- System has limited Integration
- Functionality/Capability occasionally meets trust requirements



- System/Capability is no longer supported
- System is near end of life
- System is not Integrated
- Functionality/Capability is not available or does not meet requirements

# Architecture Assessment Summary

The Trust's Architecture was assessed against the eight domains in the WHHT Blueprint, more detailed commentary can be found in Appendix A.



## Clinical Information Services



- Limited number of interfaces to support the sharing of patient clinical data between systems
- Pathology System is on ageing infrastructure as was planned to be outsourced
- Some modalities have data stored locally as they are not integrated
- Some specialities or services do not have a digital system e.g. EPMA



## Patient Management Services



- Infocflex has been developed locally to support shortfalls in Patient Centre (PAS)
- Limitations in Patient Centre include inability to link episodes. Pathways need to be created manually
- Data entry is not real time, sometimes entered once patient has departed



## Operational Management



- Difficulty in assessing bed state due to lack of real time data entry
- Ward clerks do not work at the weekend which affects bed managers ability to determine real time bed state



## Identity and Access Management



- Trust has implemented smart-cards and has single sign-on capabilities using Imprivata.



## ICT Infrastructure and Services



- The Trust is currently undergoing significant IT infrastructure projects, and is in the process of moving from red to amber as a result.
- Old infrastructure is still being maintained to support applications that have not been updated/replaced
- Once these projects are complete the Trust should have a good basic foundation IT infrastructure to support the implementation of an EPR



## Integration



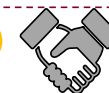
- There is limited real time integration with a number of integration projects identified to assist in both reporting and sharing clinical patient data between systems
- The trust now has it's own Integration engine and is building in-house capabilities to develop their own interfaces



## Analytics and Reporting



- The IM department is increasing skills for developing dashboards and helping the business track key KPIs
- There is a need to continue to focus on **improving the quality and timeliness of the data** reaching the data warehouse
- Wide use of self service using iReporter across departments



## User Engagement



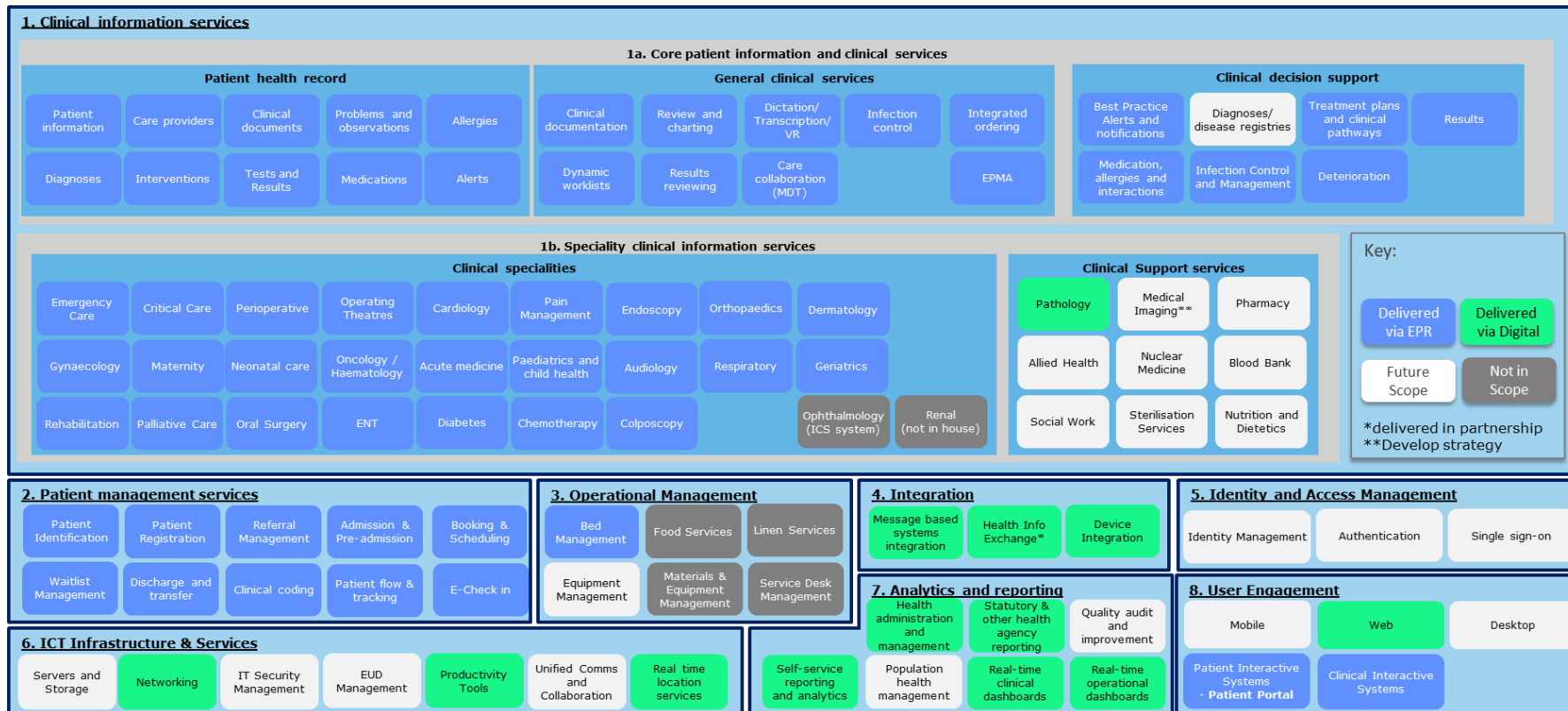
- Lack of integration results in users logging in to more than one system
- Attend anywhere has been provided but not widely used
- There is limited patient facing technology at the Trust and minimal data captured on their experience

Draft for Discussion



# Year 3 Blueprint (2022-23)

The diagram below shows the target state architecture for the end of the transform period in year 2022-23. EPR and key digital initiatives have been delivered.



Draft for Discussion



# Year 3 Blueprint

The list below outlines the key digital initiatives and related capabilities that will have been delivered by the end of the transformation phase in year 3 (2022-23)

	Initiatives	Capabilities	
Prepare	Email patient appointment letters, results	Patient Interactive Systems Web	
	Improved Network	Networking	
	Teams / video-conferencing solution	Unified Comms and Collaboration	
	Improved intranet	Web	
	Adopt a framework for handling structured, semi-structured and unstructured data	Clinical Documents Statutory and other health agency reporting	
Transform	Integrated EPR	*Multiple	
	Live waiting times / directory of service	Patient Interactive Systems Web	
	E-Nurse call system trial	Unified Comms and Collaboration	
	EDRMS	Clinical Documents	
	Device integration (priority devices)	Device Integration Deterioration	
	Adoption of SNOMED and FHIR	Statutory & other health agency reporting Message Based Systems Integration	
	Tele-health for remote care and Tele-medicine	Device Integration Treatment Plans and Clinical Pathways	
	Standardised data model, real-time data entry, dashboards and alerts		Clinical Documentation
			Alerts and Notifications
			Real-Time Clinical Dashboards
			Statutory & other health agency reporting Health administration and management
	Barcode scanning		Test and Results
			Patient Flow and Tracking
			Pathology Equipment Management
	Risk stratification tools	Population Health Management	
Improved internet (public-facing)	Web		
Desktop Anywhere		Productivity Tools	
		Desktop	

There are a number of initiatives in the Prepare and Transform phases that will impact the WHHT Blueprint in the third year. The biggest change is the implementation of the EPR and if all the full intended scope is implemented, the EPR will provide functionality for the capabilities in blue in each sub domain on the previous page. Other initiatives will provide functionality or positively impact the other capabilities as indicated in the table on the left and these are also indicated in the year 3 Blueprint.

Initiatives such as adopting SNOMED and FHIR will have wider impact than just those indicated as it will lay the foundation and support broader capabilities to deliver the Trust’s Digital Ambitions. The use of FHIR will ease integration with local and national systems as well as the ability to exchange health information with other local healthcare providers.

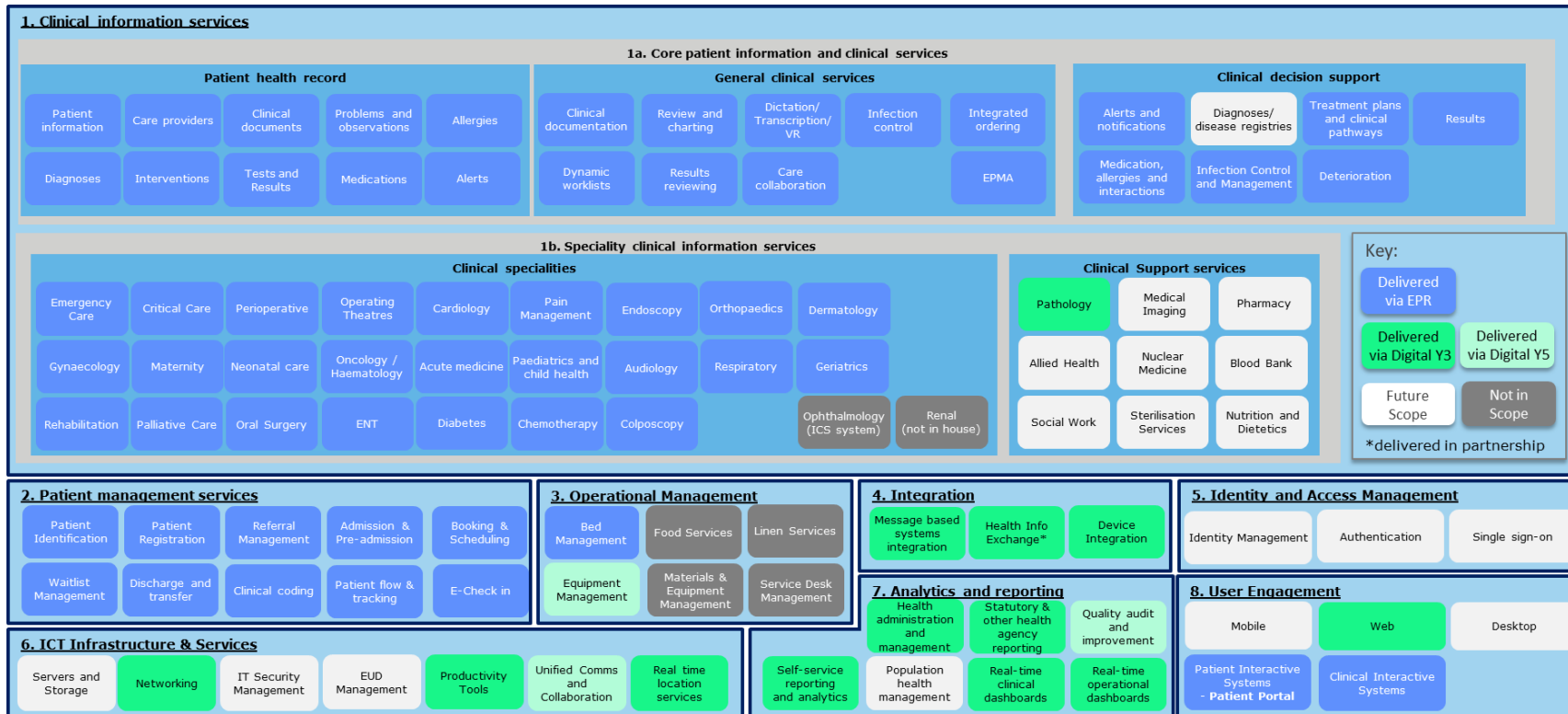
Dependent on the patient and equipment tracking strategy and whether real time or passive tracking would be used, the scope of Barcode Scanning would change. If real time tracking were to be implemented in the enhance phase, then Barcode Scanning could be used for pathology ordering.

Draft for Discussion



# Year 5 Blueprint (2024-25)

The diagram below shows the target state architecture for the end of the enhance period in year 2024-25. EPR and advanced digital initiatives have been delivered.





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## Year 5 Blueprint

The list below outlines the key digital initiatives and related capabilities that will have been delivered by the end of the enhance phase in year 5 (2024-25)

	Initiatives	Capabilities
Enhance	Smart monitoring devices	Device Integration
	5G	Networking
	Digital wayfinding	Patient Interactive Systems
	E-Nurse call system	Unified Comms and Collaboration
	Robotics (e.g. RPA)	Productivity Tools
		Referral Management
	Patient Tracking	Waitlist Management
		Patient Flow and Tracking
	Equipment tracking	Real time location services
		Equipment Management
	Adopt the use of Smart on FHIR to support various clinical decision support services	Real time location services
		Device Integration
	Enhanced remote monitoring tools and capabilities	Device Integration
Problems and Observations		
Enhanced analytics tools and capabilities	Quality Audit and Improvement	
	Statutory & other health agency reporting	
	Self-service reporting and analytics	
	Real-time clinical dashboards	
	Real-time operational dashboards	

Initiatives completed in the Enhance phase will also impact a number of capabilities in WHHT’s Blueprint as indicated in the table on the left. The E-Nurse call system would be trialed in the existing hospital and would be rolled out in the new hospital when it opens.

WHHT is eager to implement robotics to help automate clinical and administrative processes but a strategy needs to be devised as robotics and AI could cover a wide range of capabilities from supply chain, to automating referrals and waiting list management.

If active patient and equipment tracking is to be implemented then the new hospital would need to consider the location of RFID location sensors in the design of the new building.

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# Information Architecture

One of the initiatives identified from the future state workshop is to implement FHIR (Fast Healthcare Interoperability Resources) and adhere to national standards. FHIR is standard for exchanging healthcare information electronically and has been developed as an improvement on existing standards e.g. HL7. NHS Digital is encouraging the use of FHIR and is creating a set of FHIR profiles and specifications to be used by system vendors and healthcare providers. This will ease future interoperability and health data exchange requirements for West Herts by supporting standards that are easier to implement through the use of FHIR APIs. Using 'Base' and 'Clinical' Resources from the FHIR Composition Framework, See Appendix B for a diagram showing which domain or sub-domain in the WHHT Blueprint would be the master for each information type. The matrix (right) shows the use of the resources across the domains.

Trust Board Meeting in Public-03/12/20

FHIR Resource Category	FHIR Resource	Clinical Information Services					Patient Management Services	Operational Management	Integration	Identity and Access Management	ICT Infrastructure and Services	Analytics and Reporting	User Engagement
		Core Patient Information and		Speciality Clinical									
		Patient Health Record	General Clinical Services	Clinical Decision Support	Clinical Specialities	Clinical Support Services							
Summary	AllergyIntolerance	✓		✓							✓		
Summary	Condition	✓		✓	✓						✓		
Summary	Procedure	✓		✓	✓						✓		
Summary	FamilyMemberHistory	✓									✓		
Summary	ClinicalImpression	✓			✓						✓		
Summary	DetectedIssue	✓		✓							✓		
Observation	MedicationStatement	✓									✓		
Observation	MedicationStatement	✓									✓		
Diagnosics	MedicationStatement	✓			✓	✓					✓		
Documents	DocumentManifest	✓	✓										
Documents	DocumentReferences	✓	✓										
Documents	Composition		✓										
Medications	Medication	✓	✓										
Medications	MedicationRequest	✓	✓								✓		
Medications	MedicationAdministration	✓	✓	✓							✓		
Medications	MedicationDispense		✓								✓		
Care Provision	CarePlan			✓		✓							
Care Provision	ServiceRequest		✓										
Diagnosics	DiagnosticReport		✓			✓						✓	
Diagnosics	ImagingStudy					✓							

FHIR Resource Category	FHIR Resource	Clinical Information Services					Patient Management Services	Operational Management	Integration	Identity and Access Management	ICT Infrastructure and Services	Analytics and Reporting	User Engagement
		Core Patient Information and		Speciality Clinical									
		Patient Health Record	General Clinical Services	Clinical Decision Support	Clinical Specialities	Clinical Support Services							
Individuals	Patient	✓	✓	✓	✓	✓	✓				✓	✓	
Individuals	Practitioner	✓					✓				✓	✓	
Individuals	PractitionerRole	✓					✓			✓		✓	
Individuals	RelatedPerson						✓						
Individuals	Person						✓						
Entities	Organization						✓	✓				✓	
Entities	OrganizationAffiliation						✓	✓				✓	
Entities	HealthcareService						✓	✓					
Entities	Location	✓					✓	✓					
Workflow	Task						✓	✓					
Workflow	Appointment						✓	✓				✓	
Workflow	AppointmentResponse						✓	✓				✓	
Workflow	Schedule						✓	✓			✓		
Workflow	Slot						✓	✓					
Management	Encounter						✓	✓				✓	
Management	EpisodeofCare						✓	✓				✓	
Management	Flag	✓					✓						
Entities	Device							✓					
Entities	DeviceMetric							✓					
Request & Respons	SupplyRequest					✓		✓					
Request & Respons	SupplyDelivery					✓		✓					



# ARCHITECTURE RECOMMENDATIONS

## Draft for Discussion



## Recommendations

R1	<b>Establish Architecture Governance and Management Capability</b> - Establish an architecture governance function to ensure appropriate stakeholders are involved in decision making and architecture maintenance. One of the main functions of this group is to ensure that the architecture decisions taken enable solutions to support Trust priorities and deliver planned outcomes, whilst fitting within the IT infrastructure and principles.
R2	<b>Develop an agreed set of Architecture principles</b> - Enterprise architecture principles are the guidelines that will help to keep the Trust's architecture developing and running smoothly at its highest potential. A clear set of architecture principles will help to maintain a focus on the kind of technology organisation WHHT want to be. Architecture principles are typically developed by a Lead Architect, in conjunction with the CIO, Architecture Board, and other key stakeholders.
R3	<b>Maintain Portfolio Governance</b> – Review current portfolio governance to ensure it is capable of maintaining continued alignment with Trust priorities, programme business cases and architecture principles. Where programmes are failing to deliver the required outcomes, ensure the governance groups have robust process for challenging, assessing and where appropriate closing programmes in consultation with relevant stakeholders.
R4	<b>Build Broad Transformation Capability</b> – There is a common myth that Digital transformation is about technology. Whilst new technology can definitely inform and guide workflow, a workflow that's well-designed, intentional, related to the Trust objectives, consistent with technology trends, and designed to make processes efficient can also have a major impact.
R5	<b>Focus on Integration</b> - The trust is already building its Integration capabilities through the use of Rhapsody and hiring and training an in-house team to develop and support trust interfaces. Software and hardware should conform to defined standards such as SNOMED and FHIR, that promote interoperability for data, applications, and technology. Standards for interoperability additionally help ensure support from multiple vendors for their products, and can facilitate integration across the health ecosystem.
R6	<b>Develop a Comprehensive Device Strategy</b> – This would direct WHHT in how to incorporate up and coming technology such as patient wearables and how to ensure compatibility to integrate monitoring devices in to the patient record. WHHT currently has a number of modalities that hold patient information but are standalone. A key ambition for WHHT is to leverage the opportunities offered through proactive patient monitoring and a clear strategy for future device procurement and integration will support realisation of this.
R7	<b>Develop a Trust wide Digital Imaging Strategy</b> – The current imaging solution at WHHT is due to expire in two years and the current Vendor Neutral Archive (VNA) is not used by imaging specialties outside radiology (ophthalmology, cardiology/pacing, medical photography etc.) A comprehensive Trust wide strategy in this area would enable the Trust to store and share imaging data more consistently and effectively, increasing data security making data more readily available and leveraging a key asset in the VNA.

## Draft for Discussion



## R1 – Establish Architecture Governance and Capability

Enterprise architecture governance enables informed and collaborative decisions to be made, promotes accountability and consistency in architecture design and development and ensures that principles and decisions are adhered to, and change is assessed and controlled in a transparent manner.

### Description

Establish an architecture governance function to ensure appropriate stakeholders are involved in decision making and architecture decisions continue to support Trust priorities and deliver planned outcomes and fits within the IT infrastructure.

### Rationale

A strong Design Authority, consisting of technical, clinical and programme delivery leaders will provide guidance to ensure that new solutions are compliant with the Trust priorities, architectural principles and technical and quality standards across the Trust. It is important that the wider business recognizes and supports the change in the way decisions are made, and that they agree to adhere to jointly developed IT governance principles and practices, and understand the benefits of these.

### Requirements

The architecture governance should include:

1. Design Authority to provide technical and clinical expertise and guidance for Trust technology programmes.
2. Architecture Principles to be established in order to define and manage the IT requirements and steer decisions made by WHHT. Architecture policies and principles should enable the IT Strategy. For example, WHHT currently has over 90 servers onsite that need to be replaced and as applications are upgraded or replaced, in the future WHHT is likely to follow a principle of moving towards replacing these with Cloud based options, and may adopt a Cloud first principle to support agility, resilience and cost requirements.
3. Architecture Function – a permanent, qualified architecture team should be put in place in order to provide formal oversight of the architecture function on an ongoing basis. Key responsibilities would include documentation, perform, measure, and control architecture principles on project level.

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## R2 – Develop an Agreed Set of Architecture Principles

Enterprise architecture principles are the guidelines that will help to keep the Trust's architecture developing and running smoothly at its highest potential. Architecture principles are typically developed by the Lead Architect, in conjunction with the CIO, Architecture Board, and other key stakeholders.

### Example Principles Relevant to WHHT (based on TOGAF)

#### 1. Maximize Benefit to the Enterprise

All decisions about information management MUST be made based on the benefit of the enterprise. What works best for one department within the Trust might not be what's best for the enterprise as a whole. All individuals must be willing to follow the guiding principles, for the benefit of the Trust.

#### 2. Information Management is Everybody's Business

All organisations in the enterprise must be involved in all aspects of the information environment. This is another principle focusing on the importance of working together across an enterprise. Everyone needs to take responsibility for doing their own part in managing information and participating in important decisions.

#### 3. Business Continuity

Hardware failure, natural disasters, and data corruption should not be allowed to disrupt or stop enterprise activities, generating clinical risk. Even though staff depend on technological systems to get our jobs done, we also have to be prepared to keep the enterprise running even when those systems go down.

#### 4. Data as an Asset

All data is a concrete, valuable asset to the Trust and its stakeholders. It is a real, measurable resource. Because all decisions in an enterprise are made based on data, all that data needs to be carefully organized and managed. Everyone in the enterprise should know that their data is reliable and accurate and how to access relevant data whenever they need to.

#### 5. Data is Shared and Accessible

Data should be stored and shared across the entire Trust. This is important so that everyone has access to the data they need. Storing data within one or a small number of application is much cheaper and easier than storing it in different applications. Everyone needs to have easy access to all permitted data. This makes it easier to do their jobs. There therefore needs to be some flexibility to make sure that all the different people of an enterprise are able to access data in a way that best works for them.

#### 6. Ease-of-Use

All technology within an enterprise needs to be easy to use. The more time you spend trying to figure out how to use technology, the less time you have to spend on your actual task. That means lower productivity and less concentration. Keep the technology simple, so that everyone can do their jobs efficiently and effectively.

#### 7. Control Technical Diversity

Although there will necessarily be some different technical requirements for the various applications across an enterprise, it is prudent to keep the different technologies to a minimum where possible. The more different technologies that you invest in and support, the more expensive and complex implementation, support and development activities can get.

WORK IN PROGRESS OF DIAPY FOR DISCUSSION



## R3 – Maintain Portfolio Governance

Portfolio Governance is key to ensuring WHHT's technology programmes remain consistent with the Trust's desired strategy and objectives.

### Description

Review current portfolio governance to ensure it is capable of providing the right information to senior decision makers in a clear and transparent way to enable due diligence and maintain continued alignment with Trust priorities, programme business cases and architecture principles.

### Rationale

Whether programmes are succeeding or failing to deliver the required outcomes, portfolio governance will enable senior decision makers to understand this over time and make informed decisions on programme progression, closure and change in order to maintain alignment with evolving strategy, priorities and risk profiles.

### Requirements

Key requirements include clear roles within the portfolio governance structure, and the ability to provide decision-makers with regular access to relevant information which accurately reflects up to date programme progress, risk and benefits delivery. A forum for regular discussion and decision-making is required.

## R4 – Build Transformation Capability

Digital transformation is partly about technology, but transforming ways of working and using the technology well is the real secret of benefits realisation.

### Description

Whilst new technology can definitely inform and guide workflow, a workflow that's well-designed, intentional, related to the Trust objectives, consistent with technology capabilities, and designed to make processes efficient can also have a major impact. In order to deliver these workflows, and put them into action, a digital transformation capability is vital.

### Rationale

It is the transformation that sits between technology and processes that will have the biggest impact and enable benefits from the Architecture to be realised. Technology alone will not deliver benefits.

### Requirements

The capabilities required to deliver transformation go beyond technical hardware and software skills and include areas such as programme management, user engagement and experience, training, testing, policy development, process redesign, transition management, user support and compliance.

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WORK IN PROGRESS - DRAFT FOR DISCUSSION



## R5 – Focus on Integration

Strong integration tools, skills and knowledge can unlock the potential of the Trust's clinical and operational solutions, and enable data to be seamlessly transported from point of collection to point of use, in different formats.

### Description

The integration layer is the neural network of a mature health ecosystem, it enables data to be shared across multiple systems, to be kept in sync, up to date, and to be managed and transformed into a wide range of formats for different uses. It is vital to the modern digital hospital, 'freeing' data from silos.

### Rationale

WHHT is already building its integration capabilities through the use of Rhapsody and building an in-house team to develop and support Trust interfaces. A continued focus on building this capability would enable additional value to be derived from investments in clinical and other digital systems internally whilst providing a strong platform for external data sharing.

### Requirements

Software and hardware should conform to defined standards such as SNOMED and FHIR, that promote interoperability for data, applications, and technology. Standards for interoperability help ensure support from multiple vendors for their products, and can facilitate integration across the health ecosystem.

## R6 – Develop Device Strategy

Medical devices are changing, offering new opportunities for efficient, automated data collection to improve accuracy and safety for patients.

### Description

Medical devices are one of the most rapidly developing area within health technology. The rise of wearables, the integration of bedside devices to patient records and the rise of remote consultations and even remote ICUs mean that this will be a vital area of development for WHHT in the coming years to deliver care more safely and efficiently whilst improving staff and patient experience.

### Rationale

A key ambition for WHHT is to leverage the opportunities offered through proactive patient monitoring and a clear strategy for future device procurement and integration will support realisation of this. Failure to develop a clear strategy across the organisation is likely to result in a fragmented approach and additional costs to integrate a wide range of devices which don't adhere to key standards.

### Requirements

As with all integration, standards are key to efficient delivery and support, a core set of device requirements should be agreed across the WHHT medical device estate. These should consider different device types, settings and use cases and should be adhered to in future co-ordinated device implementation decisions.



## R7 – Develop a Trust wide Digital Imaging Strategy

Digital Imaging has advanced significantly in recent years, and it is increasingly common for imaging across and within specialities and organisations to be stored centrally and shared in a more consistent, secure and accessible way - applying imaging standards, and protocols for security, backup and retention.

### Description

Establish a common enterprise-wide digital imaging strategy to enable imaging specialities outside radiology (incl. cardiology/ pacing, ophthalmology, dermatology, pathology) to store images and associated documents securely in a common vendor neutral repository which applies global health imaging standards as well as supporting increased security and more efficient storage, retrieval and retention of archived images.

### Rationale

Images form a vital part of the patient record and are critical at numerous stages of a patient's pathway, from diagnosis to treatment, discharge and beyond. Imaging storage is also potentially costly and risky due to the large and increasing volume storages and sensitivity of the data involved. A comprehensive digital imaging strategy will look at a range of issues and secure imaging data for all specialities in a consistent way, including effective storage and use of imaging data to promote accessibility for clinical purposes across specialities, the safe and secure storage and management of data over time, the most economical solutions available for long term image storage, and the likely innovation of future requirements and opportunities in relation to imaging data storage and use.

### Key Requirements

The Digital Imaging Strategy should consider:

1. Global imaging and data standards.
2. The full range of digital imaging captured within the Trusts across specialities.
3. Patterns of image use and image sharing within and external to the Trust (including sharing for external reporting requirements).
4. Data security, including cyber security, backups and business continuity in relation to image access and management.
5. Efficient use of storage whether on premises or hosted elsewhere, including the ability to hold and retrieve images on hot or cool storage dependent on image age and use cases.
6. Vendor neutrality to support future utilisation of images across a number of clinical systems and settings.
7. Interactions between the VNA, PACS and other clinical systems, data quality and integration.
8. Cleansing and migration of current data to the vendor neutral archive from other systems where required.



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# ARCHITECTURE DOMAIN ASSESSMENT

## Draft for Discussion



## Clinical Information Services

WHHT's digital environment should provide capabilities to support clinicians deliver specialised care within specialised clinical settings. Specialised clinical information generated or captured through these capabilities should contribute to the patient's electronic health record where it is accessible to other clinical specialities providing care for the patient, as well as to drive clinical decision support capabilities.

Sub-Domain	Supporting Details
Core Patient Information and Services	<ul style="list-style-type: none"> <li>- Use of paper notes in some cases where patient record is not updated until after patient is discharged</li> <li>- Lack of integration means users need to log on to multiple systems</li> <li>+ Desire to move to the cloud</li> </ul>
Speciality Clinical Information Services	<ul style="list-style-type: none"> <li>- Vendor Neutral Archive is available but not being used</li> <li>- Current system is not flexible to meet emerging requirements e.g. COVID data being stored in spreadsheets on Google Drive.</li> <li>- Some specialities or services do not have a digital system e.g. EPMA</li> <li>- Some modalities have data stored locally as they are not integrated</li> </ul>
Clinical Support Services	<ul style="list-style-type: none"> <li>- Pathology System is on ageing infrastructure as was planned to be outsourced</li> </ul>

Draft for Discussion



## Patient Management Services

WHHT's digital environment should support integrated, efficient and optimised care delivery. This will require that patient care is appropriately planned, scheduled, coordinated and managed across the various settings through which care is delivered.

Sub-Domain	Supporting Details
Patient Registration and Admission	<ul style="list-style-type: none"> <li>- Clinicom PAS does not capture all required clinical information and Infoflex has been developed locally to capture information.</li> <li>+ PAS is still supported by Clinicom with an upgrade planned for by this summer. Clinicom support Hardware and software whilst the trust is responsible for testing and training.</li> </ul>
Discharge, Referrals, and Transfer	<ul style="list-style-type: none"> <li>- There is some data entry after the patient has been discharged. Real time entry would support dashboards, forecasting and decision making.</li> </ul>
Patient Flow and Tracking	<ul style="list-style-type: none"> <li>+ Use of Dashboards to support A&amp;E with information pulled from PAS and inpatient systems</li> </ul>

## Draft for Discussion



## Integration

WHHT's digital environment should support integrated, efficient and optimised care delivery.

Sub-Domain	Supporting Details
Message Based Systems Integration	<ul style="list-style-type: none"> <li>+ Trust now has it's own instance of Rhapsody which it is managing and growing capabilities in house to develop and support interfaces.</li> <li>- There is limited real time integration currently in place to support both patient data and to the data warehouse for reporting purposes.</li> <li>- A lot of integration that is in place is a single patient feed from the PAS</li> <li>- Some systems are standalone with EMIS Diabetic Service retrieving information from the spine and not the PAS.</li> <li>+ PAS Vendor (DXC) manages additional interfaces through an instance of Cloverleaf which support</li> </ul> <p><i>Ambitions:</i></p> <ul style="list-style-type: none"> <li>+ There are plans to migrate Rhapsody to the cloud when HSCN is in place</li> <li>+ Intention to grow the capabilities of the team to develop and support Rhapsody interfaces.</li> </ul>
Health Information Exchange	<ul style="list-style-type: none"> <li>+ Some information shared with West Suffolk HIE</li> </ul>
Device Integration	<ul style="list-style-type: none"> <li>- Limited integration to devices resulting in information being stored locally on modalities</li> <li>- No clear strategy for device integration</li> </ul>

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## Analytics and Reporting

WHHT's digital environment should provide analytics and reporting capabilities that support staff in drawing insights from the continually growing clinical data set to address business, operational, clinical, research and regulatory requirements.

Sub-Domain	Supporting Details
Operational Administration & Management	<ul style="list-style-type: none"> <li>- Lack of real time data entry</li> <li>- Still some use of paper notes which in some cases do not get input in to the system until the patient is discharged</li> <li>+ Wide use of self service using iReporter. Rather than asking the Information Management team for reports, departments approach IM asking where particular data is held in order to generate their own reports.</li> <li>+ IM has an able team of analysts to generate monthly reports to support those with more complex reporting requirements</li> </ul> <p><i>Ambitions:</i></p> <ul style="list-style-type: none"> <li>+ Team could be <i>re-purposed</i> to move away from extraction and production to data analysis/visualisation</li> </ul>
Statutory Reporting	<ul style="list-style-type: none"> <li>+ Recent Hardware refresh, use of a tactical SQL Server has reduced time spent supporting infrastructure and ability to focus on delivering reporting services</li> </ul>
Clinical Analytics and Improvement	<ul style="list-style-type: none"> <li>- Data Warehouse currently pulls information from relevant sources, rather than being updated with real time information</li> </ul>

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## ICT Infrastructure and Services

ICT Infrastructure and services should provide a range of foundational capabilities that support the effective operation of WHHT's digital environment.

Sub-Domain	Supporting Details
Networking	+ Windows 10 rollout and LAN Refresh to complete soon
Unified Communications	<ul style="list-style-type: none"> <li>- The Trust's Telephony system is out of date, with the ISDX being 27 years old. Currently in phase 2 to replace the Telephony system</li> <li>- Replacement of bleep system delayed by COVID.</li> </ul>
Servers and Storage	<ul style="list-style-type: none"> <li>- Some systems are out of date and will not support Windows 10. TheatreMan is an example of an ageing system that can't be moved in to Citrix</li> <li>- Clinical Portal is an ageing application that is running on Windows 2003 and needs a Windows 2008 domain controller</li> </ul> + Atos has improved perceptions and made actual improvements with server mgmt.
IT Security Management	<ul style="list-style-type: none"> <li>- Cyber security team are doing ops work e.g. patching old servers rather than reviewing and analysing threats</li> <li>- Challenge in hiring Information Security Manager in a competitive talent market</li> </ul>

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## User Engagement

WHHT's digital environment should provide a single point of access to clinical information and services that is personalised according to the role of the user, the device or channels they are using, and other contextual information

Sub-Domain	Supporting Details
Clinical Interactive Systems	<ul style="list-style-type: none"> <li>- Lack of integration results in users needing to log on to multiple systems</li> </ul>
Patient Interactive Systems	<ul style="list-style-type: none"> <li>- There is limited patient facing technology at the Trust and minimal data captured on their experience</li> <li>- Attend anywhere has been provided but not widely used.</li> <li>+ Savience Clarity in use for Patient Check-in</li> </ul>



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## Operational Management

Supports the management of allocation and provision of beds within specialist wards and the broader hospital by tracking planned and unplanned admissions, discharges, pending discharges, bed cleaning and bed availability.

Sub-Domain	Supporting Details
Bed Management	<ul style="list-style-type: none"> <li>- Difficulty in assessing bed state due to lack of real time data entry</li> <li>- Bed managers don't get a true picture at the weekend due to lack of Ward Clerks</li> <li>- Bed requests made through a mixture of iReporter (for non-ED) and Patient Centre.</li> </ul>

## Identity and Access Management

WHHT's digital environment should control the information and services a user is authorised to access based upon their established identity and the roles that they have been given and enable access to all capabilities within the hospital environment through a single set of credentials

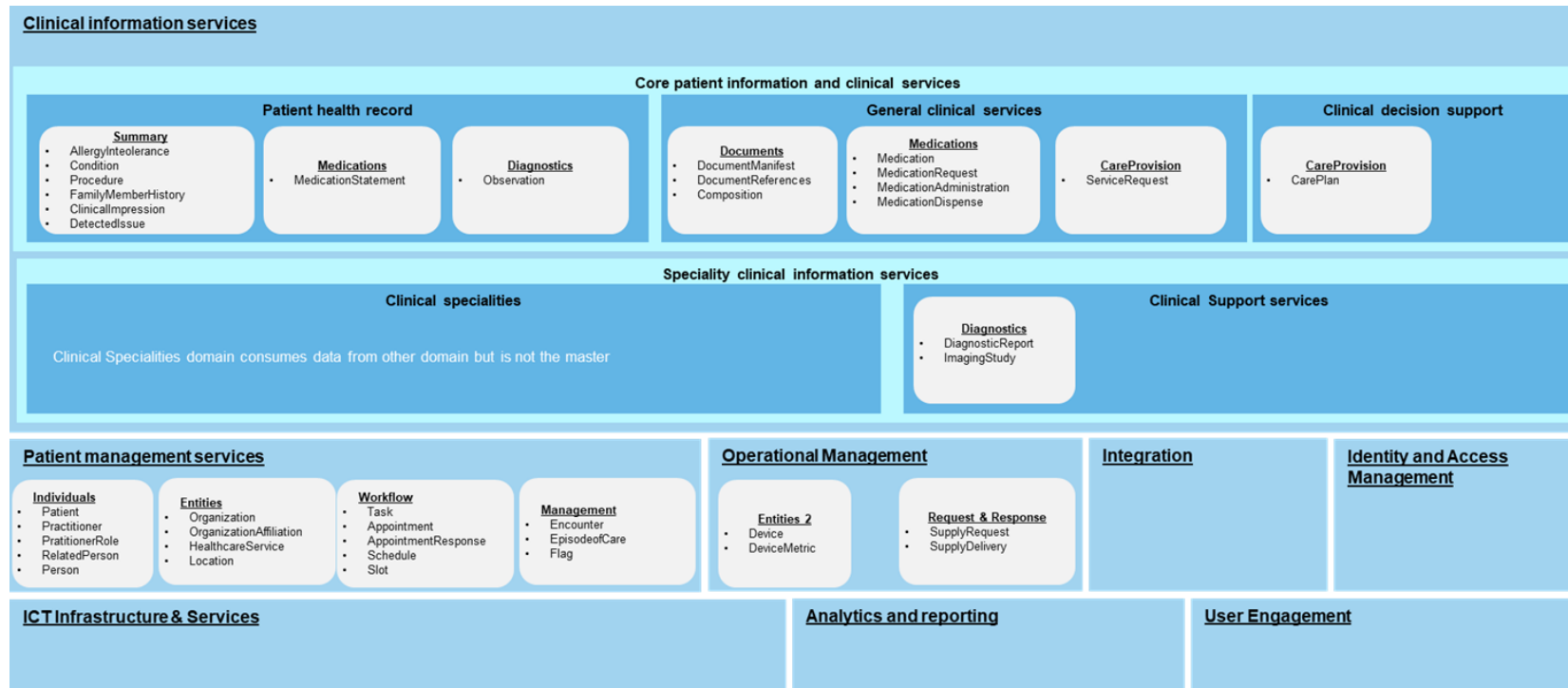
Sub-Domain	Supporting Details
Identity Management	+ Trust has implemented smart-cards and has single sign-on capabilities using Imprivata.

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# Information Architecture – Information Master Sources

The diagram below shows which domain or sub-domain in the WHHT Blueprint would be the master for that information type and the following matrix shows use of the resources across the domains. Empty domains do not provide data master data items but will consume or support the overall information architecture.





## Trust Board Meeting December 2020

<b>Title of the paper</b>	Freedom to Speak Up Activity and Case Update						
<b>Agenda Item</b>	16/88						
<b>Presenter</b>	Paul da Gama, Director of Human Resources						
<b>Author(s)</b>	Joanna Bainbridge, Freedom to Speak Up Guardian						
<b>Purpose</b>	Please tick the appropriate box <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; border: 1px solid black;">                     For approval  <input type="checkbox"/> </td> <td style="width: 33%; text-align: center; border: 1px solid black;">                     For discussion  <input type="checkbox"/> </td> <td style="width: 33%; text-align: center; border: 1px solid black;">                     For information  <input checked="" type="checkbox"/> </td> </tr> </table>				For approval <input type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
For approval <input type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>					
<b>Executive Summary</b>	This paper sets out to provide the Board with an overview of current Freedom to Speak Up (FtSU) activity being delivered to encourage our staff to speak up, this report also provides a summary of all current FtSU cases from November 2019 to October 2020.						
<b>Trust strategic aims</b>  <i>(please indicate which of the 4 aims is relevant to the subject of the report)</i>	Aim 1 Best quality care  Objectives 1-5 <input checked="" type="checkbox"/>	Aim 2 Great place to work  Objectives 6-8 <input checked="" type="checkbox"/>	Aim 3 Improve our finances  Objective 9 <input type="checkbox"/>	Aim 4 Strategy for the future  Objective 10-12 <input checked="" type="checkbox"/>			
<b>Links to well-led key lines of enquiry</b>	<input type="checkbox"/> Is there the leadership capacity and capability to deliver high quality, sustainable care? <input type="checkbox"/> Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? <input type="checkbox"/> Is there a culture of high quality, sustainable care? <input type="checkbox"/> Are there clear responsibilities, roles and systems of accountability to support good governance and management? <input type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance? <input type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on? <input type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? <input type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation? <input type="checkbox"/> How well is the trust using its resources?						
<b>Previously considered by</b>	Committee/Group		Date				
	People, Education and Research Committee		22 <sup>nd</sup> October 2020				
<b>Action required</b>	This section should explain exactly what action the Board/Committee is being asked to take. <ul style="list-style-type: none"> <li>The Board is asked to receive this report for information on FtSU activity and casework.</li> </ul>						




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## Trust Board December 2020

### Freedom to Speak Up Activity and Case Update at Quarter 2, 2020-2021

Presented by: Paul da Gama, Director of Human Resources

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## 1 Purpose

- 1.1** The purpose of this paper is to provide the trust Board with a quarterly update at the end of quarter 2, 2020/21 and to provide assurance that the work activity of FtSU is in line with the national guidance published by the National Guardians Office (NGO) and NHS Improvement in July 2019.
- 1.2** This paper describes the actions required to ensure that West Herts continues to perform strongly against the Principles from the NGO. These principles are:
- Principle 1: Culture of safety: Every organisation involved in providing NHS healthcare, should actively foster a culture of safety and learning, in which all staff feel safe to raise concerns.
  - Principle 2: Culture of raising concerns: Raising concerns should be part of the normal routine business of any well led NHS organisation.
  - Principle 3: Culture free from bullying: Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.
  - Principle 4: Culture of visible leadership: All employers of NHS staff should demonstrate, through visible leadership at all levels in the organisation, that they welcome and encourage the raising of concerns by staff.
  - Principle 5: Culture of valuing staff: Employers should show that they value staff who raise concerns, and celebrate the benefits for patients and the public from the improvements made in response to the issues identified.
  - Principle 6: Culture of reflective practice: There should be opportunities for all staff to engage in regular reflection of concerns in their work.
  - Principle 7: Raising and reporting concerns: All NHS organisations should have structures to facilitate both informal and formal raising and resolution of concerns.
  - Principle 8: Investigations: When a formal concern has been raised, there should be prompt, swift, proportionate, fair and blame-free investigations to establish the facts.
  - Principle 9: Mediation and dispute resolution: Consideration should be given at an early stage to the use of expert interventions to resolve conflicts, rebuild trust or support staff who have raised concerns.
  - Principle 10: Training: Every member of staff should receive training in their organisation's approach to raising concerns and in receiving and acting on them.
  - Principle 11: Support: All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality. They should also provide staff who raise concerns with ready access to mentoring, advocacy, advice and counselling.

- Principle 12: Support to find alternative employment in the NHS: Where an NHS worker who has raised a concern cannot, as a result, continue in their current employment, the NHS should fulfil its moral obligation to offer support.
- Principle 13: Transparency: All NHS organisations should be transparent in the way they exercise their responsibilities in relation to the raising of concerns, including the use of settlement agreements.
- Principle 14: Accountability: Everyone should expect to be held accountable for adopting fair, honest and open behaviours and practices when raising or receiving and handling concerns. There should be personal and organisational accountability for:
  - poor practice in relation to encouraging the raising of concerns and responding to them
  - the victimisation of workers for making public interest disclosures
  - raising false concerns in bad faith or for personal benefit
  - acting with disrespect or other unreasonable behaviour when raising or responding to concerns
  - inappropriate use of confidentiality clauses.
- Principle 15: Primary Care: All principles in this report should apply with necessary adaptations in primary care.

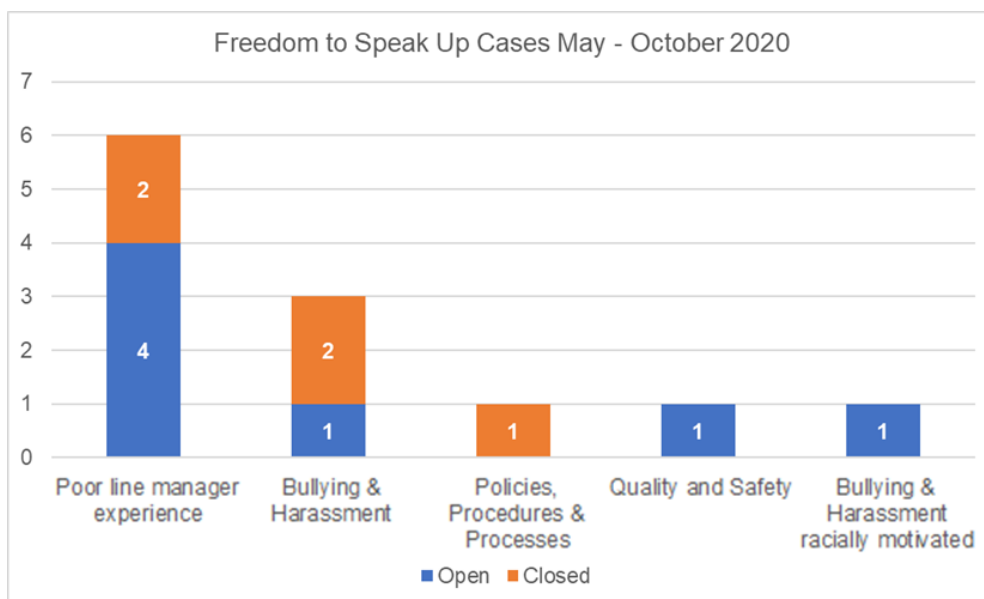
**1.3** This report summarises the progress of each of the current FtSU cases, by type of case and progress to date. This report also provides a high-level summary of the activity from the overall FtSU work plan and the 5 streams of work, driving the actions.

## 2 Background

**2.1** This report summarises the progress of each of the FtSU cases over the period 1st November 2019 to 31<sup>st</sup> October 2020.

## 3 Analysis/Discussion

**3.1** The graph below shows the number of active and closed FtSU cases for the period May 2020-October 2020, a total of 13 cases:

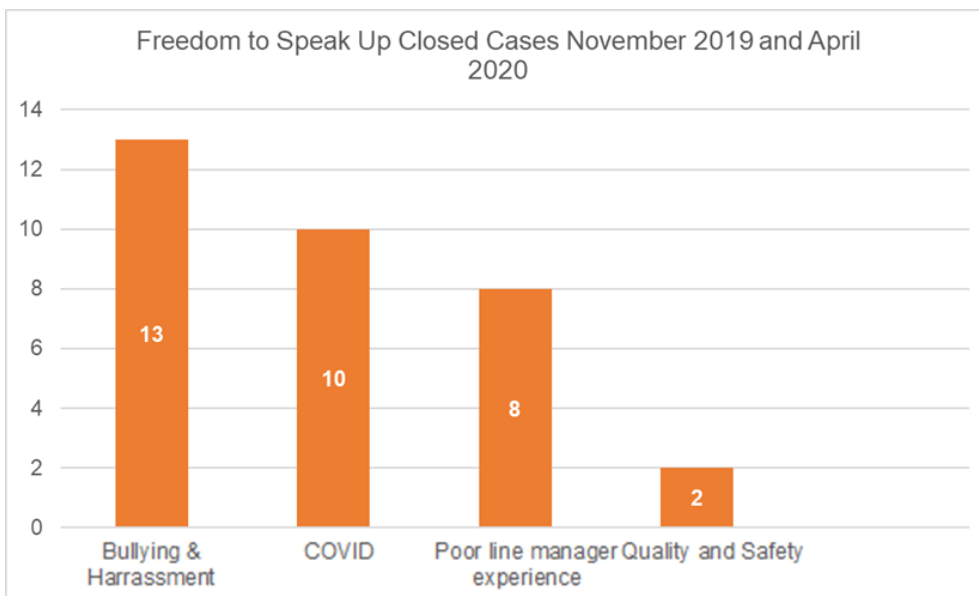


**3.2** The 5 cases closed, indicated above, have been the subject of a recent review. This review took place through the staff member who raised the case. The key lines of enquiry used were:

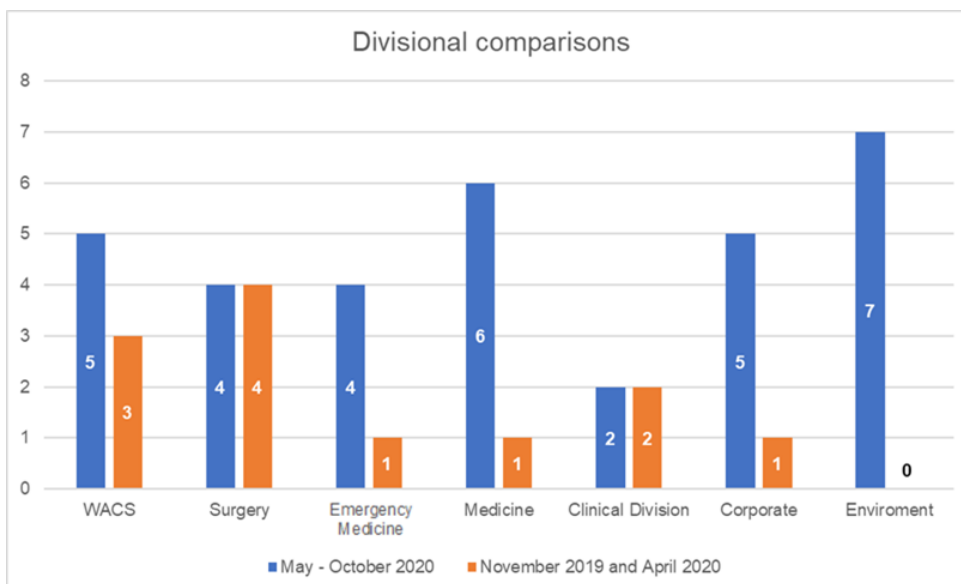
- I felt confident to speak up and raise my concern
- I felt safe to raise my concern

- I know that my concern was investigated
- I was provided with feedback relating to the concern I raised
- I would raise a concern again, using FtSU
- I was thanked for speaking up

- 3.3** 4 of the 5 closed cases reviewed provided evidence that the cases had been handed well and to the entire satisfaction of the member of staff. These 4 members of staff indicated that the Intervention through the FtSU Champion worked very effectively, in a timely way, with a clear action plan and led to speedy resolution of the concern. All four members of staff indicated that they would feel comfortable to raise a further concern through FtSU, if the need arose.
- 3.4** These reviews will continue for all closed cases going forward. A data set will be available in relation to closed cases, as these case numbers grow. Updates, learning and broader themes will be identified from the on-going case reviews and will be used to inform reviews, guidance and best practice.
- 3.5** The one closed case that had less positive feedback was linked to the amount of time the case had taken to progress. The members of staff who had raised the FtSU case have been advised that the necessary learning, relating to timeframes, from this case will be apply to cases of a similar nature going forward.
- 3.6** The graph below details the FtSU cases that were closed between 1<sup>st</sup> November 2019 and the 30<sup>th</sup> April 2020:



- 3.7** The information provided below, shows a comparison of case numbers, by division across the two 6-month periods:



**3.8** It should be noted that some divisional case numbers vary across the 2, 6-month periods. These variations are explained, in the case of Medicine, by the drop in Covid related cases and in the areas of Corporate and Environment, Freedom to Speak Up month in October 2019 saw a rise in cases over a short period of time. The 7 cases remaining open are detailed below with a brief explanation of the case status. The rise in cases involving poor line management has been noted. Further on in this report, details are given of planned development for staff and managers. It should also be noted that on-going work is being carried out to align/collaborate FtSU data with other, relevant data, such as working hours for Junior Doctors. The FtSU Board report for Quarter 3 2020/21 will focus on the outcome from this stream of work.

**3.9** A review of the national guidance published by the National Guardians Office (NGO) and NHS Improvement in July 2019 has taken place through the FTSUG, to assess progress at West Herts and to identify any gaps that existed. The gaps identified mainly relate to measurement of activity and FtSU case review. These gaps have been included, with supporting actions, within the FtSU programme of work.

**3.10** A brief summary of current FtSU cases is as follows:

Type of issue raised	Number of cases
Poor line manager experience	4
Quality & Safety	1
Bulling & Harassment Racially Motivated	1
Bulling & Harassment	1

## 4 Work Plan

**4.1** A detailed programme of work has been developed to support the delivery of the national Guidance on FtSU and West Herts commitment to supporting the FtSU agenda. 5 key work streams have emerged from this plan; these are:

- Communication and good publicity
- Staff Engagement
- Value and Quality Assurance
- Measurement and Evaluation
- The FtSU team/Champion team

- 4.2** A brief summary of work completed and on-going key actions are identified below, by work stream:
- 4.3** Communication and good publicity:
- A trust communication has been provided to all staff, advising them of the changes relating to the Freedom to Speak up Guardian (FtSUG) and current post holder.
  - A communication plan was agreed to promote Freedom to Speak up month, supportive activity has taken place on all 3 sites.
  - The Freedom to Speak up Guardian (FtSUG) has joined and is actively involved in the local and national FtSU groups.
  - Positive staff experiences have been shared, through communications, across the trust, from the recent review of the 5 cases closed between May 2020 and October 2020.
  - Going forward, the FtSUG will be exploring the possibility of setting up an FtSUG network to support organisations within the Herts and Essex STP footprint.
- 4.4** Staff Engagement
- Meetings at individual and Divisional level have been held between the FtSUG, Executive Directors, Divisional Managers, Matrons and Corporate leads.
  - Focus from the FtSUG has been placed on key areas and departments within the trust, defined as hotspots. This work has included regular contact with managers and support for staff through walk around.
  - Information including intranet pages, Freedom to Speak up Champion posters and contact details has been updated and circulated across the organisation.
  - FtSU drop-in sessions with the FtSUG are regularly taking place on all 3 sites and are programmed in until December 2020.
  - Working in partnership meetings have been set up and are running regularly between the FtSUG and the Staff Side Chairs.
  - Freedom to Speak Up month was rolled out during October, across West Herts, this activity triggered a small rise in the number of FtSU cases.
  - A programme of FtSUG walk around is developing; these have included Paediatrics and AAU level 3, on the Watford site.
- 4.5** Going forward, further targeting and engagement with all staff will continue through the FtSUG and the FtSU Champions. This activity will particularly focus on staff that may be harder to reach i.e. BAME staff. This action will be supported through walk rounds, attendance at network groups, the introduction of a training and information package that will be made available to all staff, through e-learning and a video for staff, explaining what speaking up is about and how it can be done, safely and in confidence.
- 4.6** Going forward, the FtSUG will regularly attend key Divisional meetings, with the objective to gain assurance that FtSU is happening across divisions. A more proactive approach to FtSUG walk rounds will be planned and developed from November 2020.
- 4.7** Some further work will be needed going forward for the senior leadership teams, to support them to play their part in creating and launching their own local FtSU vision and strategy. Coaching will also be provided for managers, together with access to peer support and professional development. A national FtSU training package is now available for staff and managers of different levels, this will be utilised as part of the approach to up-skilling staff and managers.
- 4.8** Going forward, some dedicated work will be required to promote diversity and inclusion as a key priority, particularly in the recruitment of future FtSU Champions.



This will ensure that the trust creates a safe environment for BAME members of our staff and other groups of staff, to have their voices heard and share their experiences, safely.

#### Value and Quality Assurance

- 4.9** A pilot case study review is currently being developed in collaboration with the Division of Surgery Senior Management team, relating to the local approach that this division has adopted with FtSU. Best practice will be shared and this collaborative model applied to other areas within the organisation.
- 4.10** The outcome of this Surgery case review will demonstrate good practice and learning that can be shared. Going forward, FtSU strategy and work will be linked to the action above, with further reviews taking place at divisional and department level to ensure that experiences and learning from FtSU are identified and shared. This model of case study review will be developed further and will continue to report on themes and trends from local implementation and practice.
- 4.11** Work will continue to identify and support any workers who are unaware of the speaking up process, or who find it difficult to speak up, a particular focus will be placed on those staff between bands 2-5. Information and local intelligence pertaining to FtSU culture including identifying barriers to speaking up will provide opportunities to learn and improve access points to FtSU.
- 4.12** Going forward, FtSU strategy and work will need to be more focussed on patient experience and safety. Proposals for this line of work include encouraging clinical leadership teams to continue having regular conversations with staff about the positive benefits of speaking up and a review of barriers or areas of resistance that may exist with speaking up. Role playing activities to explore how to handle difficult conversations and sharing stories of situations where speaking up has protected patients will be used as positive reinforcement.
- 4.13** Going forward, further work will be developed to triangulate all data available with the FtSU case trends. This will be particularly pertinent with the results from the latest National Staff Survey results being available towards the end of this year. This will provide an opportunity to understand any hotspots identified for improvement, and provide assurance through identifying actions and learning that can be taken forward.

#### Measurement and Evaluation

- 4.14** The quarterly data returns for FtSU continue to be provided to the centre. The next data submission is required for the first two quarters of 2020/21 and is due in early November. High level data from this return will be shared with the trust Board. The Trust's People Plan has been updated to include commitments and targets for delivery of FtSU at West Herts. The Chief People Officer has developed specific objective related to delivery of FtSU and progress is reviewed monthly through the Chief Executive Officer.
- 4.15** Going forward, the annual FtSU audit report will go to committee in February 2021. A further review of FtSU activity and learning will take place through Guardian at the point of her 12-month service, in July 2021; this will take the shape of a "value" review of all the actions and initiatives delivered within the FtSU work plan.
- 4.16** The FtSU team/Champion team
- 121 Meetings have taken place between the FtSUG and the majority of the FtSU Champions. FtSU Champion numbers have grown to 27 since July 2020.
  - An FtSU Champion event took place on the Watford site in September; this involved 50% of the Champions and proved to be an effective way of catching up, communicating key messages and identifying training and development needs.

- The FtSU Champion training package has been reviewed in partnership with the existing Champions and refreshed to include some material relating to equality diversity and inclusion.
- Going forward further meeting events for the FtSU Champions are planned. A review of the existing Champions and their activity and development has begun.
- Going forward support for the FtSU Champions needs to be strengthened with regular updates on local and national activity and professional development, as required.





## **5 Recommendation**

**5.1** The Board is asked to receive this report for information on Freedom to Speak Up activity and casework.

**Joanna Bainbridge**  
Freedom to Speak Up Guardian  
5th November 2020



### Trust Board Meeting 3 December 2020

<b>Title of the paper</b>	<b>Flu Assurance Paper - Compliance to NHS England Best Practice Management for Healthcare Worker Flu Vaccination</b>			
<b>Agenda Item</b>	<b>18/86</b>			
<b>Presenter</b>	<b>Paul Da Gama, Chief People Officer</b>			
<b>Author(s)</b>	<b>Kayleigh Rockett, Seasonal Influenza Project Manager</b>			
<b>Purpose</b>	<i>For approval</i> v	<i>For discussion</i>	<i>For information</i>	
<b>Executive Summary</b>	<ul style="list-style-type: none"> <li>▪ The paper provides an overview of the measures the Trust is undertaking in order to ensure it is doing everything possible as an employer to protect patients and staff from seasonal Influenza.</li> <li>▪ It provides reassurance that the Trust is fully compliant to the NHS England Best Practice Management checklist.</li> <li>▪ Key elements have been discussed with stakeholders at the weekly Influenza Steering Group meetings.</li> </ul>			
<b>Trust strategic aims</b>	<b>Aim 1</b> Best care  <b>Objectives 1-4</b> v	<b>Aim 2</b> Great team  <b>Objectives 5-8</b> v	<b>Aim 3</b> Best value  <b>Objective 9</b> v	<b>Aim 4</b> Great place  <b>Objective 10-12</b> v
<b>Links to well-led key lines of enquiry</b>	<input checked="" type="checkbox"/> Is there the leadership capacity and capability to deliver high quality, sustainable care? <input checked="" type="checkbox"/> Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? <input checked="" type="checkbox"/> Is there a culture of high quality, sustainable care? <input checked="" type="checkbox"/> Are there clear responsibilities, roles and systems of accountability to support good governance and management? <input checked="" type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance? <input checked="" type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on? <input checked="" type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? <input checked="" type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation? <input checked="" type="checkbox"/> How well is the trust using its resources?			
<b>Previously considered by</b>	Committee/Group		Date	
	People, Environment & Research Committee		22 October 2020	
<b>Action required</b>	<ul style="list-style-type: none"> <li>• The Board is asked to approve the paper that demonstrates that the Trust is compliant to the NHS England Best Practice Management checklist.</li> </ul>			




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**Trust Board – 3 December 2020**
**Board Flu Assurance Paper - Compliance to NHS England Best Practice Management for Healthcare Worker Flu Vaccination**
**Presented by: Paul Da Gama, Chief People Officer**


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**1. Purpose**

- 1.1 The paper provides an overview of the measures the Trust is undertaking in order to ensure the Trust is doing everything possible as an employer to protect their patients and staff from seasonal flu. There is a requirement by NHS&I that Trust Board see and approve the approach taken and the progress made.

**2. Background**

- 2.1 NHS England released a letter asking all Trusts to tell them how the Trust plan to ensure that every one of their healthcare workers is offered the vaccine and how the Trust will achieve the highest possible level of vaccine coverage this winter.
- 2.2 In order to ensure the Trust is doing everything possible as an employer to protect their patients and staff from seasonal flu, the Trust has completed a best practice management checklist for healthcare worker vaccination and published a self-assessment against these measures for the Trust board to approve for assurance.

**3. Analysis/Discussion**

- 3.1 The Best Practice Management Self-Assessment below will let the Trust Board Committee take assurance these requirements are being met:

	Requirement	Status	Evidence
<b>A</b>	<b>Committed Leadership</b>		
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	Compliant	'Staff Seasonal Influenza Vaccination Campaign 2020/21' presented by Paul Da Gama to TEC which provided an overview of the Trusts campaign approach to note and approved additional resource (1WTE Band 7 Project Manager, 2WTE Band 6 Flu Nurse, 0.53 WTE Band 2 Data Administrator) to facilitate the 100% Trust ambition of healthcare workers with direct patient contact.
A2	Trust has ordered and provided a Quadrivalent (QIV) flu vaccine for healthcare workers	Compliant	4400 Quadrivalent (QIV) and 200 trivalent (TIV) vaccines were ordered for staff and delivered to the Trust on 18th September 2020. 70% of total doses were delivered by end of September 2020.
A3	Board receive an evaluation of the flu programme 2019/20,	Compliant	'Staff Seasonal Influenza Vaccination Campaign 2019/20' presented by

	including data, successes, challenges and lessons learnt		Paul Da Gama to TEC which included approach, outcomes and learning.
A4	Agree on a board champion for flu campaign	Compliant	Paul Da Gama, Chief People Officer is board champion.
A5	All board members receive flu vaccination and publicise this	Compliant	Flu nurse attended board meeting on 01/10/2020. Imagery of this was published on Trust internal E-update. A deliberate decision was taken not to vaccinate at this stage all Execs due to potential limitations vaccine availability. Once the final batch is received then further immunisation of Board will be undertaken.
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Compliant	Flu project manager, data administrator and nurse were assigned. Key stakeholders from all directorates, staff groups and trade union were assigned and represented. The flu campaign has been discussed at all Staff Side meetings since the summer.
A7	Flu team to meet regularly from September 2020	Compliant	Seasonal Influenza Steering Group meetings with key stakeholders held biweekly on a Wednesday 13:00 - 14:00 via MS Teams. This meeting is chaired by the Chief People Officer.
<b>B</b>	<b>Communications Plan</b>		
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Compliant	Independent marketing campaign created and distributed across all sites of the Trust. Campaign to be emotive by expressing encouraging and positive emotions, educating by showing fact over fiction, stand out by using engaging messages with , strong bold colour and relatable. Influenza myth-busting by senior clinical leaders communicated on social media.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Compliant	No Drop in clinics for the 2020/20 campaign in order to follow government guidance of the Covid-19 pandemic. Pre-planned department clinics and appointments available for all healthcare workers are publicised across various communications channels to ensure all staff are aware of the times and locations.
B3	Board and senior managers having their vaccinations to be publicised	Compliant	Imagery of Trust Board members, senior managers published on Trust communication channels with aim to show staff that Senior management are leading by example.
B4	Flu vaccination programme and access to vaccination on induction programmes	Compliant	Consent forms included in induction starter packs. Location of Flu nurse at departmental clinics or by appointment shared with all new starters during induction.
B5	Programme to be publicised on screensavers, posters and social media	Compliant	All information surrounding the Seasonal Influenza Campaign was publicised across various

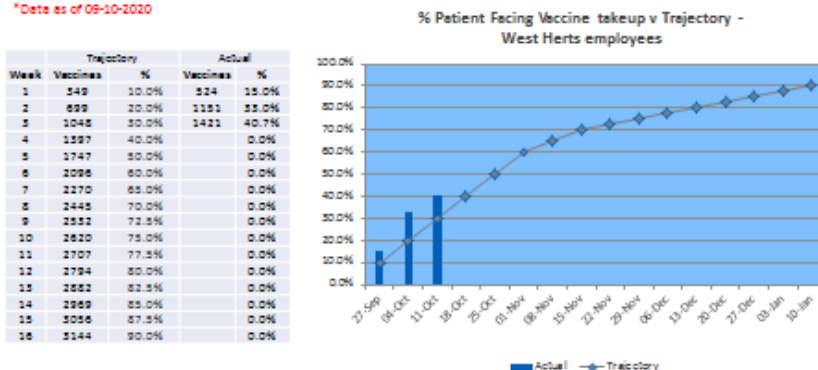
			communication channels including; social, digital, printed and verbal platforms for maximum reach and engagement.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Compliant	Weekly overview report sent every Friday to all Executives, Directors, Divisional Managers and key stakeholders. Divisional report sent weekly on Friday to all Divisional and Managers and Service Managers/Matrons.
<b>C</b>	<b>Flexible Accessibility</b>		
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Compliant	Peer vaccinator assigned for each area/department in the Trust who has undergone and completed Influenza Vaccinator training. Peer vaccinator provided all necessary equipment, consumables and information to successfully vaccinate staff. Weekly communication between Peer Vaccinator and Flu Team for updates and encouragement. Peer vaccinator competition running with prizes awarded for most vaccinations given.
C2	Schedule for easy access drop in clinics agreed		No Drop in clinics for the 2020/20 campaign in order to follow government guidance of the Covid-19 pandemic. Pre-planned department clinics and appointments available for all healthcare workers.
C3	Schedule for 24 hour mobile vaccinations to be agreed	Compliant	Twilight flu nurse to capture day and night staff. Weekend clinics planned.
<b>D</b>	<b>Incentives</b>		
D1	Board to agree on incentives and how to publicise this	Compliant	Staff receives a pen, badge and confectionary when they are vaccinated. Free coffee & cake introduced middle of campaign to push and drive uptake if required. Peer vaccinator competition running with prizes awarded for most vaccinations given.
D2	Success to be celebrated weekly	Compliant	Success celebrated and publicised via communication channels, primarily Facebook, Twitter and e-Update. Trust wide targets celebrated 50%, 80%, 90%.

Below is an overview of flu vaccination take up rates against trajectory as of 09-10-2020

### Trajectory and uptake



\*Data as of 09-10-2020



The trust currently stands at 43.7% of patient facing staff having been vaccinated.

## 4. Risks

- 4.1 Staff who refuse the vaccination, leading to staff and patient illness, resourcing challenges and delivery pressures.
- 4.2 All resources are directed to the achievement of 100% vaccination uptake of healthcare workers with direct patient contact however it is likely that this ambition will not be achieved. The final staff vaccination uptake will determine the scale of the likelihood of the impact to the Trust.

## 5. Recommendation




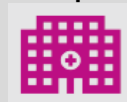
- 5.1 The Board is asked to approve the paper that demonstrates that the Trust is compliant to the NHS England Best Practice Management checklist.

**Paul Da Gama**  
**Chief People Officer**

**3 December 2020**



### Trust Board Meeting 03 December 2020

<b>Title of the paper</b>	Corporate Risk Register											
<b>Agenda Item</b>	18/86											
<b>Presenter</b>	Mike Van der Watt, Chief Medical Officer											
<b>Author(s)</b>	Chux Ebenezer, Risk Lead											
<b>Purpose</b>	<i>Please tick the appropriate box</i> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"><i>For approval</i></td> <td style="width: 25%;"><i>For discussion</i></td> <td style="width: 25%;"><i>For information</i></td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td>✓</td> <td></td> <td></td> </tr> </table>				<i>For approval</i>	<i>For discussion</i>	<i>For information</i>			✓		
<i>For approval</i>	<i>For discussion</i>	<i>For information</i>										
	✓											
<b>Executive Summary</b>	<p>The purpose of this report is to provide an update on the status of the Corporate Risk Register (CRR) to the Board.</p> <p>The report also provides assurance to the Board that the risks to achieving the strategic aims and objectives are being appropriately mitigated through the board assurance framework (BAF).</p> <p>This report captures the decisions made by the Risk Review Group (RRG) on 18 November 2020. Data for this report was extracted from Datix on 09 November 2020 with a few updates made following the RRG meeting; a total of <b>20</b> open risks were registered on the CRR at that time. The report contains 6 open risks on the CRR arising from the Covid-19 pandemic.</p> <p>All Covid-19 related risks on Datix (on the CRR and Divisional risk registers) are reviewed by the RRG on a quarterly basis.</p>											
<b>Trust strategic aims</b>	<b>Aim 1 Best care</b>  <b>Objectives 1-4</b> x	<b>Aim 2 Great team</b>  <b>Objectives 5-8</b> X	<b>Aim 3 Best value</b>  <b>Objective 9</b> x	<b>Aim 4 Great place</b>  <b>Objective 10-12</b> x								
<b>Links to well-led key lines of enquiry</b>	<ul style="list-style-type: none"> <li>☑ Is there the leadership capacity and capability to deliver high quality, sustainable care?</li> <li>☑ Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</li> <li>☑ Is there a culture of high quality, sustainable care?</li> <li>☑ Are there clear responsibilities, roles and systems of accountability to support good governance and management?</li> <li>☑ Are there clear and effective processes for managing risks, issues and performance?</li> <li>☑ Is appropriate and accurate information being effectively processed, challenged and acted on?</li> </ul>											



	<input checked="" type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? <input checked="" type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation? <input checked="" type="checkbox"/> How well is the trust using its resources?
<b>Previously considered by</b>	Risk Review Group – 18 November 2020 Quality Committee - 26 November 2020
<b>Action required</b>	The Board is asked: <ul style="list-style-type: none"> <li>To receive this report for information and assurance on the risk management arrangements in the Trust.</li> </ul>




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**Trust Board – 03 December 2020**
**Corporate Risk Register**
**Presented by: Mike van der Watt, Chief Medical Officer**


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**1. Purpose**

- 1.1 The purpose of this report is to provide the Board with an update on the status of the corporate risk register (CRR).

**2. Background**

- 2.1 The CRR and BAF form part of the Trust's overall board assurance and integrated risk management arrangements.
- 2.2 The CRR contains all risks rated 15 or above from each of the operational/divisional risk registers. The risk register is a 'live' repository of risks recorded on Datix and Risk Owners regularly review and update entries to reflect the current position of the risk.
- 2.3 Divisions regularly review all their risks rated 12 and under on the risk register and those risks which have been on the register for over two years.
- 2.4 Risks are closed as appropriate and any outstanding risks are reported to the Risk Review Group (RRG) for discussion and, where necessary, escalated to the quality committee to agree future action.

**3. Corporate Risk Register**

- 3.1 This report captures the decisions made by the Risk Review Group (RRG) on 18 November 2020. Data for this report was extracted on 09 November 2020 with a few updates made following the RRG; a total of **20** open risks were registered on the CRR at that time.
- 3.2 A full summary of all corporate risks as presented to the Risk Review Group on 18 November 2020 is provided in Appendix 1.
- 3.3 The table below presents the movement of risks on the CRR by division, against each month since April 2019.

		Table 3 – Movement of risks on the Corporate Risk Register																																							
Division	Risk ref	Archived Data																																							
		Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	April 2020	May 2020	June 2020	Jul 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	April 2020	May 2020	June 2020	Jul 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020
Clinical Informatics	3894	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	16 ↓	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	
	3899	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →		
	4116	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →		
	4197							20 →	20 →	16 ↓	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →																				
	4283															15 →	15 →	15 →	15 →	15 →	15 →																				
Clinical Support Services	2755		16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →																				
Corporate	3828	20 →	15 →	20 →	20 →	15 ↓	15 →	15 →	15 →	15 →	15 →	15 →	12 ↓	15 ↑	15 →	15 →	20 ↑	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →		
	3120	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →	20 →		
	4191		15 →		15 →	15 →	15 →	15 →	15 →	15 →	15 →	15 →	15 →	15 →	15 →	15 →	15 →	15 →	15 →	15 →	15 →																				
	4207		16 →				16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →																				
	4319																																								
	4292																15 →	15 →	15 →	15 →	15 →																				
	4280																	20 →	15 ↓	20 ↑	20 →																				
	4304																			15 →	15 →																				
	4279																																							20 →	20 →
	4300																																							20 →	20 →
Emergency Medicine	3995		16 →	15 →	15 →	15 →	15 →	16 ↑	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →																					
Environment	4332																																						15 →	15 →	
	2795		16 →	12 ↑	20 ↑	16 ↓	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →																				
Surgery & Cancer	2951											16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →	16 →																					

Key: Purple = Closed risk      Yellow = Archived Data      Orange = De-escalated risk      Green = New risk/Escalated risk      Blue = Merged

**4. Risk activity**

The following provides an overview of risk activity as discussed at the Risk Review Group on 18 November 2020:

**4.1 New risks (1)**

One new risk was presented to the RRG meeting for acceptance onto the Corporate Risk Register (CRR) and was **accepted**:

ID	Division	Current Risk Rating	Risk title	Rationale	Exec Lead
4332	Environment	15	Water Safety Incident affecting PMoK, Cherry Tree House and Restaurant buildings	<p>A systemic presence of legionella bacteria has been identified by routine sampling in the hot water systems in PMoK, Cherry Tree House and Restaurant buildings.</p> <p>A route-cause analysis investigation is underway but it is highly likely that all three failings are directly linked to a lack of close temperature control on the hot water plant, which was exacerbated by the programmed steam shutdowns during August 2020.</p>	PH

**4.2 Escalated risks (2)**

Two escalated risks were presented to the RRG meeting for acceptance onto the Corporate Risk Register (CRR) and was **accepted**:

ID	Division	Current Risk Rating	Risk title	Rationale	Exec Lead
4279	Corporate Services	20	Increased Absence Levels	The continued increase in unavailability of staff some of which is directly related with Covid-19 and absence with indirect association reduce the ability to continue with consistent and optimum staffing levels, therefore causing a risk to the full continuation of some services.	PDG
4300	Corporate Services	20	Potential for nosocomial infection or outbreaks as a result of cross infection within the ward or environment from COVID-19	A risk of transmission of Covid-19 within the hospital setting from patient to patient, staff to patient and from the environment.	TC

**4.3 De-escalated risks (5)**

Five de-escalated risks were presented to the RRG meeting for acceptance onto the Corporate Risk Register (CRR) and was **accepted**:

ID	Division	Current Risk Rating	Risk title	Rationale	Exec Lead
2765	Clinical Support	12	Lack of Interventional Radiological Suite at WGH	See Risk 3965 - Lack of Interventional Radiology Suite at WGH. Cause -No comprehensive Radiological interventional service at WGH. Certain procedures are not offered i.e. uterine embolisations and stenting of GI bleeds. Angioplasty, EVAR and nephrostomy available 09.00 5.00 Mon -Fri but only available out of those hours if Radiologist, Nurse and Radiographer available to come in - relies on good will. Effect - Emergency bleeds would need to be managed within Divisions. Uncontrolled bleeds would need surgical intervention. Other patients would need to be transferred to tertiary centres. Consequence: Young patient having a hysterectomy numbers of patients very low. Complaints and litigation. Poor patient experience. Reputational damage.	MvdW
4325	Clinical Support	12	Risk of serious patient harm as a result of delayed reporting in acute and outpatient settings due to corrupted Voice Recognition	Corrupted Voice Recognition (VR) profiles since the Dragon 13 upgrade. 1. Individual consultants are unable to report scans and/or have to trial multiple reporting workstations before being able to work, losing hours of activity on a regular basis. 2. Many consultants are unable to work at all in the acute reporting suite. 3. Many consultants cannot work across all sites. 4. Affected individuals are forced into working in SPA and out-of-trust time to try and keep abreast of reporting and vetting examinations. 5. Insufficient IT support to resolve corrupted profiles. 6. Risk to patient safety is exacerbated by other IT failures e.g. PACS, network downtime as and when they arise  Patients management affected and Trust reputational damage.	MvdW
3965	Clinical Support	12	Delays in imaging of patients requiring interventional radiology procedures	See Risk 2765 - Lack of comprehensive Interventional Radiology Service at WHHT Cause: There are two fluoroscopic units at WGH but the one in the interventional room is no longer used as the Radiation dose is considered too high when comparing to the unit installed at WGH 18 months ago. The interventional room which is larger and can accommodate more staff and equipment is now not used. The equipment within this room needs replacing so that we can use the room to its full potential. A plant room is needed to facilitate adequate air changes per hour and a four bedded recovery area is also required.	PH

ID	Division	Current Risk Rating	Risk title	Rationale	Exec Lead
3896	Clinical Informatics	12	ICT Data Networks reduced availability, poor reliability & performance	Replacement Wide Area Network (WAN) experiencing a variety of management incidents & performance problems. Large parts of the legacy Local Area Network (LAN) have not been replaced or upgraded under the Make IT Happen Programme. Network support is not responsive enough under the existing managed service. Continuous and various changes to configuration of the network under the new managed service.	SG
4154	Environment	12	Non-compliance with HTM00 (safe systems of work)	Non-compliance with HTM00 (safe systems of work)  Lack of evidence against Premises Assurance Model (PAM)  Governance and compliance are not adequately demonstrated  Risk to Patient Safety & Health & Safety which could result in the Trust's reputation being put at risk; there is also a high risk of prosecution or a major incident occurring.	PH

**4.4 Closed Risk (0)**

No risk was considered for closure at the RRG meeting.

**4.5 Reduced risk score (0)**

No risk was considered for reduction in current risk rating at the RRG meeting.

**4.6 Increased risk score (0)**

No risk was considered for increase in current risk rating at the RRG meeting.

**4.7 Merged Risk (0)**

During this reporting period, there were no merged risks to consider.

**5. Risks arising from the Covid-19 Pandemic**

**5.1** There are currently 6 open risks on the corporate risk register arising from the Covid-19 pandemic. Due to the volatility of the pandemic, Risk Leads are required to provide updates on these risks on Datix at least once a month.

**5.2 Emerging Risks**

There were no emerging risks proposed to the RRG for consideration.

## **6. Risks**

- 6.1** There is a risk that failure to keep effective oversight of the Trust's key risks may lead to the Trust not achieving its organisational strategic aims and objectives.

## **7. Recommendation**

- 7.1** The Board asked:
- To receive this report for discussion and assurance on the risk management arrangements in the Trust

**Executive Lead: Mike van der Watt, Chief Medical Officer**

**November 2020**

### Appendix 1 – Corporate risk register (by Division)

COVID-19 RELATED	ID	OPENED DATE	RISK TITLE	INITIAL RISK RATING SCORE	PROGRESS NOTE	RATING (CURRENT)	EXECUTIVE LEAD
<b>Clinical Support Services (1)</b>							
No	2755	28/07/2011	Risk of failure of the MRI scanner at HHGH and deterioration in image quality	16	Parts still available. MRI scanner has now been ordered for SACH	16	Sally Tucker
<b>Clinical Informatics (5)</b>							
No	4283	20/05/2020	Vulnerabilities causing a cyber security incident	15	No update available.	15	Paul Bannister
No	4116	23/11/2018	Delivery of the Trust's Digital transformation programme	16	The FBC was approved by the Trust board on Thursday 1st Oct and on 8th Oct interim contract was also signed with Cerner for the provision of an enterprise wide EPR.	16	Paul Bannister



No	4197	16/08/2019	Missing Patches - ICT Server Estate	16	Month 5 patching is underway on site, all Atos patching also ongoing. Both Pathology and switchboard remain problem areas with additional plans worked up	16	Paul Bannister
No	3894	12/06/2017	ICT Data Networks reduced availability, poor reliability & performance	20	No change in the risk as the ICE upgrade work progresses, with a planned delivery date of October 2020	16	Paul Bannister
No	3899	12/06/2017	ICT Trust Bleep System	20	Ongoing work regarding getting the licences prepared (still infrastructure). Third party companies fully engaged and progressing this now.	20	Paul Bannister
<b>Corporate Services (10)</b>							
No	4191	10/07/2019	Risk of a financial liability to Trust following outcome of legal case 'Flowers'	20	We are still awaiting outcome of the legal case - no change	15	Paul Da Gama
Yes	4292	05/06/2020	Nationally NHS staff from a BAME background are disproportionately impacted in risks and outcomes from COVID-19	15	The risk description has been amended to reflect the nature of the risk as recommended by the RRG.	15	Paul Da Gama
No	4304	28/07/2020	End of Life IT Devices/Systems	15	The risk narrative has been revised to reflect the nature of the risk as advised by the RRG.	15	Paul Bannister

No	4207	12/09/2019	Inadequate post in-patient discharge appointment booking processes	20	At the October RRG meeting, Marsha informed the Group that deep sample audit was carried out. Additional data is required from the Medicines Division. The deep sampling looked at the number of patients discharged in July 2020 and 10% of the patients were randomly selected. The deep sample capturing data from the Medicines division has now been completed.	16	Sally Tucker
Yes	4279	28/04/2020	Increased Absence Levels	16	The Trust has introduced fast track COVID testing for patient facing clinical staff who are due to be on shift within 48 hours of becoming symptomatic / household symptomatic. This will enable staff to return to work far quicker (same day) than going through our normal testing process (48 hours).  A business case has been submitted to TMC to ask for funding to continue the absence hub as a permanent feature of our approach to sickness management.  Additional H & W support provided for staff	20	Paul Da Gama
Yes	4280	28/04/2020	Workforce Well-Being	16	An ICS business case to support well-being on a system-wide basis has been produced for consideration. Those areas to be included in the ICS offering for well-being are those associated to: <ul style="list-style-type: none"> <li>• Employee Assistance Programme.</li> <li>• Compassionate Leadership.</li> <li>• Mental Health First Aid Training.</li> <li>• Staff Benefits.</li> <li>• Psychological support.</li> </ul> Additional activities are being considered by the Trust to complement the ICS proposal including further resourcing the well-being team, additional rest facilities, additional psychological support.  A COVID wellbeing group has been convened and meets fortnightly which reports in to the COVID protected and workforce group.	20	Paul Da Gama
Yes	4319	09/09/2020	Inability to deliver the Trusts recovery plan, during COVID 19 and in the event of a second wave and influenza.	25	This risk was approved for addition to the CRR by the RRG on 15/9/20 with the likelihood of the risk being 5 and consequence 4. It was agreed that the impact of staff being off due to the 14-day self-isolation should be reflected in the risk record. Tanya Marcus and Alison Fuller are to update the risk and reflect on the impact to staff. In addition to considering if a separate risk should be identified in relation to staff absence.	20	Mike Van der Watt

No	3120	09/07/2014	Lack of Storage facility for Patient Medical Notes leading to missing, poor condition and delayed location	20	Management of change process due to end 20/03/2020, this is to relocate prep team to Hemel as new area was not cost effective to move into. Notes sanitizing pilot will not be taken forward as documentation not standardized. Failed racking due to be removed week commencing 16/03/2020 and relocated as static in another area to assist with the storage issues in the library at Hemel.	20	Paul Bannister
Yes	3828	09/11/2016	Patients may come to harm and have a poor experience due to long waits for elective care	15	Number of long waits continues to increase Additional control in place to manage patient prioritisation No change to risk score	20	Sally Tucker
Yes	4300	23/07/2020	Potential for nosocomial infection or outbreaks as a result of cross infection within the ward or environment from COVID-19	20	Note added to assurance framework re risk from asymptomatic individuals. The current risk score was increase to 20 to reflect the nature of the risk as recommended by the RRG.	20	Tracey Carter
<b>Emergency Medicine (1)</b>							
No	3995	06/03/2018	Challenges in Recruitment of Emergency Medicine Medical Workforce	20	The RRP was approved at TMC, and we plan to advertise by 15th October The planned interview date is 16th November 2020	16	Mike Van der Watt
<b>Environment (2)</b>							
No	2795	15/12/2011	Management and control of - Asbestos Containing Materials (ACMs)	20	Permit to work system and contractor induction review - Monitor and review in line with Site Control Officer role. - July 2020  MICAD project Lead in post - asbestos is a priority - Review July 2020  Statutory Compliance meetings commenced June 2020 - Asbestos is part of the Specialist Groups. Will be monitored via this forum, Div. Governance and Health and Safety - Review July 2020	16	Patrick Hennessy

No	4332	12/10/2020	Water Safety Incident affecting PMoK, Cherry Tree House and Restaurant buildings	20	No Update available – New Risk	15	Patrick Hennessy
<b>Surgery &amp; Cancer (1)</b>							
No	2951	05/12/2013	Insufficient anaesthetic staffing levels impacting on patient care	91	Risk discussed at the August RRG. No change to risk score.	16	Paul Da Gama



**Agenda Item: 17**

<b>Report to:</b>	<b>Trust Board</b>
<b>Title of Report:</b>	<b>Assurance report from Trust Management Committee</b>
<b>Date of Board meeting:</b>	<b>03 December 2020</b>
<b>Recommendation:</b>	<b>For assurance</b>
<b>Chairperson:</b>	<b>Christine Allen, Chief Executive</b>
<b>Purpose</b>	The report summarises the assurances received, approvals, recommendations and decisions made by the Trust Management Committee at its meeting on 23 September
<b>Background</b>	<p>The Committee meets monthly and its areas of responsibility are:-</p> <ul style="list-style-type: none"> <li>• Delivery of the clinical strategy</li> <li>• Revenue investment up to £1m</li> <li>• Operational performance</li> <li>• Operational risk</li> <li>• Safety and business continuity</li> <li>• Information technology</li> <li>• Internal and external communication strategy</li> <li>• Clinical quality</li> <li>• Business planning</li> <li>• Environment</li> </ul>
<b>Business undertaken</b>	<p><b>Topics covered at the meeting of 28 October 2020</b></p> <ul style="list-style-type: none"> <li>• A report was received on the status of COVID-19 in the hospital.</li> <li>• The Chief People officer presented the Workforce Race Equality Standard Report 2019-20, as was presented to the Trust Board on 05 November.</li> <li>• The Chief People officer presented the Workforce Disability Equality Standard Report 2019-20, as was presented to the Trust Board on 05 November.</li> <li>• The Chief Financial Officer presented a financial update, including a report on the capital programme which had increased significantly after a series of confirmed new allocations.</li> <li>• An efficiency report was presented by the Director of Contracts, Efficiency and Commercial Development.</li> <li>• TMC was supportive of the business for the multi-storey car park.</li> <li>• A strategy update was received from the Deputy Chief Executive.</li> </ul>
<b>Risks to refer to the risk register</b>	None
<b>Items to escalate</b>	None

**to the Board**

**Attendance**

See next page

## Summary of the Trust Management Committee

### Held on 28 October 2020

### Virtual Meeting

Name	Title	Attendance
Allen Christine	Chief Executive	Apologies
<b>Members</b>		
Brown Helen (HB)	Deputy Chief Executive (Chair)	Virtual
Ball Adrian (Aba)	Divisional Manager, WACS	Apologies
Banks Freddie (FB)	Associate Medical Director, Clinical Strategy	Virtual
Barlow Andy (AB)	Divisional Director, Medicine	Virtual
Bannister Paul (PB)	Chief Information Officer	Virtual
Bhatti Mary (MBh)	Divisional Manager, Medicine	Apologies
Borkett-Jones Howard (HBJ)	Associate Medical Director for Education	Apologies
Brown Solomon (SB)	Head of Emergency Planning & Resilience	Apologies
Carter Tracey (TC)	Chief Nurse and Director of Infection, Prevention and Control	Virtual
Cato Sarah (SC)	Lead Nurse, Emergency Medicine	Apologies
Da Gama Paul (PdG)	Chief Peoples Officer	Virtual
Forson William (FW)	Divisional Director WACs	Virtual
Gaunt David (DG)	Chief Clinical Information Officer	Virtual
Gertler Fran (FG)	Director of Integrated Care	Virtual
Gilchrist Sean (SG)	Director of Digital Transformation	Apologies
Halfpenny Louise (LH)	Director of Communications	Virtual
Hennessy Patrick (PH)	Director of Environment	Virtual
Hoey Rachel (RH)	Divisional Director, Emergency Medicine	Apologies
Johnson Stephanie (SJ)	Divisional Manager, Emergency Medicine	Virtual
Keble Martin (MK)	Chief Pharmacist and Divisional Director, Clinical Support	Apologies
King Paula (PK)	Head of Nursing, Surgery, Anaesthetics and Cancer	Virtual
McKee Jason (JMc)	Divisional Manager, Surgery, Anaesthetics and Cancer	Apologies
Mannion Collette (CM)	Director of Midwifery	Virtual
Miles-Kemp Natalie (NMK)	Head of Programme Delivery Support	Apologies
Moors Esther (EM)	Acute Redevelopment Programme Director	Apologies
Clare Parker (CP)	Director of Integrated Care Partnership Development	Apologies
Pindai Rodney (RP)	Director of Contracts, Efficiency and Commercial Development	Virtual
Richards Don (DR)	Chief Financial Officer	Virtual
Reece Ashley (AR)	Associate Medical Director for Medical Education	Virtual
Shentall Jane (JS)	Director of Performance	Virtual
Thorpe David (DT)	Deputy Chief Nurse	Virtual
Tucker Sally (ST)	Chief Operating Officer	Virtual
Van Der Watt Mike(MVDW)	Chief Medical Officer	Virtual
Vaughan Simon (SV)		Virtual
Wellman Angela (AW)	Head of Nursing Medicine and Emergency Medicine	Virtual
Walker Karen (KW)	Head of Nursing, Children's	Apologies
West Simon (SW)	Divisional Director, Surgery, Anaesthetics and Cancer	Apologies
While Rod (RW)	Trust Secretary	Virtual
Whittle Natalie (NW)	Divisional Manager, Clinical Support Services	Virtual
Wood Anna (AWo)	Director of Governance	Apologies
<b>In attendance</b>		
Elliott Debbie (DE)	Business Co-ordinator ( <b>note taker</b> )	Virtual
Duggleby Tim (TD)		Virtual



Agenda item: 21/86

**Report to:** Trust Board

**Title of Report:** Assurance report from Finance and Performance Committee

**Date of meeting:** 03 December 2020

**Recommendation:** For information and assurance

**Chairperson:** John Brougham, Non-Executive Director

**Purpose** The report summarises the assurances received, approvals, recommendations and decisions made by the Finance and Performance Committee at its meeting on 26 November 2020.

**Background** The Committee meets monthly and provides assurance on scheduled reports from all Trust operational committees with a finance, investment and access performance brief according to established work programmes.

**Access Performance**

The Committee reviewed the waiting time performances in October for ED, referral to treatment (RTT), cancer, diagnostic tests and ambulance handovers.

The Committee also reviewed the Trust’s plans to deliver the national phase 3 recovery targets to return to near normal levels of pre-COVID activity for the remainder of the year, following the earlier suspension of all but the most urgent elective activity.

Elective performance continues to improve, though is still well below the pre COVID-19 levels before the national suspension of all but the most urgent elective activity.

RTT 18 week wait time performance increased from 69.7% in September to 74.8%. This remains well below the national standard of 92%, but is the highest performance since March. The Committee noted that the latest available national benchmarking, showed that the 69.7% performance in September placed the Trust in the top quartile of all Trusts, and well ahead of the national median of 61.3%. The Committee also noted that no Trust achieved the 92% standard.

As expected, the number of patients waiting more than 52 weeks continues to rise, from 855 in September to 1075. This compares to zero 52 week waits from October to January last year and a maximum of 4 in any month.



Diagnostic testing waiting times continue to improve, from a performance of 69.3% in September to 72.0%, still well below last year's achievement of averaging more than the 99% standard for the first 11 months until the impact of COVID-19. The Committee noted that scanning capacity is a key issue for many trusts in this recovery period and that the latest national benchmarking in September showed that Trust's performance in September was the same as the national median.

Five of the eight cancer waiting times achieved the national standards in October, one less than in September, but the reporting period is still not closed for the 62 day referral to first treatment, which currently has a provisional performance of 84.8%, compared to the 85% standard.

The Committee noted that the latest benchmarking data, at September, showed that the Trust's performance of 84% for this 62 day standard, was in the top quartile of all trusts, and significantly ahead of the national average of 75%.

The Committee was assured that good progress had been made on the Phase 3 recovery plan to reduce the number of all cancer pathways with waiting times of more than 104 days and 62 days. In the two months since the end of August, waits of over 104 days have reduced by 51% to 34, and waits of over 62 days have reduced by 29% to 110.

The Committee was assured that the Trust is doing all it can to reduce elective care waiting times, including discussions to agree capacity with local independent service providers.

The Committee discussed the impact of the growing number of COVID-19 patients, and the risk to delays in elective care. Unlike the first wave earlier in the year, when all non-urgent elective activity was suspended, the challenge now for the Trust is to deliver the planned elective recovery as wards, and essential clinical staff, are switched back to cater for the growth in COVID patients. The Committee was assured that the Executive are constantly monitoring this, with patient care the priority driver. A status update will be presented to the December Board.

The Committee also noted that achievement of the nationally set phase 3 recovery targets aimed at achieving the same levels of activity in the second half year, as the corresponding months last year, were unlikely whilst COVID-19 remains a major influence. The targets cover elective, outpatient and diagnostic activity, and in October no targets were achieved, with CT scans, in diagnostics, the closest at 91%.

The A&E 4 hour waiting time target performance in October of 83.4%, was down from 84.3% in September, compared to the national standard of 95%. The national standard was achieved in the month by both UTCs, with 100% at Hemel Hempstead and 99.2% at Watford, and the CED performed at 93%, up from 88.5% in September. The flow through Majors at Watford remains the main challenge with a performance of just 61.5%, up from 58% in September.

The Committee noted that the national benchmarking in September placed the Trust's performance of 84.3%, just below the national median

2

of 86.2%, and was assured by the Trust's projects underway to improve the patient flow in Majors.

The Committee also noted that the number of patients arriving in A&E by East of England ambulance increased from September and accounted for 35% of all attendances at Watford, compared to 25% in 2019, which adds to the pressures in Majors. EEAST have agreed to review their conveyance avoidance arrangements and CLCH will review their community rapid response model, to ensure that patients are only taken to EDs if it is clinically appropriate for the patient's needs. The Committee will be updated once the reviews have been completed.

Following a 24% reduction in ambulance waiting times of more than 30 minutes in September, compared to August, there was an increase of 16% in October with a total of 471 waits, which remains far too high.

The Committee was assured that appropriate harm reviews remain in place for all patients with long waiting times.

#### Integrated Performance Report (IPR)

The Committee received updates from the Chief Operating Officer and Chief Medical Officer on the key messages that they will be presenting to the December Board, including COVID-19 pressures, and resulting reductions in available bed capacity.

There will be updates from all the Chief Officers at the December Board.

The IPR remains a valuable indicator to the Board covering the Trust's latest performances in care and outcomes, responsive services, workforce and finance

### **Financial Performance**

#### (i) Income and Expenditure

The Committee reviewed revenues and costs for the month of October and year to date, and the latest forecast for the full year.

The results in October were in line with forecast, with a deficit of £12k, £15k better than forecast, bringing the year to date deficit to £12k, compared to the pre COVID budgeted deficit of £1.4m. Year to date revenues of £247.3m were offset by pay costs £157.4m, and non-pay costs of £89.9m.

The national guidance of reimbursing costs to produce a break even result has changed for the second half year, and the Committee focussed on the latest detailed forecast for the year, having reviewed a top down view of a full year deficit loss of £5.6m at the October meeting, and a November Board.

Revenues for the year are now mainly fixed, with relatively little risk. The

key risks relate to the levels of activity, and associated costs to deliver the planned growth in activity, higher than anticipated further COVID 19 related costs, and the impact on costs from the severity of winter pressures.

Following the review the Committee concluded that a full year deficit of £5.6m remained the most likely case, with best case and worse case deficit scenarios ranging from £4.2m to £8.3m. Following the review the Committee supported the recommendation for the Trust to set the target to achieve the best case deficit, £4.2m.

The Committee supported the action underway to further analyse the projected cost increase in the second half year and will report any changes, and ensuing actions if necessary, to the January Committee.

#### (ii) Capital Spend

Spend of £1.4m in October, including £0.1m COVID-19 related, took year to date spend to £7.4m, of which £1.6m relates to COVID-19.

The forecast capital spend for the year requires a rapid acceleration in the remaining five months to achieve the planned £48m, excluding COVID.

Most of the acceleration comprises major projects that have already been approved, or expected to be approved by December, including EPR, redevelopment OBC, MSCP, new scanners, and theatres refurbishment, which together account for two thirds of the planned spend in the remaining five months. The Committee was assured that all the planned spend for the rest of the year was on essential projects, but recognised that achieving the full £48m will be very challenging. The Committee will review the progress spend and approvals at each Committee and recommends an update is presented to the December Board.

#### **Business Case Updates**

The Committee was given verbal updates on the status of three business cases: MSCP, EPR and Pathology and recommends an update on each is given to the December Board.

#### **Corporate Risk Register (CRR) and Board Assurance Framework (BAF)**

The Committee reviewed and approved the three risks on the BAF for which it is the primary assurance Committee. There were no changes to the risk ratings and the mitigating actions had been appropriately updated.

The Committee noted that the risk for which it is the secondary assurance Committee, relating to harm from long waits, would be included in all future BAF and CRR reports.

The Committee confirmed that there were no current finance risks rated at 15 or above and therefore none on the CRR.

**Risks to refer to risk register** See above

**Issues to escalate** The Committee recommends the following to the December Board

**For review and approval:**

- The I&E forecast for the year.

**For information and discussion:**

- Updates on the business cases for MSCP, EPR and Pathology.
- The forecast capital expenditure for the year

**Attendance record**

Present

John Brougham, Non-Executive Director (Committee Chair)  
Christine Allen, Chief Executive Officer  
Tracey Carter, Chief Nurse and Director of Infection Prevention and Control  
Paul Cartwright, Non-Executive Director  
Don Richards, Chief Financial Officer  
Phil Townsend, Trust Chair  
Sally Tucker, Chief Operating Officer  
Jane Shentall, Director of Performance  
Mike Van Der Watt – Chief Medical Officer  
Simon West, Divisional Director Surgery, Anaesthetics and Cancer

Apologies

None

In attendance

Tom Drabble, Patient Representative  
Rodney Pindai, Director of Contracting, Efficiency & Commercial Development  
Soheb Rafiq, Associate Director, Financial Management  
Sean Gilchrist, Director of Digital Transformation (for EPR business case only)

Minutes

Laura Abel, Assistant Trust Secretary



Agenda item: 24/86

**Report to:** Trust Board

**Title of Report:** Assurance report from Great Place Committee

**Date of meeting:** 03 December 2020

**Recommendation:** For information and assurance

**Chairperson:** Helen Davis, Associate Non-Executive Director

**Purpose** The report summarises the assurances received, approvals, recommendations and decisions made by the Great Place Committee at its meeting on 19 November 2020.

**Background** The Committee meets bi-monthly and gains assurance on the delivery of the objectives of the hospital redevelopment and digital infrastructure programmes and provide senior level leadership to shape and drive the implementation of these key elements of the Trust’s strategy.

**Items discussed and assurances received**

**Digital Strategy**  
 The Committee received an update on the Trust’s plan to continue its technology improvements to meet the ambitions described in the overall Trust strategy: to provide staff and patients with the most effective and efficient digital toolset as possible as we move towards the hospital redevelopment. It was noted that this is not just an IT project.

The Committee discussed the strategy and supported the level of ambition it represents, whilst recognising the financial challenges.

The Committee recommends that the Board approves the Digital Strategy.

**Electronic Patient Record (EPR) Update**  
 The Committee received an update on the progress made since board approval of the Outline Business Case (OBC) amendment in August 2020 and the commencement of work on the EPR programme, and approval of the Full Business Case (FBC) by the Board in October 2020.

The Committee discussed the potential impact if the Joint Investment Committee (JIC) did not approve the business case.

24

The Committee noted the significant progress and the good engagement with the JIC.

### **Estates Transformation Programme**

The Committee received an overview of the Acute Redevelopment Programme:

- a summary of the key milestones;
- the key achievements for the programme since the last Committee meeting;
- key issues; and
- details of the next steps to the preferred option decision making.

The Committee noted that the development of the Demand and Capacity model and schedule of accommodation has been clinically led through Confirm and Challenge events.

### **Feedback from Clinical Senate**

The Committee received an update from the meeting of the Regional Clinical Senate held on 5 August 2020. The purpose of this meeting had been to provide an independent view on the emerging future clinical model, with clinicians and officers from both WHHT and Herts Valleys CCG contributing to the discussion.

The report confirmed that the Clinical Senate Panel fully supports the Trust's case for change, and the need to invest in the Trusts' estate. The report also set out a number of recommendations to develop the redevelopment proposals further. The Committee noted that the feedback received was based on the discussion at the time of the meeting and that a number of the issues raised in the report would be addressed in the OBC process. A short reporting setting out the Trust's response to the recommendations will be developed for review at the next committee and both reports will then be published on the Trust's website.

### **Review of key red risks and mitigating actions**

The Committee discussed the top programme risks to the estates transformation programme together with the agreed mitigating actions. A deep dive into the wider programme risks will be provided at the next Great Place Committee meeting.

In order to provide visibility to the Board, any specific risks of concern will be highlighted in the assurance report from the Committee. The Committee was assured that the programme team are actively managing risks.

The key risk discussed at this meeting related to delays to the ICS wide pathology outsourcing programme, potentially impacting on the critical path for the WHHT redevelopment. Discussions are ongoing with regulators regarding how to mitigate this risk.

2

V1

**Stakeholder engagement**

The Committee received an update on the communications and engagement activity that has taken place to date and the next steps, which will include a rebalancing of the approach and the introduction of additional short term advisory support.

The Committee was assured that WHHT and HVCCG are fulfilling their duty to involve as set out in section 242 and s.14Z2 of the Health Act.

**Risks to refer to risk register** None

**Issues to escalate to the Board**

**For approval:**

The Committee recommends that the Board approves the Digital Strategy.

**For discussion:**

The implications of pathology outsourcing decision on the redevelopment programme.

**Attendance record**

Present

- Helen Davis – Associate Non-Executive Director – Committee Chair
- Christine Allen – Chief Executive
- Freddie Banks – Associate Medical Director, Clinical Strategy
- Paul Bannister – Chief Information Officer
- John Brougham – Non-Executive Director
- Helen Brown – Deputy Chief Executive
- Tracey Carter – Chief Nurse and Director of Infection Prevent and Control
- Paul Cartwright – Non-Executive Director
- Paul da Gama – Chief People Officer
- Don Richards – Chief Financial Officer
- Phil Townsend – WHHT Trust Chair
- Sally Tucker – Chief Operating Officer
- Dr Mike van der Watt- Chief Medical Officer
- Chief Medical Officer •

Apologies

- Simon Wood – NHSE/I Director of Strategy and Implementation
- Nigel Littlewood – NHSE/I Deputy Director of Strategy and Implementation

In attendance

- Meg Carter – Representative of Healthwatch Hertfordshire
- David Evans – Managing Director, Herts Valleys Clinical Commissioning Group
- Jane Halpin – Accountable Officer , Herts Valleys Clinical Commissioning Group
- Duane Passman – Great Place Programme Director
- Dr Nicolas Small – Chair, Herts Valleys Clinical Commissioning Group
- Laura Abel, Assistant Trust Secretary (minutes)



+ **ANNUAL**

**REVIEW**  
**2019-20**

*raise*

West Hertfordshire  
Hospitals Charity



# + ANNUAL REVIEW 2019-20

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# 1. INTRODUCING RAISE

Raise is your local NHS charity, and we work alongside West Hertfordshire Hospitals NHS Trust (WHHT) to improve the health and wellbeing of communities across west Hertfordshire.

We raise funds to support your three local hospitals – Hemel Hempstead Hospital, St Albans City Hospital and Watford General Hospital.

We are dedicated to enhancing the patient experience in each of our hospitals. WHHT staff provide acute healthcare services to our local population as well as a range of specialist services for patients from north London, Bedfordshire, Buckinghamshire and east Hertfordshire. **Over 5000 people work in WHHT hospitals, caring for nearly a million patients each year.**



**Above: Watford General Hospital**

Every patient deserves the highest quality care, and your support enables us to go above and beyond to ensure the very best patient experience each day. Donations help us fund new technology, environmental enhancements, staff development and the extra comforts that make all the difference to patients. Volunteers help patients and families to navigate our busy

hospital sites, provide support to patients and their families and are a friendly face to listen and help ensure our patients' needs are met. Raise ensures that your donations, time and commitment are targeted to areas of high need to help WHHT deliver the very best care to our patients, their families and carers.



Raise is your local NHS charity, and we work alongside West Hertfordshire Hospitals NHS Trust (WHHT) to improve the health and wellbeing of communities across west Hertfordshire.

This year, we received donations from patients who want to say thank you; from committed and enthusiastic fundraisers; many local companies; trusts and foundations; and from families who give in memory of a loved one. Our strong links to the League of Friends of Watford Hospitals have continued to grow, helping many more patients.

COVID-19 dominated the last two months of our reporting year (see page 6). As we prepare this report, that continues. We were overwhelmed by the generosity of our local communities who went above and beyond to support their local hospitals in dealing with COVID-19. Raise helped coordinate this response with WHHT and Watford Football Club. You can learn more about



**Above: Young Sienna is one of nearly a million people that WHHT staff care for each year**

**Centre: The face behind the mask**

our ongoing response to the public health emergency, and more about Raise at [www.raisewestherts.org.uk](http://www.raisewestherts.org.uk).

Raise is a small and ambitious charity, and we want to work with our local communities to engage them as volunteers for our hospitals, to help them to fundraise for us, and to work with them as partners helping to transform our patient experience. This report introduces you to some of our work, and if you would like to find out more or get involved in some way, then please get in touch.

## 2. OUR YEAR AT A GLANCE

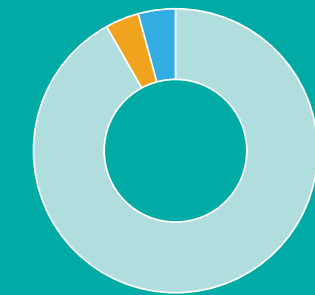
OVER  
**£540,000**  
SPENT Supporting our hospitals

**6**  
New grants approved in partnership with the League of Friends of Watford Hospitals

**800** Patient Christmas presents donated to the Raise a Smile appeal

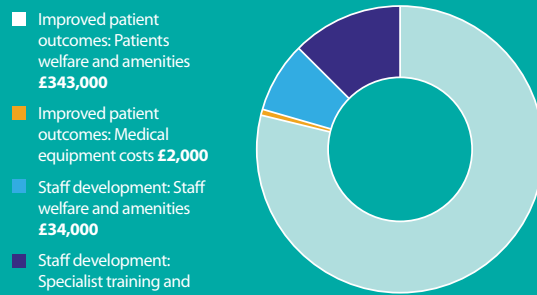
**21**  
New cots provided to Watford General Hospital maternity unit

### CHARITABLE INCOME 2019/20



- Donations and legacies **£563,000**
- Fundraising income **£23,000**
- Investment income **£25,000**

### CHARITABLE EXPENDITURE 2019/20



A full copy of Raise's annual report and accounts is available from [www.westhertshospitals.nhs.uk/raise/publications.asp](http://www.westhertshospitals.nhs.uk/raise/publications.asp) or via 01923 436177

## 3. CHAIR'S OVERVIEW



2019/20 was a year of significant change for Raise, our hospitals' charity.

The last quarter of the reporting year, January to March 2020, saw COVID-19 spread throughout the UK. We entered lockdown as a nation, and West Hertfordshire Hospitals NHS Trust responded swiftly to the emergency. This meant that Raise had to adapt quickly and work with our local communities to provide new and different support to our much-loved local hospitals. The generosity of our communities during the pandemic is presented on page 6 of this report.

At the start of the year, our Charity Director Samantha Sherratt moved on, after having led the charity through a period of significant growth and change. She led the rebranding of the charity, the development of a trusts and foundations strategy, created new and effective systems of working, and established our annual 'Raise a Smile' Christmas campaign. I would like to express my appreciation to Samantha for the difference she made and the impressive results she achieved. In December 2019 Sofia Sheikh became our new Charity Director, bringing a wealth of charity experience, especially in fundraising. Sofia joined just as COVID-19 was emerging in the UK and she has worked tirelessly to ensure a coordinated and strong response in partnership with WHHT, Watford Football Club and our local communities.

In the past year, Raise has continued to grow and make a difference in our hospitals. Highlights for me include the success of our second 'Raise a Smile' Christmas gift campaign, which ensured that every patient in our hospitals got a present on Christmas day. Once again, our local communities kindly purchased and donated gifts for all of our patients. The League of Friends of Watford Hospitals generously supported a range of activities across our hospital, including ward improvements and equipment for our maternity and children's services, our stroke service, and supporting staff training.

We saw a significant increase in community fundraising for the charity towards the end of the year due to COVID-19, and we built new relationships with Watford Football Club as a result. We invested in the creation of a stand-alone charity website and improved our online and digital presence to ensure that our communities are aware of our work and know how to reach us.

As a charity, we rely on the kindness and creativity of our supporters who never cease to amaze me with their generosity, the creative ideas they have for fundraising, and their suggestions for how we can do more to support our hospitals. I would like to thank all of our supporters, over the past year, for their renewed and continued support. You have made all the difference to the patients, and their families and carers in each of our hospitals. Thank you!

+ **Jonathan Rennison**  
Chair of the Charitable Funds Committee,  
on behalf of the Corporate Trustee

*"We are pleased with the progress we have made in the past year, and we will continue to develop the charity to ensure that we are building a resilient and sustainable organisation for the future."*

## 4. CHARITY DIRECTOR'S THOUGHTS

Having joined the charity as Director at Christmas time, so much of what has been achieved and discussed in this report are other people's success.

However, I am delighted to be continuing this success in this post and to be leading Raise at a time of great ambition.

Our plans may have been disrupted, delayed and changed by COVID-19, but the charity's ambitions and my commitment to making them happen remain. Raise is a charity which has had a surge in profile and impact in our communities. As we have seen very clearly in recent months, there is plenty of energy and willingness out there to support our local hospitals. We want to capitalise on that enthusiasm for everyone's benefit.



**"I want to see Raise become the local charity of choice for donors and community fundraisers."**

We want to significantly increase our financial contributions to improvements at the three hospitals we support. And we want NHS staff to see us, access our funds, and know we are there for them. We want patients and their families to get all the support they need. To do all this, we need to build a team – I call it #teamraise. In turn, to do that, we need to invest in our growth and infrastructure.

I am very proud to have been chosen to lead Raise, and although my first three months have proven to be very, very different from what I expected, they have been very gratifying. I am looking forward to reporting my first full year next April, and looking back on what I am sure will be a very successful year for the charity.

**Thank you to everyone who welcomed and supported me over my first three months.**

**Sofia Sheikh**  
Charity Director

## 5. THE IMPACT OF COVID -19



The last few months of the reporting year brought huge change and transformed how we all live and work. The impact of the pandemic on the NHS has been profound and Raise is proud to have been able to support West Hertfordshire Hospitals NHS Trust as they responded to the challenge of COVID-19.

**We are incredibly proud of the communities of west Hertfordshire and how they came forward to help our local hospitals.** Businesses, charities, community groups, school and colleges, and individuals came to the aid of the hospitals with donations of cash, goods, and services beyond our wildest expectations.

The **'thank you'** page on our website [www.raisewestherts.org.uk](http://www.raisewestherts.org.uk) shows the dozens of organisations who donated tens of thousands of items.

At the start, we were overwhelmed (literally!) by the volume of goods being donated, and we would not have managed this process without several people and groups stepping in to help with their time, knowledge and expertise. In particular, two very important groups of people came to our rescue.

**Firstly, Watford Football Club**, who are next to us on Vicarage Road, proved to be neighbours from heaven. When they were asked to support the Trust with some socially-distanced meeting space, their willingness to help become evident and developed into an incredible partnership,

with the club pulling out all the stops for the staff at Watford General Hospital, the Trust as a whole, and for Raise.

Gate 14 at WFC became a central coordination point. Pallets and pallets of donated goods were received, stored and sorted by club staff. This made accepting all of the kind donations possible and ensured smooth onward distribution to hospital departments and individual staff.

**"we would not have managed this process without several people and groups stepping in to help with their time, knowledge and expertise"**

The club's generosity was endless. In addition to the space initially requested, they adopted an 'our stadium is your stadium' approach. Thousands of NHS staff were provided with daily meals, rest areas, and so much more. We could not have supported our hospital staff without the generous support of Watford Football Club – they truly went above and beyond in all that they did.

**The other group that made things possible were the 'teal shirts'.** These are our hospital volunteers and the small team that manages them. These incredible people supported frontline staff, including those in the COVID-19 areas. They delivered food and drink, ran errands, supported patients, helped patients' families, passed messages, provided information points, signposted people, packed, unpacked, lifted and carried. And, this extraordinary help continues as we prepare this report. Without our volunteers, it would have been impossible to accept and distribute all of the donations we received.

COVID-19 will be with us for some time, and the NHS staff involved in caring for the victims of the disease continue to need our support. The massive national support for our NHS generated huge donations to NHS Charities Together – formerly known as The Association of NHS Charities – that have exceeded £130 million. As a member of NHS Charities Together, we will benefit from the nation's kindness and will be able to access these funds to provide more support to the staff in each of our hospitals in the coming year.



We are very sad that six members of staff at WHHT have lost their lives to COVID-19. Raise has contributed to support their families at this sad time, and our thoughts are with them. We know that WHHT is planning a memorial to allow us all to remember and celebrate those affected by the pandemic. As the hospital charity, we will support this.

COVID-19 has had another unexpected side effect: plans for Raise to grow its small team of staff and increase activity have been accelerated through necessity. We will report on this in next year's review.

**COVID-19 is far from over, and we continue to need your help.**

**PLEASE SUPPORT YOUR NHS AND BY DONATING WHAT YOU CAN TO YOUR HOSPITAL CHARITY, BUT MOST OF ALL BY STAYING SAFE AND ENSURING YOU STICK TO ALL THE SOCIAL DISTANCING RULES THAT ARE IN PLACE TO PROTECT US ALL**



## 6. RAISE IN THE COMMUNITY

We received incredible support from our community this year, most notably during the last weeks of the reporting year in response to the COVID-19 public health emergency.

Every year, many people choose to do something special for their local hospitals, through Raise, to say thank you for the care they have received or simply because they want to benefit local patients. Our thanks go to everyone who has helped us - there are too many to mention all individually, but here are a few examples of our fantastic community supporters:

**Michelle Sorley** raised over £1,000 for the Rose end of life care project by running the 2019 Liverpool Rock'n'Roll marathon. Nice work Michelle!

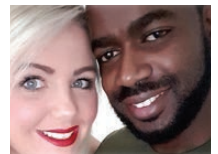


**Steven Albert** was 50 in November. Because his son had been treated at Watford, he asked for donations instead of gifts, raising £700

**Claire and Harry Lambert** sadly lost their premature son Theo. Their selfless fundraising in his memory resulted in gifts of over £2,400 (PS: We are delighted that Theo's brother Noah has since arrived)

**Paul James' family** raised over £1,300 in his memory after he passed away in December. We are humbled by this kind gesture

**The League of Friends of Watford Hospitals** contributed an incredible £242,000 to projects, funds that were generated by the two hospital League of Friends tea bars.



## + Legacy gifts totalled £107,000.

**THESE GENEROUS GIFTS WILL ALLOW RAISE TO ADDRESS AREAS OF GREATEST NEED IN OUR HOSPITALS, MAKING THE BIGGEST DIFFERENCE FOR OUR PATIENTS.**

**Parents-to-be** benefited from a £2,000 donation from the **Rotary Club of Hemel Hempstead** to fund improvements at the maternity unit for women and their partners

**Parent footballers at the Royal Masonic School in Watford** scored a £3,000 fundraising win with the inaugural Chiese Cup

**Jacob Clement** had his Bar Mitzvah in February. 13 years ago he was in WHHT's Special Care Baby Unit so to celebrate, he raised £1,054.

**In addition to donations from individuals and community groups, we also enjoyed the support of several local businesses.** Local businesses have always remembered Raise and our hospitals and in the past year that has continued and grown.

**JJ Burgess, Tusker, Anytime Fitness and The Expert Property Group** came together to **donate hundreds of Easter Eggs for our patients**, a lovely gesture which was especially appreciated on the children's wards!



**Marks & Spencer** was just one of many companies that donated very generously **to our Christmas appeal this year.**

**Boston Scientific** donated £4,000 to support our work

**Watford Plant & Grab Hire** organised a charity golf day **to support paediatric care at WHHT.** They involved Watford FC legends Alec Chamberlain, Steve Palmer and Nigel Gibbs and raised over £6,000

**MEC Grab Services** were hugely supportive, raising over £12,000 **to support the SCBU** (Special Care Baby Unit) at Watford General Hospital.



We are also delighted to acknowledge donations from **SBR South Limited, Daiichi-Sankyo UK, WB Herts, Metropolitan Police Bushey, Emica Ltd, Southgate Lions' Club, Pfizer, Nipro Diagnostics, Prashanthi Ltd, and The Pears Foundation.**



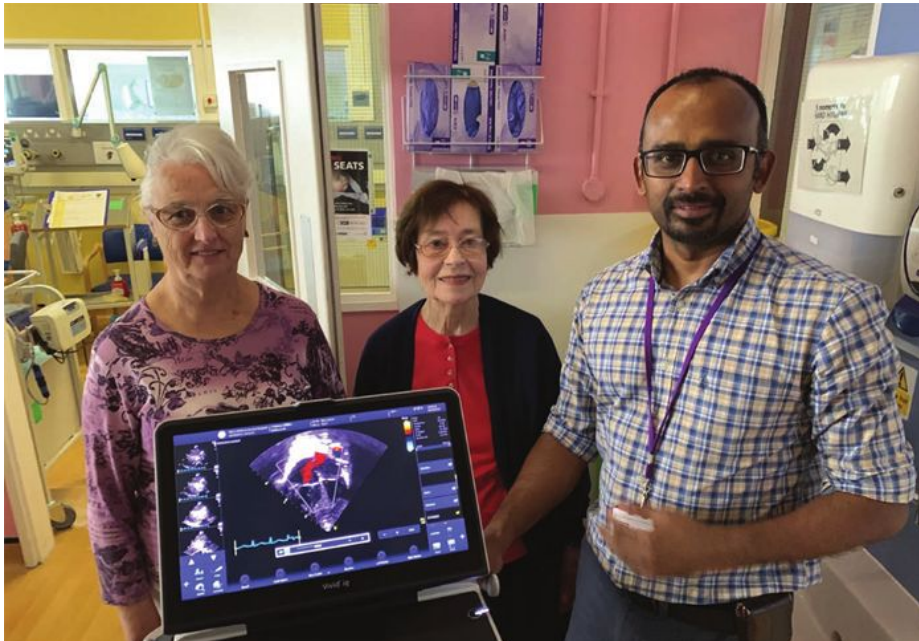
## WHAT WE FUND

Raise funds are spent in five broad areas: new technologies, patients and families, developing staff, the healing environment, and the greatest immediate needs.

How spending between these is split is not fixed, but is a product of several things:

- Demand (grant applications)
- Trustee discretion and immediate priorities
- Restrictions imposed by donors
- The availability of unrestricted funds
- Guidance from clinicians and other experts at our hospitals

Here are just two examples of how our donors' money was spent in this reporting period.



Above: NIV machine Below: paediatric cardio scanner



Our appointed YVM, Mark Cruise, continues to work with service leads across the hospital sites to identify how our volunteers can help. This partnership approach means the project has been hailed a success by the volunteers and staff at our hospitals, and has helped develop and nurture a new Teal Shirts volunteer culture at our hospitals.

Photo: Teal-shirted volunteer Teodore Bate volunteered at 16 and wants to study medicine. Hospital experience has strengthened his resolve to do this and will strengthen his application to college later (need his image of Teodore here)

## YOUTH VOLUNTEER MANAGER

With the kind support of The Pears Foundation, which donated nearly £80,000 over two years, Raise continues to fund the post of Youth Volunteer Manager (YVM).

This post is based at Watford General Hospital and supports the volunteer team across all three hospital sites. Last year, we reported how the project had been successfully launched. Since then, the project has taken off, and we have recruited 170 young volunteers in the past year. These volunteers have been instrumental in helping us to shape our youth volunteering programme so that we are meeting the wider needs of patients and their families, and we understand how we can meet the needs of our young volunteers, and help them to develop new skills and knowledge for work and life.

As well as giving patients a helping hand, a friendly ear and more holistic support, the many tasks completed by these remarkable young helpers means that NHS staff have the opportunity to concentrate on what they do best – providing great care. Our volunteers improve their confidence levels, job prospects, network of friends and peers, and a sense of purpose in society.

Mark looks after a third of the total volunteer force at the Trust. He has ensured a professional, robust approach to recruitment and training of young external volunteers and has strengthened the service through external youth volunteering networks and the use of social media.

At the end of our reporting period, we were facing the worst of COVID-19, and we must commend Mark and the volunteers for the outstanding support they are giving in unusual times. They demonstrate the very best of what our young people can do and be in our society.



**Above:** The entire SIM family in the simulation suite at Watford - the first adult manikin (right) was funded by the League of Friends when the suite was set up in 2016. Lucina is second right.

## WISER (WEST HERTFORDSHIRE INITIATIVE IN SIMULATION EDUCATION AND RESEARCH)

**Raise was proud to support WISER in 2019; working with the League of Friends of Watford Hospitals, a grant of £80,000 provided funding for a high-fidelity maternal simulation manikin – now named Lucina.**

Lucina and the impressive simulation suite, enable WHHT to provide high fidelity, multidisciplinary, simulation-based training for staff in the management of complex obstetric scenarios. These training simulations significantly improve patient care, experience and safety – for both mother and child. Lucina was delivered in December. Unfortunately, the COVID-19 pandemic has delayed the planned multidisciplinary training, but this is now scheduled to start August 2020; we will report more fully next year. However, Lucina has already been used for midwifery training.

At the time of writing, Raise is also assessing a grant application for a birthing bed. This will allow trainers to place Lucina in a variety of birthing positions, so adding to the realism of simulations and increasing the range of training scenarios for staff.

Bruce Kerr, the Simulation Manager at the Trust's Medical Education Centre, said "Thank you, Raise, for supporting WISER. There is no doubt that this equipment is improving the patient experience. Most importantly, we know that this training improves patient safety and ultimately helps to save lives."

*"There is no doubt that this equipment is improving the patient experience. Most importantly, we know that this training improves patient safety and ultimately helps to save lives."*

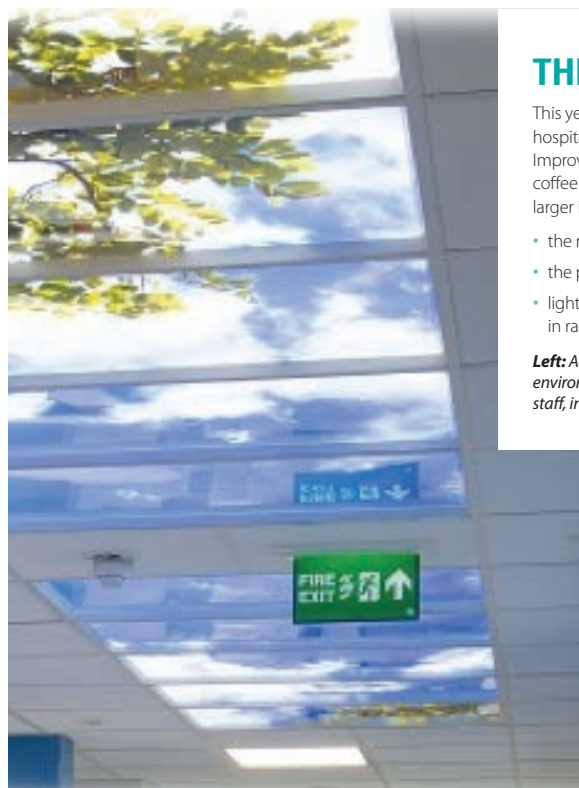
## OTHER EQUIPMENT

**Investing in new medical equipment continues to be an essential part of what Raise does, and our League of Friends generously supports us to do this.**

We work hard to ensure that we are not spending money on items that should be purchased from the public purse. However, we know that extra equipment, or more up to date equipment, can make a real difference to patient care.

Purchases this year included a Trilogy 202 Ventilator, a paediatric mattress cooling system, a multi-channel ECG machine, and a paediatric ultrasound scanner.

**Right:** The Trilogy 202 Ventilator from Philips is cutting edge technology, enhancing patient safety and saving lives



## THE HEALING ENVIRONMENT

This year Raise continued to contribute to improvements in the hospitals' environment, to the benefit of patients and staff alike. Improvements ranged from the very small, such as providing coffee machines in areas set up to deal with COVID-19, to larger investments such as:

- the reconfiguration of the delivery suite in maternity
- the provision of a disabled persons' bathroom in paediatrics
- lighting using specially commissioned 'skylight' LED panels in radiology.

**Left:** Advance LED lighting panels provide a more relaxing environment for patients and a better working space for our NHS staff, in areas with no external source of daylight.

## A NOTE ABOUT THE COMING YEAR

Raise will continue with all five threads as much as is practical in the coming year. Responding to COVID-19 will inevitably dominate our activity and expenditure in 2020/21, and possibly beyond.



## 8. A VISION FOR THE FUTURE

As your local hospital charity, Raise recognises that there is still so much more that we can do. Working with you, we are developing our strategy and plans for the future.

*“The backbone of success is hard work, determination, good planning, and perseverance.”*

**Mia Hamm**

*Olympic Gold Medalist*

2020 is proving to be a challenging year, and supporting the staff of our local hospitals throughout COVID-19 will continue to be a priority for us.

In addition to this, we still want to pursue our ambitious plans for the future. Our trustee has set out its strategic aspirations for Raise. Some of these have been achieved during the past year – for example:

- the creation of an independent identity and brand;
- expanding of the charity team to include a fundraising officer and some much-needed administrative support; and
- the establishment of the charity's own online identity and website.

With these foundations in place, now we want to turn our focus to what we can do for our hospitals, their patients and our communities. We know that there are great needs and so we have great plans.

**In the next year and beyond, our ambitions are to be...**

- generating £1m a year to invest in our three NHS hospitals
- leading at least one large capital campaign to help transform services for our patients.
- recognised across our county as the local charity supporting the NHS
- recognised and used by WHHT staff when they see ways to improve care and the environment above and beyond what is funded by the NHS
- self-sustaining with our own networks and infrastructure
- best in class when it comes to governance and administration
- a charity demonstrating high impact that communicates well with donors, so they know what their money is achieving

**To do all this, in the coming year, Raise will...**

- grow the range of ways that you can get involved and support us through fundraising and volunteering – as individuals, local businesses, community groups and trusts and foundations.
- continue to build the staff team
- invest in technical infrastructure, fundraising materials and branding
- consolidate and streamline fund administration
- work closely with WHHT as plans for the three hospital sites emerge



## 9. HOW YOU CAN HELP

If you would like to support Raise make all the difference to our local NHS hospitals, you can do so in several ways:

### MAKE A DONATION

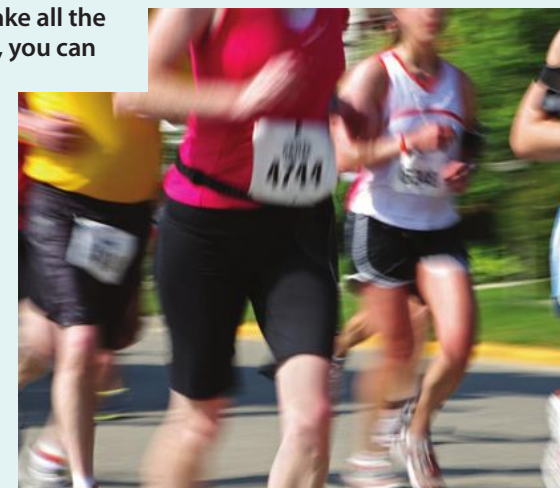
You can make a fast and secure card donation via our website [www.raisewestherts.org.uk/support](http://www.raisewestherts.org.uk/support).

### EVENTS

Subject to changes in the rules around COVID-19, in late 2020 we hope to restart a programme of challenge events. In the meantime, you can take part our exciting 'virtual' challenges. For more information, please visit our website.

### DONATE IN MEMORY OF A LOVED ONE

You can commemorate the life of a loved one by making a donation to Raise. Please contact us at any time to discuss how you would like to remember a loved one. It is also possible to arrange collections for Raise in lieu of funeral flowers, either at a ceremony or online. Again, please contact us for advice.



### SUPPORT US THROUGH YOUR COMPANY

Do you run a business? Please consider adopting us as 'Charity of the Year' or encouraging your staff to fundraise. Please talk to us about how we can work together to help meet your corporate social responsibility agenda.

### LEAVE A GIFT IN YOUR WILL

A gift left in a will to Raise can make a huge difference to our hospitals. Also, through an arrangement with Hertfordshire solicitors Heckford Norton, you can take advantage of their will writing service at a reduced cost, just mention Raise when you contact them.

### LEARN MORE ...

To learn more about supporting Raise, please visit [www.raisewestherts.org.uk/support](http://www.raisewestherts.org.uk/support)

## 10. GOVERNANCE AND MANAGEMENT

### LEGAL STRUCTURE

Raise (West Hertfordshire Hospitals NHS Trust Charity) was established by a Declaration of Trust dated 12 December 1995 and its aim is to provide monies wholly or mainly for the services of the hospital trust, drawing together a group of subsidiary funds.

There are five subsidiary funds relating to the umbrella charity, with the following objectives:

#### + 1. ST. ALBANS CITY HOSPITAL GENERAL FUND -

to provide funds for any charitable purpose relating to the National Health Service, wholly or mainly for the St Albans City Hospital.

#### + 2. HEMEL HEMPSTEAD HOSPITAL GENERAL FUND -

to provide funds for any charitable purpose relating to the National Health Service, wholly or mainly for the Hemel Hempstead Hospital.

#### + 3. THE HELEN DONALD NURSE FUND -

to provide funds for the relief of sickness by the funding of a part-time staff nurse at the Hemel Hempstead Hospital and providing benefits for patients who are or have been treated at the St Albans and Hemel Hempstead hospitals.

#### + 4. THE GURNEY BEQUEST -

to provide funds for any purpose relating to the postgraduate centre at the Hemel Hempstead Hospital.

#### + 5. WEST HERTFORDSHIRE HOSPITALS NHS TRUST COMMON INVESTMENT FUND -

to protect the real value of the portfolio whilst maintaining a reasonable level of income.

Left: Hemel Hempstead Hospital



## OUR CORPORATE TRUSTEE REPRESENTATIVES AND THEIR RESPONSIBILITIES

The charity has a single Corporate Trustee, West Hertfordshire Hospitals NHS Trust. There were two changes in the composition of the Corporate Trustee's board in the year ending March 2020, with Helen Brown taking on the role of Deputy Chief Executive and Natalie Edwards becoming Associate Non-Executive Director. At 31 March 2020 there were five executive directors and six non-executives making up the Corporate Trustee. The NHS Trust Board, as Corporate Trustee, delegates responsibility to a Charity Committee. This committee meets at least four times a year and the Chair of the Committee reports to the Trust Board, as Corporate Trustee, following each meeting.

### CORPORATE TRUSTEE

Members of the Corporate Trustee's Board as at 31 March 2020 were:

#### EXECUTIVE

Christine Allen  
(Chief Executive)

Helen Brown  
(Deputy Chief Executive)

Professor Tracey Carter  
(Chief Nurse and Director of Infection Prevention and Control)

Don Richards  
(Chief Financial Officer)

Michael van der Watt  
(Medical Director)

#### NON-EXECUTIVE

John Brougham  
(Non-Executive Director)

Paul Cartwright  
(Non-Executive Director)

Virginia Edwards  
(Non-Executive Director)

Jonathan Rennison  
(Senior Independent NED)

Phil Townsend  
(Chairman and Non-Executive Director)

### CHARITY COMMITTEE

Acting for the Corporate Trustee, the purpose of the Charity Committee is to:

- Ensure there are robust processes in place and implemented to manage resources
- Monitor the disposition of resources to ensure funds held on Trust are used in a way which reflects donors' wishes and that funds are maximised.
- Promote greater awareness of the charity to encourage donations, particularly through demonstrating their impact on patient care.
- Proactively fundraise for Raise: West Hertfordshire Hospitals NHS Trust Charity to support charitable activities and purposes across our three hospitals.

## 11. REFERENCE AND ADMINISTRATIVE INFORMATION

### Registered charity number:

1052210

### Registered charity name:

West Hertfordshire Hospitals NHS Trust Charity

### Operating name:

Raise  
Raise West Herts

### Bank:

Lloyds TSB, 67 High Street, Watford,  
Herts WD17 2DU

### Registered charity address:

c/o West Hertfordshire Hospitals NHS Trust  
Watford General Hospital  
Watford  
Hertfordshire  
WD18 0HB

### Independent Examiner:

Grant Thornton UK LLP  
30 Finsbury Square  
London  
EC2A 1AG

### Legal status:

The charity is constituted under a Declaration of Trust dated 12 December 1995.

### Investment managers:

Rathbones Greenback Investments  
8 Finsbury Circus  
London  
EC2M 7AZ

### Senior charity staff:

Ms Samantha Sherratt  
(Charity Director, resigned June 2019)

Mr David Head  
(Interim Director, September-December 2019)

Ms Sofia Sheikh (Charity Director, appointed December 2019)

### Internet:

[www.raisewestherts.org.uk](http://www.raisewestherts.org.uk)  
[office@raisewestherts.org.uk](mailto:office@raisewestherts.org.uk)

### Social media:

[facebook.com/raisewestherts](https://facebook.com/raisewestherts)  
[twitter.com/raisewestherts](https://twitter.com/raisewestherts)  
[instagram.com/raisewestherts](https://instagram.com/raisewestherts)

### Privacy and fundraising:

We work hard to meet our responsibilities under the General Data Protection Regulations (GDPR). Supporters can see, via our privacy notice on our website, what they can expect from us and how we collect and manage information about them. They are also invited to change the way we communicate with them at any time. Matters relating to GDPR compliance are reported to the Charity Committee as required.

We are registered with the Fundraising Regulator to demonstrate our commitment to transparency. Supporters have the right to know that they can trust us to be open and honest and that we will treat them and their data with care and respect. Our fundraising promise is published on our website and it explains what supporters can expect from us and what to do if they have any concerns.



+ OUR  
FINANCIAL  
REVIEW  
2019-20

## 12. OUR FINANCIAL REVIEW

### OVERVIEW

**Our total net assets as at 31 March 2020 were £931k, this represents a reduction of reserves of £18k from 31 March 2019.**

Income has increased from £320k to £610k (an increase of 90%). This included monies received for League of Friends projects of £242k (2018/19 - £62k) and income from legacies of £82k (2018/19 - £nil). Other sources of income have increased by 10% in the year.

Total expenditure has also increased, from £430k to £587k, an increase of 37%. This is mainly due to the matched funding of the League of Friends where expenditure was £242k (2018/19 - £62k).

#### Investments

The valuation of the charity's portfolio was £618k at 31 March 2020 (31 March 2019 - £666k). This is a 7.2% reduction in value and reflects the effect of COVID-19 on world stock markets during March 2020. (post year end note - at 30 June 20 the funds value increased to £666k which is the same as at 31 March 2019). In the accounts, returns on investment are allocated on a pro rata basis to unrestricted (including designated) and restricted funds.

#### Debtors

As at 31 March 2020 total debtors were £14k (31 March 2019 - £32k). This comprised monies due from the League of Friends (£9k), Gift Aid (£4k) and £2k income accrued from the investment portfolio.

#### Cash

As at 31 March 2020 the total cash balance was £321k (31 March 2019 - £294k).

#### Creditors

The amount owed by West Hertfordshire Hospitals Charity was £23k. This was made up of an outstanding payment due to our parent Trust for expenditure relating to charitable activities (settled in April 2020).

#### Reserves policy

Reserves currently stand at £931k (31 March 2019 - £949k). £618k is the valuation of the investment portfolio, with the balance (£313k) as net current assets, mainly cash (£321k). Note 14 of the accounts refers to the purposes of the material funds. Of the total fund balance at 31 March 2020 of £931k, there are 9 restricted funds with a value of £125k, with the rest held in designated unrestricted funds.

Alongside the investment objective, the Corporate Trustee is committed to applying the income of the charity within a "reasonable time" of receiving it. This policy applies to restricted and unrestricted (designated) funds. The focus on timely expenditure of funds, together with the investment objective places a requirement on fund holders and fund managers to work with the charity to develop spending plans and forecasts for expenditure. The reserves policy has been considered and it has been agreed that the reserves will be sufficient to fund six months of expenditure including a cash holding of 90 days expenditure at a minimum.

#### Investment policy

Our investment objectives are to maximise growth over the long term whilst protecting the real value of the funds and maintaining a reasonable level of income. The appointed investment managers have, at the discretion of the Corporate Trustee, unrestricted powers in accordance with the Charities Act 2011, with the exception that there will be no investment in companies that have a significant investment in tobacco or alcohol. During the year (June 2019) the Investment Manager was changed from Investec Wealth and Management to Rathbones Investment Managers Ltd and Rathbones have been the Charities Investment Manager since then. They report quarterly to the Charity Committee regarding performance of the investment portfolio and outlook for the coming year. The report explains all investment

movements i.e. purchases, sales and market movement. All financial transactions are supported by contract notes. They charge a quarterly management charge which is based on 0.75% of the portfolio valuation and this is deducted direct from the portfolio cash holding.

#### Risk management

The Charity Committee, on behalf of the Corporate Trustee, ensures that the charity meets its obligations for risk management as set out in the terms of reference. It has established a framework for risk identification and has examined the strategic and operational risks that the charity faces. The Charity Committee regularly reviews these risks and takes action to mitigate and monitor them. The investment strategy is being constantly reviewed by the Charity Committee in line with the revised level of risk appetite agreed by the Corporate Trustee.

#### Incoming resources

Total incoming resources for the year ending 31 March 2020 was £610k (2018/19 - £320k) which included voluntary income of £585k and investment income of £25k. The voluntary income of £585k includes donations from other charitable organisations including trusts and grant giving bodies, churches and schools, private companies, trust employees and community events and individual donations from patients, their relatives and their friends. The investment income of £25k includes income from the investment portfolio, now managed by Rathbones Investment Management Ltd (£23k) with the balance from interest received on bank deposits.

#### Resources expended

Total resources expended were £587k. This was split between charitable activities (£541k) and activities for generating funds (£46k). Charitable activities include expenditure incurred by the charity in undertaking activities that further its charitable aims of improving patient and staff experience and welfare, as follows:

- Improving patient outcomes: Patient welfare and amenities £350k (2018/19 - £140k)
- Expenditure on patients: £70k includes funds used for the direct benefit of patients (including comforts) computer equipment £7k, furniture and fittings £35k and expenditure on capital equipment £238k.
- Improving patient outcomes: Medical equipment costs £2k (2019- £42k).
- Staff development: This is made up of staff welfare and amenities - £34k (2019 -£47k) and specialist training & workshops £55k.
- Expenditure on staff training (course expenses) comprise spend on general training £48k (2019- £42k) and equipment for staff benefit £7k (2019 - £18k).

Running costs included expenditure on fundraising software £7k (2018/2019 - £3k). Other administrative costs of £45k (2019 - £41k) comprised administration/support costs from WHHT of £37k (2018/19 - £37k), audit at £6k (2018/19 - £2k) and other costs £2k (2018/19 - £2k). WHHT employs a full time Charitable Fund Accountant and the salary is charged to the charity under an SLA agreement.

Staff costs were £89k (2018/19 - £81k). The costs of the Charity Director are reflected here. A new Charity Director was appointed in December (and an interim Charity Director was employed prior to this). Charity Director costs are charged to the unrestricted general fund and categorised between fundraising (£50%) costs and charitable activities (50%). This reflects the work around governance of the charity.

No external professional fundraisers or fundraising agencies were employed during this period.

Investment management fees of £5k (2018/19 - £5k) were charged by our investment managers, Rathbones Investment Managers Ltd. They charge their fee based on the value of the portfolio.

## 13. INDEPENDENT EXAMINER'S REPORT

### Independent examiner's report to the trustees of West Hertfordshire Hospitals Charity

I report on the accounts of West Hertfordshire Hospitals NHS Trust Charity for the year ended 31 March 2020, which are set out on pages 28-40.

Your attention is drawn to the fact that the charity's trustees have prepared the charity's accounts in accordance with the Statement of Recommended Practice Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) issued in October 2019 in preference to the Statement of Recommended Practice 'Accounting and Reporting by Charities: Statement of Recommended Practice (revised 2005)' issued in April 2005 which is referred to in the Charities (Accounts and Reports) Regulations 2008 but has been withdrawn. I understand that the charity's trustees have done this in order for the charity's accounts to give a true and fair view in accordance with United Kingdom Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2019.

This report is made solely to the charity's trustees, as a body, in accordance with the regulations made under section 154 of the Charities Act 2011. My work has been undertaken so that I might state to the charity's trustees those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for my work, for this report, or for the opinions I have formed.

#### Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 and that an independent examination is needed. The charity's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of CPFA.

It is my responsibility to:

- examine the accounts under section 145 of the Charities Act 2011;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the Charities Act 2011; and
- to state whether particular matters have come to my attention.

#### Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a comparison of the accounts with the accounting records kept by the charity. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair' view and the report is limited to those matters set out in the statement below.

#### Independent examiner's statement

In connection with my examination, no matter has come to my attention:

- which gives me reasonable cause to believe that in any material respect the requirements:
  - to keep accounting records in accordance with section 130 of the Charities Act 2011;
  - to prepare accounts which accord with the accounting records; and
  - to comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008

have not been met; or

- to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.



#### Ciaran McLaughlin, CPFA

Ciaran McLaughlin

Grant Thornton UK LLP  
Chartered Accountants  
London



## 14. FINANCIAL STATEMENTS

For the year 01 April 2019 to 31 March 2020.

These annual report and accounts have been prepared in accordance with Part VI of the Charities Act 2006 (as amended by the Charities (Protection and Social Investment Act 2016) and the Charities (Accounts & Reports) Regulations 2008 which provide the legal foundation for the recommendations made in the Statement of Recommended Practice Charities SORP 2015 (FRS102). It also follows good practice laid out in the Fundraising Regulator's reporting requirements guidance and CC20, the Charity Commission's guide to Trustees' duties.

The Corporate Trustee is responsible for:

- Keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the funds held on trust and to enable it to ensure that the accounts comply with the requirements of the Charities Act 2016.
- Establishing and monitoring a system of internal control; and establishing arrangements for the prevention and detection of fraud and corruption.

The Corporate Trustee is required under the Charities Act 2016 to prepare accounts for each financial year and:

- Apply on a consistent basis accounting policies laid down by the Charities Act 2016.
- Make judgments and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Corporate Trustee confirms that, as far as it is aware, there is no relevant audit information of which our auditors are unaware and that it has taken all reasonable steps to ensure that this is the case.

The Corporate Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out attached have been compiled from and are in accordance with the financial records maintained by the Corporate Trustee.

For and on behalf of the West Hertfordshire Hospitals NHS Trust

Signed: 

**Phil Townsend**

Chair of Corporate Trustee

## STATEMENT OF FINANCIAL ACTIVITY

Income and expenditure for the year 01 April 2019 to 31 March 2020

		2019-20	2019-20	2019-20	2018-19	2018-19	2018-19
	See note	Unrestricted Funds £000	Restricted Funds £000	Total Funds £000	Unrestricted Funds £000	Restricted Funds £000	Total Funds £000
<b>Income and endowments</b>							
Donations and Legacies	2.1	299	286	585	181	122	303
Investment Income	2.2	22	3	25	15	2	17
<b>Total</b>		<b>321</b>	<b>289</b>	<b>610</b>	<b>196</b>	<b>124</b>	<b>320</b>
<b>Expenditure</b>							
Raising Funds	3	(45)	(1)	(46)	(32)	0	(32)
Charitable Activities	3	(235)	(306)	(541)	(308)	(90)	(398)
<b>Total</b>		<b>(280)</b>	<b>(307)</b>	<b>(587)</b>	<b>(340)</b>	<b>(90)</b>	<b>(430)</b>
Gains/(losses) on investment assets	4	(40)	(1)	(41)	16	2	18
Net Income/(Expenditure)		1	(19)	(18)	(128)	36	(92)
Transfers between funds		107	(107)	0	6	(6)	0
		0	0	0	107	(107)	0
Net movement in funds	14	1	(19)	(18)	(21)	(71)	(92)
Reconciliation of Funds							
Fund balances B/F	14	805	144	949	826	215	1,041
<b>Fund balances C/F</b>	<b>14</b>	<b>806</b>	<b>125</b>	<b>931</b>	<b>805</b>	<b>144</b>	<b>949</b>

## BALANCE SHEET

Financial position at 31 March 2020

	See note	2020 Unrestricted Funds £000	2020 Restricted Funds £000	2020 Total at 31 March £000	2019 Unrestricted Funds £000	2019 Restricted Funds £000	2019 Total at 31 March £000
<b>Fixed Assets</b>							
Investments	5	534	84	618	565	101	666
Total Fixed Assets		534	84	618	565	101	666
<b>Current Assets</b>							
Debtors	6	13	2	15	27	5	32
Cash at bank	7	279	42	321	249	45	294
Total Current Assets		292	44	336	276	50	326
Creditors:	8	(36)	(7)	(43)	(27)	(8)	(35)
Amounts falling due within one year	8	(20)	(3)	(23)	(36)	(7)	(43)
<b>Net Current Assets</b>		272	41	313	240	43	283
<b>Total assets less current liabilities</b>		806	125	931	805	144	949
<b>Total Net Assets</b>		806	125	931	805	144	949
<b>Funds of the Charity</b>							
<b>Funds:</b>							
Restricted	14	0	125	125	0	144	144
Unrestricted	14	806	0	806	805	0	805
<b>Total Funds</b>		806	125	931	805	144	949

Signed:



**Phil Townsend**

Chair of Corporate Trustee  
14 August 2020

## STATEMENT OF CASH FLOW

Cash flow for the year 01 April 2019 to 31 March 2020

	See note	Total Funds 2019/20 £000	Total Funds 2018/19 £000
<b>Cash flow from operating activities</b>			
Operating deficit before income from bank and investments	11	(43)	(109)
<b>Cash flow from investing activities</b>			
Purchase and sale of securities	12	48	(14)
Investment income received	2.2	23	16
Bank interest received	2.2	2	1
Total from investing activities		73	3
<b>Movement in working capital</b>			
Decrease in Debtors	6	17	11
(Decrease)/ Increase in Creditors	8	(20)	8
Net Cash Generated from operating activities		(3)	19
Change in cash and cash equivalents in reporting period		27	(87)
Cash and cash equivalents at beginning of reporting period		294	381
Cash and cash equivalents at end of reporting period	7	321	294
<b>Cash and cash equivalents at the end of the reporting period</b>	7	294	381

# NOTES TO THE ACCOUNTS

## 1. ACCOUNTING CONCEPTS AND POLICIES

### 1.1 Basis of preparation

The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities, with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on July 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

### 1.2 Going Concern

The Corporate Trustee is aware of material uncertainties that have cast significant doubt about West Hertfordshire Hospitals NHS Trust's ability to continue as a going concern. However has received assurances from the NHS Board that the services currently provided by the Trust will continue to be provided for the foreseeable future.

### 1.3 Financial instruments

The Charity has opted to account for financial instruments in line with IAS 39. See notes 9 and 10 for further details.

### 1.4 Financial assets

Financial assets are recognised when the Charity becomes party to the financial instrument contract or in this case when the income is probable. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred. Financial assets are initially recognised at fair value.

### 1.5 Financial liabilities

Financial liabilities are recognised on the statement of financial position when the Charity becomes party to the contractual provisions of the financial instrument. Financial liabilities are de-recognised when the liability has been paid or expired.

### 1.6 Income and Endowments

All incoming resources are included in full in the Statement of income as soon as the following three factors can be met: (i) Entitlement - arises when a particular resource is receivable or the Charity's right becomes legally enforceable (ii) Probability - when receipt of any income becomes probable (iii) Measurement - when the value of the incoming resources can be measured with sufficient reliability.

### 1.7 Boundary of recognition of income

Incoming resources reflected in these accounts reflect those resources which have satisfied the conditions applied to the boundary of recognition of income. This boundary has been established as the cashiers' office of the Trust.

### 1.8 Expenditure

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

### 1.9 Raising funds

The cost of generating funds is the cost associated with generating income for the funds held on trust. This will include the costs associated with the investment manager's fees, Charity Director's salary and other fundraising costs.

### 1.10 Charitable activities

Cost of charities activities comprise all costs incurred in the pursuit of the charitable objectives and include governance costs which are accounted for on an accruals basis as are recharges from West Hertfordshire Hospitals NHS Trust covering audit fees and accounting services. They are apportioned over all of the funds based on the average fund balance. Grants made by the League of Friends are now reported within charitable funds with effect from 01 October 2016.

### 1.11 Allocating costs by activity

All administration costs being the other staff costs and audit fees will be apportioned to Raising Funds and Charitable Activities based on time spent on each activity.

### 1.12 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds which are not legally restricted and the Corporate Trustee has chosen to earmark for set purposes are classified as designated funds. See note 14.

### 1.13 Fixed asset investments

Fixed asset Investments are shown at market value. Quoted stocks and shares are included in the statement of financial position at mid-market price, ex-dividend. Other fixed asset investments are included at the Corporate Trustee's best estimate of market price.

## DEBTORS

**1.14 Debtors are amounts owed to the Charity. They are measured on their recoverable amount.**

### 1.15 Cash

Cash at bank and in hand is held to meet the day-to-day running costs of the charity as they fall due.

## CREDITORS

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt, and recognised as soon as there is a legal or constructive obligation to make payment to a third party.

### 1.16 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activity as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains & losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

### 1.17 Pooling scheme

An official pooling scheme is operated for investments relating to the funds of the West Hertfordshire Hospitals NHS Trust Common Investment Fund. This scheme was registered with the Charity Commission on 02 March 2001.

### 1.18 Irrecoverable VAT

Irrecoverable VAT is charged against the category of resources expended for which it is incurred.



### 1.19 Related Party Transactions

None of the trustees or members of the West Hertfordshire Hospitals NHS board or parties related to them has undertaken any transactions with, or received any benefits from the charity in payment or kind. The trustees received no honoraria or emoluments in the year. Creditors and accruals, see note 8, include the West Hertfordshire Hospitals NHS Trust, included in which is a figure that relates to capital equipment items, categorised as such because the cost is in excess of £5,000. The figures are noted below.

Name of Related Party	Relationship	Nature of transaction	2019/20	2018/19
			£,000	£,000
West Hertfordshire Hospitals NHS Trust	Corporate Trustee	Contribution to the NHS	238	63

## 2. INCOME AND ENDOWMENTS

### 2.1 Donations and legacies

2.1	Donations and legacies	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
		Funds	Funds	Funds	Funds	Funds	Funds
		2019/20	2019/20	2019/20	2018/19	2018/19	2018/19
		£000	£000	£000	£000	£000	£000
	Donations	175	286	461	148	122	270
	Legacies	107	0	107	0	0	0
	Other (via Just Giving/Virgin)	17	0	17	33	0	33
	<b>Total</b>	<b>299</b>	<b>286</b>	<b>585</b>	<b>181</b>	<b>122</b>	<b>303</b>

### 2.2 Investment income

2.2	Investment income	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
		Funds	Funds	Funds	Funds	Funds	Funds
		2019/20	2019/20	2019/20	2018/19	2018/19	2018/19
		£000	£000	£000	£000	£000	£000
	Rathbones Dividends/Interest	20	3	23	15	1	16
	Natwest Bank Interest	2	0	2	0	1	1
	<b>Total</b>	<b>22</b>	<b>3</b>	<b>25</b>	<b>15</b>	<b>2</b>	<b>17</b>

## 3. EXPENDITURE

3.1 Expenses	Charitable activities	Raising Funds	Total Funds	Charitable activities	Raising Funds	Total Funds
	2019/20	2019/20	2019/20	2018/19	2018/19	2018/19
	£000	£000	£000	£000	£000	£000
Furniture/fitings	35	0	35	14	0	14
Medical Equipment	2	0	2	42	0	42
Capital Equipment	238	0	238	63	0	63
Patient welfare (note 3.2 i)	70	0	70	60	0	60
Staff Welfare	34	0	34	47	0	47
Staff training	48	0	48	42	0	42
Courses and equipment	7	0	7	18	0	18
Fundraising software	7	0	7	3	0	3
Investment fees	5	0	5	5	0	5
Staff costs (note 3.2)	43	46	89	49	32	81
Other Staff cost (note 3.2)	0	0	0	14	0	14
Administration (note 3.2)	37	0	37	37	0	37
Running Costs	2	0	2	2	0	2
Consultancy costs	7	0	7	0	0	0
Audit (note 3.4)	6	0	6	2	0	2
<b>Total</b>	<b>541</b>	<b>46</b>	<b>587</b>	<b>398</b>	<b>32</b>	<b>430</b>

### Staff Costs

There are no direct staff cost; staff are employed by West Hertfordshire Hospitals NHS Trust and recharged to the charity as follows. (i) For a part-time Carer Support Team manager of £12k (2018/19 £17k) and a full year of a Volunteer Team Manager of £40k (2018/19 £28k) (ii) The salary of the Charity Director (iii) Recruitment costs (2018/2019 £14k) and (iv) The salary of the Charitable Funds Accountant is disclosed as part of the administration costs and apportioned over all of the charitable funds.

### 3.3 Trustees remuneration, benefits and expenses

No member of the corporate trustee's board were paid any remuneration or expenses for their service.

### 3.4 Auditors remuneration

External auditors remuneration related solely to independent review; no additional was being undertaken.

## 4. GAINS/(LOSSES) ON INVESTMENT ASSETS

4	Gains or losses on investment assets	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
		Funds	Funds	Funds	Funds	Funds	Funds
		2019/20	2019/20	2019/20	2018/19	2018/19	2018/19
		£000	£000	£000	£000	£000	£000
	Realised (losses) / gains	(7)	(1)	(8)	57	7	64
	Unrealised losses	(33)	0	(33)	(41)	(5)	(46)
	Total	(40)	(1)	(41)	16	2	18

## 5. INVESTMENT FIXED ASSETS PORTFOLIO

5	Investment fixed assets portfolio	Held in	Total	Total
		the UK	2020	2019
		£000	£000	£000
	The Investment Managers are Rathbones, appointed in May 2018	594	594	628
	Cash held as part of the portfolio	24	24	38
	Total	618	618	666
	Market value at start of period 31 March		666	652
	Less: Disposals at carrying value		(100)	(384)
	Add: Acquisitions at cost		93	380
	Net (loss) profit on revaluation		(41)	18
	Market value at end of period 31 March		618	666
	Historic cost at end of period		644	657

## 6. DEBTORS

6	Debtors	31 March 2020	31 March 2019
		£000	£000
	Amounts falling due within 1 year	15	32
	Total debtors	15	32

Total debtors includes a funding pledge from the League of Friends of £9k (2018/19 £29k), a gift aid claim of £4k from HM Revenues & Customs, and £2k dividend income due from investments held by Rathbones.

## 7. CASH AT BANK

7	Cash at bank	31 March 2020	31 March 2019
		£000	£000
	Lloyds current account	90	48
	Nat West current account	231	246
	Total cash held	321	294

## 8. CREDITORS

8	Creditors	31 March 2020	31 March 2019
		£000	£000
	Amounts falling due within 1 year	19	30
	Accruals	4	13
	Total creditors	23	43

Creditors at both year ends were amounts due to West Hertfordshire Hospitals NHS Trust

## 9. FINANCIAL ASSETS

9	Financial Assets	At fair value through receipts and payments	Receivables	Total	Total
		31 March 2020	31 March 2020	31 March 2020	31 March 2019
		£000	£000	£000	£000
	Investments	618	0	618	666
	Debtors	0	15	15	32
	Cash at bank and in hand	0	321	321	294
	Total financial assets	618	336	954	992

## 10. FINANCIAL LIABILITIES

10	Financial liabilities	Payables	Total	Total
		31 March 2020	31 March 2020	31 March 2019
		£000	£000	£000
	Creditors	19	19	30
	Accruals	4	4	13
	Total financial liabilities	<b>23</b>	<b>23</b>	<b>43</b>

## 11. RECONCILIATION OF NET EXPENDITURE WITH DEFICIT ON CASHFLOW

11	Reconciliation of net expenditure with deficit on cashflow	31 March 2020	31 March 2019
		£000	£000
	Operating deficit from statement of financial activities	(18)	(92)
	Deduct: dividends and interest on investment portfolio	(23)	(16)
	Deduct: bank interest	(2)	(1)
	Per cash flow on operating activities	(43)	(109)

## 12. ANALYSIS OF CASH MOVEMENTS

12	Analysis of cash movements	2019/20	2018/19
		£000	£000
	Investing activities	100	384
	Sale proceeds from investments	(93)	380
	Purchases of fixed asset investments	41	(18)
	Net profit (loss) on revaluation	48	(14)

## 13. CONNECTED ORGANISATIONS

13	Connected organisations	2019/20 turnover of connected organisation	2019/20 operating deficit of connected organisation	2018/19 turnover of connected organisation	2018/19 operating deficit of connected organisation
	Name, nature of connection, description of activities undertaken and details of any qualifications expressed by their auditors	£000	£000	£000	£000
	West Hertfordshire Hospitals NHS Trust is the charity's corporate trustee	393,675	18,351 *	333,367	46,860 *

\* The operating deficit of West Hertfordshire Hospitals NHS Trust is after adjusting for impairment and depreciation on donated assets in excess of donated income.

## 14. ANALYSIS OF CHARITABLE FUNDS

### 14.1 Restricted Funds

Restricted Funds		Balance at 31 March 2019	Incoming resources 2019/20	Resources expended 2019/20	Gains and (losses) 2019/20	Balance at 31 March 2020	
		2019	2019	2019	2019	2019	
		£000	£000	£000	£000	£000	
	Restricted Funds	Description of nature and purpose of fund	Balance at 31 March 2019	Incoming resources 2019/20	Resources expended 2019/20	Gains and (losses) 2019/20	Balance at 31 March 2020
A	Breast Cancer Appeal	Raising funds for cancer care	47	1	(13)	0	35
B	Horace Robinson Renal Unit	Dialysis unit patient care and staff training	38	6	(9)	0	35
C	League of Friends (WGH)	Equipment funding for Watford General hospital	0	242	(242)	0	0
D	League of Friends (HHGH)	Funding for Hemel Hempstead hospital	15	0	0	0	15
E	W. G. Moore Legacy (Dialysis)	Renal dialysis machines	11	0	(1)	0	10
F	Paediatric Diabetes	Care for young patients with diabetes	1	0	0	(1)	0
G	Helen Donald Nurse (Cancer)	Lung cancer patient care	1	0	0	0	1
H	Youth Volunteering Development	Youth volunteering (funded by The Pears Foundation)	29	40	(41)	0	28
I	Paediatric Cystic Fibrosis	Patient welfare	7	0	(1)	0	6
J	Investment losses	Investment movements	(5)	0	0	0	(5)
	Total (9)	Total restricted funds	144	289	(307)	(1)	125

## 14. ANALYSIS OF CHARITABLE FUNDS

### 14.1 Restricted Funds

Unrestricted Funds		Balance at 31 March 2019	Incoming resources 2019/20	Resources expended 2019/20	Gains and (losses) 2019/20	Balance at 31 March 2020
		2019	2019	2019	2019	
		£000	£000	£000	£000	£000
	Description of nature and purpose of fund	Balance at 31 March 2019	Incoming resources 2019/20	Resources expended 2019/20	Gains and (losses) 2019/20	Balance at 31 March 2020
A	Haematology patients	84	41	(16)	0	109
B	West Herts General	(24)	130	(78)	0	28
C	Clinical Biochemistry	50	1	(5)	0	46
D	Gurney Bequest	38	1	(8)	0	31
E	Metabolic (Diabetes)	38	1	(9)	0	30
F	Neurology	45	1	(7)	0	39
G	Staff Wellbeing	14	0	(9)	0	5
H	Colorectal Cancer	39	1	(4)	0	36
I	SCBU.	57	24	(13)	0	68
J	Carers Support Team	22	8	(14)	0	16
	Paediatrics	12	23	(6)	0	29
	Patients Experience	34	1	(27)	0	8





**West Hertfordshire  
Hospitals Charity**

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Registered charity no: 1052210