West Hertfordshire Teaching Hospitals NHS Trust

TRUST BOARD MEETING IN PUBLIC
AGENDA

3 November 2022 at 9.30am – 12.30pm
St Albans and via zoom (for public and virtual attendees

Apologies should be sent to the Trust Secretary, Barbara Anthony on barbara.anthony@nhs.net or call 01923 436361.

Time	Item ref	Title	Subcommittee / Purpose	Accountable officer	Paper or verbal
Standing items					
9.30	1	**Opening and welcome**	Information	Chair	Verbal
9.35	2	**Patient story**	Information	Chair	Verbal
9.45	3	**Apologies for absence**	Information	Chair	Verbal
	4	**Declarations of interest**	Information	Chair	Paper
	5	**Minutes of previous meeting on 6 October 2022**	Approval	Chair	Paper
	6	**Board decision log**	Information	Chair	Paper
	7	**Board action log**	Information	Chair	Paper
	8	**Board workplan**	Information	Chair	Paper
9.50	9	**Chair's report**	Information	Chair	Paper
9.55	10	**Chief Executive's report**	Information	Chief Executive	Paper
Performance & Committee updates					
10.00	11	**Board Assurance Framework**	QC/ FPC/GPC Approval	Chief Executive	Paper
10.05	12	**Trust Management Committee**	Information and assurance	Chief Executive	Paper
	13	**Finance and Performance Committee** Written report: October 22	Information and assurance	Chair of Committee/ Chief Financial Officer	Paper
	14	**Quality Committee** Written reports: September 22. Verbal update: October 22.	Information and assurance	Chair of Committee/ Chief Nurse	Paper
	15	**PERC** Verbal report: October 22	Information and assurance	Chair of Committee/ CPO	Verbal
	16	**Great Place Committee** Report: October 22	Information and assurance	Chair of Committee/ CSO	Paper
10.35	17	**Elective Recovery update**	Information and assurance	Chief Operating Officer	Paper

10.55	17a	**Elective Recovery Self Certification**	Approval	Chief Operating Officer	Paper
11.00	18	**Integrated Performance Report**	Information and assurance	Chief Information Officer	Paper
Aim 1: Best Care					
11.05	19	**Neonatal Medical & Nursing Workforce Review**	Information and assurance	Chief Nurse	Paper
Aim 2: Best Value					
11.15	20	**Finance update (including Business Plan)**	FPC / Information and assurance	Chief Financial Officer	Paper
Aim 3: Great Team					
11.25	21	**Research and development update**	PERC/information and assurance	Chief People Officer	Paper
11.35	22	**Gender and race pay gap**	PERC/Approval	Chief People Officer	Paper
11.45	23	**Guardian of Safer Working Annual Report**	PERC/information and assurance	Guardian of Safe Working	Paper
Aim 4: Great Place					
11.55	24	**Community Diagnostic Centre business case**	FPC/Approval	Chief Financial Officer	Paper
12.05	25	**Essential services laboratory business case**	FPC/Approval	Chief Financial Officer	Paper
12.15	26	**LED lighting business case**	FPC/Approval	Chief Financial Officer	Paper
12.20	27	**SACH electrical business case**	FPC/Approval	Chief Financial Officer	Paper
Risk and Governance					
12.30	28	**Corporate Risk Register**	QC / Approval	Chief Medical Officer	Paper
	29	**Items considered in October 22 Private Trust Board**	Information and assurance	Trust Secretary	Paper
Closing Items					
12.30	30	**Any other business previously notified to the Chair**	N/A	Chair	Oral
	31	**Questions from Healthwatch Hertfordshire**	N/A	Chair	Oral
	32	**Questions from our patients and members of the public**	N/A	Chair	Oral
	33	**Date of the next board meeting:** **1 December 2022** **Watford Football Club and via zoom**	Information	Chair	Oral

Black History Month 2022

Time For Change: Actions Not Words!

Theresa Maunganidze – Connect Chair

Why is BHM important?

- Commemoration of national and international black heroes and pioneers
- Helps us understand the importance of the stories of countless black men and women who made a difference in our societies and world.
- Opportunity to shine a light on local unsung black heroes amongst us and share some learning opportunities for all
- Celebrates unity, common values and shared experiences
- Theme for this year was: **Time For Change: Actions Not Words!**

Connect's BHM (October 2022) Calendar

- Regular educational E-updates
- Daily BHM special meal served by Canteen
- Black History Section in the library
- Weekly TV show recommendations
- Engagement events: BHM breakfast drop-in, BHM celebration lunch
- Celebrating #BlackStarsofWestHerts via twitter

BHM Breakfast Drop-in

BHM Celebration Lunch

jollof rice was served with jerk chicken. Music from steel drum band

Things to Improve

- Increased budget to organise more activities, especially educational, to cover costs of guest speakers, food providers etc
- Enhanced partnership working between the Trust and Connect network and linking some of Trust interventions to people strategy and WRES action plan
- Clarity and promotion needed on initiatives from Trust and ownership of these plans to promote BHM
  - More engagement from senior leaders across the Trust
  - More visibility of Execs supporting and promoting BHM initiatives

Thank you

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www.westhertshospitals.nhs.uk

OUR VALUES
Commitment
Care Quality

NHS
West Hertfordshire Teaching Hospitals
NHS Trust

Declarations of board members and attendees' interests

3 November 2022

Agenda item: 4

Name	Role	Description of interest
Phil Townsend	Chairman	None
Matthew Coats	Chief Executive	None
Paul Bannister	Chief Information Officer	• Chair of Shared Care Record Programme
Dr Andy Barlow	Divisional Director, Medicine	• Barlow Medical Services Ltd • Director, London & Hertfordshire Respiratory Diagnostics Ltd • Key opinion leader for Masimo Europe Ltd • Medical Advisor to Virtue Health
Tracey Carter	Chief Nurse and Director of Infection Prevention and Control	• Representative for secondary care at the quality committee in the ICB • Trustee of Herts MIND Network
Helen Davis	Associate Non-Executive Director	• Director and shareholder at Brierley Advisory LLP, secondment to NHP finished at end of January 2022. • Partner is senior civil servant at DHSC
Ginny Edwards	Non-Executive Director	• Director of Edwards Consulting Limited • Trustee of *Raise*, West Hertfordshire Hospitals NHS Trust Charity • Trustee of Infection Prevention Society and Vice Chair • NHS Professionals Bank • Community Ambassador for Peace Hospice Care

Last updated: October 2022

Name	Role	Description of interest
		• President Elect of Hertswood Rotary Club • President Bricket Wood WI • Husband is CEO of The Nuffield Trust and a Director Edwards Consulting Ltd
Natalie Edwards	Non-Executive Director	None
William Forson	Divisional Director of WACS	• Private practice at Spire as Forson and Co Medical
Harvey Griffiths	Associate Non-Executive Director	<u>Financial Interests</u> • Director - Anglo Chesham Management Limited • Director - Anglo Industrial Holdings Ltd • Director - Broadgate Freeholds Limited • Director - Energy Capital Advisers Ltd • Secretary - Gripworx Holdings Limited • Director - Horizon (GP) Limited • Director - Horizon Development Capital Limited • Director - Horizon Development Finance Limited • Director - Horizon Housing Reit Plc • Director - Horizon Hudson Holdings • Director - Horizon Infrastructure Partnership Limited • Director - Horizon Investment Holdings (One) Limited • Director - Horizon Investment Holdings (Two) Limited • Director - Horizon Investments (One) Limited • Director - Horizon Investments (Two) Limited • Director - Horizon Scotland (GP) Limited • Director - Housing Investment Finance Limited • LLP Designated Member - Infrastructure Partnership LLP • Non-Executive Director - Inteb Managed Services Ltd • Secretary - Just Property Management Ltd • Elected board member - Midcounties Cooperative Society • Director - Sustainable Infrastructure Partnership Ltd

Last updated: October 2022

Name	Role	Description of interest
		Non-financial Professional Interests Director - Watford Grammar School for Girls Services Ltd
Ann Griffin	Non-Executive Director	Clinical Professor in Medical Education, UCL. NHS appraisal – occasional employed work Associate revalidation and appeals panel, General Medical Council - occasional employed work
Louise Halfpenny	Director of Communications	None
Edwin Josephs	Non-Executive Director	• Member of the Vine House Health Centre Patient Participation Group
Jonathan Rennison	Non-Executive Director	Financial Interests • Edgecumbe Consulting – Associate • Director of The Yellow Chair Ltd Relevant Consultancy Contracts Held by The Yellow Chair Ltd (Financial Interests): o Kings College London – OD & Learning & Development Activities o In Touch Networks – Coaching Consultant o Government Commercial Function: Role – Subject Matter Expert (SME) delivering training and facilitation o Leadership development role with Mid & South Essex Trust. Professional Interests: • West Hertfordshire Hospitals Trust Charity Committee Chair • Trustee of Rising Tides Ltd
Don Richards	Chief Financial Officer	None
Sally Tucker	Chief Operating Officer	None
Dr Mike van der Watt	Chief Medical Officer	• Owner and Director Heart Consultants Ltd • Work for Hertfordshire and West Essex ICS for one day/week advising

Last updated: October 2022

Name	Role	Description of interest
		on quality and innovation.
Mr Simon West	Divisional Director of Surgery, Anaesthetics and Cancer	• Director Northampton Hip and Knee
Andrew McMenemy	Chief People Officer	Lead for Workforce Modelling and Planning Lead for Temporary Staffing Member of Hertfordshire and West Essex ICS People Board
Barbara Anthony	Trust Secretary	None

Last updated: October 2022

TRUST BOARD MEETING IN PUBLIC
6 October 2022 from 09:00 – 12:30
Executive Meeting Room, Watford General Hospital and via Zoom

Chair	Title	Attendance
Phil Townsend	Chair	Yes
Voting members		
Matthew Coats	Chief Executive Officer (CEO)	Yes
Tracey Carter	Chief Nurse and Director of Infection Prevention and Control	Yes
Don Richards	Chief Financial Officer (CFO)	Yes
Dr Mike van der Watt	Chief Medical Officer	Yes
Sally Tucker	Chief Operating Officer (COO)	Yes
Ginny Edwards	Non-Executive Director (Vice-Chair)	Yes
Jonathan Rennison	Non-Executive Director (Senior Independent Director)	No
Edwin Josephs	Non-Executive Director	Yes
Natalie Edwards	Non-Executive Director	Yes
Harvey Griffiths	Non-Executive Director	Yes
Professor Ann Griffin	Non-Executive Director	Yes
Non-voting members		
Paul Bannister	Chief Information Officer	Yes
Andrew McMenemy	Chief People Officer	Yes
Clare Parker	Chief Strategy Officer	Yes
Helen Davis	Associate Non-Executive Director	Yes
Dr Andy Barlow	Divisional Director for Medicine	Yes
Dr Rachel Hoey	Divisional Director for Emergency Medicine	Yes
Mr Simon West	Divisional Director Surgery, Anaesthetics and Cancer	No
Mr William Forson	Divisional Director for Women's and Children's	Yes
Martin Keble	Director of Clinical Support Services	Yes
In attendance		
Barbara Anthony	Trust Secretary	Yes
Meg Carter	Hertfordshire Healthwatch	No
Michelle Sorley	Lead Cancer and Palliative Care Nurse	Yes
Liz Sumner	Palliative Care Nurse	Yes

There were 4 members of the public in attendance.

MEETING NOTES

Standing items	
1	**Opening and welcome**
1.1	The Chair welcomed everyone to the meeting and noted the recent stakeholder visits to the Trust including Lord Markham, the new minister for the New Hospital Programme.
1.2	The Trust successfully held its annual Stars of Herts awards ceremony the previous week which celebrated staff contributions over the past 12 months. He thanked the Chief People Officer and Director of Communications for organising the event.
1.3	The Trust held its AGM in September and was considering how it could improve staff and community involvement for next year.
2	**Patient story**
2.1	The Chief Nurse introduced Michelle Sorley – Lead Cancer & Palliative Care Nurse and Liz Sumner – Lead Palliative Care Nurse, who presented the national audit for end-of-life care. The Trust had participated in the audit for several years, save for the pandemic when it was suspended. The aim of the audit was to improve end-of-life care for patients by collecting feedback from close family or carers of deceased patients, staff and analysing various metrics such as bed numbers, policies and procedures. The Trust had benchmarked well against the national findings and had benchmarked higher than the national average in nine categories. Two key areas where it had benchmarked higher than the national average was communication with the dying person and the use of individualised plans of care for a dying person. The Trust needed to look at improvements moving forward around the needs of families and others and families and others experience of care which would have been affected by the restrictions in place during the pandemic. The Quality survey results were analysed to learn from positive comments as well as negative experiences which centred around the lack of support for family members and lack of communication. The service was committed to learn from these experiences and improve the service in these two areas. A dedicated carer's lead had been appointed who was developing a carer's team which was working closely with the end-of-life care team. Carer's bundles had been introduced to ensure that patients, relatives and their carers could get free parking, a meal, unrestricted visiting and would be referred to carer services in the community. Staff were being trained in communication skills specific to end-of-life and specific education programmes for working with end-of-life patients. The education programmes were supported by the recruitment of 2 new palliative care consultants. There would be a re-launch of the rose symbol programme to promote dignity and respect within the Trust for end-of-life care. The Trust would establish its Rose Volunteer service to support patients and their families. It was working with the Royal Free to improve the plans of care within EPR for end-of-life patients. The NACEL recommendations for executive boards were confirmed, with confirmation that the team were focusing on improving communication with patients and their families through training and education. The Chair supported the use of feedback to improve services and the relaunch of the Rose Volunteers. Ginny Edwards asked how the results fed into the Trust's strategy and the presenters explained that the audit was crucial to improving the service from good to

	excellent, and underpinned the key priorities as a measure of success. Rachel Hoey, Divisional Director for ED, supported telephone training for staff and asked for the team to support the ED department by passing on that learning, and the team confirmed that one of their consultants was already booked in to provide training to the ED department. The Chief Nurse highlighted the use of negative comments captured in the survey to drive learning and the importance of being transparent about negative feedback, as it was important to triangulate this information with feedback from different sources. She confirmed that because of feedback from a variety of sources the integrated care system was focused on improving bereavement services. Natalie Edwards asked how the team supported each other's well-being. The team mainly supported themselves through close team working, seminars, focused sessions for complex cases and debriefings. There were also good lines of communication with senior leaders to resolve specific issues. The team were also aware of the Trust's wellbeing offer and knew how to access wellbeing support, and undertake clinical supervision.
3	**Apologies for absence**
3.1	Apologies were received from Simon West, Jonathan Rennison and Meg Carter.
4	**Declarations of interest**
4.1	Ginny Edwards declaration included a duplicate item which needed to be removed.
5	**Minutes of the previous meeting on 31 May 2022**
5.1	Paragraph 18.12 would be amended to read "serious/catastrophic". Paragraph 3.4 would be amended to read that a separate table of covid risks had been removed.
6	**Board decision log**
6.1	No amendments were required.
7	**Board action log**
7.1	Ginny Edwards noted that she had discussed her action point with the CIO.
8	**Board work plan**
8.1	No amendments were required.
9	**Chair's report**
9.1	The Chair went through his report and highlighted that he had already contacted the new Secretary of State and had received a response.
9.2	A number of senior stakeholders had visited the Trust since the last Board including David Sloman, Chief Operating Officer, NHSE, who was impressed by the current innovation of the virtual hospital and the positive impact that would have across the UK, as well as the Mayor and the Chief Executive of Hertfordshire County Council.
9.3	Ginny Edwards asked the Board to note that October was freedom to speak up month. Joanna Bainbridge was the Trust's freedom to speak up guardian and had a whole series of activities planned throughout the month to promote her work. The assurances around freedom to speak up were highlighted and Ginny Edwards confirmed that the Guardian was satisfied that she had good access to the executive board in order to resolve issues.
10	**Chief Executive's Report**
10.1	The CEO highlighted the successful bidding for the community diagnostic centre, which would lead to investment in St Albans and potentially Hemel Hospital. It would also ensure an additional MRI scanner and CT scanner, which would strengthen the core services offered by the hospital including a new GP led urgent care hub.
10.2	Operationally, matters were very challenging within the emergency department and urgent care pathway. Elective activity levels had increased but cancer waiting times were improving and he thanked the operational teams for all of the hard work in that regard.

10.3	The Deputy Chief Operating Officer updated the Board on the current operational position. The Trust was presently on Opel 4 and remained on a business continuity incident, which it had declared on 22 September 2022. There were large volumes of surge beds in operation which had increased in the past week. The teams were working hard to achieve high levels of discharges in order to keep up with the demand.
10.4	Workforce remained a challenge, as it was difficult to staff surge areas and the nursing teams were working hard to maintain patient safety.
10.5	COVID numbers had been rising since 12 September 2022, there were presently 62 positive patients within the Trust.
10.6	The Trust faced challenges around NMCTR patients (not meeting the criteria to reside). Presently there were 102 patients who did not meet the criteria to reside and were delayed through the lack of availability of care packages. It also faced challenges as its colleagues at CLCH were facing Covid outbreaks which hindered discharging patients to their bed base.
10.7	East of England Ambulance Service were challenged and could only convey the most seriously ill patients to the hospital this week, other patients were asked to make their own way in. System partners were facing the same pressures and the system was working together to support mental health patients. However, this was becoming increasingly difficult because of the level of surge beds that were presently in use, leading to the cancellation of elective operations for patients waiting less than 30 weeks, as well as other services within the Trust. The weekend position was complex and female patients were bedded in a maternity ward to create space. The Chief Nurse subsequently added that maternity services ante-natal and post-natal were amalgamated to maintain the safety of the whole site with a designated female adult patient area to ensure that ED remained accessible. The Deputy COO thanked the teams who had worked so hard to keep services running.
10.8	The CMO added that the Trust had recently appointed Niall Keenan as Chief Medical Officer for quality and innovation. The virtual hospital continued to make progress, currently it was supporting 197 patients with heart failure and 82 patients with COPD and would look to increase those numbers significantly.
10.9	The Chief Information Officer updated the Board that the Trust had gone live with integrated ECGs. Patients would no longer have paper ECGs within the medical records, which could be lost. Second, the shared care record had gone live with Herts County Council and the system now included social care data which would improve the care being offered to patients.
10.10	Helen Davis asked if the Trust had been impacted from the recent Adastra NHS 111 downtime. The Deputy COO responded that the Adastra cyberattack was a national issue which had affected the UTCs at Watford and Hemel. It did not impact patient flow but did have an impact on the Trust's ability to keep up with documentation. There was a backlog of clinical notes which the Trust was working through with the UTCs in Hemel and Watford, where the provider, Greenbrook and Herts Urgent Care (HUC), was waiting for national guidance. In the meantime, paper copies of clinical notes were available for patients who had attended during the period of downtime.
10.11	Natalie Edwards asked what the system response would be to the increase in mental health patients in the emergency department. The Deputy COO responded that the system was proactively working to improve capacity, but the situation was challenging. They were looking to purchase additional private beds to support flow when the private sector had sufficient capacity. In the meantime, staff continued to work with HPFT to support patients within the hospital. However, that was a challenge as most of the system partners were on Opel 4 themselves. The Chief Nurse added that the Trust was working with HPFT to find solutions to the increase

10.12	in mental health patients, such as HPFT supporting the Trust's staffing for these patients. HPFT were constrained in accessing beds in the private sector, due to limited availability. This also meant that patients had to travel across the country to access a facility to meet their care needs. The Trust already had a mental health liaison team and were working on triaging patients when they attended at ED. Both trusts were looking at how patients could be supported in the community via a street triage team, working with the voluntary sector and with their mental and physical health as other ways to support mental health patients and avoid attendance at hospital.
10.13	However, the overall picture was difficult both locally and nationally and the Chief Nurse noted that most trusts within the system and across East of England were on Opel 4 at this time.
10.14	The Chair thanked the Chief Nurse for the update and noted that HPFT were investing in a 50-bed unit, but this would take time to come online.
10.15	The CEO highlighted the recent positive visits to the maternity department by the regional team. Also a meeting with the Chief Midwifery Officer, Jacqueline Dunkley-Bent and the Director of Midwifery for East of England, Wendy Matthews, who were satisfied after these follow up visits that the unit had showed continuous significant improvement in its governance, implementation of learning to save babies lives, including the recommendations from the Ockenden Report, and culture.
PERFORMANCE & COMMITTEE REPORTS	
11	**Board Assurance Framework (BAF)**
11.1	The Trust Secretary highlighted the elements of the board assurance framework that had been discussed at board sub committees during September 22. She further highlighted the change made to BAF risk 14 by the Chair of Great Place Committee to reflect that the risk of a delay in the hospital redevelopment meant that the safety of the hospital could be compromised.
11.2	Edwin Josephs noted that the risk scores had not appeared to reduce with the mitigations put in place. He queried when the scores would start to reduce. For risk 1, he queried the delay to the development of the elective care hub.
11.3	He asked the Chief Operating Officer to update the Board about the outcome of the summit on 17 August 2022 as he was aware that it was a positive meeting. The COO confirmed that the meeting acknowledged that efforts should be concentrated on system flow. However, the system was not yet seeing the impact of the commitments made at that meeting such as patient volume and discharging patients who no longer meet the criteria to reside at hospital, presently totalling 100 patients, which was the equivalent of 3 wards.
11.4	This would continue to be an area of focus within the system together with patient flow. The system was committed to finding solutions to caring for patients in the community and facilitating safe discharges. Presently, the measures were not impacting sufficiently such that the risk level could be reduced.
11.5	The CEO updated Edwin Josephs about the elective care hub. Meetings were ongoing and investment capital was being actively discussed. There was no specific delay to report with the process.
	RESOLUTION: To approve the BAF
12	**Trust Management Committee**
12.1	The CEO reported that the committee was processing a number of items. The capital expenditure programme had been discussed which the CFO would raise further on in the agenda. Proposals regarding the new regarding the appointment of new consultants and improvements to services had been agreed three new consultants had been recruited in the past 10 days.

12.2	Finally, the governance around TMC with being reviewed to ensure that it was meeting the current requirements and the forum was being used in the best way possible.
13	**Finance and Performance Committee**
13.1	Harvey Griffiths highlighted the positive internal audit report on the IT infrastructure review which rated the Trust as moderate for design and efficiency. The committee scrutinised access standard performance and recovery and noted that a significant amount of work had been undertaken which was leading to improvement. It was hoped that the Trust would exit Tier 1 as soon as possible. The Trust's finances were scrutinised. The Trust efficiency programme was underperforming, and the committee was assured that the CFO was working to amend the position. Overall, the Trust was on track with its finances and was working hard to meet its targets. The committee approved two business cases for recommendation to the Board. The first business case was for the works to Schrodells which was before the Board today. The second was the extension of the soft FM contract for a further two years which was also before the Board for approval today.
14	**Quality Committee**
14.1	Ginny Edwards highlighted the obstetric workforce review which was on the agenda for the Board's consideration. The committee reviewed the compliance with safety action 4, maternity incentive scheme and would continue to monitor the action's full compliance on behalf of the board.
14.2	The committee reviewed the continuity of care for maternity services report. Previously the Ockenden review had recommended that there should be continuity of care for maternity services if the workforce was able to support this transition safely. A national target had been implemented but this had been removed recently as it was putting too much strain on the national midwifery workforce to implement due to vacancies in establishments. The Trust would continue with its one continuity of care team and would look to continue to transition to continuity of carer when the workforce establishment levels had improved. This had been previously agreed and reviewed by the board alongside a national letter earlier this year.
14.3	The committee received an update on the review of its mortuary services. The independent inquiry into mortuary services was underway and a national report was anticipated in 2023. The committee noted that the recent update was the 3rd update provided and it was assured that there was a clear action plan to ensure security of the service and that the action plan was largely complete. Secure swipe card access remained outstanding at Hemel Hempstead hospital due to infrastructure issues and this would continue to be monitored by the division and assurance sought by the committee.
14.4	The committee received the annual report on harm free care which provided a high degree of assurance that the Trust was meeting its obligations.
15	**PERC**
15.1	The written report followed the verbal update provided at the previous board meeting. The report was taken as read and there were no questions.
16	**Charity Committee**
16.1	The written report followed the verbal update provided at the previous board meeting. The report was taken as read. Edwin Josephs updated the Board that the Audit Committee would meet the charity's auditors this afternoon to review the annual report and account before they are considered by the Charity Committee at its next meeting.
17	**Audit Committee**
17.1	Edwin Josephs reported a positive external auditor report which would be published on the website shortly. However, following a review by the external auditor, Grant Thornton, of its client base it had decided to resign as the Trust's external auditors. The Trust was in the process of procuring a new external auditor which was proving challenging because audit firms were leaving the market. The committee had approved the proposed changes to the

	standing orders, SFIs and scheme of delegation which were before the Board for approval.
17.2	The Chair asked if there was a cut-off point by which the new auditors needed to be placed to do next year's audit and the CFO replied that they needed to be in time to undertake interim work and the substantive audit. The Trust was reconsidering its selection criteria to attract as many firms as possible.
18	**Great Place Committee**
18.1	The CIO updated the Board on the progress of integrating the pathology service with the EPR. The process was challenging, and resources had been found to enable testing alongside the running of the lab. A revised plan had been agreed with the division and the department was scheduled to go live in December 22. The CIO was more confident that the service would be ready to go live but there was still the risk that implementation would be delayed.
18.2	The CEO confirmed that the division and COO would be supporting the CIO to achieve the implementation.
19	**Elective Recovery update**
19.1	The Director of Performance reported that divisions were delivering on improvement generally across all activity types and highlighted the following points: <u>Elective care</u>
19.2	• August 2022 had seen the highest number of two week wait referrals on record. • New outpatient activity was recovering for women's and children's division. • Elective admissions were increasing for surgery and medicine. • 104-week waiters had been eliminated. • The Trust was ahead of plan to eliminate 78 week waits by the end of March 2023. • Diagnostic recovery remained strong and waiting times continued to improve in line with the recovery plan. • Performance against most of the cancer standards was better but certain services were struggling with the increase in referral rates making sustained improvement challenging.
19.3	<u>Cancer performance</u> • 62-day waits were reducing, and the Trust performed well against the August 22 East of England Cancer Alliance benchmarking placed the Trust 52nd out of 72, with the 72nd trust having the lowest backlog. • There was sustained improvement against the cancer waiting times indicator and 78 weeks wait indicator, which were both fundamental to exiting the tiering process. • The Trust's progress had recently been recognised at the NHSE oversight meeting.
19.4	<u>Data quality</u> Work to improve the Trust's data quality issues was focused on clock stops, the impact on the RTT and PTL, and the recording of outpatient procedure activity. There were early signs of improvement and extensive validation would start imminently which would improve data quality issues and 78 week waits.
19.5	<u>Non-elective care</u> • Demand for non-elective care remained high. • August performance had significantly improved for type one activity. • There were fewer ambulance handover delays even though conveyancing activity had increased.

	• Mental health demand remained high.
19.6	The Chair asked if the Trust would need to help its system partners with 78 week waits because its own performance was on track. The Director of Performance explained that system partners were also on track with their 78 week waits. The mutual aid program was run at regional NHSE level and there were discussions at the fortnightly Planned Care Group about support needs. The only requests for help were for services that were already under pressure across the system. If further help was required then requests would go to region and then at a national level for urgent support.
19.7	The Chair asked if the request for non-urgent patients to make their own way to A&E had created extra pressure for the department. The Divisional Director for Emergency Medicine explained that the ambulance service had implemented that system the previous day, due to the pressures that it was facing. It had not had any impact on the Trust's sites, but the situation would be kept under review.
19.8	Ginny Edwards asked if the increase in outpatient referrals was due to a higher level of inappropriate referrals being made, and whether that was being fed back into the system. The Director of Performance explained that the Children's service had raised an issue with the appropriateness of some urgent referrals which had been discussed at the most recent Operational Recovery Group. An audit would be undertaken, the results of which would be fed back to primary care colleagues in order to help them with future referrals.
20	**Integrated Performance report (IPR)**
20.1	The CIO summarised the following points for the August reporting period.
20.2	Quality: There were no issues to report. The Quality IPR was progressing and would be spotlighted in a future report due to the good progress made. Safety: There was one new exception for the percentage of nursing hours filled by registered nurses and a spike in category 3 pressure ulcers which was shown in the rare events charts. A&E: There was a third consecutive uptick in most performance metrics save for ambulance turnaround times which would be reviewed further, as there was a view that performance had improved. Cancer and RTT: There was an improvement in the 78-week trajectory. Workforce: The metrics showed an increase in vacancy rate, whereas there was an improved vacancy position as the number of posts had increased by approximately 130 over the year. Activity: Emergency activity had decreased, and elective activity was increasing. It was noted that at page 45, the narrative had not copied over correctly.
20.3	The Chair asked for more information on the vacancy rate. The CPO explained that the metric included all of the posts arising from approved business cases in the last 12 months but the way the data was presented gave the impression that the Trust was allowing its vacancy rates to increase. The CPO would work with the Director of Business Intelligence to break the metric down so that the vacancies could be triangulated against end of year staffing targets, establishment figures and recruitment cycle times. The CPO would provide a quarterly spotlight on time to hire data to show progress against pinch points in the system. Natalie Edwards, PERC Chair, added that the time to hire metrics were discussed at PERC.
20.4	Ginny Edwards added that Quality Committee had noted the variations with healthcare associated infections and pressure ulcers through the quality IPR, and had received assurance around mitigating actions and progress.
20.5	Helen Davis asked if any cases of pressure ulcers had led to any causal harm. The Chief Nurse responded that Quality Committee received a Harm Free Care report in addition to the quality IPR which had shown special cause variation for improvement over the last few years. Unfortunately, significant harm could still occur, but there had been a marked improvement overall. Incidents were reviewed weekly by the Heads of Nursing at the Harm Panel, which would pick up special cause variations for concern and review the actions needed to be taken. The Chief Nurse would spotlight the data for the Board to demonstrate

	the changes made through quality improvements and the harm free care faculty through quality committee.
20.6	Ann Griffin asked the Chief Medical Officer about the data for stroke thrombolysis. The CMO explained that there was no delay in providing thrombolysis to patients as this was provided in A&E. It was the way that the data had to be recorded that gave the impression of a delay.
20.7	The Chief Nurse added that the nursing fill rate metric related to the Trust's ability to staff the extra capacity within the Trust, rather than the establishment rates. The Trust was working with the national team about the issue because it gave rise to a distortion in reporting.
Aim 1: Best care	
21	**Obstetric workforce review (Maternity Incentive Scheme)**
21.1	The Divisional Director for WACs presented the report as assurance that the obstetric workforce and obstetric anaesthesia was meeting national requirements. The report had been scrutinised by the Quality Committee.
21.2	Presently, the one area of concern related to multi-disciplinary training which the Trust was on track to achieve compliance by the end of the year. The Trust also needed to ensure, following the Ockenden Report, that consultant anaesthetists providing obstetric cover out of hours were competent, which it was in the process of assuring. Otherwise, the workforce for obstetrics and obstetrics anaesthesia met the national requirements.
22	**Quarterly learning from deaths report**
22.1	The Chief Medical Officer presented the report which covered May 2021 to April 2022.
22.2	HMSR and SHMI were both within expected ranges. SMR was statically lower than expected. There were four outlying diagnostic groups, biliary tract disease, complication of device, perinatal conditions and urinary tract infections. The divisions had been asked to undertake a deep dive into all those areas to see whether there was a concern or not.
22.3	Medical examiner scrutiny of both hospital and community deaths remained at 100%. The SJR process had determined that there were no avoidable deaths. 13 SJRs were referred during this quarter, and twenty-two reviews were received for review.
22.4	The Chair noted that there were no common themes.
23	**EPPR self-assessment**
23.1	The Head of Emergency Planning and Resilience presented the report as assurance on the annual submission for core standards. The Trust was required to comply with 10 domains and 68 standards. The Trust has assessed itself against the core standards and considered itself compliant. It had also undertaken a deep dive evacuation and shelter, a topic chosen by NHSE for all hospitals. NHSE required assurance about the implementation of the SMART evacuation system against which the Trust had also assessed itself as compliant.
23.2	As part of the governance process for the assessment, the Trust required the Board's approval of its submission prior to its confirm and challenge session before the ICB.
23.3	Helen Davis noted that the deep dive on evacuation and shelter was pertinent to the RAK hospitals which had particular infrastructure issues. She asked if the system of mutual aid would also apply to the Trust if it suffered a major infrastructure failing. The COO and Head of Emergency Planning confirmed that it would. The COO added that she anticipated a greater level of scrutiny for the core standards assessment and deep dive than in previous years as the disruption from Covid-19 had abated.
23.4	Edwin Josephs asked how the assessment applied to staff being trained on the on-call rota. The Head of Emergency Planning outlined the training programme for staff joining the on-call rota which was comprehensive. Contractual terms for higher banded staff had been

	amended to include on-call duties to ensure a good supply of senior managers and directors for the on-call rota. The COO added that this allowed for senior staff to take time off from the rota and for senior corporate staff to gain experience.
23.5	Natalie Edwards asked about the support provided to staff who were anxious about joining the rota. The CPO provided information about the buddy system and confirmed that the training programme was extensive and did not allow anyone to work on the on-call rota until they were confident to do so. The Head of Emergency Planning added that staff could also shadow operational staff until they were confident to work on the rota and could also use a WhatsApp group if they had a query. The COO added that only senior members of staff, 8a and above for on call senior managers and above band 9 for directors were allowed to work on the rota. Their role was to support the operational team with decisions and assessments rather than running the site.
23.6	The CEO thanked the Head of Emergency Planning and COO for the rigorous process and noted that it was positive for the Trust's culture to have managers from across the organization working together.
23.7	The Board approved the submission and noted that it would receive a verbal update from the COO about the confirm and challenge at the next meeting.
23.8	ACTION: The Chief Operating Officer would provide a verbal update to the Board about the outcome of the confirm and challenge meeting with the ICB.
23.9	**RESOLUTION: The Board approved the submission.**
Aim 2: Best Value	
24	**Finance update**
24.1	The Chief Financial Officer highlighted the following points from his report:
24.2	The deficit had increased by £0.5m to £4.7m which remained in line with the plan. The Trust was still forecast to break even by the end of the year. Activity levels were lower than planned but were improving. The Trust's income was protected this financial year and the elective recovery fund had been fixed for the first six months of the year. Covid costs were improving, £4m had been spent which was in line with the envelope for Covid spending. Other pay costs were overspent, such as medical staffing, and the Trust was working to bring that in line. Overall, the Trust could end the financial year with a deficit of £11m if certain actions are not taken. The Trust needed to focus on closing the CIP gap, the plan for which was progressing well. Covid cost savings around testing well also progressing well and ERF funding needed to be secured for the second half of the year, which had been raised as a national issue. Risks around winter spending were also expected to be mitigated by additional funding from national budgets.
24.3	On capital expenditure, the Trust had spent £4.2m and had received capital funding from national funds which had facilitated the Schrodells business case, community diagnostic centre and redevelopment enabling works. It awaited news on funding for the path lab and ED refurbishment. Accordingly, it now faced a potential underspend and was looking to bring forward next year's spending to make best use of capital monies and reduce pressure on next year's capital program.
24.4	There were no concerns with cash flow as cash balances stood at £50m.
24.5	The long-term financial plan for the next five to ten years was at early stages as Commissioner funding allocations and the financial framework were yet to be confirmed. The Trust was leading the planning for a medium-term financial model. This would provide insight around funding levels, service demand, cost impact, inflationary impact, the level of required efficiencies and how demand should be managed through service transformation. The long-term analysis had shown that efficiencies between 1.6 and 3% would need to be maintained

	and service transformation would need to be continued to meet the projected patient
24.6	demand. Ginny Edward asked if the Trust would be penalised if it ended the year with a deficit. The CFO explained that no penalties would be imposed but any deficit would eat into the Trust's cash reserves and would undermine the long-term plan that supported the redevelopment. It was also important to recognise that the Trust had a statutory duty to break even each year. There was also a focus on the integrated care system to balance overall.
24.7	Ginny Edwards asked about the impact of the system on the Trust's finances. The CFO explained that system partners were working to break even. The CFOs met regularly to discuss the system's financial position and commissioners could also withhold funding in order to make difficult decisions. It had implemented a system wide procurement function to make efficiencies which was having a positive impact.
24.8	The Chair asked how the Trust would mitigate the capital underspend and keep next year's programmes on schedule. The CFO explained that he was liaising with the centre around business cases where the allocation could be phased over a 2-year period. The National Finance team were very keen for funding to be spent on national priorities and the CFO was in dialogue with them about the projects that could be brought forward to facilitate this.
24.9	Natalie Edwards asked if there was a focus on innovation producing efficiencies. The CFO confirmed that innovation around clinical pathways and service transformation were a focus, as demonstrated in the Better Care Delivered Differently report, GIRFT programme and CPG programme.
24.10	Edwin Josephs asked about the confidence levels for meeting the projected savings given that the Trust only achieved half of its projected savings last year and was behind on its cost savings programme this year. The CFO explained that his confidence levels were increasing for the core efficiency programme which was seeing further savings in addition to the projected savings. The EPR programme would be more challenging as the investment may not produce the savings as quickly as projected in the original plan but there were opportunities elsewhere to compensate for those savings not coming through. The CFO and CIO met monthly to review the programme in the detail.
24.11	Edwin Josephs checked that savings were always being made with the patient in mind and the CFO and Chief Nurse confirmed that savings plan was not authorised when they compromised patient safety and the quality impact assessments (QIA) are reviewed.
24.12	Helen Davis asked what opportunities there were for system partners to work together to drive savings across the ICS. The CFO was aware of the CIOs meeting to develop the system-wide digital strategy which would produce efficiencies. The CMO confirmed the learning from the Virtual Hospital and long-term conditions project was being shared with system partners to produce savings elsewhere. The health care partnership worked together on service transformation and organisations worked together at PLACE level to produce efficiencies.
24.13	The Chief Nurse raised whether a corporate risk should be developed around the risk of working as an integrated system and how that should feature in the internal risk management system. The CFO would consider the need for a corporate risk as the allocation of NHS funding became clearer and the ICB matured. The Chair added that Jane Halpin, Accountable Officer for the ICS would be attending the December board meeting and could provide more insight on this point.
24.14	Harvey Griffiths asked if the board should be concerned about cash increasing due to increases in payables. The CFO confirmed that it was a typical pattern for this stage in the financial year, particularly as the capital programme accelerated. NHSE was focused on the public sector payment policy. The Trust was slightly behind paying invoices within 30 days but benchmarked in the middle compared to other trusts and asked board members to ensure

	early authorisation of invoices.
24.15	The CEO added that he met regularly with his system counterparts who were all working together on various projects to improve the system.

Aim 4: Great Place	
25	**ED/CDC business cases update report**
25.1	The Chief Strategy Officer highlighted that whilst the funding was extremely welcome, the Trust now faced the challenge of completing the work within the financial year whilst safely maintaining activity through the hospital, particularly through the winter.
25.2	Confirmation had been received that the ED funding could be spread over 2 years and the team were exploring what work could be moved into next year's programme. Final approval had not yet been received for the CDC business case, which shortened the length of time for spending the funding within the current financial year.
25.3	The Divisional Director for Emergency Medicine confirmed that she was in discussions about phasing for the ED funding and maintaining a safe service over the winter whilst the work was being carried out.
26	**Better Care Delivered Differently report**
26.1	The Chief Strategy Officer presented the report
26.2	The Chief Strategy Officer highlighted the programmes within the report. Two programmes related to the Schrodells business case, which the Board would consider after this item. She highlighted that no solution had yet been found within the capital envelope for the elective hub for Herts and West Essex. This meant there was a wider issue about recovery of our elective waiting list as the Trust would have been expecting that system hub to be delivering activity from the start of next year. Meetings were ongoing and the CSO would update the board with any further developments.
26.3	It was anticipated that the respiratory transformation programme would revert to amber, from red, following a different change in approach from the ICB.
26.4	The Chair approved of the format of the report and confirmed that it would be presented bi-monthly.
27	**Schrodells business case**
27.1	The CSO reminded the Board about the history of the business case and the fact that additional capacity needed to be temporarily created within Schrodells to support the Trust's redevelopment plans in the short term. This additional capacity would support the Trust's non elective activity and provide support to ring fenced elective activities.
27.2	There was a capital shortfall which created a risk for the following financial year. However, the business supported the Trust's transformation strategy, and the Board were asked to accept the risk to next year's capital programme whilst alternative funding routes were explored.
27.3	There was a revenue cost linked to staffing, which also created a staffing risk which would need to be managed closely.
27.4	Edwin Josephs asked how quickly work could start following approval. The CSO explained that the Estates Department were ready to launch the project and had already tendered for the work.
27.5	Edwin Josephs asked about the confidence to recruit given that 80 posts were required. The

	CPO explained that the risk had been recognised early on and workforce plans were in development to ensure that sufficient staff could be recruited from a mix of internal, external and international staff. The Chief Nurse confirmed that the posts would create excellent experience for staff and the Trust has already informed staff about the potential posts to create interest.
27.6	The Chair asked which committee would monitor the progress of the business case and the Board resolved that PERC would monitor the workforce issues. The CIO raised the pressure on the capital expenditure budget and the CFO confirmed that this was an issue which would be monitored and planned for next year. The Chair confirmed that he had raised the issue of being able to phase funding with Lord Markham on his recent visit to the Trust.
27.7	The CSO explained that the Better Care Delivered Differently report could be used as the overarching reporting mechanism, with the board sub-committees monitoring specific issues relevant to their portfolios.
27.8	The CSO added that the capital allocation included £1m to address the ventilation issues on the first-floor wards and improving the patient environment which would give greater flexibility to manage patient flow and would make it both cheaper and easier to manage operationally. She thanked everyone for their hard work in getting the business case ready.
27.9	The Board approved the business case.
27.10	ACTION: The workforce element of the Shrodells business case to be monitored by PERC
27.11	**RESOLUTION: The Board approved the business case.**
Risk and Governance	
28	**Corporate Risk Register report**
28.1	The CMO presented the report which had been reviewed by RRG on 15 September 22 and Quality Committee on 29 September 2002.
28.2	There were 19 open risks. Two risks were not accepted onto the register. The first concerned the ability of cancer mdt meetings to proceed if IT systems failed and the second concerned blood transfusions where it was felt that the business continuity actions in place reduced the risk to a low level.
28.3	The risk relating to Winpath hardware/software was removed and the IT department would rewrite the risk to reflect its current status.
28.4	The risk relating to staff sickness due to Covid was reduced and would be kept under review.
28.5	**RESOLUTION: To approve changes to the corporate risk register.**
29	**Board engagement report**
29.1	The Chief Nurse presented the report and highlighted the patient stories received by the Board and the board visits undertaken in the last 6 months.
29.2	The changes noted in the last report to the NED champion roles had been implemented and the report highlighted the NED and interactions with staff and services. It also highlighted the executive engagement with staff support, health and wellbeing during the year particularly in connection with the cost-of-living crisis.
29.3	Ginny Edwards clarified that she had met staff and volunteers on all three sites over the past six months.
30	**Items considered at the September 2022 private Trust Board**
30.1	The report was noted.
31	**Report on standing financial instructions, standing orders and scheme of delegation**
31.1	The CFO highlighted the minor changes to the Standing Orders, SFIs and Scheme of

	Delegation relating to the Trust's being awarded teaching hospital status, changes to the composition of the board and amendments to the delegated responsibilities for spending limits and requisitions above £1m no longer needing board approval as long as they were signed off by the Chair and CEO. The requirement to take all vacancies through the vacancy control panel had been amended to reflect that departments with high vacancy rates no longer needed to comply with this requirement.
31.2	The Chair added that the process relating to the appointment of the Vice Chair would be amended to reflect that the appointment would be confirmed to the Board but would not require such a detailed selection process and this did not reflect current practice.
31.3	The Board approved the changes.
31.4	**RESOLUTION: The Board approved the changes outlined in the paper.**
Closing Items	
32	**Any other business previously notified to the Trust Chair**
32.1	There was no other business for consideration.
33	**Questions from Hertfordshire Healthwatch**
33.1	There were no questions as Meg Carter had sent her apologies.
34	**Questions from our patients and members of the public**
34.1	Four public questions had been received. <u>Question 1</u>
34.2	What is the size and cost of the piece of Watford Borough Council land that the Trust is purchasing for the new hospital facility?
34.3	The CFO confirmed that it was 0.54 hectares or 1.3 acres. The cost had not yet been agreed and would be commercially sensitive. <u>Question 2</u>
34.4	The business case in the current board papers for Schrodells suggests that Granger will not be demolished until September 2024. That is at least eighteen months later than the date given for the demolition in the OBC for the enabling works in October 2021. Could you please explain why the timetable for these has apparently slipped by eighteen months in just a year.
34.5	The CSO explained that it had taken longer to get approval for the capital funding. Second, the Trust was deliberately choosing to keep Granger open so that it had additional capacity. The key determinant for closure would be the need for the land to be cleared for the redevelopment, the operational needs and the revenue position in terms of affordability and need to keep that ward open. <u>Question 3</u>
34.6	I am pleased to see that Jonathan Rennison makes public the names of the clients he works with as a consultant where this may be relevant to his work with West Herts. Could all the Trust's non-executive directors with consultancy businesses please provide the equivalent information where relevant.
34.7	The Chair responded that declarations of interest were updated at each meeting and an opportunity to provide updates and alterations was offered at the start of each meeting. On that basis, he considered that the Trust was compliant. The Trust Secretary added that she considered the Trust to be compliant as well. There would be instances when a non-executive could not disclose their client's identity due to confidentiality. The process was dynamic and all non-executives understood their obligations to declare their interests and update them at each meeting.

	Question 4
34.8	Are you planning to visit some of the local trusts who performed better than Watford on A&E measures and is there anything that you can learn from them?
34.9	The Divisional Director for Emergency Medicine explained that trusts shared a lot of their work at a local and regional level. A lot of work was also undertaken in house to improve performance as well.
34.10	The Chair added that the investment funding that the Trust was asking for really did make a difference to learning and performance. Board members had visited the surgical robots that morning and it would be the first time that a Trust would have simultaneous operations involving surgical robots.
35	**Date of the next Board meeting**
35.1	The next Board meeting would be held on 3 November 2022 at Watford General Hospital and via Zoom.

BOARD AND CORPORATE TRUSTEE DECISION LOG 2022-23			
Board meeting decision date	**Decision reference (from minutes)**	**Item presented to Board for action**	**Comments/outcome**
07 April 2022	22.3	**RFL Partnership arrangements**	The Board approved the extension of the RFL partnership arrangements and would progress a board development session on RFL partnership work.
07 April 2022	24.6	**Draft Business Plan 2022-23**	The Board approved the strategic objectives for 2022/23.
05 May 2022	20.2	**Delegated Authority Request - Quality Account**	The Board approved the delegated authority request for the Quality Committee to approve the Quality Account on behalf of the Board.
05 May 2022	24.3	**PERC Terms of Reference**	The Board approved the PERC terms of reference
05 May 2022	27.2	**Annual statement of actions taken to prevent slavery and human trafficking**	The Board approved the signing of the annual statement by the CEO
05 May 2022	28.2	**Annual self-certification process**	The Board approved the signing of the self certification by the Chair and CEO.
31 May 2022	5.2	**Shortlist review**	The Board approved the recommendation not to reopen the shortlist.
31 May 2022	5.3xv	**Preferred option**	The Board approved option 6 as the preferred option for the emergency site and option 3 as the preferred option for Hemel Hempstead and St Albans.
31 May 2022	20.5	**Business plan**	The Board approved the business subject to the changes in the financial plan.
07 July 2022	25.0	**Approval of the Quality Account by delegated authority.**	The Board ratified the approval of the Quality Account by delegated authority.
07 July 2022	28	**Interventional Radiology business case**	The Board approved the Interventional Radiology business case
01 September 2022	26.2	**Annual Workforce Race Equality Scheme (WRES) report**	The Board approved the publishing of the report.
01 September 2022	27.8	**Annual Workforce Disability Equality Scheme (WDES) report**	The Board approved the findings of the report and approved its publication
06 October 2022	27.9	**Schrodells Business Case**	The Board approved the Schrodells business case
06 October 2022	31.3	**Review of standing orders, standing financial instructions and scheme of delegation**	The Board approved the changes to the standing orders, standing financial instructions and scheme of delegation.

West Hertfordshire Teaching Hospitals NHS Trust

Agenda item: 7

Action log (updated following 6 October 2022)

No.	Date of meeting	Minute ref	Action	Lead for completing the action	Date to be completed	Update
1	6 October 2022	23.8	The Chief Operating Officer would verbally update the Board about the outcome of the confirm and challenge meeting with the ICB	Chief Operating Officer	November 22	Verbal update at November Board
2	6 October 2022	27.10	The workforce element of the Shrodells business case to be monitored by PERC	Trust Secretary	November 22	

TRUST BOARD WORK PLAN 2022-23: Part 1	Apr-22	May-22	Jun-22	Jul-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Service presentation/patient story	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Trust Chair and Chief Executive's report	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Performance											
Integrated Performance Report	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Aim 1: Best Care											
Seven day services – board assurance framework (suspended)											
Bi-annual establishment review – maternity					✓					✓	
Bi-annual establishment review report – adult inpatient wards				✓							✓
Annual establishment review report – Paediatrics								✓			
Establishment review - neonates							✓				
Perinatal quality surveillance -maternity minimum dataset (quarterly as part of IPR)		✓				✓		✓		✓	
Maternity safety strategy actions and CNST incentive scheme (as required)				✓	✓						
Annual report: infection prevention and control								✓			
Annual report: safeguarding				✓							
Outcome of national patient surveys/progress reports		Reports aligned with the publication of results									
Report on the quality account (ratification of QC approval)				✓							
Annual report: end of life care						✓					
Annual report: complaints and patient advice and liaison								✓			
Annual report: serious incidents and never events						✓					
Quarterly learning from deaths report (Director of Clinical Governance)				✓		✓		✓		✓	
Annual assurance report: emergency preparedness, resilience and response					✓						
Patient Safety Specialist update											
Health inequalities											
Annual report: Legal services								✓			
Aim 2: Best Value											
Outline and final business cases for capital investment more than £1m (as required)	As required										
Ratify proposals for acquisitions, disposals or changes of use and/or buildings (as required)	As required										
Approval to open bank accounts (as required)	As required										
Finance update	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Aim 3: Great Team											
Research and development update							✓				
Public sector equality duty report				✓							✓
EDS3											✓
Gender and race pay gap report							✓				✓
Outcome of national staff survey/progress report											✓
Annual medical appraisal report and statement of compliance					✓						
Annual NHS disability equality standard report					✓						
Annual NHS workforce race equality standard report					✓						
Annual People Strategy update								✓			
People Strategy								✓			
Bi-annual freedom to speak up/whistle blowing report		✓								✓	
Guardian of Safe Working Annual Report							✓				
FPPR Report		✓									

Aim 4: Great Place											
Better Care, Delivered Differently update (bi-monthly)	✓	✓	✓	✓		✓		✓		✓	
Strategic objectives report (quarterly)					✓			✓			✓
Green Plan - annual review											✓
Redevelopment OBC preferred option decision (tbc)						✓					
Development of integrated care partnership update report					✓						
ICS governance proposals											
Progress update on major capital projects (outline business cases/full business cases)	As required										
Risk and governance											
Approval of the corporate aims and objectives	✓										✓
Board assurance framework report	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Corporate risk register report	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Board and committee terms of reference and work plans review		✓									
Annual review of Board and committee effectiveness				✓							
Annual review of corporate governance structure		✓									
Board engagement report						✓					✓
Board and committee meeting schedule					✓						
Regulatory											
Audit Committee annual report				✓							
Annual statement of actions taken to prevent slavery and human trafficking		✓									
Annual self-certification process		✓									
Use of the Trust Seal (*via Audit Committee assurance report)*	✓		✓							✓	✓
Report on standing financial instructions, standing orders and scheme of delegation (*via Audit Committee assurance report)*						✓					
Approval of annual report, annual accounts, annual governance statement and quality account (*via Audit Committee assurance report*)				✓							
Assurance reports from committees											
People, Education and Research Committee		✓	✓	✓		✓		✓		✓	
Audit Committee			✓	✓	✓					✓	✓
Finance and Performance Committee	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Quality Committee	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Trust Management Committee	✓	✓		✓	✓	✓	✓	✓		✓	✓
Great Place Committee	✓	✓		✓	✓	✓	✓	✓		✓	✓
Charity Committee		✓		✓				✓			✓
Charity Committee annual report and accounts		✓									
Questions											
Questions from Hertfordshire Healthwatch	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Questions from the public	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Corporate Trustee meeting - November and May		✓					✓				

West Hertfordshire Teaching Hospitals NHS Trust

Trust Board Meeting
3 November 2022

Title of the paper	**Chair's Report**
Agenda Item	**9**
Presenter	**Phil Townsend, Trust Chair**
Author(s)	**Barbara Anthony, Trust Secretary**
Purpose	**For approval** [ ] **For discussion** [ ] **For information** [✓]
Executive Summary	This paper provides an update to the Board on items of national and local interest/relevance.
Trust strategic aims *(please indicate which of the 4 aims is relevant to the subject of the report)*	**Aim 1 Best care** — ***Objectives 1-4*** — x **Aim 2 Great team** — ***Objectives 5-8*** — x **Aim 3 Best value** — ***Objective 9*** — x **Aim 4 Great place** — ***Objective 10-12*** — x
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? ✓ 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?
Previously considered by	Committee/Group: N/A — Date:
Action required	The Board is asked to receive the report for information.

West Hertfordshire Teaching Hospitals NHS Trust

Agenda Item: 9

Trust Board Meeting – 3 November 2022

Chair's report

Presented by: Phil Townsend, Trust Chair

1 PURPOSE

1.1 The aim of this paper is to provide an update on items of national and local interest/ relevance to the Board.

2 NEWS AND DEVELOPMENTS

Secretary of State for Health, The Rt Hon Steve Barclay MP

2.1 The Right Hon Steve Barclay MP was re-appointed as Secretary for State for Health and Social Care on 25 October 2022. We look forward to working again with Mr Barclay and his ministerial team on our redevelopment plans for our hospital sites.

Happy Diwali and Hindu New Year

2.2 I would like to wish everyone who celebrated Diwali on Monday 24 October 2022 a happy Diwali and a prosperous new year.

Celebration lunch for Black History Month

2.3 Connect, our multicultural staff network, hosted a fabulous Black History Month celebration lunch at Watford General, with an entertaining performance by a steel drummer. Guests were treated to a fun afternoon of dance and celebration while enjoying a delicious Caribbean lunch including jerk chicken and jollof rice.

2.4 Connect has been celebrating Black History Month which celebrates the contributions made by those with African and Caribbean heritage to British society and fosters an understanding of Black history.

Celebrating Allied Health Professionals Day

2.5 On Friday 14 October 2022, the Trust celebrated Allied Health Professionals (AHP) Day in appreciation of the AHPs and AHP support workers across the world. This day raises awareness of the important role and impact AHPs have in delivering high quality care to our patients.

2.6 Allied health professionsals are the third largest workforce in the NHS, with 14 unique professions assessing, treating, diagnosing and discharging patients across the NHS and other sectors. At West Herts we will be celebrating our diagnostic radiographers, dietitians, occupational therapists, operating department practitioners, orthoptists, orthotists, paramedics, physiotherapists, speech and language therapists and our invaluable AHP support workers who strengthen each profession and the service they offer our patients.

Community Service Award

2.7 Congratulations to Daisy Peets for winning the Community Service Award 2022 for her outstanding contributions to the local community. Daisy set up a youth project in Watford which has now developed into supporting young people and their parents.

2.8 The award was presented by Dean Russell MP and Cllr Richard Roberts, leader of Hertfordshire County Council on Sunday 9 October at the Black History Month awards celebration.

Freedom to Speak Up

2.9 October was Freedom to Speak Up month and the Trust has created new ways for its staff to access information through QR codes on posters. Each QR code links to a new web page with information about the speaking up process and how this can be accessed. Speak up posters can now be accessed online to enable staff to easily identify FTSU champions and help staff raise and resolve concerns.

3 Community News

Inspiring the next generation of NHS employees

3.1 The Trust hosted nearly 200 sixth-form students from Westfield Academy in Watford at a careers event held at Watford Football Club. Teams from across our specialties, both clinical and non-clinical, showcased a variety of the 300 plus NHS roles available. Students could also find out how to sign up as volunteers at our hospitals and learn more about the breadth and depth of NHS apprenticeships. I would like to thank everyone who helped make the event such a success and who shined a light on why the Trust is a great place to work.

Welcome to Raise's senior fundraiser

I would like to welcome Emily Theobald who has joined the Trust's charity, Raise as its new senior fundraiser. Emily will be engaging with the community to promote the charity and encouraging more involvement from corporate sponsors.

4 Hertfordshire and West Essex ICS

Local Healthwatch report on making healthcare equal

4.1 Healthwatch Hertfordshire has published a research report: 'Making Local Healthcare Equal: Healthcare Concerns in Black and Asian Communities'. Over the last 12 months, Healthwatch Hertfordshire has been working with Black and Asian communities, and has found that up to 45% of respondents felt they had been discriminated against in a healthcare setting.

The report makes 16 recommendations to address the issue, including better gathering and reporting of relevant data, and making it easier to raise concerns or make complaints. We will be reviewing the findings of the report and will work with our system partners to work through necessary changes and actions.

Hertfordshire and West Essex ICB update

4.2 The latest edition of the Hertfordshire and West Essex ICB update can found here https://mailchi.mp/nhs/hertfordshire-and-west-essex-icb-update-28-october-2022 and demonstrates the work that system partners are undertaking to improve and development services for local communities.

5 BOARD NEWS

Board visit programme:

5.1 As part of the monthly Board visit programme, in October 2022 the Board visited the following departments at Watford General Hospital:

- Maple House
- Bluebell ward
- Palliative Care
- Surgical robots
- Virtual Hospital

6 Trust Chair's meetings:

6.1 The Trust Chair has attended the following since the report to the last Board meeting:

Chaired Consultant Interviews – AAC – Nephrology/Renal posts
Chaired Consultant Interviews – Upper Limb
Non-exec calls with CEO
Hosted meeting with Watford Football Club
Governance meetings
Board Development session
Finance & Performance Committee
Quality Committee
PERC Committee
Meeting with Divisional Director Emergency Medicine
Virtual Meeting with Local MP, Sir Mike Penning
Hosted visit to Watford General for Daisy Cooper, MP for St Albans
Chaired South & West Herts Chairs' meeting
Attended West Herts Well-Led interview with Deloittes

Attended Herts Chairs' meeting

7 RECOMMENDATION

7.1 The Board is asked to receive the report for information.

Phil Townsend, Trust Chair

26 October 2022

West Hertfordshire Teaching Hospitals NHS Trust

Trust Board Meeting
3 November 2022

Title of the paper	**Chief Executive's Report**
Agenda Item	**10**
Presenter	**Matthew Coats, Chief Executive**
Author(s)	**Barbara Anthony, Trust Secretary**
Purpose	**For approval**: ; **For discussion**: ; **For information**: ✓
Executive Summary	The aim of this paper is to provide an update to the Board on items of national and local interest/relevance since the last meeting. The information in the report is drawn from a variety of sources, including information published by NHS England/Improvement, DHSC, NHS Providers and the CQC.

Trust strategic aims

(please indicate which of the 4 aims is relevant to the subject of the report)

Aim 1 Best care	Aim 2 Great team	Aim 3 Best value	Aim 4 Great place
			
Objectives 1-4	***Objectives 5-8***	***Objective 9***	***Objective 10-12***
x	x	x	x

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? ✓ 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?
Previously considered by	Committee/Group: N/A; Date:
Action required	The Board is asked to receive the report for information.

West Hertfordshire Teaching Hospitals NHS Trust

Agenda Item: 10

Trust Board Meeting – 3 November 2022

Chief Executive's report

Presented by: Matthew Coats, Chief Executive Officer

1 PURPOSE

1.1 The aim of this paper is to provide an update on items of national and local interest/ relevance to the Board

2 KEY ISSUES

Staff wellbeing

2.1 In discussion between the CEO and CPO there are plans to enhance the wellbeing support to staff. The areas of focus will include the following three overarching areas:

- Staff support
- Staff Recognition & Engagement
- Environment & Facilities

The CPO alongside colleagues from the HR and OD team attended listening events across all 4 sites during September and October to gain feedback from staff. An update of the main issues and next steps were presented to TMC last week. A plan has been developed to take forward the priority areas with quarterly events planned as part of wider staff engagement going forward at each of our sites.

Winter resilience and post covid elective recovery

2.2 We continue to face pressure within our services due to high levels of non-elective activity and increasing numbers of Covid-19 patients. We are now waiting to see the impact of this year's flu virus and I would urge you take up the offer of a Covid-19 vaccine and flu vaccine if you have not already done so.

2.3 NHSE set out their winter resilience plan in August 22, which has now been strengthened as the issues facing our national health service come into sharp focus. At a national level, there is a specific focus on supporting people in the community, rolling out the vaccination programme for patients and staff, maximising bed capacity, supporting ambulance services and supporting the discharge of patients back to the community when hospital treatment is no longer required.

2.4 I have mentioned the need to be vaccinated over this winter season to protect our emergency and non-elective pathways as much as possible. I would like to thank the staff who attended our vaccination centre during October to receive their Covid-19 vaccination or who have received a flu vaccine. A vaccinated workforce will protect our staff and services throughout this winter period.

2.5 We continue to work closely with our local authority and community colleagues to make sure that we can safely discharge our patients back to the community when hospital treatment is no longer required. Our local authority and community partners also face

immense pressure on their services, and I would like to thank them for their support and engagement during this difficult time.

2.6 Our work on safe discharges is supported by our nationally recognised Virtual Hospital service, the learning from which is being shared at a national level to support other systems. We are working on improving our assessment of patients attending A&E to ensure timely treatment and avoid unnecessary admissions with dedicated support from a senior consultant and senior operation lead.

2.7 We are also supporting our ambulance colleagues by implementing recent national guidance to release ambulance crews once patients have been brought to the hospital.

2.8 All of these measures build on last month's gains with the announcement of funding for a community diagnostic centre and GP-led integrated urgent care hub at St Albans.

2.9 We continue to work towards increasing the number of elective care operations and to meet our elective care targets. Our internal and system work on reducing pressures in our emergency care department will help free up capacity for elective work.

2.10 I remain grateful to all of our staff and volunteers for their hard work and dedication over the past few weeks and the support that they have provided to our patients.

Capital Programme

2.11 I am pleased to report that further funding from national allocations has been signalled for:

- additional wards capacity within Shrodells,
- wave 4 funding for the emergency department,
- a community diagnostic centre at St Albans, and
- an endoscopy room at Hemel Hempstead.

2.12 The total amount of funding is approximately £15.5m and represents a real commitment to the development of services within out Trust. I would like to thank the Strategy, Estates and Finance teams for all of their hard work in achieving this funding. This investment in all three of our sites will create additional bed capacity and will ease the pressure on our emergency department site at Watford.

3 CHIEF OFFICERS UPDATES

Chief Nurse

Independent investigation into maternity and neonatal services in East Kent.

3.1 The independent investigation report into maternity services at East Kent Hospitals NHS Foundation Trust was published on 19 October 2022. The report is being reviewed by the Trust's maternity leadership team and safety champions for learning and a report will be provided to the Quality Committee in November 2022 and to the Board in December 22.

Chief Operating Officer

Appointment of Divisional Manager for Womens and Childrens Services

3.2 I am pleased to report that Kira Martin joined the Trust on 24th October as the new Divisional Manager for WaCs, having previously worked at UCLH. I would like to thank Angela Hill, Interim Divisional Manager who provided interim cover and handover following the departure of Adrian Ball at the end of August 2022.

EPRR core standards assessment

3.3 The Trust underwent its assessment for EPRR core standards in October 2022, following the Board's approval of its self-assessment submission. Verbal confirmation has been received of a 'fully compliant' status being awarded and the Trust should receive formal written notification in due course.

Theatre redevelopment works

3.4 The theatre redevelopment works are concluding with the successful completion of works at Level 6 of PMoK including new recovery rooms, new staff changing area and a staff rest/welfare area. These enhancements provide pleasant, spacious and comfortable surroundings, boosting staff morale and wellbeing.

3.5 I would like to sincerely thank Mr Jeremy Livingstone, Clinical Lead for the Theatres Redevelopment programme for his dedication and hard work in leading this project and bringing it to fruition. I look forward to the opening of the new theatre by Mr Livingstone in November 22.

Chief People Officer

Ballots for Industrial Action

3.6 The Trust has received confirmation of ballots from particular staff side/trade union bodies asking their members if they wish to take part in industrial action. At this time we have received notification from Unsion, Royal College of Nursing and Society of Physiotherapists.

3.7 The Scottish government has provided an increased offer yesterday for which Unison made a determination to stand down its ballot. However, Unite and the RCN are currently continuing with their ballot.

3.8 The ballots close in November with further ballots expected. The industrial action for those ballots currently in place allow for industrial action taking place up until the end of April 2023.

3.9 The Trust has been making plans with fortnightly mitigation and planning meetings in place that include Emergency Planning, HR, Communications, Divisional management teams and representation from relevant staff groups such as nursing, AHPs, and medical staff.

Staff Survey

3.10 The staff survey commenced at the beginning of October and will run until the end of November. We are pleased to see improved engagement when compared to this time last year of 10%. At the time of this report 34% of staff had completed the staff survey with reminders being provided every week alongside incentives and regular staff engagement.

Staff Flu Vaccination

3.11 Staff Flu Vaccination is currently taking place with support from our team of peer vaccinators. The uptake from staff has been very positive especially with concerns that this winter could be challenging from a flu perspective. At the time of this report the vaccination rate was reaching 40% and therefore making good progress.

4 HERTFORDSHIRE AND WEST ESSEX ICS

Shared Care Record now includes social care records

4.1 The Hertfordshire and West Essex Shared Care Record now includes adult social care information in addition to shared records from system health partners. This is a key step forward for the delivery of more effective integrated health and social care and will improve joined up care for our patients.

5 NATIONAL GUIDANCE

Merger of NHS Digital and NHS England

5.1 The government has brought forward the merger of NHS Digital with NHS England to early January 2023 to support its recently announced patient plan. The acceleration will bring improvements in patient care and speed up efficiencies within Trusts.

6 NEWS AND DEVELOPMENTS

Andrea Hone wins Royal College of Nursing's Commitment to Carers award

6.1 Congratulations to Andrea Hone, Carers Lead who has been recognised with a national award for her hard work in developing a systemwide approach to supporting carers using the Trust's services. Andrea's discharge project, Connecting with Carers, scoped the needs of carers of patients in Watford General Hospital's frailty unit to understand what matters most to carers within the 'discharge to assess' pathway, which is used when patients need support to be discharged and linked in the voluntary sector for further carer support.

7 RECOMMENDATION

7.1 The Board is asked to receive the report for information.

Matthew Coats
Chief Executive
October 2022

Trust Board Meeting

3 November 2022

Title of the paper	**Board Assurance Framework report**						
Agenda Item	**11**						
Presenter	**Matthew Coats, Chief Executive Officer**						
Author	**Barbara Anthony, Trust Secretary**						
Purpose	*For approval*	✓		*For discussion*		*For information*	
Executive Summary	The Board approved the corporate aims and objectives for 2022/23 on 7 April 2022. The BAF dashboard and detailed risks are attached for the Board to approve. The risks have been discussed at GPC on 20 October 2022 and FPC,QC and PERC on 27 October 2022. There were no amendments to the BAF risks by FPC. Quality Committee discussed BAF risk 3 (increase in non-elective patients) and resolved that the wording would be amended to take into account the projects in place to reduce attendance at A&E. This will be presented at November QC. It also discussed the use of the risk appetite at RRG to discuss risks and their scoring Great Place Committee ratified the changes made by the GPC Chair on 27 September 2022 and clarified that the risk related to the safe operation of the Watford site. PERC received updates on the progress of actions to reduce the risks. This report is to provide the Board with assurance that risks to achieving the Trust's strategic objectives are being appropriately mitigated, to consider those elements that report direct to Board and any recommendations of changes from assurance committees.						

Trust strategic aims	**Aim 1** **Best care**  ***Objectives 1-4***	**Aim 2** **Great team**  ***Objectives 5-8***	**Aim 3** **Best value**  ***Objective 9***	**Aim 4** **Great place**  ***Objective 10-12***
	x	x	x	x
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? ☒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?			
Previously considered by	• Great Place Committee – 20 October 2022 • Finance and Performance Committee – 27 October 2022 • Quality Committee – 27 October 2022 • PERC – 27 October 2022			
Action required	The Board is asked to consider and approve the latest version of the BAF and to note that the Quality Committee will consider the working of BAF risk 3 at its next meeting. BAF risk 14 (hospital redevelopment) reflect the risk to the safe operation of the Watford site.			

West Hertfordshire Teaching Hospitals NHS Trust

Agenda Item: 11

Trust Board meeting – 3 November 2022

Board Assurance Framework report

Presented by: Matthew Coats, Chief Executive Officer

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 recommended changes from the committees.

2. Background

2.1 All NHS Trusts are required to use a Board Assurance Framework (BAF), not least because it has been proven good practice for many years in both healthcare and a whole range of complicated high-risk organisations. The BAF is a 'live' document that changes over time, and 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 11 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 Where appropriate the BAF is cross-referenced against operational risks on the corporate risk register. It should be noted that the BAF and corporate risk register are complementary but not the same thing.

2.4 The difference between 'assurance' and 'reassurance' is vital to make the BAF work. Reassurance is when someone tells you all's well; assurance is when they tell you what's happening, show you the evidence and you can judge for yourself if all's well. The diagram below demonstrates this in more detail.

Reassurance **Assurance**

• It is OK because management say it is • Strong management personalities may dominate • Track record of success • Professional background or expertise • No contradictory evidence	• It is OK because how management have responded to questions from the Board has given me confidence by: – Clear and logical explanations from Board members – What has happened; why it has happened and what is the response – Management explanations are	It is OK because I have reviewed various reliable sources of information, such as: – Independent information source – Evidence of historical progress, outcomes – Triangulation with other

	consistent	information

2.5 The BAF is comprised of the dashboard, which makes reference to the risk statement and risk score matrix, and an in-depth template for each risk. These are dynamic documents and are used by the Board and assurance committees to influence decision making at an individual risk level.

3. Monthly review

3.1 The refreshed BAF will be reviewed monthly by the Board. The risk descriptions, gaps in controls and assurances, areas of challenge and mitigations were reviewed and updated by executive leads in October 2022.

3.2 Elements of the BAF were reviewed on 20 October 2022 by GPC and on 27 October 2022 by Quality Committee, Finance and Performance Committee and PERC.

3.3 FPC did not recommend any changes to the BAF.

3.4 QC discussed BAF risk 3 (increasing number of non-elective patients) and resolved to update the wording to reflect the actions put in place to reduce patient attendance such as the long term conditions programme, outreach services programme and stage 3 of the virtual hospital. Whilst these actions had been implemented, they were anticipated to come to fruition in quarter 4.

3.5 The committee also discussed the use of the risk appetite statement at RRG when discussing the required response to a risk and the risk score. The Chief Medical Officer and Chief Nurse confirmed that the risk appetite statement was a useful tool to refer to.

3.6 Great Place Committee ratified the change in wording for BAF risk 14 (hospital redevelopment) from the Chief Strategy Officer following a risk workshop on the redevelopment. The wording of the risk will be updated to reflect that any delay in the programme will risk the safe operation of the Watford hospital and impact on the delivery of care for patients.

3.7 PERC received progress updates on all three risks. For the workforce engagement (BAF 10), the committee noted the establishment of the new EDI Steering Group and the appointment of the EDI lead within the organization.

3.8 For workforce sustainability (BAF 11), the committee noted the enhancement of the exit interview process in terms of data management and the positive outcomes from the role of the People Promise Managers and their positive impact on staff retention and turnover rates both for a longer term staff and for new starters.

3.9 For workforce morale, (BAF 12) the committee noted the progress in planning for the benefits realization from the Trust's teaching hospital status. A paper was scheduled to come to Board in December 2022. The committee also noted the development of the talent team and the conclusion of the independent review of leadership development from which recommendations would be forthcoming.

3.10 The committee resolved that future updates would set out the impact and likelihood scoring to allow for scrutiny of the impact of the actions on score reductions.

3.11 There are no areas of extreme risk (red) identified on the BAF. 10 risks are currently assessed as high (amber). Only limited assurance can be gained by the Board for these risks.

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 consider and approve the revised version of the BAF.

Matthew Coats
Chief Executive Officer

October 2022

BOARD ASSURANCE FRAMEWORK FOR 2022-23													
Trust Board Dashboard													
Strategic Aim/Priority		**Risk no**	**Risk description**	**Executive Lead/ Committee**	**Link to CRR**	Risk Score (L x C)							
						Residual April 22	**Jun/ July 22**	**Aug/ Sep 22**	**Oct /Nov 22**	**Dec/ Jan 23**	**Feb/ Mar 23**	**Target (03/ 2024)**
Best Care	**Resilient Services**	1	If we do not work with acute partners, then we won't be able to strengthen fragile services, recover our acute waiting list and improve patient outcomes.	Clare Parker/ QC		20 (5 x 4) HIGH	20	20				12 (3 x 4) Mod
	Improving access to care	2	If the Trust and wider system does not have sufficient elective and diagnostic capacity, then its waiting lists will increase, and patients will be unable to access timely care.	Sally Tucker/ QC	4019 4496 4497	20 (5 x 4) HIGH	20	20				9 (3 x 3) Low
		3	If the number of non-elective patients continues to rise, then this will detrimentally affect the Trust and wider system's ability to treat elective patients and reduce its waiting lists for elective care.	Sally Tucker/ QC	3828 4444	20 (5 x 4) HIGH	20	20				9 (3 x 3) Low
		4	If we have insufficient staff because of low morale, inability to recruit or no enthusiasm for additional work, then we will be unable carry out additional elective work and reduce our waiting lists.	Andrew McMenemy/ QC		20 (5 x 4) HIGH	20	20				12 (3 x 4) Mod

	Reducing inequalities	5	If the Trust does not engage collaboratively with its patients and local communities, in the planning and delivery of care and services, then it may not meet the needs of its diverse population resulting in the exacerbation of health inequalities.	Andrew McMenemy/ QC		9 (3 x 3) Mod	9 ↔	9 ↔				6 (3 x 2) Low
	Transforming our services	6	If we do not work with partners to transform our services, then we will not have sufficient capacity to provide safe and effective care to our patients.	Clare Parker/ QC		20 4 x 5 HIGH	20 ↔	20 ↔				10 2 x 5 Mod
Best Value	**Ensure we can meet the health needs of our population within our budget on an on-going basis**	7	Failure to agree a plan between the Integrated Care System and the Trust Board to reasonably support the balancing of this year's revenue income with revenue expenditure, when safely responding to expected patient demand.	Don Richards/ FPC		12 (3 x 4) Mod	16 4 x 4 High ↑	12 3 x 4 Mod ↓				8 (2 x 4) Mod
		8	Failure to take corrective action to manage internal/external factors, may result in the trust being unable to adhere to the agreed financial plan.	Don Richards/ FPC		16 (4 x 4) High	16 ↔	16 ↔				8 (2 x 4) Mod
		9	Failure to agree a realistic long term financial plan that is consistent with ICB long-term allocations compromising the ability to transform the estate and services to meet the longer term needs of the population.	Don Richards/ FPC		12 (3 x 4) Mod	12 ↔	12 ↔				8 (2 x 4) Mod

Great Team	**Culture of inclusion and diversity**	10	Engagement and inclusion with staff will be affected negatively where we do not support and celebrate cultural diversity and demonstrate opportunities across all areas of our workforce to ensure it is representative.	AM/ PERC		12 (4 x 3) Mod	12	12				6 (3 x 2) Low
	Improve workforce sustainability	11	Sustainable staffing and improved levels of retention will be affected if we do not invest internally in a positive workplace experience, staff development and externally in local and international candidate opportunities.	AM/ PERC		16 (4 x 4) HIGH	16	16				8 4 x 2
	Develop as a learning organisation	12	The morale and retention of our skilled workforce is at risk if we do not support and prioritise learning and career opportunities for our staff in order to maintain and enhance development and reduce staff turnover.	AM/ PERC		16 (4 x 4) HIGH	16	16				8 4 x2
Great Place	**Digital and IT innovation**	13	If the Trust is unable to secure sufficient funding to support its digital strategy, then its ability to transform its services will be affected.	Paul Bannister / GPC		15 (5 x 3)	15	15				6 2 x 3

	Redevelop our hospitals	14	If the confirmation of our capital allocation is delayed, it could lead to increased risk to the safe operation of the existing Watford hospital.	Clare Parker/ GPC		20 (5 x 4)	20	20				12 3 x 4
	Environmental Sustainability	15	If we do not minimise the Trust's adverse impact on the environment, then we may suffer reputational damage, cause increased pollution within our local and wider community and lose out on cost saving opportunities.	Clare Parker/ GPC		9 (3 x 3)	9	9				4

Risk Matrix					
Likelihood/ Frequency	**Consequence/Impact**				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
5 Almost Certain	5 Moderate	10 Moderate	15 High	20 High	25 Extreme
4 Likely	4 Low	8 Moderate	12 Moderate	16 High	20 High
3 Possible	3 Very Low	6 Low	9 Moderate	12 Moderate	15 High
2 Unlikely	2 Very Low	4 Low	6 Low	8 Moderate	10 Moderate
1 Rare	1 Very Low	2 Very Low	3 Very Low	4 Low	5 Moderate

Risk appetite statement

West Hertfordshire Hospitals NHS Trust recognises that its long term sustainability depends upon the delivery of its strategy ambitions and its relationships with its service users, carers, staff, public and partners. As such, the Trust will not accept risks that materially provide a negative impact on quality.

However, the Trust has a greater appetite to take considered risks in terms of their impact on organisational issues. The Trust has a greater appetite to pursue commercial gain, partnerships, clinical and digital innovation, financial/value for money and reputational risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment. The Trust accepts a higher-than-normal risk appetite in relation to redeveloping its estate, due to the age and condition.

The Threshold Matrix explains the level of risk appetite that the Board is prepared to accept for each category.

Threshold Matrix

Risk appetite	**What this means**	
Very low	The Board is not prepared to accept uncertainty of outcomes for this type of risk.	
Low	The Board accepts that a level of uncertainty exists but expects that risks are managed to a level that may not substantially impede the ability to achieve objectives.	
Moderate	The Board accepts a moderate level of uncertainty but expects that risks are managed to a level that may only delay or disrupt the achievement of objectives but will not stop their progress.	
High	The Board accepts a high level of uncertainty and expects that risks may only be managed to a level that may significantly impede the ability to achieve objectives.	
Category	**Risk Appetite**	**Risk Appetite Score**
Quality safety	VERY LOW risk appetite for risks that may compromise safety such as patient harm, infection control, pressure sores and learning lessons.	1 - 5
Affordability	VERY LOW risk appetite for unaffordable items which would affect the financial sustainability of the organisation.	1-5

Quality effectiveness	LOW risk appetite for risks that may compromise the delivery of outcomes for service users such as outcomes, delays, cancellations or operational targets and performance.	6 - 9
Statutory compliance	LOW risk appetite for risks that may affect statutory compliance such as Information Commissioner, CQC, H&S, professional standards and external certifications.	6 - 9
VFM	LOW risk appetite for affordable patient safety items where there is a degree of subjectivity regarding assessment of VFM.	6-9
Workforce recruitment and retention	LOW risk appetite for risks that would affect equal opportunity and diversity and compromise fair recruitment and attractiveness of Trust as employer of choice.	6-9
Clinical innovation	MODERATE risk appetite for clinical innovation that does not compromise quality of care	10 - 12
Compliance/regulatory	MODERATE risk appetite for compliance/regulatory risks ***where there are no risks or compromise in quality safety***	10 - 12
Reputation	MODERATE risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation	10 - 12
Quality experience	MODERATE risk appetite for risks that may affect the experience of service users	10 - 12
Workforce innovation	MODERATE risk appetite for actions and decisions taken to improve workforce health and wellbeing and future staffing requirements.	10 - 12
Partnerships	HIGH risk appetite for partnerships which may support and benefit the people the Trust serves	15 - 25
Commercial	HIGH risk appetite for commercial gain whilst ensuring quality and sustainability to service users	15 - 25
Digital innovation	HIGH risk appetite for digital innovation that challenges current working practices in support of digital systems that will produce benefits for the organisation.	15 - 25

BAF Risk 1	If we do not work with acute partners, then we won't be able to strengthen fragile services, recover our acute waiting list and improve patient outcomes.

Strategic Priority	Resilient Services
Review Date	Monthly
Exec Lead	Clare Parker
Lead Committee	Quality Committee

Risk Score							
Residual	Apr/May	Jun/July	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target (2024)
20 (5 x 4)	20	20	20				12 (3 x 4)

Context
The new legislation has an expectation of acute providers improving their collaboration with each other. The pandemic has significantly impacted the provision of services. Collectively, we have extremely high waiting lists which we will only be able to reduce if we work together. Some of our services are small because they are specialised and serve reduced patient numbers. They are less able to withstand current service pressures, such as staffing and resource issues, which leads to fragility. Pooling our resources with other acute providers would strengthen these services, create greater resilience, and provide better patient experience and outcomes.

Gaps in Control and Assurance
Some services lack a standard operating procedure for out of hours services with no contract in place with a tertiary provider.

Progress		
Positive progress including future opportunities	Current challenges including future risks	How challenges are being managed
We have agreed with our two acute partners to develop an acute services strategy and we are actively working on a capital bid to create an elective hub.	Limited resources mean that actions identified in the acute strategy will need to be prioritised. Developing an elective hub, that meets the immediate waiting list needs of the population, within the available capital envelope.	Twice weekly elective hub group meetings attended by all three acutes and ICS. There is a meeting planned between all three executives in July to discuss the strategy and resources.

BAF Risk 2	**If the Trust and wider system does not have sufficient elective and diagnostic capacity, then its waiting lists will increase, and patients will be unable to access timely care.**	

Strategic Priority	**Improving access to care**
Review Date	**Monthly**
Exec Lead	**Sally Tucker**
Lead Committee	**Quality Committee**

Risk Score							
Residual	**Apr/May**	**Jun/July**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
20 (5 x 4)	**20** ←	**20**	20 →				9 (3 x 3)

Context
We are in a recovery phase after 2 years of covid-19. The national stand-down directive for elective care and increase in referrals means that we now have a backlog of patients waiting to be treated. Referral rates have increased as more patients access GP care again. However, there is a trend of more complex referrals being received because patients have delayed seeing their GPs. This increased level of clinical complexity has required more diagnostic work up and surgical intervention that is only suitable to be undertaken on the Watford site rather than at St Albans. Our ability to further increase the progress of our recovery program is also affected by the willingness of clinicians to undertake additional work over above their contracted hours. This is due to a combination of factors such as personal fatigue and financial issues related to pensions and taxation which is a national issue. The continued increase in emergency demand and admission rates is creating more outlying patients and increased use of surge areas which is reducing the amount of available ring-fenced elective care beds. ~~For example, Flaunden A – 7 beds previously used for complex orthopaedic surgery are not presently available.~~

Gaps in Control and Assurance
We are unable to control the level of patient demand and are attempting to mitigate this with the following measures: - Launched recovery plan which links with the submissions made in the annual plan. - Established a monitoring and oversight governance structure. ORG, RTT Programme board, patient access meetings. Availability of monitoring data for divisions' to assess productivity performance & PTL management. - Outsourcing Group ~~board~~ provides oversight on private and independent sector capacity and utilisation to maximise activity opportunities. - Outpatient transformation. Non- face to face, PIFU and referral management systems.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**
Diagnostics – extended the mobile MRI provision at HH to March 23. Established outsourcing criteria – outsourced more complex patients. Proactive reduction of 104 week waiters (55 to 0~~7~~ for	Increased level of referrals. Lack of uptake of waiting list activity by clinicians. Referral profile has changed - greater volume of urgent / cancer referrals as opposed to routine. Increased complexity of elective procedures	Continuous review of demand and referral profile. Monitoring of productivity by division/specialty. Increased external performance oversight. EPR – close working with trust's digital leader and participation in digital steering group.

end of September~~June~~ 22.) Complex Orthopaedic surgery to recommence at Watford on 3 October 22.	Unpicking use of EPR – issues with clock stops, PTL management, data quality. User knowledge / training	Approval of business case of increased validation resources.

BAF Risk 3	**If the number of non-elective patients continues to rise, then this will detrimentally affect the Trust and wider system's ability to treat elective patients and reduce its waiting lists for elective care.**

Strategic Priority	**Improving access to care**
Review Date	**Monthly**
Exec Lead	**Sally Tucker**
Lead Committee	**Quality Committee**

Risk Score							
Residual	**Apr/May**	**Jun/July**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
20 (5 x 4)	**20**	20	20				9 (3 x 3)

Context	**Gaps in Control and Assurance**
Continued increase in emergency care demand. Increased level of ambulance conveyances. Patients are opting to utilise hospital based emergency care services on the basis of a) constraints in accessing primary care or b) not wishing to engage in virtual appointment at GP practice level. The continued increase in emergency demand and admission rates is creating more outlying patients and increased use of surge areas which can reduce ~~is reducing~~ the amount of available ring-fenced elective care beds. ~~For example, Flaunden A – 7 beds previously used for complex orthopaedic surgery are not presently available~~.	We are unable to control the level of emergency patient demand and are attempting to mitigate this with the following measures: - On going work with the CCG to audit primary care restoration of services. - Harris ambulance model pending roll out. (ambulance demand & handover) - Assessment of impact of 111 directional service - Maximising our SDEC services associated with admission avoidance.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**
Held initial internal summit on 16th June 2022 to review patient flow. Follow up session is scheduled for 17th August. We are exploring the expansion of the Virtual Hospital clinical pathways. SMART extension to Gastroenterology and Cardiology	Demand is outside of our control. Continued increase in mental health presentations Ambulance conveyance patterns are resulting in peaks in departmental pressure.	ICS System working. Participation in ICS Board. Mutual aid support via ICS. Internal review of end to end patient flow i.e.

Expansion of the virtual hospital model, initially to include heart failure and COPD with a roll out for wider use for other conditions eg Frailty Approval of two ED additional consultants and middle grades. Joint working EEAST re ambulance conveyances.		discharges (via HEG). A follow-up summit on 17 August took place to look at Trust initiatives and opportunities of working and improving patient flow.

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BAF Risk 4	**If we have insufficient staff because of low morale, inability to recruit or no enthusiasm for additional work, then we will be unable carry out additional elective work and reduce our waiting lists.**

Strategic Priority	**Improving access to care**
Review Date	**Monthly**
Exec Lead	**Andrew McMenemy**
Lead Committee	**Quality**

Risk Score							
Residual	**Apr/May**	**Jun/July**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
20 (5 x 4)	**20**	**20**	20				12 (3 x 4)

Context	**Gaps in Control and Assurance**
Staff retention continues to be a significant risk across the NHS with staff fatigue from the pandemic contributing to different choices about future employment being made. In addition, changes to the employment market are affecting some lower bands with risks associated to admin staff and Healthcare Support workers. This is also exacerbated by cost of living pressures and the higher rate of pay provide by the private sector and NHS organisations in London. The staff survey provides feedback highlighting motivation and morale linked with fatigue and recognition as areas where the Trust can make improvements.	There is good data on staff retention and with the annual staff survey and quarterly pulse surveys the Trust has good insight to the areas of risk. However there are gaps associated to an overall retention plan and working group that looks more closely at high risk services while implementing some overall organisational improvements. The lack of an OD function within the Trust has been a significant gap for which this has been addressed whereby a new OD function will be established from July 2022. This will bring together some of the priority areas working closely with recruitment, HRBPs and the divisional representatives to embed improvements within the control of the Trust.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**
Good analysis of reasons for higher turnover rates	The current challenges are working closely with new	The challenges are being overseen by the HR

with further detailed analysis being undertaken regularly. People Promise Managers in place alongside nationally funded initiative. New OD function established that will provide focus and energy around some of the long standing OD challenges with support from our partners at NHS Elect.	starters and reversing the trend in high rates of turnover with application of initiatives from the People Promise Managers and the new Reaching Out initiative. To establish enhanced support for new starters and provide active and supportive interventions for staff who have concerns and are looking to leave the Trust.	department with good oversight provided at divisional performance meetings. Extended performance indicators and more detailed analysis on retention provides insight into the changes to some of the reasons alongside staff groups affected by turnover in order that we can change our attention.

BAF Risk 5	**If the Trust does not engage collaboratively with its patients and local communities, in the planning and delivery of care and services, then it may not meet the needs of its diverse population resulting in the exacerbation of health inequalities.**

Strategic Priority	**Reducing inequalities**
Review Date	**Monthly**
Exec Lead	**Clare Parker**
Lead Committee	**Quality Committee**

Risk Score							
Residual	**Apr/May**	**Jun/July**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
9 (3 x 3)	9	9	9				6 (3 x 2)

Context	**Gaps in Control and Assurance**
There was an emerging focus on health inequalities prior to the pandemic. However, Covid-19 worsened health inequalities and brought the issue into sharp focus. Work has commenced on improving health inequalities within maternity services following the recommendations of the Ockenden report. There is a clear need to build our understanding of health inequalities and take action to improve disparities. Our target is to develop the work being undertaken within maternity services an produce an assessment that better understands the key areas for improvement within the population that we serve.	We do not have a baseline understanding of the health inequalities facing the population that we serve or how our services positively or negatively affect those inequalities.

Progress

Positive progress including future opportunities	Current challenges including future risks	How challenges are being managed
Work to improve health inequalities within maternity services has started. We have started work on the EDS3 assessment and we are working with ICS to develop a system wide framework.	Lack of knowledge of the baseline. No processes or internal infrastructure in place – we need to develop co-production board. Resources	We are working with the ICS to develop a program plan which will go part-way to mitigate the resources issue. Internal – project plan to put structure in place.

BAF Risk 6	**If we do not work with partners to transform our services, then we will not have sufficient capacity to provide safe and effective care to our patients over the next five years.**

Strategic Priority	**Transforming our services**
Review Date	**Monthly**
Exec Lead	**Clare Parker**
Lead Committee	**Quality Committee**

Risk Score							
Residual	**Apr/May**	**Jun/July**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
20 (4 x 5)	20 ←	20	20 →				12 (2 x 5)

Context	Gaps in Control and Assurance
Hospital services are currently under huge strain. Demand is growing and is presently exceeding the capacity available within the hospital. This is impacting on the provision of elective care and emergency care and is at high risk of becoming worse over the next five years. We are not able to create new capacity ahead of the redevelopment and are therefore actively working with partners to implement new care models to improve caring outcomes and safely manage patients in their own home. Our ability to transform services in the medium to long term directly depends on a successful outcome for our redevelopment programme.	No regular reporting and data from transformation programmes to provide assurance that demand is being managed or reduced.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**
Virtual Hospital – developing the service to facilitate	We need to increase the number of patients using the	Daily discussions with the health care board as to how

earlier discharge of patients and reduce hospital admissions.	Virtual Hospital. We need to do a lot in a relatively short space of time – resourcing capacity and working at pace is challenging. We need to progress our hospital redevelopment programme.	to improve patient flow. Assigned resources to programme management 5-year change programme better care delivered differently HCP change programme

BAF Risk 7	Failure to agree a plan between the Integrated Care System and the Trust Board to reasonably support the balancing of this year's revenue income with revenue expenditure, when safely responding to expected patient demand.

Strategic Priority	Ensure we can meet the health needs of our population within our budget on an on-going basis.
Review Date	Bi-monthly
Exec Lead	Don Richards
Lead Committee	FPC

Risk Score

Residual	Apr/May	Jun/July	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
12	16 ↑	16 ↔	12 ↓				8

Context

The current difficult economic climate requires the Trust to work with the ICB to agree a realistic but achievable plan which meets the needs of all stakeholders. A timely agreement of the annual plan increases the ability of the Trust to balance the year's revenue income with revenue expenditure and to make maximum use of capital funds without breaching capital funding limits.

Gaps in Control and Assurance

Inflation forecasts are not stable and the current funding for inflation within contracts and prices does not cover current inflation forecasts.

The efficiencies required to support the financial plan are not yet fully developed.

The plans for elective activity recovery and hence forecasts for elective recovery funds are ambitious.

Data quality necessary to develop the elective activity plan is not yet assured.

The forecasts and funding for the growth in emergency care demand are limited, assuming some degree of system working to manage demand. Demand management effects are yet to be assured.

Progress

Positive progress including future opportunities	Current challenges including future risks	How challenges are being managed
National recognition that plans to balance income with expenditure contain unmitigated inflation risk. Efficiency programme governance in place to support Divisions in developing efficiencies. National work to test resources necessary to respond to a 7.5% increase in emergency care demand.	Inflation effect manifests the worst case and additional inflation funding is not made available. Efficiency programme governance fails to support delivery of £15m general savings and £2.9m EPR related savings.	Frequent dialogue with the ICB highlighting risks/conditions within the plan which must be mitigated/met to deliver financial balance. Internal audit of financial governance planned.

Divisions have set out and signed off high level plans for increasing elective activity. Increased support from the Centre for Elective Recovery Funding.	Demand management fails, emergency care demand exceeds expectation and additional funds not made available.	Stronger ICP governance. Review of inflation forecast by CFO.

BAF Risk 8	**Failure to take corrective action to manage internal/external factors, may result in the trust being unable to adhere to the agreed financial plan.**

Strategic Priority	**Ensure we can meet the health needs of our population within our budget on an on-going basis.**
Review Date	**Bi-monthly**
Exec Lead	**Don Richards**
Lead Committee	**FPC**

Risk Score

Residual	Apr/May	Jun/July	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
16	16 ↔	16 ↔	16 ↔				8

Context

Monitoring and corrective action planning through Divisional Finance and General Performance Reviews, Trust Management Committee, Finance Committee and Trust Board of the current factors that are most likely to affect the financial plan such as:

1. Inflation experience and procurement actions
2. Costs related to management of pandemic and appropriate adherence to IPC guidance.
3. Maximising ICP contribution to managing ED demand
4. Ensuring achievement of the efficiency programme by replacing any failed interventions with new interventions where necessary.
5. Achievement of elective capacity targets through ensuring planned developments are implemented and deliver anticipated measurable benefits.

Gaps in Control and Assurance

Control of inflation
Control of ED demand only partially controlled through local partnership working.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**
National dialogue regarding inflation. Pandemic trajectory appears to be reducing overall, despite some spikes in infection rates.	Meeting the elective activity targets and triggering ERF funding will be extremely challenging.	Performance reviews, Committee assurance, individual performance appraisals, regular communication with all divisions regarding targets and actions/resources needed to meet those targets.

BAF Risk 9	**Failure to agree a realistic long term financial plan that is consistent with ICB long-term allocations compromising the ability to transform the estate and services to meet the longer term needs of the population.**

Strategic Priority	**Ensure we can meet the health needs of our population within our budget on an on-going basis.**
Review Date	**Bi-monthly**
Exec Lead	**Don Richards**
Lead Committee	**FPC**

Risk Score

Residual	Apr/May	Jun/July	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
12	12 ↔	12 ↔	12 ↔				8

Context	Gaps in Control and Assurance
The long term financial plan gives assurance to the health system and regulators that the Trust can remain financially viable while transforming the estate and the way that services are provided to meet long term demand projections. If the Trusts long term plan is not consistent with ICB allocations and plans, the Trust's transformation plans will not be authorised to go ahead and necessary investment funds will not be made available.	ICB in its infancy and the lack of a published recognised ICB long term financial plan. Any single capital investment in excess of £15m requires regulator approval. For example, the long term plan includes plans for the major redevelopment of the estate. The Trust is yet to have an outline business case approved.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**
The Board receives a regular update on the long term financial projections and assumptions. This will be developed further into a more comprehensive report.	Reliable assumptions in a volatile economy. Developing financial regime.	Transparency of assumptions. Contributions to the development and structure of the health system and financial regime.

BAF Risk 10	Engagement and inclusion with staff will be affected negatively where we do not support and celebrate cultural diversity and demonstrate opportunities across all areas of our workforce to ensure it is representative.

Strategic Priority	Culture of inclusion and diversity
Review Date	
Exec Lead	Andrew McMenemy
Lead Committee	PERC

Risk Score							
Residual	Apr/May	Jun/July	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
12	12	12	12				
	←		→				

Context
The staff survey has demonstrated that we continue to have variations on how staff are treated based on their protected characteristics. The most recent staff survey indicated that a higher proportion of BAME and disabled experience harassment from managers and colleagues while at the same time do not feel as if they have equity of opportunities for development including consideration for more senior roles.

Gaps in Control and Assurance
The Trust has working groups that support BAME, LGBT, Disabled and staff with carer responsibilities. However, there is a gap in bring these resources together in order to support the priorities and give greater focus for equality, diversity and inclusion.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**
A new EDI group has now been established with its first meeting taking place in September 2022. The group will report operationally to TMC to PERC for assurance purposes. The group will bring all collective sub-groups together under one governance arrangement and focus on the Trust strategic direction for Equality, Diversity and Inclusion. A new EDI lead for the Trust has been appointed with the opportunity to refresh priorities and work closely with colleagues in the system. The revised Workforce structure brings EDI within the OD & Culture	A new EDS assessment will be introduced in 2022/23 with oversight of EDI associated to the workforce as well as our services. Ensuring we make improved progress that demonstrates broader diversity across all areas with an emphasis on senior roles. The publication of the report from Sir Gordon Messenger on Leadership for a Collaborative and Inclusive Future provides some fresh insight in	A business case was not approved that would support the EDI agenda going forward. However, the alignment with EDI and the wider OD & Culture team is a positive way forward alongside a new EDI lead and the appointment of the new Director of People who has a strong background and extensive expertise in OD and EDI in the NHS.

framework and therefore sits closely with staff wellbeing, engagement and talent management.	developing our EDI priorities within our senior team.	

BAF Risk 11	**Sustainable staffing and improved levels of retention will be affected if we do not invest internally in a positive workplace experience, staff development and externally in local and international candidate opportunities.**

Strategic Priority	**Improve workforce sustainability**
Review Date	**Quarterly**
Exec Lead	**Andrew McMenemy**
Lead Committee	**PERC**

Risk Score							
Residual	**Apr/May**	**Jun/July**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
16	16	16	16				

Context
Staff retention is one of the main challenges facing the NHS with the prediction that staff turnover would increase following the impact of the pandemic. WHHT is now seeing higher rates of turnover but in areas that were different from those demonstrated before the pandemic and for a variety of new reasons. This includes a changing employment market particularly with admin and clerical staff. There continues to be challenged specialities but we are now also seeing a higher proportion of clinical staff leaving with retirement and early retirement more common that prior to the pandemic. The exit feedback we receive is also suggesting a higher proportion of staff leaving the NHS than before and other reasons cited as vertical integration and lack of development opportunities.

Gaps in Control and Assurance
Further review of leadership development programme and alignment across the ICS. Review of organisational values and introduction of behavioural framework. Fully embedded peer to peer support programme following the funding identified for 2022. Effective long term workforce modelling plans across the corporate organisation as well as for services.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**
Part of national initiative sponsored by NHSIE on NHS retention. Appointment of People Promise Managers and new Associate Director for recruitment & retention appointed within a new remit in the senior HR team. Plans in place to support identified staff groups and	Increase in turnover with focus being on HCA roles. Main challenges around retention associated with vertical integration, development opportunities and fatigue following the pandemic.	Appointment of People Promise roles to work closely with Divisions and HRBPs. Enhanced and more regular and focused exit interview reports detailing reasons for leaving.

departments with retention and associated recruitment. Introduction of Reaching Out principles to provide positive intervention for those expressing to leave the Trust. In addition a revised induction programme to support new starters in the first 12 months of their employment.		Appointment of new role of Associate Director of HR – Recruitment & Retention. New initiatives associated to new starters with additional support to mitigate the high turnover rates for new staff.

BAF Risk 12	The morale and retention of our skilled workforce is at risk if we do not support and prioritise learning and career opportunities for our staff in order to maintain and enhance development and reduce staff turnover.

Strategic Priority	Develop as a learning organisation
Review Date	
Exec Lead	Andrew McMenemy
Lead Committee	PERC

Risk Score							
Residual	**Apr/May**	**Jun/July**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
16	16	16	16				

Context
The staff survey has provided clear feedback that the area where we perform least well is within the category of a learning culture. At the same time it should be noted that West Herts benchmarks reasonably favourably alongside other acute Trusts in this area. Taking consideration of the implications on morale, alongside our ambitions with Teaching Hospital status, this is seen as a priority area to support a culture of learning, development and support for our staff.

Gaps in Control and Assurance
Leadership development 3 year rolling plans aligned to divisional and trust strategic and operational priorities. A succession plan that plots staff development with relevant training and leads to progression within the Trust associated to career and skill development. An appraisal process aligned to training needs analysis and training programmes that meets the needs of our staff and supports our objectives.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**

We have established a new OD and talent team that will be led by a newly appointed Associate Director of OD & Culture. In addition a newly appointed Associate Director of Learning & Development. Teaching Hospital status will be used as a catalyst to enhance our strategy of developing a learning organisation culture across all staff groups. Divisional plans associated to leadership development and succession planning have commenced but require improvement. The independent review of leadership development in the Trust has now been completed and actions will be developed alongside the L&D team.	Allowing staff and managers quality time to reflect and work with the OD & LD teams on succession plans and supporting the development of their staff. Providing a clear set of development offers across a wide range of staff and also prospective staff that includes work experience, apprenticeships, skill development and leadership development in a cohesive package.	The new OD and Learning structure has placed an emphasis on succession planning and career development. This is now being supported with the two new Associate Director roles that have clear expected objectives and work closely with senior managers to put in place the aims that will support cultural change towards a learning Trust.

BAF Risk 13	**If the Trust is unable to secure sufficient funding to support its digital strategy, then its ability to transform its services will be affected.**

Strategic Priority	Digital and IT innovation
Review Date	Monthly
Exec Lead	Paul Bannister
Lead Committee	GPC

Risk Score							
Residual	**Apr/May**	**Jun/July**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
15	15	15	15				6

Context
The funding required to implement the digital strategy that supports the Trust's longer-term ambitions has not been identified. An on-going commitment to digital investment is required. We have agreed to fund the "digital imperatives" for the new hospital in the acute redevelopment OBC, conversations continue around how we secure the remaining funding. The Digital Programme is funded to the end of March 2022. Digital funding will be clarified by the next round of financial planning or via an update from NHP.

Gaps in Control and Assurance
Inability to have an effective conversation on internal commitment to technology funding. Lack of certainty around national digital requirements for new hospital programme.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**
SG has fully aligned our recommended digital investment with the national digital blueprint for new hospitals and is currently writing a brief for each recommended piece of functionality that explains the benefit drivers and calculations. Meetings are progressing with whole of executive to go through the rationale for each of the most significant digital benefits commencing with the digital command centre on 21 June 2021.	The Digital Programme is funded to the end of March 2022. Digital funding will be clarified by the next round of financial planning or via an update from NHP.	Addressed within business plan and NHP updates.

BAF Risk 14	If the confirmation of our capital allocation is delayed, it could lead to increased risk to the safe operation of the existing Watford hospital.

Strategic Priority	Redevelop our hospitals
Review Date	Monthly
Exec Lead	Clare Parker
Lead Committee	GPC

Risk Score							
Residual	Apr/May	Jun/July	Aug/Sep	Oct/Nov	Dec/Jan	Feb/Mar	Target
20	20	20	20				

Context	Gaps in Control and Assurance
The NHP is responsible for the delivering the hospital build project for approximately 40 hospitals. It has a finite budget and needs to balance the needs of the programme within the budget allocated to it by the Treasury. The redevelopment is needed because of our critical infrastructure issues and for patient safety, patient experience, and capacity issues. We will not be able to transform our services without it.	Inability to control the scale and timing of the funding.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**
The Trust Board approved its preferred option for the redevelopment site at its meeting on 31 May 2022. The enabling works business case has been submitted and the pathology element is expected to be approved at the end of September There is increased consensus among key stakeholders that a full rebuild of WGH is necessary.	The new Prime Minister and Secretary of State may have different priorities for the NHP The infrastructure of the trust continues to deteriorate, increasing risk associated with delays The changing economic landscape will impact the NHP's budget. The delay to approval of the enabling works business case will impact the timeline of the overall project.	Close liaison with NHP and ensuring that the Trust is ready to progress to the next phase of the programme.

BAF Risk 15	**If we do not minimise the Trust's adverse impact on the environment, then we may suffer reputational damage, cause increased pollution within our local and wider community, and lose out on cost saving opportunities.**

Strategic Priority	Environmental sustainability
Review Date	Monthly
Exec Lead	Clare Parker
Lead Committee	GPC

Risk Score							
Residual	**Apr/May**	**Jun/July**	**Aug/Sep**	**Oct/Nov**	**Dec/Jan**	**Feb/Mar**	**Target**
9	9	9	9				4

Context
The NHS has a responsibility to provide high quality health care whilst protecting human health and minimising negative impacts on the environment. The NHS Standard Contract mandates that all healthcare services are required to have (and deliver upon) a Green Plan and there is a requirement for an annual summary of progress to be reported to the ICS's Co-ordinating Commissioner via the Trust's Net Zero Lead. Overall, the NHS is required to reduce its carbon footprint by 80% by 2028 – 2032 and achieve net zero carbon by 2040. Moderate lower score in moderate. Linked to redevelopment – can't do stuff if don't have new buildings. Reducing carbon footprint excluding redevelopment

Gaps in Control and Assurance
Have Green Plan, started to implement, clear governance route through GPC. No current gaps identified.

Progress		
Positive progress including future opportunities	**Current challenges including future risks**	**How challenges are being managed**
The Trust Board approved its Green Plan on 4 February 2022. A Sustainability Steering Group has been formed to help monitor, manage and report on the progress of the Plan's actions. A 'Green Champions' network has been established which will support the implementation of the Green Plan.	Limited resources available to drive change.	Incorporating green plan objectives within current plans and budgets where possible.

Agenda item: 12

Report to:	**Trust Board**
Title of Report:	**Assurance report from Trust Management Committee**
Date of Committee meeting:	**24 August 2022 and 28 September 2022**
Quoracy:	**The meetings were quorate.**
Date of Board meeting:	**3 November 2022**
Recommendation:	**For information and assurance**
Chair:	**Chief Executive Officer**
Purpose:	This report provides an update to the Trust Board on actions and developments since its meetings on 24 August 2022 and 28 September 2022.
Background:	The Committee meets monthly and provides assurance to the Board: • Delivery of the clinical strategy • Revenue investment up to £1m • Operational performance • Operational risk • Safety and business continuity • Information technology • Internal and external communication strategy • Clinical quality • Business planning • Environment
Assurances received and items for update:	**Summary:** Assurance was provided on the monitoring of operational, financial and clinical performance and the development, implementation and monitoring of strategy. **Regular reports received and discussed for assurance:** • Covid-19 update from the Chief Nurse. • Finance update from the Chief Financial Officer.

Additional reports received and discussed for assurance:

- Bi-annual nursing establishment review (Feb 22)
- Neonatal workforce review
- Midwifery workforce planning bi-annual report (Feb 22- July 22)
- Children's services establishment review
- Maternity quality and improvement funding
- Emergency improvement plan and elective recovery plan
- Virtual Hospital development plan
- Quality Compliance Framework
- Waiting list initiative principles
- Wellbeing update
- Internal audit reports
- IT infrastructure update
- GPC feedback
- Staff winter vaccination programme
- Strategic objectives
- IPR

The Committee approved:

- Bed and mattress replacement business case
- Relaunch of Pension Contribution Alternative Payment Policy
- Schrodells business case
- HEE provider self-assessment submission for 2022
- Expansion of Haematology Services business case
- Gastroenterology Service expansion business case
- Procedure Room plus business case
- E-Car Salary Sacrifice Lease Scheme

Oral reports were received from:

- The Deputy Chief Medical Officer with feedback from the Hospital Efficiency Group (HEG) and the Clinical Advisory Group (CAG)
- The Deputy Chief Nurse with feedback from the Professional Advisory Council

Any other business:

- Enhanced validation of the RTT PTL

Risks to refer to risk register:	None.
Issues for the Board to	None

note:	
Recommendation to the Board:	That this report be taken for information and assurance.

West Hertfordshire Teaching Hospitals NHS Trust

Agenda item: 13

Report to:	**Trust Board**
Title of Report:	**Assurance report from the Finance and Performance Committee**
Date of Committee meeting:	**27 October 2022**
Quoracy:	**The meeting was quorate.**
Date of Board meeting:	**3 November 2022**
Recommendation:	**For information and assurance**
Committee Chairperson:	**Harvey Griffiths, Non-Executive Director**
Purpose:	The report summarises the assurances received and documents the approvals of recommendations made to the Finance and Performance Committee at its meeting on 27th October 2022.
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 and the effectiveness of related delivery. The committee provides assurance to the Board on any issues of concern it has with regard to any lack of assurance in respect of any aspect of finance

Summary:

Month 6 and getting to business end of the financial year

Fortunate position to have six investment business cases to enable the opportunity to improve patient and staff services, performance and experience

Continued focus on NHS performance

Accordingly we flex the agenda to focus on investment and performance

The Committee received reports and discussed for information and assurance on the following:

- **Committee Governance:**
  - Workplan
  - Committee register
- **Terms of reference**
  - as currently approved
- **Corporate Risk Register**
  - ongoing review of risk reporting with a refocus on significant / emerging risks only
  - FPC assured on current corporate risk register and approved for Trust Board 3rd November 22
- **Access Standard Performance and Activity Recovery Overview**
  - demand remains high in all areas for September, although less than in August. Flow is key
  - another month of improvement with demonstrable progress being made although still below targets. working to put Tier 1 behind us
  - 52 week wait times are a worry (September data). Urgent attention
  - we must keep the good work and pressure on as some areas remain particularly stubborn (Cancer wait times, Electives and ED)

  - CMO highlighted need to be careful with risk of union strike action, will hit our surgical work and performance
- **Integrated Performance Report (including cancer performance deep dive)**
  - some significant indicators remain though Dr Foster considers Trust 'in range'
  - assured our clock stop logic is high integrity – cross check with Cerner comparables
  - in process of putting Tier 1 behind us
- **Efficiency programme**
  - £3m to find to hit budget
  - assured on focus and process but monitor monthly as challenging
- **Month 6 finance summary**
  - In month 6, we are at the business end of the financial year. Still a lot to do to hit budget
  - Covid costs above target but reducing well
  - If PBR, we would be £16m down (cause is £15m of volume + £1m of case mix). Much work to determine the EPR/ data quality element of this variance.
  - looking at next year and income challenges, particularly volume activity and VoWD
- **Contracts and commerce**
  - as above re PBR
- **Capital programme**
  - CEO thanked Finance Team for securing lots of capital. Challenge now is capex flexibility to deploy in the year
- **Business case evaluation – all subject to board approval**
  1. Redevelopment land purchase : Purchase price approved as proposed, subject to final pricing and supported by independent RICS Red Book valuation on CMV basis
  2. Community Diagnostics Centre at SACH : £13.1m approved subject to final confirmation of funding. FPC assured on medium to high resourcing risk at 2.1, p281 in pack. The Committee noted that a revenue allocation to the ICB is still outstanding. This is expected with approval of capital funding.
  3. ARP enabling works – Pathology ES lab : £12.2m approved (which includes £0.7m of sunk costs). Crucial part of puzzle. FPC assured on inflation and contingency
  4. ITO FBC – Atos contract renewal 5 + 5 year : £440k capex plus £4.8m annual opex approved
  5. SACH electrical upgrade : £2.874m approved for 2022/23 as part of the Community Diagnostics Centre business case. £1.04m capital spend noted for 2023/24 as a consequence of starting this work.
  6. LED lighting upgrade : £1.086m approved on strong payback of 11 months and improving as energy prices rise
  7. All the above six business cases approved at Finance and Performance Committee for recommendation to Board 3rd November 2022
- **Items for escalation to the Board**
  - All six business cases as above

Items of note:	**Actions**
Key decisions taken:	None
Risks to refer to risk register:	None
Issues escalated to the Board:	None
Recommendations to the Board:	This report be taken for information and assurance and to aid discussion on other items on the Board's agenda

West Hertfordshire Teaching Hospitals NHS Trust

Agenda item:	**14**
Report to:	**Trust Board**
Title of Report:	**Assurance report from Quality Committee**
Date of Board meeting:	**3 November 2022**
Quorum:	**The meeting was quorate**
Recommendation:	**For information and assurance**
Chairperson:	**Ginny Edwards, Non-Executive Director**
Purpose:	The report summarises the assurances received and documents the approvals of recommendations made to the Quality Committee at its meeting on 29 September 2022
Background:	The purpose of the Quality Committee is to provide the Board with assurance that high standards of safety and compliance, harm free, high quality, safe and effective services/clinical outcomes are provided by the Trust, and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust.

Summary:

The committee received reports on the following matters:

Standard reports received and discussed/noted for information and assurance:

- **Corporate Risk Register and Board Assurance Framework Report**
- **Chair's reports from Risk Review Group, Clinical Decision Panel, Quality and Safety Group and Patient Experience Group**

Additional reports received and discussed/noted for information and assurance:

- **Obstetric workforce review (MIS)**
- **Quality Integrated Performance Report including claims**
- **Harm Free care – Annual report**
- **Continuity of Carer briefing, Quarter 1**
- **Learning from deaths report/mortality and morbidity summary report, Quarter 1**
- **Environment compliance report including premises assurance model (PAM), health and safety, including fire and security and medical devices**
- **Mortuary risk assessment**
- **National Emergency Laparotomy (NELA Audit)**

- **Outsourcing quality contracts/Harm review update**
- **GIRFT: Breast Surgery & Neonatology**

The Committee noted the following:

Obstetric workforce review and the level of compliance with safety action 4, maternity incentive scheme. Compliance would continue to be monitored with any concerns escalated to the Board.

Continuity of care for maternity services – The Ockenden review had recommended that there should be continuity of care for maternity services if the workforce was able to support this transition safely. A national target had been implemented but this had been removed due to the strain that it was putting on the midwifery workforce. The Trust would continue to provide one continuity of care team and would look to continue the transition to continuity of carer when the workforce establishment levels had improved.

Mortuary services – the third update provided assurance that there was a clear action plan to ensure security of the service, which was largely complete. Secure swipe card access remained outstanding at Hemel Hempstead Hospital due to infrastructure issues and this would continue to be monitored by the division and assurance sought by the committee. Updates relating to the independent inquiry into mortuary services would also be received. A national report was anticipated in 2023.

Harm free care - The annual report on harm free care provided a high degree of assurance that the Trust was meeting its obligations.

Maternity Safety Champions:

ATAIN – the meetings continue to monitor the ATAIN action plan which has continued to be reviewed at the meetings throughout the year and is attached to this report. A formal paper is due to go to the October 22 Quality Committee.

The Trust has received £80,000 of funding from the LMNS for equality, diversity, and inclusion recruitment. The maternity service will set up a cultural safety forum which will pull together all the factors of cultural safety.

MIS – guidance regarding the submission date of evidence and Board sign off has changed to 2 February 2023.

Foetal monitoring/CO monitoring update – The Trust is on track for compliance at 92-96% for CO monitoring at 36 weeks. Compliance has been achieved through a QI project which will be considered nationally as a way of achieving compliance rates.

Risks to refer to risk register: None

Items for the Board to note: None

Recommendations to the Board: None

Appendix 1: West Herts ATAIN action plan

(Updated September 2022)

	Action/Rationale	Key Tasks to Deliver Action	Designation of Responsible Officer	Target Date	Evidence of Progress and Completion	Monitoring and Evaluation group	Date Action Completed
Workstream 1: Reduce term admissions due to respiratory distress							
1	Identify further contributory factors for term respiratory distress by doing a 'deep dive' analysis of perinatal history	Review prelabour caesarean section at early term gestation and examine opportunities for improvement (if any)	Obstetric CD	Dec 2022	Maternity Dashboard C-section audits	Perinatal meeting Obstetric CGM Safety Champion meetings	Ongoing
2	In the event of admission due to respiratory distress, reduce duration of mother infant separation by early repatriation to mother (Delivery suite/TC or postnatal ward) when oxygen requirement ceases.	Change culture/practices around longer durations of NNU monitoring after discontinuation of oxygen in a stable infant. Education/training of junior staff RDS pathway pilot underway Regular consultant check-ins Badgernet entry for short stay admissions to track trends & short stay audit. • New data for postanal IV antibiotics (Midwifery	Neonatal Lead Neonatal consultants Neonatal PDNs		Governance meetings Bite size education & case based discussion at medical handovers	PMM LMNS/MCN/ ODN	June 2022 Ongoing Ongoing Ongoing

Appendix 1: West Herts ATAIN action plan
(Updated April 2022)

Action/Rationale		Key Tasks to Deliver Action	Designation of Responsible Officer	Target Date	Evidence of Progress and Completion	Monitoring and Evaluation group	Date Action Completed
		involvement with baby on IV antibiotics in postanal ward)					
Workstream 2: Neonatal Jaundice							
1	Improve at risk infant identification before discharge	1. Improve completion of baby alert section on postnatal notes 2. Ensure adequate risk assessment for feeding adequacy before discharge	Postnatal matron/Infant feeding adviser (Monthly audits)	Dec 2021	Feedback to local ATAIN reviews & LMNS Governance meeting	Obstetric and Divisional Clinical governance LMNS and MCN meetings	
2	Reduce mother/infant separation in the event of a readmission for jaundice	Use transitional care facilities for phototherapy. High bilirubin close to or above exchange transfusion threshold in isolation is not an indication for neonatal unit admission. If TC capacity issues, consider providing phototherapy in in house parent rooms. • Risk assessment by registrar/Nurse-in-charge,	Neonatal matron Neonatal Lead	Mar 2022			Partly complete (awaiting nurse call system installation)

Appendix 1: West Herts ATAIN action plan
(Updated September 2022)

Action/Rationale		Key Tasks to Deliver Action	Designation of Responsible Officer	Target Date	Evidence of Progress and Completion	Monitoring and Evaluation group	Date Action Completed
		validation from consultant if necessary, in such situations • Install wireless nurse alert call bells in parent rooms • Change of guideline criteria • Parental education regarding jaundice					

Appendix 1: West Herts ATAIN action plan

(Updated September 2022)

Workstream 3: Improve episodes of hypothermia/hypoglycemia (co-morbidities that increase risk of respiratory distress)							
1	Reduce hypothermia rates	Multidisciplinary QI project to scope & agree on change ideas – effective monitoring and action on delivery room, theatre temperatures, resuscitaire checks/readiness, compliance to hypothermia care bundle Aim to improve from 70 % to 90 % by Dec 2022	Normothermia project group (more recently ANNP has taken leadership for project locally)	31st December 2022	LMNS safety forum ATAIN reviews Action plan from incident reviews	Obstetric and Divisional Clinical governance	Complete

Agenda item:	**16**
Report to:	**Trust Board**
Title of Report:	**Assurance report from Great Place Committee**
Date of Committee meeting:	**Thursday 20th October 2022**
Quorum:	**The meeting was quorate**
Chairperson:	**Helen Davis**
Purpose:	The report summarises the assurances received, and documents approvals of recommendations made by Great Place Committee at its meeting on 20th October 2022.
Background:	The Committee meets monthly and gains assurance on the delivery of the objectives of the hospital redevelopment and digital infrastructure programmes and provides senior-level leadership to shape and drive the implementation of these key elements of the Trust's strategy. It is also responsible for the oversight of the Better Care Delivered Differently change programme.

Summary:

The Committee received reports and had discussions for information and assurance on the following matters:

SRO Programme Update – the SRO provided a verbal update relating to the ongoing work of the team. The Great Place Committee noted that further work had been completed on the outstanding chapters of the OBC and that this had been shared with the New Hospital Programme to support the case for WHTH to progress at pace. It was also reported that significant interim investment had recently been made available, particularly for the St Albans site.

Land Acquisition Business Case – negotiations for the purchase of the land to the south of the site (that forms part of the site of the new hospital) continued to progress well and a verbal update was provided. The land acquisition business case would be presented to the October FPC meeting and to the November private board meeting, due to the commercial sensitivity of the information at this stage.

Interim Estates Programme – the Committee heard that interim estate schemes outlined on the previous 'plan on a page' had largely been completed or were in progress and that this plan would now be updated to ensure that it reflected all schemes needed in advance of the redevelopment. Staff capacity to deliver the plan would need to be reviewed, in light of the recent funding announcements.

Better Care Delivered Differently Programme – the committee reviewed the assurance report on BCDD. Two projects were currently being reported as red rated and the committee discussed the issues relating to each. Both were red due to issues beyond the direct control of the trust. For the elective care hub, St Albans was now being considered and for the redevelopment enabling works, there had been a slight delay in review of the pathology business case.

Digital Progress Report – the committee heard that good progress continued to be made against the majority of projects and recognised that there was a robust plan in place.

Risk assurance paper – following changes made previously to BAF risk 14, it was clarified that this related primarily to the Watford site.

Risks to refer to risk register: None, covered in the BAF review

Items for the Board to note: Clarification of BAF risk 14.

Recommendations to the Board: Agree the change to the wording of BAF risk 14.

West Hertfordshire Teaching Hospitals NHS Trust

Trust Board
3 November 2022

Title of the paper:	**Access Standard Performance & Activity Recovery Overview (September 2022)**
Agenda Item:	**17**
Presenter:	**Sally Tucker** **Chief Operating Officer**
Author(s):	**Jane Shentall** **Director of Performance**
Purpose:	*Please tick the appropriate box* *For approval*: *For discussion*: ✓ *For information*: ✓
Executive Summary:	Activity rates measured against the 2019/20 baseline are improving but remain below the operational planning/recovery targets. Referral rates are slightly lower than seen in earlier months but remain above the September 2019 baseline at 111%. Cancer referrals at 126%, remain exceptionally high. Urgent referrals particularly to Women's & Children's Services continue at almost double the 2019/20 baseline rate. Outpatient activity overall was lower than the previous month although WACS delivered 130% and Surgery 91% of new appointment activity compared to the baseline. Medicine's non-face to face rate is consistently better than the 25% objective. Elective (admitted) activity is relatively unchanged from the previous month, at 79% of the baseline. Inpatient rates in Surgery remain at 91% and Medicine achieved 96% overall and in day case activity. Diagnostic activity is down this month although some modalities are delivering above the 19/20 baseline and colonoscopy has achieved the 120% target. Non-obstetric ultrasound scans (NOUS) have now reached just over 100% of the baseline. Diagnostic waiting times performance continues to improve and a number of modalities are now compliant with the standard. RTT long waits improvement continues. There were no patients over 104 weeks at the end of September and the forecast for future months remains at zero. There continues to be good improvement in the reduction of 78 week waits and the plan to deliver a zero position by the end of March 2023 remains intact with strong delivery above (better than) plan. There has been a sharp rise in 52 week waits and divisions have been asked to ensure there is sufficient focus on this cohort as well as those with longer waits. The known data quality issues affecting PTL size and clock stops is a significant factor inflating the position. A programme of enhanced validation will start in early November, supplementing in house validation. Further validation (administrative and clinical) will then focus on pathways where application of Access policy rules and processes will be reinforced and clinical decisions made on next steps where there is delay or concern.

	The improvement seen in cancer 2 week wait performance last month was not sustained, largely due to capacity constraints with many services receiving very high numbers of referrals in August and September. In the first 6 months of this year referrals have grown by 27% in comparison with a similar period in 2021/22. Delays in the 2 week wait pathway have affected performance against the 28 day faster diagnosis which was a little lower than August's position. The current 62 day first performance position is the better than that achieved in August. The East of England Cancer Alliances review of the 62 day waiting list (PTL) relative backlog for 2 October shows the Trust in 52nd place (of 72, with the provider in 1st place having the biggest backlog). The 78 week (by March 23) risk cohort and the 62 day relative PTL backlog were 2 of triggers for the trust's designation by NHS England, as a Tier One provider. Fortnightly oversight meetings are in place with key external stakeholders. These are progressing well and our demonstration of grip and control and improvement delivery has been recognised. Details of the criteria for exit from Tier One are awaited. A 2 day visit by NHS England's Elective Care Improvement Support team (IST) is planned for 8 and 9 November, where systems and processes including reporting and oversight of RTT and Cancer will be reviewed. The IST will issue a report detailing their findings and any recommendations thereafter. Emergency Department waiting times performance improved further in September, with a 5% increase overall to 70.2% and a similar increase in type 1 performance at 42.1%. There was also good improvement in type 3 performance for both Watford and Hemel Hempstead UTCs. Improvement plans are in place across all of these key indicators and the improvement noted above is evidence that some of the key actions are beginning to deliver the required increases in activity and performance.
Trust strategic aims: *(please indicate which of the 4 aims is relevant to the subject of the report)*	**Aim 1 Best care** — ***Objectives 1-4*** — ✓ **Aim 2 Great team** — ***Objectives 5-8*** **Aim 3 Best value** — ***Objective 9*** **Aim 4 Great place** — ***Objective 10-12***
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? ☒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?

<table>
<tr><td></td><td>☒How well is the trust using its resources?</td></tr>
<tr><td>Previously considered by:</td><td>
<table>
<tr><th>Committee/Group</th><th>Date</th></tr>
<tr><td>Trust Management Committee</td><td>26 October 2022</td></tr>
<tr><td>Finance & Performance Committee</td><td>27 October 2022</td></tr>
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<tr><td>Action required:</td><td>

The Board is asked to receive this information for oversight of activity delivery and performance.

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NHS
West Hertfordshire Teaching Hospitals
NHS Trust

Trust Board
3 November 2022

Access Standard Performance & Activity Recovery Overview – September 2022

Planned Care

- Outpatient Activity
- Inpatient Activity
- RTT performance & long wait reduction
- Diagnostic activity
- Diagnostic (DMO1) performance
- Cancer Waiting Times performance

Urgent & Emergency Care

- ED Performance
- ED Performance Improvement

Jane Shentall
Director of Performance
27 October 2022

West Hertfordshire Teaching Hospitals NHS Trust

Outpatient activity

Referrals							
Sep-22	All refs		Cancer		Urgent		Routine	
Surgery	99%	⇩	116%	⇩	117%	⇩	76%	⇩
Medicine	116%	⇔	141%	⇩	85%	⇩	64%	⇩
WACS	132%	⇩	123%	⇧	192%	⇔	67%	⇩
Trust	**111%**	⇩	**126%**	⇩	**109%**	⇩	**69%**	⇩

Outpatients - 1) 25% reduction in F/U activity 2) 25% virtual/non f2f activity 3) 5% PIFU 4) Advice & Guidance - 16% of 1st OPAs							
Sep-22	New		F/up		Non-F2F		A&G rate
Surgery	91%	⇩	71%	⇩	9%	⇧	**55%**
Medicine	79%	⇩	81%	⇩	30%	⇔	
WACS	130%	⇩	75%	⇩	7%	⇩	
Trust	**89%**	⇩	**75%**	⇩	**17%**	⇩	

Activity shortfall to baseline & 22/23 planning target - NEW OPAs		
Sep-22	to achieve 19/20 b/line	to achieve 110%
Surgery	488	1037
Medicine	1209	1773
WACS	Achieved	Achieved

Arrows = change from previous month - target **achieved** / **not achieved**
NB: Data shows all activity (ie chargeable, non-chargeable)

Referrals

- Although lower than in previous months, overall referral rates remain above the 19/20 baseline.
- Cancer referrals remain well above the 19/20 baseline across all divisions, although this month there was a small decrease.

Outpatient Activity

- At 130%, WACS more than achieved the 110% planning guidance objective this month for new OPAs.
- Surgery new OPA activity reached 91% of the baseline
- 25% reduction in follow up activity was achieved this month, although Medicine was above target, offset by Surgery.
- Overall, 1,697 more new appointments would have been required to achieve 100% of the baseline activity and 2810 to achieve 110%.

West Hertfordshire Teaching Hospitals NHS Trust

Elective (inpatient/day case) activity

Electives - 110% of 19/20					
Sep-22	Total		Inpatient		Day Case	
Surgery	73%	⇔	91%	⇩	68%	⇧
Medicine	96%	⇧	77%	⇧	96%	⇔
WACS	52%	⇩	64%	⇩	46%	⇩
Trust	**79%**	⇩	**82%**	⇩	**79%**	⇔

Activity shortfall to baseline & 22/23 planning target - ALL INPATIENTS		
Sep-22	to achieve 19/20 b/line	to achieve 110%
Surgery	450	617
Medicine	186	388
WACS	116	138

Total activity

- An additional 752 episodes would be required to achieve 100% of the 19/20 baseline and 1,143 to achieve 110%.

Inpatient rates

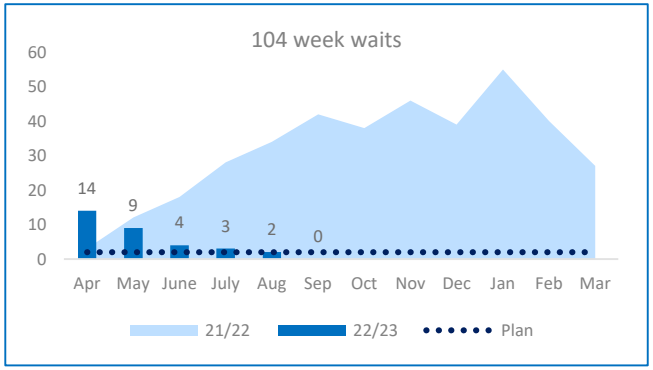
- Surgery achieved 91% of the baseline activity this month, slightly lower than previously delivered.
- WACS rates remain low and further review is required to better understand the underlying factors for low activity.

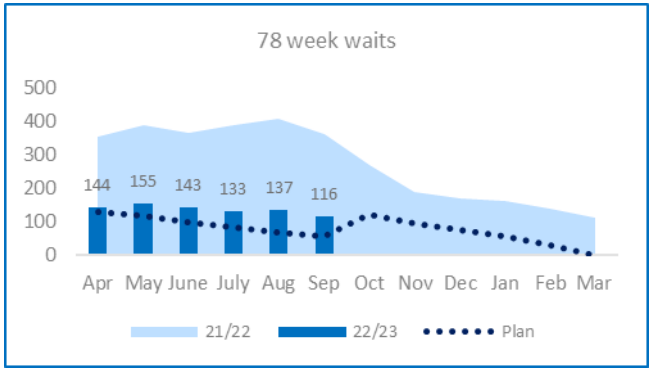
Day Case rates

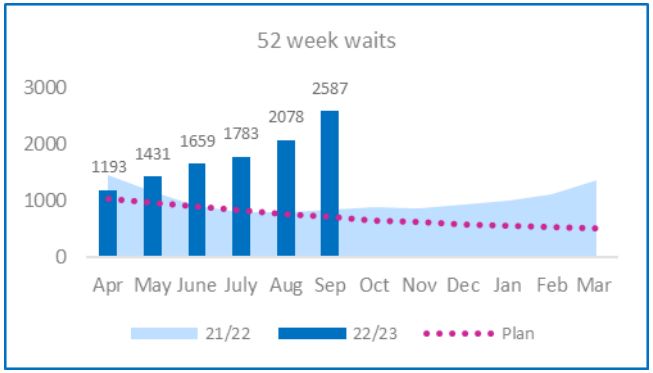
- Day case rates in Surgery have improved.
- Medicine maintained the same level of activity as delivered last month.
- As with inpatient activity, WACS rates are low and further review is needed to understand the underlying factors.
- Data capture/recording is likely to be the main underlying factor affecting reported activity rates across a number of specialties.
- The limitations of Clinicom resulted in some activity being recorded as day case activity. The transition to Cerner has resulted in this activity now being recorded correctly (eg Haematology activity through Helen Donald Unit is now recorded as “regular day attender”)
- BI team are currently undertaking a deeper dive to identify other areas that may be similarly affected

Arrows = change from previous month - target **achieved** / **not achieved**
NB: Data shows all activity (ie chargeable, non-chargeable)

Referral to treatment







104 week waits - forecast

September month end – 0

October month end – 0

78 week waits

There has been good progress this month, with a reduction from 137 to 116 patients with a 78 week plus wait.

The trajectory on the next slide shows that good progress has been maintained against the plan to deliver 0 x 78 week waits by the end of March 23.

As with PTL size and performance, the position is affected by the multiple DQ issues seen post EPR implementation.

Validation of the PTL is key to ensuring accurate pathway information and the current DQ focused work should also deliver improvement in the position with removals and clock stops other than treatment.

52 week waits

There has been a significant increase in the number of patients waiting over 12 months for surgery since August.

Divisions have been asked to ensure there is adequate focus on managing this cohort of patients in addition to the longer waiting patients.

Data Quality & Validation

Since the implementation of EPR, there has been a significant increase in the number of data quality issues within the RTT waiting list.

The main factors are known to be related to adapting to new ways of working. These issues are resulting in pathway duplication but with slightly different data making simple correction difficult, changes in the functions assigned to certain roles meaning staff are unable to close pathways and incomplete, absent or incorrect selection of activity outcomes resulting in pathways remaining open when they should in fact be closed.

Refresher training and on the spot support is the single most important factor in addressing these problems long term, ensuring issues are corrected at source. However, enhanced validation of the waiting list is key in the cleansing of data and both are required in order to deliver an improved position.

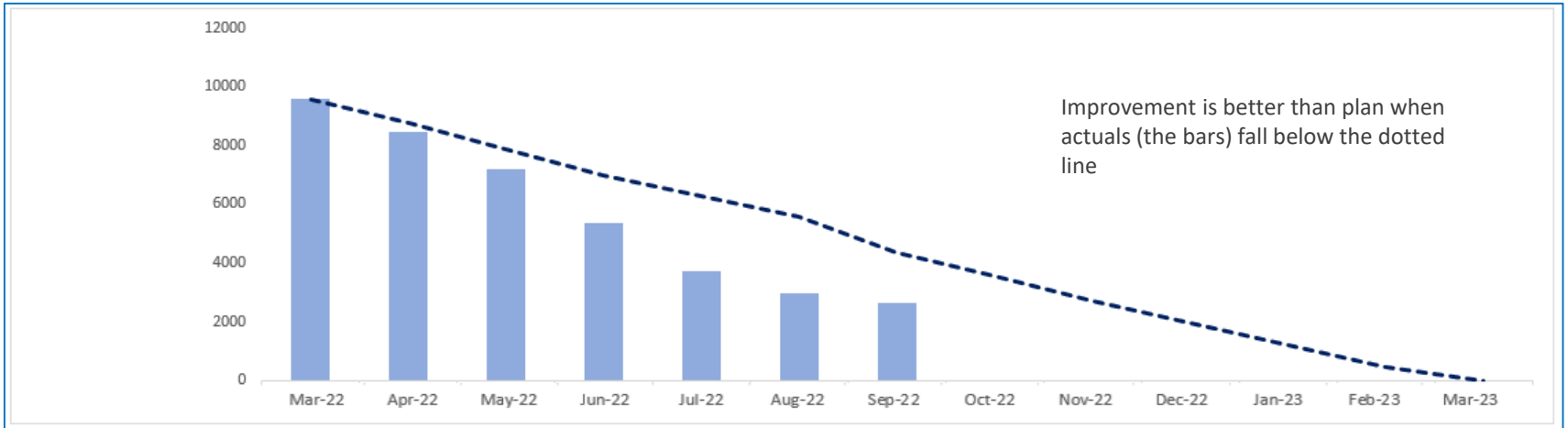
External expertise has been commissioned to undertake a diagnostic review of issues, followed by a comprehensive period of validation of most of the waiting list to enhance the in house validation activity.

Where necessary pathways are escalated for clinical review, including interaction with the patient where appropriate. These reviews are particularly helpful when outcomes or plans are unclear and when next steps require clinical approval.

West Hertfordshire Teaching Hospitals NHS Trust

78 week waits – at risk pathways

78 week wait risk cohort trajectory plan



	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Trajectory	9,586	8,743	7,858	6,974	6,278	5,583	4,372	3,561	2,713	1,975	1,201	427	0
Actual	9,586	8,442	7,179	5,377	3,736	2,984	2,654						

West Hertfordshire Teaching Hospitals NHS Trust

Diagnostic activity

Imaging

- CT activity remains strong although is slightly down on previous months. 307 more scans would have been required to deliver 120% of the baseline.
- Although MRI is showing as lower than in previous months, only 38 more scans would have achieved 100% of the baseline.
- NOUS activity is showing good signs of recovery, now just above the baseline. This is largely the result of additional activity being undertaken through outsourcing.

Medicine

- Colonoscopy has achieved the 120% target
- Gastroscopy activity is lower than seen in the last few months and only a small number (40) would have been needed to achieve 100% of the baseline rate.
- Workforce resource challenges within the Echo service continue to impact on recovery. However, there has been an improvement in activity rates and only 74 more scans would have resulted in achievement of 100%.

Diagnostics: Clinical Support - 120% of 19/20			
Sep-22	CT	MRI	Non-Obs US
Imaging	111% ⇩	97% ⇩	102% ⇧

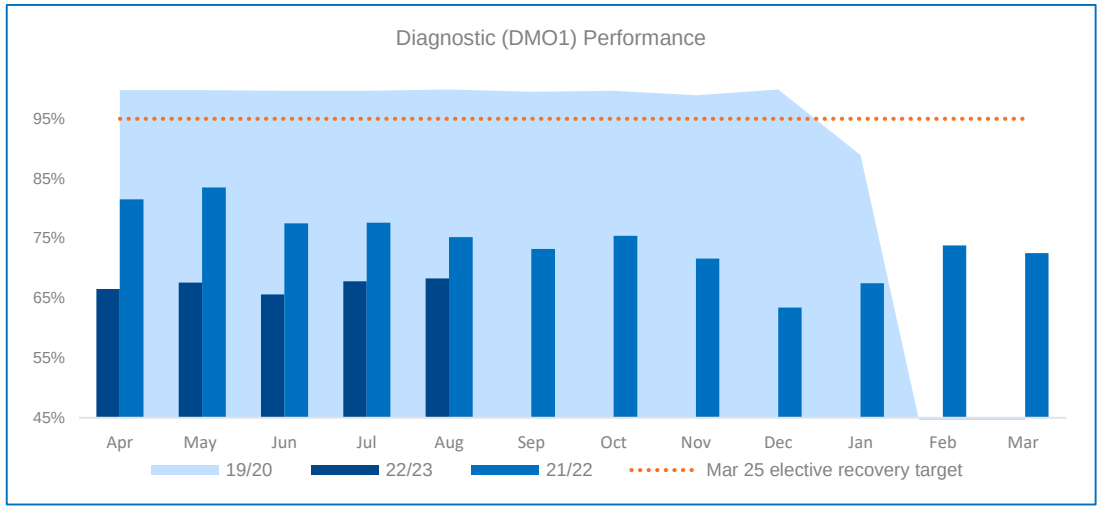
Diagnostics: Medicine - 120% of 19/20			
Sep-22	Colonoscopy	Gastroscopy	Echo
Medicine	120% ⇩	94% ⇩	82% ⇧

Activity shortfall to baseline & 22/23 planning target		
Sep-22	to achieve 19/20 b/line	to achieve 120%
CT	Achieved	307
MRI	38	324
NOUS	Achieved	433
Colonoscopy	Achieved	Achieved
Gastroscopy	40	170
Echo	74	305

Arrows = change from previous month - target **achieved** / **not achieved**
NB: Data shows all activity (ie chargeable, non-chargeable)

West Hertfordshire Teaching Hospitals NHS Trust

Diagnostic Performance (DMO1)



Performance has improved further, at 68.3% (target 99%).

A number of modalities have returned to a compliant position, ie at 99% or better:

- MRI
- CT
- Barium enema
- Neurophysiology
- Colonoscopy
- Flexible Sigmoidoscopy

The elective recovery planning supporting guidance states that 95% of patients needing a diagnostic test should receive it within 6 weeks by March 2025.

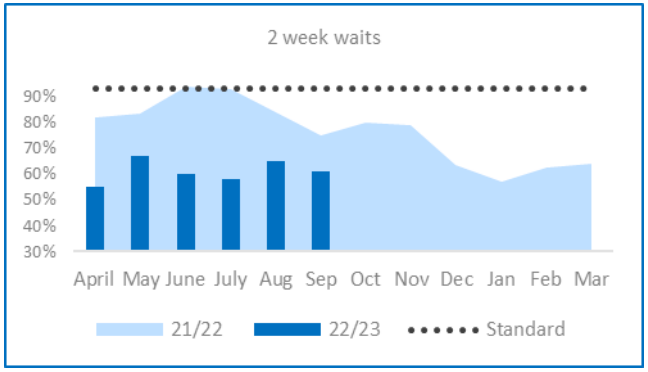
Modalities with low performance include:

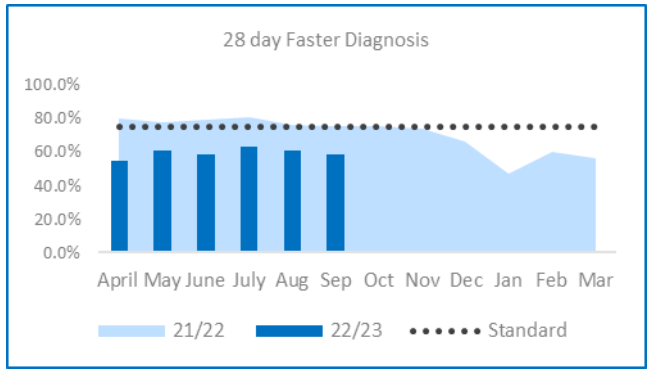
- DEXA
- Echo
- Cystoscopy
- Gastroscopy

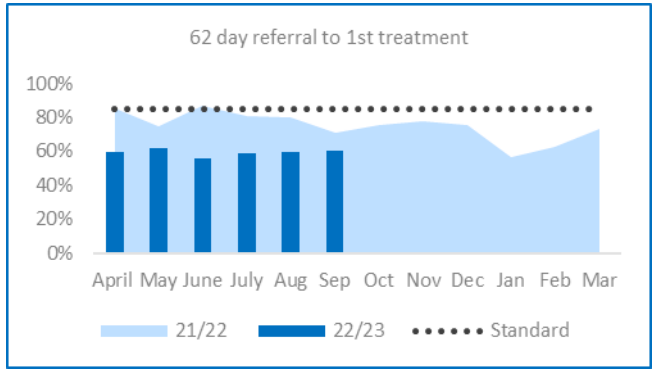
DQ issues associated with implementation of EPR are affecting the position in some modalities. Validation of the Colonoscopy PTL revealed multiple DQ issues including planned/surveillance mixed with active, duplicates etc.

The cystoscopy list is similarly affected and also includes inpatient procedure pathways. Support from the BI team is needed to address this.

Cancer waiting times







2 week waits (target 93%)
The huge demand seen in August has resulted in delays to 1st OPA in some services, resulting in a less positive position this month at 60.9% (August 65.1%, July 57.9%).

2week wait Breast Symptomatic (target 93%)
Recovery is ongoing with an improved performance of 25% (August 12%, July 9.5%). Backlog clearance is impacting the rate of improvement as the oldest referrals are booked.

28 day Faster Diagnosis Standard (target 75%)
Only 58.3% achieved this month (August 61.1%, July 62.5%). The 2ww backlog affects performance against this standard.

31 day 1st (target 96%)
Latest position 94.7% (August 93.8%, July 95.8%). 14 breaches: 8 Breast, 3 Urology, 2 LGI, 1 Gynae.

31 day subsequent surgery (target 94%)
Current position 91.7% (August 89.3%, July 91.7%). Only 2 breaches against this standard, 1 Breast and 1 LGI .

62 day screening (target 90%)
Only 51.9% this month (August 74.2%, July 68.8%). 6.5 breaches – 4 Breast, 5 LGI.

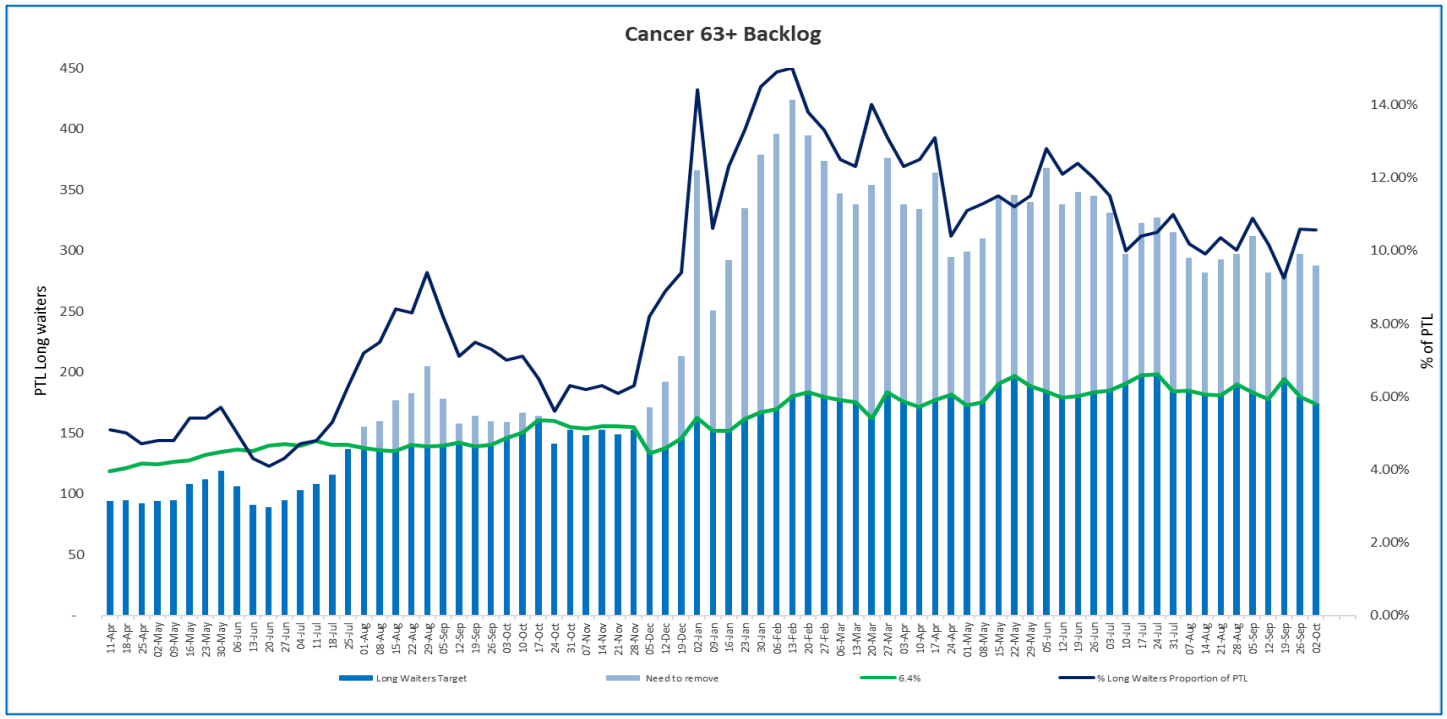
62 day (target 85%)
Latest position 60.5% (August 59.3%, July 59.8%). Currently 45 breaches (54 patients). 44% of the breaches were in Urology.

Recovery Actions

- Additional consultant posts (substantive and locum) for Upper GI, Breast, Radiology, Urology
- Additional prostate template biopsy capacity created – could do more but insufficient outpatient nursing to support more sessions
- Outsourcing (Gastro/Endoscopy, Breast, additional Prostate MRI capacity)
- Nurse led clinics in Dermatology for imaging to free up consultant capacity
- Increasing straight to test (STT) pathways, eg OP hysteroscopy
- Additional Lower GI theatre capacity
- Trust wide A&C recruitment events (1st in early July)
- Established a cancer long waits (90+ days) review meeting with patient level discussion
- Plan to establish a Breast pain clinic in the community - in early stages of development/discussion with HVCCG
- Primary care roll out of dermoscopy underway

West Hertfordshire Teaching Hospitals NHS Trust

Cancer PTL – 62 day backlog



62 day backlog (target 6.4% of total PTL)

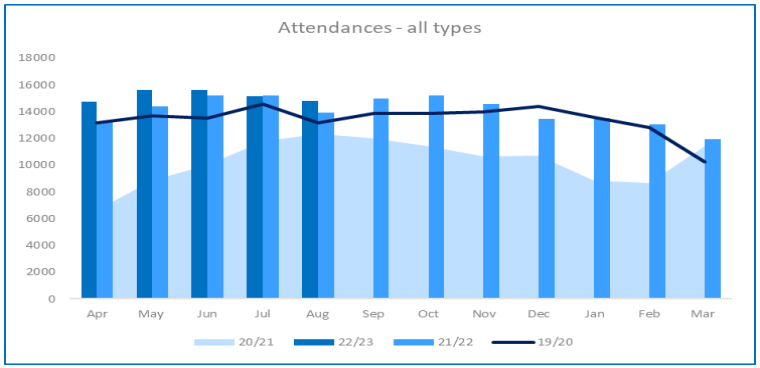
Utilising the EoE Cancer Alliances' weekly 62 day cancer backlog update, For the week ending 2/10/22 :

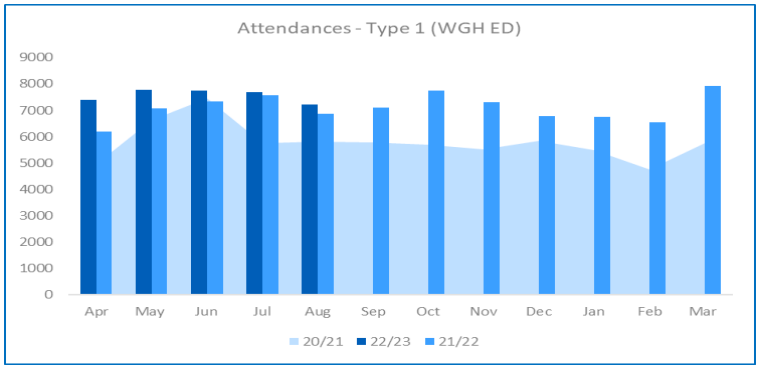
- The total cancer PTL was 2,418
- 10.6% / 257 patients are over 62 days in the backlog
- This places the trust 52nd (of 72, with the 72nd having the smallest backlog) in the EoE Cancer Alliances' national relative cancer backlog table.
- 114 more patients would need to be cleared from the backlog to achieve the 6.4% tolerance

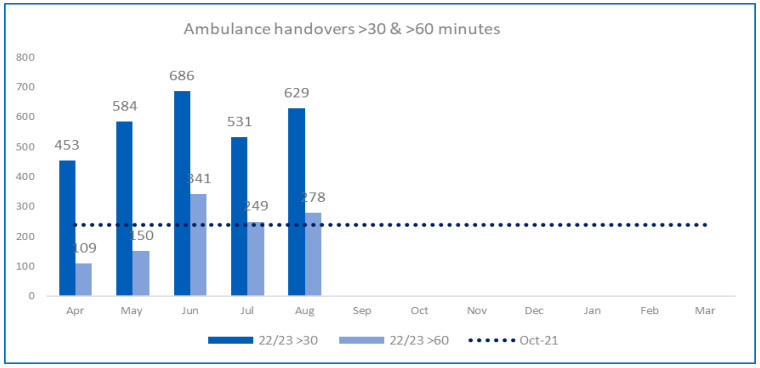
Actions to improve the position include:

- Escalation to Divisional Directors and Clinical Leads as necessary, where previous escalation has been unsuccessful
- Continuation of the spotlight on cancer huddles
- Weekly cancer long waits review meeting
- Renewed focus on delays due to clinical reviews and letter production
- Additional theatre capacity for LGI
- Additional template biopsy capacity for Urology

Emergency Department activity







Attendances

August attendances were lower than July's

- All: 14,784 (July 15,147) / Type 1: 7,223 (July 7,699) / Type 3: 7,336 (July 7,448)
- 5.3%/382 of all type 1 ED attendances related to MH (up from 4.1%/319 last month)

Ambulance handovers

Demand remains high and increased on last month's conveyances (2,260) with total arrivals to ED by ambulance of 2,434 (similar to June at 2,458).

Handover delays (as a % of all ambulance arrivals)

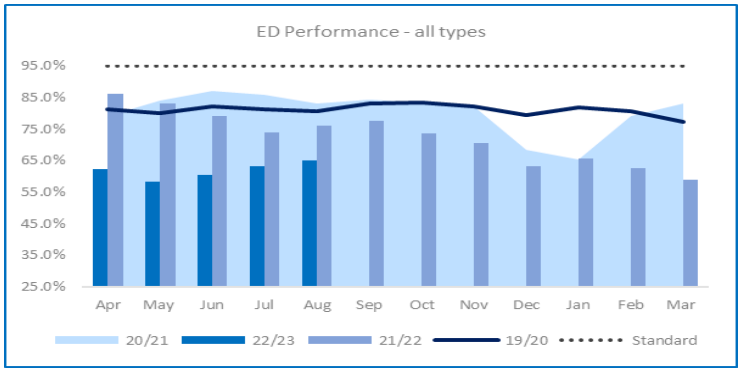
- 29% (708) 30 minutes or longer
- 15.6% (381) 30-60 minutes
- 13.4% (327) over 60 minutes

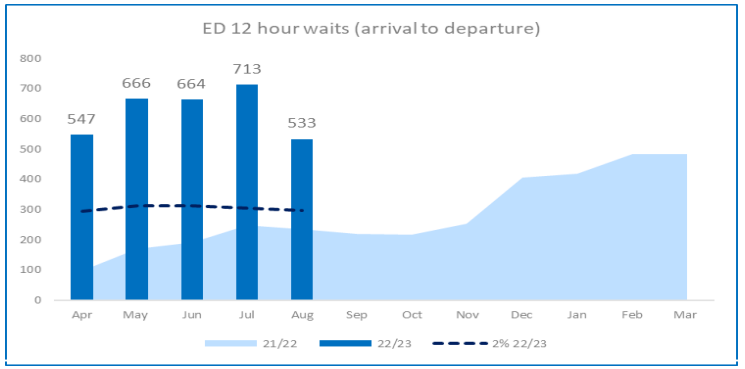
NB: EEAST use the "recording compliance" figure as the denominator, which was only 1309 in August, resulting in delays reported at a much higher rate in their performance pack, with 60+ minutes delays at 24.9%)

Handover Improvement Actions (system wide)

- Full HALO provision
- Rapid Response service (CLCH) 7/7
- Early intervention vehicle
- Supportive of drop and go for Category 1
- Cohorting to enable earlier release of crews utilising Resus corridor
- In/out assessment model
- Utilising old fracture clinic space to increase capacity, decompressing STARR
- Implementation of Fit to Sit – implementation of higher acuity ambulatory chairs area
- Maximising use of SDEC services
- Nursing shifts for corridor nursing and ambulance support team
- Harm review of any patient with a 60+ delay
- Specialty reviews at front door
- Expanding boarding policy

Emergency Department Performance





Performance

An improvement on the previous month

- All types 65.1% (July 63.2%, June 60.5%, May 58.2%)
- Type 1 37.1% (July 34.4%, June 31.5%, May 31.5%)
- Watford UTC 89.3% (July 91%, June 84.9%, May 74.9%)
- HH UTC 93.4% (July 94.8%, June 93.1%, May 94.2%)

12 hour end to end journeys

Totals as a percentage of **all** attendances:

- August 4% (533)
- July 4.7% (713)
- June 4% (664)
- May 4% (666)
- April 4% (547)

Mental Health

5.3% of all ED attendances related to MH

14.7% of all ED attendances over 12 hours related to MH (much higher than July 11.1%)

21.2% of all ED attendances relating to MH wait 12 hours or more (3.3% lower than July)

Improvement Plans

- Overarching cross divisional patient flow improvement plan in place
- For governance, overseen by HEG
- Split into short, medium and longer term

Short term:

- Recruitment of night time board controllers to support with flow
- Increased use of ACU
- Nursing shifts for corridor to support ambulance offload
- Escalation utilising the IPS policy
- Implementation of Critical Friend visit suggestions – boarding and higher acuity ambulatory majors
- Improving weekend discharges pilot
- Ambulatory trauma pathway to SACH – SOP in place
- New boarding policy

Medium term:

- EAU winter model inc waiting room and corridor nursing
- Planned activity out of ACU
- UTC improvements
- TAM – improvement in flow and non admitted performance
- Virtual Hospital – BC in progress
- SMART increase
- Hot clinics – mapped referral pathways and processes, working group

Longer term:

- Creation of additional beds in Shrodells

Data Sources

Planned Care

- Outpatient Activity – Weekly activity tracker (25/10/2022)
- Inpatient Activity – Weekly activity tracker (25/10/2022)
- RTT performance & long wait reduction – iReporter (27/10/2022)
- Diagnostic activity – Weekly activity tracker (25/10/2022)
- Diagnostic (DMO1) performance – iReporter (30/9/2022)
- Cancer Waiting Times performance – iReporter (27/10/2022)
- Cancer 62 day PTL relative backlog – EoE Cancer Alliances backlog update 2/10/22

Urgent & Emergency Care

- ED Performance – Atts & Waits files (5/9/2022)
- Ambulance Handovers – EEAST Patient handover sit rep report (September 2022)

NHS
West Hertfordshire Teaching Hospitals
NHS Trust

Trust Board
Thursday 3 November 2022

Title of the paper:	**Elective Recovery self certification**
Agenda Item:	**17a**
Presenter:	**Sally Tucker** **Chief Operating Officer**
Author(s):	**Jane Shentall** **Director of Performance**
Purpose:	*Please tick the appropriate box* *For approval* ✓ — *For discussion* ✓ — *For information* ✓
Executive Summary:	On 25 October 2022 NHS England wrote to all Tier One and Two providers to request Board self-certification to identify areas where support may be required to support delivery of 78 week wait and 62 cancer wait objectives. The Chair and CEO are asked to sign that the Board discuss or are sighted on 12 fundamentals associated with key measures relating to waiting list management, validation, surgical and diagnostic prioritisation, cancer pathway redesign (Lower GI, Skin and prostate), outpatient transformation and surgical and theatre productivity. This paper provides insight in to delivery of each of the 7 key measures, with details on current progress and plans where requirements are not yet met in full. A number of appendices are included as evidence where this information is available.
7Trust strategic aims: *(please indicate which of the 4 aims is relevant to the subject of the report)*	**Aim 1 Best care** — ***Objectives 1-4*** ✓ **Aim 2 Great team** — ***Objectives 5-8*** **Aim 3 Best value** — ***Objective 9*** ✓ **Aim 4 Great place** — ***Objective 10-12***
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?

<table>
<tr><td></td><td>☒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?</td></tr>
<tr><td>Previously considered by:</td><td><table><tr><th>Committee/Group</th><th>Date</th></tr><tr><td></td><td></td></tr></table></td></tr>
<tr><td>Action required:</td><td>▪ The Board is asked to review the matrix and supporting information to confirm oversight of each of the key measures, acknowledging the status of each one and confirming assurance of plans to deliver the required outcomes where these are not yet fully met.</td></tr>
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West Hertfordshire Teaching Hospitals NHS Trust

Agenda Item:

Trust Board Meeting – 3 November 2022

Elective Recovery self certification

Presented by: Sally Tucker, Chief Operating Officer

1 Purpose

1.1 This briefing includes details and or evidence of compliance with the 12 key fundamentals set out in the NHS England letter of 25 October 2022 to Tier One and Tier Two providers, to enable self-certification sign off by the Chair and CEO of the organisation.

2 Background

2.1 The letter from NHS England (appendix 1) "*sets out immediate next steps for tier one and tier two of the elective recovery programme to ensure that our phase two objectives around 78 week waiters and 62 day cancer waits are met…That is why we are now asking all colleagues to step up efforts on all of the measures outlined below. With this in mind, we ask that you complete the Board self-certification to allow us to support you where you are having the greatest challenges…"*

2.2 The letter outlines a number of key areas for improvement and or focus and information relating to each of these are detailed below.

3 Excellence in the Fundamentals of Waiting List Management

3.1 The letter states "*all patients past 62 days for cancer and 78 weeks for wider elective care should be reviewed and the actions required to progress them to the next step in their pathway prioritised"*.

3.2 Weekly long wait review meetings have been established, led by the Director of Performance and the Head of Cancer Services. These meetings focus on pathways in the above cohorts, with patient level discussion, ensuring actions are identified and next steps put in place to progress the patient through their pathway. These discussions were key to the eradication of 104 week waits earlier in the year. Progress against both the cancer backlog and 78 week wait cohort are detailed in the activity and performance paper presented to the Board, Finance & Performance Committee and Trust Management Committee each month.

3.3 The letter also requests validation of three cohorts of patients on the non-admitted waiting list:

a) By 23 December 2022 – any patient waiting over 52 weeks on an RTT pathway (at 31 March 2023) who has not been validated in the previous 12 weeks should be contacted

b) By 24 February 2023 – any patient waiting over 256 weeks on an RTT pathway (at 31 March 2023) who has not been validated in the previous 12 weeks should be contacted

c) By 28 April 2023 – any patient waiting over 12 weeks on an RTT pathway (at 20 April 2023) who has not been validated in the previous 12 weeks should be contacted.

The data quality issues affecting the RTT PTL have inflated the waiting list and therefore prior to contacting any patients to enquire of their current status, a technical and administrative validation process must be completed. Additional resources have been procured to supplement the in house RTT validation team and that team have been asked to focus initially on the 52 week waits. This work began at the end of October 2022.

In addition to validation, it is vital that steps are taken to address the source problems which include clinicians and clerical staff being unclear of the correct RTT pathway management workflows within Cerner and this is evident in the month on month growth of the PTL. This issue affects the creation of new pathways and outcoming appointments and admissions. A robust plan of training and support is required to resolve this problem.

4 Appropriate surgical and diagnostic prioritisation

4.1 The letter states that *"Trusts need to adhere to maximum timeframes for diagnostic tests within each tumour specific Best Practice Timed Pathway, but should have a maximum backstop timeframe of 10 days from referral to report*. *Trusts should undertake a comprehensive review of current turnaround times and what further prioritisation of cancer over more routine diagnostics would be required to meet this backstop requirement.*"

4.2 Current turnaround times for Radiology and Histopathology reporting are included in appendix 2.

4.3 The letter continues *"Surgical prioritisation should continue to follow the guidance set out in the letter of 25 July, providing ring fenced elective capacity for cancer patients…and 78 week wait patients. (Performance against the 31 day standard from decision to treat to treatment should be used to assess whether the first of these objectives is being met).*"

4.4 There is a target of 96% for the above cancer waiting times standard. Performance is included in the activity and performance paper presented to Board each month. September's performance was 94.7%, with ten breaches. Performance in previous months (June 96.4%, July 95.8%, August 94.4%) was at a similar level.

4.5 Elective ring fenced bed capacity is in place. There are 40 beds at SACH and a flexible elective ring fenced bed base at WGH. Orthopaedic ring fence beds were re-established on the Watford site in early October 2022. Cancer and clinically urgent patients are prioritised at all times and admissions are reviewed every day to ensure no urgent patient is cancelled as a result of insufficient bed capacity.

5 Cancer Pathway re-design for Lower GI, Skin and Prostate

5.1 *"Lower GI: full implementation of FIT in the 2ww pathway"*
The letter references guidance on FIT issued by the British Society of Gastroenterology and Association of Coloproctology of Great Britain and Ireland. The trust's clinical lead for FIT has confirmed that this guidance has been implemented.

It should be noted that FIT is a screening test generally requested in primary care and therefore commissioning support to ensure wide roll out in general practice is key to full implementation of the guidance.

The latest feedback from commissioners is that there has been a 98% increase in FIT in August 2022 (1390) compared to August 2021 (699), this being lower than the number of referrals to Lower GI, so evidence practice is in line with guidance.

59% of patients referred on a LGI 2ww are either FIT negative or have no FIT done at the time of referral. 36% are FIT negative. 23% no FIT at time of referral. The Lower GI telephone assessment service (TAS) has been in place for several years, triaging all referrals and directing them to the most clinically appropriate pathway. 31% of referrals go on to have a colonoscopy. 69% are diverted to alternative pathways, routine investigation pathways or discharged.

5.2 *"Full implementation of teledermatology in the suspected skin cancer pathway".*
The letter states that all trusts should work with their ICS to implement teledermatology and digital referral platforms to optimise suspected skin cancer pathways and reduce unnecessary hospital attendances.

A 12 month primary care dermoscopy pilot ran from September 2021, funded by the HWE ICB. Practices were provided with dermatoscopes and a teaching programme was delivered by Trust Consultant Dermatologists, all of which was supported by regular meetings with GPs and ICS colleagues. All GP surgeries now have dermatoscopes. During the pilot 19% of patients were discharged as lesions were benign, 7% were booked directly for surgery, ie circa 20% avoided a face to face consultation. All patients received a telephone consultation to explain the outcome.

The Dermatololgy Service has implemented a 2 week wait referral and assessment service (RAS). Referrals are triaged daily by a consultant. Most referrals are accompanied by macroscopic photographs but dermoscopic imaging is required to manage remotely. If no dermoscopic image is available patients are seen in a face to face consultation in line with NHSE guidance for teledermatology pathways. If good quality macroscopic and dermoscopic images are included the patient can be booked directly to surgery or discharged and telephone consultations with subsequent written confirmation are in place to ensure patients and referrers are fully informed.

The service has also implemented a 2 week wait clinic undertaken by the Medical Photography department and a dermatology trained nurse. This is used for referrals where there is a suspicion that the lesion is benign but no dermoscopy has been attached. The patient receives a questionnaire about their lesion which is populated using the eDerma platform. High quality images are captured by either the specialist nurse or medical photographer. The referral, questionnaire responses and imaging are then reviewed by a consultant dermatologist and the outcome communicated to the patient and GP. 63% of patients have been discharged without face to face consultation as a result of this model of care.

An advice and guidance service for lesions of diagnostic uncertainty was established in October 2022 to further reduce pressure on the 2 week wait pathway. Macroscopic imaging is required and dermoscopy imaging is recommended so that referrals can be triaged and any suspicious lesions upgraded to a 2 week wait pathway as required.

5.3 *"Full implementation of the best practice timed pathway for prostate cancer."*
Implementation requires all patients to be booked for mpMRI and biopsy at the point of triage, with triage no later than 3 days from receipt of referral. Ring fenced mpMRI slots should be in place. Maximum use of transperineal prostate (TP) biopsy should also be ensured. Pre

biopsy mpMRI and biopsy should take place no later than 9 days from the date referral is received.

5.4 Although ring fenced mpMRI capacity is in place, with additional capacity secured within the independent sector, there are delays between triage (which is not consistently taking place within 3 days), scan and biopsy.

5.5 It should be noted that although the best practice timelines are not being met consistently, patients are having a scan before biopsy. A weekly working group is being established to support improvement in this pathway. Additional consultant capacity will be in place in December with the arrival of a new consultant and a further post will be advertised shortly.

6 Outpatient transformation

6.1 The letter states "…*providers are asked to continue their work to deliver a 25% reduction in outpatient follow up appointments by March 2023."*

a) Continue the expansion of PIFU (patient initiated follow up)
b) Continue to deliver at least 16 specialist advice requests per 100 first outpatient appointments
c) Further initiatives to support outpatient follow up reduction should include improved and standardised discharge procedures
d) To enable a personalised approach and where it is clinically appropriate, outpatient appointments should be delivered via video and telephone at a rate of 25% of all outpatient appointments.

6.2 Current performance against PIFU targets is detailed in slides included in appendix 3. Establishment of PIFU pathways is complex as there are a number of key elements that must be in place. As a result roll out is planned incrementally to ensure the pathway is correctly set up and outcomes can be captured.

6.3 A second strand to PIFU is currently being evaluated in two pilot specialties, where patients who DNA, if clinically appropriate, are put on to a PIFU pathway rather than being rebooked. This will free up capacity for other patients and will support reduction in DNA rates. If successful this pilot will be rolled out to other specialties.

6.4 Although the overall rate for virtual activity is below target, the utilisation of virtual consultations as an alternative to face to face appointments is well established for follow up appointments. The latest data shows that 23.6% of follow up activity is delivered in this way. The clinical body have expressed concerns at undertaking new appointments via non-face to face options, deeming this to be a risk to patient safety and clinically inappropriate in many situations. The latest data shows that 8.5% of new appointments were conducted virtually.

7 Surgical and theatre productivity

The letter states that providers are expected to:

a) Review the senior responsible officer(s) and oversight arrangements in relation to theatre productivity
b) Drive up theatre utilisation to 85%, underpinned by the cases per lists standard set out within the GIRFT high volume low complexity (HVLC) programme

c) Make elective surgery day case by default, delivery day case rates across all surgery of 85%

d) Maximise right procedure right place, taking simple surgical procedures out of theatre in to procedure rooms
e) Adopt best practice pre and peri-operative medicine pathways
f) Optimise the booking and scheduling processes
g) Not performing interventions identified as “must not do” on EBI (evidence based interventions) lists 1 and 2

7.1 The Chief Operating Officer is the designated SRO for theatre productivity, supported by the Chief Finance Officer, with day to day responsibility for delivery with the Divisional Director and Divisional Manager for Surgery, Anaesthetics & Cancer.

7.2 Re-establishing the theatre productivity dashboard following the implementation of Cerner has required protracted engagement between the BI team and the division. The dashboard is now live on iReporter but a period of consolidation will be required to ensure all metrics are being reported accurately.

Current theatre utilisation for all theatres in September was 77%. The latest theatre productivity information, show in the iReporter dashboard is attached in appendix 4. A programme of work to delivery increased theatre productivity and efficiency has been agreed and implementation will be supported by a consultancy organisation.

The link below includes a slide (slide 21) detailing the GIRFT specialty standards cases per theatre session.

https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/05/GIRFT-HVLC-Guide-Final-V6.pdf

Work on delivering the GIRFT standards is currently focused on Ophthalmology which is a clear outlier. The department has experienced significant change in its consultant workforce which presents opportunity to improve theatre productivity. Unfortunately, the service is currently impacted by a reduction in elective surgery demand as a result of a community provider which has temporarily impacted on theatre utilisation.

7.3 In September 87.5% of all elective surgery was delivered as day case activity. Latest data for October shows a similar rate at 86.4%. This measure will be added to future iterations of the Board IPR.

7.4 The delivery of the new theatre at Watford has facilitated the establishment of a “Procedure room plus” within the pre-existing facilities which will accommodate an agreed list of procedures moving them from main theatres. This will go live in November 2022 supported by standard operating procedures to support the procedures undertaken. There are plans to implement a similar model at SACH in a theatre that has no anaesthetic room.

In addition to admitted activity, a wide range of procedures are undertaken in an outpatient setting including hysteroscopy and cystoscopy.

7.5 Work on pre and peri-operative pathways is included within Surgery’s theatre efficiency programme (appendix 4). There are separate work streams for POA, Cancellations and scheduling, all of which are delivering improvement.

In 2021 an electronic health screening questionnaire was implemented for all patients on the admitted waiting list. These questionnaires are triaged and patients are scheduled into low, medium or high risk clinics. This enables the right resource to be deployed to those patients who require it, eg. a low risk patient is seen by a band 4 nurse associate. Capacity currently equates to 140 POA slots per week and 90 consultant anaesthetic review slots per week. All

assessments and scheduling plans for patients are documented on an electronic POA record which can be accessed virtually at any time by the clinical and administration team.

In 2022 a POA diabetes pathway was established, with a dedicated diabetes nurse. There are plans for expansion of specialist care provision to include a frailty pathway and a more robust paediatric pathway. The division has aspirations of delivering more one stop care including diagnostics such as echo and lung function tests from the St Albans site.

7.6 NHS England are supporting the early implementation of the "Improving Elective Care for Patients Programme (IECCP), providing funding to establish a new approach to managing waiting lists with access for clinicians, schedulers, operational teams and validators within one platform. Two specialties have been selected to trial this platform and if successful, it will be rolled out more widely in due course.

7.7 Pre-pandemic there was a well established "low priority treatment" policy owned by commissioners, limiting delivery of procedures considered to have low clinical effectiveness. This policy was aligned with national guidance on evidence based interventions (EBI). During the pandemic the local policy was put on hold and has not been re-established. There was an enormous administrative workload associated with the process with a small team established within the trust to support clinical services. This team has been redeployed to support the outsourcing programme.

The national policy remains in place but there is variable compliance. A programme of audits will be established following interrogation of recent activity to identify how many EBI procedures have been undertaken this financial year. A regular audit will then be undertaken and reported via Surgery's divisional performance review, to enable the division to manage any exceptions to the policy.

8 Recommendations

8.1 The matrix (appendix 5) details the self-certification statement which the Chair and CEO are asked to sign. This includes further detail linked to the above fundamentals, current status, detail and risks.

8.2 The Board are asked to review this paper in conjunction with the matrix and confirm assurance of delivery of the fundamentals.

Jane Shentall
Director of Performance
2 November 2022

Appendix 1 – Letter from NHS England


221025 Tier 1 and tier 2 ER programme

Appendix 2 – Diagnostic turnaround times


2022-11 Review of MRI Prostate scans.c


2022-11 Review of 2ww CT scans.docx


Clinical Support Services Scorecard 7

Appendix 3 – Outpatients Transformation (Better Care Delivered Differently updates)


Programme 5 (Transforming Outp


21 10 22 FINAL Programme 5 Transf

Appendix 4 – Theatre Productivity & Efficiency


TPEG Governance.pdf


iReporter Theatre Dashboard - screens

Appendix 5 – Self certification matrix


Elective Recovery self certification for

To: NHS Trust and Foundation Trust chief executives and chairs

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

25 October 2022

Dear colleague,

Next steps on elective care for Tier One and Tier Two providers

On 18 October, NHS England wrote to the NHS outlining further plans to boost capacity and resilience for services over the coming challenging winter period. This letter now sets out immediate next steps for tier one and tier two of the elective recovery programme to ensure that our phase two objectives around 78 week waiters and 62 day cancer waits are met.

The NHS has delivered a massive reduction in patients waiting two years and is also now steadily reducing the number of people waiting more than 18 months and 62 days respectively. Activity levels compared to pre-pandemic are increasing but we can still do more. There is no one silver bullet, but through a combination of getting the basics right and data-led management and innovation, particularly on outpatient and diagnostic activity, we firmly believe that we can continue to make genuine progress.

We realise that there are a lot of asks on providers and that each of you will know best your local circumstances and what works well. However, through each wave of Covid over the past two years, hospitals have got better and better at protecting elective and cancer care. There are significant learnings from individual organisations across the country that can make a huge difference if adopted collectively. That is why we are now asking all colleagues to step up efforts on all of the measures outlined below. With this in mind, we ask that you complete the Board self certification, (see appendix A) to allow us to support you where you are having the greatest challenges. The fundamentals that we have, collectively, proven to work are:

Excellence in the Fundamentals of Waiting List Management
Ensuring operational management and oversight of routine elective and cancer waiting lists aligns with best practice as outlined/directed within the national programme and current Cancer Waiting Times guidance. All patients past 62 days for cancer and 78

weeks for wider elective care should be reviewed and the actions required to progress them to the next step in their pathway prioritised.

Validation

The validation and review of patients on a non-admitted waiting list is important for the appropriate use of outpatient capacity and to provide clean visible waiting lists to ensure timely and orderly access to care. There are three phases to validating waiting lists that providers are required to undertake routinely – technical, administration and clinical and, following on from guidance sent out on 16 August available here, we expect providers to meet this timeline:

a) By 23rd December 2022
   Any patient waiting over 52 weeks on an RTT pathway (at 31 March 2023) who has not been validated* in the previous 12 weeks should be contacted

b) By 24th February 2023
   Any patient waiting over 26 weeks on an RTT pathway (at 31 March 2023) who has not been validated* in the previous 12 weeks should be contacted

c) By 28th April 2023
   Any patient waiting over 12 weeks on an RTT pathway (at 20 April 2023) who has not been validated* in the previous 12 weeks should be contacted

Appropriate surgical and diagnostic prioritisation

We know that 85% of patients waiting longer than 62 days from their referral for urgent suspected cancer are waiting for a diagnostic test. For cancer in particular, the significant demand for additional diagnostic capacity means that Trusts need to adhere to the maximum timeframes for diagnostic tests within each tumour-specific Best Practice Timed Pathway, but should at all times have a maximum backstop timeframe of 10 days from referral to report. Trusts should undertake a comprehensive review of current turnaround times and what further prioritisation of cancer over more routine diagnostics would be required to meet this backstop requirement.

Trusts should ensure that existing community diagnostic centres (CDCs) capacity is fully utilised by ringfencing it for new, additional, backlog reducing activity, and working with their wider ICS partners to use a single PTLs across the system. Trusts should work across their systems to accelerate local approval of business cases CDCs, additional acute imaging and endoscopy capacity; and expedite delivery of those investments once approved, and should continue to explore partnerships with the independent sector to draw on or build additional diagnostic capacity.

Surgical prioritisation should continue to follow the guidance set out in the letter of 25 July, providing ringfenced elective capacity for cancer patients (particularly P3 and P4 urology and breast patients) and 78ww patients. Performance against the 31 day standard from decision to treat to treatment should be used to assess whether the first of these objectives is being met.

Cancer pathway re-design for Lower GI, Skin and Prostate

There are three pathways making up two-thirds of the patients waiting >62 days and where increases over the past year have been the largest: Lower GI, Skin and Urology. Service Development Funding was made available to your local Cancer Alliance to support implementation of these changes and additional non-recurrent revenue funding has also been made available nationally.

Lower GI: Full Implementation of FIT in the 2ww pathway

As set out in the joint guidance on FIT issued by the British Society of Gastroenterology and Association of Coloproctology of Great Britain and Ireland (ACPGBI), and reinforced in this letter, most patients with suspected colorectal cancer symptoms but a FIT of fHb <10 µg Hb/g, a normal full blood count, and no ongoing clinical concerns should not be referred on a LGI urgent cancer pathway. Where referred, teams should not automatically offer endoscopic investigation but consider alternative, non two week wait, pathways as set out in the letter.

Full implementation of teledermatology in the suspected skin cancer pathway

All Trusts should work with their ICS to implement teledermatology and digital referral platforms to optimise suspected skin cancer pathways and reduce unnecessary hospital attendances to tackle the backlog and meet increasing demand. NHS England's guidance on the implementation of teledermatology pathways is endorsed by the British Association of Dermatologists and supports a Best Practice Timed Pathway for skin cancer which has been published this week.

Implementation will require provision for dermoscopic images to be taken for Urgent Suspected Cancer Skin cancers. This could be delivered by primary care, a separately contracted service delivered by primary care, in a community image taking hub setting, or by medical illustration departments in secondary care. Capacity must be in place for daily dermatologist triage of images, as either additional activity or as part of existing job plans. Following triage, the consultant or a member of their team should communicate with the patient (via telephone, video or face-to-face consultation) and be booked directly for surgery and receive appropriate preoperative advice and counselling if required.

Full implementation of the Best Practice Timed Pathway for prostate cancer
All provider Trusts should implement the national 28-day Best Practice Timed Pathway for prostate cancer, centred on the use of multiparametric MRI (mpMRI) before biopsy. Using pre-biopsy mpMRI means patients can be triaged towards a biopsy so at least 25% can avoid it, over 90% of significant cancers can be diagnosed on imaging and fewer insignificant cancers are diagnosed. Use of local anaesthetic transperineal biopsy where clinically indicated provides increased accuracy and reduced risk of infection, without the resource intensity of procedures done under general anaesthetic.

Implementation will require all patients to be booked in for both mpMRI and biopsy at the point of triage, with triage taking place no later than 3 days from the date the referral is received. Ring-fenced mpMRI slots should be in place – weekly demand analysis from radiology requesting systems should be used to inform the level at which this is set, with frequency of mpMRI slots sufficient to support delivery of timely biopsy. Maximum use of local anaesthetic transperineal prostate biopsy should also be ensured, with general anaesthetic biopsy used only where clinically indicated or for patient preference. Pre-biopsy mpMRI and biopsy procedures should take place no later than 9 days from the date the referral is received.

Outpatient transformation
Outpatients make up around 80% of the total waiting list and it is crucial that, over the winter period, providers continue to keep a strong operational focus on providing these services. Providers are asked to continue their work to deliver a 25% reduction in outpatient follow up appointments by March 2023.

a) As part of this, trusts are asked to continue the expansion of patient initiated follow up (PIFU) to all major outpatient specialties, especially increasing the volume of PIFU activity in specialties where it is now well established.
b) Continue to deliver at least 16 specialist advice requests per 100 first outpatient appointments. Providers are asked to focus efforts on pre-referral advice models.
c) Further initiatives to support outpatient follow-up (OPFU) reduction should also include improved and standardised discharge procedures and more effective administrative processes – including focusing on reducing DNAs in outpatient settings
d) In order to enable a personalised approach for outpatients and where it is clinically appropriate to do so, outpatient appointments should continue to be delivered via video and telephone, at a rate of 25% of all outpatient appointments. Remote consultation guidance and implementation materials can be found on NHS Futures here.

Surgical and theatre productivity

It is essential that we make best use of available surgical capacity, to drive productivity improvements and protect elective activity through winter. As such we expect providers to:

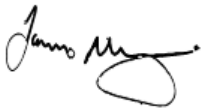
a) Review the senior responsible officer(s) (SROs) and oversight arrangements in relation to theatre productivity and strengthen these if necessary. Ideally, it should consist of a senior manager working ‘shoulder-to-shoulder’ with a senior clinician – to succeed we need both groups working together.
b) Drive up theatre utilisation to 85%, underpinned by the cases per list standards set out within the GIRFT high volume low complexity (HVLC) programme.
c) Make elective surgery daycase by default, delivering daycase rates across all surgery of 85%, and helping to free up valuable inpatient beds for complex work.
d) Maximise Right procedure right place, taking simple surgical procedures out of theatre into procedure rooms, eg hand surgery, cyctoscopy, hysteroscopy
e) Adopt best practice pre & peri-operative medicine pathways to reduce issues of under booking of lists, on the day cancellations, and pro-longed length of stay, as well as providing better care for patients.
f) Optimise the booking & scheduling processes, ensuring that patients are ready for surgery prior to being offered a surgery date, with an embedded data driven, clinically led approach.
g) Not performing those interventions identified as ‘must not do’ on EBI lists 1 and 2 and following the stated process for those List 1 and 2 interventions that should only be performed after applying the specific criteria.

Board Self-certification

As part of the above priorities, we are asking each provider to undertake a Board self certification process and have it signed off by Trust Chairs and CEOs by November 11, 2022. If you are unable to complete the self certification process then please could you discuss next steps with your Regional team. The details of this self certification can be found at Appendix A.

Thank you for all of your continued hard work in addressing what are two critical priorities for the NHS over the winter period. Please share this letter with your Board, key clinical and operational teams and relevant committees, and do email england.electiveopsanddelivery@nhs.net should you have any questions.

Yours sincerely,



Sir James Mackey
National Director of Elective Recovery
NHS England

Dame Cally Palmer
National Cancer Director
NHS England

Elective Recovery Self certification **Appendix A**

The Chair and CEO are asked to confirm that the Board:

a) Has a lead Executive Director(s) with specific responsibility for elective and cancer services performance and recovery.

b) That the Board and its relevant committees (F&P, Safety and Quality etc) receive regular reports on elective, diagnostic and cancer performance, progress against plans and performance relative to other organisations both locally and nationally.

c) Has an agreed plan to deliver the required 78ww and 62 day trajectories for elective and cancer recovery, and understands the risks to delivery, and is clear on what support is required from other organisations.

d) Has received a report on the current structure and performance of Lower GI, Skin and Prostate cancer pathways (including the proportion of colonoscopies carried out on patients who are FIT negative or without a FIT; the proportion of urgent skin referrals for whom a face to face appointment is avoided by use of dermoscopic quality images; and a capacity/demand analysis for MRI and biopsy requirements on the prostate pathway), and agreed actions required to implement the changes outlined in this letter.

e) Is pursuing the opportunities, and monitoring the impacts, presented by Outpatient transformation and how this could accelerate their improvement, alongside GIRFT and other productivity, performance and benchmarking data and opportunities.

f) Have received a report on Super September and have reviewed the impact of this initiative for their Organisation.

g) Have received reports on validation, its impact and has a validation plan in line with expectations in this letter.

h) Have challenged and received assurance from the lead Executive Director, and other Board colleagues, on the extent to which clinical prioritisation (of both surgical and diagnostic waiting lists) can help deliver their elective and cancer objectives. This should include receiving a review of turnaround times for urgent suspected cancer diagnostics and agreeing any actions required to meet the backstop maximum of 10 days from referral to report.

i) Discuss theatre productivity at every trust board; we suggest with the support of a non-executive director to act as a sponsor.

j) Routinely review Model Health System theatre productivity data, as well as other key information such as day-case rates across trusts.

k) Confirm your SROs for theatre productivity.

l) Ensure that your diagnostic services reach at least the minimum optimal utilisation standards set by NHS England.

Signed by CEO Date:

Signed by Chair Date:

ELECTIVE RECOVERY BOARD SELF CERTIFICATION

The Chair and CEO are asked to confirm that the Board:			Status	Detail & Evidence		Risks	Mitigations
a		Has a lead Executive Director(s) with specific responsibility for elective and cancer services, performance and recovery	**Fully met**	**Sally Tucker** Chief Operating Officer	**Simon West** Divisional Director Surgery, Anaesthetics & Cancer **Andy Barlow** Divisional Director Medicine **William Forson** Divisional Director Women's & Children's services **Martin Keble**		
b		That the Board and its relevant committees receive regular reports on elective, diagnostic and cancer performance, progress against plans and performance relative to other organisations both locally and nationally	**Fully met**	Monthly paper presented to Board, Finance & Performance Committee and Trust Management Committee	Board IPR includes regional and national benchmarking		
c		Has an agreed plan to deliver the required 78 week wait and 62 day trajectories for elective and cancer recovery, and understands the risks to delivery, and is clear on what support is required from other organisations	**Fully met**	Trajectories showing plan and actual delivery included in Board paper	Progress is better than plan (on track to deliver objective) and therefore support from other organisations is not currently required	There is a risk that UEC demand destabilises elective care provision resulting in failure to achieve plans which may necessitate the need for mutual aid requests ijn the future	Outsourcing programme Ring fenced elective bed base at WGH SACH ring fenced for elective care Well embedded process for mutual aid requests in place at the HWE ICB Planned Care Group
d		Has received a report on the current structure and performance of Lower GI, Skin and Prostate cancer pathways (including the proportion of colonoscopies carried out on patients who are FIT negative or without a FIT; the proportion of skin referrals for whom a face to face appointment is avoided by use of dermoscopic quality images; and a capacity/demand analysis for MRI and biopsy requiremenst on the prostate pathway) and agreed actions required to implement the changes outlined in this letter	**Fully met**	Details included in the Next steps for elective care paper	FIT guidance has been fully implemented, as confirmed by Dr John Landy, Clinical Lead for FIT The model of care for skin has been redesigned. The prostate pathway requires more work to deliver the required	Delivery of the best practice timed milestones for prostate is variable	Trust teams are working to support uptake in primary care, in collaboration with ICB colleagues A working group is to be established to drive improvement in the prostate pathway

e		Is pursuing the opportunities, and monitoring the impacts, presented by Outpatient transformation and how this could accelerate their improvement, alongside GIRFT and other productivity, performance and benchmarking data and opportunities	**Fully met**	Advice & Guidance rates are above the target - see Performance and Recovery paper PIFU rates are not at target level but there are plans to roll out a DNA PIFU initiative following a successful pilot and this will see rates increase Virtual follow up OPAs are near the target rate (25%) at 23.6%. New OPA rates are much lower, at 8.5% and this is largely due to the clinical decision that most new consultations should be face to face. Latest Better Care Delivered Differently update on Outpatients attached. Operational Recovery Group	Quality Committee receive regular updates on GIRFT action plans from service clinical leads	PIFU is not yet fully embedded Virtual activity rates overall are not at the required level in most services DNA rates are higher than target Performance benchmarking not widely visible	OP transformation team to re-visit divisions to raise awareness of initiatives and improve uptake Pilot/proof of concept of alternative options for DNAs about to roll out to other services. It is expected to demonstrate a reduction in DNAs and an improvement in capacity utilisation. Super September initiative will identify other opportunities - see below
f		Have received a report on Super September and have reviewed the impact of this initiative on their organisation	**Fully met**	In the days following notification of Super September, further clarification was received explaining that initiatives did not have to be delivered in September and initiation in later months was acceptable. The trust's project was therefore planned for late October / early November - report to follow when outcomes are fully understood £15k received from regional funds to support this piece of work	Establishment of a calls hub to review long waits for a first OPA in test service, contacting patients to confirm whether they still wanted an appointment. Clinical reviews embedded to ensure oversight of risk associated with any patient who withdraws referral This initiative is expected to deliver a reduction in DNA rates and improve capacity utilisation. It will also serve as a tool to identify any patient with	If successful, in house resources will need to be funded to enable wider roll out	
g		Have received reports on validation, its impact and has a validation plan in line with expectations in this letter	**Fully met**	The validation of the three waiting list cohorts is achievable but is dependent upon addressing the issues affecting PTL accuracy at source (ie using Cerner appropriately to record outcomes) and a training and support plan is needed to ensure delivery. In-house validation team has been supplemented with additional resources to facilitate an extensive validation programme. This will enable validation of the three cohorts stated in the letter.	Board IPR includes details of RTT clock stops which can be used as one measure of validation This month's Performance and Recovery paper includes references to validation	If issues at source are not resolved the validation benefit will not be fully realised. This would result in an inflated number of pathways within the validation cohorts, increasing the validation workload	Development and delivery of a refresher training and support programme
h		Have challenged and received assurance from the lead Executive Director and other Board colleagues, on the extent to which clinical prioritisation (of both surgical and diagnostic waiting lists) can help deliver their elective and cancer objectives. This should include receiving a review of turnaround times for urgent suspected cancer diagnostics and agreeing any actions required to meet the backstop maximum of 10 days from referral to report.	**Fully met**	Divisional directors can give verbal assurance at Board	All admitted patients are given a P code and diagnostic patients receive a D code, denoting clinical priority. Visibility of these codes is variable in some forms of the PTL but is available at source (Cerner, Pathpoint, CRIS) There is a well embedded operational process in place which ensures daily review of the P codes for patients being admitted so that prioritiesfor admission are clear. There is no stand down of P1/2 priority patients	Prioritisation of the most urgent cases can delay treatment for long wait patients but these latter patients receive high prioritisation at times of site pressures	

i		Discuss theatre productivity at every trust Board; we suggest with the support of a non-executive director to act as a sponsor	**Fully met**	Theatre productivity metrics will be included in the Board IPR going forward which will facilitate discussion	Metrics captured as part of the theatre dashboard are still subject to internal scrutiny with joint work between BI and Surgery, to confirm accuracy		
j		Routinely review Model Health System theatre productivity data, as well as other key information such as day-case rates across trusts.	**Fully met**	Model Health System data utilised previously. Going forward this will be included in Board IPR			
k		Confirm your SROs for theatre productivity	**Fully met**	**Sally Tucker** Chief Operating Officer	**Don Richards** Chief Financial Officer		
l		Ensure that your diagnostic services reach at least the minimum optimal utilisation standards set by NHS England *NB: Guidance which was published in June 2022 is as follows:* *1. MRI: 2-3 scans/hr (CDC), 2 scans/hr (acute)* *2. CT: 3 scans/her (CDC), 3-4 scans/hr (acute)* *3. US: 3 scans / hr (CDC & acute)* *4. Endoscopy: 10 points per service list, 8 points per training list* *5. Echo: 1 scans = 45 mins to scan and report*	**Fully met**	The Radiology Services Manager has confirmed that utilisation is in line with guidance for MRI, CT and US. The Gastroenterology Service Manager has confirmed that Endoscopy lists are in line with guidance The Cardiology Service has confirmed that up to 25 minutes is	Echo service have been asked to review current scan and report duration to explore potential for reduction to 45 minutes		

Trust Board Meeting
3rd November 2022

Title of the paper:	**Integrated Performance Report** ***(October 2022 reporting period – September 2022 data)***
Agenda Item:	**18**
Presenter:	**Paul Bannister, Chief Information Officer**
Author(s):	**Mark Landau, Director of Business Intelligence** **Paul Bannister, Chief Information Officer**
Purpose:	*Please tick the appropriate box* *For approval*: *For discussion*: ✓ *For information*: ✓
Executive Summary:	**Summary** • This cover sheet summarises the contents of the Trust Integrated Performance Report, detailing changes made to the pack and summarising some of the narrative points made and is intended to provide information and assurance to the committee. **Safe Care & Improving Outcomes – Changes to the pack** • Two new indicators are added to the workforce section – Wholetime Equivalent Workforce Establishment, and Wholetime Equivalent Staff in Post. **Safe Care & Improving Outcomes - Quality** • There is 1 statistically significant indicator – SHMI continuing to show in improving special cause variation, although Dr Foster class the Trust as being within 'expected range'. **Safe Care & Improving Outcomes - Safety** • There are three exceptions generated - % of nursing hours (shift fill rate) – Unregistered, % of patient safety incidents which were harmful, and Patients admitted to stroke unit within 4 hours of arrival, the latter two of which were also exceptions in the previous month. VTE risk assessment continues to hit target with improved recording. Unregistered fill rate is showing as an exception with the latest data point breaching the upper control limit. **Caring & Responsive Services – A&E** • Ten exception pages generated – with the only change to exceptions this month being 60 minute ambulance handovers returning to common cause variation • Type 1 Performance continues to be extremely challenged, with WHHT at 42% against the 4 hour target, following 3 months of improvement – with the Trust not in last position regionally for Type 1 performance for the first time in the financial year 22/23 **Caring & Responsive Services – RTT, Cancer, Outpatients** • Thirteen Exception pages generated. RTT 104 week waits are showing as improving special cause variation, with only three patients remaining at more than 104 weeks. **Workforce** • Six Exception pages generated, four of which were exceptions last month, with the two new metrics on wholetime equivalents also generating exceptions **Activity** • Seven Exception pages generated, with improving special cause variation for 1st Outpatient attendances – Face to Face *NB: Data correct at the time of reporting*
Trust strategic aims:	**Aim 1 Best care** | **Aim 2 Great team** | **Aim 3 Best value** | **Aim 4 Great place**

(please indicate which of the 4 aims is relevant to the subject of the report)				
	Objectives 1-4	***Objectives 5-8***	***Objective 9***	***Objective 10-12***
	✓	✓	✓	✓
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? ☒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?			
Previously considered by:	Committee/Group: Trust Management Committee — Date: 26/10/2022 Committee/Group: Finance & Performance Committee — Date: 27/10/2022			
Action required:	• The Board are asked to receive this report for information, assurance and discussion			

NHS
West Hertfordshire Hospitals
NHS Trust

Integrated Performance Report

October 2022 – September 2022 data

Mark Landau, Director of Business Intelligence
Paul Bannister, Chief Information Officer

West Hertfordshire Hospitals NHS Trust

Integrated Performance Report

- Trust Management Committee – 26th October 2022
- Finance & Performance Committee – 27th October 2022
- Trust Board – 3rd November 2022

NHS
West Hertfordshire Hospitals
NHS Trust

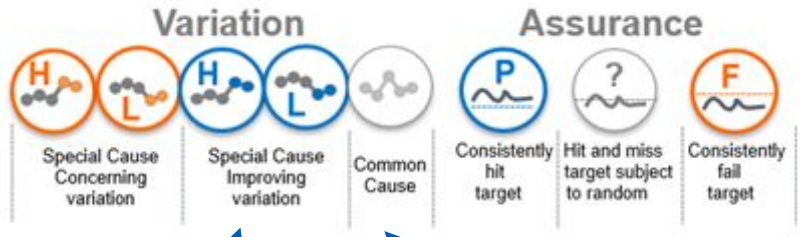
A note on SPC charts

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

West Hertfordshire Hospitals NHS Trust

High Level Key - Variation

Are we improving declining or staying the same



Orange = significant concern or high pressure

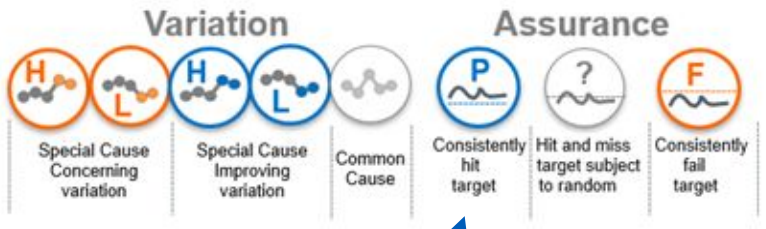
Blue = significant improvement or low pressure

Grey – no significant change

West Hertfordshire Hospitals NHS Trust

High Level Key - Assurance

Can we reliably hit the target



Orange = system change required to hit target

Blue = will reliably hit the target

Hit and miss the target

West Hertfordshire Hospitals NHS Trust

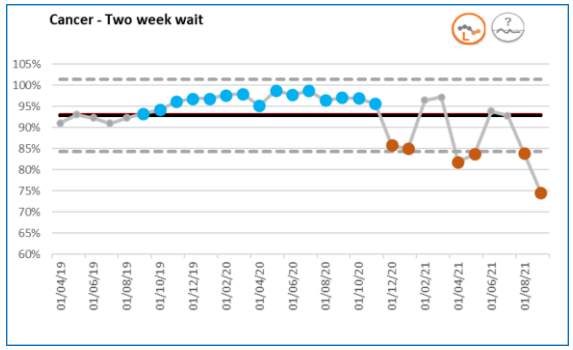
Summary Icon Descriptions

Perform	Assure	*Description*
		Special cause of a concerning nature where the measure is significantly **HIGHER**. This occurs where there is higher pressure in the system or deteriorating performance. This system is not capable. It will **FAIL** the target without system change.
		Special cause of a concerning nature where the measure is significantly **HIGHER**. This occurs where there is higher pressure in the system or worse performance. However despite deterioration the system is capable and will consistently **PASS** the target.
		Special cause of a concerning nature where the measure is significantly **HIGHER**. This occurs where there is higher pressure in the system or worse performance. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of a concerning nature where the measure is significantly **LOWER**. This occurs where there is deteriorating performance. This system is not capable. It will **FAIL** the target without system change.
		Special cause of a concerning nature where the measure is significantly **LOWER**. This occurs where there is deteriorating performance. However the system is capable and will consistently **PASS** the target.
		Special cause of a concerning nature where the measure is significantly **LOWER**. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Common cause variation, no significant change. This system is not reliably capable. It will **FAIL** to consistently meet target without system change.
		Common cause variation, no significant change. The system is capable and will consistently **PASS** the target.
		Common cause variation, no significant change. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).

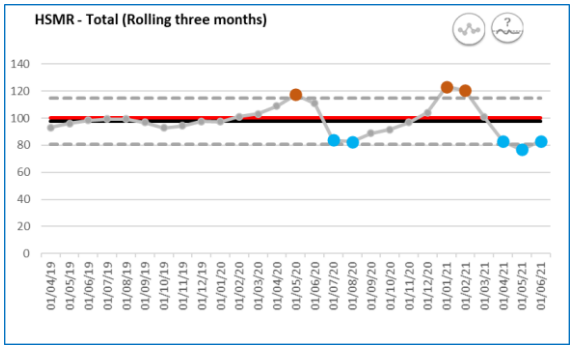
West Hertfordshire Hospitals NHS Trust

SPC rules – Special Cause Variation

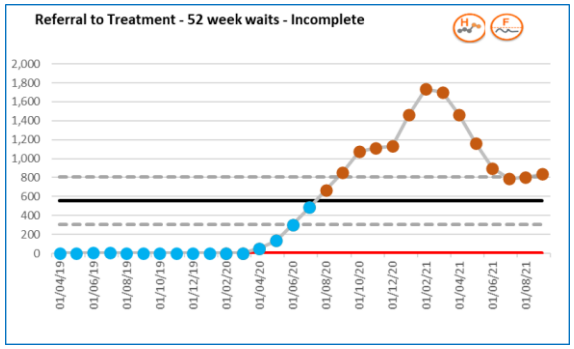
A breach of the upper/lower control limit



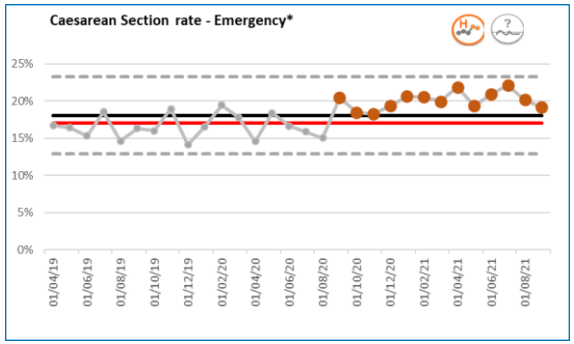
2 out of 3 points close to the control limit



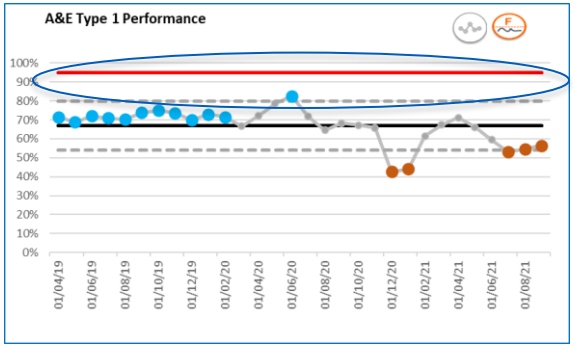
A run of ascending/descending data points



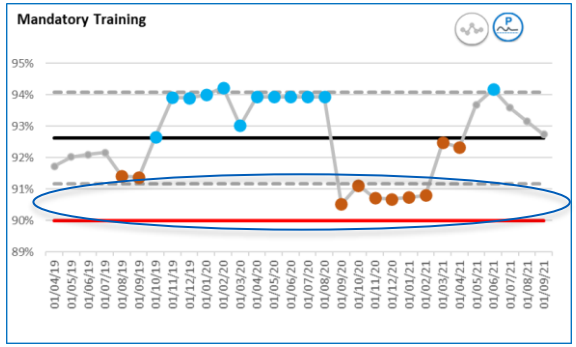
A run of points all one side of the mean



Variation indicating consistently failing the target – target line above upper control limit



Variation indicating consistently passing the target – target line below lower control limit

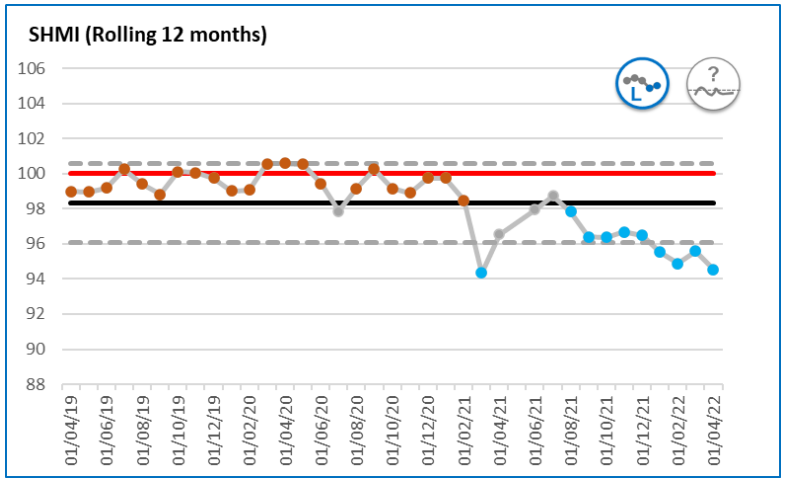


West Hertfordshire Hospitals NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Local or National Metric	Committee	Owner
Safe Care and Improving Outcomes - Quality								
SHMI (Rolling 12 months)	Apr 22	95	100			National	Quality	CMO
HSMR - Total (Rolling three months)	Jun 22	95	100			National	Quality	CMO
Clostridioides Difficile - Hospital associated (Cat 1)	Sep 22	1	-			Local	Quality	CN
Clostridioides Difficile - Healthcare associated (Cat 2)	Sep 22	2	-			Local	Quality	CN
Clostridioides Difficile - Hospital and Healthcare associated Tota	Sep 22	3	3			Local	Quality	CMO
Hand Hygiene Compliance	Sep 22	98%	95%			Local	Quality	CN
30 Day Emergency Readmissions - Elective *	Sep 22	3%	4%			Local	Quality	CMO
30 Day Emergency Readmissions - Emerg *	Sep 22	13%	13%			Local	Quality	CMO
Caesarean Section rate - Robson Category 1	Sep 22	33%	-			Local	Quality	CMO
Caesarean Section rate - Robson Category 2	Sep 22	51%	-			Local	Quality	CMO
Caesarean Section rate - Robson Category 5	Sep 22	78%	-			Local	Quality	CMO

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – SHMI (Rolling 12 months)



	Provider	Denominator	Obs	Exp	Obs-Exp	SHMI	Low	High
RC9	Bedfordshire Hospitals NHS Foundation Trust	104,955	2,580	2,405	175	107.39	89.60	111.61
RWH	East And North Hertfordshire NHS Trust	51,115	1,810	2,010	-200	89.98	89.47	111.77
RNQ	Kettering General Hospital NHS Foundation Trust	45,330	1,540	1,370	170	112.18	89.12	112.21
RD8	Milton Keynes University Hospital NHS Foundation Trust	48,750	1,205	1,115	90	108.07	88.88	112.52
RNS	Northampton General Hospital NHS Trust	69,610	1,660	1,800	-140	92.14	89.38	111.88
RWD	United Lincolnshire Hospitals NHS Trust	71,725	3,045	2,880	165	105.77	89.71	111.47
RWE	University Hospitals Of Leicester NHS Trust	137,155	3,675	3,520	155	104.53	89.81	111.35
RWG	West Hertfordshire Teaching Hospitals NHS Trust	61,560	1,830	1,935	-105	94.53	89.44	111.80

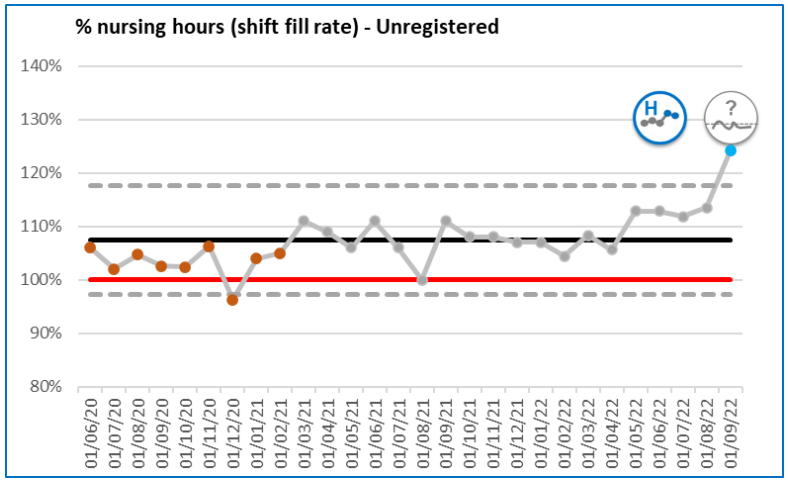
Background	What the Data tells us	Issues	Actions	Mitigations
SHMI – (Rolling 12 Months)	Exception triggered due to 7+ data points below the mean (a shift) Exception triggered due to a breach of the lower control limit	SHMI rate is within 'as expected' range according to Dr Foster. This is positive performance		

West Hertfordshire Hospitals NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Local or National Metric	Committee	Owner
Safe Care and Improving Outcomes - Safety								
% nursing hours (shift fill rate)	Sep 22	104%	95%		?	Local	Quality	CN
% nursing hours (shift fill rate) - Registered	Sep 22	91%	100%		?	Local	Quality	CN
% nursing hours (shift fill rate) - Unregistered	Sep 22	124%	100%	H	?	Local	Quality	CN
Serious incidents - number*	Sep 22	4	-			Local	Quality	CMO
Serious incidents - % that are harmful*	Sep 22	100%	0%		?	Local	Quality	CMO
% of patients safety incidents which are harmful*	Sep 22	13%	0%	H	F	Local	Quality	CMO
Never events	Sep 22	0	-			Local	Quality	CMO
Category 4 pressure ulcers - New (Hospital acquired)	Sep 22	0	-			Local	Quality	CN
Category 3 pressure ulcers - New (Hospital acquired)	Sep 22	6	-			Local	Quality	CN
Falls with Harm	Sep 22	11	-			Local	Quality	CMO
VTE risk assessment*	Sep 22	96%	95%		?	Local	Quality	CMO
Patients admitted to stroke unit within 4 hours of hospital arrival	Sep 22	67%	90%	H	F	Local	Quality	CMO
Stroke patients spending 90% of their time on stroke unit	Sep 22	97%	80%		?	Local	Quality	CMO
% Stroke Patients Thrombolysed within an hour	Sep 22	50%	50%		?	Local	Quality	CMO

West Hertfordshire Hospitals NHS Trust

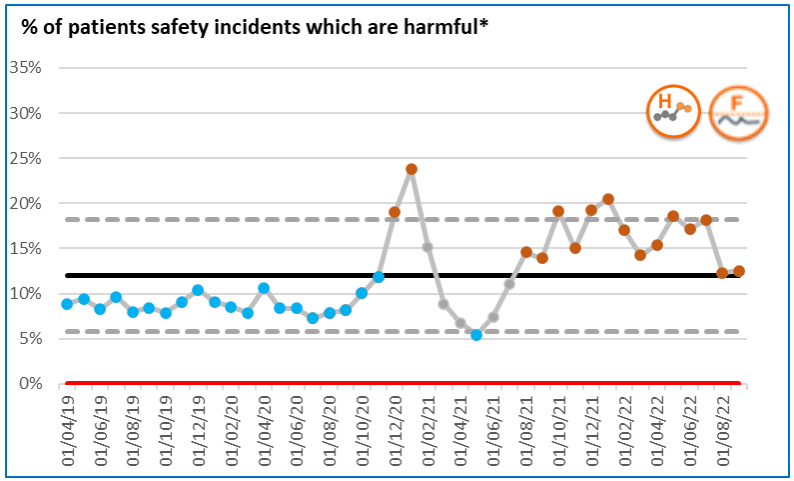
Special Cause Variation – Performance – % Nursing Hours (shift fill rate) - Unregistered



Background	What the Data tells us	Issues	Actions	Mitigations
% Nursing Hours (shift fill rate) - Unregistered	Exception triggered due to a breach of the upper control limit	Enhanced Care Worker usage was 14,938.98 hours (previous month 14,092.92 hours) Unregistered surge shifts 4,036.50 hours (previous month 3,921.5 hours)		

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance/Assurance – % of patient safety incidents which are harmful



The Trust recorded 1591 patient safety incidents in September 2022 compared with 1506 in August 2022 a 5.6% increase.

13% (199) of the incidents resulted in patient harm; this is a 7.5% increase compared to August data and is in keeping with the reporting trend in September. Of these, 181 incidents were reported as low harm, constituting a 12.4% increase compared with August's data.

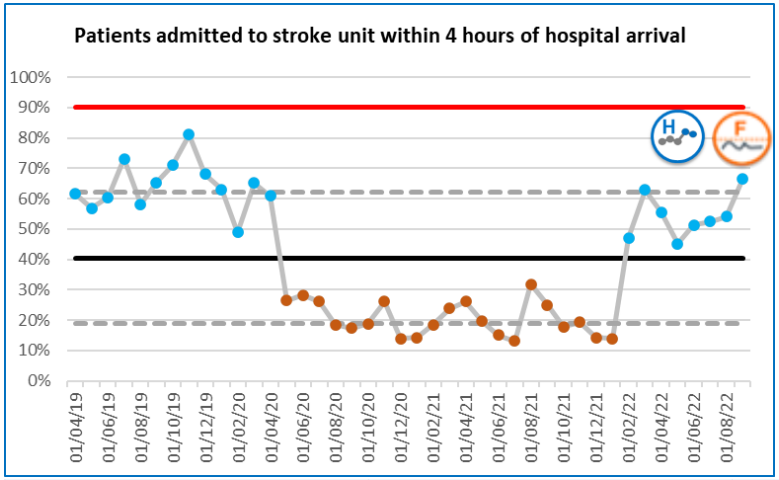
In context, there was an increase in incidents reported across every division in the organisation compared to August. 1.1% (18) of the incidents reported in September 2022 were rated as "moderate or higher" levels of harm. 2 of the incidents reported as severe; 1 was reviewed at the Serious Incident (SI) panel; the rest are under divisional investigation.

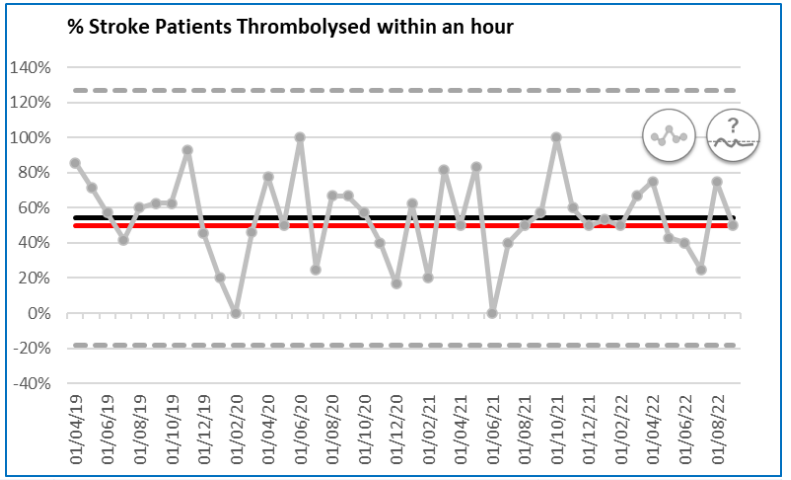
The Trust declared 4 SIs in September 2022; 2 in Women and Children Services, 1 in Surgery, Anaesthetics, and Cancer, and 1 in Emergency medicine division.

Background	What the Data tells us	Issues	Actions	Mitigations
% of patient safety incidents which are harmful	Exception triggered due to the target being below the lower control limit Exception triggered due to a run of 7+ data points above the mean (a shift)	In September 2022, 3 incident-type reporting categories contributed to the increased reporting. These are Maternity, Healthcare-associated infections (HCAI), and pressure ulcer. Maternity, Pressure Ulcer, and HCAI reported more during this period (7, 54, 30), respectively, compared to the preceding month. More incidents were reported as no harm compared to August, with no concerning themes across the highlighted categories.	Divisions review incidents promptly and aim to close them, in order to share and accelerate learnings The divisions will continue to identify the root causes, lessons, and devise action plans promptly to ensure lessons learned are embedded. Continue improvement work and organisational shared learning around identified themes and trends to minimise or prevent a recurrence.	Patient safety incident discussions continue in divisional and departmental meetings. Identified themes and trends are shared in the weekly patient safety learning and in the monthly Governance Operational Group meeting.

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Assurance – Patients admitted to stroke unit within 4 hours of hospital arrival





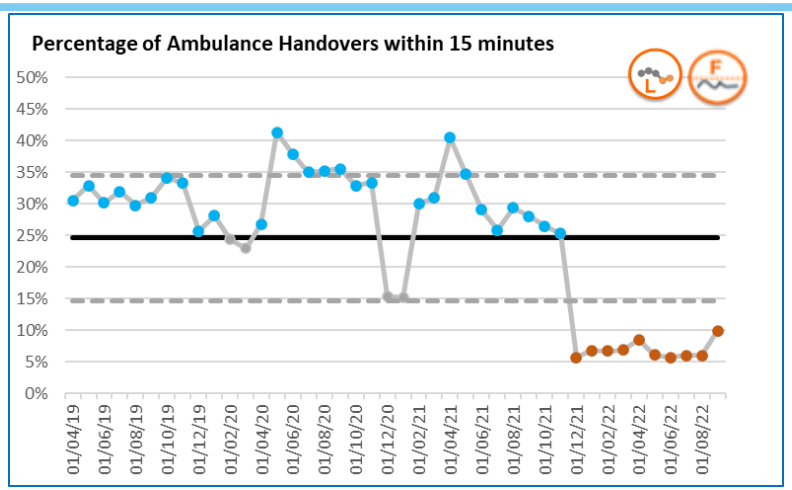
Background	What the Data tells us	Issues	Actions	Mitigations
Patients admitted to stroke unit within 4 hours of hospital arrival	Exception triggered due to target being outside the upper control limit Exception triggered due to a run of 7+ data points above the mean (a shift)	The COVID pandemic pathways for all admitted patients to the Trust required a PCR -COVID swab result prior to any planned ward transfers and therefore waited in a holding ward until the swab results are available, this invariably delayed patients accessing the stroke unit within 4 hours. The revised process is to have a LFT COVID swab result which takes less time	The change from PCR swab result to Lateral flow test on admission since February has seen an improvement from a preceding months. A review of the noncompliant patients is undertaken to understand if there are themes which need to be addressed. Maintaining ring fenced beds on the HASU and a ring-fenced side room for patients requiring thrombolysis whilst awaiting swab results. In total 8 patients were thrombolysed of which 50% were outside the 1 hour window due to clinical reasons.	Patients continue to receive Stroke Consultant input and specific recommendations for their care.

West Hertfordshire Hospitals NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Local or National Metric	Committee	Owner
Caring & Responsive Services - A&E Metrics								
Percentage of Ambulance Handovers within 15 minutes	Sep 22	9.9%	95.0%			National	F&P	COO
Ambulance Turnaround Time between 30 and 60 minutes	Sep 22	410	0			National	F&P	COO
Ambulance Turnaround Time >60 minutes	Sep 22	325	0			National	F&P	COO
Time to Initial assessment, percentage within 15 minutes	Sep 22	82.6%	95.0%			National	F&P	COO
Mean time (minutes) in department (non-admitted)	Sep 22	296.8	-			National	F&P	COO
Mean time (minutes) in department (admitted)	Sep 22	449.9	-			National	F&P	COO
A&E 12 hour waits (arrival to departure)	Sep 22	456	-			National	F&P	COO
A&E 12 hr trolley waits	Sep 22	0	0			National	F&P	COO
ED 4hr waits (Type 1, 2 and 3)	Sep 22	70.2%	95.0%			National	F&P	COO
A&E Type 1 Performance	Sep 22	42.2%	95.0%			Local	F&P	COO
% patients admitted through A&E - 0 LOS	Sep 22	23.8%	-			Local	F&P	COO
Proportion of 12 hour waits in ED	Sep 22	3%	2%			National	F&P	COO

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance/Assurance – Percentage of ambulance handovers within 15 minutes



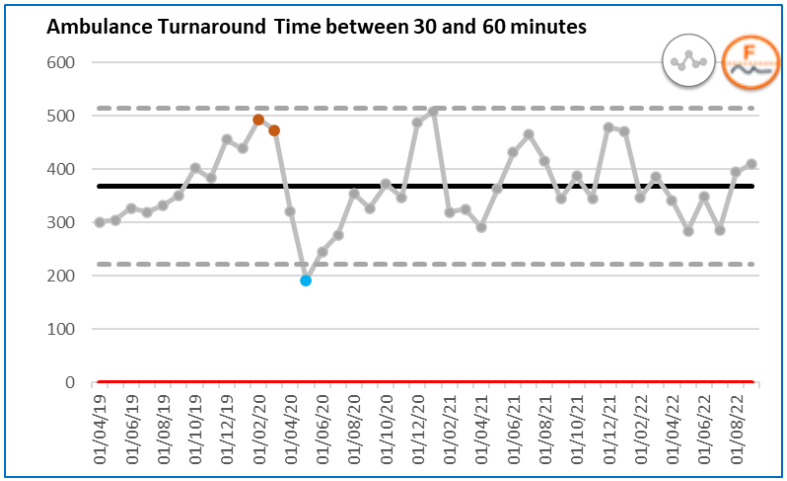
Hospital	% within 15 minutes
Bedford Hospital South Wing	48.37%
West Suffolk Hospital	37.88%
Hinchingbrooke Hospital	36.35%
Addenbrookes Hospital	35.80%
Luton & Dunstable Hospital	26.43%
Ipswich Hospital	26.01%
Broomfield Hospital	22.53%
Queen Elizabeth Hospital	18.72%
Basildon & Thurrock Hospital	17.66%
Colchester General Hospital	13.20%
Southend University Hospital	11.67%
Princess Alexandra Hospital	10.64%
Norfolk & Norwich University Hospital	9.79%
Watford General Hospital	**9.56%**
James Paget Hospital	8.53%
Peterborough City Hospital	7.66%
Lister Hospital	3.38%
Region	**20.94%**

***Latest available benchmarking data – EEAST – September 2022**

Background	What the Data tells us	Issues	Actions	Mitigations
Percentage of ambulance handovers within 15 minutes	Exception triggered due to target being outside the upper control limit Exception triggered due to 7+ data points below the mean (a shift) Exception triggered due to a breach of the lower control limit	ED demand has increased by 19% for adults and 40% for paediatrics Ambulance demand is 22% of overall ED attendances	Ambulance handover project board meetings continue with EEAST and CCG in attendance. Ambulance handover key actions agreed and submitted to support new trajectory Participate in the #handover at home care coordination programme	ED improvement plan developed as living document detailing actions for ED, this is being worked into a Trust flow plan and in partnership with the ICB Ambulance handover identified as a focus metric at CEO check-ins All patients assessed by senior decision maker on arrival and treatment commenced if handover delayed. Joint working continues with EEAST to provide off load support

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Assurance – Ambulance Turnaround Time between 30 and 60 minutes



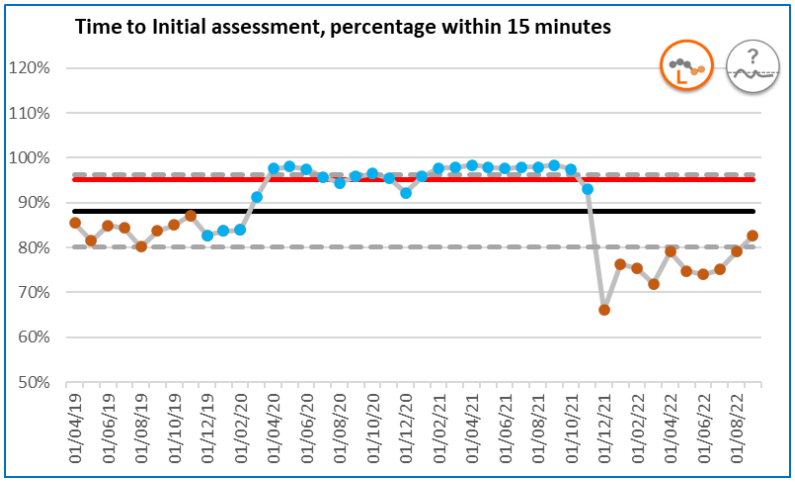
*Latest available benchmarking data – EEAST – September 2022

Hospital	Number over 30 Minutes	% over 30 minutes
West Suffolk Hospital	192	13.15%
Bedford Hospital South Wing	214	14.58%
Addenbrookes Hospital	459	20.99%
Hinchingbrooke Hospital	247	21.90%
Luton & Dunstable Hospital	504	26.69%
Ipswich Hospital	519	28.66%
Colchester General Hospital	637	31.15%
Broomfield Hospital	770	40.72%
Watford General Hospital	**710**	**51.82%**
Basildon & Thurrock Hospital	767	52.90%
Peterborough City Hospital	704	53.91%
Queen Elizabeth Hospital	748	57.85%
Southend University Hospital	732	58.51%
Princess Alexandra Hospital	709	63.42%
James Paget Hospital	880	67.02%
Norfolk & Norwich University Hospital	1,217	71.76%
Lister Hospital	993	76.38%
Region	**11,002**	**42.36%**

Background	What the Data tells us	Issues	Actions	Mitigations
Percentage of ambulance handovers over 30 mins.	Exception triggered due to target being outside the upper control limit	ED demand has increased by 19% for adults and 40% for paediatrics Ambulance demand is 22% of overall ED attendances	Ambulance handover project board meetings continue with EEAST and CCG in attendance. Ambulance handover key actions agreed and submitted to support new trajectory Participate in the #handover at home care coordination programme	ED improvement plan developed as living document detailing actions for ED Ambulance handover identified as a focus metric at CEO check-ins All patients assessed by senior decision maker on arrival and treatment commenced if handover delayed. Moved into cohort at times of peak attendances Joint working with EEAST to provide off load support continue

West Hertfordshire Hospitals NHS Trust

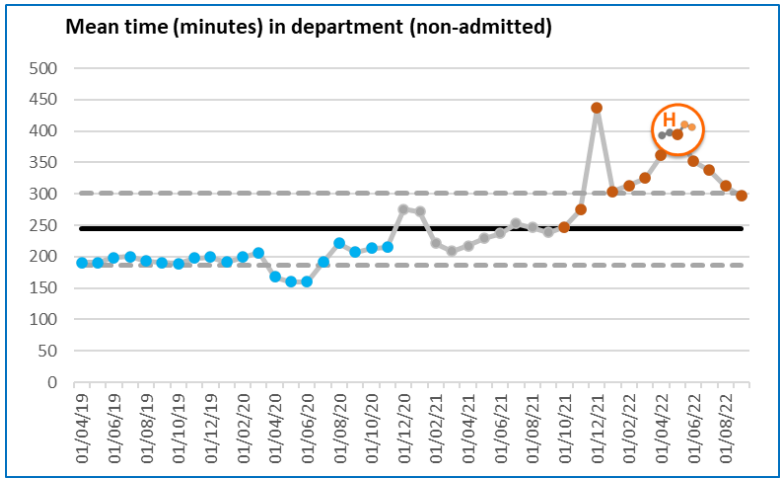
Special Cause Variation – Performance – Time to initial assessment - Percentage within 15 minutes



Background	What the Data tells us	Issues	Actions	Mitigations
Time to Initial Assessment – Percentage within 15 minutes	Exception triggered due to performance being below lower control limit Exception triggered due to 7+ data points below the mean (a shift)	Capacity pressures due to poor flow throughout ED resulted in late assessments. Nursing staffing workforce challenges with workforce at times being RAG rated RED.	Regular check-in meetings with CEO implemented. Walk-in stream separated from ambulance stream to provide clearer visibility across the department and decompress bottleneck areas Additional assessment trolleys created in majors 2. Considering higher acuity ambulatory area to support flow in October	Data shows increase of initial assessment toward 19/20 levels On-going staffing and capacity reviews during shifts and decision taken to open additional areas when safe staffing levels allow Senior decision maker in "STARR" to focus on walk in patients

West Hertfordshire Hospitals NHS Trust

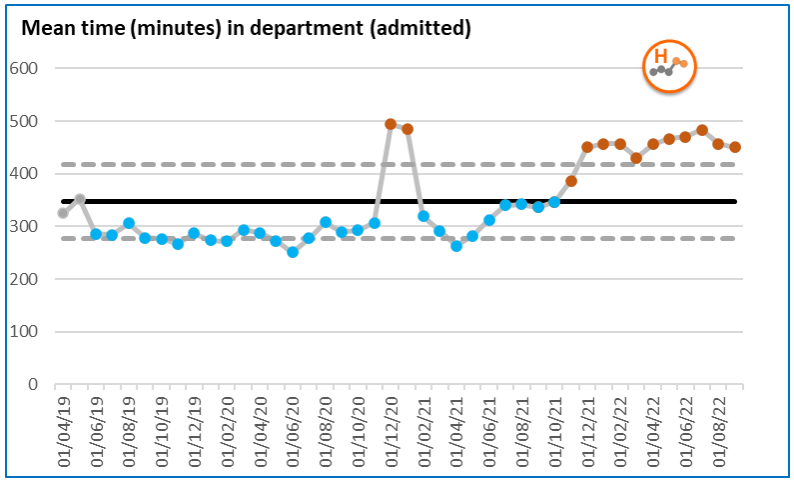
Special Cause Variation – Performance – Mean time (minutes) in department (non-admitted)



Background	What the Data tells us	Issues	Actions	Mitigations
Mean time (minutes) in department (non-admitted	Exception triggered due to 7 consecutive data points above the mean Exception triggered due to a breach of the upper control limit	Demand for UEC services remains higher than seen in previous years. Patients are treated according to clinical prioritisation although sometimes this may result in less urgent patients experiencing longer waits when the department is under pressure. Patient flow out of department to wards impacts on cubicle capacity for all ED patients	Assessment areas ensure timely assessment of patients for clinical safety Senior review/oversight of decisions to admit. Increase usage of SDEC pathways Review EAU usage and pathways in time of surge areas being required Emergency medicine performance meetings focus on improvement plan Regular check-in meetings with CEO implemented	Patients seen and treated in order of clinical priority. Prompt senior reviews/post taking. Hourly rounding being undertaken on all patients ensuring comfort If prolonged trolley wait – patients transferred to bed for comfort.

West Hertfordshire Hospitals NHS Trust

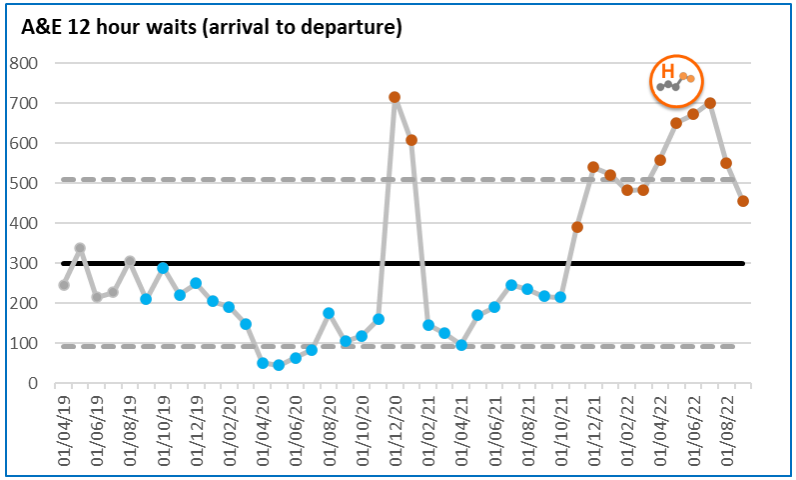
Special Cause Variation – Performance – Mean time (minutes) in department (admitted)



Background	What the Data tells us	Issues	Actions	Mitigations
Mean time (minutes) in department (admitted)	Exception triggered due to a breach of the upper control limit Exception triggered due to 7+ consecutive data points above the mean	Demand for UEC services remains higher than seen in previous years. Patients are treated according to clinical prioritisation although sometimes this may result in less urgent patients experiencing longer waits when the department is under pressure. Patient flow out of department to wards impacts on cubicle capacity for all ED patients	Assessment areas ensure timely assessment of patients for clinical safety Senior review/oversight of decisions to admit. Working with hospital efficiency group focusing on discharge time of day and usage of discharge lounge to make beds available earlier in the day Emergency medicine performance meetings focus on improvement plan Focus on keeping EAU as assessment for ED rather than using as bedded area	Patients seen and treated in order of clinical priority. Prompt senior reviews/post taking. Hourly rounding being undertaken on all patients ensuring comfort If prolonged trolley wait – patients transferred to bed for comfort.

West Hertfordshire Hospitals NHS Trust

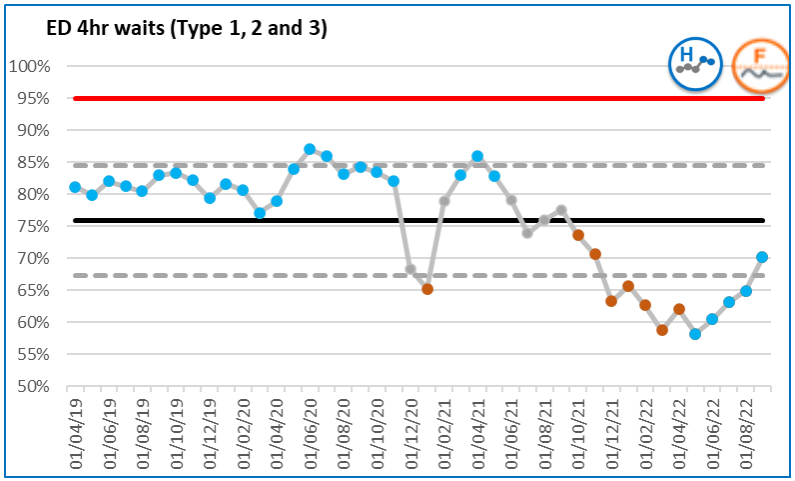
Special Cause Variation – Performance – A&E 12 hour waits (arrival to departure)



Background	What the Data tells us	Issues	Actions	Mitigations
A&E 12 hour waits (arrival to departure)	Exception triggered due to a run of data points above the mean (a shift)	Demand for UEC services remains higher than seen in previous years. Patients are treated according to clinical prioritisation although sometimes this may result in less urgent patients experiencing longer waits when the department is under pressure. Patient flow out of department to wards impacts on cubicle capacity for all ED patients	Maintenance of assessment space to support flow Senior review/oversight of decisions to admit. Increase use of SDEC and SMART services Harm reviews carried out on patients who have waited 12hrs Audit of reasons patients stay in dept, for admitted and non-admitted	Patient safety ensured by ED team with patients seen and treated in timely manner. Increase of patients initially seen within 15mins provides assurance of department safety Standards for speciality reviews in process of being agreed across all specialities Hourly rounding being undertaken on all patients If patient are in cohort assessment undertaken and treatment continues

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance/Assurance – ED 4 hour waits – Type 1,2 and 3



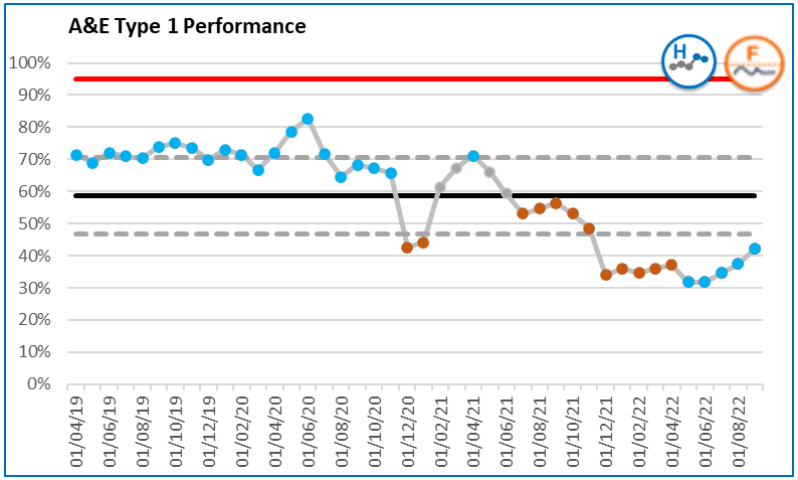
September 2022 - East of England A&E 4hr Wait Performance (Latest Published Data)

Trust	Attendances	Within 4 hours	Performance	Region Rank
Milton Keynes University Hospital NHS Foundation Trust	12,957	10,403	80%	1
East Suffolk And North Essex NHS Foundation Trust	24,521	18,396	75%	2
West Hertfordshire Teaching Hospitals NHS Trust	**14,136**	**9,925**	**70%**	**3**
James Paget University Hospitals NHS Foundation Trust	7,344	5,124	70%	4
Norfolk And Norwich University Hospitals NHS Foundation Trust	18,670	12,703	68%	5
East And North Hertfordshire NHS Trust	14,412	9,572	66%	6
Mid And South Essex NHS Foundation Trust	30,810	19,819	64%	7
North West Anglia NHS Foundation Trust	16,747	10,458	62%	8
The Princess Alexandra Hospital NHS Trust	10,317	6,100	59%	9
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	6,773	3,952	58%	10
Bedfordshire Hospitals NHS Foundation Trust	20,553	-	-	-
Cambridge University Hospitals NHS Foundation Trust	15,407	-	-	-
West Suffolk NHS Foundation Trust	7,159	-	-	-

Background	What the Data tells us	Issues	Actions	Mitigations
ED 4 hour waits for Type 1,2 and 3	Exception triggered due to target being outside the upper control limit Exception due to 7 or more data points below the mean (a shift) Exception triggered due to 2 of 3 data points being around the lower control limit	Poor patient flow – primarily late discharges is still a theme Assessment areas being used for exceptional surge compromising flow from ED and impacting negatively on performance Increased number of Mental Health attendances, resulting in long stays in ED impacting on available assessment space. Adastra national outage impacting HH and WGH UTC Doctor and nurse recruitment to provide sustainable level of cover at Watford UTC .	35 nurses recruited across EM 2 additional consultant posts approved – interviews Nov 22 2 additional MG posts approved CQRM with Greenbrook to review KPIs. Performance monitored through daily reports Workforce model review of UTC Availability of EAU as assessment to divert all GP referrals to EAU Auditing if pts have attempted to access any service before presenting	Regular Exec to Exec meetings set up with Greenbrook to discuss performance and contractual obligations Fracture clinic opened as additional triage to separate walk-ins and ambulance arrivals Continue to roster additional medical staff rostered to cover times when increased attendance via UTC is anticipated Returner slots at HH reviewed to avoid peak attendance at opening hours

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance/Assurance – A&E Type 1 Performance



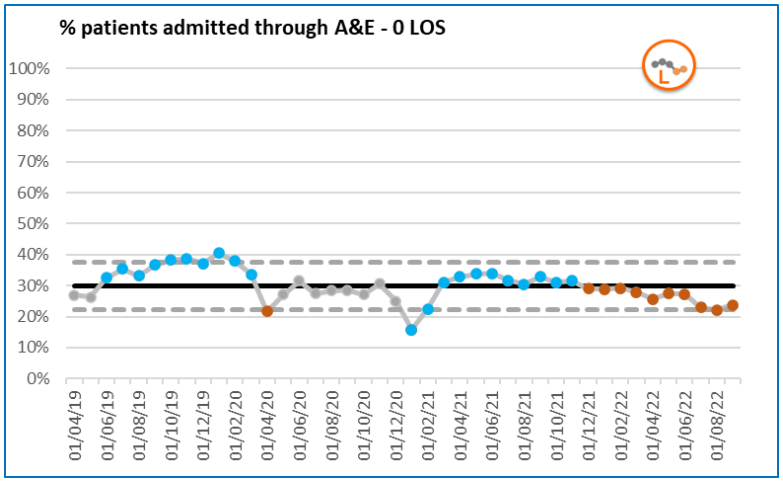
September 2022 - East of England A&E Type 1 4hr Wait Performance (Latest Published Data)

Trust	Attendances	Within 4 hours	Performance	Region Rank
Milton Keynes University Hospital NHS Foundation Trust	8,159	5,663	69%	1
James Paget University Hospitals NHS Foundation Trust	6,032	3,812	63%	2
Mid And South Essex NHS Foundation Trust	28,496	17,745	62%	3
The Princess Alexandra Hospital NHS Trust	10,317	6,100	59%	4
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	6,773	3,952	58%	5
East Suffolk And North Essex NHS Foundation Trust	14,208	8,183	58%	6
North West Anglia NHS Foundation Trust	11,958	6,404	54%	7
East And North Hertfordshire NHS Trust	9,076	4,240	47%	8
West Hertfordshire Teaching Hospitals NHS Trust	**6,972**	**2,932**	**42%**	**9**
Norfolk And Norwich University Hospitals NHS Foundation Trust	10,129	4,163	41%	10
Bedfordshire Hospitals NHS Foundation Trust	14,994	-	-	-
Cambridge University Hospitals NHS Foundation Trust	9,499	-	-	-
West Suffolk NHS Foundation Trust	6,702	-	-	-

Background	What the Data tells us	Issues	Actions	Mitigations
A&E Type 1 Performance	Exception triggered due to target being outside the upper control limit Exception triggered due to a breach of the lower control limit Exception triggered due to 7+ consecutive data points below the mean (a shift)	Poor patient flow – primarily late discharges is still a theme Assessment areas being used for exceptional surge compromising flow from ED and impacting negatively on performance Increased number of Mental Health attendances, resulting in long stays in ED impacting on available assessment space. Doctor and nurse recruitment to provide sustainable level of cover at Watford UTC	Regular ED Access & Performance meetings and HEG meetings Optimising patient flow Regular check in meetings with CEO put in place Validation of “left department time” for each patient Review of performance following high discharge days shows performance does increase slightly when high discharge numbers are achieved	Patient safety ensured by ED team with patients seen and treated in order of clinical priority Prompt senior reviews/post taking in STARR. Hourly rounding being undertaken on all patients ensuring comfort. If prolonged trolley wait – patients transferred to bed for comfort. Joint work with frailty for direct ambulance conveyancing to frailty unit Attendance at ICS level meetings, joint working/learning events.

West Hertfordshire Hospitals NHS Trust

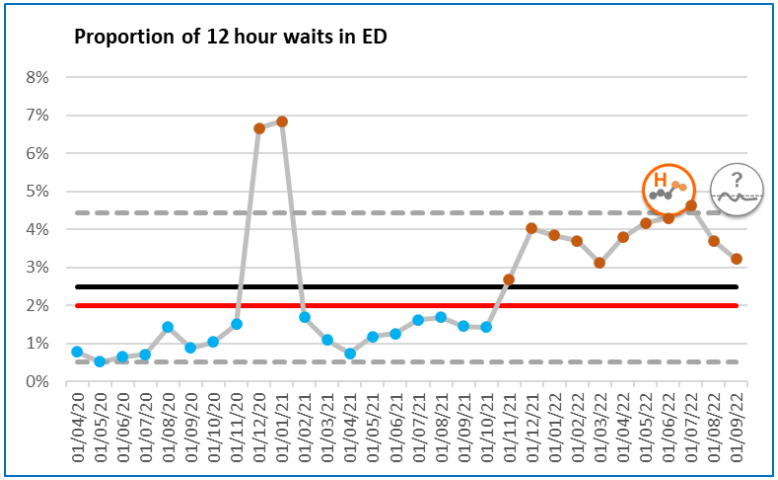
Special Cause Variation – Performance – % patients admitted through A&E – 0 LOS



Background	What the Data tells us	Issues	Actions	Mitigations
% patients admitted through A&E – 0 LOS	Exception triggered due to 7+ data points below the mean (a shift)	Poor patient flow – primarily late discharges is still a theme Assessment areas being used for exceptional surge compromising flow from ED and impacting negatively on performance Increased number of Mental Health attendances, resulting in long stays in ED impacting on available assessment space. Increased attendances of type 3	Emergency medicine/medicine summit Chaired by CEO to identify improvements pathway collaboration Continuous 12 hour end to end audit to identify bottleneck themes Additional staff rostered to cover corridor care at times of high attendance and high DTAs Maximising use of SDEC including ACU	Harm reviews carried out for patients who wait for 12 hrs, so far this has shown no harm caused Patients continue to receive appropriate assessment and treatment whilst incurring the ED department wait

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – Proportion of 12 hour waits in ED



Background	What the Data tells us	Issues	Actions	Mitigations
Proportion of 12 hour waits in ED	Exception triggered due to 7+ data points above the mean (a shift)	Poor patient flow – primarily late discharges is still a theme Assessment areas being used for exceptional surge compromising flow from ED and impacting negatively on performance Increased number of Mental Health attendances, resulting in long stays in ED impacting on available assessment space. Increased attendances of type 3	Emergency medicine/medicine summit Chaired by CEO to identify improvements pathway collaboration Continuous 12 hour end to end audit to identify bottleneck themes Additional staff rostered to cover corridor care at times of high attendance and high DTAs Additional Trust actions following escalation procedure enacted at times of extreme capacity pressures	Harm reviews carried out for patients who wait for 12 hrs, so far this has shown no harm caused Patients continue to receive appropriate assessment and treatment whilst incurring the ED department wait

NHS
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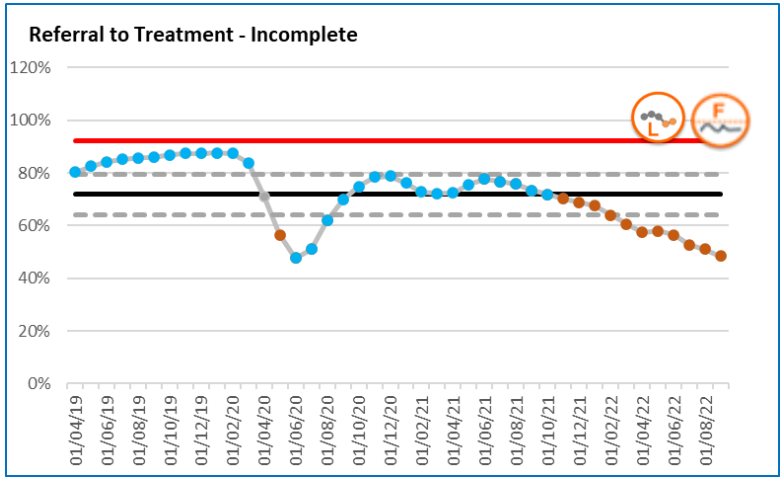
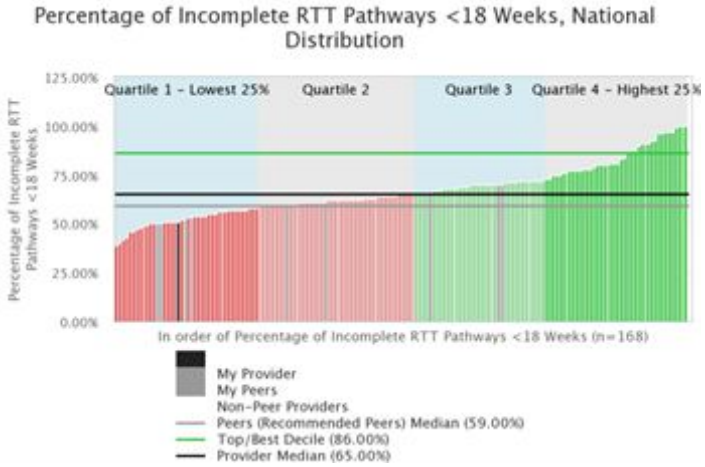
NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Local or National Metric	Committee	Owner
Caring & Responsive Services - RTT, Cancer, Outpatients								
Referral to Treatment - Incomplete	Sep 22	48%	92%	L	F	National	F&P	COO
Referral to Treatment - 52 week waits - Incomplete	Sep 22	2587	-	H		Local	F&P	COO
Referral to Treatment - 78 week waits - Incomplete	Sep 22	116	-			Local	F&P	COO
Referral to Treatment - 104 week waits - Incomplete	Sep 22	3	0	L	F	National	F&P	COO
Diagnostic (DM01) <6 weeks	Sep 22	71%	99%	L	F	National	F&P	COO
Cancer - Two week wait	Sep 22	60%	93%	L	?	National	F&P	COO
Cancer - Breast Symptomatic two week wait	Sep 22	24%	93%	H	?	National	F&P	COO
Cancer - 28 day waits (faster diagnosis standard)	Sep 22	57%	75%	L	?	National	F&P	COO
Cancer - 31 Day First	Sep 22	92%	96%		?	National	F&P	COO
Cancer - 31 day subsequent drug	Sep 22	100%	98%		P	National	F&P	COO
Cancer - 31 day subsequent surgery	Sep 22	83%	94%		?	National	F&P	COO
Cancer - 62 day	Sep 22	58%	85%	L	?	National	F&P	COO
Cancer - 62 day screening	Sep 22	52%	90%		?	Local	F&P	COO
Cancer 104+ day waits	Sep 22	76	-	H		Local	F&P	COO
Cancer 62+ Day Waits	Sep 22	297	-	H		Local	F&P	COO
Outpatient cancellation rate within 6 weeks	Sep 22	5%	5%	H	?	Local	F&P	CIO
Outpatient DNA rate	Sep 22	10%	8%	H	?	Local	F&P	CIO

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Assurance – Referral to Treatment - Incomplete



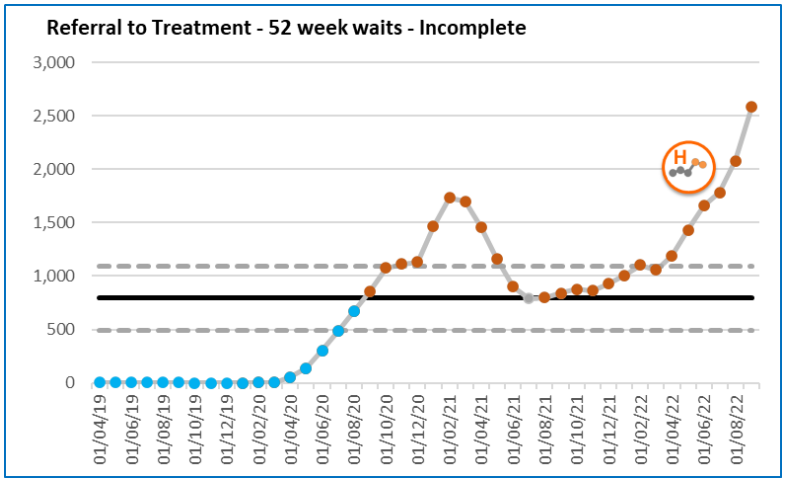


***Latest available benchmarking data – Model Health System – August 2022**

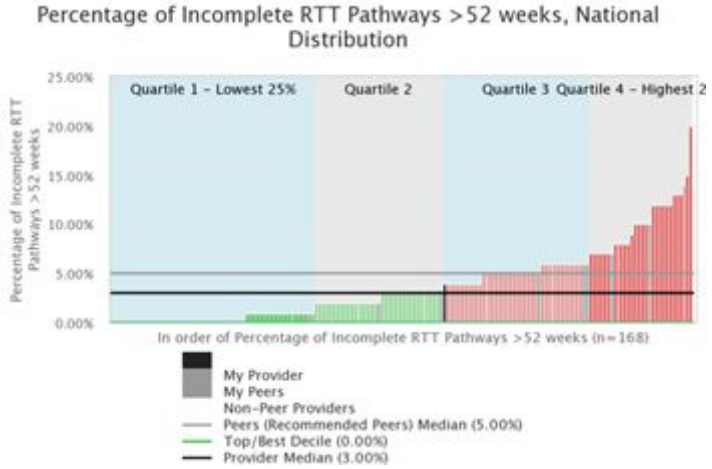
Background	What the Data tells us	Issues	Actions	Mitigations
Referral to Treatment - Incomplete	Exception triggered due to target being outside the upper control limit Exception triggered due to 7+ consecutive data points in one direction (a trend) Exception triggered due to a breach of the lower control limit	A number of factors are influencing open pathway performance, many associated with the quality of pathway data following implementation of the EPR. While staff continue to adjust to new ways of working, errors have increased significantly despite ongoing support and advice, particularly in capturing the correct outcomes following OP attendance, resulting in fewer clock stops and thereby inflating the number of open pathways on the PTL.	Outsourcing programme remains active at a reasonable rate. Additional sessions are being undertaken but there is less uptake than pre COVID. Operational recovery group oversight of activity delivery BI team working with EPR project leads to address issues. External resource to support in house validation of the PTL will start in mid September. A further case is to be presented to supplement this further and to include a "diagnostic review" to support targeted work, with a view to completion by the end of December	Continuous horizon scanning for additional outsourcing opportunities, with specialty level engagement to ensure quality and safety as well as timely pathways Weekly long wait review meeting in place to drive progress and delivery of improvement plan. Service level tracking with forward look to target deadlines to ensure adequate operational oversight of patient cohorts. Expansion of the Trust's validation team following business case approval, with recruitment underway.

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – Referral to Treatment – 52 weeks - Incomplete



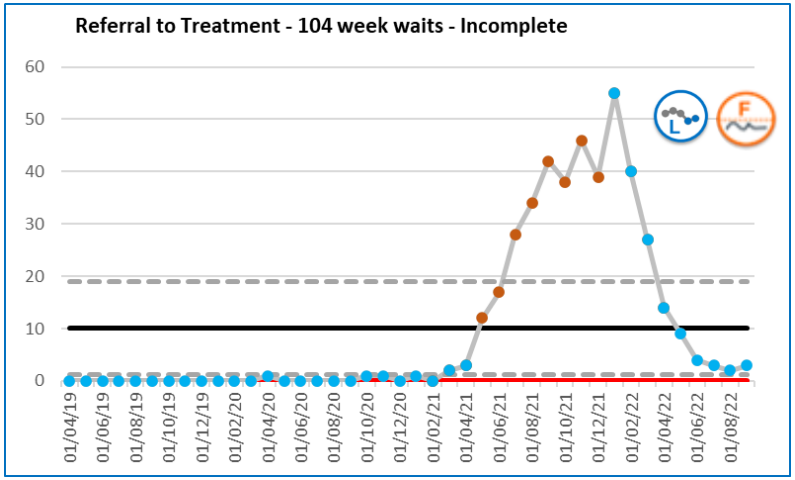
***Latest available benchmarking data – Model Health System – August 2022**



Background	What the Data tells us	Issues	Actions	Mitigations
Referral to Treatment – 52 weeks incomplete	Exception triggered due to a run of 7+ data points above the mean (a shift) Exception triggered due to breach of upper control limit	Fewer ad hoc sessions are being undertaken than prior to COVID, reducing the additional capacity that was utilised previously to support improvement. While staff continue to adjust to new ways of working, errors have increased significantly despite ongoing support and advice, particularly in capturing the correct outcomes resulting in fewer clock stops and thereby inflating the number of open pathways on the PTL.	Outsourcing programme remains active at a reasonable rate. Additional sessions are being undertaken but there is less uptake than pre COVID. Operational recovery group oversight of activity delivery BI team working with EPR project leads to address issues. External validation resource will be in place to support in house team with focused work on several cohorts within the PTL in mid September.	Continuous horizon scanning for additional outsourcing opportunities, with specialty level engagement to ensure quality and safety as well as timely pathways Weekly long wait review meeting in place to drive progress and delivery of improvement plan. Service level tracking with forward look to target deadlines to ensure adequate operational oversight of patient cohorts. Expansion of the Trust's validation team following business case approval, with recruitment underway.

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance/Assurance – Referral to Treatment – 104 weeks - Incomplete

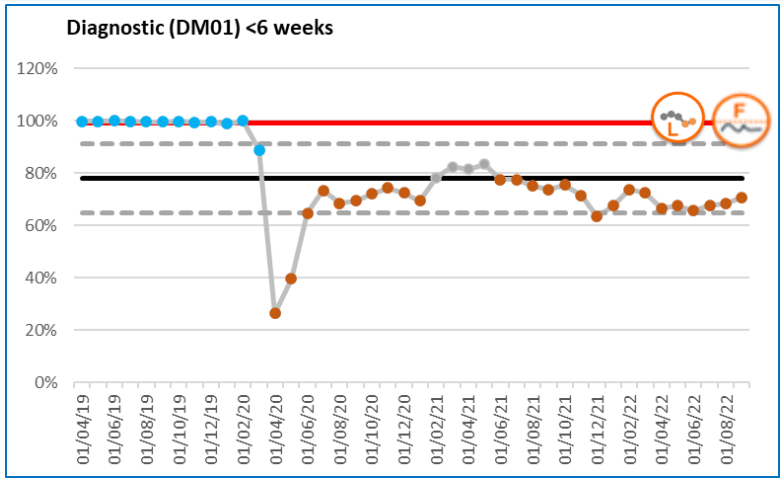


***Latest available benchmarking data – Model Health System – August 2022**

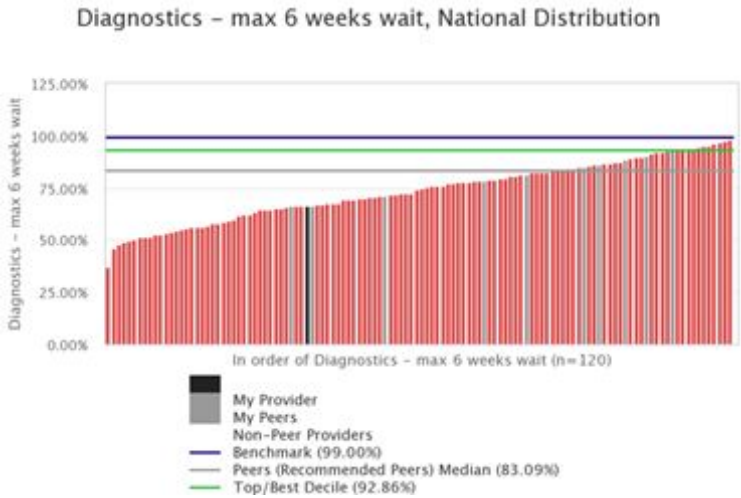
Background	What the Data tells us	Issues	Actions	Mitigations
Referral to Treatment – 104 weeks incomplete	Exception triggered due to 2 of 3 data points being close to the lower control limit Exception triggered due to target being below the lower control limit	Some patients choose to defer treatment to a more suitable time, and providing there is no clinical risk associated with the delay, national rules dictate that patients can continue to wait on an active waiting list, irrespective of the number of weeks waited. Patients are not always fit for their planned treatment, with issues often discovered at the pre-operative assessment phase. Optimising patients prior to admission can add delays and result in longer waits to treatment. If a patient tests positive for COVID-19 prior to/on admission, a delay of 7 weeks is required before they can be re-admitted, in line with national guidance, further adding to delays.	We continue to offer outsourcing to our longest waiting patients as an alterative to waiting for treatment at the Trust. This is in place for a range of Surgical and Medical specialties. Work to improve the pre-operative assessment pathway is included in divisional plans as part of the improving theatre efficiency programme. Waiting list initiatives, including weekend working are available for any specialty on a voluntary basis, provided support services including workforce can be identified. There has been lower uptake for these ad hoc sessions that seen pre-pandemic.	Continuous horizon scanning for additional outsourcing opportunities, with specialty level engagement to ensure quality and safety as well as timely pathways Weekly long wait review meeting in place to drive progress and delivery of improvement plan. Service level tracking with forward look to target deadlines to ensure adequate operational oversight of patient cohorts.

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – PerformanceAssurance – Diagnostic (DM01) < 6 weeks



*Latest available benchmarking data – Model Health System – April 2022



Background	What the Data tells us	Issues	Actions	Mitigations
Diagnostic (DM01) < 6 weeks	Exception triggered due to 7 or more data points below the mean (a shift) Exception triggered due to target being outside the upper control limit	Prioritising the most clinically urgent patients results in longer waits for more routine patients. Many requests are for more complex diagnostics which increases demands on capacity. Increased demand (referrals and diagnostic requests). Lower uptake (than pre COVID) of additional sessions to support demand Data quality associated with cutover to Cerner resulting in multiple pathway issues resulting in recording and reporting difficulties	Long waits improvement plan includes: • Outsourcing & insourcing • Additional sessions in place • Operational recovery group oversight of activity delivery BI team working with EPR project leads to address issues with diagnostic pathways	Outsourcing (MRI, DEXA, Cystoscopy, Gastroenterology, NOUS) Additional in house sessions (Audiology, MRI, CT, NOUS, Echo) Mobile, staffed MRI scanner contract extended to end of year.

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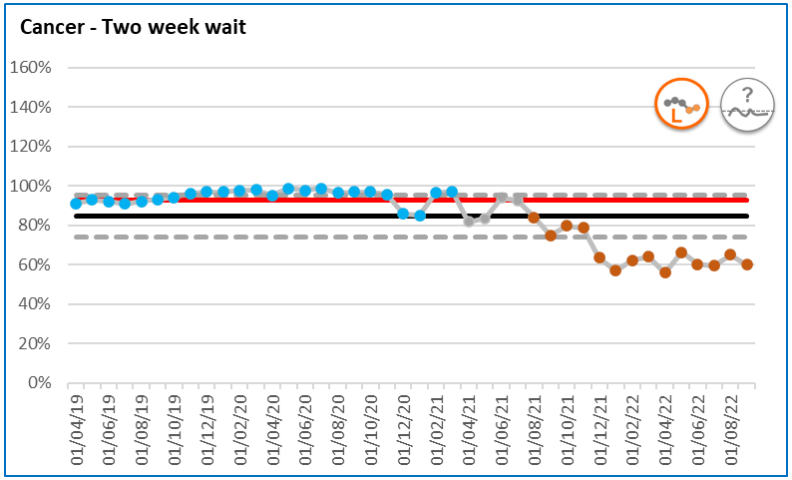
Special Cause Variation – Performance – Cancer – Two Week Wait



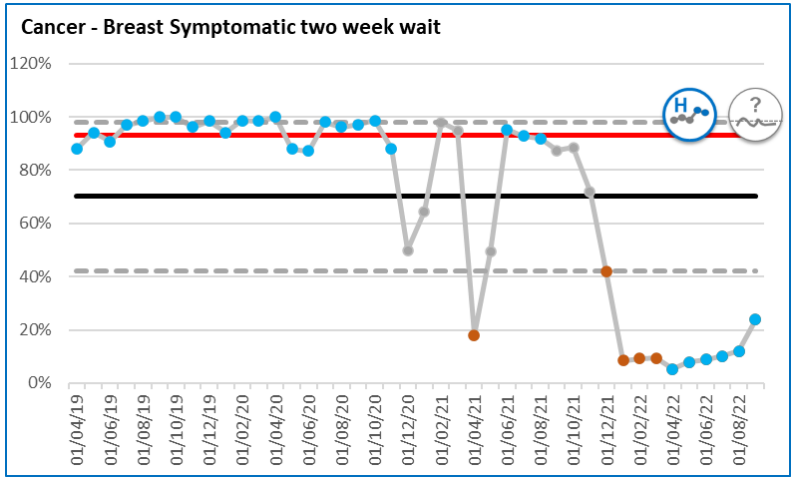
Provider name	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	96.4%	97.0%	90.9%	95.8%	93.5%	93.0%	90.6%
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	89.0%	94.3%	91.6%	95.1%	94.9%	91.2%	88.2%
BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	72.1%	72.7%	71.0%	75.2%	73.8%	81.8%	85.2%
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.2%	95.5%	93.9%	93.3%	88.7%	88.0%	80.3%
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79.3%	76.8%	74.8%	88.1%	86.1%	75.3%	78.8%
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	91.3%	92.1%	91.2%	95.0%	91.6%	88.7%	78.4%
MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	89.2%	88.0%	79.9%	84.3%	77.4%	73.3%	76.4%
WEST SUFFOLK NHS FOUNDATION TRUST	76.2%	67.7%	76.8%	78.8%	61.6%	80.0%	75.0%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	61.1%	77.3%	85.0%	88.1%	73.4%	77.4%	68.0%
EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST	79.2%	74.7%	75.2%	75.7%	58.6%	61.6%	67.4%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	**62.2%**	**63.5%**	**55.4%**	**67.0%**	**60.0%**	**57.8%**	**65.0%**
MID AND SOUTH ESSEX NHS FOUNDATION TRUST	61.6%	52.8%	46.6%	59.6%	51.6%	52.4%	55.4%
NORTH WEST ANGLIA NHS FOUNDATION TRUST	53.8%	60.9%	61.2%	64.5%	57.3%	60.8%	49.1%
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	73.0%	60.7%	83.6%	68.3%	57.2%	44.8%	33.6%

*Latest available benchmarking data – Cancer Waiting Times – August 2022

Background	What the Data tells us	Issues	Actions	Mitigations
Cancer – Two Week Wait	Exception triggered due to this month's performance being below the lower control limit Exception triggered due to a run of 7+ data points below the mean (a shift)	Demand continues to outstrip capacity and it remains a challenge to manage the new demand and backlogs particularly in breast and skin.	All services are actively seeking ways to increase capacity - provision of adhoc clinics, switching routine OPA slots to 2ww slots, outsourcing where possible.	All patients remain on eRS until booked when they are entered onto the Cancer PTL where they are tracked. The Trust has implemented clinical harm reviews for those who had a wait of >28 days who have a cancer diagnosis.

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – Cancer – Breast Symptomatic Two Week Wait



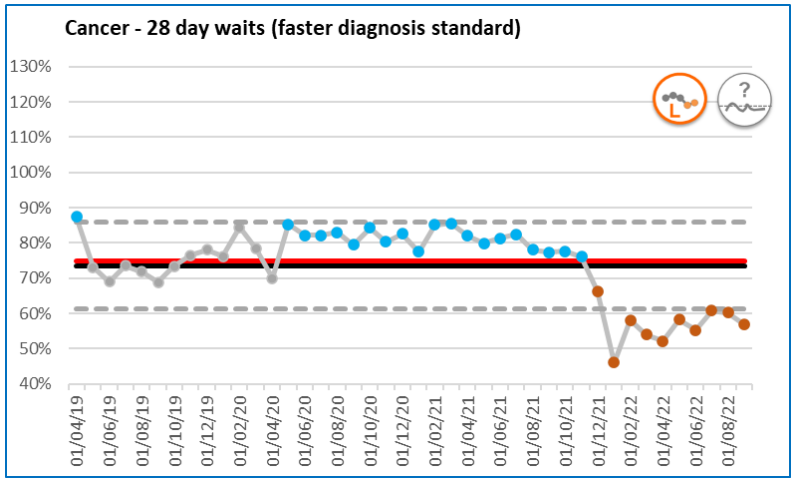
Provider name	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	100.0%	100.0%	98.1%	100.0%	97.7%	97.9%	98.4%
MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	99.2%	93.6%	97.0%	98.9%	98.9%	100.0%	98.2%
EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST	50.0%	49.1%	68.9%	62.5%	85.1%	100.0%	95.0%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	51.1%	69.3%	89.2%	95.6%	66.9%	82.8%	95.0%
NORTH WEST ANGLIA NHS FOUNDATION TRUST	65.1%	82.3%	97.4%	96.8%	87.7%	96.7%	92.3%
EAST AND NORTH HERTFORDSHIRE NHS TRUST	97.6%	92.7%	81.8%	92.0%	97.0%	90.5%	87.1%
WEST SUFFOLK NHS FOUNDATION TRUST	18.4%	21.5%	50.0%	75.0%	62.9%	93.4%	79.6%
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	73.6%	96.6%	94.3%	100.0%	100.0%	86.7%	76.9%
BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	25.0%	25.0%	22.9%	30.2%	22.1%	44.7%	67.5%
MID AND SOUTH ESSEX NHS FOUNDATION TRUST	8.0%	13.0%	3.5%	2.2%	16.9%	19.5%	59.5%
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	29.8%	19.7%	21.7%	73.3%	69.6%	66.7%	31.0%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	**10.0%**	**9.3%**	**5.8%**	**6.5%**	**6.7%**	**13.2%**	**12.4%**
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	96.0%	100.0%	75.0%	100.0%	95.4%	43.4%	0.0%
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST							

***Latest available benchmarking data – Cancer Waiting Times – August 2022**

Background	What the Data tells us	Issues	Actions	Mitigations
Cancer – Breast Symptomatic Two Week Wait	Exception triggered due to this month's performance being below the lower control limit Exception triggered due to a run of data points below the mean (a shift) Exception triggered due to a run of increasing data points (a trend)	The breast team are facing significant problems on account of the backlog and continued increase in demand. The booking team's staff shortages continued into August which resulted in a challenge to ensure all the capacity is booked into.	The breast service is actively seeking ways to increase capacity - provision of ad hoc clinics, recruitment of locum breast and radiology consultants, Use of outsourcing at OSD, switching routine OPA slots to 2ww slots. Work continues to develop a Breast Pain Only clinic	All patients remain on eRS until booked when they are entered onto the Cancer PTL where they are tracked. The Trust has implemented clinical harm reviews for those who had a wait of >28 days who have a cancer diagnosis

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – Cancer – 28 Day Wait (Faster Diagnosis Standard)



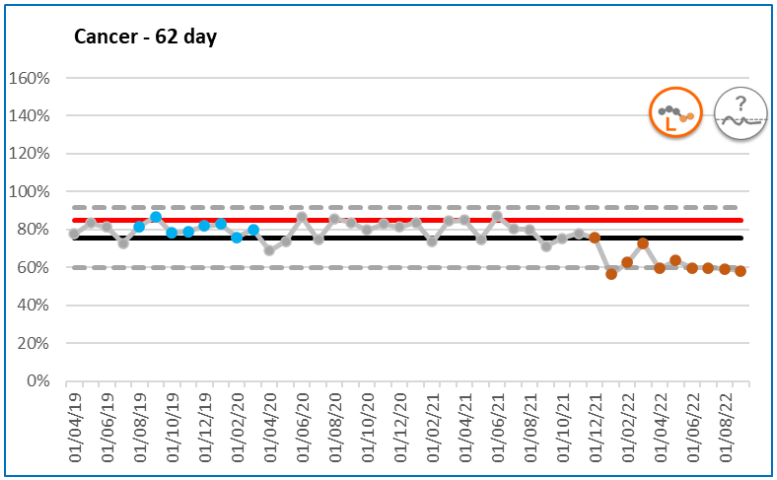
Provider name	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	83.2%	83.5%	80.6%	77.4%	75.4%	75.9%	79.3%
MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	72.3%	75.2%	73.1%	74.9%	77.6%	79.1%	73.4%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	69.4%	69.3%	64.1%	65.9%	74.3%	72.3%	72.8%
EAST AND NORTH HERTFORDSHIRE NHS TRUST	72.9%	74.6%	68.0%	64.2%	70.6%	71.7%	72.6%
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	70.6%	71.8%	69.0%	69.2%	73.1%	76.9%	71.1%
BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	70.9%	68.9%	67.9%	62.7%	66.8%	66.8%	70.4%
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	69.7%	73.2%	67.3%	72.4%	69.6%	68.7%	67.4%
WEST SUFFOLK NHS FOUNDATION TRUST	71.8%	71.5%	70.9%	72.5%	68.3%	69.5%	67.0%
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	70.8%	69.6%	66.5%	68.5%	73.1%	70.5%	63.0%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	**59.2%**	**54.6%**	**51.3%**	**57.7%**	**55.6%**	**60.3%**	**60.2%**
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	65.6%	60.2%	59.0%	62.1%	58.4%	59.2%	60.1%
MID AND SOUTH ESSEX NHS FOUNDATION TRUST	58.9%	55.5%	49.6%	53.7%	58.0%	61.8%	58.8%
NORTH WEST ANGLIA NHS FOUNDATION TRUST	67.4%	66.3%	66.3%	66.5%	65.7%	65.5%	57.0%
EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST	64.9%	65.4%	65.3%	61.2%	62.6%	61.9%	53.9%

***Latest available benchmarking data – Cancer Waiting Times – August 2022**

Background	What the Data tells us	Issues	Actions	Mitigations
Cancer – 28 Day Wait (faster diagnosis standard)	Exception triggered due to this month's performance being below the lower control limit Exception triggered due to a run of 7+ data points below the mean (a shift)	The slow start to the pathway with patients breaching the 2ww standard, leads to frequently missing the 28 day standard	All efforts to regain the 2ww position will contribute to improving the FDS position All services have actions to improve the management of their pathways as part of the Trust's improvement plan	All patients are on the Cancer PTL and being tracked

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – Cancer 62 Day



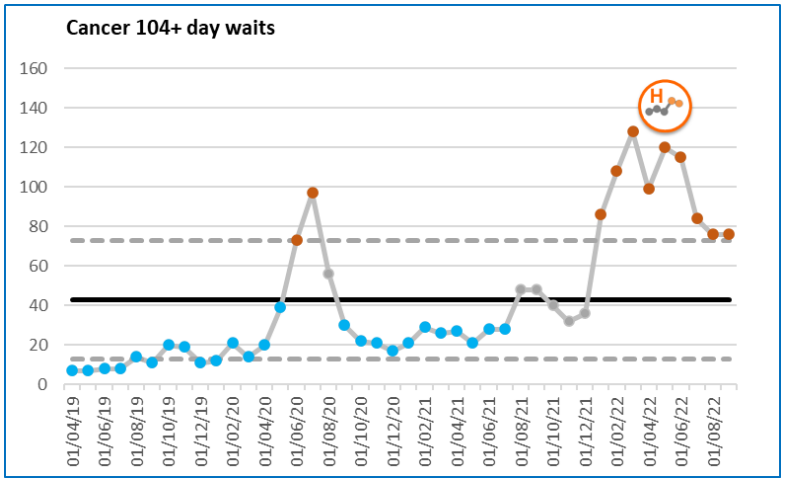
Provider name	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	87.6%	84.1%	86.0%	81.1%	82.4%	86.0%	82.6%
EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST	72.8%	77.5%	76.4%	73.0%	75.4%	70.7%	74.2%
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79.6%	65.5%	79.2%	63.6%	70.3%	75.0%	72.0%
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	70.8%	70.2%	77.3%	74.4%	67.4%	71.7%	71.8%
MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	65.4%	64.7%	60.2%	70.2%	57.1%	65.0%	70.4%
BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	59.4%	71.8%	63.1%	60.7%	51.8%	54.8%	67.4%
WEST SUFFOLK NHS FOUNDATION TRUST	60.4%	66.7%	79.6%	70.8%	65.8%	66.9%	64.3%
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	47.0%	70.1%	69.8%	53.6%	48.8%	60.2%	64.1%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	41.4%	58.1%	61.7%	49.2%	45.0%	46.8%	61.2%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	**62.5%**	**72.6%**	**60.2%**	**61.4%**	**56.1%**	**58.8%**	**59.6%**
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	58.0%	77.0%	65.3%	72.1%	57.8%	66.7%	56.6%
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	56.6%	55.5%	55.7%	42.0%	46.9%	47.6%	48.1%
NORTH WEST ANGLIA NHS FOUNDATION TRUST	48.6%	53.4%	57.7%	50.3%	45.7%	46.5%	45.1%
MID AND SOUTH ESSEX NHS FOUNDATION TRUST	45.5%	47.2%	48.3%	40.2%	41.0%	43.8%	40.3%

***Latest available benchmarking data – Cancer Waiting Times – August 2022**

Background	What the Data tells us	Issues	Actions	Mitigations
Cancer – 62 Day Waits – Referral to 1st Treatment	Exception triggered due to this month's performance being below the lower control limit Exception triggered due to 7+ data points below the mean (a shift)	August's performance continues to be non-compliant. A number of factors contribute to non-compliant 62 day performance: increase in demand, slow diagnostic pathways, delays for some OPA appointments, delays in partner providers, delay in availability of letters.	Patients are tracked bi weekly and escalations sent to services twice/ week. Performance reviewed in Access weekly meetings. All services are working on improvements with timescales with the support of Cancer Services, who are also supporting services with a Capacity & Demand review.	All patients who are treated after Day 62 will be subject to a Clinical Harm Review

West Hertfordshire Hospitals NHS Trust

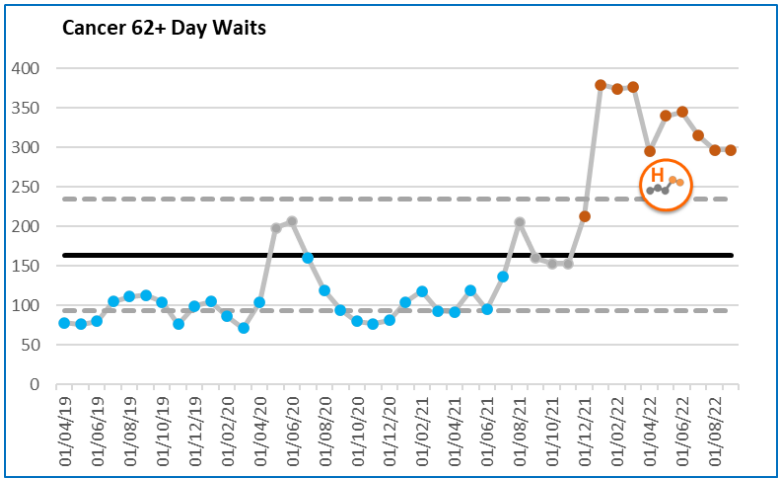
Special Cause Variation – Performance – Cancer 104+ Waits



Background	What the Data tells us	Issues	Actions	Mitigations
Cancer – 104 day waits	Exception triggered due to this month's performance being above the upper control limit Exception triggered due to 7+ data points above the mean (a shift)	The number of patients over 104 days on the cancer PTL continues to decrease. Slow diagnostics and some difficulty with patient engagement (making contact and holiday season) are slowing the whole pathway including those waiting over 104 days.	Patient-level scrutiny for all long waiters during the weekly Cancer Long Waiters' meeting has resulted in a reduction of the long waiters. The principles of the "spotlight on cancer" weeks continue in many services. Work is starting to enable services to have a validated PTL to prevent the tip-ins (days 49 to 62)	Clinical review is requested by MDT trackers as they track patients and escalated as necessary Any patient found to have cancer will be subject to a clinical harm review after treatment.

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – Cancer 62+ Waits



Background	What the Data tells us	Issues	Actions	Mitigations
Cancer – 62+ day waits	Exception triggered due to this month's performance being above the upper control limit Exception triggered due to 7+ data points above the mean (a shift)	The number of patients over 62 days on the cancer PTL is decreasing but at a slower rate than those over 104 days. Slow diagnostics and some difficulty with patient engagement (making contact and holiday season) are slowing the whole pathway	Patient-level scrutiny for all long waiters during the weekly Cancer Long Waiters' meeting has resulted in a reduction of the long waiters. The principles of the "spotlight on cancer" weeks continue in many services. Work is starting to enable services to have a validated PTL to prevent the tip-ins (days 49 to 62)	Clinical review is requested by MDT trackers as they track patients and escalated as necessary Any patient found to have cancer will be subject to a clinical harm review after treatment.

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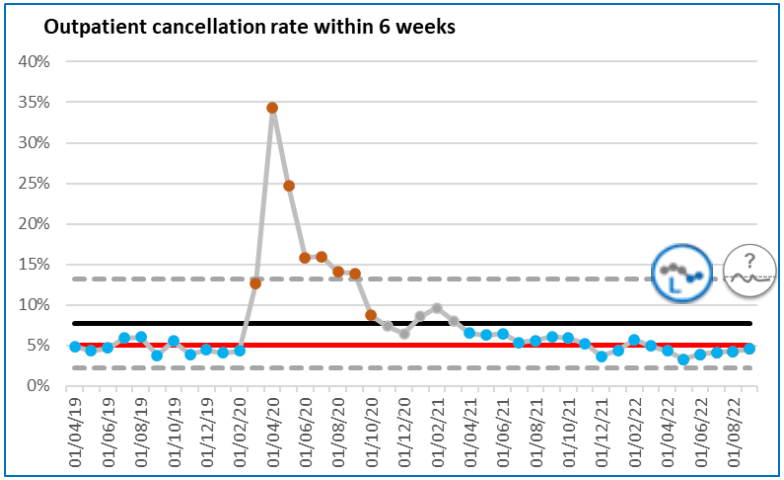
Special Cause Variation – Performance – Outpatient cancellation rate within 6 weeks



Background	What the Data tells us	Issues	Actions	Mitigations
Outpatient cancellation rates within 6 weeks	Exception triggered due to a run of 7+ data points below the mean (a shift)	This is positive performance and is the outcome of renewed BAU practises and processes within the cancellation PAS Clinic build team	Continued monitoring to ensure sustained performance	N/A

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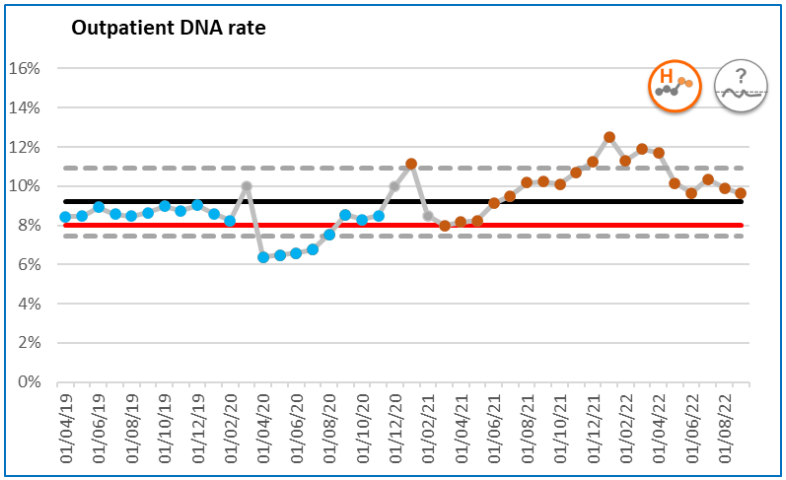
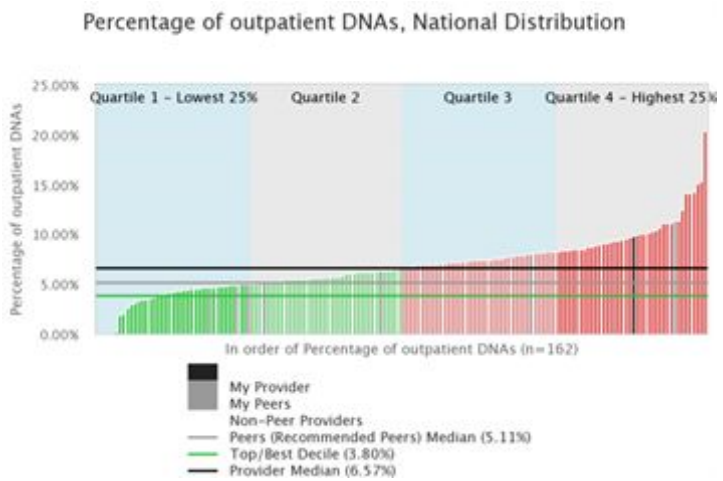
Special Cause Variation – Performance – Outpatient DNA Rate





***Latest available benchmarking data – Model Health System – July 2022**

Background	What the Data tells us	Issues	Actions	Mitigations
Outpatient DNA Rate	Exception triggered due to a run of 7+ data points above the mean (a shift)	Patients booked in access of a year in advance. Patient Reminder solution currently just brought back online so haven't seen impact of this yet. Due to COVID some patients still reluctant to come on site. Telephone appointments not being answered due to withheld number	Patient reminder solution restarted with plans to link this closely with Patient Portal solution. OP Appointment Letter generation and postage monitored daily with regular investigations of escalations carried out. OP Telephone Appointment Letters now states will be calling on a with held number	Continue with Virtual Reception Patient reminder solution reinstated.

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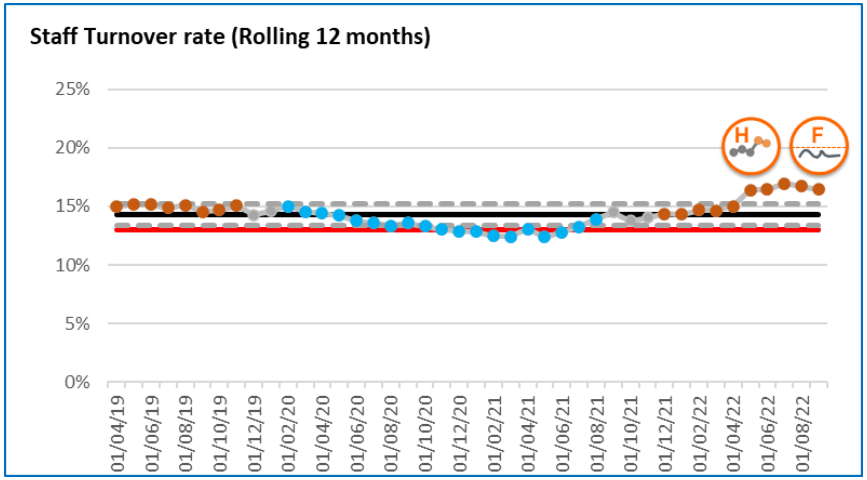
KPI	Latest month	Measure	Target	Variation	Assurance	Local or National Metric	Committee	Owner
Well-Led Services - Workforce Metrics								
Staff Turnover rate (Rolling 12 months)	Sep 22	16%	13%	H	F	Local	PerC	CPO
% staff leaving within first year (excluding medics and	Sep 22	19%	-	H		Local	PerC	CPO
Vacancy rate	Sep 22	10%	10%		?	Local	PerC	CPO
Sickness rate	Sep 22	4%	4%		?	Local	PerC	CPO
Appraisal rate (Total)	Sep 22	87%	90%	L	F	Local	PerC	CPO
Mandatory Training	Sep 22	90%	90%	L	P	Local	PerC	CPO
% Bank Pay	Sep 22	10%	12%		?	Local	PerC	CPO/CFO
% Agency Pay	Sep 22	5%	5%		?	Local	PerC	CPO/CFO
WTE Workforce Establishment	Sep 22	5430.9	-	H		Local	PerC	CPO
WTE Staff in Post	Sep 22	4881.7	-	H		Local	PerC	CPO

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – Staff Turnover rate (rolling 12 months)



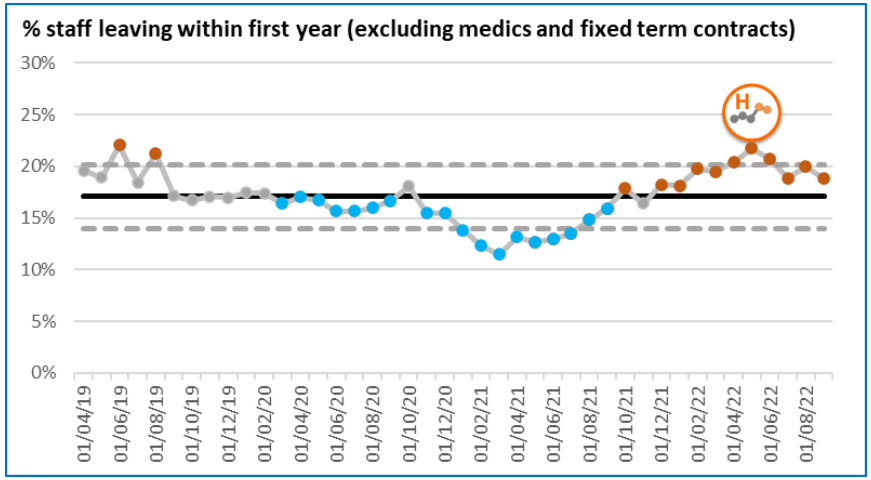
TURNOVER RATE

Trust	Turnover Q1 21/22	Turnover Q2 21/22	Turnover Q3 21/22	Turnover Q4 21/22	Turnover Q1 22/23	Q1 22/23 Ranking (current)	Change Q4 to Q1
Bedford Hospitals	14.9%	14.1%	15.1%	15.1%	16.1%	5	↑
Herts Community	11.7%	12.9%	17.8%	18.8%	19.4%	12	↑
WHTH	12.7%	14.5%	14.4%	14.1%	16.4%	6	↑
East & North Herts	11.2%	12.8%	13.7%	14.1%	13.2%	2	↓
HPFT	19.7%	19.5%	12.8%	12.8%	13.6%	3	↑
ELF Bedford MH	16.8%	5.6%	5.6%	4.6%	18.3%	11	↑
ELF Luton MH	9.4%	6.0%	6.0%	5.2%	17.8%	9	↑
ELF Bedford Community	12.4%	3.8%	3.8%	3.7%	16.5%	7	↑
Princess Alexandra	11.0%	12.9%	14.6%	15.8%	17.3%	8	↑
Essex Partnership UT	9.5%	10.0%	10.0%	10.7%	11.8%	1	↑
Milton Keynes UFT	7.6%	8.2%	9.3%	11.9%	14.5%	4	↑
Central North West London FT	14.4%	13.4%	15.6%	17.7%	18.0%	10	↑
Average	12.6%	11.1%	11.6%	12.0%	16.1%		↑

Background	What the Data tells us	Issues	Actions	Mitigations
Staff Turnover rate (Rolling 12 months)	Exception triggered due to a breach of the upper control limit. Exception triggered due to a run of 7+ data points above the mean (a shift)	In common with other NHS organisations the Trust has experienced increased labour turnover. The current rate has decreased over the last two months from 17% to 16.4%. The rates are highest in Clinical Support and WACS areas at 20% and lowest in Medicine and Surgery. Staff Groups with highest rates are HCA's, A&C staff and AHPs. The Trust has relatively high numbers of staff leaving the ICB area compared to other ICB Trusts, this is explained by the proximity to London.	Initiatives such as 'Reaching out' have been launched to help managers mitigate against staff turnover. Initial data has indicated work life balance and relocation are the key drivers. The cost of living crisis is also influencing people to find work closer to home or other sectors. People Promise managers are reviewing induction process and onboarding experience. Flexible working initiatives are being reviewed too to explore how this may assist retention..	Exit interviews and rescue conversation. The 'Reaching Out' programme are priorities for the People Promise managers.

West Hertfordshire Hospitals NHS Trust

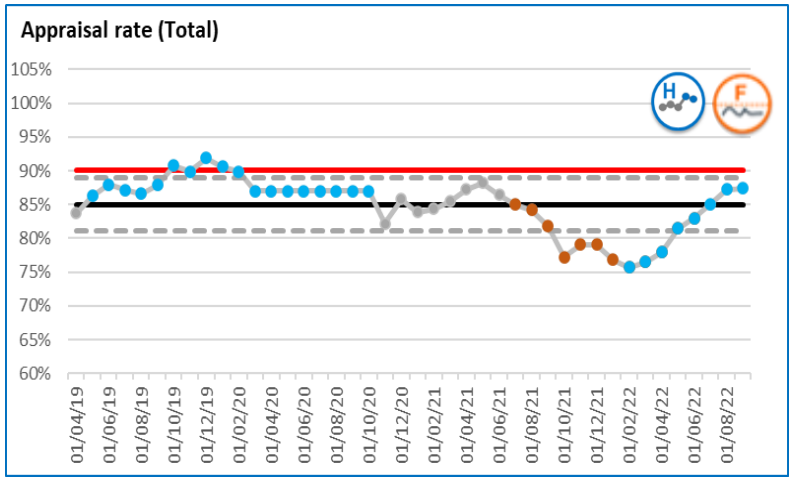
Special Cause Variation – Performance – Staff Leaving within first year (excluding medics and fixed term contracts)



Background	What the Data tells us	Issues	Actions	Mitigations
Staff leaving within first year (excluding medics and fixed term contracts)	Exception triggered due to 2 of 3 data points being around the upper control limit.	Turnover rates for staff leaving within 12 months has increased over the last 6 months and the current rate is approx. 18%, meaning 1 in 6 staff recruited are leaving before working for at least a year. However, this is the lowest rate since Feb 2022, and there appears to be a downward trend. The rates are highest in clinical support and corporate areas at approx. 23 – 24%. Staff Groups with highest rates are HCA's, A&C staff and AHP.	Corporate and local Induction have been reviewed, particularly A&C staff, where there will be a focus on cohort recruitment to improve the selection of staff. The on-boarding questionnaires data has being analysed or further detail - there is a lot of information to analyse, but issues raised include EPR training, and equipment. Easier access to mandatory training for new starters is being facilitated from November.	People Promise Managers are now in place supporting new starter experience.

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance/Assurance – Appraisal Rate



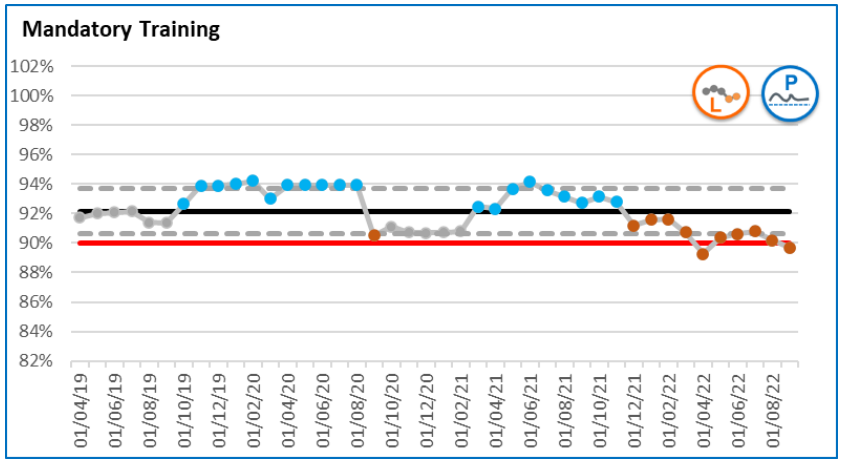
APPRAISAL RATE COMPLIANCE

Trust	Appraisal Rate Q1 21/22	Appraisal Rate Q2 21/22	Appraisal Rate Q3 21/22	Appraisal Rate Q4 21/22	Appraisal Rate Q1 22/23	Q1 22/23 Ranking (current)	Change Q4 to Q1
Bedford Hospitals	67%	67%	67%	67%	67%	7	↗
Herts Community	69%	79%	75%	64%	76%	6	↗
WHHT	86%	82%	79%	79%	83%	4	↗
East & North Herts	63%	61%	55%	46%	37%	10	↘
HPFT	89%	87%	79%	72%	85%	2	↗
ELF Bedford MH	22%	15%	15%	31%	31%	11	→
ELF Luton MH	23%	13%	13%	33%	29%	12	↘
ELF Bedford Community	38%	19%	19%		49%	9	↗
Princess Alexandra	83%	83%	78%	79%	79%	5	→
Essex Partnership UT			78%	59%	59%	8	→
Milton Keynes UFT	92%	91%	91%	92%	88%	1	↘
Central North West London FT	85%	80%	80%	81%	84%	3	↗
Average	65%	62%	61%	64%	64%		↗

Background	What the Data tells us	Issues	Actions	Mitigations
Appraisal Rate	Exception triggered due a run of data points increasing (a trend) Exception triggered due to the target falling below the lower control limit	Following concerted efforts to improve this, the rate is now just under 88%, just short of the 90% compliance aimed for. The latest reports now show a continued increase in compliance over the last 8 months. The Trust is also above average compliance compared to other nearby acute Trusts, ranking 4 / 12 as at Q1 22/23.	HRBP's are continuing to agree weekly targets with managers, to achieve compliance, targeting hotspots and helping to set dates for any outstanding appraisals to take place. Appraisal rates are being reported every week to help monitor performance	Streamlined paperwork has been introduced. The Trust is also looking at further enhancing the way appraisals are completed using better reporting systems.

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance/Assurance – Mandatory Training



MANDATORY TRAINING COMPLIANCE

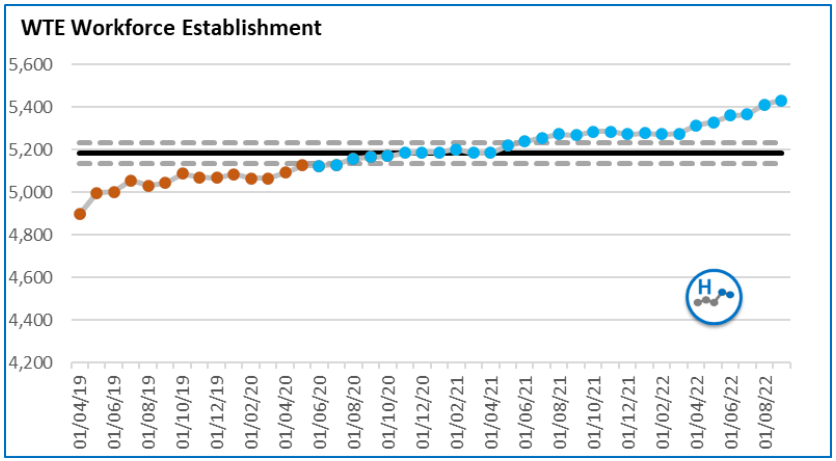
Trust	Mandatory Training Rate Q1 21/22	Mandatory Training Rate Q2 21/22	Mandatory Training Rate Q3 21/22	Mandatory Training Rate Q4 21/22	Mandatory Training Rate Q1 22/23	Q1 22/23 Ranking (current)	Change Q4 to Q1
Bedford Hospitals	77%	77%	77%	77%	80%	11	↗
Herts Community	94%	94%	94%	95%	92%	3	↘
WHHT	94%	93%	92%	91%	91%	5	↘
East & North Herts	86%	88%	86%	87%	88%	6	↗
HPFT	91%	90%	89%	89%	91%	4	↗
ELF Bedford MH	88%	86%	86%	85%	82%	9	↘
ELF Luton MH	87%	88%	88%	84%	84%	8	→
ELF Bedford Community	85%	86%	86%	84%	81%	10	↘
Princess Alexandra	88%	87%	87%	86%	86%	7	→
Essex Partnership UT	81%	81%	81%	78%	78%	12	→
Milton Keynes UFT	96%	96%	96%	94%	95%	1	↗
Central North West London F	94%	94%	94%	94%	94%	2	→
Average	88%	88%	88%	87%	87%		↘

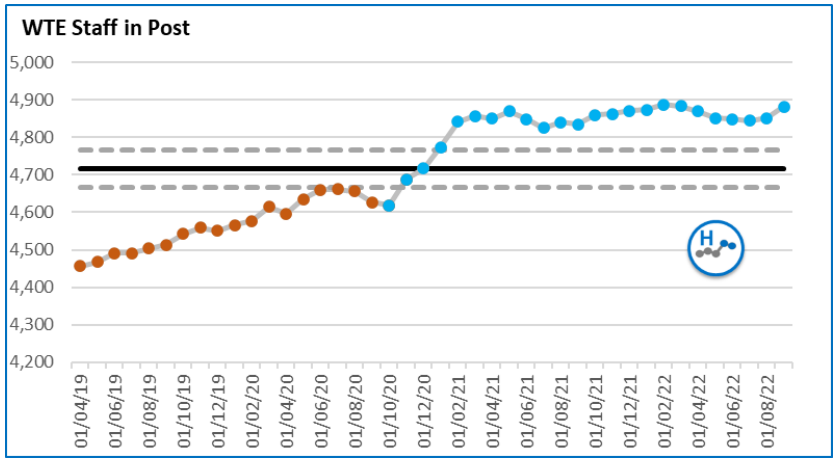
The ranking order shows number 1 reflecting the best indicator figure and others in descending order

Background	What the Data tells us	Reasons	Actions	Mitigations
Mandatory Training	Exception triggered due to the target being below the lower control limit Exception triggered due to 7+ data points below the mean Exception triggered due to a breach of the lower control limit	The mandatory training rate continued to consistently achieve 90%, to April 2022.The fall to below the LCL and the 90% compliance rate has occurred twice over the last 7 months, at all other times if has been above the 90% target.	Training team and HRBPs will continue to support Divisions to achieve compliance across staff groups and subjects so that the 90% target is again consistently achieved. Reminders are send to staff who consistently fail to ensure their training is compliant. The Trust is ranked 5 / 12 compared to nearby NHS organisations.	There is a continued focus on specific subjects to maintain compliance and ensure this is above the 90% target.

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – WTE Staff Establishment/WTE Staff in Post





Background	What the Data tells us	Reasons	Actions	Mitigations
WTE Workforce Establishment/WTE Staff in Pot	Exception triggered due to 7+ data points above the mean Exception triggered due to a breach of the upper control limit	The planned business case establishment target is 5,302wte by March 2023. The business case for the wte staff in post figures is 4,890wte in post by March 2023.	The current workforce establishment at Sept at 5,410. The reasons for this being higher than the target are that the financial ledger establishment is adjusted for staffing in a small number of cost centres where there is no funded wte establishment, and to account for the GPVTS medics recharge arrangements. This avoids misleadingly low vacancy rates. The current adjustment is 82.6wte, so if we adjust the establishment by this figure it is 5,328, much closer to the target. The reason for the remaining variation is that there were more business cases approved for 22/23 than were known about at the time of the plan. There has been a significant upturn in recruitment to help enable staffing wte to increase, to meet the increased staffing requirements and help offset bank and agency expenditure.	Continued recruitment for permanent staff will continue to offset agency usage.

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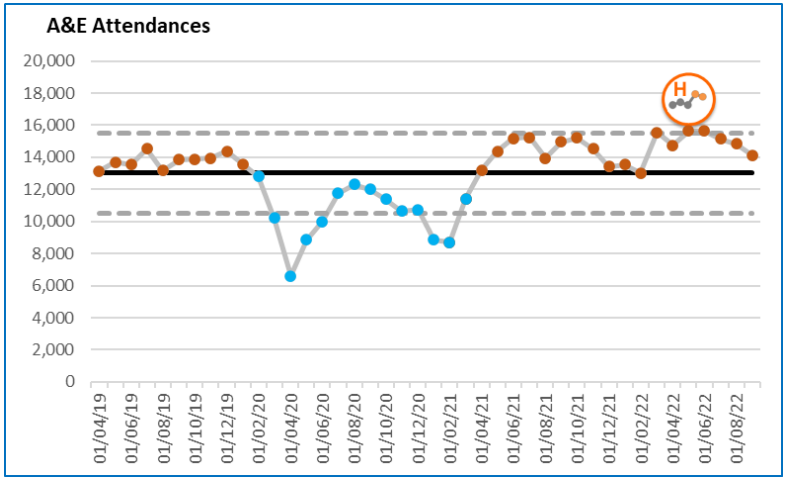
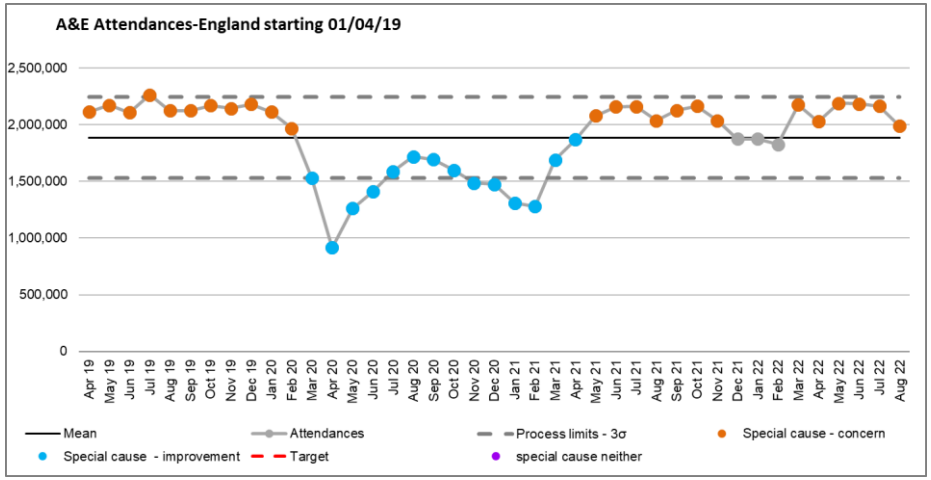
KPI	Latest month	Measure	Target	Variation	Assurance	Local or National Metric	Committee	Owner
Activity Metrics								
GP Referrals Made	Aug 22	5859	-			Local	F&P	COO
A&E Attendances	Sep 22	14136	-	H		Local	F&P	COO
1st Outpatient Appointments - All	Sep 22	10991	-			Local	F&P	CIO
1st Outpatient Appointments - Face to Face	Sep 22	10058	-	H		Local	F&P	CIO
Follow Up Outpatient Appointments - All	Sep 22	15179	-	L		Local	F&P	CIO
Follow Up Outpatient Appointments - Face to Face	Sep 22	11525	-	L		Local	F&P	CIO
Specific Acute Elective Ordinary Admissions	Sep 22	408	-			Local	F&P	COO
Specific Acute Daycases	Sep 22	2819	-			Local	F&P	COO
Specific Acute Non-Elective Admissions - 0 LOS	Sep 22	1262	-			Local	F&P	COO
Specific Acute Non-Elective Admissions - +1 LOS	Sep 22	2232	-			Local	F&P	COO
Completed Admitted RTT Pathways (Clock Stops)	Sep 22	926	-	L		Local	F&P	COO
Completed Non-Admitted RTT Pathways (Clock Stops)	Sep 22	4707	-	L		Local	F&P	COO
New RTT Pathways (Clock Starts)	Sep 22	8989	-			Local	F&P	COO
PTL Volume	Sep 22	60326	-	H		Local	F&P	COO

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – A&E Attendances

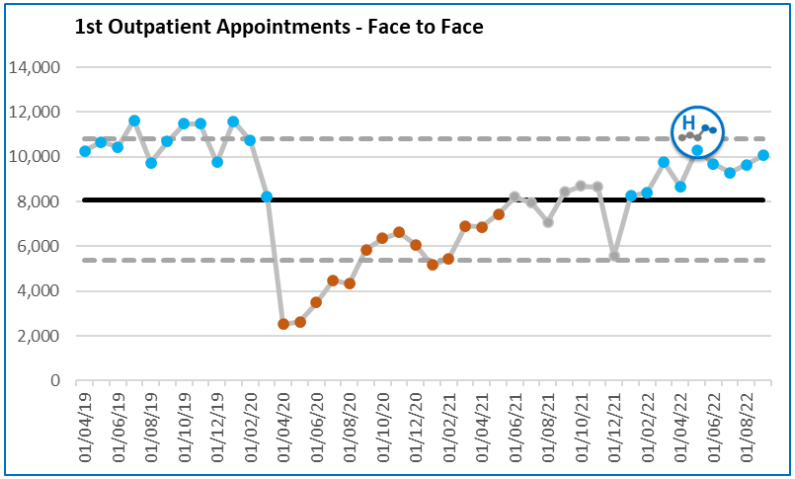


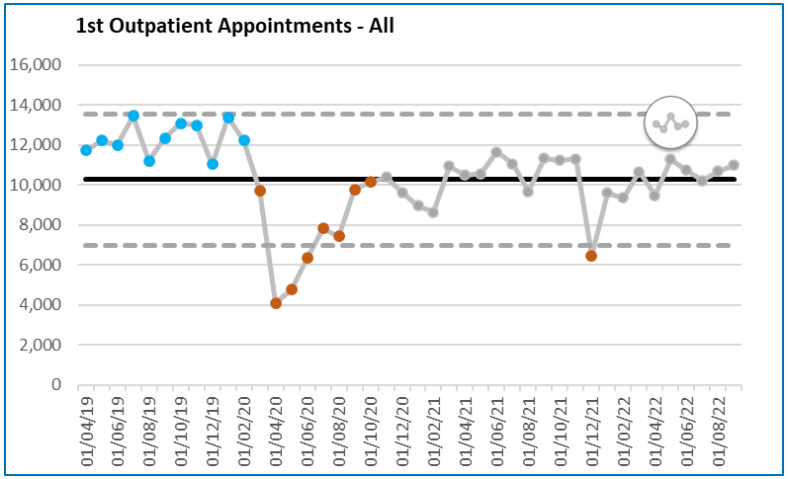


Background	What the Data tells us	Issues	Actions	Mitigations
A&E Attendances	Exception triggered due to 7+ data points above the mean (a shift)	ED demand has increased by 19% for adults and 40% for paediatrics	Working with ICB to review alternative pathways to ED Working closely with UTC providers to ensure patient are streamed early and into the right pathway	The profile observed in A&E attendances at West Herts triggering an exception is equally observed when looking at all A&E attendances in England

West Hertfordshire Hospitals NHS Trust

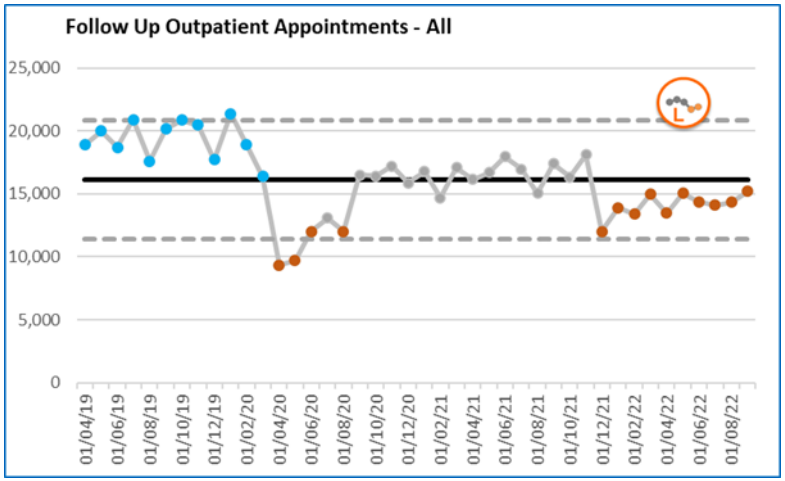
Special Cause Variation – Performance – 1st Outpatient Appointments – Face to Face





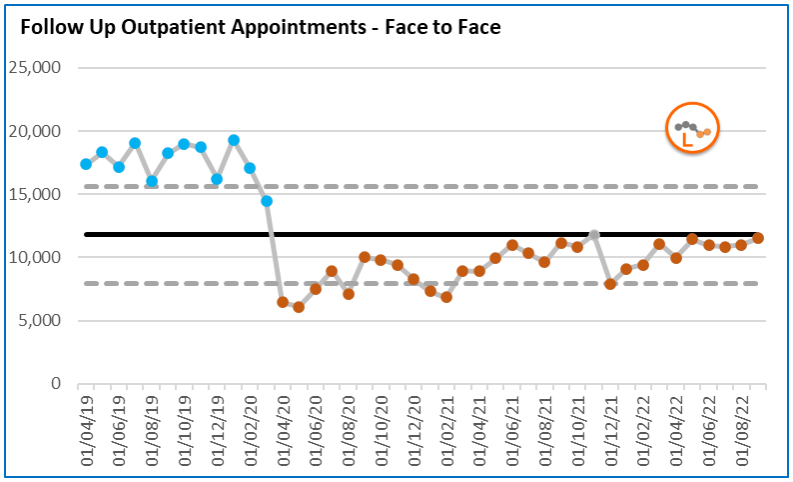
Background	What the Data tells us	Issues	Actions	Mitigations
1st Outpatient Appointments – Face to Face	Exception triggered due to 7+ data points above the mean (a shift)	ED demand has increased by 19% for adults and 40% for paediatrics	Working with ICB to review alternative pathways to ED Working closely with UTC providers to ensure patient are streamed early and into the right pathway	The profile observed in A&E attendances at West Herts triggering an exception is equally observed when looking at all A&E attendances in England

Special Cause Variation – Performance – Follow Up Outpatient Appointments – All



Background	What the Data tells us	Issues	Actions	Mitigations
Follow Up Outpatient Appointments - All	Exception triggered due to 7+ data points below the mean (a shift)	Referral figures beginning to rise but capacity limited towards the end of the financial year due to increased allocation of annual leave. Large number of patients requiring follow up have no order completed by clinicians.	Incomplete order issue highlighted to all ADM and ASMs at OUG meetings.	

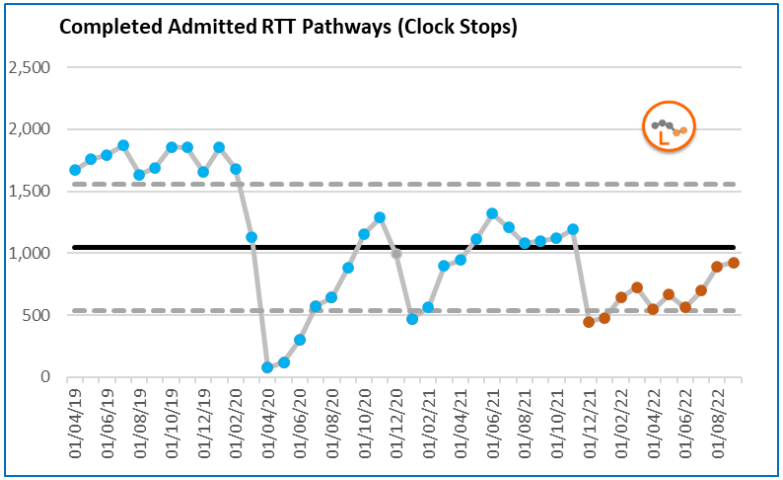
Special Cause Variation – Performance – Follow Up Outpatient Appointments – Face to Face



Background	What the Data tells us	Issues	Actions	Mitigations
Follow Up Outpatient Appointments – Face to Face	Exception triggered due to 7+ data points below the mean (a shift)	Referral figures beginning to rise but capacity limited towards the end of the financial year due to increased allocation of annual leave. Large number of patients requiring follow up have no order completed by clinicians.	Incomplete order issue highlighted to all ADM and ASMs at OUG meetings.	

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – Completed Admitted RTT Pathways (Clock Stops)

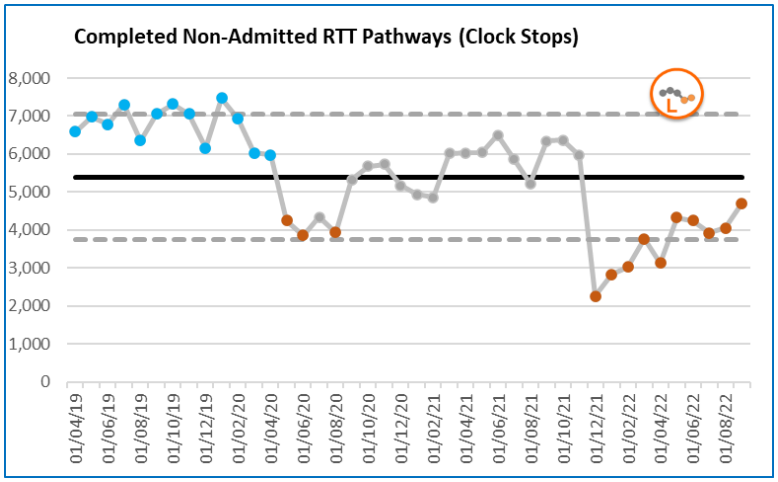


Trust	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Bedfordshire Hospitals NHS Foundation Trust	2,510	2,846	2,471	2,724	2,669	2,581	2,585
Cambridge University Hospitals NHS Foundation Trust	2,303	2,503	2,154	2,547	2,308	2,453	2,535
East And North Hertfordshire NHS Trust	1,483	1,639	1,311	1,545	1,639	1,582	1,591
East Suffolk And North Essex NHS Foundation Trust	1,861	2,082	1,598	2,042	1,884	2,088	2,207
James Paget University Hospitals NHS Foundation Trust	1,466	1,416	972	1,375	1,211	1,092	1,313
Mid And South Essex NHS Foundation Trust	3,054	3,162	2,394	3,697	3,319	3,219	3,485
Milton Keynes University Hospital NHS Foundation Trust	1,236	1,330	1,079	1,437	1,315	1,321	1,586
Norfolk And Norwich University Hospitals NHS Foundation Trust	2,441	2,695	2,236	2,606	2,415	2,388	2,564
North West Anglia NHS Foundation Trust	1,636	1,892	1,578	2,014	1,847	1,884	1,862
The Princess Alexandra Hospital NHS Trust	278	367	341	474	397	386	435
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	814	1,049	806	1,109	852	867	956
West Hertfordshire Hospitals NHS Trust	**641**	**720**	**547**	**668**	**563**	**696**	**894**
West Suffolk NHS Foundation Trust	703	836	753	795	795	725	860

Background	What the Data tells us	Issues	Actions	Mitigations
Completed Admitted RTT Pathways (Clock Stops)	Exception triggered due to 7+ data points below the mean	Fewer ad hoc sessions are being undertaken than prior to COVID, reducing the additional capacity that was utilised previously to support performance. Prioritising the most clinically urgent patients results in longer waits for more routine patients There are numerous issues with data quality associated with data within the PTL following implementation of the EPR. While staff continue to adjust to new ways of working, errors have increased significantly despite ongoing support and advice.	Outsourcing programme remains active at a reasonable rate. Additional sessions are being undertaken but there is less uptake than pre COVID. Operational recovery group oversight of activity delivery BI team working with EPR project leads to address issues. Some OPD staff are supporting clinicians with refresher training to ensure accurate data capture. External validation resource will be in place to support in house team with focused work on several cohorts within the PTL, from mid-September	Continuous horizon scanning for additional outsourcing opportunities, with specialty level engagement to ensure quality and safety as well as timely pathways Weekly long wait review meeting in place to drive progress and delivery of improvement plan. Service level tracking with forward look to target deadlines to ensure adequate operational oversight of patient cohorts.

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – Completed Non-Admitted RTT Pathways (Clock Stops)

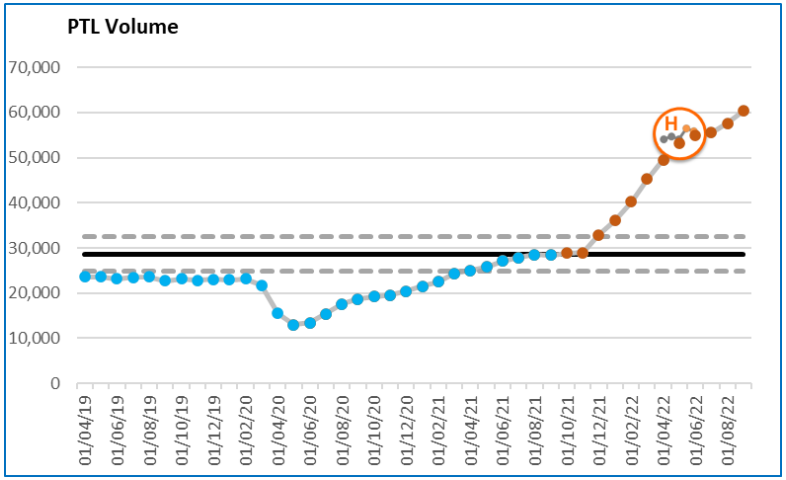


Trust	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Bedfordshire Hospitals NHS Foundation Trust	8,115	8,823	7,481	8,784	7,777	8,020	21,288
Cambridge University Hospitals NHS Foundation Trust	8,493	9,487	7,870	9,787	8,752	8,467	8,119
East And North Hertfordshire NHS Trust	7,287	7,829	6,501	7,939	7,497	6,482	1,970
East Suffolk And North Essex NHS Foundation Trust	12,294	14,031	11,240	13,497	12,551	12,548	5,532
James Paget University Hospitals NHS Foundation Trust	3,549	3,706	2,533	3,633	3,378	4,241	12,989
Mid And South Essex NHS Foundation Trust	21,161	23,238	21,015	23,137	20,963	22,095	10,351
Milton Keynes University Hospital NHS Foundation Trust	5,299	4,924	4,340	5,637	4,765	5,338	3,378
Norfolk And Norwich University Hospitals NHS Foundation Trust	10,672	12,199	9,191	11,030	9,999	9,424	3,334
North West Anglia NHS Foundation Trust	10,063	12,088	10,590	12,190	10,802	9,955	8,736
The Princess Alexandra Hospital NHS Trust	5,477	6,362	4,976	5,614	5,514	5,260	10,684
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	1,679	1,820	1,602	2,235	2,655	1,760	5,209
West Hertfordshire Hospitals NHS Trust	**3,025**	**3,772**	**3,129**	**4,329**	**4,251**	**3,918**	**4,052**
West Suffolk NHS Foundation Trust	3,787	4,539	3,280	4,073	3,671	3,216	6,646

Background	What the Data tells us	Issues	Actions	Mitigations
Completed Non-Admitted RTT Pathways (Clock Stops)	Exception triggered due to 7+ data points below the mean	Fewer ad hoc sessions are being undertaken than prior to COVID, reducing the additional capacity that was utilised previously to support performance. Prioritising the most clinically urgent patients results in longer waits for more routine patients There are numerous issues with data quality associated with data within the PTL following implementation of the EPR. While staff continue to adjust to new ways of working, errors have increased significantly despite ongoing support and advice.	Outsourcing programme remains active at a reasonable rate. Additional sessions are being undertaken but there is less uptake than pre COVID. Operational recovery group oversight of activity delivery BI team working with EPR project leads to address issues. Some OPD staff are supporting clinicians with refresher training to ensure accurate data capture. External validation resource will be in place to support in house team with focused work on several cohorts within the PTL, from mid-September	Continuous horizon scanning for additional outsourcing opportunities, with specialty level engagement to ensure quality and safety as well as timely pathways Weekly long wait review meeting in place to drive progress and delivery of improvement plan. Service level tracking with forward look to target deadlines to ensure adequate operational oversight of patient cohorts.

West Hertfordshire Hospitals NHS Trust

Special Cause Variation – Performance – RTT PTL Volume

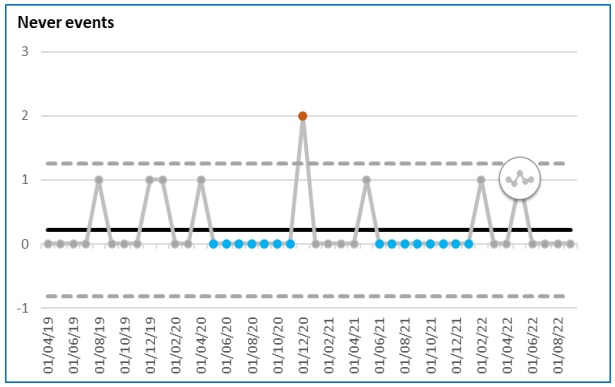


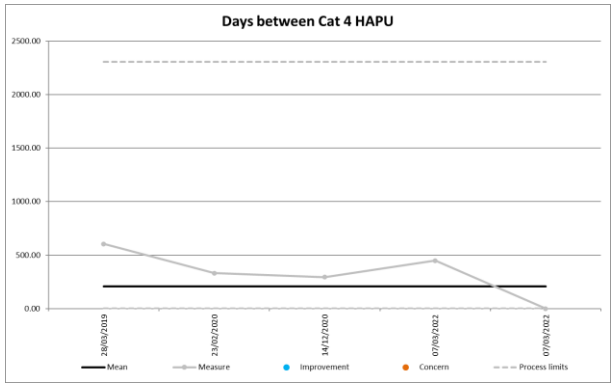
Trust	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Bedfordshire Hospitals NHS Foundation Trust	71,929	74,616	75,763	76,671	78,742	81,852	83,060
Cambridge University Hospitals NHS Foundation Trust	52,561	53,942	55,097	55,881	56,697	58,203	59,748
East And North Hertfordshire NHS Trust	47,067	49,147	51,228	52,208	53,957	55,700	59,938
East Suffolk And North Essex NHS Foundation Trust	66,104	66,618	69,335	71,006	73,392	75,508	75,961
James Paget University Hospitals NHS Foundation Trust	16,421	16,582	17,309	19,251	20,294	21,950	22,749
Mid And South Essex NHS Foundation Trust	130,968	137,603	147,324	153,268	155,403	163,485	153,543
Milton Keynes University Hospital NHS Foundation Trust	32,498	32,122	31,637	31,396	32,400	34,297	36,197
Norfolk And Norwich University Hospitals NHS Foundation Trust	76,316	77,072	78,635	80,823	82,507	85,523	86,742
North West Anglia NHS Foundation Trust	58,476	61,243	63,724	64,326	64,643	66,727	68,394
The Princess Alexandra Hospital NHS Trust	27,444	26,157	25,780	25,862	25,287	25,573	26,759
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	19,428	19,875	20,195	20,561	20,803	22,142	22,024
West Hertfordshire Hospitals NHS Trust	**40,188**	**45,024**	**49,466**	**53,090**	**54,562**	**55,456**	**57,539**
West Suffolk NHS Foundation Trust	25,454	25,773	26,492	28,151	29,280	30,708	30,741

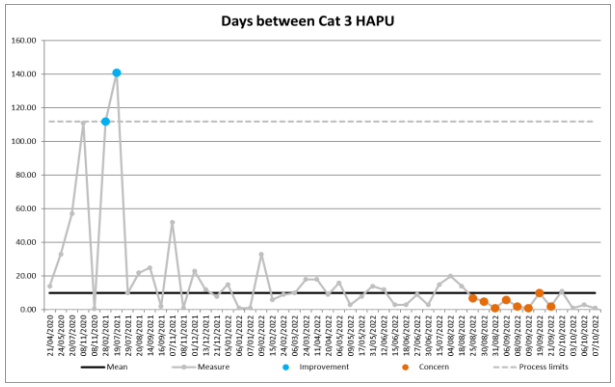
Background	What the Data tells us	Issues	Actions	Mitigations
RTT PTL Volume	Exception triggered due to breach of the upper control limit Exception triggered due to 7+ data points above the mean (a shift) Exception triggered due to 7+ data points moving in one direction (a trend)	The most significant factor affecting PTL volume is the substantial number of DQ issues that have arisen following implementation of Cerner. Data quality has deteriorated very significantly with multiple pathway issues as a result of migration problems, some staff not yet being fully competent in pathway management in the new environment. Insufficient resources (capacity & workforce) to re-validate the entire waiting list in a short period of time. Fewer clock stops than clock starts.	BI team working with EPR project leads to address issues. Targeted support with appointment outcoming, to ensure accurate data capture at the time of patient review Weekly meeting with BI team to review actions to improve PTL and pathway issues. BI team working with EPR project leads to address issues. External validation resource in place to support in house team with focused work on several cohorts within the PTL from mid-September	Joint Performance, BI and EPR team PTL review meeting in place, reviewing all issues to identify issues, themes and solutions.

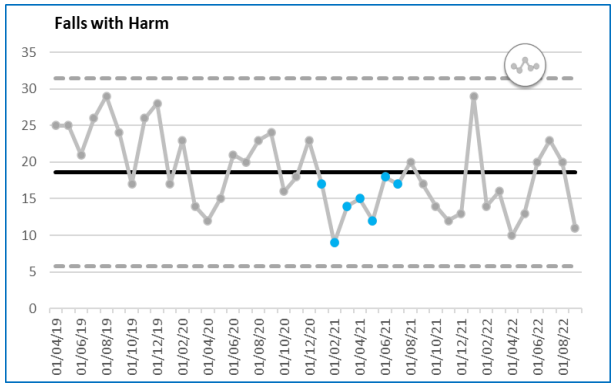
West Hertfordshire Hospitals NHS Trust

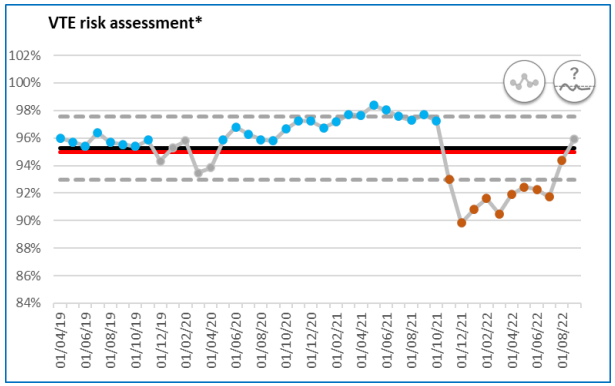
Appendix 1 – Safe Care and Improving Outcomes Metrics - Safety

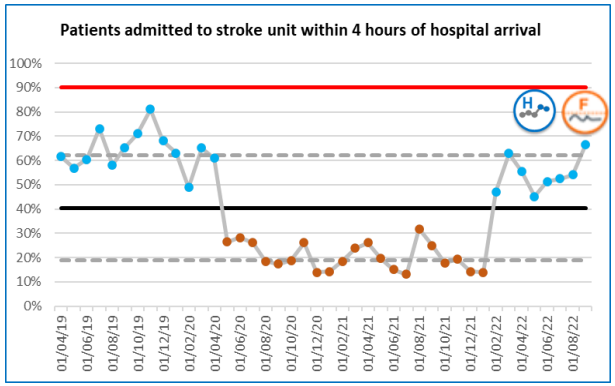






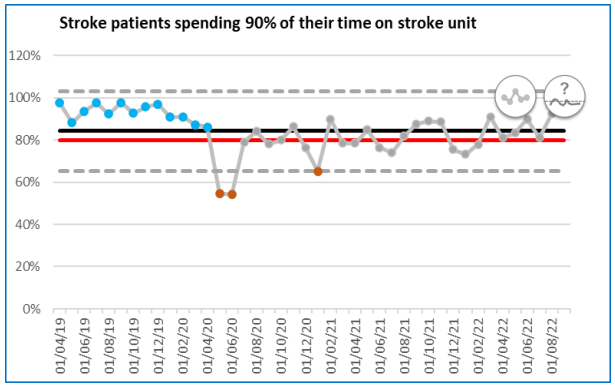


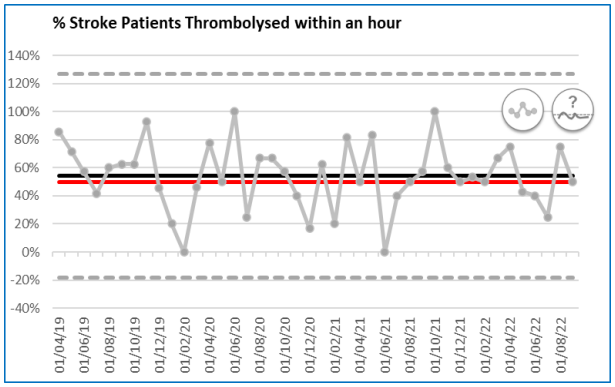




West Hertfordshire Hospitals NHS Trust

Appendix 1 – Safe Care and Improving Outcomes Metrics - Safety





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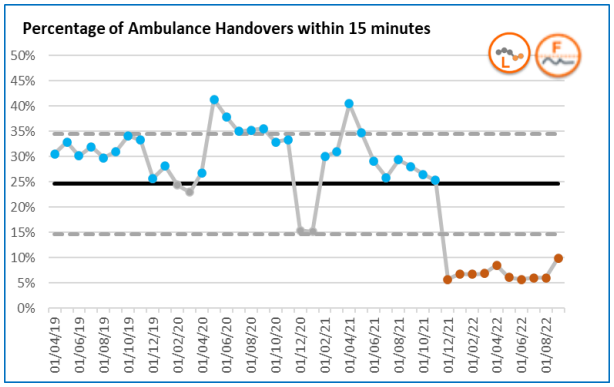
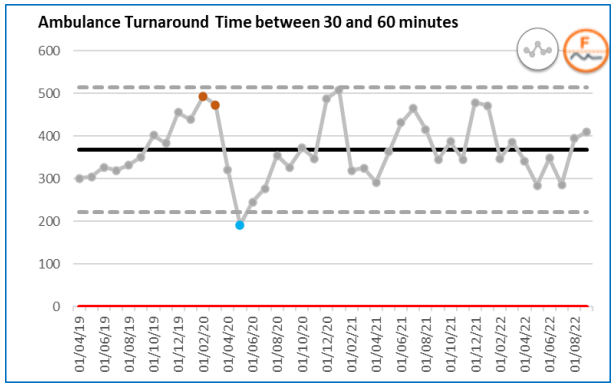
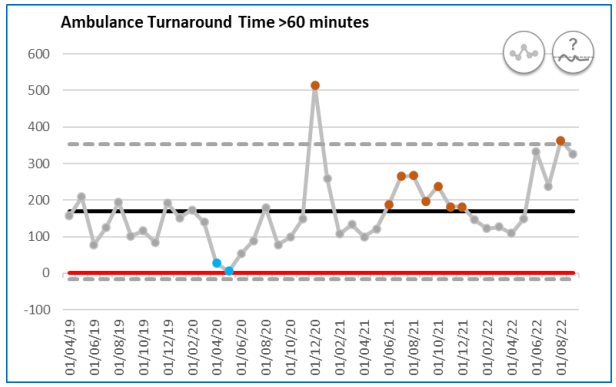
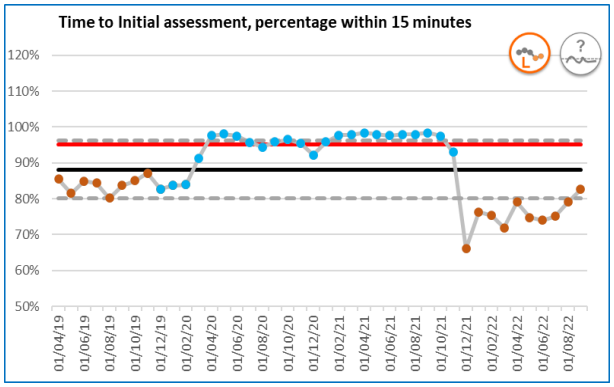
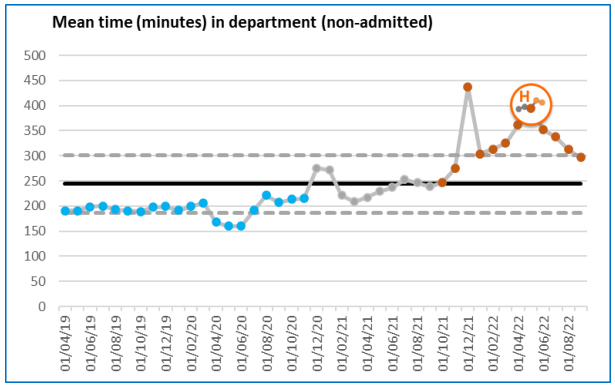
Appendix 2 – A&E Metrics

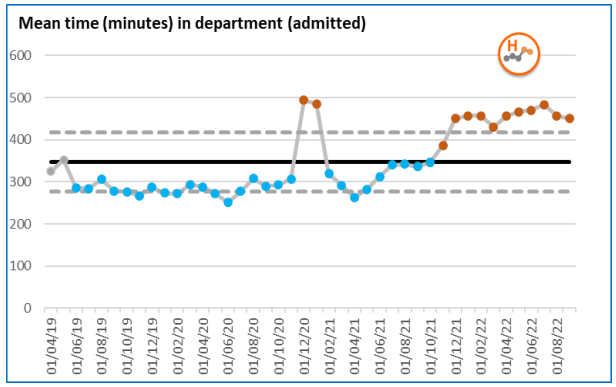












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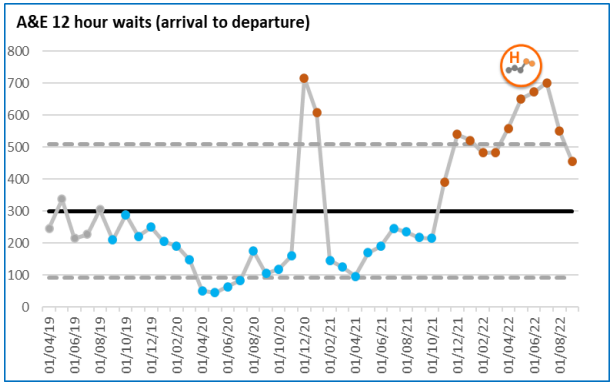
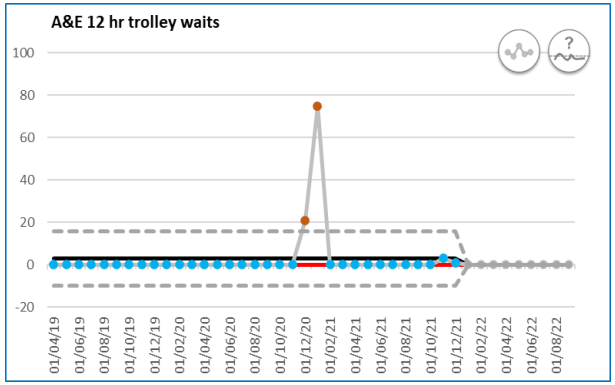
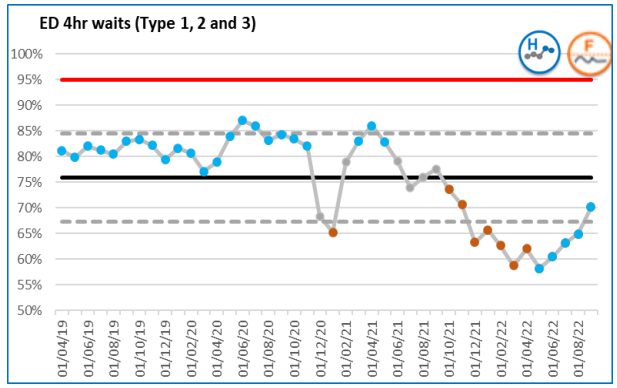
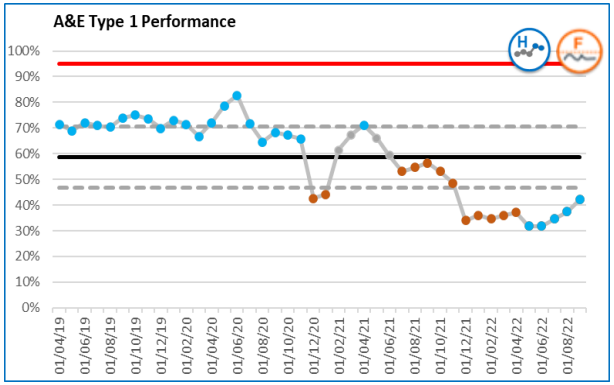
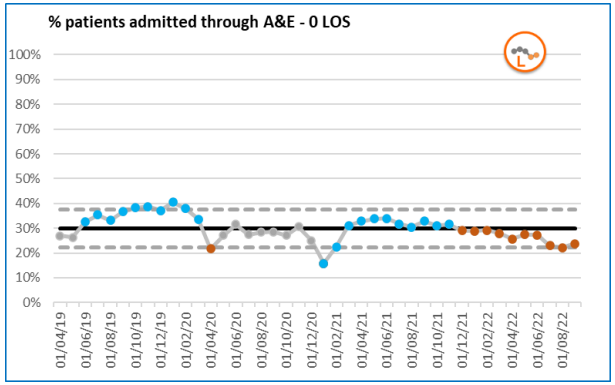
Appendix 2 – A&E Metrics

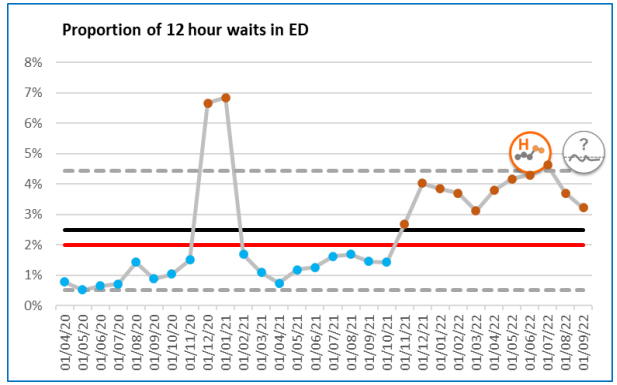












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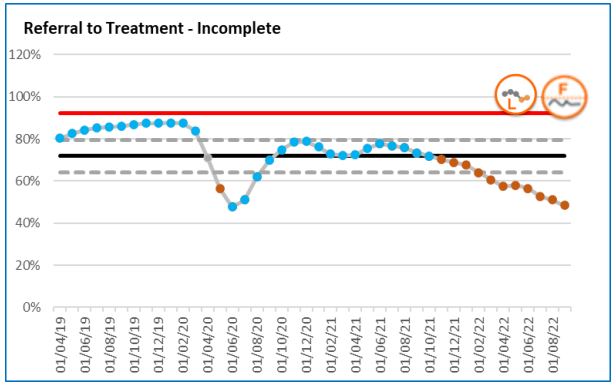
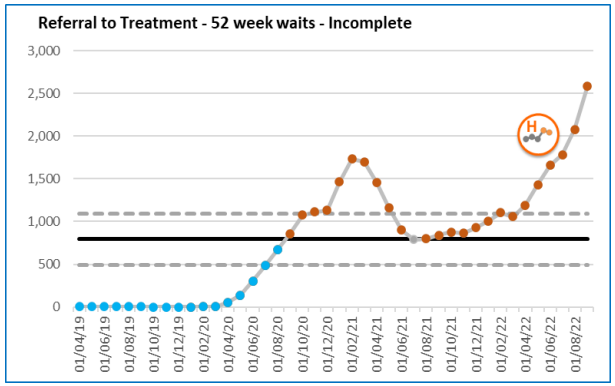
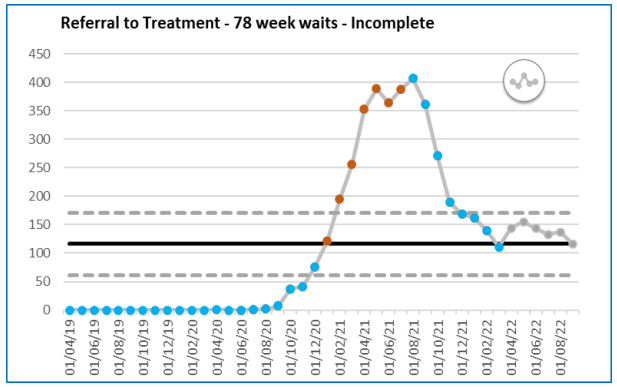
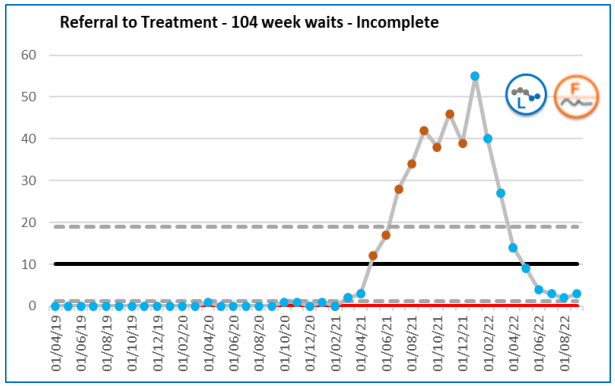
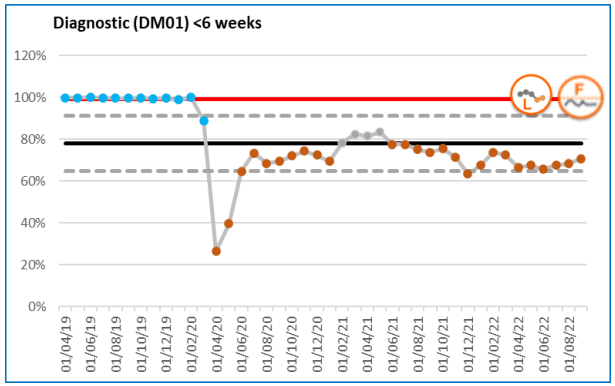
Appendix 3 – RTT, Cancer and Diagnostics Metrics

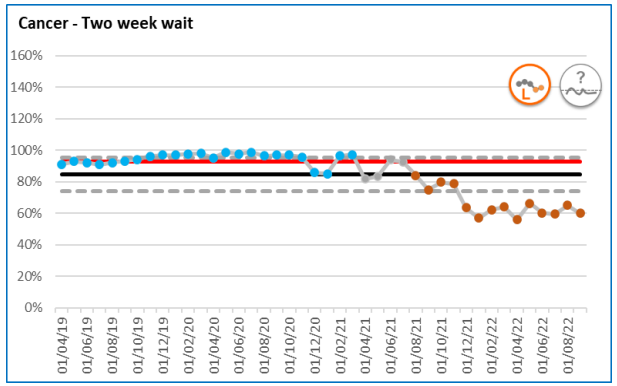












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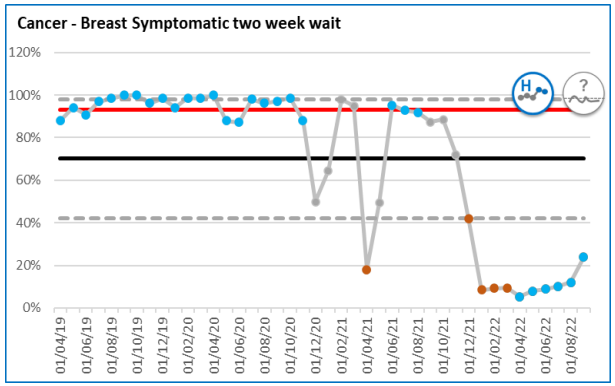
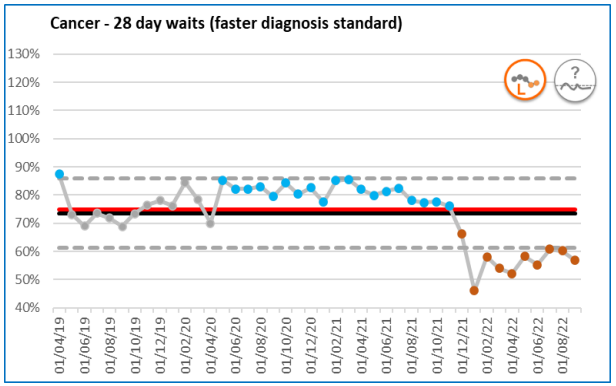
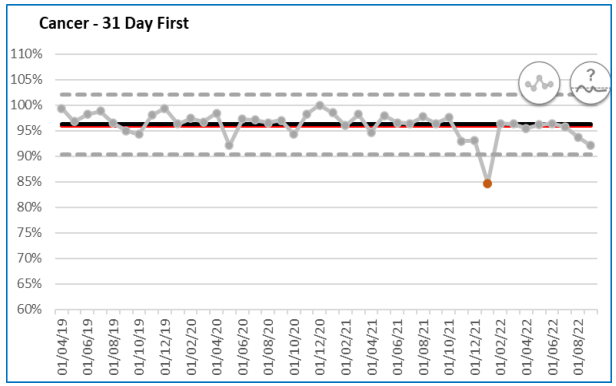
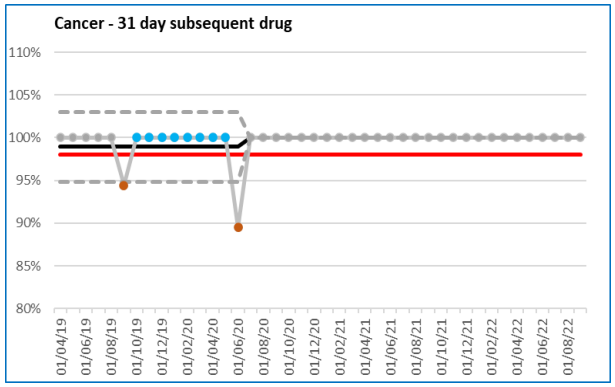
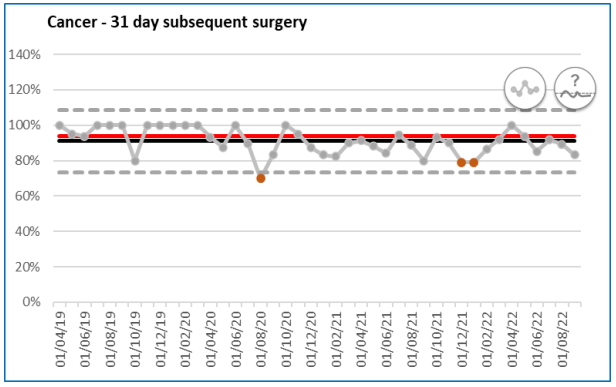
Appendix 3 – RTT, Cancer and Diagnostics Metrics

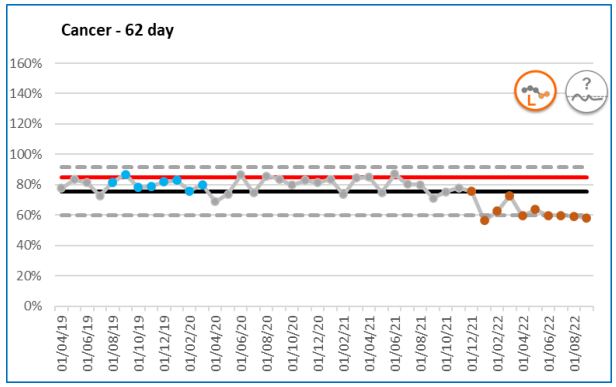












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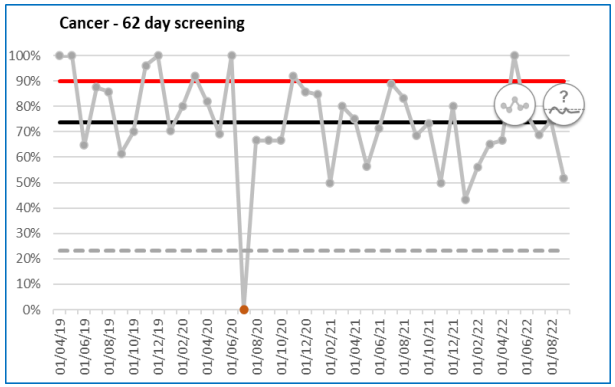
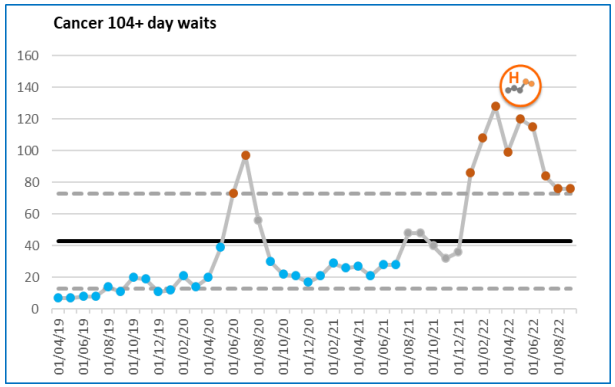
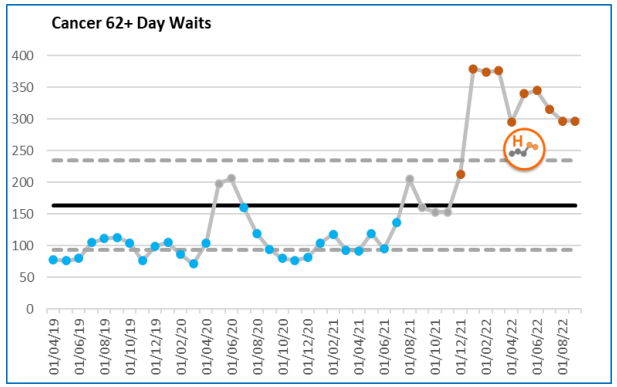
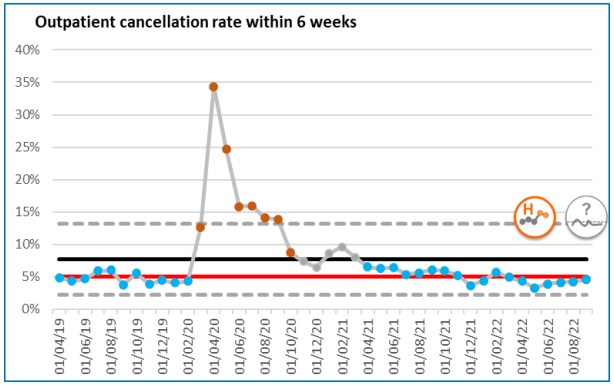
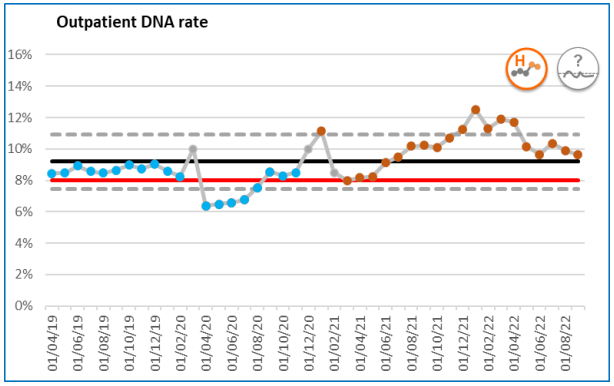
Appendix 3 – RTT, Cancer and Diagnostics Metrics











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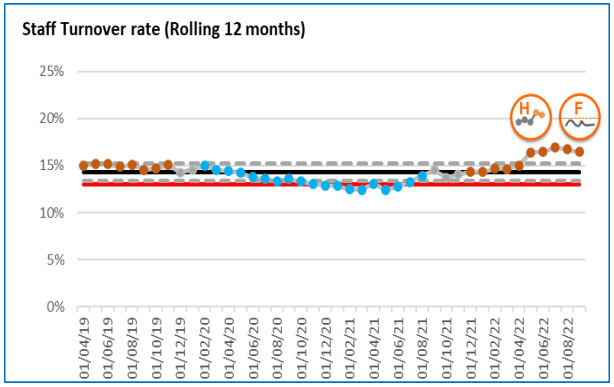
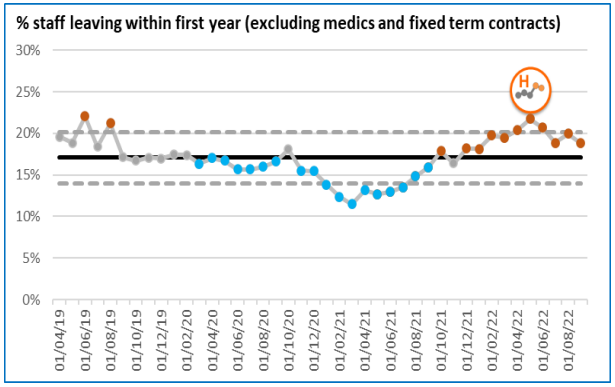
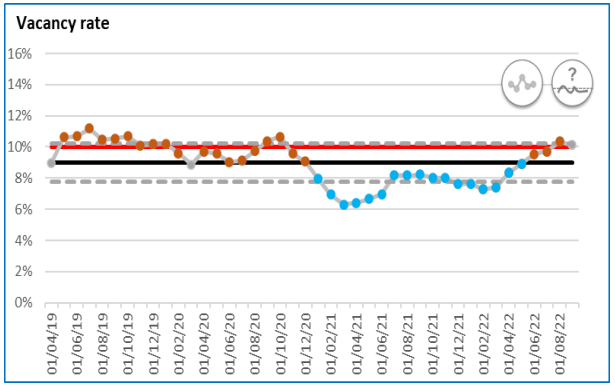
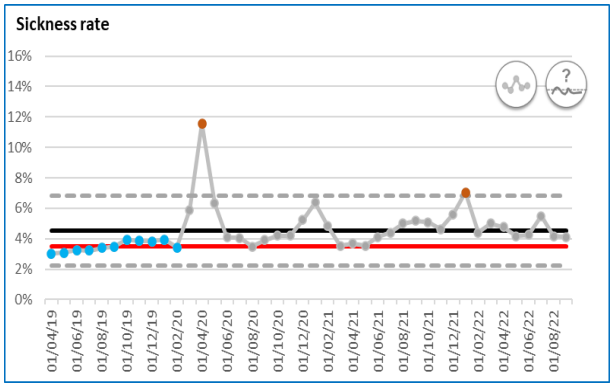
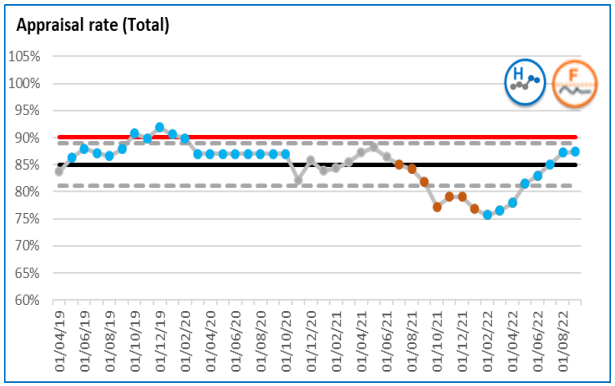
Appendix 4 – Workforce Metrics

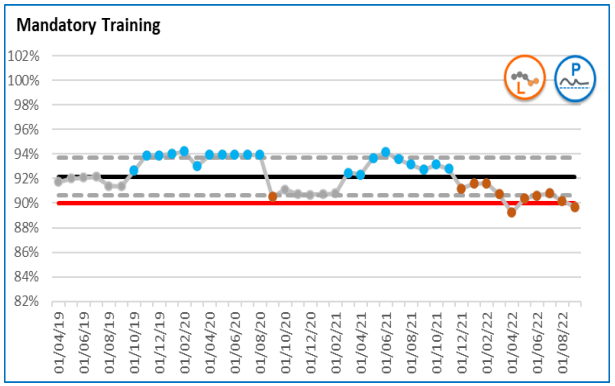












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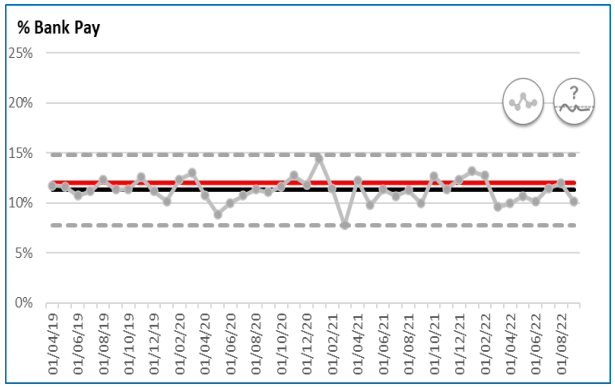

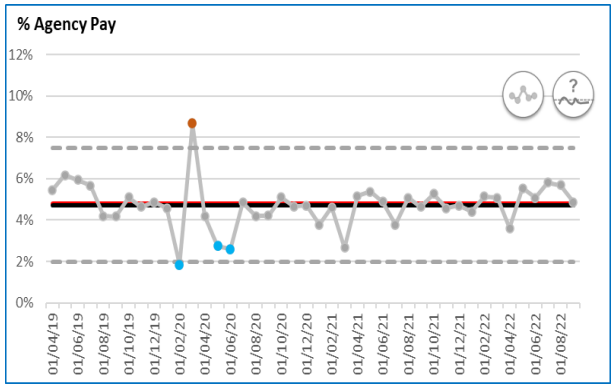

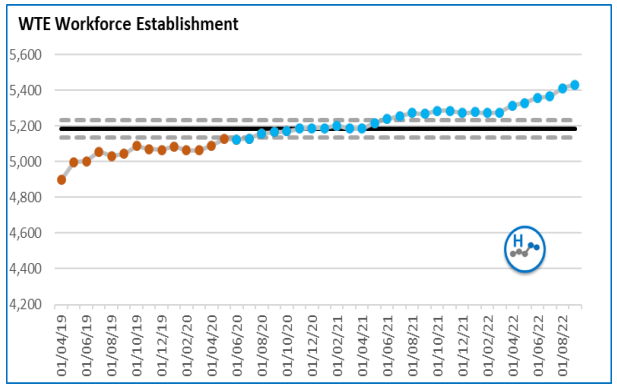

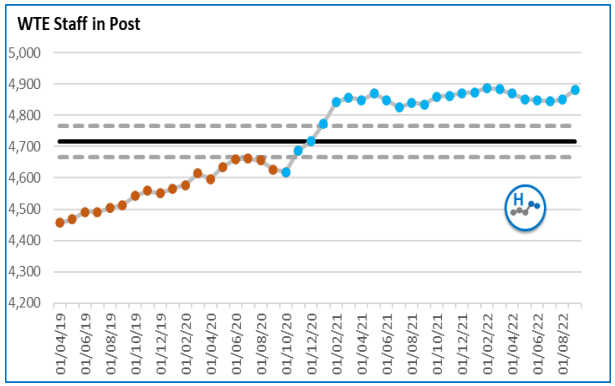

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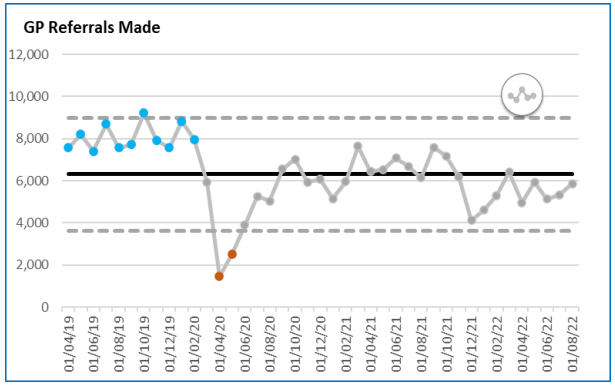
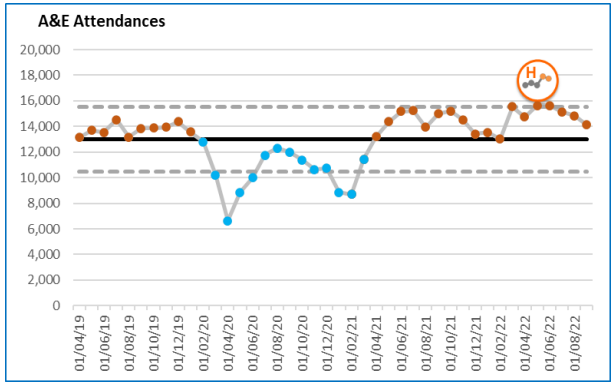
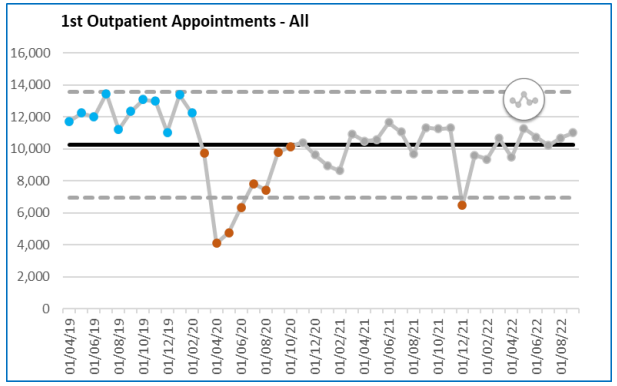
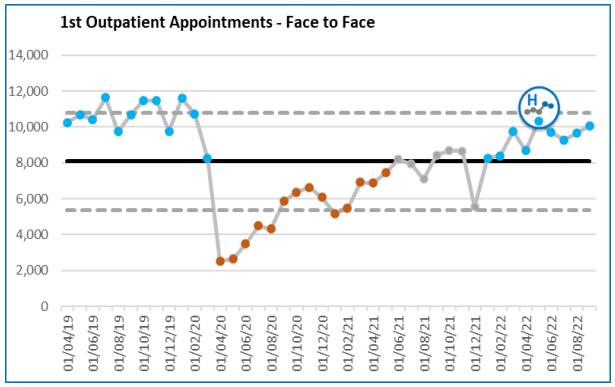
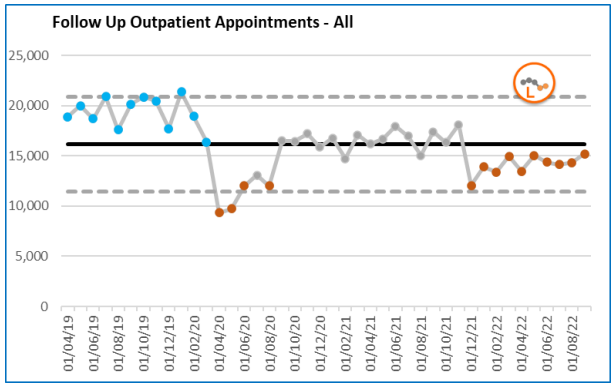
Appendix 5 – Activity Metrics

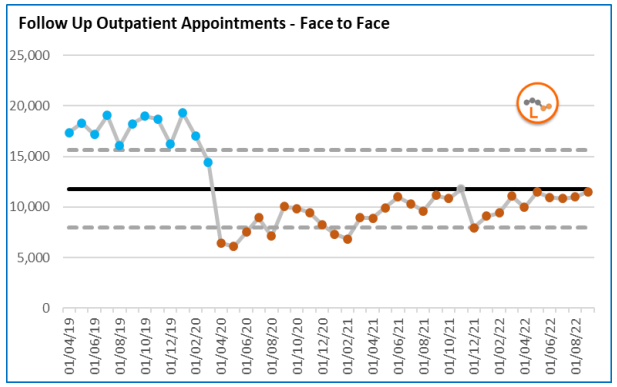












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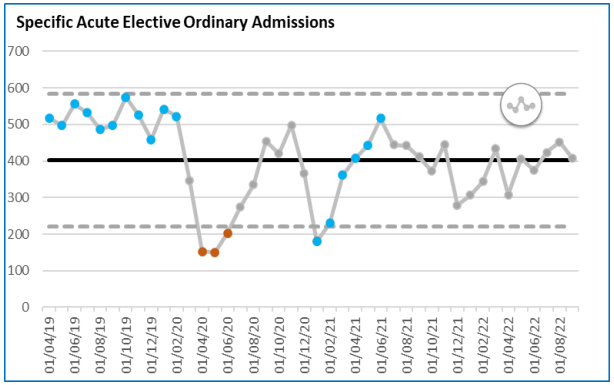

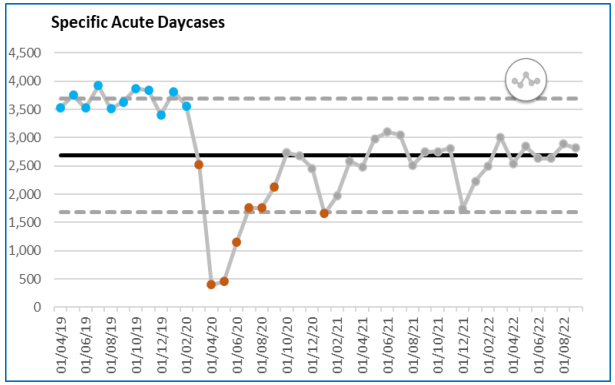

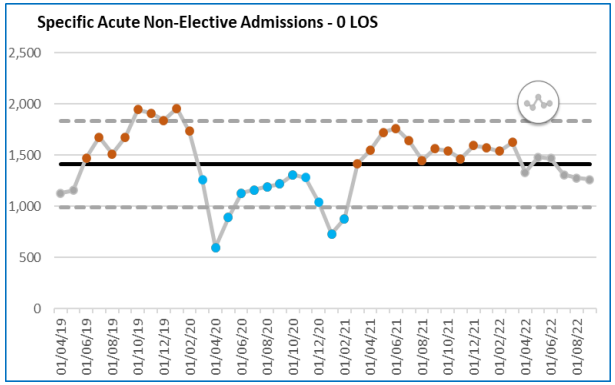

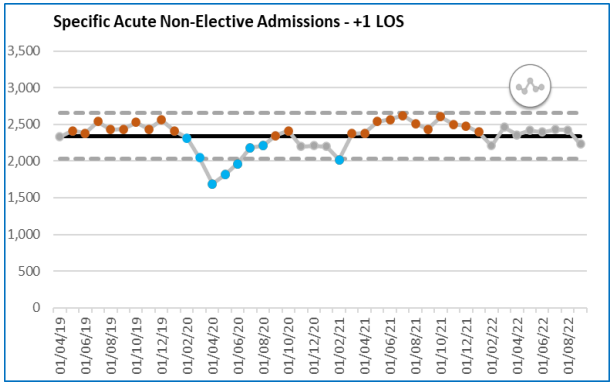

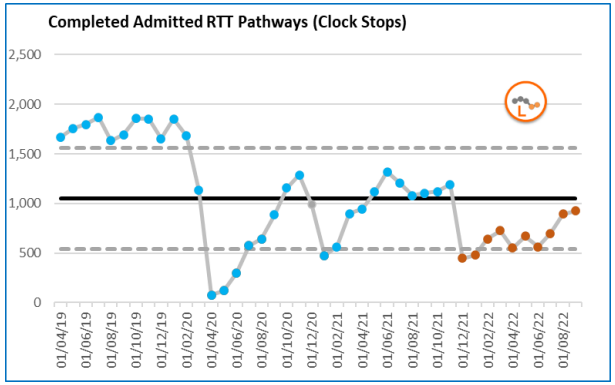

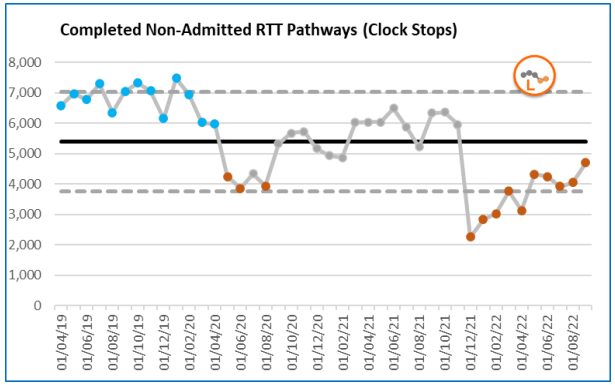

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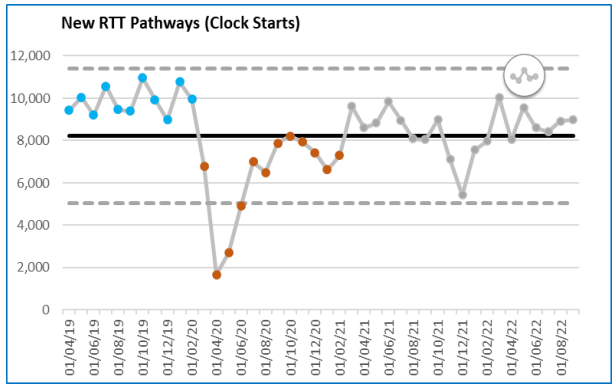

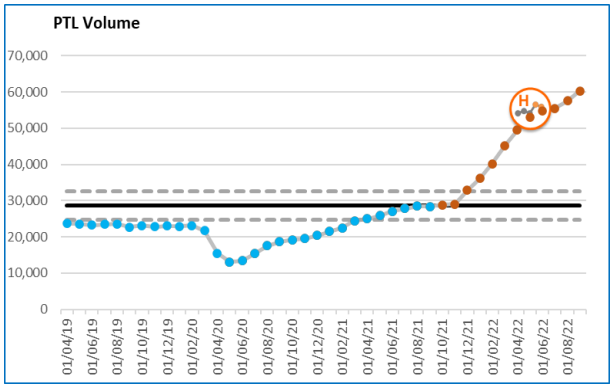

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OUR VALUES
Commitment
Care Quality

Trust Board
3 November 2022

Title of the paper:	**Neonatal Medical & Nursing Workforce Review**
Agenda Item:	**19**
Presenter:	**Tracey Carter, Chief Nurse &** **William Forson, Divisional Director - WACS**
Author(s):	**Elvira Baker – Neonatal Matron** **Sankara Narayanan – Neonatal Consultant & Clinical Lead for Neonates** **Vicky Flanagan – Finance Manager (Environment & WACS)** **Karen Walker – Head of Nursing Childrens Services**
Purpose:	*For approval*: *For discussion*: *For information*: X
Executive Summary:	This paper has been discussed at PERC and assurance sought of current compliance to Neonatal medical and nursing workforce standards set by national bodies and endorsed by Operational Delivery Networks (ODN) and Local Maternity and Neonatal Systems (LMNS). As part of safety action 4 in the maternity incentive scheme (MIS) the trust needs to confirm it meets the recommendations for neonatal medical and nursing workforce. This report outlines the workforce and the actions to progress the MIS requirements from year 3 and meeting year 4 of the MIS. • Neonatal critical care is a unique eco-system that covers a whole patient pathway including intensive, high dependency, special care, transitional care, outreach and outpatient follow up care. • Guidance for the medical staffing required in Local Neonatal Units (LNU) is provided in the BAPM Framework of Practice published in November 2018. **Medical Workforce:** The medical workforce establishment largely meets the criteria set out in the BAPM document with a few exceptions. The Woodland Neonatal Unit operates a dedicated Tier 1, Tier 2 and Tier 3 rota. This model of care is superior and uncommon, subscribed to by only 20% of local neonatal units (LNUs). During periods of deanery shortfalls, the resilience of the rota is tested and it can be challenging to fill the gaps. Bank, Agency and Advanced Neonatal Nurse Practitioners (ANNPs) are used to mitigate any potential risks. The Tier 3 workforce is currently on 1:5 service weeks and on call frequency. The recommended frequency is 1:6. This recommendation is being considered in the new business planning for an additional paediatrician with a special interest in neonatology or equivalent neonatal experience and training.

	Nursing Workforce: The neonatal nursing workforce has a total nursing establishment of 59.7 WTE following funding of an additional 2.6 WTE received from the National Neonatal Transformation nurse innovation funding scheme. This fund via the East of England network followed the completion, evaluation and gap analysis of the new national CRG tool that supports innovation. We are compliant with the BAPM staffing recommendations and the Toolkit for High Quality Neonatal Services. The unit establishment supports BAPM compliance and there is a small gap in our staff in post, demonstrated in the CRG calculator. (The tool kit is now 13 years old and based on cot configurations rather than an activity driven model). The Trust uses a model of on costing that is variant to the CRG assumption, however the overall position remains in line with the 25% uplift to ensure 6.07 WTE in neonatal nurse planning. The trust has used 5.2 for its safer nursing care tool calculations for a number of years and believes that this is well founded. Benchmarking with other local Trusts indicates that this is used in other hospitals as well. The CRG tool is for WTE requirements for direct or hands on patient care only and does not include off rota roles that support patient safety and form part of the national requirements for neonatal services. These roles include research and quality roles. Potential transformation investments being considered include development of a research nurse role and the additional of protected time for quality roles. The department will seek to pilot these collaborative developments using maternal / neonatal improvement funding. **Allied Health Professional (AHP)Staffing:** The role of AHPs is integral to most clinical pathways and to improve health outcomes for our babies. Support services such as Speech & Language therapists are currently under resourced to offer the level of support the neonatal service requires due to being unable to recruit the personnel. Recruitment and retention, vacancies, sickness test workforce resilience on a regular basis. Workforce related issues are logged on the risk register.
Trust strategic aims:	**Aim 1 Best care**  ***Objectives 1-4*** X **Aim 2 Great team**  ***Objectives 5-8*** X **Aim 3 Best value**  ***Objective 9*** **Aim 4 Great place**  ***Objective 10-12***
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

<table>
<tr><td></td><td>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?</td></tr>
<tr><td>Previously considered by:</td><td><table><tr><th>Committee/Group</th><th>Date</th></tr><tr><td>WACS Finance Performance Review</td><td>17th August 2022</td></tr><tr><td>Trust Management Committee</td><td>24th August 2022</td></tr><tr><td>PERC</td><td>25th August 2022</td></tr></table></td></tr>
<tr><td>Action required:</td><td>The Trust Board is asked to receive this report for information and assurance of the workforce model in neonatal services and to meet national workforce standards and year 4 of the maternity incentive scheme.</td></tr>
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Agenda Item: 19

TRUST BOARD: 3 November 2022

Neonatal nursing and Medical Workforce Review

Presented by: Tracey Carter, Chief Nurse & William Forson – Divisional Director W&Cs

1. Purpose

This report will provide information on the medical, nursing and allied health professional workforce needed to provide safe, high-quality care to neonatal patients. It further discusses the recent neonatal nursing establishment, the outcome of the review and the recommendations from the report so that agreed actions can be taken forward, thereby providing assurance to the Board on the provision of safe and high-quality neonatal care.

2. Background

Woodland Neonatal unit is a Local Neonatal Unit (LNU) within East of England Neonatal ODN. Our service is classed as a large LNU (supports a Maternity service that delivers upwards of 4000 babies / annum). The unit cot configuration is 2 ITU, 5HDU, 12 Special Care & 6 Transitional Care. This configuration is in line with proposals from EoE ODN further to publication of Neonatal Critical Care Transformation Review (NCCTR) recommendations in 2019.

Highlights of our service are a dedicated, custom built 6 bedded transitional care unit located within the postnatal ward (Katherine ward). The purpose of this model aims to avoid mother and baby separation. TC service includes administration of antibiotics to babies in the postnatal ward which is supported by the maternity midwives.

The neonatal environment: Neonatal activity and demand are unpredictable and sources of admission to the neonatal unit are numerous. The sources of admissions and activities are delivery suite, theatre, birthing centre, postnatal ward, home births, CED, community, ex utero transfers from other hospitals, transfers of babies for diagnostic procedures and to other hospitals, administration of postnatal antibiotics and the Retinopathy of prematurity (ROP) clinic. The unit also admits short stay observation babies and ward attenders which require staff to manage these babies in the unit.

The neonatal staff also respond to emergency neonatal calls within the Trust or any unexpected neonatal crash calls and support stabilisation of these babies. This

unpredictability therefore necessitates that the service should be staffed with the same resource 24/7.

The neonatal unit is also involved with numerous quality improvement projects and innovation of which some of them are collaborative work with maternity, LMNS, neonatal network and external clinical trials. Evidence based practice, innovation and quality improvement is an integral part of the neonatal service to improve patient outcome, quality of care and patient experience.

3. Analysis/Discussion

3.1 Neonatal Medical Workforce mapping to BAPM 2018 Framework for Practice & Ockendon 2022 recommendations

Level	BAPM LNU medical staffing recommendation	Compliance status
Tier 1 (SHO)	1. Units designated as LNUs should have immediately available at least one resident Tier 1 practitioner dedicated to providing emergency care for the neonatal service 24/7	Compliant
	2. The provision of newborn infant physical examination should not be the sole responsibility of this individual and midwives should be trained to deliver this aspect of care	NIPEs for well babies performed by midwifery team
	3. In large LNUs (>7000 births) there should be two dedicated Tier 1 practitioners 24/7 to support emergency care, in keeping with the NICU framework	Not applicable
Tier 2 (Registrar/ Middle grade)	1. LNUs should provide an immediately available resident Tier 2 practitioner dedicated solely to the neonatal service at least during the periods which are usually the busiest in a co-located Paediatric Unit e.g. between 09.00-22.00, seven days a week	Compliant
	2. LNUs undertaking either >1500 RCDs or >600 IC days annually should have immediately available a dedicated resident Tier 2 practitioner separate from paediatrics 24/7	Not applicable
	3. LNUs undertaking either >1000 RCDs or >400 IC days annually should strongly consider providing a 24/7 resident Tier 2 dedicated to the neonatal unit and entirely separate from paediatrics; a risk analysis should be performed to demonstrate the safety, timeliness and quality of care delivery to both paediatrics, delivery suite, maternity unit and neonatal services if the Tier 2 is shared at any point 24/7 in these units. Considerations should include the level of activity of ©BAPM2018 8 any Paediatric Unit including peak activity times and the geography of the site including the location of A&E and the Paediatric wards.	Compliant

	4. The Tier 2 should be immediately available at all times to the neonatal unit and the labour ward. If the site of the paediatric unit makes this immediate response impossible separate Tier 2 rotas are required.	Compliant
Tier 3 (consultant)	1. Units designated as LNUs providing either >2000 RCDs or >750 IC days annually should provide a separate Tier 3 Consultant rota for the neonatal unit	Not applicable
	2. LNUs providing >1500 RCDs or >600 IC days annually should strongly consider providing a dedicated Tier 3 rota to the neonatal unit entirely separate from the paediatric department; a risk analysis should be performed to demonstrate the safety & quality of care if the Tier 3 is shared with paediatrics at any point in the 24 hours in these LNUs.	Rotas separate since 2015 Compliant
	3. All LNUs should ensure that all Consultants on-call for the unit also have regular weekday commitments to the neonatal service. This is best delivered by a 'consultant of the week' system and no consultant should undertake	Compliant
	4. No on-call rota should be more onerous than one in six and all new appointments to units with separate rotas should either have a SCCT in neonatal medicine or be a general paediatrician with a special interest in neonatology or have equivalent neonatal experience and training	Non-compliant (currently 1:5). This recommendation is being considered in the new business planning for an additional paediatrician with a special interest in neonatology or equivalent neonatal experience and training.

3.2 Nursing Workforce: Standards according to BAPM (2010) and Toolkit for High Quality Neonatal services (2009)

- Nurse-patient ratios 1:1 ITU, 1:2 HDU, 1:4 SC
- registered to non-registered ratios are 70:30 for special care
- Nurse staffing should be established to 100% to ensure that peaks in activity can be managed without adverse effect on outcomes, mortality and morbidity
- Percentage of qualified in speciality staff required should be 70%
- Unit's total nursing establishment should be calculated on 80% cot occupancy with the help of the appropriate staffing tool standards to ensure that the service has appropriate staffing levels and skill mix to deliver a safe service.
- Additional supernumerary team leader/ nurse in charge each shift
- A minimum of 70% (special care) and 80% (high dependency and intensive care) of the workforce establishment hold a current Nursing and Midwifery Council (NMC) registration.

- A commissioned activity with an uplift of 25% to accommodate expected leave (annual, sick, maternity, paternity, mandatory training and continuous professional development (CPD), based on an 80% occupancy level.

Historically, the Trust uses the professional judgement informed by the Dinning tool The Dinning tool has now been superseded by the CRG calculator, approved by the national Neonatal Implementation Board, the Dinning tool is therefore not the optimal approach to nurse staffing as it models on cot configurations (published by NHSEI) in calculating the required neonatal nursing workforce. This tool uses 5.2 WTE in calculating the required nursing establishment according to the level of activity from Badgernet.

Trust vs National nursing workforce calculation:

Standards	Unit's compliance
Nurse- patient ratios 1:1 ITU, 1:2 HDU, 1:4 SC	Able to follow the staffing ratios however due to staffing issues, this might not be followed (rare occasion)
registered to non-registered ratios are 70:30 for special care	
Nurse staffing should be established to 100%	
Percentage of qualified in speciality staff required should be 70%	Compliant - QIS is 80.5%
Unit's total nursing establishment should be calculated on the basis of an average 80% cot occupancy	Nursing establishment review July 2022
Additional supernumerary team leader/ nurse in charge each shift	97%
Uplift	The trust uses an uplift of 21.6 to cover annual, study and sickness leave. However this is supplemented with maternity leave cover at 100% of vacancy (funded from divisional reserves). This is equivalent to compliance with 25%.

3.3 Neonatal Network Staffing Calculator

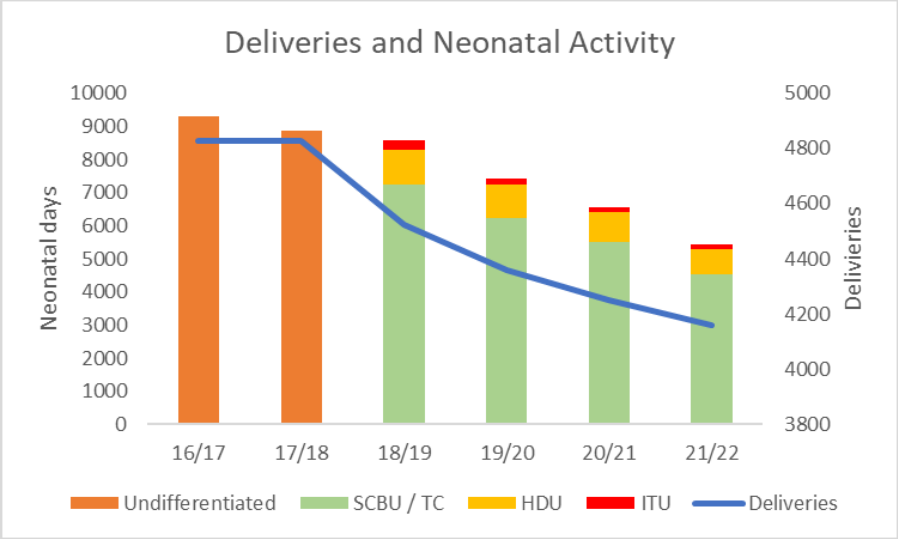
National Reports and Reviews pertaining to neonatal nurse staffing; Ockenden 2020, 2022, GIRFT 2022, NNAP 2020, RCN 2020, RCPCH 2020, all define the need for robust neonatal nurse staffing to ensure optimal outcomes for the patient group. The move to activity and occupancy-based models for WTE requirements aims to ensure robust application of the recommendations within these publications. Pending report for neonatal care relating to East Kent and Nottingham services where investigations have been undertaken may also add further recommendations for Trust to address. These reports are expected to be published in autumn 2022.

3.4 Trust Assessment of Staffing and Capacity

Capacity Required

Following a trend of decline in the number of deliveries and neonatal days over a number of years, the trust has re-assessed the number of cots required to a revised number of 2 ITU cots, 3 HDU cots, 9 SCBU cots and 6 transitional care cots, 20 cots in total.

Assuming 21/22 activity, this will give an occupancy rate of 75%



Forecasting future demand necessarily represents an uncertainty however the following factors will support the trust in managing peaks of activity:

- Expected capacity is lower than the 80% maximum recommended by BAPM
- The trust is assuming higher levels of acuity than in recent years (due to 2 ITU cots)
- Although this is not ideal, the admissions nurse can be redeployed to provide short term support.
- Although this is not ideal, the neonatal sister, matron and education nurses are able to provide short term support.

Workforce Required

The total current establishment for the Neonatal and Transitional Care Unit is shown below.

	Total budgeted establishment=59.7	Direct	Non direct
SCBU	48.3 WTE	36.9 WTE	11.41 WTE
TC	11.4 WTE	10.4 WTE	1 WTE
Total	**59.7**	**47.3**	**12.42**

Assuming 20 cots gives a staffing requirement of 48.1 WTE for NICU and transitional care:

Cots	Number	Nursing ratio	Staffing
ITU	2	5.2	10.4
HDU	3	2.6	7.8
SCBU / TC	15	1.3	19.5
Nurse in charge			5.2
Admission nurse			5.2
Total			**48.1**

This requires an increase in establishment of 0.8 WTE (48.1 minus 47.3 direct current posts).

48.1 WTE represents 9 staff per shift: 1 ITU nurse, 2 HDU nurses, 2 SCBU nurses, 2 transitional care nurses, 1 admissions nurse and 1 nurse in charge. In practice, staff within ITU / HDU / SCBU will flex according to the acuity of the patients.

There is a risk that, if there are two patients in ITU, nursing will be insufficient. This will be mitigated through flexing with HDU / SCBU or use of the admissions nurse.

The admission nurse is an important role in the provision of neonatal service to support different activities in the unit such as the administration of postnatal antibiotics, attend emergency neonatal calls within the Trust or any unexpected neonatal crash calls and support stabilisation of these babies, admission of short stay observation babies/ward attenders and to run the outpatient ROP clinic.

Comparison with the CRG Network Workforce Tool

The CRG Neonatal Workforce tool calculates required establishment based on cots. Based on 20 cots, this gives a staffing requirement of:

Cots	Number	Ratio	Staffing
ITU	2	6.07	12.2
HDU	3	3.035	9.1
SCBU / TC	15	1.52	22.8
NIC		6.07	6.07
Total	**20**		**50.1**

This is based on 6.07 WTE to provide 1 WTE nursing cover 24/7. This represents 8 WTE per shift (50.1/6.07 = 8.25).

There is a shortfall of 2 WTE compared to this calculator (50.1- 48.1). However, it should be noted that:

- WHHT staffing per shift exceeds the level recommended by the calculator
- This is because an admissions nurse is rostered on every shift; this exceeds network recommendations.

WHHT is able to exceed staffing per shift (9 staff per shift compared to 8) because it believes that it is possible to staff 1 WTE nursing cover with 5.2 WTE.

3.5 Quality Roles

According to Getting it Right First Time Report (April 2022), neonatal units should adhere to national staffing standards for nursing and medical including protected time for medical and nursing quality enhancing roles. On the unit's peer review and the GIRFT visit in 2021, it was recommended in the reports that quality roles should be built in the establishment to ensure staff have time to fulfil the requirements of these roles. These quality roles include bereavement lead, research nurse, digital lead, Developmental care/Family integrated care lead, risk and governance, health and safety and infection control lead.

The neonatal service is involved with numerous quality improvement projects and innovation in collaboration with Maternity, LMNS and the EoE network such as Repatriation QIP, ATAIN, SURF on, probiotics, normothermia QIP, delayed cord clamping, etc. As innovation and quality improvement is an integral part of the neonatal service to improve the quality of care and neonatal outcome, a research nurse role is necessary to achieve this. The research nurse will also take on the digital lead role to be able to support and implement technological and digital projects in the neonatal service such as Badgernet EPR. An additional 2.6 WTE is required to the establishment.

The EoE network is currently reviewing and benchmarking quality roles in each neonatal hospital within the network. This will guide neonatal services of the additional staffing required in their establishment for the quality roles. Following publication of this guidance, matneo safety funding will be used to invest in these roles.

4. Risks

4.1 Medical staffing:

Tier 1 Skill Mix and consequent strengthening/resilience at Tier 2 level
Tier 3 – not compliant to minimum on call frequency

4.2 Nursing workforce:

Not using the national CRG tool does not fulfil the national standard and requirement set to ensure effective and safe staffing. This will be discussed with the LMNS. The gap in

workforce is 2.0 WTE however as discussed above the Trust is exceeding the number of clinical nurses per shift.

Ensuring the CRG tool is used to support workforce planning and compliance to national standards driven from this tool is important for the Trust. The HWE LMNS is working with each unit to support innovation and new ways of working with skill mixing across the teams using the CRG tool as the main driver for change. Working outside of the CRG tool is potentially creative of risk for the Trust.

Ensuring activity levels and occupancy is vital to monitoring safe staffing and will require regular review as the post pandemic landscape and patient choice in maternity evolves in the coming years. The GIRFT and NCCR will also evolve with the recommendations contained in both national drivers, which are further driven by the well-established BAPM standards.

4.3 AHP workforce:
Lack of AHP workforce will cause delay in the management of babies and increase hospital cost due to increase length of stay thus impacting the quality of care and outcome of babies in the neonatal unit.

5. Areas to note

- The increase in NICU nursing staffing of 0.8 WTE.
- The department will work with the LMNS to confirm that, although local arrangements vary, levels of clinical staffing are in line with network expectations
- The move from 25 declared cots with an occupancy of around 60% to 20 cots with an expected occupancy of 75%
- Discussion at trust management committee of the uniqueness and early adopter/innovative model of care that unit provides and to review and support the workforce requirements for family centred care, care that focusses on keeping mums and babies together
- 1:6 on call: This recommendation is being considered in the new business planning for an additional paediatrician with a special interest in neonatology or equivalent neonatal experience and training

6. Recommendations:

6.1 The Trust Board is asked to receive this report for information and assurance of the workforce model in neonatal services and to meet national workforce standards and year 4 of the maternity incentive scheme.

Name of Director - Tracey Carter
Title Chief Nurse

Date: October 22

West Hertfordshire Teaching Hospitals NHS Trust

Trust Board Meeting
3rd November 2022

Title of the paper	**Finance update M6**
Agenda Item	**20**
Presenter	**Don Richards, Chief Financial Officer**
Author(s)	**Don Richards, Chief Financial Officer**
Purpose	*For approval*: *For discussion*: √ *For information*: √
Executive Summary	The purpose of this report is to provide the Trust Board with information to support short and longer-term financial health assurance. The report covers: - The Trust's revenue, capital and cash flow performance for the first five months of the year. - The income and expenditure forecast to the end of the 2022/23 financial year. - The current value of Trust assets and liabilities. - The approach for longer term financial planning under the new financial regime. The Trust reports an increase to the year-to-date deficit to £5.1m (£0.4m larger than last month) but this remains in line with the plan for the year. We continue to accrue for elective recovery fund (ERF) income. The month 6 financial position was supported by accruing the full six months (£5.8m) of ERF income in line with national confirmation that this is payable regardless of recovery performance. Our elective activity recovery remains significantly behind target however as discussed elsewhere on the Board agenda and at Committees. The data suggests the shortfall is a combination of less activity and a less intense patient casemix. However a material proportion of the variance looks to be due to the changed quality of data, following the introduction of the new electronic patient record system. There are offsetting variances within the year-to-date position despite the overall performance being in line with plan. COVID related costs reached £4.7m compared with year- to-date funding of £4.6m. Compared to earlier months we therefore see a narrowing of the gap between funding and spend. Some of these costs contributed to an overall medical staff overspend of

£3.0m.

CIPs are falling short of target and when combined with efficiencies expected from the EPR system are currently expected to reach £13.6m compared to the total £17.9m expected (£15m general efficiencies and £2.9m EPR related).

Although the performance remains in line with trajectory the risk to break-even is heightened this month because of the scale of efficiencies expected to be achieved in the last six months of the year the analyses show an expected moderate increase in the income trajectory but a relatively large reduction in the expenditure trajectory from non-pay savings, agency cost reductions and a re-assessment of annual leave accruals.

The balance sheet remains relatively unchanged, with relatively modest increases in payables and reductions in receivables supporting an increased cash balance compared to the start of the year.

The Trust is supporting the ICS's medium term financial planning long term financial planning which will ultimately enhance the Trust's own long term financial plan. At this stage a number of important financial variables are yet to be clarified including the scale of reduction of COVID funds, the recurrent nature of elective recovery funding, the pace of change of ICB allocations to a need- based assessment of funding. This element of the report will be updated on a quarterly basis to support other plans and strategies.

Financial management actions will continue to focus on:

- Maximising the productive use of revenue funds to treat more elective patients.
- Ensuring that funds reserved to manage COVID pandemic pressures are used efficiently.
- Developing general and EPR driven efficiencies to further mitigate the risks of a deficit financial plan.
- Ensuring that financial governance is strong enough to minimise the risk of new financial pressures emerging.
- Further development of the long-term financial model including supporting the ICS development of a medium term financial plan.

Trust strategic aims

Aim 1 Best care	Aim 2 Great team	Aim 3 Best value	Aim 4 Great place
			
Objectives 1-4	***Objectives 5-8***	***Objective 9***	***Objective 10-12***
✓	✓	✓	✓

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?

<table>
<tr><td></td><td>☐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?</td></tr>
<tr><td>Previously considered by</td><td><table><tr><th>Committee/Group</th><th>Date</th></tr><tr><td>TMC</td><td>26 October 2022</td></tr><tr><td>FPC</td><td>27 October 2022</td></tr></table></td></tr>
<tr><td>Action required</td><td>The Board is asked to note the contents of this report and approve the actions summarised in the cover sheet above.</td></tr>
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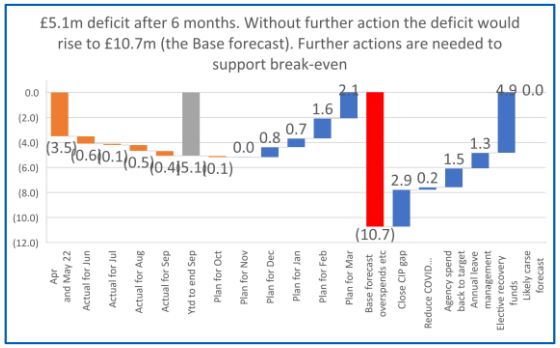
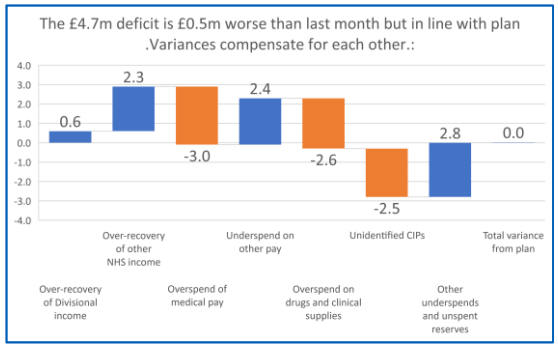
NHS
West Hertfordshire Teaching Hospitals
NHS Trust

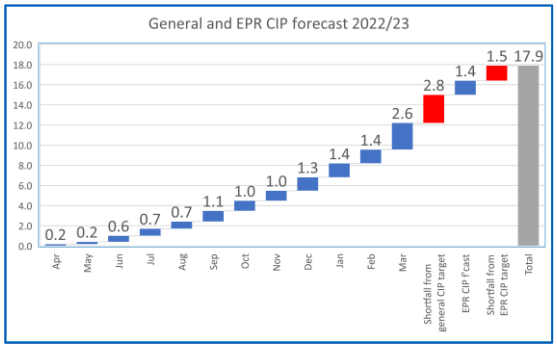
Month 6 Finance Report

The I&E account reports a £5.1m deficit after 6 months, in line with plan and we forecast break-even by year –end.

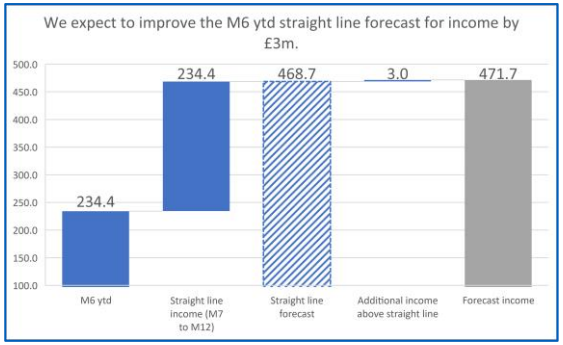
West Hertfordshire Teaching Hospitals NHS Trust

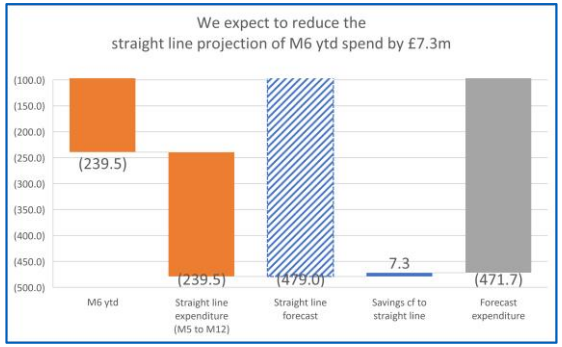






Trust Definition	Expense Type	Annual Budget	In Month (£000s) Budget	Actual	Variance	Year to Date (£000s) Budget	Actual	Variance
Income	Divisional Income	34,140	2,987	3,392	404	17,090	17,683	593
	NHS Revenue	440,410	40,160	41,468	1,308	218,316	220,665	2,349
Income Total		**474,550**	**43,147**	**44,860**	**1,712**	**235,406**	**238,348**	**2,942**
Pay	Medical Pay	-85,722	-7,806	-8,393	-587	-42,897	-45,916	-3,019
	Non-Clinical Pay	-63,987	-5,375	-3,802	1,573	-32,118	-26,463	5,655
	Nursing Pay	-91,879	-9,048	-9,538	-490	-46,170	-48,174	-2,004
	Other Clinical Pay	-35,328	-3,662	-3,945	-283	-17,856	-18,736	-881
	Scientific, Technical & Profes	-29,959	-2,929	-3,007	-78	-14,969	-15,390	-421
	Pay Unidentified CIPs	7,289	511	0	-511	1,411	0	-1,411
Pay Total		**-299,586**	**-28,309**	**-28,684**	**-375**	**-152,598**	**-154,679**	**-2,081**
Non Pay	Clin Supp Serv	-29,553	-2,557	-2,519	38	-14,644	-15,882	-1,238
	Drugs	-23,254	-1,996	-2,323	-327	-11,382	-12,787	-1,404
	OTHER (NON CLIN)	-107,456	-9,357	-9,385	-28	-53,070	-49,394	3,677
	Non Pay Unidentified CIPS	5,222	360	0	-360	1,114	0	-1,114
	Recharges	0	0	0	0	0	0	0
Non Pay Total		**-155,041**	**-13,550**	**-14,226**	**-676**	**-77,983**	**-78,063**	**-80**
Other Expenditure	Financing Charges	-19,923	-1,660	-2,296	-636	-9,961	-10,699	-738
Other Expenditure Total		**-19,923**	**-1,660**	**-2,296**	**-636**	**-9,961**	**-10,699**	**-738**
Month 6 Grand Total		**0**	**-372**	**-347**	**25**	**-5,136**	**-5,092**	**44**

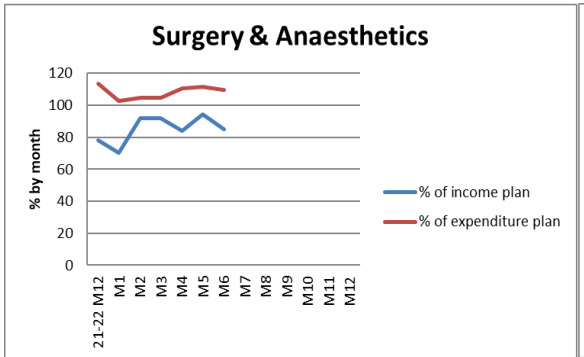


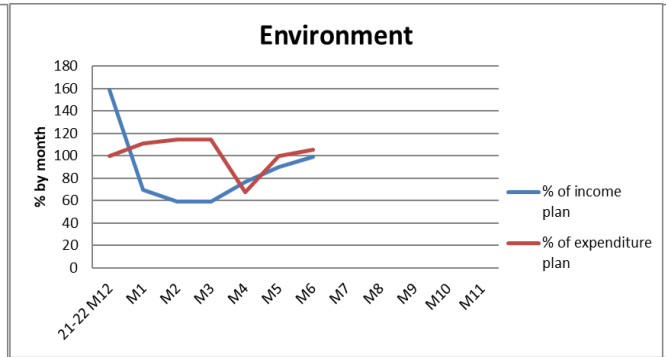


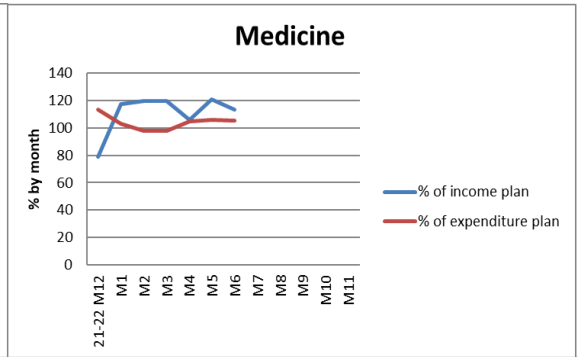
We report an I&E deficit of £5.1m after 6 months. The aggregate of Divisional forecasts leads the Trust to a £10.7m deficit by year end. Further actions, including identifying savings up to targeted level, improve the forecast to break-even.

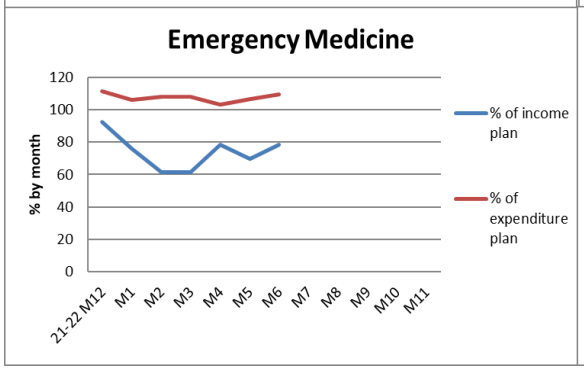
Two graphs at the bottom show a £3.0m improvement needed against a straight line income projection (largely due to income and SD funds) and a £7.3m improvement needed against a straight line expenditure forecast (by CIP delivery, agency cost change, COVID cost reductions and improvements to year end liabilities) in order to achieve break-even.

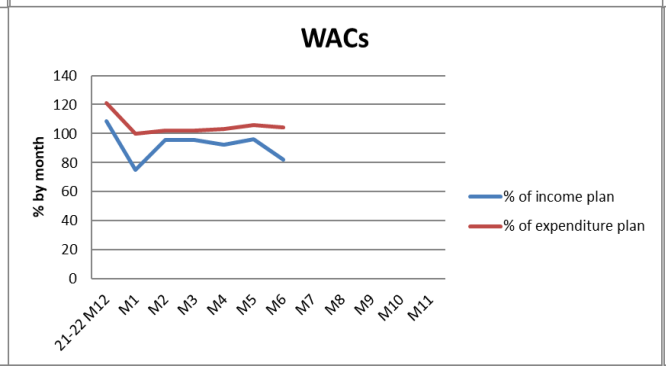
Income (activity) recovery stalled in September. Expenditure trends are rising potentially compromising the break even target.

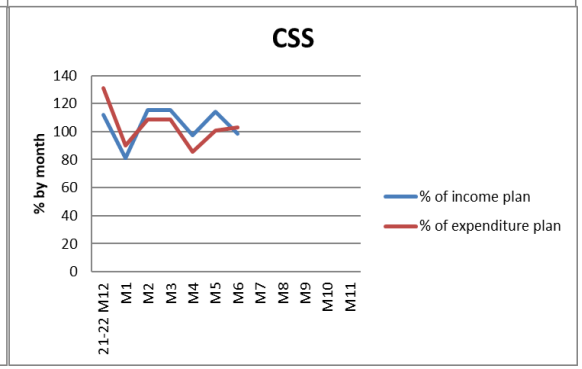












Background	What does the data tell us?	Key issues	Actions & Mitigations
Due to the focus on post pandemic recovery this slide indicates how each Division improves its output while controlling its costs by plotting each month's income as a % of plan (blue line) and expenditure as a % of plan (red line).	The ideal scenario is for (a) the blue line to always be above the red line and for the blue line to trend upwards while the red line remains flat or trend downwards.	Nearly all divisions are showing a lower % performance against income whilst cost as a % f budget is significantly higher. This reflects the lower levels of activity currently being performed.	• General focus on efficiency and recovery for all Divisions. • Recovery actions presented at the finance performance review. • Service developments that support Elective recovery

Our forecasts include anticipated inflationary pressures which the Trust plans to mitigate. Inflation estimates are largely unchanged from month 5.

West Hertfordshire Teaching Hospitals NHS Trust

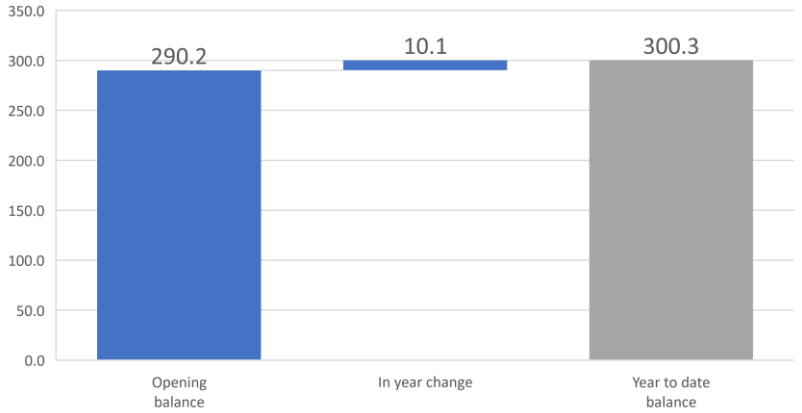
			Inflation funding				Unfunded inflation	
	2021/22 cost base (£m)	% of cost base	Funding received (Gross of efficiency expectation)	Funding as % on cost base	Forecast inflation %	Inflation impact	%	£m
Pay (excludes non recurrent pension cont)	280.0	65%	15.5	5.5%	5.6%	3.6%		
Gas	1.3	0%			207.0%	0.6%		
Electricity	2.0	0%			73.5%	0.3%		
Transport	0.5	0%			15.0%	0.0%		
Supplies and services - general	1.9	0%			10.1%	0.0%		
Linen & Laundry	1.9	0%			10.1%	0.0%		
Disposable gowns	3.4	1%			10.1%	0.1%		
Premises - other	5.9	1%			10.1%	0.1%		
Drugs costs (drug inventory consumed and purchase of non-	22.9	5%			10.0%	0.5%		
Purchase of healthcare	4.0	1%			6.6%	0.1%		
Supplies and services – clinical (excluding drugs costs)	30.4	7%			6.6%	0.5%		
Cleaning	2.3	1%			5.5%	0.0%		
Domestic	4.9	1%			5.5%	0.1%		
Portering	1.5	0%			5.5%	0.0%		
Education and training - non-staff	1.6	0%			5.5%	0.0%		
Medical Equipments / Surgical Instruments/ MSSE	0.0	0%			5.4%	0.0%		
Establishment	3.3	1%			5.0%	0.0%		
Maintenance Contract	3.9	1%			5.0%	0.0%		
IT infrastructure contract	4.5	1%			5.0%	0.1%		
IT (software mtce/ computer hardware & software)	6.8	2%			5.0%	0.1%		
Outsourcing Costs	9.8	2%			3.5%	0.1%		
Consultancy	1.5	0%			3.5%	0.0%		
Audit fees and other auditor remuneration	0.1	0%			3.5%	0.0%		
Catering	2.6	1%			3.0%	0.0%		
Premises - business rates payable to local authorities	1.4	0%			0.0%	0.0%		
EPR licence	2.3	1%			0.0%	0.0%		
Clinical negligence	24.5	6%			0.0%	0.0%		
Other	6.3	1%			10.1%	0.1%		
Sub total non pay operating expenses	151.3	35%				3.0%		
PDC Dividend	NA				NA	NA		
Depreciation and other financing	NA				NA	NA		
Sub total non pay	151.3	35%	5.6	3.7%		3.0%		
Total cost base	431.3	100%	**21.1**	4.9%		6.6%	-1.7%	-7.4

The table to the left compares inflation funding of £21.1m received (4.9% of our cost base) with a forecast inflation experience (including pay costs) of 6.6%. The 1.7% difference is equivalent to £7.4m which the Trust expects to mitigate through measures discussed earlier.

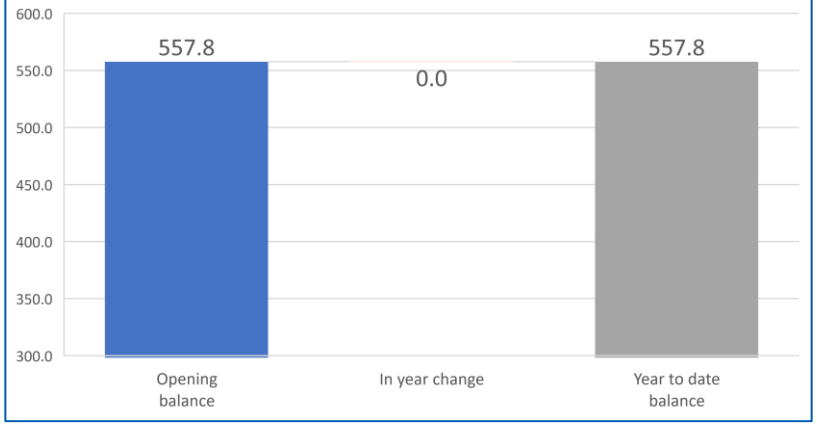
The balance sheet remains relatively stable. Current assets and current liabilities are increasing.

West Hertfordshire Teaching Hospitals NHS Trust

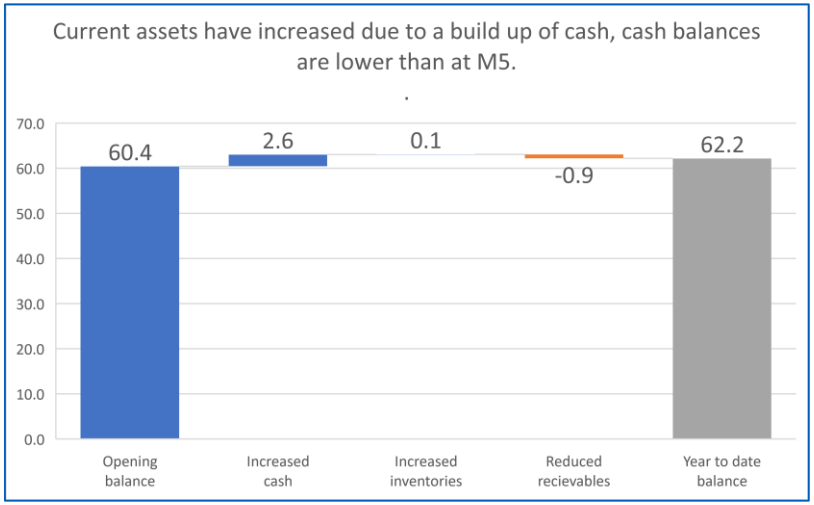
Fixed assets have changed due to capital expenditure and capitalisation of leases in line with accounting standard IFRS16



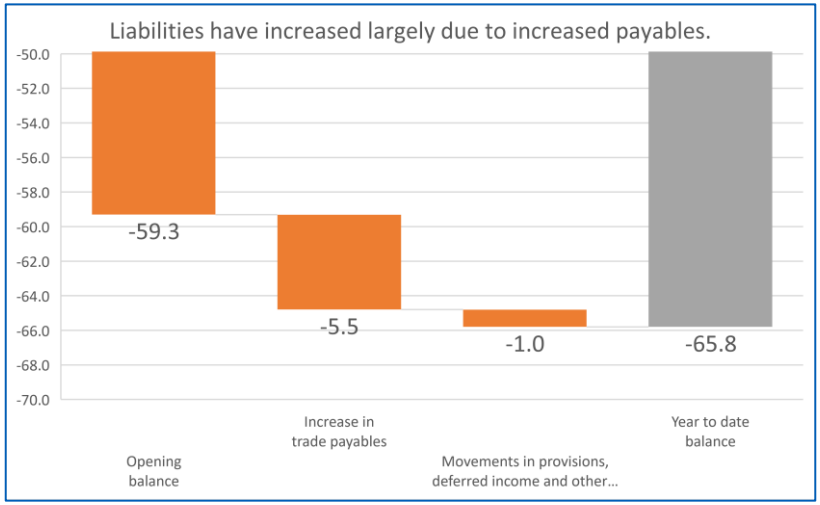
PDC remains unchanged as the Trust is yet to receive funding for nationally supported capital investment



Current assets have increased due to a build up of cash, cash balances are lower than at M5.



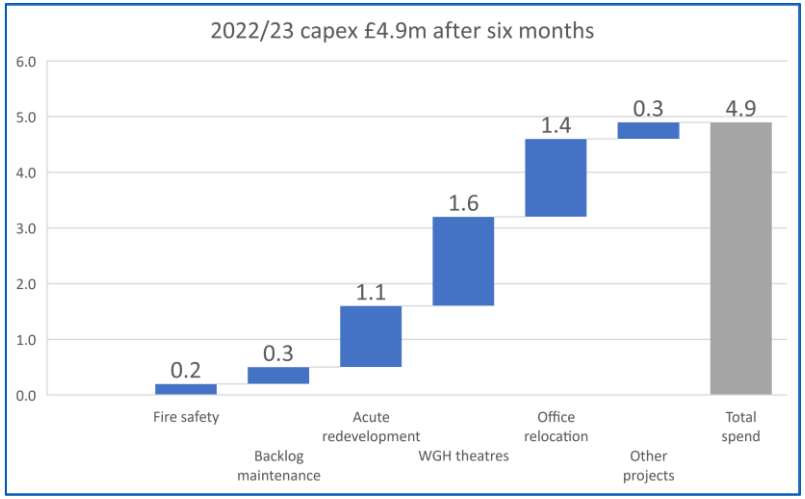
Liabilities have increased largely due to increased payables.

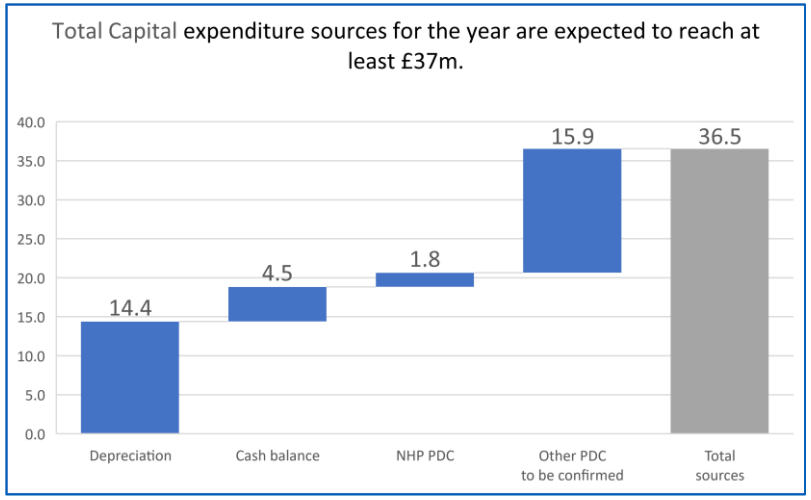


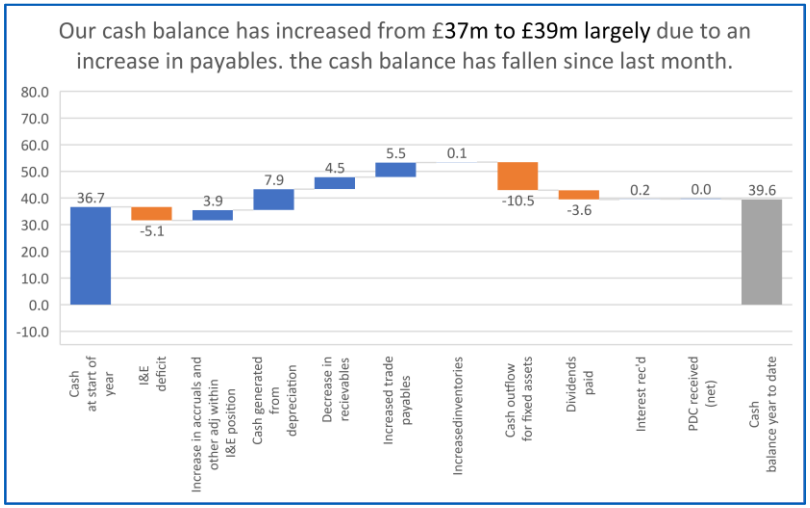
5

Cash balance at £39m. Capital expenditure totals £4.9m after 6 months. We await confirmation of bids for funds for nationally supported projects.

West Hertfordshire Teaching Hospitals NHS Trust







After 6 months the Trust spent £4.9m of its current full year allocation of £19.9m. However we expect the capital programme to be supplemented significantly to £37m to £50m to support a series of nationally supported projects including the creation of a community diagnostic centre, improvements to ED, additional ward capacity and the creation of a replaced essential pathology services laboratory.

The cash balance at the end of August was £39m which fell from the previous month's £50m.

We expect to produce an update on our long-term financial plans each quarter.

Our long term financial modelling will ultimately be influenced by funding allocations to NHS Integrated Care Boards (ICBs) and their consequential financial planning. However it is useful for the Trust to test the impact of scenarios for (e.g.) funding assumptions, service demand, new developments, efficiencies on the longer term financial health of the Trust.

The Trust has started to lead the work with te ICB on the development of an ICS medium term financial model which will form the framework for the Trust's long term financial plan.

We will be explicit about the assumptions that we're using for our long-term plan.

West Hertfordshire Teaching Hospitals NHS Trust

This table shows the initial assumptions used to drive the draft output. These are still being refined and will require further engagement / communication (internal and external) to refine

			22/23	23/24	24/25	25/26	26/27	Compound effect
Income	A	GDP deflator	3.5%	2.8%	2.8%	2.8%	2.8%	**15.6%**
	B	National efficiency expectation	(1.1%)	(1.1%)	(1.1%)	(1.1%)	(1.1%)	**(5.4%)**
	C	Convergence allocation	(0.8%)	(0.8%)	(0.8%)	(0.8%)	0.0%	**(3.2%)**
	D	Allocation for growth	2.1%	2.1%	2.1%	2.1%	2.1%	**11.0%**
	E	**Total NHS income growth**	**3.7%**	**3.0%**	**3.0%**	**3.0%**	**3.8%**	**18.0%**
	F	Other income growth	2.0%	2.0%	2.0%	2.0%	2.0%	**10.4%**
	G	**Total Income Growth**	**3.6%**	**2.9%**	**2.9%**	**2.9%**	**3.7%**	**17.1%**
Costs	H	Activity - demographic growth	1.4%	1.4%	1.3%	1.3%	1.2%	**6.8%**
	I	Activity - non demographic growth	1.4%	1.6%	1.5%	1.5%	1.5%	**7.7%**
	J	Service transformation effect	(1.6%)	(1.6%)	(1.6%)	(1.6%)	(1.6%)	**(7.7%)**
	K	**Capacity growth**	**1.2%**	**1.4%**	**1.2%**	**1.2%**	**1.1%**	**6.3%**
	L	Recurrent efficiencies	(3.0%)	(3.2%)	(1.6%)	(1.6%)	(1.6%)	**(10.5%)**
	M	Cost inflation	5.5%	2.8%	2.8%	2.8%	2.8%	**17.8%**
	N	Recurrent cost pressures	0.5%	1.0%	1.0%	1.0%	1.0%	**4.6%**
	O	**Total recurrent cost growth**	**4.2%**	**2.0%**	**3.4%**	**3.4%**	**3.3%**	**17.4%**
	Net Growth		**(0.6%)**	**0.9%**	**(0.5%)**	**(0.5%)**	**0.4%**	**(0.3%)**
Other	P	Non recurrent efficiencies	(1.0%)	(0.5%)	0.0%	0.0%	0.0%	**(1.5%)**
	Q	Non recurrent cost pressures	1.0%	0.5%	0.0%	0.0%	0.0%	**1.5%**
	R	COVID costs (NR) £'m	(11.2)	(5.0)	-	-	-	**-**
	S	COVID funding (NR) £'m	9.2	5.0	-	-	-	**-**
	T	Capacity pressures - costs (NR) £'m	(6.1)	(6.1)	(6.1)	(6.1)	(6.1)	**-**
	U	Capacity pressures - funding (NR) £'m	11.2	-	-	-	-	**-**
	V	SD1 - gross revenue cost pressure	-	-	-	-	-	**-**
	W	SD1 - gross revenue saving	-	-	-	-	-	**-**

- Under the PbR regime, the Trust's long term financial modelling assumed income rising broadly in line with activity, moderated by effective service transformation.
- Our new financial planning approach will involve modelling income based on an understanding of how health system funding is likely to change and modelling expenditure change based on forecast activity growth and cost inflation, moderated by service transformation and efficiency programmes.
- We will also focus on the separate revenue impact of major service developments.

The draft outputs will help set the agenda for more detailed planning rounds

West Hertfordshire Teaching Hospitals NHS Trust

The following table presents the initial output of the LTFM and the impact of some of these key assumptions

			22/23	23/24	24/25	25/26	26/27
I&E		Total operating revenue - normalised	466.7	454.0	462.2	475.8	493.2
		Total operating expenses - normalised	(445.1)	(435.9)	(444.3)	(458.7)	(473.0)
		Total non-operating expenses	(21.5)	(20.9)	(22.5)	(23.0)	(21.0)
		Net surplus/(deficit)	**(0.0)**	**(2.8)**	**(4.5)**	**(5.9)**	**(0.8)**
NR income and costs	U	Capacity pressures funding	11.2	0.0	0.0	0.0	0.0
	S	Covid Costs Funding	9.2	5.0	0.0	0.0	0.0
		Total Non Recurrent Income	**20.3**	**5.0**	**-**	**-**	**-**
		Service transformation investments					
	T	Capacity pressures	(6.1)	(6.1)	(6.1)	(6.1)	(6.1)
	R	Covid Costs	(10.9)	(5.0)	0.0	0.0	0.0
		Total Non Recurrent Costs	**(17.0)**	**(11.1)**	**(6.1)**	**(6.1)**	**(6.1)**
		Total non-recurrent items	**3.4**	**(6.1)**	**(6.1)**	**(6.1)**	**(6.1)**
I&E excl. NR items		**Underlying Deficit**	**(3.4)**	**3.3**	**1.5**	**0.1**	**5.3**
Key drivers of position	C	Convergence allocation %	(0.8%)	(0.8%)	(0.8%)	(0.8%)	0.0%
	C	Convergence allocation £'m	(3.0)	(3.0)	(3.0)	(3.0)	-
	J	Service transformation effect %	(1.6%)	(1.6%)	(1.6%)	(1.6%)	(1.6%)
	J	Service transformation effect £'m	5.0	6.9	6.5	6.5	6.5
	L	Total efficiency required (%)	3.0%	3.1%	1.6%	1.6%	1.5%
	L	Total efficiency required £'m	-	13.7	6.7	6.7	6.7
	A less P	Income inflator (GDP) less cost inflation	(2.0%)	0.0%	0.0%	0.0%	0.0%
	N	Recurrent Cost Pressures £'m	0.5%	1.0%	1.0%	1.0%	1.0%
	N	Recurrent Cost Pressures %	(2.5)	(4.3)	(4.1)	(4.1)	(4.1)

The initial outputs with current assumptions indicate future deficits based on an assumption that the Trust will experience non recurrent capacity pressures in line with historical experience. It is however likely that the Trust will find non-recurrent solutions to ensure break-even in each year.

We will highlight the financial impact of major service developments

Our quarterly report will highlight the impact of our major service developments in terms of capital expenditure in each year and the net revenue pressure or benefit derived from each development.

			22/23	23/24	24/25	25/26	26/27	Compound effect
SD and BAU capex	V	SD1 - gross revenue cost pressure	-	-	-	-	-	-
	W	SD1 - gross revenue savings	-	-	-	-	-	-
	X	SD1 - Capex	-	-	-	-	-	-
	Y	SD2 - gross revenue cost pressure	-	-	-	-	-	-
	Z	SD2 - gross revenue savings	-	-	-	-	-	-
	AA	SD2 - Capex	-	-	-	-	-	-
	AB	BAU - Capex	-	-	-	-	-	-

There are a number of large developments that are at the business case / formal approval stage (e.g. the Trust redevelopment, CDC, additional Shrodells wards, Pathology – enabling works and the land acquisition).

Next steps

West Hertfordshire Teaching Hospitals NHS Trust

- Support the ICB in developing an ICS MTFP which considers the effect of published ICB allocations.
- Refinement of Trust LTFM assumptions based on ICS MTFP
- Refinement of Trust LTFM assumptions with Trust senior management.
- Update LTFM starting point from 2022/23 plan to 2022/23 forecast
- Refine and incorporate the longer term transformation programme into the Financial Strategy
- Incorporate service developments / capital programmes as they are approved
- Iterate assumptions with ICB and wider system

West Hertfordshire Teaching Hospitals NHS Trust

Trust Board Meeting
3 November 2022

Title of the paper:	**Research and Development Mid-year review (performance and strategy)**
Agenda Item:	**21**
Presenter:	**Dr Mohit Bhandari, Dr Rama Vancheeswaran and Fiona Smith**
Author(s):	**Fiona Smith, Associate Director, Research and Development**
Purpose:	*Please tick the appropriate box* *For approval*: *For discussion*: ✓ *For information*: ✓
Executive Summary:	The purpose of this report is to provide the Board with a mid-year R&D update for FY22/23. ▪ Research recruitment mid-year is strong compared with similar NT CRN Trusts and with years previous to the pandemic. ▪ More participants have been recruited into commercial studies than ever before so far in FY22/23. ▪ Dr Valerie Page was awarded the Research Excellence category Star of Herts award. ▪ Lillian Norris (Research Nurse) was shortlisted for the Research Excellence Star of Herts award. ▪ We have been awarded funding for a part time Data Manager (EPR) for 18 months from NT CRN.
Trust strategic aims: *(please indicate which of the 4 aims is relevant to the subject of the report)*	**Aim 1 Best care** — ***Objectives 1-4*** — ✓ **Aim 2 Great team** — ***Objectives 5-8*** — ✓ **Aim 3 Best value** — ***Objective 9*** — ✓ **Aim 4 Great place** — ***Objective 10-12*** — ✓
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? ☒Is appropriate and accurate information being effectively processed,

<table>
<tr><td></td><td>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?</td></tr>
<tr><td>Previously considered by:</td><td><table><tr><th>Committee/Group</th><th>Date</th></tr><tr><td>PERC</td><td>27 October 2022</td></tr></table></td></tr>
<tr><td>Action required:</td><td>The Board is asked to receive this report for discussion.</td></tr>
</table>

Agenda Item: 21

Trust Board meeting – 3 November 2022

Research and Development Mid-year review (performance and strategy)

Presented by: Dr Mohit Bhandari, Dr Rama Vancheeswaran and Fiona Smith

1. Purpose

1.1 The purpose of this paper is to provide PERC with an overview of current research activity at WHTH in 2022/23 at the mid-year point (end of Q2). It includes an update on progress against our strategy and Key Performance Indicators (KPIs).

2. Background

2.1 West Hertfordshire Teaching Hospitals NHS Trust [WHTH] is committed to developing an environment where patients, service users, staff and visitors are given the opportunity to participate in high quality health research. The R&D strategy documents how WHTH will enhance patient outcomes and experience through offering research opportunity and innovation for our patients and staff.

2.2 Research is a core function of health and social care. It is essential for our health and well-being and for the care we receive. Research should improve the evidence base, reduce uncertainties and lead to improvements in future care, while the quality of current care may be higher in organisations that take part in research and adopt research findings. Research develops the skills of staff and involves patients, service users and the public in the pursuit of knowledge that may benefit them and others

2.3 Developing a research-active culture can bring a host of benefits for patients, clinicians and the NHS, driving innovation, giving rise to better and more cost-effective treatments, and creating opportunities for staff development. Growing evidence supports this:

- Research-active Trusts appear to do better in overall performance.
- Academic output correlates with better mortality rates.
- Treatment of patients on clinical trials is associated with considerable cost savings.

2.4 The NHS Constitution commits to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

2.5 The Trust is part of the National Institute for Health Research [NIHR] who have a vision ‘to improve the health and wealth of the nation through research’.
The National Institute for Health Research delivers this mission through six core workstreams:

- Funding, supporting and delivering high-quality research that benefits the NHS, public health and social care
- Engaging and involving patients, carers and the public to improve the reach, quality and impact of research
- Attracting, training and supporting the best researchers to tackle the complex health and care challenges of the future

- Investing in world-class infrastructure and a skilled delivery workforce to translate discoveries into improved treatments and services
- Partnering with other public funders, charities and industry to maximise the value of research to patients and the economy
- Funding global health research and training to meet

2.6 The Trust is a partner organisation to the NIHR Clinical Research Network North Thames (NTCRN) who provide research leadership and funding to support research.

2.7 The Health Research Authority [HRA] has worked with other bodies, including the MHRA and NIHR, to create a unified approval process and to promote proportionate standards for compliance and inspection within a consistent national system of research governance. This change is now fully implemented.

2.8 The Health Research Authority protects and promotes the interests of patients and the public in health and social care research. They also encourage the pursuit of high-quality research that:

- involves patients, service users and the public appropriately;
- meets their needs;
- accesses participants and information quickly and efficiently;
- minimises the risk of harm to participants and protects their confidentiality in accordance with their consent and the law; and
- produces findings that improve the evidence base and may lead to better health and well-being.

2.9 Work is continuing to recover the UK's diverse portfolio of clinical research. Building on the lessons learned from COVID-19, the HRA aims to create a research delivery environment which is patient-centred, pro-innovation and digitally-enabled. Working with government, research sponsors, other regulators and the NHS, the HRA have now published their collaborative vision for the future of clinical research delivery. To support their bold vision, they have identified five key themes which underpin the improvements they will take forward.

These themes are:

- create an environment where research is valued and embedded into the everyday practice across the NHS and all health and care settings
- make research open to everyone and to make participation in research as easy as possible
- better use of data and digital tools to make the UK the most advanced and data-enabled clinical research environment in the world.
- for the UK to be the best place in the world to conduct streamlined, efficient and innovative clinical research
- a sustainable, supported research delivery workforce – offering rewarding opportunities for all healthcare staff and exciting careers for those from all professional backgrounds who lead research.

2.10 NIHR Research Recovery and Reset

The UK clinical research delivery system is facing unprecedented challenges to support the delivery of research, following the COVID-19 pandemic. The ongoing impact of the pandemic on elective backlog, workforce pressures, as well as the need to complete existing COVID-19 research, has led to delays in the completion of studies. This has resulted in a substantial reduction in the number of studies able to recruit effectively and close on time.

The capacity of the NHS to support research delivery remains under continued pressure from workload and workforce issues, as well as the need to reduce the elective backlog.

Limited capacity and resource means that some studies have struggled in the current environment and have little chance of meeting their research endpoints and objectives. For others, the reduced resource and capacity means that study delivery within acceptable timescales is threatened. It is essential that the research system focuses on the studies that can be delivered with the capacity and resource available, whilst recognising there are some studies (e.g. in rare diseases) for which recruitment is expected to be less regular.

NIHR is collating the data provided by funders and sponsors, to identify lists of studies that meet certain criteria indicating a study may be suitable for review and action.

During the Research Reset programme, NIHR will continue to accept new studies onto the portfolio, in line with current criteria. However, study sites are being asked to reconfirm that such studies really can be delivered in the current circumstances.

3. Analysis/Discussion

3.1 Star Of Herts Awards

Dr Valerie Page was awarded the Research Excellence award at this year's Star of Herts awards. Furthermore, Lillian Norris, research nurse, was shortlisted in the same category.

3.2 Current Research Activity

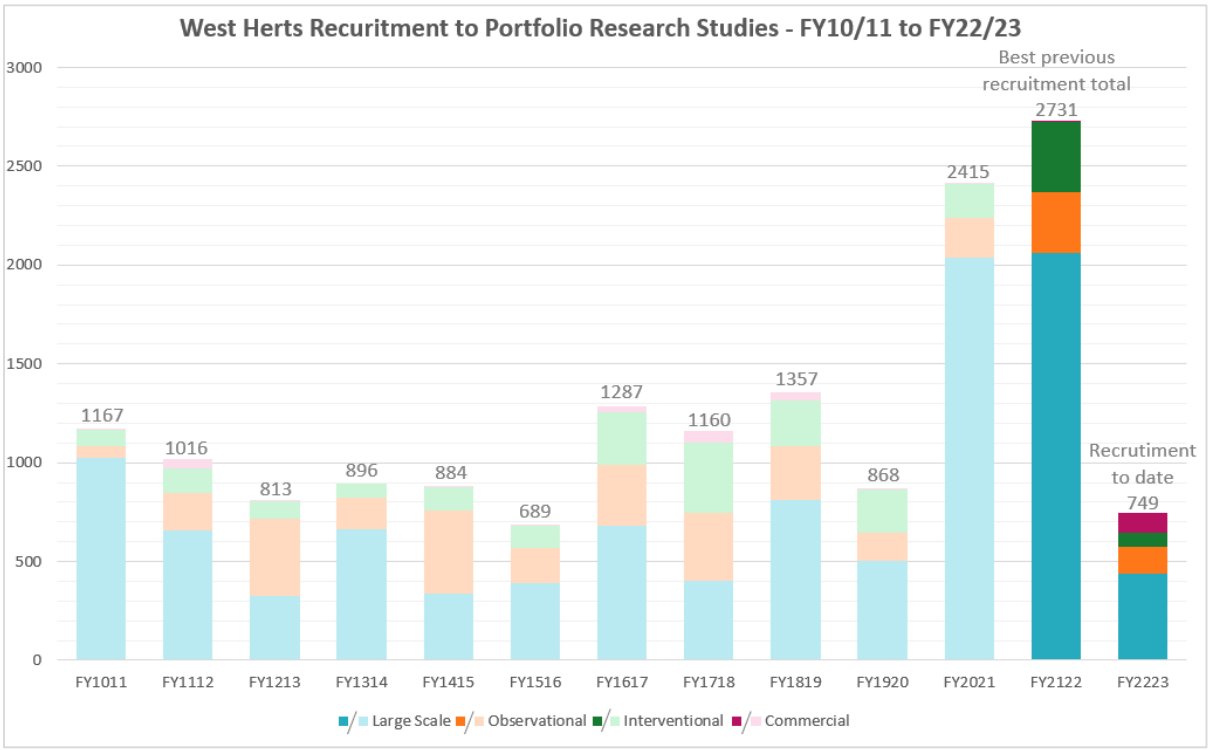
The details of our open research studies are listed in Appendix 1, while those in feasibility and set up are detailed in Appendix 2. Our recruitment compared with other North Thames trusts is shown in appendix 3.

3.3 Review against our Strategy and KPIs

3.3.1 Objective 1 - To be recognised as a centre of research excellence, providing our patients, visitors and staff with access to high quality research

3.3.2 Key Performance Indicator 1 – Meet or exceed NTCRN Recruitment Targets

Following our record-breaking recruitment in the previous two years due to the pandemic, recruitment is strong at mid-year in comparison with similar Trusts in NT CRN and years previous to the pandemic. Particularly our commercial recruitment which has exceeded any previous years already. As shown in the figure below.



3.3.3 Objective 2 - Patients and public are engaged with, participate in and benefit from research and innovation

Research staff continually screen patients, and occasionally staff, family and visitors at WHTH for inclusion in studies. This raises visibility of research in our organisation.

Research staff on all hospital sites celebrated International Clinical Trials day in May with information about participation in research. In collaboration with the communications team this was also celebrated on the Trust's social media platforms including; twitter, Facebook and our e-update. (see Appendix 4)

We are in discussions about 'opt in' and 'opt out' of research for WHTH trust-wide as a way of engaging with all of our patients. We are doing this is a number of ways including a new consent for contact study and complying with the national data opt-out which comes into force at the end of July 2022. This will be linked into EPR via PowerTrials. There are a number of challenges with the implementation in EPR.

100% of research participants who completed a national satisfaction survey reported that they had found it a good experience and would be happy to participate in another research study. PRES for FY22/23 is underway.

Staff at WHTH have successfully submitted record numbers of publications in 2021.

3.3.4 Objective 3 - Research is adequately funded via NIHR funding, external grant applications, commercial research income and charity funding

The research network measure Trust value for money using 'cost per weighted recruit' methodology. We consistently deliver good value for money for the network income and 2021/22 was our best year yet.

3.3.5 Key Performance Indicator 2 – Participate in NIHR Commercial Studies

We continue to participate in a small number of commercial clinical studies and have met the performance metrics for them all.

Recruitment to our commercial studies this year so far has already exceeded total commercial recruitment in previous financial years.

These studies are fully funded and provide surplus funds that are distributed between the Trust, R&D and the specialty participating in the study. Income from these studies has continued to increase each financial year.

3.3.6 Key Performance Indicator 3 – Apply for NIHR [or NIHR partner] Grants

We have been awarded funding for a part time Data Manager (EPR) for 18 months form the NT CRN.

3.3.7 Objective 4 - Research is embedded alongside routine patient care at the Trust

3.3.8 Key Performance Indicator 4 – Liaise with divisions to agree research plans and review activity by division and department

We have made good progress on our recovery plan to business as usual. Please see Appendix 1 and 2 for details. The participant recruitment by study and specialty for this year so far is shown in Appendix 5. The specialty recruitment is shown in Appendices 5, 6 and 7.

New research activity is being developed in radiology.

3.3.9 Objective 5 - Research is well governed, managed and supported so that research is delivered to time and target

We recruited participants to 34 studies and were involved in conducting 107 clinical research studies so far during 2022/23 and used national systems to manage the studies in proportion to risk. The majority of the studies were established and managed under national model agreements. The National Institute for Health Research (NIHR) supported 99 of these studies through its research networks.

Systems are in place within the Trust to ensure that the principles and requirements of research governance are applied consistently through a full set of policies and standard operating procedures which have been ratified by the Trust.

All research activity is quality assured by the R&D Steering Group [RDSG], chaired by Mr H Borkett-Jones, Associate Medical Director. The RDSG also reports to People, Education and Research Committee and the Quality and Safety Group.

3.3.10 Key Performance Indicator 5 – Achieve DH targets for Initiation and Delivery of Research

We have had a long record achieving DH targets for Initiation and Delivery of Research. These were put on hold during Covid-19 but have now been reactivated. The Q1 analysis has just been received, while Q2 will be submitted shortly.

4. Risks

4.1 The Business Case is still under discussion.

4.2 The Research component of EPR – There have been a number of challenges that remain ongoing. The most urgent is the identification of clinical trial participants in patient records, these have largely not been identified in the transfer of paper records and the flagging of the roughly 1600 patients in currently open and follow up studies have needed to be manually identified and flagged. We have developed a working document to ensure recording of research information in patient records is standardised and this is aligned with the Royal Free Research Department. There is a great deal of work required on EPR from

a research perspective and this is reliant on approval of a dedicated data manager [EPR] as outlined in the business case.

4.3 Staffing - We now have new starters but remain short of experienced staff. Our Band 8a Lead Research nurse post is now out to advert.

5. Recommendation

5.1 The People, Education & Research Committee is asked to receive this report for discussion.

Dr Michael van der Watt
Chief Medical Officer

3rd October 2022

APPENDICES:

Appendix 1 – Open studies and participant recruitment for 22/23
Appendix 2 – Studies currently in set up and feasibility
Appendix 3 – North Thames Recruitment Comparison April 2022 – End of Q2
Appendix 4 – International Clinical Trails Day 2022 Social media message
Appendix 5 – WHTH Specialty NIHR Portfolio Recruitment April 2022 - End of Q2
Appendix 6 - WHTH NIHR portfolio recruitment by project April 2021 – End of Q2
Appendix 7 - WHTH Specialty NIHR Portfolio Recruitment Chart April 2022 - End of Q2

Appendix 1 - Open studies and participant recruitment for 22/23

	Title	Principal Investigator	Site Status	Portfolio Number	Sponsor	Participants recruited in FY2223 Q1 to Q2
Urgent Public Health COVID-19 Studies	RD2020-13: 'RECOVERY Trial'	Dr Rama Vancheeswaran	Open to recruitment – 08/04/2020	45388	University of Oxford	0
	RD2020-17: 'REMAP-CAP'	Dr Valerie Page	Open to recruitment – 12/05/2020	38197	University Medical Centre Utrecht	2
	RD2020-18: 'PRINCIPLE'	Dr Andrew Barlow	Open to recruitment – 03/07/2020	45457	University of Oxford	0
	RD2020-15: 'GenOMICC'	Dr Valerie Page	Open to recruitment – 01/05/2020	30540	NHS Lothian	5
	RD2020-43: 'CCP-Cancer'	Jackie Evans	Closed – 30/04/2022	46602	Clatterbridge Cancer Centre NHS Foundation Trust	0
	RD2021-14: 'HEAL-COVID'	Dr Rama Vancheeswaran	Open to recruitment – 13/05/2021	48890	Cambridge University Hospitals NHS Foundation Trust & the University of Cambridge	0
COVID Portfolio studies	RD2021-05: 'PIM-COVID'	Dr Valerie Page	Closed – 01/06/2022	47545	Liverpool University Hospitals NHS Foundation Trust	0
	RD2021-25: 'BronchStart'	Dr Richard Burridge	Open to recruitment – 13/08/2021	49271	University Hospitals of Leicester NHS Trust	TBC with PI

	RD2021-33: 'SINEPOST'	Dr Sankara Narayanan	Open to recruitment – 20/10/2021	48937	University of Bristol	0
COVID Non-portfolio studies	RD2020-20: 'C-19-ACS'	Dr Nearchos Hadjiloizou	Open to recruitment – 14/05/2020	Non-portfolio	Imperial College London	0
	IRAS 278834: 'The drivers for, and barriers to, radiographers reporting chest X-ray images in acute NHS Hospitals in England.'	Not applicable	Open to recruitment – 28/05/2020	Non-portfolio	Walsall Healthcare NHS Trust	Individual site recruitment not monitored
	IRAS 282827: 'The COVID-19 Resilience Project'	Not applicable	Open to recruitment – 18/05/2020	Non-portfolio	Greater Manchester Mental Health NHS Foundation	Individual site recruitment not monitored
	RD2020-68 'COVID-19: emotional well-being and psychological adjustment'	Not applicable	Accepted – 26/11/2020	Non-portfolio	University of Huelva	Individual site recruitment not monitored
Open Portfolio studies (non-COVID)	RD2019-13: 'OPTIMAS Trial'	Dr Mohit Bhandari	Open to recruitment - (restarted 11/05/2020)	40836	University College London	4
	RD2018-31: 'BLING III'	Dr Valerie Page	Open to recruitment – (restarted 26/06/2020)	37390	The George Institute for Global Health	8
	RD2018-12: 'A2B'	Dr Valerie Page	Open to recruitment – (restarted 01/07/2020)	40628	The University of Edinburgh & Lothian Health Board, ACCORD and The Queen's Medical Research Institute	2
	RD2019-27: 'VODECA'	Dr Jon Landy	Closed to recruitment – no follow-up (30/06/2022)	40555	University of Liverpool	19
	RD2015-91: 'BSTOP'	Dr Victoria Brown	Open to recruitment – (restarted 11/09/2020)	10646	Guy's and St. Thomas' NHS Foundation Trust	1

	RD2019-19: 'PLUM'	Dr Victoria Brown	Open to recruitment – (restarted 01/10/2020)	33029	Guy's and St. Thomas' NHS Foundation Trust	1
	RD2018-16: 'ORION-4'	Dr Michael Clements	Open to recruitment – (restarted 01/10/2020)	38382	University of Oxford and The Medicines Company	0
	RD2009-52:' BADBIR'	Dr Victoria Brown	Open to recruitment – 16/10/2009 (did not close due to COVID)	8090	University of Manchester	0
	RD2017-08: 'DNA Lacunar 2'	Dr Mohit Bhandari	Open to recruitment – (restarted 19/03/2020)	31627	Cambridge University Hospitals NHS Foundation Trust and the University of Cambridge	0
	RD2017-33: 'ATTEST 2'	Dr Mohit Bhandari	Open to recruitment – (restarted 16/06/2020)	33335	NHS Greater Glasgow & Clyde	1
	RD2018-15: 'ARREST'	Dr Masood Khan	Open to recruitment – (restarted 22/06/2020)	17199	Guy's & St Thomas' Foundation NHS Trust	0
	RD2012-39: 'ADDRESS 2'	Dr Thomas Galliford	Open to recruitment – (restarted 09/03/2021)	9689	Imperial College London	2
	RD2020-10: 'MEDICI'	Dr Stephanie Sutherland	Open to recruitment – 30/09/2020	43032	University of Dundee and Tayside Health Board	0
	RD2019-28: 'EVOCAR-1'	Dr Mohit Bhandari	Closed (PIC site) – 30/06/2022	41672	Imperial College Healthcare NHS Trust of The Bays	Recruitment not given to individual PIC sites
	RD2020-41: 'COLOCOHORT'	Dr Jon Landy	Open to recruitment – 09/10/2020	42483	South Tyneside and Sunderland NHS Foundation Trust	116
	RD2020-07: 'SurfOn'	Dr Sankara Narayanan	Open to recruitment (after Sponsor's study wide pause) – 04/07/2022	44406	University of Leicester	1

	RD2020-47: ‘ SSNOBS’	n/a	Closed (PIC site) – 19/04/2022	42543	University of Central Lancashire	0
	RD2020-57: ‘M4EU’	Tracey Carter	Open to recruitment – 01/03/2021	47249	Katholieke Universiteit Leuven (KU Leuven) and University of Southampton	0
	RD2020-55: ‘ANTHEM’	Miss Lee Min Lai	Open to recruitment – 04/12/2020	46582	University Of Bristol	1
	RD2020-62: ‘EMBED’	Jackie Evans	Open to recruitment – 08/01/2021	45002	Cambridge University Hospitals NHS Foundation Trust & University of Cambridge	3
	RD2020-69: ‘EVAREST’	Dr Joban Sehmi	Open to recruitment – 25/02/2021	18100	University of Oxford	0
	RD2021-03: ‘CCE study’	Dr Jonathan Landy	Open to recruitment – 10/03/2021	30936	York Foundation Trust R & D Unit	0
	RD2020-61: ‘ATNEC’	Miss Lee Min Lai	Open to recruitment – 12/04/2021	46520	University Hospitals of Derby and Burton NHS Foundation Trust	3
	RD2021-06: ‘FEED1’	Dr Sankara Narayanan	Open to recruitment – 12/04/2021	42960	University Hospitals of Derby and Burton NHS Foundation Trust	2
	RD2020-42: ‘The Big Baby Trial’	Dr Benedicta Agbagwara-Osuji	Open to recruitment – 14/06/2021	36723	University Hospitals Coventry and Warwickshire NHS Trust	0
	RD2021-09: ‘Best-BRA’	Miss Lee Min Lai	Open to recruitment – 22/07/2021	46954	North Bristol NHS Trust	0
	RD2021-02: ‘PARROT2’	Dr Anku Mehta	Closed to recruitment – in follow-up (30/09/2022)	43092	King’s College London and Guy’s & St Thomas’ NHS Foundation Trust	10
	RD2021-31: ‘PROSPECT’	Dr Rahul Mogal	Open to recruitment – 29/09/2021	43300	University of Oxford	23
	RD2018-22: ‘PRESTIGE-AF’	Dr Mohit Bhandari	Open to recruitment – restarted 18/08/2021	39085	Imperial College of Science, Technology and Medicine	1

	RD2017-28: 'FLO-ELA'	Dr Valerie Page	Open to recruitment – restarted 22/06/2021	33869	University Hospital Southampton NHS Foundation Trust	0
	RD2017-35: 'EVoLVeD'	Dr Niall Keenan	Open to recruitment- restarted 24/08/2021	35133	University of Edinburgh	0
	RD2019-07: 'BOPPP'	Dr Mo Shariff	Open to recruitment – 31/08/2021	40439	King's College Hospital NHS Foundation Trust	1
	RD2021-11: 'FISH&CHIPS'	Dr Joban Sehmi	Open to recruitment – 11/11/2021	46652	Liverpool Heart and Chest Hospital NHS Foundation Trust	Recruitment is not monitored
	RD2021-23: 'SIGNET'	Dr Valerie Page	Open to recruitment – 12/10/2021	49404	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	3
	RD2021-24: 'WE SURE CAN'	Miss Lee Min Lai	Open to recruitment – 22/10/2021	49060	University of Leeds	5
	IRAS 278888: 'The use of locum doctors in the NHS'	n/a	Closed – 30/06/2022	47124	University of Manchester	0
	RD2021-10: 'A-STAR'	Dr Victoria Brown	Open to recruitment – 01/12/2021	43501	King's College London	2
	RD2021-41: 'PREPARE'	Floriano Bagaoisan	Closed to recruitment – in follow-up (22/09/2022)	49615	University of Central Lancashire	0
	RD2019-34: 'Barriers and facilitators to rehabilitation on critical care'	Dr Valerie Page	Suspended – 02/03/2022	50751	University College London Hospitals NHS Foundation Trust	0
	RD2016-59: 'PQIP'	Dr Valerie Page (amendment requested for change to Dr Nidhi Gautam)	Open to recruitment – (restarted 19/01/2022)	32256	University College London	118
	RD2021-40: 'PARAMEDIC-3'	LC – Chiara Ellis	Accepted – 26/01/2022	49465	University of Warwick	0
	RD2020-49: 'ALLTogether1'	Dr Jeremy Roskin	Open to recruitment (shared care site) – 04/02/2022	43741	Karolinska University Hospital	We will not be given recruitment

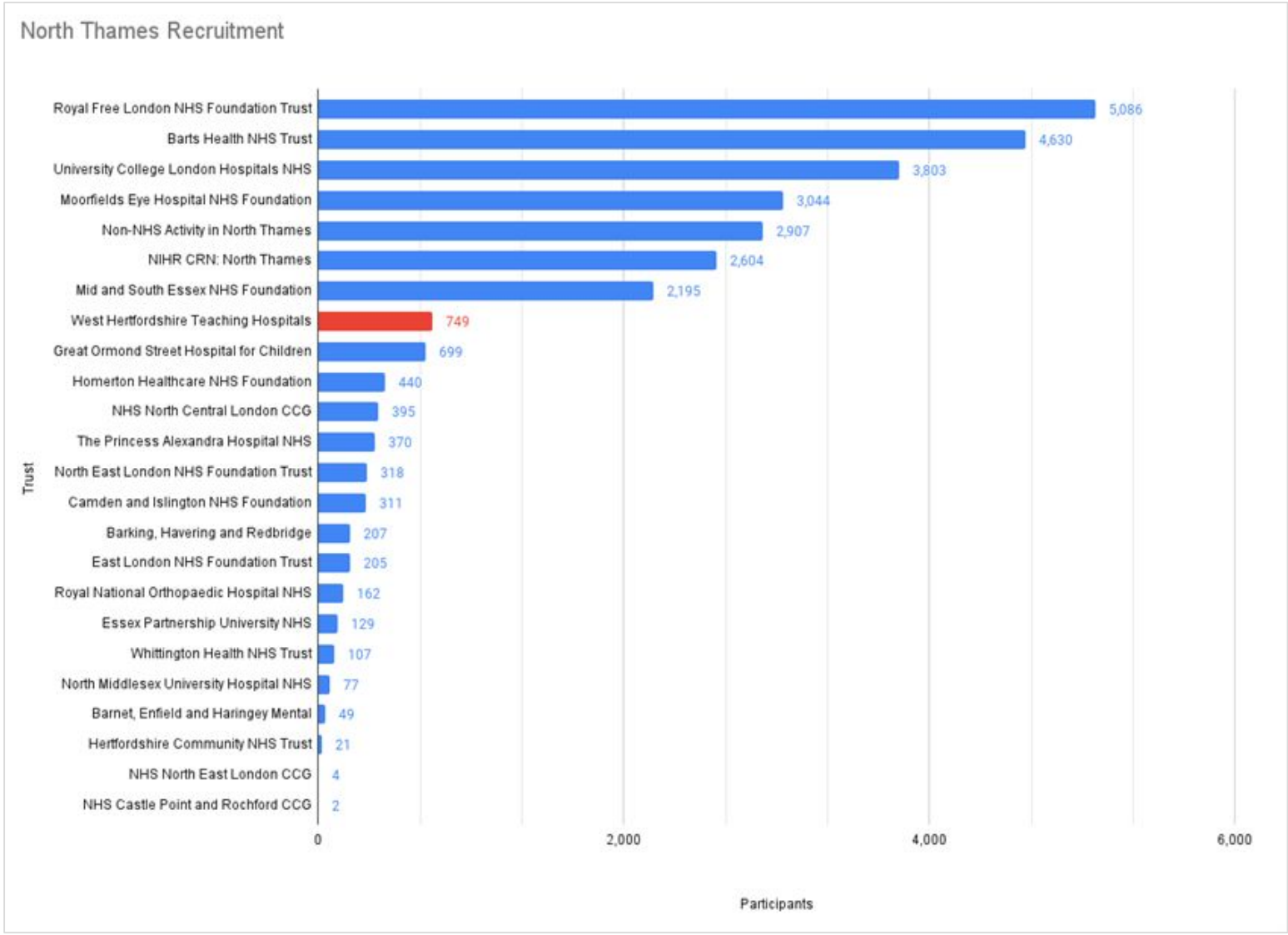
	RD2020-09: 'WHITS' (commercial)	Dr Jonathan Landy	Open to recruitment – 08/02/2022	44518	Perspectum	104
	RD2021-20: 'MARCH'	Dr Valerie Page	Open to recruitment – 17/02/2022	51165	Queens University Belfast	2
	RD2020-67: 'CADDIE'	Dr Jon Landy	Open to recruitment – 21/02/2022	45140	University College London	22
	RD2021-42: 'REGAIN'	LC – Dr Rama Vancheeswaran	Closed to recruitment – in follow-up (PIC site only) – 30/06/2022	46819	University Hospitals Coventry and Warwickshire NHS Trust	We will not receive the recruitment as a PIC site
	RD2021-32: 'SNAP 3'	Dr Nidhi Gautam	Closed, in follow up – 13/05/2022	49713	University of Nottingham	0
	RD2013-108: 'Clinical Characterisation Protocol for Severe Emerging Infection'	Dr Jason Palman	Open to recruitment – 16/03/2020 Now COVID arm is closed	14152	University of Oxford	0
	RD2022-06: 'L-HARP'	Dr Mohit Bhandari	Open to recruitment – 04/04/2022	49768	University of Liverpool	66
	RD2021-28: 'TICH-3'	Dr Mohit Bhandari	Open to recruitment – 13/04/2022	50395	University of Nottingham	1
	RD2022-04: 'MOSAICC'	Dr Nazril Nordin	Open to recruitment – 25/04/2022	49697	University Hospitals of Derby and Burton NHS Foundation Trust	1
	RD2021-27: 'FENETRE'	Miss Stacey Strong	Open to recruitment – 11/05/2022	40673	Moorfields Eye Hospital NHS Foundation Trust	2
	RD2016-54: 'IBD BioResource'	Dr Jon Landy	Open to recruitment – restarted 01/06/2022	20664	Cambridge University Hospitals NHS Foundation Trust	11
	RD2021-36: 'MIDI'	Dr Mohit Bhandari	Open to recruitment – 09/06/2022	40553	King's College London	194
	RD2022-08: 'HPValidate'	Dr Ronald Joseph	Open to recruitment – 05/07/2022	47399	Public Health England	2
	RD2022-18: 'IMID BioResource'	Dr Victoria Brown	Open to recruitment – 15/08/2022	44431	Manchester University NHS Foundation Trust (MFT)	0

	RD2021-21: 'Legacies and Futures'	Ms Shikha Kapur	Open to recruitment – 21/09/2022	46939	University College London	0
Non-portfolio studies (non-COVID)	RD2020-45: 'Travel Fever 1'	Dr Michelle Jacobs	Open to recruitment – 14/10/2020	Non-portfolio	Birmingham Women and Children's NHS Foundation Trust	0
	RD2021-15: 'DIMPLES'	Dr Katherine Priddis	Open to recruitment – 06/05/2021	Non-portfolio	BHRUT	0
	RD2021-39: 'PRO-HCL'	Dr Razak Kehinde	Open to recruitment (PIC site) – 01/12/2021	Non-portfolio	University of Leicester	0

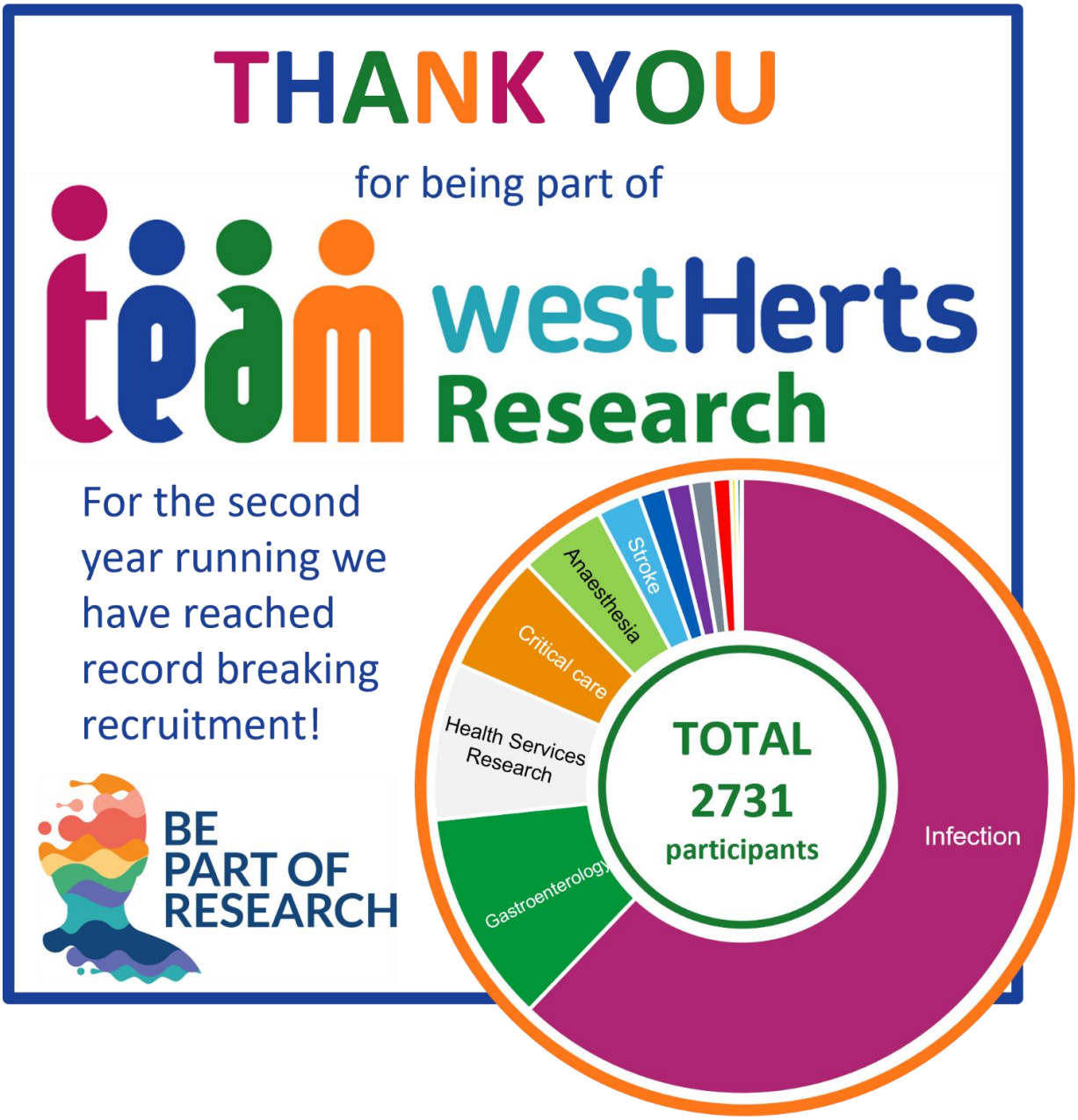
Appendix 2 – Studies currently in set up and feasibility

	Title	Principle Investigator	Site Status	Portfolio Status	Sponsor
Hosted Portfolio studies (non-COVID)	RD2022-10: 'RAPID-MIRACLE'	Dr Joban Sehmi	Awaiting green light	51554	King's College London
	RD2022-15: 'RECORD'	Dr Rama Vancheeswaran	Awaiting green light	51127	AstraZeneca
	RD2022-14: 'iCorMicA'	Dr Masood Khan	Site in set up	50157	NHS Greater Glasgow and Clyde Healthboard and University of Glasgow
	RD2021-43: 'MARECA'	Miss Lee Min Lai	Site in set up	50013	Leeds Teaching Hospitals NHS Trust
	RD2022-09: 'EndoNET'	Miss Lee Min Lai	Site in set up	52372	University of Oxford
	RD2022-20: 'PHIND'	Dr Valerie Page	Site in set up	43135	Queen's University Belfast
	RD2022-23: 'FIDO'	Dr Jason Palman	Feasibility	53493	Queen's University Belfast
	RD2022-26: 'MAPLES'	Mr Jeremy Livingstone	Feasibility	TBC	Imperial College London
	RD2021-22: 'APOLLO+'	Dr Hassen Al-Sader	Feasibility	48169	The Clatterbridge Cancer Centre NHS Foundation Trust
	RD2022-07: 'MAP-BRA'	Miss Lee min Lai	Feasibility	42171	Liverpool University Hospitals NHS Foundation Trust
	RD2021-12: 'PearTNBC'	Dr Stephanie Sutherland	Feasibility	48418	Ourotech Limited (trading as Pear Bio)
	RD2022-05: 'SAPPHIRE'	Dr Valerie Page	Feasibility	51951	Barts Health NHS Trust
	RD2022-19: 'iRehab'	Dr Valerie Page	Feasibility	53647	University of Ulster
	RD2022-11: 'STAMINA'	Dr Roberto Alonzi	Feasibility	45624	Sheffield Teaching Hospitals NHS Foundation Trust
	RD2021-30: 'FAR-RMS' (shared care)	Dr Jeremy Roskin	Feasibility	42490	University of Birmingham
	RD2021-34: 'ESPriT2'	Dr Himanshu Borase	Feasibility on hold	48838	University of Edinburgh
WHHT Sponsored study	RD2021-17: 'C4C'	Dr Jon Landy	Submitting IRAS	Pending	West Hertfordshire Hospitals NHS Trust

Appendix 3 – North Thames Recruitment Comparison April 2022 – End of Q2



Appendix 4 - International Clinical Trails Day 2022 Social media message



Appendix 5 – WHTH Specialty NIHR Portfolio Recruitment April 2022 - End of Q2

Study /Specialty	Principle Investigator	Participants
Gastroenterology		**272**
WHITS	Dr Jon Landy	104
Colorectal Cancer Cohort Study (COLO-COHORT)	Dr Jon Landy	116
CADDIE Version 1.0	Dr Jon Landy	22
VODECA	Dr Jon Landy	19
IBD Bioresource	Dr Jon Landy	11
Neurological Disorders		**194**
MIDI (MR Imaging abnormality Deep learning Identification)	Dr Mohit Bhandari	194
Anaesthesia, Perioperative Medicine and Pain Management		**118**
Perioperative Quality Improvement Programme: Patient Study	Dr Nidhi Gautam	118
Stroke		**73**
Liverpool-Heart And bRain Project (L-HARP)	Dr Mohit Bhandari	66
OPTIMAS Trial	Dr Mohit Bhandari	4
TICH-3	Dr Mohit Bhandari	1
PRESTIGE-AF	Dr Mohit Bhandari	1
ATTEST 2	Dr Mohit Bhandari	1
Respiratory Disorders		**33**
PROSPECT	Dr Rahul Mogal	33
Critical Care		**23**
BLING III	Dr Valerie Page	8
GenOMICC	Dr Valerie Page	5
Statins for Improving Organ Outcome in Transplantation (SIGNET)	Dr Valerie Page	3
MARCH	Dr Valerie Page	2
Alpha-2 agonists for sedation (A2B Trial)	Dr Valerie Page	2
REMAP-CAP	Dr Valerie Page	2
MOSAICC	Dr Nazril Nordin	1
Cancer		**13**
WE SURE CAN	Miss Lee Min Lai	5
ATNEC	Miss Lee Min Lai	3
The EMBED Study: Early Markers for Breast Cancer Detection	Miss Lee Min Lai	3
Validation of HPV test system using self-collected vaginal samples	Dr Ronald Joseph	2
Reproductive Health and Childbirth		**10**
The PARROT-2 Trial	Ms Anku Mehta	10
Dermatology		**4**
UK-Irish A*STAR	Dr Victoria Brown	2
PLUM	Dr Victoria Brown	1
Bio-markers of systemic treatment outcomes in Psoriasis	Dr Victoria Brown	1

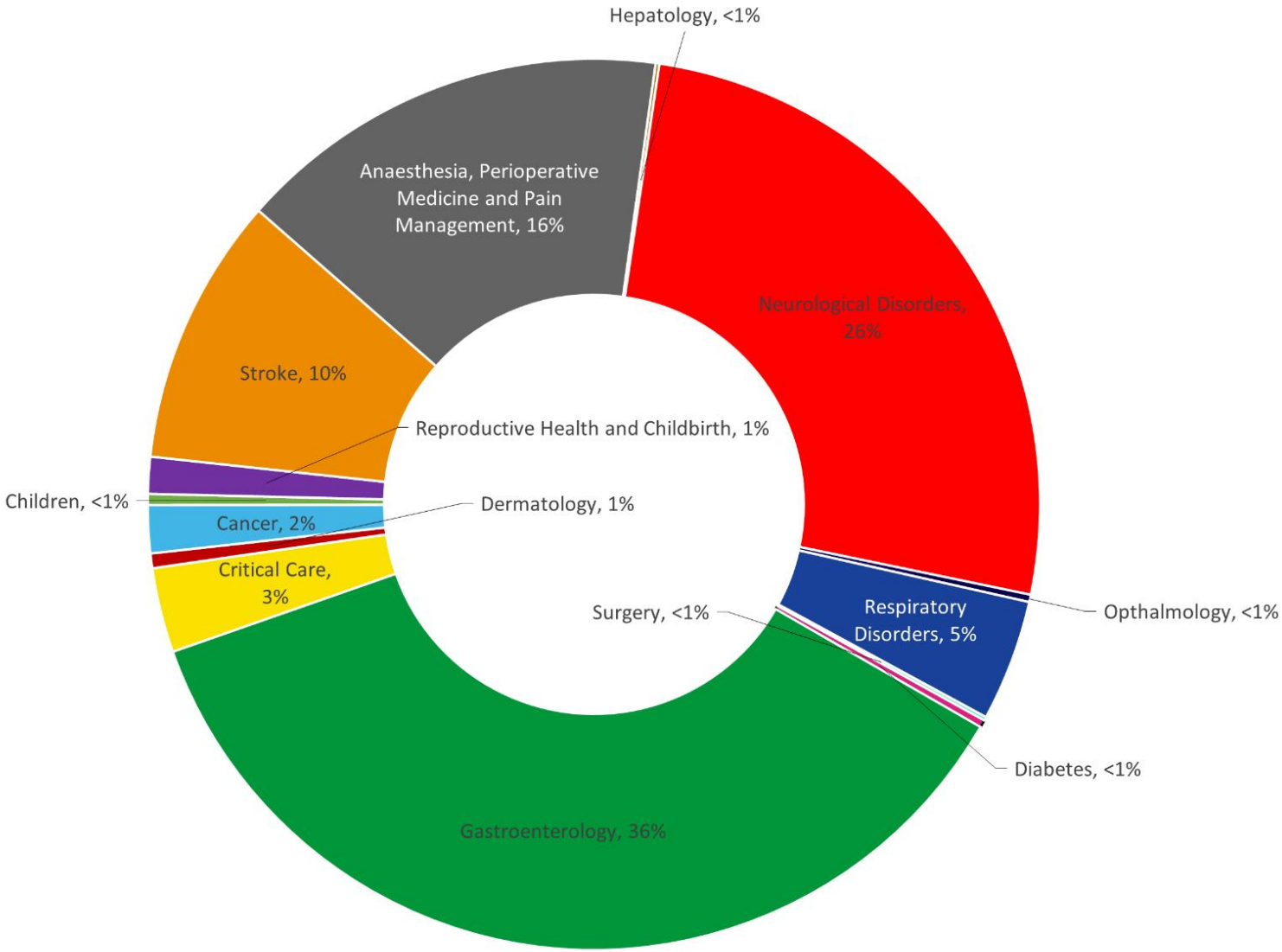
Children		**3**
Fluids Exclusively Enteral from Day 1 (FEED1)	Dr Sankara Narayanan	2
SurfON	Dr Sankara Narayanan	1
Opthalmology		**2**
The FENETRE study	Ms Stacey Strong	2
Diabetes		**2**
DRN 552 (Incident and high risk type 1 diabetes cohort – ADDRESS-2)	Dr Thomas Galliford	2
Surgery		**1**
The ANTHEM Feasibility Study	Miss Lee Min Lai	1
Hepatology		**1**
Beta-blockers or placebo for primary prophylaxis (BOPPP) Trial	Dr Mohamed Shariff	1
Grand Total		**749**

Appendix 6 - WHTH NIHR portfolio recruitment by project April 2021 – End of Q2

CPMS ID	Study Short Title	Study Type	Managing Specialty	Hemel Hempstead	Watford	St Albans	WHTH	Total Participants
40553	MIDI (MR Imaging abnormality Deep learning Identification)	Large Scale	Neurological Disorders	0	194	0	0	**194**
32256	Perioperative Quality Improvement Programme: Patient Study	Large Scale	Anaesthesia, Perioperative Medicine and Pain Management	0	118	0	0	**118**
44518	WHITS	Commercial	Gastroenterology	16	88	0	0	**104**
42483	Colorectal Cancer Cohort Study (COLO-COHORT)	Large Scale	Gastroenterology	16	100	0	0	**116**
49768	Liverpool-Heart And bRain Project (L-HARP)	Observational	Stroke	0	66	0	0	**66**
43300	PROSPECT	Observational	Respiratory Disorders	0	33	0	0	**33**
45140	CADDIE Version 1.0	Interventional	Gastroenterology	0	22	0	0	**22**
40555	VODECA	Observational	Gastroenterology	0	19	0	0	**19**
20664	IBD Bioresource	Observational	Gastroenterology	0	0	0	11	**11**
43092	The PARROT-2 Trial	Interventional	Reproductive Health and Childbirth	0	10	0	0	**10**
37390	BLING III	Interventional	Critical Care	0	8	0	0	**8**
49060	WE SURE CAN	Interventional	Cancer	0	0	5	0	**5**
30540	GenOMICC	Large Scale	Critical Care	0	5	0	0	**5**
40836	OPTIMAS Trial	Interventional	Stroke	0	4	0	0	**4**
49404	Statins for Improving Organ Outcome in Transplantation (SIGNET)	Interventional	Critical Care	0	3	0	0	**3**
46520	ATNEC	Interventional	Cancer	0	0	3	0	**3**
45002	The EMBED Study: Early Markers for Breast Cancer Detection	Observational	Cancer	0	0	3	0	**3**

51165	MARCH	Interventional	Critical Care	0	2	0	0	**2**
47399	Validation of HPV test system using self-collected vaginal samples	Large Scale	Cancer	0	2	0	0	**2**
42960	Fluids Exclusively Enteral from Day 1 (FEED1)	Interventional	Children	0	2	0	0	**2**
40673	The FENETRE study	Interventional	Ophthalmology	0	2	0	0	**2**
40628	Alpha-2 agonists for sedation (A2B Trial)	Interventional	Critical Care	0	2	0	0	**2**
38716	UK-Irish A*STAR	Observational	Dermatology	0	0	2	0	**2**
38197	REMAP-CAP	Large Scale	Critical Care	0	2	0	0	**2**
9689	DRN 552 (Incident and high risk type 1 diabetes cohort – ADDRESS-2)	Observational	Diabetes	0	2	0	0	**2**
50395	TICH-3	Interventional	Stroke	0	1	0	0	**1**
49697	MOSAICC	Interventional	Critical Care	0	1	0	0	**1**
46582	The ANTHEM Feasibility Study	Observational	Surgery	0	0	1	0	**1**
44406	SurfON	Interventional	Children	0	1	0	0	**1**
40439	Beta-blockers or placebo for primary prophylaxis (BOPPP) Trial	Interventional	Hepatology	0	1	0	0	**1**
39085	PRESTIGE-AF	Interventional	Stroke	0	1	0	0	**1**
33335	ATTEST 2	Interventional	Stroke	0	1	0	0	**1**
33029	PLUM	Observational	Dermatology	0	0	1	0	**1**
10646	Bio-markers of systemic treatment outcomes in Psoriasis	Observational	Dermatology	1	0	0	0	**1**
			Total	**33**	**690**	**15**	**11**	**749**

Appendix 7 - WHTH Specialty NIHR Portfolio Recruitment Chart April 2022 - End of Q2



Trust Board Meeting
3 November 2022

Title of the paper:	**Gender and Race Pay Gap Reports for 2021/22**
Agenda Item:	**22**
Presenter:	**Andrew McMenemy, Chief People Officer**
Author(s):	**Alex Paice, Associate Director of People – OD and Culture**
Purpose:	Please tick the appropriate box For approval: √ | For discussion: | For information: √
Executive Summary:	<u>Gender</u> Comparing 2017 to 2022, quartiles 2-3 remain relatively constant. However, quartile 4 female representation has reduced by 6.7% over this five year period. Women's hourly earnings are 15-25% lower than men's (median to mean). Last year the gap was 12-27%. Bonuses are paid to consultants only, as Clinical Excellence Awards (CEAs). 37% of male consultants received the CEA compared to 27% of female consultants. The national CEA scheme will change in 2022/23 (for instance, CEAs are no longer lifetime awards) and this may give scope for more parity. <u>Race / Ethnicity</u> Roughly half of the Trust's workforce is white and half from a multicultural background. The pay bands were considered in three sections: 1. Bands 2-4 (no degree required) 2. Bands 5 up to Board/Executive (degree and above) 3. Other medics and Consultants In all three, there were more Black, Asian and Ethnic Minority people in the more junior pay scales and a disproportionate amount of white people in the higher paid roles. If considered as a whole, the workforce shows a pay gap in favour of Black, Asian and Ethnic Minority employees but these figures are affected by the number of Asian doctors and the higher hourly rate for doctors.

	43% of Black, Asian and Ethnic Minority consultants get the CEA compared to just 32% of white consultants. The median amount paid to white consultants is double what is paid to Black, Asian and Ethnic Minority consultants (£12,064 compared to £6,032).
	
	As well as the differences for consultants, as above, pay gaps are most extreme for people in the Environment Division (including Estates roles) and Admin & Clerical roles.
	
	<u>Actions</u>
	
	Key actions 2021/22:
	- The Flexible Working Policy was reviewed to emphasise the Trust's proactive approach to flexible working.
	- ICS Career Development Programme launched. This is aimed at Band 2-4 underrepresented groups (initially people who are disabled and/or Black, Asian and Ethnic Minorities).
	- Dr Rachel Hoey set up two staff networks;
	  ○ Women as Medical Leaders, to support more career equality for female consultants;
	  ○ Sexism in Medicine, to raise awareness and reduce discrimination faced by women doctors, which is especially experienced by younger women.
	Key actions 2022/33:
	- Review the Recruitment & Selection Policy to ensure more Women and Black, Asian and Ethnic Minorities are recruited/promoted into quartile 4 roles
	- Promote leadership opportunities, such as Transform, and shadowing.
	- ICS Career Development programme to be expanded to more cohorts in Bands 2-4 and to be started for Bands 5-7.
	
	Report received and reviewed by PERC; comments received and incorporated accordingly.

Trust strategic aims: (please indicate which of the 4 aims is relevant to the subject of the report)	**Aim 1 Best care**  **Objectives 1-4** **Aim 2 Great team**  **Objectives 5-8** √ **Aim 3 Best value**  **Objective 9** **Aim 4 Great place**  **Objective 10-12**
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?

<table>
<tr><td></td><td>☐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?</td></tr>
<tr><td>Previously considered by:</td><td><table>
<tr><th>Committee/Group</th><th>Date</th></tr>
<tr><td>Chair of Connect, the Trust’s multicultural staff network</td><td>29/9/22</td></tr>
<tr><td>Chair of both:
• Sexism in Medicine, the Trust’s staff network for gender equality for medics, and
• Women as Medical Leaders, the Trust’s staff network for Women Consultants</td><td>29/9/22 and 6/10/22</td></tr>
<tr><td>PERC</td><td>27/10/2022</td></tr>
</table></td></tr>
<tr><td>Action required:</td><td>The Trust Board is asked to receive the Gender Pay Gap report to review and to approve for publication on the Trust website by 31 March 2023, in line with statutory requirements. The Race Pay Gap report is best practice and can be published at the same time.</td></tr>
</table>

Agenda Item: 22

Trust Board meeting: 3 November 2022

Title of paper: Gender and Race Pay Gap Reports for 2021/22

Presented by: Andrew McMenemy, Chief People Officer

1. Purpose

1.1 Publishing the Gender Pay Gap report annually is a national requirement for all public sector organisations with more than 250 employees.

1.2 Publishing the Race Pay Gap is not a legal requirement but rather a best practice measure adopted by the Trust.

1.3 The main purpose of these reports are to monitor the Trust's progress towards achieving pay equity whereby people's pay is based on capability and merit. They enable:

- reflection on the achievements and successes over the past year;
- analysis of the inequalities that persist and where they are concentrated, such as pay bands or staffing groups;
- the development of action plans in order to support reducing the disparity and achieving equity.

2. Background

2.1 Equal pay legislation has been in place since 1970, to ensure all employees in the same employment, performing equal work receive equal pay. The NHS has a national pay structure, job evaluation system and contractual terms and conditions for both medical and non-medical staff, developed in partnership with trade unions, which provide a robust set of arrangements for pay determination.

2.2 However, it is important to distinguish between equal pay and the pay gap, as an organisation can be an equal pay employer, yet it can still have a pay gap.

2.3 The gender pay gap is the difference between the average (mean /median) earnings male and female employees in an organisation, regardless of the nature of their work.

2.4 The race pay gap is the average earnings difference between staff who identify as Black, Asian or Minority ethnic employees and staff who identify as White.

3. Data Analysis – Gender

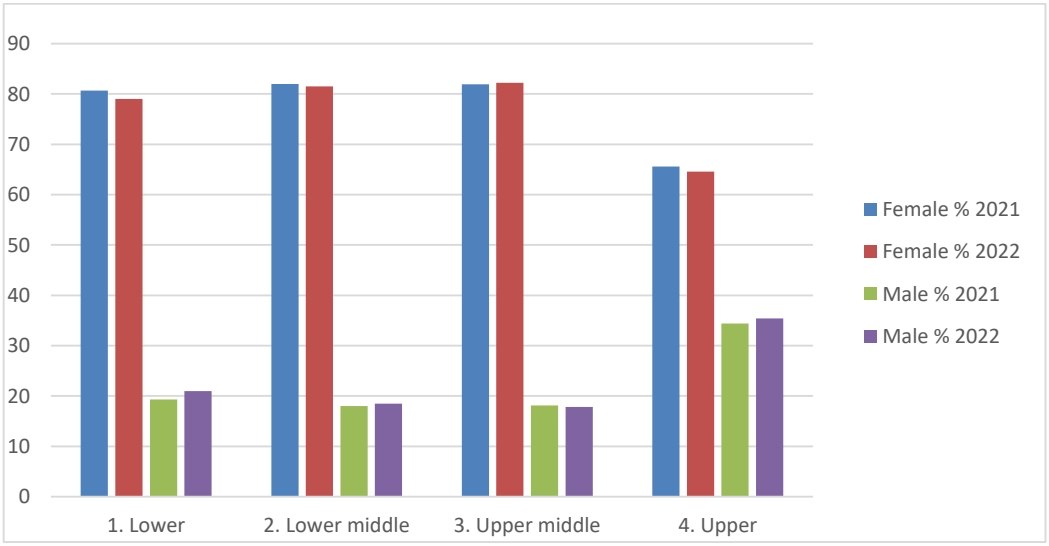
3.1 Introduction to Gender Pay Gap

The overall gender percentages have remained relatively constant and so too has the gender composition, with the workforce remaining predominantly female; 78% in 2021 and 77% in 2022. This aligns with the NHS workforce as a whole.

To explore the pay gap, it is essential to look at the representation of male and female staff across pay grades. Therefore, pay quartiles are calculated by ranking the hourly pay rates for each employee from lowest to highest, before splitting the ranking into four equal-sized groups and calculating the percentage of males and females within each group.

Table 1 & Figure 1. Gender breakdown of pay quartiles

	2021				2022			
Total (no.)	5,201				5,185			
Quartile	**Female (no.)**	**Male (no.)**	**Female %**	**Male %**	**Female (no.)**	**Male (no.)**	**Female %**	**Male %**
Lower	1048	251	80.7	19.3	1020	271	79.0	21.0
Lower middle	1066	234	82.0	18.0	1060	241	81.5	18.5
Upper middle	1065	236	81.9	18.1	1066	231	82.2	17.8
Upper	853	448	65.6	34.4	837	459	64.6	35.4
Averages			78	22			77	23



Similarly, to last year, the gender ratio is not replicated across all quartiles with:
- Over representation of women within the middle quartiles;
- Proportionally higher male representation in the upper quartile.

Although that being said, some positive change can be seen with male representation having increased within the lower quartile by 1.7%. Nevertheless, due to male overrepresentation in higher salaried roles, this contributes to the gender pay gap.

Comparing the table above to 2017, quartiles 2-3 remain relatively constant however in terms of quartile 4 female representation has reduced by 6.7%.

3.2 Mean and Median Hourly Rate

The mean is calculated by adding up all of the hourly rates for people in that gender and then dividing by the number of people in that gender. These figures exclude bonuses and overtime. The mean is a widely accepted way to calculate an average, as it includes all data.

The median is calculated by ordering the set from lowest to highest and finding the exact middle. This way of calculating is not affected by very large or very small values. For instance, if the majority of people are low paid, and there are a couple of highly paid people, the median would be more reflective of what most people are paid.

Table 2. Gender breakdown of hourly rates

	Mean gender pay gap (%)	Median gender pay gap (%)
Women's Hourly Earnings - 2021	27.2 lower	11.7 lower
Women's Hourly Earnings - 2022	25.5 lower	15.0 lower

In terms of the Mean, the pay gap has reduced by 1.7%. This means that, on average, women in the Trust earn just over 25% less than men per hour.

However, using the Median, it is indicated that on average, women in the Trust earn just 15% less than men per hour. While this is an increase on last year, it aligns to the Office of National Statistics (ONS) produced last year; 15.4%.

3.3 Gender Pay Gap by Staff Group

There are 8 staffing groups that employee both women and men. Four of these show a difference in the average wages of less than 50p. Three show a difference of over 5% (in all cases woman are paid less).

Table 3. Gender Pay Gap by Staff Group based on average hourly rates

	2021				2022			
Staff Group	**Female**	**Male**	**Difference**	**Pay Gap %**	**Female**	**Male**	**Difference**	**Pay Gap %**
Add Prof Scientific/Technic	£22.5	£21.2	-£1.3	-6.21	£23.4	£23.7	£0.3	1.28
Additional Clinical Services	£12.0	£11.9	-£0.10	-0.23	£12.4	£12.4	£0.0	-0.09
Administrative and Clerical	£15.3	£19.9	£4.5	22.87	£16.1	£21.0	£5.0	23.61
Allied Health Professionals	£20.3	£19.0	-£1.4	-7.28	£21.1	£20.9	-£0.2	-0.86
Estates and Ancillary	£10.8	£17.1	£6.3	36.87	£11.1	£18.4	£7.3	39.83
Healthcare Scientists	£21.3	£24.2	£2.9	11.82	£22.5	£24.1	£1.6	6.75
Medical and Dental	£32.2	£39.9	£7.7	19.29	£33.6	£39.1	£5.5	14.13
Nursing and Midwifery Reg'd	£19.4	£19.3	-£0.1	-0.63	£20.4	£20.2	-£0.3	-1.26

There largest gender pay gaps are within Admin & Clerical, Estates & Ancillary, Medical & Dental. The first two pay gaps have grown since last year while Medical & Dental has reduced. These areas are focused upon with the 2022/2023 Action Plan. Although it should be noted while Estates & Ancillary have the largest pay gap, they represent the smallest number of employees.

3.4 Bonus pay

Only Consultants are in receipt of bonus payments: Clinical Excellence Awards (CEA). The CEA scheme is intended to recognise and reward those Consultants who perform 'over and above' the standard expected for their role.

Awards are given for quality and excellence, acknowledging exceptional personal contributions towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS.

For the financial year 2021/22 there were two Clinical Excellence Awards in place:

- A "lifetime" one, with the last awards granted prior to 1 April 2018. The figures in 3.5 and 4.5 relate to these.
- A time limited award, granted from 1 April 2018. During the two main pandemic years this was allocated equally to all eligible consultants (minimum of one year service; pro rata for part time staff; including locums).

From 2022/23 onwards a new Clinical Excellence Award will be in place, where awards are reviewed every 2-5 years, to ensure the consultant is still working at that level. Again, this features in the Action Plan, below.

Table 4. Gender breakdown of Bonus pay – Consultants

Gender	Consultants	Consultants Paid Bonus (no)	Consultants Paid Bonus (%)
Female	133	36	27.1%
Male	171	64	37.4%

As we have seen, the overall workforce is around 75-80% women. In terms of Consultants out of 304 posts, 133 are held by women equating to 44%

The national methodology to report the figures is in the table below, however bonus pay is only received by consultants and thus focusing on this staff group specifically provide a more accurate picture.

Table 5. Gender breakdown of Bonus pay based on all employees in the Trust

Gender	Employees (no)	Employees Paid Bonus (no)	Employees Paid Bonus (%)
Female	4303	36	0.8%
Male	1327	64	4.8%

Using figures for all staff, men are six times as likely to receive a bonus. However utilising figures for Consultants only, the disparity is not as extreme (1.4 times as likely to receive a bonus) although a significant pay gap still remains.

Further disparity can be seen within the seniority of those who received bonus pay:

- The 9 doctors were paid the highest bonus comprised 2 women and 7 men;
- The 9 doctors that were paid the lowest bonus comprised 7 women and 2 men.

3.5 Mean and Median gender pay gap using bonus pay

	Mean gender pay gap (%)	Median gender pay gap (%)
Women's Bonus Earnings - 2021	27.3 lower	46.9 lower
Women's Bonus Earnings - 2022	32.4 lower	52.5 lower

These differences are bigger than the hourly gender pay gap and are worse than last year. The change in the bonus system will be used to reverse this trend.

4. Data Analysis – Race / Ethnicity

4.1 Language and conventions

National reports and ESR commonly use acronyms such as BME (Black & Minority Ethnics) and BAME (Black, Asian and Minority Ethnics). This report recognises that the language used to describe race and ethnicity can be controversial and these shortenings can sometimes cause offence. In an attempt to use current linguistic best practice, this report will therefore either use the full description “Black, Asian and Ethnic Minority”, “multicultural” or, as this report compares two broad groups, it will use the phrase “ethnic groups”. In statistical tables, for reasons of space, the acronym BAME is used. As linguistic best practice develops, future reports may well use different terminology.

4.2 Pay Bands by Ethnicity

Due to the national reporting requirements, the Gender Pay Gap is available by quartile whilst the Race Pay Gap is available by pay bands.
Below is based on the data presented in the Trust’s Public Sector Equality Duty (PSED) for 2021/22. It is not an exact copy as it excludes ‘unknown’ ethnicities (7% of the overall workforce), as this emulates the methodology used for the Gender Pay Gap reporting. It is worth noting that the Consultants and Other medics (on the right of the chart) have a separate career path to people in the ‘Agenda for Change’ pay groups.

Figure 2. Race Pay Gap by pay bands

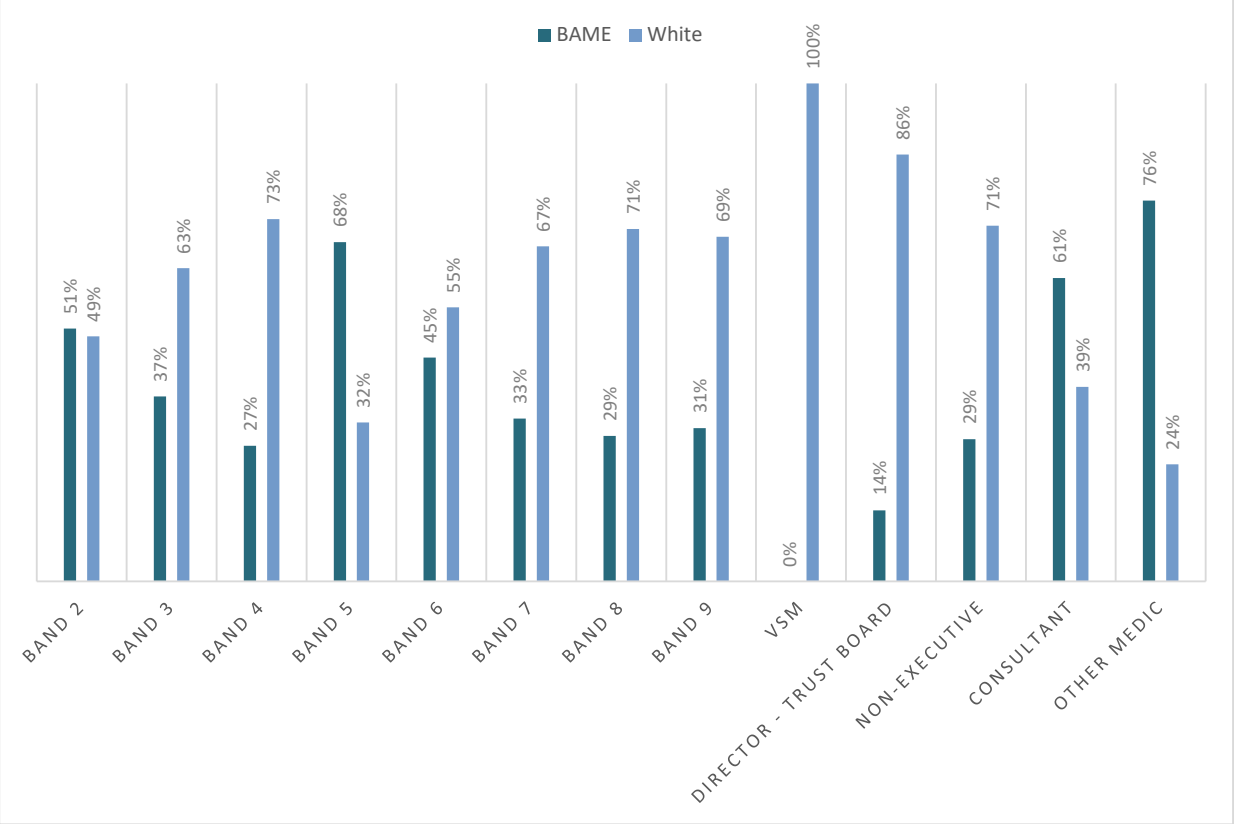


Figure 2 can be considered in three sections:

4. Bands 2-4 (no degree required)
5. Bands 5 up to Board/Executive (degree and above)
6. Other medics and Consultants

In all three of these sections, Figure 2 shows that there are more Black, Asian and Ethnic Minority staff in the lower pay scales and these rise to the higher pay scales.

Black, Asian and Ethnic Minority staff make up over 50% of

- Band 2 (health care assistants and peers)
- Band 5 (newly qualified nurses and peers, which includes a large number of overseas recruited nurses who have a lot of value-added experience)
- Other medics (including trainee doctors) and Consultants.

Looking at the highest paid staff, putting consultant/medica groups to one side, Band 7s and above demonstrate an underrepresentation when compared to the workforce total for Black, Asian and Ethic Minority colleagues.

4.3 **Mean and Median Hourly Rate**

The ONS reports significant variances in mean averages in England, however in London the pay gap is 23.8% in favour of White staff, the highest in England.

Table 6. Ethnicity breakdown of hourly rates

Ethnicity	2021 Mean Hourly Rate	2021 Median Hourly Rate	2022 Mean Hourly Rate	2022 Median Hourly Rate
BAME	£20.60	£16.84	£21.48	£18.25
White	£19.09	£16.44	£20.00	£17.22
Difference	-£1.51	-£0.40	-£1.48	-£1.02
Pay Gap %	- 7.9%	-5.9%	- 7.4%	-5.9%

The above figures demonstrate that hourly rates of pay within the Trust have risen for both ethnic groups, on average, and that, overall people from a Black, Asian and Ethnic Minority background earn more than white colleagues. This effect is due to the majority of doctors being from a multicultural background.

4.4 Percentage of ethnic groupings who received bonus pay

Table 7. Ethnicity breakdown of Bonus pay based on all employees in the Trust

Ethnicity	Employees	Employees Paid Bonus (no)	Employees Paid Bonus (%)
BAME	2340	51	2.2%
White	2500	46	1.8%

The national methodology to report the figures is in the table above, however, as outlined previously, bonus pay is only received by consultants.

The overall workforce comprises approximately 49% Black, Asian or Ethnic Minorities. In terms of the Consultants specifically, there are 269 who have shared their ethnicity via ESR, of which 60% are BAME.

Using figures for Consultants only, we see that inequality becomes more pronounced.

Table 8. Ethnicity breakdown of Bonus pay – Consultants

Ethnicity	Consultants	Consultants Paid Bonus (no)	Consultants Paid Bonus (%)
BAME	161	51	31.7%
White	108	46	42.6%

Table 8 shows that white consultants are 1.3 times more likely to receive a bonus than Black, Asian and Ethnic Minority consultants.

4.5 Mean and Median race pay gap using bonus pay

As outlined above, the majority of doctors are from a Black, Asian and Ethnic Minority backgrounds, influencing the overall pay gap in favour of people from a multicultural background. However, the bonus pay does not follow this trend. For instance, using the mid-point (median) indicates that white doctors that received a bonus got on an average double that of Black, Asian and Ethnic Minority consultants.

Table 9. Ethnicity breakdown of the value of Bonus pay received

2020	BAME	White	Gap (£)	Gap (%)
Mean bonus	£11,067	£14,773	£3,706	25.1%
Median bonus	£6,032	£12,064	£6,032	50.0%

This gap has reduced significantly since 2020, as shown below. Equalities statistics quite often vary by up to 1% per year, so this figure is encouraging.

Table 10. Year on year comparison of Bonus pay gap

	2020	2021	2022
Mean bonus	32.0%	27.4%	25.1%
Median bonus	55.6%	50.0%	50.0%

4.6 Ethnicity Pay Gap by Division

The table below demonstrates the divisions in which the pay gap is in favour of Black, Asian and Ethnic Minority staff and, in most cases, this aligns with the divisions where bonuses are available to consultants.

Similarly, to the gender pay gap, the division of Environment has the largest race pay gap in favour of white staff. Corporate and Medicine are the other areas in which a 5-6% pay gap in favour of white colleagues is shown.

Table 11. Ethnicity Pay Gap by Division based on average hourly rates

	2021				2022			
Division	BAME	White	Gap £	Gap %	BAME	White	Gap £	Gap %
Clinical Support*	£20.15	£18.12	-£2.02	-11.2%	£20.82	£18.99	-£1.83	-9.6%
Corporate	£18.24	£18.93	£0.69	3.6%	£19.29	£20.54	£1.25	6.1%
Emergency Medicine*	£19.85	£19.05	-£0.81	-4.2%	£21.00	£20.62	-£0.38	-1.8%
Environment	£13.22	£18.57	£5.34	28.8%	£14.69	£18.95	£4.27	22.5%
Medicine*	£18.25	£19.31	£1.06	5.5%	£19.38	£20.47	£1.09	5.3%
Surgery & Anaesthetics*	£23.35	£19.65	-£3.70	-18.8%	£24.00	£19.89	-£4.11	-20.7%
Women's & Children*	£24.92	£19.52	-£5.40	-27.7%	£25.54	£19.86	-£5.68	-28.6%
Bank	-	-	-	-	£17.47	£15.60	-£1.87	-12.0%
Totals	**£20.60**	**£19.09**	**-£1.51**	**-7.9%**	**£21.48**	**£20.00**	**-£1.48**	**-7.4%**

* Bonuses are available to consultants, who are in these Divisions.

Table 12. Ethnicity Pay Gap by Staff Group based on average hourly rates

	2021				2022			
Division	BAME	White	Gap £	Gap %	BAME	White	Gap £	Gap %
Add Prof Scientific and Technic	£22.52	£22.52	£0.00	0.0%	£23.59	£24.85	£1.26	5.1%
Additional Clinical Services	£12.08	£11.92	-£0.16	-1.3%	£12.60	£12.31	-£0.29	-2.3%
Administrative and Clerical	£15.42	£15.81	£0.38	2.4%	£16.00	£16.93	£0.93	5.5%
Allied Health Professionals	£19.43	£20.69	£1.26	6.1%	£19.89	£22.06	£2.17	9.8%
Estates and Ancillary	£11.08	£15.63	£4.55	29.1%	£12.25	£15.20	£2.95	19.4%
Healthcare Scientists	£20.89	£23.23	£2.34	10.1%	£22.02	£23.86	£1.84	7.7%
Medical and Dental	£38.58	£42.03	£3.45	8.2%	£37.07	£41.22	£4.15	10.1%
Nursing and Midwifery Registered	£18.41	£20.86	£2.45	11.7%	£19.54	£21.79	£2.25	10.3%
Students	£16.88	£15.86	-£1.02	-6.4%	£16.50	£16.93	£0.44	2.6%
Totals	**£20.60**	**19.09**	**-£1.51**	**-7.9%**	**£21.48**	**£20.00**	**-£1.48**	**-7.4%**

This table shows the largest pay gaps in Medical & Dental, Nursing and Estates. Estates is part of the Environment Division.

5. Limitations of data collection

5.1 Gender

ESR has no facility to record transgender or non-binary employees, as this would breach legislation in the Gender Recognition Act (2004)

5.2 Race/Ethnicity

Nearly 7% of staff have not recorded their ethnicity on ESR. With this included in the calculations, 45% of staff identify as having Black, Asian or Ethnic minority background and 48% of staff identify as white.

6. Action since last year

6.1 The Pay Gap Report 2020/2021 had five main targets:

(a) Enabling Flexible Working
The Flexible Working Policy was reviewed in Autumn 2022. The key reasons were to combine the flexible working and agile working policies, and to emphasise the Trust's proactive approach to flexible working. It is predicted that this will have a positive impact on our female workforce, who continue to take on a larger proportion of the household, childcare and caring responsibilities.

(b) Inclusive Maternity Policies
The Trust follows current best practice where pregnant colleagues are advised to continue working as normal prior to 28 weeks gestation.
Pregnant staff are given an information video to watch and part of this covers "keeping in touch" (KIT) days that employees can opt it in to and potentially make it easier when it is time to come back to work.
Last year's target of 'pregnant colleagues who do not want to work in red areas and support their redeployment as appropriate' was only applicable pre-vaccine but a health risk assessment would be done as standard.

(c) Making West Herts More Menopause Friendly
Around 1,000 members of the workforce (approx. 20%) are women at menopausal or perimenopausal age. This can result in lower job satisfaction, greater absence rates and anxiety and, for some women, a reduction in working hours or even exit from the workforce entirely.
The Menopause policy and toolkit have been reviewed, more menopause webinars have been advertised and a Menopause Staff Network is due to be developed.

(d) Clinical Excellence Awards Reforms (Bonuses)
Last year these actions were agreed and completed:
- Applications scored by a larger panel of assessors (12-14 assessors). Scoring panel to be representative of the clinical body both in terms of roles and diversity (age/experience, gender, ethnicity).

- Awards scheme promoted by Divisional Directors and Divisional General Managers. Communication proactive in addressing gaps between different groups.

These actions were not put into place:
- 'Blind' scoring of applications. This was not possible as a doctor's publications are part of their application so each person is easily identifiable.
- Part time workers are eligible for pro rata'ed CEAs. The action was to consider full CEAs where it can be shown that there was significant amount of their own time and effort put into the subject of their submission. This will still be considered in the future.

(e) Workforce Race Equality Standard (WRES) Action Plan

The Trust's WRES Action Plan can be accessed on the Equality page of the Trust website. Successes for 2021/22 include:

- 16 board members and 10 multicultural members of staff took part in a reciprocal mentoring programme which showed benefits for both groups. For instance, the number of people who were 'quite comfortable' talking about race was 50-60% before the 6+ mentoring meetings and afterwards was zero. Board members went from 83% 'quite unaware' or 'neutral' about lived experiences of BAME colleagues to 100% being quite or extremely aware. The greatest majority of board members (83%) took action following the reciprocal mentoring.
- ICS Career Development Programme launched. This is aimed at Band 2-4 underrepresented groups (initially people who are disabled and/or Black, Asian and Ethnic Minorities). It covers leadership, recruitment, coaching, communication and presentations, project management and EDI aspects, as well as creating a peer group and sense of being supported in their career.
- Continued face to face engagement events to educate about / celebrate the diversity of the Trust's workforce and patients. These are led by Connect, the Trust's multicultural staff network and are well attended.
- Continued safe spaces for staff to raise concerns. These are led by Connect, the Trust's multicultural staff network and reported to Execs. This will inform the review of the disciplinary policy, due Autumn 2022.

6.2 Other recent key actions

In early 2022/23 Dr Rachel Hoey set up two staff networks;

Women as Medical Leaders is a consultant forum to support female consultants who are interested in or are already in leadership roles. The group has used information from a survey and the first few meetings to develop a series of actions which will require support from executive sponsors, HR and training.

Sexism in Medicine is a group to raise awareness and reduce discrimination faced by female doctors, which is especially experienced by younger women. The first sessions were facilitated by NHS Elect where personal experience was captured as well as ideas for Trust actions.

7. Action for the coming year

Pay Gap	Action	Lead/s	Timeline
Gender	Review the Recruitment & Selection Policy to ensure more Women and Black, Asian and Ethnic Minorities are recruited/promoted into quartile 4 roles. This will be done by: • Reviewing quartile 4 data every quarter on (a) applicants (b) shortlisted (c) appointed. • Ensure unsuccessful interviewees from these two underrepresented groups are given developmental feedback on what would improve their next application/interview. • Use of representative interview panels (gender and race) to ensure unconscious bias is minimised. • Promote flexible working arrangements; job share etc.	EDI Lead + Associate Director of Recruitment & Retention	April 2023
Gender	Train and develop more women into quartile 4 roles by: • Promoting leadership opportunities, such as the in house 'Transform' programme. • Promoting structured coaching opportunities, including one-off interview preparation coaching • Encouraging shadowing, mentors and mentees.	Head of L&D, EDI Lead & Chair of Women as Medical Leaders staff network	March 2023
Gender	Encourage consultants to use their supporting professional activities (CPD) to develop leadership skills.	Chair of Women as Medical Leaders staff network & relevant Clinical Leads	Dec 2022
Gender	Publicise female role models – women in leadership roles	EDI Lead	Quarterly
Gender	Support and establish a staff-led Women's Staff Network to ensure that women feel supported, are as productive as possible, and stay in work in the Trust.	EDI Lead	Summer 2023
Gender and Race	Sub-committee to implement the national changes to Clinical Excellence Awards (bonuses).	Head of Medical Resourcing	From Nov 2022

Pay Gap	Action	Lead/s	Timeline
Gender and Race	Explore the opportunities to reduce inequalities in: - Environment division (race) and Estates roles (gender and race) - Admin & Clerical roles (gender)	EDI Lead, Estates Director plus HRBPs	March 2023
Race	Implement the changes in the WRES	EDI Lead and people in Action Plan	Summer 2023 and dates in Action Plan
Race	Continue to support the ICS Career Development programme for underrepresented groups (race/disability), with publicising to the target audience as well as developing and delivering content. This programme supports Bands 2-4 and will extend to Bands 5-7.	EDI Lead and relevant Chairs of Staff Networks	Ongoing

8. Risks

8.1

Risk	Mitigation
Not publishing the Gender Pay Gap.	PERC will consider this report in good time for the March 2023 deadline.
Risk of talent management missing out on staff with greater potential. This has a risk to patient outcomes.	Changes in HR and management practices as per the Action Plan. Equal opportunities for development and promotion is registered as a risk on the Trust's corporate risk register and therefore evaluated and actioned regularly.
7% of staff have not shared their ethnicity on ESR	Encourage ESR self-service to reduce data gaps
Colleagues have to identify as male or female on ESR, excluding non-binary colleagues who identify as non-binary or gender-fluid.	Staff can define themselves as "Mx" in the tittle section.

9. Recommendation

The Trust Board is asked to receive the Gender Pay Gap report to review and to approve for publication on the Trust website by 31 March 2023, in line with statutory requirements. The Race Pay Gap report is best practice and will be published at the same time.

Name of Director Andrew McMenemy
Title Chief People Officer
Date: 10 October 2022

West Hertfordshire Teaching Hospitals NHS Trust

Trust Board Meeting
3 November 2022

Title of the paper:	ANNUAL REPORT ON ROTA GAPS, VACANCIES & EXCEPTION REPORTING: DOCTORS IN TRAINING – August 2021 – August 2022
Agenda Item:	**23**
Presenter:	**Richard Burridge – Guardian of Safe Working**
Author(s):	**Richard Burridge – Guardian of Safe Working** **Alex Sarkodie – Deputy Head of Medical Resourcing**
Purpose:	*Please tick the appropriate box* *For approval*: *For discussion*: *For information*: *x*
Executive Summary:	The purpose of this report is to provide the Board with assurance around the safe working of junior doctors in training as well as a summary of vacancies and rota gaps within the junior doctor workforce. This report provides a summary of doctor rota gaps, shift fill rates, and exception reporting data for the year August 2021 – August 2022. There have been some rota gaps across the divisions with multiple recruitment attempts which are summarised in the report. Averaged over the year there have been around 5.66 WTE rota gaps within the trust. Missing shifts have been filled with bank and agency staff, with an average of 15 unfilled shifts per week across the trust. There have been 255 exception reports during the year. This is an increase on 2020-2021. The vast majority were for additional hours worked with most being paid as compensatory pay rather than time off in lieu. This equates to around 0.72 reports per trainee per year. This is similar to other trusts in the region. The majority of exception reports come from the junior training grades, predominantly foundation doctors. Reassuringly more senior training grade doctors are starting to use the system with many more reports coming from higher training grades than in previous years. There were two episodes of significant breaches in the terms and conditions of the Junior Doctor Contract and two Guardian Fines were imposed. The area showing consistently high numbers of exception reports has been within cardiology. This has been escalated within the division of medicine and relates to an already high throughput clinical area being impacted by medical surge patients and the resultant impact on workload for the junior doctors in

	this area. Some additional locally employed doctors have been employed starting August/September 2022 which the division is hopeful will improve things in this area. There has been good engagement from the senior leadership team within medicine when issues have been raised by the Guardian of Safe Working. Despite the rota gaps, on the whole, doctors appear to have been working safely within the terms and conditions of the contract during the year, and where an issue was identified, it has been rectified for subsequent placements wherever possible. Following concerns raised around the medical rota planning prior to August 2021 the medical resourcing team were able to include the trainees in the planning process for the rota and workforce review within medicine has led to plans to increase the number of junior doctors on the medical rotas. Access to Exception Reporting Process for Locally Employed Doctors has begun as planned.

Trust strategic aims

(please indicate which of the 4 aims is relevant to the subject of the report)

Aim 1 Best care	Aim 2 Great team	Aim 3 Best value	Aim 4 Great place
			
Objectives 1-4	***Objectives 5-8***	***Objective 9***	***Objective 10-12***
x	x		x

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?
☐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?

Previously considered by

Committee/Group	Date
PERC	27 October 2022

Action required

The Board is asked to receive this report for assurance on the safe working of junior doctors within the trust

West Hertfordshire Hospitals NHS Trust

Agenda Item: 23

Trust Board Meeting – 3 November 2022

Annual Report on rota gaps, vacancies and exception reporting: Doctors in training August 21 to August 22.

Presented by: Richard Burridge

1. Purpose & Background

1.1 The below report provides a summary of rota gaps and shift fill for doctors in training as well as a summary of the exception reports received from doctors for the time period August 2021-August 2022

High level data

Number of doctors / dentists in training (total including GP trainees): 365

Number of doctors / dentists in training on 2016 TCS (total)): 365

2. Analysis/Discussion

Annual data summary

The below table shows the rota gaps per division for the year August 2021-August 2022

Specialty	Grade	Quarter 1 (Aug - Oct)	Quarter 2 (Nov - Jan)	Quarter 3 9 (Feb - Apr)	Quarter 4 (May - Jul)	Total gaps (average WTE)	Number of shifts uncovered (over the year)	Average no. of shifts uncovered (per week)
Medicine		2	1	*	1	1.33	240	4.61
Emergency Medicine		3	1		0	1.33	363	6.98
Surgery & Anaesthetics		2	2		0	1.33	103	1.98
WACS		1	1		3	1.66	75	1.44

Total		**8**	**5**		**4**	**5.66**	**781**	**15.01**

* Medical Resourcing department unable to provide date due to staffing pressures within team

Issues arising and Actions taken to resolve issues *per division*

MEDICINE

Medicine Registrar Rota –

Rota was designed to accommodate the available trainees for all medicine subspecialties for August 2021. Maternity leave (rheumatology post) impacted on this during the year and the rota was redesigned with the remaining trainees.

Rheumatology gap (ward) was backfilled with bank/agency.

Geriatrics – Resignation of trust grade doctor during leave mitigated with bank/agency..

Medicine SHO Rota -

August 21 – August 22

- **Rheumatology:** LED gap on ward and on-calls. Back filled with bank and agency for both ward and on-calls.

- **Dec 21 – Apr 22:**
- FY1 gap de to trainee moved a job shared post

Apr 21 - Aug 21

1 Registrar gap which was backfilled with bank/agency

EMERGENCY MEDICINE

- 2 Registrar gap for the entire year backfilled on-calls with bank and agency.
- 2 FY2- 1 LTFT gap and 1 due to medical reasons backfilled on-calls with bank and agency

WACS

- O&G and Paediatrics ST3. X1 trainee gaps due to 4 doctors practicing at LTFT level (Obs & Gynae)

- x1 Paediatrics doing LTFT at 60% & 80% respectively

- .GP Vacancy in Paeds due to job share resulting in on-call gaps.

SURGERY AND ANAESTHETICS

ENT & Ophthalmology: No gap at Fy2 & Middle grade level.

- General Surgery: No vacancies at FY2 from Aug 21 – Aug 22.
  X 1 Registrar Vacancy Backfilled on-calls with bank and agency.

T&O: No vacancies at FY2 from Aug 21 – Aug22.

1 Registrar gap in T&O as Dr was on unpaid leave for 3 months

Anaesthetics: No gaps at FY2 & Registrar level

Urology: No gaps at FY2 & Registrar level

Exception Reporting

Exception reports

By Specialty

	August 2021 – October 2021	November 2021 – January 2022	February 2022- April 2022	May 2022 – July 2022
A&E	**0**	**3**	**1**	**1**
A&E	0	3	1	1
Medicine	**78**	**44**	**38**	**41**
Acute	8	12	6	13
Cardiology	28	20	19	22
Endocrine	9	1	1	3
Gastroenterology	3	2	0	0
Geriatric	16	1	1	0
Respiratory	14	4	0	0
Stroke Medicine	0	0	0	0
Haematology	0	4	10	0
Rheumatology	0	0	0	0
ITU/Anaesthetics	0	0	1	2
Oncology	0	0	0	0
Ophthalmology	0	0	0	1
Surgery	**13**	**4**	**3**	**6**
Lower GI	2	2	1	3
Orthopaedics	2	1	1	3
Vascular	1	1	1	0
Upper GI	3	0	0	0
Urology	5	0	0	0
Not stated	0	0	0	0
WACS	**0**	**20**	**2**	**1**
Paediatrics	0	20	2	1
Obs &Gynae	0	0	0	0
Pathology	**0**	**0**	**0**	**0**
Microbiology	0	0	0	0
Grand Total	**91**	**71**	**44**	**49**

By Grade (totals)

	August 2021 – October 2021	November 2021 – January 2022	February 2022 – April 2022	May 2022 – July 2022
CMT/IMT/ST3	16	16	14	7
F1	65	29	22	37
F2	9	21	6	3

Other SHO	0			
ST4+	1	5	2	2
Grand Total	**91**	**71**	**44**	**49**

Guardian Fines during year- £3295

Exception reporting summary

Fewer reports came from doctors working within the general surgical specialties than in previous years which was reassuring. No specific concerns were identified within surgery.

There were more reports from Paediatrics than in previous years -this in the main reflected reporting behaviour of a small number of trainees but did highlight some challenges with doctors finishing night shifts on time which have been shared with the division.

Within orthopaedics, changes were made to rotas for night shifts following recurrent reports of late finishes after night shifts. Reports from this area have dropped significantly since. There were two episodes within orthopaedics where the non-resident on-call registrar was required to remain on site for the whole night leading to a breach of the terms and conditions. Guardian fines have been imposed. Issues related to absence of, or suitability of SHO level doctors on the night shift, requiring the registrar to remain on site. The division were very responsive following these episodes.

Within the division of medicine there have been a steady number of reports from across the areas, particularly from acute medicine. The area of highest reporting has been within cardiology where the highest number of reports were raised each quarter. On investigation it was identified that the area is always a high flow area, but the ongoing use of the cardiology areas as medical surge beds led to increases in workload for the junior doctors covering the area leading to frequent late finishes. The division were responsive when the issues were raised and the Clinical Director for the area has reported to the Guardian of Safe Working that 3 Locally Employed Doctors have been recruited to the area. The area will be closely monitored during the 2022-2023 training year.

Issues were raised outside of the exception reporting system relating to access to educational opportunities for junior doctors within endocrinology. The medical education team alongside the Training Programme Directors have worked with the division and the trainees to put measures in place to improve access to training for these doctors and this will be monitored via faculty meetings and the Junior Doctor Forum.

The majority of reports continue to come from junior trainees, mainly foundation doctors. This has been reflected nationally. However, reassuringly, more higher training grade doctors are starting to use the system, which reflects trainees moving through their training with exception reporting an accepted part of their daily work.

As part of a project set up by Foundation Doctors it was agreed that an additional Junior Doctor Representative would be appointed as an ‘Exception Reporting Champion’ to act as a link between the trainees and the Guardian of Safe Working. This worked well and will continue into 2022/23

Discussions around Locally Employed Doctors having access to the Exception Reporting has resulted in the LEDs being added to the system going forward for the purposes of monitoring

3. Summary

Exception reporting numbers are in line with other trusts in the region. Issues have been escalated when they arise with positive engagement from the divisions when required.

Whilst there have been some persistent gaps in staffing across the divisions this has not been consistently reflected in the numbers of exception reports.

Based on the exception reporting data only, the impact of staffing levels does not appear to have had a significant detrimental effect on the safe working hours of junior doctors in the trust, with the exception of within Cardiology where doctors have been under prolonged strain.

Two fines were issued to orthopaedics which is unusual and both related to similar issues with short term absence and a lack of or poor quality of locum SHO level staff leading to the registrar having to remain resident for 24 hours. The money from the fines will be used to improve the facilities within the doctors' offices within the orthopaedics area.

4. Recommendation

The Board is asked to receive this report for assurance on the safe working of junior doctors within the trust

Richard Burridge
Guardian of Safe Working

West Hertfordshire Teaching Hospitals NHS Trust

WHTH Trust Board
3 November 2022

Title of the paper	**West Hertfordshire Community Diagnostic Centre – Phase 1 Outline Business Case**
Agenda Item	**24**
Presenter	**Martin Keble** **Louise Halahmy**
Author(s)	Louise Halahmy – Head of Service Planning, Acute Redevelopment Nuala Littlechild – Radiology Services Manager Adam Rigby – Head of Strategic and Redevelopment Finance Steve Turner – Head of Capital Projects
Purpose	For approval: **x** For discussion: For information:
Executive Summary	*This Business Case outlines the need for £13.1m capital funding to deliver Phase I of the development of a Community Diagnostic Centre for West Herts, in line with the national diagnostics strategy to increase diagnostic capacity to deliver a new model of diagnostic service provision.* *This is a phased scheme, with phase I focusing on provision of an additional MRI and CT at St Albans City Hospital, prior to subsequent phases providing additional diagnostic capacity at Hemel Hempstead Hospital and further consolidating provision on the St Albans site.* *The revenue implications of phase I will only materially commence in 23/24 (£1.3m), in line with the workforce strategy plans and the opening of West Herts CDC. In 24/25 revenue costs will be £2.6m (first full year of operations).* The aim of the CDC will be to provide quicker and more convenient access for patients and to reduce hospital pressures on the acute site at Watford. The vision is for CDCs to offer one-stop visits for checks, scans and tests, to achieve early diagnoses for patients, timely treatment and intervention. The CDC model across HHH and SACH will offer more place-based, person-centred approaches to care, and remove some of the known barriers to access often associated with the acute site. A five-year capital programme has been funded nationally to enable the implementation of CDCs across the country. Each ICS has been given a capital allocation for each of the first four years, and WHTH has been successful in bidding against this funding to improve diagnostic services. We have agreed with local commissioners that the southwest Herts strategy will be for WHTH to provide all CDC services across St Albans City Hospital (SACH) & Hemel Hempstead Hospital (HHH) with the archetype that our hub will be HHH and our spoke at SACH.

This outline business case is aligned to the strategy and aspirations for the Acute Redevelopment Programme (ARP), and the proposals for the SACH site are a subset of our planned development on that site.

Capital cost and funding

The capital funding requirement for the preferred option are **£13.1m** (£6.1m in 2022/23 and £7.0m in 2023/24). Capital funding will come from the ICS in the form of Public Dividend Capital (PDC).

The updated phased capital forecasts for the preferred option are shown below:

	2022/23 Total £'000	2023/24 Total £'000	Total Phase 1 £'000
Fees	403	382	785
Land & Buildings	1,455	3,777	5,232
Equipment	1,775	0	1,775
Optimism bias	501	588	1,090
Planning contingency	73	189	262
Inflation Adjustment	841	987	1,829
VAT	907	1,092	1,999
Total per OB forms	**5,955**	**7,016**	**12,971**
Additional IT costs	**148**	**-**	**148**
Total	**6,103**	**7,016**	**13,119**
Sources of funding:			
ICB funding	**6,103**	**7,016**	**13, 119**

Noting the remaining timeframe of this FY within which £6m of capital investment is expected to be spent, several measured actions have been expedited ahead of receipt of the formal MoU (following Chair's action as required and CFPG approval), including:

- Purchase of MRI (to ensure receipt and ownership transfer of scanner to the Trust)
- Purchase of CT scanner (to ensure receipt and ownership transfer of scanner to the Trust)
- HV/Power enabling works on site at St Albans
- Architectural design fees and surveys
- MEP surveys

The above items are fully aligned to the Trust's critical strategy and aspirations for the Acute Redevelopment plans and are therefore beneficial for WHTH if it were the case that CDC funding was no longer available.

Revenue impact

The table below shows the incremental revenue impact of the investment:

	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000
Pay	4	570	1,344	1,385
Non-Pay	0	0	365	383
Non-recurrent costs	**-**	**50**	**70**	**-**
Depreciation	55	316	600	600
PDC Dividends	105	329	436	415
Cash releasing benefits	0	0	(198)	(162)
Total	**165**	**1,266**	**2, 617**	**2, 619**
Sources of funding:				
ICB funding	**The ICB is still to confirm the nature and amount of revenue funding to cover the costs associated this development. At this moment no funding has been confirmed.**			

Trust strategic aims

(please indicate which of the 4 aims is relevant to the subject of the report)

Aim 1 Best care	Aim 2 Great team	Aim 3 Best value	Aim 4 Great place
			
Objectives 1-4	*Objectives 5-8*	*Objective 9*	*Objective 10-12*
		✓	✓

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?
☐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?

Previously considered by

Committee/Group	Date
TMC & FPC	October 2022

Action required

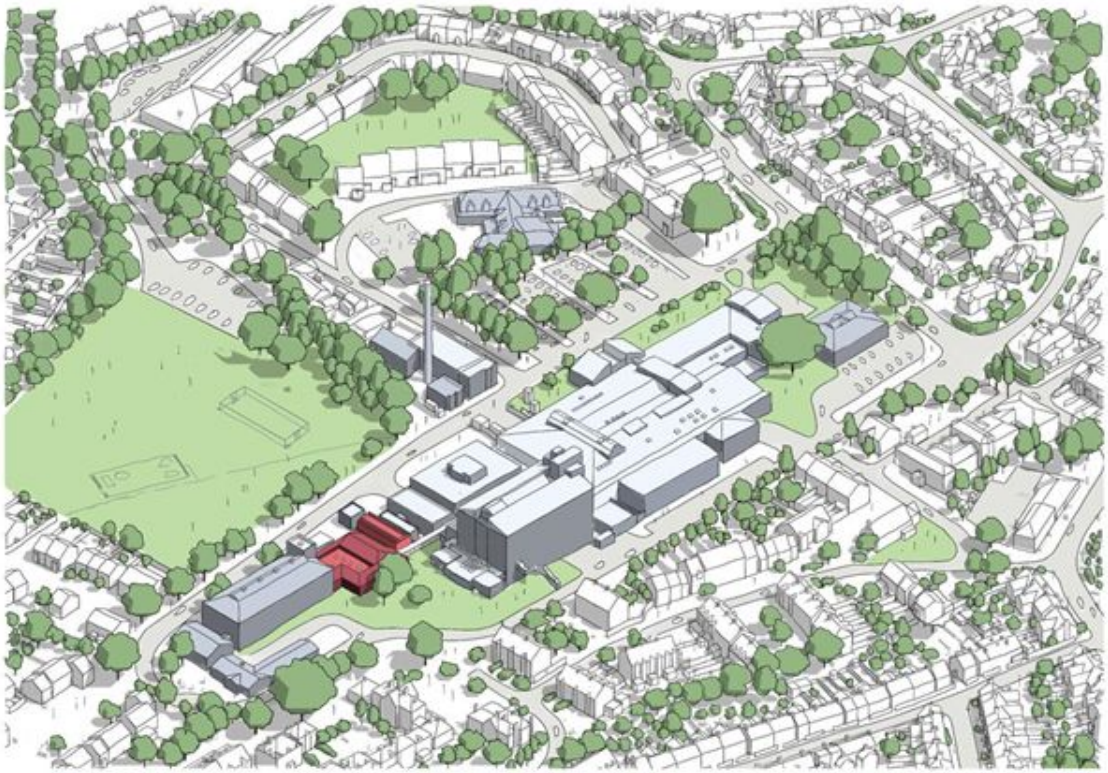
- Following TMC and FPC approval on 26 October 2022 and 27 October 2022, WHTH Trust Board is now asked to approve in principle the plans outlined in this OBC, on the assumption that the capital envelope that

	the ICS has verbally confirmed, is fully available and that there are no variations to it. A formal MoU has not yet been received, and regular dialogue continues to this effect. • The ICB has indicated that revenue contribution will be available but are yet to clarify the level and nature of what this funding will be. TMC is asked to approve this OBC on the principal that the revenue made available to the Trust will cover the incremental impact of the CDC development (phase 1). However, if any deviations from this assumption are realised, a subsequent paper will be brought to this committee for further discussion and approval of next steps. Full and final tendered costs for construction, along with any outstanding queries that might arise from TMC discussion will be taken through trust governance processes in due course.

Outline Business Case

Community Diagnostic Centre

Phase 1 - St Albans City Hospital



Revision History

Version	Date	Issued by	Circulated to	Reason for circulation
0.8	20.10.2022	L Halahmy	Project Team	Review draft
0.9	27.10.2022	L Halahmy	Trust Board	Final OBC submitted for WHTH approval, following TMC and FPC review and approval

Contents

NHS
West Hertfordshire Hospitals
NHS Trust

1. Executive Summary

This Business Case outlines the need for £13.1m capital funding to deliver Phase I of the development of a Community Diagnostic Centre for West Herts, in line with the national diagnostics strategy to increase diagnostic capacity to deliver a new model of diagnostic service provision.

This is a phased scheme, with phase I focusing on provision of an additional MRI and CT at St Albans City Hospital, prior to subsequent phases providing additional diagnostic capacity at Hemel Hempstead Hospital and further consolidating provision on the St Albans site.

The revenue implications of phase I will only materially commence in 23/24 (£1.3m), in line with the workforce strategy plans and the opening of West Herts CDC. In 24/25 revenue costs will be £2.6m (first full year of operations).

The aim of the CDC will be to provide quicker and more convenient access for patients and reduce hospital pressures on the acute site at Watford. The vision is for CDCs to offer one-stop visits for checks, scans and tests, to achieve early diagnoses for patients, timely treatment and intervention. The CDC model across HHH and SACH will offer of more place-based, person-centred approaches to care, and remove some of the known barriers to access often associated with the acute site.

A five-year capital programme has been funded nationally to enable the implementation of CDCs across the country. Each ICS has been given a capital allocation for each of the first four years, with 2022/23 being year 2. The ICS allocations are £17.21m for 22/23, and £6.66m each for 23/24 and 24/25. WHTH has been successful in bidding against this funding to improve diagnostic services.

We have agreed with local commissioners that the southwest Herts strategy will be for WHTH to provide all CDC services across St Albans City Hospital (SACH) & Hemel Hempstead Hospital (HHH) with the archetype that our hub will be HHH and our spoke at SACH.

This outline business case is aligned to the strategy and aspirations for the Acute Redevelopment Programme (ARP), and the proposals for the SACH site are a subset of our planned development on that site.

Strategic Case

This business case will detail how Phase 1 of WHTH's CDC Programme will facilitate NHSEI's primary aims for CDCs to:

- To **improve population health outcomes** by reaching earlier, faster, and more accurate diagnoses of health conditions.
- To **increase diagnostic capacity,** through investing in new facilities and equipment and training new staff or new partnerships and innovative models of delivery, contributing to recovery from COVID-19 and reducing pressure on acute sites.
- To **improve productivity and efficiency** of diagnostic activity by streaming provision of acute and elective diagnostic services where it makes sense to do so; redesigning clinical pathways to reduce unnecessary steps, tests or duplication
- To **contribute to reducing health inequalities** driven by unwarranted variation in referral, access, uptake, experience and outcomes of diagnostic provision.
- To deliver a **better, more personalised, diagnostic experience for patients** by providing quality diagnostic services in the community.
- To **support integration of care** across primary, community and secondary care and the wider diagnostics transformation programme.

The clinical model for West Herts is that CDC services are provided across the two existing planned care sites: St Albans City Hospital and Hemel Hempstead Hospital. This aligns with the national diagnostic centre strategy for diagnostic testing and consultations to take place on the same day wherever possible.

Locally, this future model of care has been widely reviewed and tested with stakeholders, to ensure that the provision of specialty care and diagnostic imaging on each site is optimised to promote one-stop care, whilst maintaining local access. In future, St Albans Hospital will focus on the provision of surgical and cancer diagnostic care, with medical and long-term condition diagnostics and outpatient services focussed at Hemel Hempstead Hospital.

This model of care ensures that both imaging and consultant-led outpatient services are not fragmented to an unworkable degree, with an adverse impact on care pathways, clinical cover, staff training and governance.

Clinical Quality Case

This first phase of increasing diagnostic capacity within WHTH's planned care system, provides a range of opportunities for change at SACH, that would enable for the scheduling of clinics and diagnostic tests in order to improve patient pathways and increasingly create one-stop clinics. The clinical quality case demonstrates how this impacts on urology, orthopaedic, breast and cancer pathways and supports continuous efforts to improve clinical care and patient experience.

Economic Case

As part of the demand and capacity modelling for the Trust, detailed work has been completed by PA Consulting to confirm the future number of diagnostic patients at WHTH across the three sites. The model takes into account a range of future demographic, non-demographic and anticipated service changes.

Enhancing diagnostic capacity in line with both the CDC aims and the future clinical model for WHTH, lends itself to a phased approach for which the preferred option is that this initial investment is prioritised for those modalities for which additional capacity is most urgently required in the short term, namely MRI, and CT. This first phase is therefore focused primarily on increasing diagnostic MRI & CT capacity at St Albans, with the overall 4-phase programme to develop diagnostic services at both St Albans and Hemel Hempstead sites in the next 5-7 years.

Financial Case

Capital Investment Profile:

The table below shows the capital impact of the preferred option investment:

	2022/23 Total £'000	2023/24 Total £'000	Total Phase 1 £'000
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Land & Buildings	1,455	3,777	5,232
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Revenue Investment Profile:

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Sources of funding:				
ICB funding	**The ICB is still to confirm the nature and amount of revenue funding to cover the costs associated with this development. Funding is yet to be confirmed.**			

Commercial Case

The Trust has reviewed a number of commercial arrangements and the preferred option at OBC stage is to work directly with a modular provider, via a framework, for the design and provision of the modular unit and to operate via a Procure23 contract for the internal works for the preferred option. Specific equipment and IT requirements will be arranged through existing routes and working with the Trust's current external IT provider.

Management Case

A project board oversees the planning and delivery of this scheme, supported by the project team. Progress is reported to the Trust Board, via the Trust Management Committee.

There has been extensive engagement with clinical teams who have been fundamental in reaching an agreed design that meets the requirements of patients and staff, aligned to the overarching Acute Redevelopment aspirations for our planned care system.

A programme plan, which sets out the key milestones, is included as follows:

October 2022	Enabling works commence & equipment ordered
August 2023	Core construction commences
Spring 2024	New diagnostics unit at St Albans operational

Benefits realisation is monitored, and risks are regularly reviewed by the project team and escalated to the Project Board.

2. Strategic Case

The strategic case sets out the case for change, showing the immediate need for additional MRI and CT capacity, on the planned care site at St Albans. The case outlines the Trust's overall clinical strategy and demonstrates that this first phase to increase diagnostic capacity will provide greater opportunity to improve patient care pathways, undertake new activity and is aligned to the future redevelopment aspirations.

Phase 2, future growth and enabling further pathway improvements has also been considered at this stage, with plans to establish a new service, enhance care pathways and support the increase in elective care activity at SACH.

2.1 Strategic Context

WHTH currently provides diagnostic services on all three sites, meaning they are easily accessible to the local populations of St Albans, Hemel Hempstead and Watford. Watford is the emergency centre while St Albans and Hemel Hempstead provide planned care services and some urgent care. The West Herts CDC model seeks to ensure that diagnostic services are not further fragmented, to support staff morale, recruitment, and retention, while still ensuring that services are provided close to local communities.

The proposed clinical model for the WHTH Community Diagnostic Centre (CDC) is that CDC services will be provided across the two existing planned care sites: Hemel Hempstead Hospital (HHH) and St Albans City Hospital (SACH).

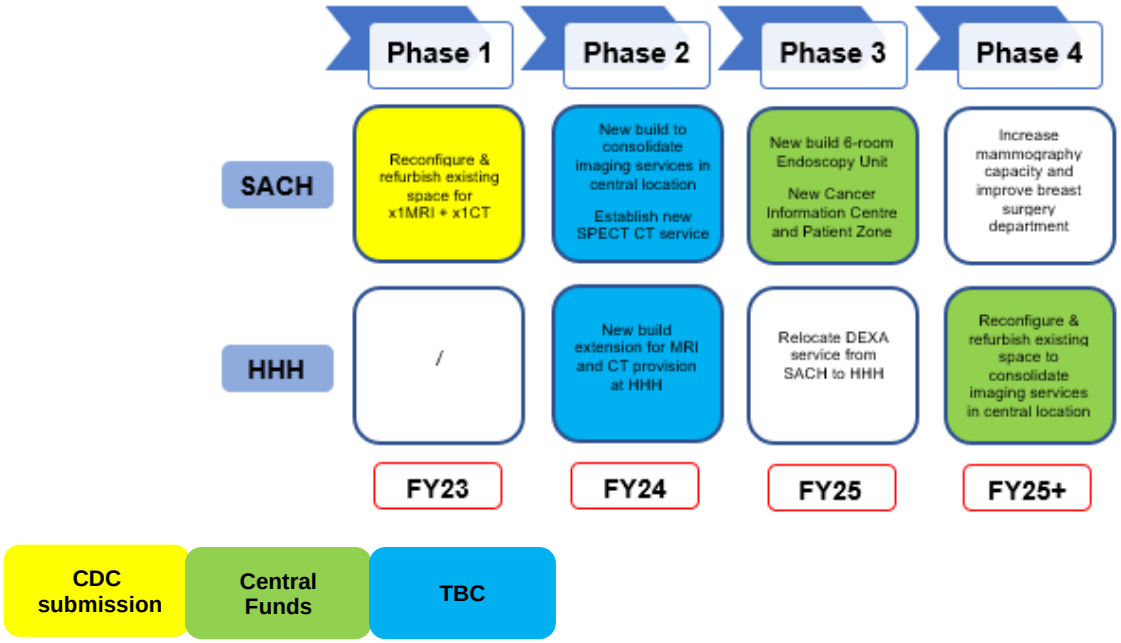
The rationale for this approach is that services are already easily accessible to local populations on both planned care sites; greater efficiency in both machine usage and workforce can be achieved through consolidating on existing non-acute sites rather than adding a new location specifically for an isolated CDC; and the co-location of diagnostic services with specialist outpatient services will enable more 1- stop pathways that enable faster diagnosis and treatment for patients, whilst also supporting cancer pathways, COVID19 and elective recovery.

Locally, this future model of care has been widely reviewed and tested with stakeholders, to ensure that the provision of specialty care and diagnostic imaging on each site is optimised to promote one-stop care, whilst maintaining local access. In future, St Albans Hospital will focus on the provision of surgical and cancer diagnostic care, with medical and long-term condition diagnostics and outpatient services focussed on Hemel Hempstead Hospital. The model of care for the West Herts CDC is therefore also consistent with the Trust's wider redevelopment programme.

The West Herts CDC clinical model has been developed as a joint strategy between West Hertfordshire Teaching Hospitals NHS Trust (WHTH) and Herts Valleys Clinical Commissioning Group (CCG) (now Herts & West Essex ICB), as has WHTH's underlying clinical strategy and future model of 'one-stop' planned care pathways. Planning for the development of CDCs across the Herts and West Essex ICS has been undertaken working in close partnership.

Finally, the scheme readily lends itself to a phased approach with this short-form business case requesting funding to complete **Phase 1**, in which investment has been prioritised for those modalities for which capacity is most readily required in the short term, namely MRI and CT.

Dialogue to date has paved the way for a programme of works to mobilise change for diagnostic services across SACH and HHH on the next five years as follows:



2.2 Case for Change

Overview

The West Herts CDC will need to address several key issues currently facing patients;

1. Providing sufficient capacity to tackle the post-Covid19 backlog of elective care
2. Improving health inequalities by increasing diagnostic capacity in non-acute settings
3. Increasing one-stop care pathways and earlier diagnoses
4. Reducing workforce and service fragmentation

In addition to these improvements, the broad range of elective diagnostics that will be available across HHH and SACH (following completion of phases 1 and 2) will provide vital local services for patients with key clinical adjacencies that will be further reinforced with future redevelopment plans to enhance both planned care sites and centralise core medical and surgical activities.

The issues experienced at WHTH outlined above align with those experienced nationally and that have given rise to the need to establish Community Diagnostic Centres, to deliver the following core aims:

<u>Increasing diagnostic capacity & separating elective and emergency diagnostic testing</u>

- Provision of improved access to diagnostics services in line with demand and capacity model, created with the support of PA Consulting.
- Further separation of acute and elective diagnostic services will provide benefits in terms of efficiency and quicker access to testing and convenience for patients in an appropriate setting.
- Investment prioritised for those modalities for which significant additional capacity is most urgently needed, namely MRI, and CT, in line with the CDC care model and where other alternative funding streams are less likely to be readily available.

Improving population health outcomes

- Increased capacity providing an immediate response to tackle the current post-COVID19 backlogs, as well as a long-term sustainable solution.
- Provision of new, high-quality equipment across a range of modalities.

Improving productivity and efficiency and impacting positively on waiting times

- Continued separation of elective and emergency diagnostic testing.
- GIRFT recommendations addressed, by ensuring space is provided for additional imaging capacity.
- Reduced fragmentation of the Imaging workforce.
- Improved efficiency and utilisation in line with the demand and capacity model, with MRI services open 12 hours a day and 7 days a week, with immediate effect, and plans for CT, SPECT CT, and x-ray to extend opening hours in phase 2.

Improving more personalised patient care

- Additional one-stop care pathways resulting in fewer attendances and to facilitate earlier diagnosis of a range of conditions – where possible patients will undertake a suite of tests in one day in this single location.
- Improved clinical adjacencies within the planned care sites, particularly at St Albans.

Reducing health inequalities

- Improved access to diagnostic modalities, with provision at planned care sites optimised.
- Reduced number of journeys to hospital needed for individual patients.
- Waiting times for diagnostic testing in line with national requirements.

The West Herts CDC will deliver significant benefits for patients, is deliverable within 18 months and paves the way for a longer-term sustainable solution for planned care diagnostic services.

Capacity Requirements

The core requirement for the case for change is provision of sufficient future diagnostic capacity. Having undertaken significant analysis of the data (baseline 2019), supported by external consultants, the following table shows the current and projected requirements for key diagnostic modalities across the Trust's three sites:

Modality	WHTH Current	WHTH 2026	WHTH 2031	Planned Care Current	Planned Care 2026	Planned Care 2031
MRI	3.0	5.7	6.4	2	3	3
CT	6.0	9.2	11.3	2	3	4
DEXA	1.2	1.5	1.5	1	2	2
SPECT CT	2.0	2.1	2.4	1	1	1
Endoscopy	6	10	12	2	6	8
X-Ray	10.9	12.9	13.3	6.4	7	7
Ultrasound (Other)	12.1	16	16.5	9.1	11	11
Ultrasound (Obs)	5.8	6.4	5.9	2.8	3	3
Mammography	2.0	2.7	3.2	2	2	3

Key: More essential by 2026 | Better/updated provision needed | Growth to be accommodated

West Herts CDC phase 1 needs to focus investment in those modalities that have the greatest need and require the most significant investment in terms of capital investment and space. The advantages of delivering additional MRI and CT capacity at SACH within the next 18 months play a significant role in improving the care delivered on the planned care site, improves working conditions for staff, and paves the way for future transformation of care pathways.

Detailed activity analysis (2019 baseline) informing the capacity requirements shown above and supporting this decision is as follows:

Site	POD	2019	2026	2031	2026 % change	2031 % change
Planned Care	Xray	61,413	10,759	16,086	18%	26%
Planned Care	US-Other	23,319	7,530	11,307	32%	48%
Planned Care	ECG	13,817	6,002	9,787	43%	71%
Planned Care	CT	8,938	4,891	8,067	55%	90%
Planned Care	MRI	9,457	3,682	5,646	39%	60%
Planned Care	Mammography	6,380	2,308	3,486	36%	55%
Planned Care	DEXA	7,719	1,676	2,671	22%	35%
Planned Care	Audiology	7,451	1,664	3,015	22%	40%
Planned Care	*Neurophysiology*	2,790	848	1,295	30%	46%
Planned Care	US-OBS	8,219	807	1,072	10%	13%
Planned Care	Endoscopy - Colonoscopy	2,662	486	553	18%	21%
Planned Care	*Urodynamics*	993	404	636	41%	64%
Planned Care	Endoscopy - Cystoscopy	2,018	368	419	18%	21%
Planned Care	NuclearMed	1,754	362	576	21%	33%
Planned Care	Fluoroscopy	1,837	342	512	19%	28%
Planned Care	Endoscopy - Gastroscopy	1,674	305	348	18%	21%
Planned Care	Endoscopy - Flexi sig	1,471	268	306	18%	21%
Planned Care	Angio	20	3	6	17%	28%

In CDC Bid - Phase 1
Other funding source - tbc
To be accommodated

2.3 Existing arrangements and wider context

WHTH Acute Redevelopment Programme

The CDC programme is aligned to the Trust's existing acute redevelopment plans, which have been widely engaged on and shared. The current plans for SACH focus on three key areas of service development, in line with the anticipated growth in activity and the aspiration to improve care pathways for patients on the elective care site. The three projects are:

1. Increase theatre capacity and improve associated patient and staff areas
2. Build a new 6-room endoscopy unit, tripling planned care capacity and streamlining pathways for the Trust's bowel cancer screening service
3. Centralise diagnostic services, increase imaging capacity and create a new SPECT CT service

Expediting improvements to diagnostic services now realises an opportunity to enhance care for patients sooner and will not affect the other schemes planned for SACH. West Herts CDC phase 1 is a welcomed development to the site, on which the Trust hopes to build on in due course.

Patient Engagement

Our future plans for diagnostics have been widely discussed as part of the public engagement approach for our redevelopment scheme, with key principles underpinning our approach as follows:

- Being inclusive in engagement activity and considering the needs of the local population (including equality and the impact on diverse groups).
- Ensuring transparency with the public - promoting open and honest discussions about plans and what the public can and cannot influence and why.

- Providing a platform for people to influence planning and challenge decisions, where appropriate.
- Ensuring that any engagement activity is proportionate to the issue and demonstrating that people's views have been listened to.

A particular focus has been to share plans for clinical services in greater detail and with senior clinicians talking directly about the future aspirations for their services, as part of the 'Your Care, Your Views' public engagement exercise for WHTH's Redevelopment Outline Business Case. Feedback from the public has reinforced WHTH's ambition to promote 'one-stop' care across clinical specialisms and with appropriate same-day diagnostics at the core of our service model. For the CDC in particular, a member of the Patient Panel will be invited to join the operational group overseeing the installation of the CDC to ensure patient participation and there are also plans to link with the Trust's Experience Based Design programme.

Digital Integration

The East of England Imaging Network 2 (East 2) is a collaboration between Herts and West Essex ICS **(including WHTH)**, Mid and South Essex ICS and Bedfordshire Hospitals working together to:

- Implement an imaging strategy to deliver the imaging network objectives.
- Effectively collaborate between organisations in the network.
- Determine and obtain useful consistent data to inform cross-network decision making.
- Reduce variation and share best practice.
- Provide governance at a network level to oversee the design and delivery of plans.
- Manage resources (workforce, assets, digital platforms) across the network.

It is recognised that CDCs will be a key component within the diagnostic networks so WHTH will be working closely with them to support the configuration of services within the CDC and promote shared learning. The CDCs will be integrated with the digital platforms being set up by the imaging network to enable image sharing and support best practice.

3. Clinical Quality Case

This case sets out the clinical context and relevance of undertaking the investment in diagnostics at this stage.

It contextualises the plans to enhance patient care, improve cancer pathways, reduce multiple visits to site and further strengthen SACH's position as a centre of excellence for elective and cancer services.

The Trust's outpatient and inpatient services are delivered from all three of the Trust's hospital sites, (with some diagnostics being undertaken in the independent sector). Patients will often be required to visit numerous sites during their care pathway, depending upon where the individual elements of each service are located. This is a result of organisational reconfiguration of the Trust over time, and it is not reflective of the strategy for the future of clinical services at WHTH. Whilst these services are comprehensive in the service they provide, this fragmentation has an adverse effect on patient and staff experience, along with service performance.

Patients often attend multiple outpatient and diagnostic appointments across the Trust's three sites and the independent sector in order to reach a diagnosis. Due to the composition of these services, patients are rarely able to receive their investigations and treatment on the same site or on the same day. This extends waiting times for treatment, risks failed appointments and adversely affects the efficiency and quality of the overall patient experience.

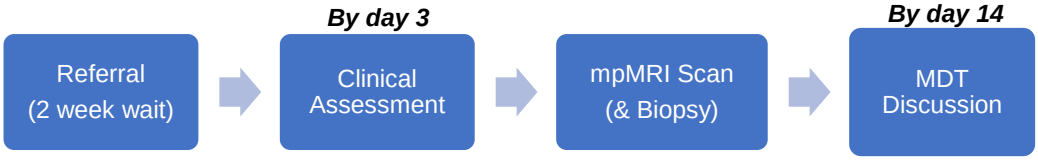
The current pathways can make the overall patient journey and experience arduous and stressful. Delays intrinsically exist within this pathway due to the unavoidable fact that there are a number of services working in discrete locations.

Whilst this business case focuses on investment for phase 1 of the overall programme, it is important to understand the longer-term potential of increasing diagnostic capacity within WHTH's planned care system, and to have a full understanding of the opportunities change at SACH would enable for the scheduling of clinics and diagnostic tests, in order to improve patient pathways and increasingly create one-stop clinics.

3.1 Patient Care Pathways

Prostate Pathway

Prostate cancer is the second most common diagnosed cancer in England, and the most common cancer diagnosed in men. In 2019, 42% of all prostate cancers were diagnosed at an early stage. Prostate cancer is one of only two cancer types to have seen a fall in the rate of early diagnosis since 2012. The Trust follows the national '28-day best practice pathway' in terms of the type and order of diagnostics, but with the proposed investment in diagnostic capacity, the Trust would aim to achieve the 14-day best practice pathway' which includes a one stop model with the mpMRI and biopsy happening on the same day. Patients having examinations on the same day will significantly reduce the length of their pathway and achieve a more rapid diagnosis.



N.B. *mpMRI is reviewed on the day, with same day biopsy (if required)*

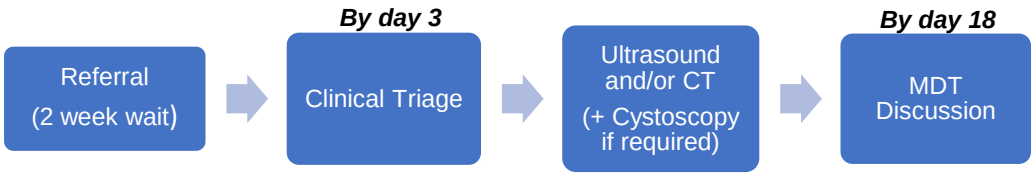
Musculoskeletal Pathway

The provision of diagnostic tests for MSK conditions will follow the National priorities, governance pathways and/or guidance driven by the Best MSK health programme. The Trust's elective Orthopaedic Outpatient Unit is based at SACH. There will be opportunities to improve the patient pathway by using the increased diagnostic capacity in the CDC, resulting in reduced hospital visits and more rapid diagnosis. In line with NICE guidance the following patients will be able to have their MRI imaging when attending their Orthopaedic outpatient appointment:

- Patients with suspected scaphoid fractures
- Patients with Cauda equina symptoms.

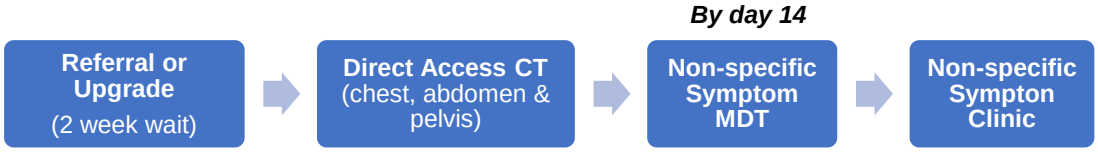
Haematuria / Renal

Additional CT and ultrasound capacity at St Albans City hospital will enable haematuria patients to have their ultrasound and CT scan (if required) in the morning, followed by a cystoscopy in the afternoon, on the same day. This will reduce the length of their pathway and will avoid multiple visits for independent examinations.



Non-specific symptoms

This pathway aims to improve care outcomes for patients who present to their GP with non-specific but concerning symptoms that do not indicate a likely primary tumour site or meet the criteria for a site-specific (NG12) urgent referral pathway for cancer. This pathway was previously known as the 'vague symptom pathway' and is a new cancer pathway, which originated as a Primary Care model in 2020 and is transitioning to delivery within secondary care during 2022. The key diagnostic in this pathway is Direct Access CT which will reduce the number of hospital visits for this patient group, alongside the development of the CDC.



Breast Cancer Pathways

This section of the breast cancer pathway takes place just before the patient has surgery. It includes the following steps:

- sentinel node injection done by Nuclear Medicine
- a guidewire inserted
- surgery the following day

A sentinel node scan identifies sentinel lymph nodes, which receive material drained from the breast in the underarm area. These nodes are responsible for filtering the area of the breast where the lump or abnormality is. This scan is carried out using a Gamma Camera.

As part of the Trust's wider imaging strategy, Phase 2 of the CDC Programme will install a SPECT CT scanner in the CDC at SACH. The plan is to cease the Nuclear Medicine Service at HHH and establish a new SPECT CT provision at SACH to;

- Modernise the service
- Increase capacity on the non-acute/elective care site
- Maintain minimal outpatient attendance on acute site for complex patients only
- Increase opportunity for one-stop pathways
- Increase income and ensure sustainability

Current pathways:

Guide wire insertion	Nuclear Medicine	Surgery
SACH	Hemel	SACH
SACH	Watford	Watford
SACH	Watford	SACH

Future (ideal) pathways:

Guide wire insertion	SPECT CT	Surgery	Activity Levels
SACH	SACH	SACH	↑
SACH	SACH	Watford	↓
SACH	Watford	Watford	=

Cancer Diagnostic Navigator team

The diagnostic phase of the cancer pathway is an anxious time for the patient, and the new Cancer Diagnostic Navigator team would be there to support and assist patients who are having their initial tests, potentially culminating in a cancer diagnosis, aligning the Trust with national guidance around the Cancer Rapid Diagnostic Centre vision.

This team would provide a single point of contact, so patients can access help and overcome any barriers they are experiencing. The team would affect the efficiency of the diagnostic testing by ensuring the patient undergoes the correct preparation, reduce the 'Do Not Attend' rate, and increase patients' experience of care. They would provide low level psychosocial care and would be key in identifying individuals who require more support and would liaise with colleagues to ensure the right staff members are involved in their care.

They would be based within the wider Cancer Services department, with direct links to the diagnostic teams, and would be responsible for those on a specific tumour-site patient timeline but provide cross cover in the event of absences.

Accommodation for the new Cancer Diagnostic Navigator team, and wider Cancer Service teams (clinical and non-clinical) has been identified at SACH. Following Phase 2 of the CDC programme, these teams would be located centrally, adjacent to the Breast Surgery department. Plans for a new Cancer Information Centre are also underway, with an ideal location at the front door having been identified.

4. Economic Case

This case documents the critical success factors associated with this project and presents the range of options identified in response to the key objectives identified within the Strategic Case.

The analysis within this case will show that the preferred option to create West Herts CDC, to increase diagnostic capacity and improve care pathways within the Trust's planned care system, is to create a CDC that bridges both HHH and SACH; with HHH aligned as the centre's hub and SACH positioned as the spoke.

This OBC outlines the intentions for phase 1 to create West Herts CDC across HHH and SACH.

4.1 Critical Success Factors for Investment

As outlined in the case for change above, the critical success factors for this scheme are as follows:

1. Tackling the post-Covid19 backlog of elective care
2. Improving health inequalities by increasing diagnostic capacity in non-acute settings
3. Increasing one-stop care pathways and earlier diagnoses
4. Reducing workforce and service fragmentation

The plans for imaging are part of a wider 4-phase strategy to increase diagnostic capacity overall across both Hemel and St Albans hospitals. There has also been significant engagement to confirm wider plans to develop diagnostic services, and whilst outside the immediate scope of the CDC criteria, it is beneficial to understand the Trust's overall plans to improve services, patient pathways and patient/staff experience.

The overall framework for enhancing both HHH and SACH sites in the longer term is:

Community Diagnostic Centre: Imaging Modalities	Current Service Provision on Planned Care Sites		Proposed West Herts Configuration	
	SACH	HHH	SACH	HHH
MRI	✓	✓	✓	✓
CT	✓	✓	✓	✓
DEXA	✓	x	x	✓
SPECT CT / Nuclear Medicine	x	✓	✓	x
Ultrasound	✓	✓	✓	✓
X-ray	✓	✓	✓	✓
Mammography	✓	x	✓	x
Endoscopy	x	✓	✓	x
Physiological Measurements – Cardiology	x	✓	x	✓
Physiological Measurements – Respiratory	x	✓	x	✓
Cystoscopy & urodynamics	x	✓	✓	x
Andrology	x	✓	✓	x
Hysteroscopy & colposcopy	✓	x	✓	x
Phlebotomy	✓	✓	✓	✓
Audiology	✓	✓	✓	✓
Ophthalmology	✓	x	✓	x

4.2 Options – Longlist to Shortlist

Reflecting on the work undertaken, to date, to ascertain the cost and time to fully develop diagnostic services at both HHH and SACH sites, in line with the Acute Redevelopment Plans, it was quickly concluded that the entire aspiration would not be viable at this stage due to the financial envelope devolved to the ICB from NHSEI.

The longlist was considered and from that a phased approach to delivering the entire programme through a series of smaller steps was formed.

An options appraisal was undertaken to confirm the decision to use existing sites within the Trust's estate for the new CDC, as opposed to a new alternative site, solely for a CDC. This appraisal considered the following 5 options:

1. Create a CDC on site at WGH
2. Create a CDC on site at SACH
3. Create a CDC on site at HHH
4. Create a CDC across SACH and HHH
5. Create a CDC on industrial / retail estate within west Hertfordshire

The site location for the Trust's CDC has been very carefully considered - the table below summarises the appraisal performed.

Options		Benefits	Risks	Viable
1	**Create a CDC on site at WGH**	• Trust Property • Diagnostics workforce on single site	• WGH is the Trust's acute site (planned care diagnostics impacted by emergency care pressures) • All available space already assigned within Acute Redevelopment Plan • Requires 'all new' build – no spare capacity in existing estate	**N**
2	**Create a CDC on site at SACH**	• Trust Property • Vacant plot identified • Efficiency from consolidating imaging and diagnostic services in one area, central to the site • Supports development of one-stop-shop cancer services	• Does not align to Trust's clinical model to separate planned medical and surgical services, supported by associated diagnostics	**N**
3	**Create a CDC on site at HHH**	• Trust Property • Colocation with current endoscopy service (but not future clinical model)	• Does not align to Trust's clinical model to separate planned medical and surgical services, supported by associated diagnostics • Does not support one-stop-shop cancer service model • Cost associated with decanting services and demolishing buildings in order to create capacity • Cannot be delivered until other services relocated offsite	**N**
4	**Create a CDC across SACH & HHH**	• Trust Property • Vacant plot identified at SACH • Ability to expedite delivery at pace • Provision of services aligned to WHTH's clinical model for planned care • Provision of imaging and diagnostic services would align	• Planned care diagnostics split across 2 sites	**Y**

Options		Benefits	Risks	Viable
		with clinical model to separate surgical/cancer and medical/long-term conditions from acute service. • Ability to expedite change on both sites in parallel • Improves patient accessibility to services close to home		
5	**Create a CDC on industrial / retail estate within west Hertfordshire**	• Single site, ideally located in reasonable proximity to Trust's 3 hospital sites • Improves patient accessibility	• Further fragments services across a 4th site – prohibiting implementation of one-stop care pathways • Workforce and operational risks to mobilise and staff an effective and continuous service • Detrimental to the overall patient experience • Identifying suitable site – currently unknown	**N**

From this analysis only options 4 and 5 were deemed viable (other options did not align to the future clinical model or were logistically impossible e.g., no space). Option 5 was then discounted due to the increased cost and risks associated with this option in comparison to option 4.

The site location for the Trust's CDC has been very carefully considered, with the outcome resulting in use of existing Trust land of our local planned care sites. This option has been widely engaged on as part of the Trust's ongoing Acute Redevelopment plans, but also delivers several key benefits including:

- **Trust property** (i.e., no associated estate/capital costs. Identifying a new site would increase costs significantly due to the need to procure the site, create suitable infrastructure if new build required, or refurbish if existing building. Equally, no associated revenue costs i.e., lease arrangements).
- **Time to deliver** Vacant plot (i.e., ability to refurbish and build effective immediately. Feasibility fees and time to survey etc eradicated)
- **Deliver the clinical model** (i.e., prevents diagnostic workforce being further diluted and patient pathways being further split across a fourth site)

The alternative, or if funding is not approved, would be to delay investment until the wider redevelopment occurs or other investment becomes available (these two scenarios have not been treated separately due to their similarity in nature and potential time scales).

4.3 Investment Appraisal

The phasing and key stages for the preferred West Herts CDC option can be seen in the summary table below (please note figures the total capital outlay of £13.3m below include VAT and inflation.

	2022/23 Total £'000	2023/24 Total £'000	Total Phase 1 £'000
Total	**6,103**	**7,016**	**13,119**

NPC analysis been performed on the two options, the output of which is shown below.

NPC comparison £'m	BAU	Option 4: CDC across SACH & HHH	Variation
NPC	**(2.8)**	**(37.4)**	**(34.6)**

When performing the above please note the following:

- The capital and lifecycle costs have been developed in conjunction with the Trust's consultants and are based on a combination of new build (c.100m^2) and refurbishment (c.600m^2). Please note that under BAU there would be the requirement for extensive refurbishment in the period in question, this has not been quantified but it has been identified as a significant risk of BAU.
- Revenue costs (covered in more detail within the finance section) cover the increased headcount required to operate the new scanners as well as the associated operational costs of the new facility.
- Benefits of the preferred option relate to the increased capacity from the new MRI and CT scanner reducing the reliance on outsourced testing (performed by the private sector).
- Inflation, VAT, depreciation, PDC are excluded from the economic analysis
- The appraisal period for the scheme is 30 years (given majority of build is a refurbishment).

4.4 Benefits

The CDC scheme at West Herts was considered as part of the overall Acute Redevelopment Plan (ARP) for the Trust. As part of the ARP a number of benefits were identified and monetised. It is important to note that when deriving the benefits within the ARP business case the CDC is just one component (alongside areas such as new theatres, additional endoscopy capacity etc), however it was realised as one of the key drivers in producing monetisable economic benefits.

The table below shows the key areas which the CDC benefited at SACH along with a description of the benefit (the actually monetary benefit has not been included at this juncture as further refinement and work will be required), currently associated with the ARP OBC:

Benefit Category	Benefit name	Brief description	Further detail
Patient Experience	PE06: Cancer waiting times	As a result of the diagnostics centre, patients should be treated more quickly and the expected quality and length of life will be longer.	Quicker diagnostics and treatment of patients will lead to an improvement in patient outcomes.
Patient Experience	PE06: Cancer waiting times	As a result of the CDC, patients should be diagnosed and treated when the cancer is at an earlier stage. This also means the cost of treatment would be lower.	There are gains to be made from improving the cancer and diagnostics pathway. Patients who wait for long periods have a risk of their condition deterioration. This could lead to a longer LOS / higher cost per spell than if the wait time targets were met.

Benefit Category	Benefit name	Brief description	Further detail
Service Transformation	ST06: Activity repatriation	As a result of increased radiology capacity and utilisation, the Trust should incur a reduced cost of outsourcing to private providers.	The redevelopment will mean there will be additional capacity to reduce the amount of work outsourced to the private sector. The benefit removes the cost of outsourcing (this has been included as a cash-releasing benefit).
Private Patients	PP01: Private patients	As a result of the improved estate, the Trust will attract more private patients and improve margin per patient.	Modern facilities and capacity attract more private patients.
Digital / IT	IT01: Admin and clerical	Co-location of MRI and CT will create efficiencies around the admin and clerical function.	-
Digital / IT	DG05: Self-Service Check-in Kiosk	Implementation of various digital technologies will enable best practice ways of working and unlock benefits.	-

The full West Herts CDC (phase 1 and phase 2 across both SACH and HHH) will deliver significant benefits for patients, is deliverable within 18 months and paves the way for a longer-term sustainable solution for planned care diagnostic services.

Unmonetisable Benefit Name	Benefit Description
Privacy and Dignity	Design and layout consolidate clinical spaces, creates a swipe-card access MRI/CT zone, and places the thoroughfare corridor adjacent to non-clinical offices.
Care Quality	Inclusion of dedicated waiting area for children and young people Provision for mental health capacity patients made within design Increased patient choice for appointments
Patient Flow	Design and layout ensure patients only have access to permissible areas and move from wait to change to imaging without back tracking through the unit.
Functional Layout Improvement	Clinical oversight in place throughout the unit Co-location of scanners
Improved facility	Improved patient experience
Staff benefits	Improved working environment Promotion/learning opportunities
Digital	Improved demand management with new IT systems in place

4.5 Risks

The following table identifies the top associated risks for the project:

#	Description	Likelihood	Impact	Score	Mitigation	Likelihood	Impact	Score
2.1	Inability to recruit skilled workforce will impact entire service delivery	4	5	20	Explore new roles / new ways of working, supported by digital transformation, implementing an apprenticeship programme and role substitution Expand international recruitment to include Radiographers Explore opportunities via volunteer pools, mid-career changers, Radiography Academy Not extending CT hours in phase 1 Early recruitment programme to commence ahead of time	3	5	15
1.45	Increased revenue costs due to inability to recruit radiologists to report increased activity.	4	4	16	A robust workforce strategy to recruit in a timely and pragmatic way has been drafted.	3	4	12
1.54	Risk that delays in procuring IT would delay overall delivery of project	4	4	16	Early dialogue with providers and designers and architects to produce robust programme. Decision to procure by Nov 2022	2	4	8
1.55	Risk that delays in procuring imaging equipment would increase turnkey and equipment costs, that would exceed the expected budget	4	4	16	Early dialogue with providers and designers to produce robust programme. Decision to procure by beginning Nov 2022	2	4	8
1.56	Risk to WHTH security associated with implementing additional clinical equipment on Trust network	4	4	16	Early dialogue with providers, WHTH CIO and designers to produce robust programme.	3	3	9

Appendix I presents the full list of associated risks

4.6 Preferred Way Forward

Overall Approach

The following table depicts the Greenbook's options framework filter through which the Phase I short-listed options were considered, that derived a preferred way forward for Phase 1.

1. Service Scope	1.1 BAU: Continue with existing service provision	1.2 Do Minimum: Like-for-like equipment replacement programme	1.3 Intermediate: Create additional capacity >3yrs	1.4 Enhanced: Reconfigure services at SACH with wider site benefits +10yrs	1.5 Do Maximum: Reconfigure services / increase capacity - 20yrs+
2. Service Solution	2.1 Essential internal kit replacement programme in existing locations	2.2 Do minimum: Refurb existing building	2.3 Hybrid solution: Refurb existing buildings + new build extension	2.4 New build solution	
3. Service Delivery	3.1 In-house Capital Projects team	3.2 Local Contractor	3.3 Contractor via NHS framework		
4. Service Implementation	4.1 Within 1 year	4.2 Over 2 years	4.3 Over 3 years	4.4 5-year plan	
5. Funding £	5.1 Trust capital programme	5.2 PDC capital funding	5.3 PDC capital / charitable funds - mixed funding	5.4 Charitable funds	

As part of the Acute Redevelopment Programme, WHTH Trust Board endorsed the preferred way forward for SACH and HHH on 31 May 2022. The proposal to construct the West Herts CDC as a phased project ensures best value for money, which is achieved whilst also providing the earliest practicable access to the additional capacity.

In context at SACH

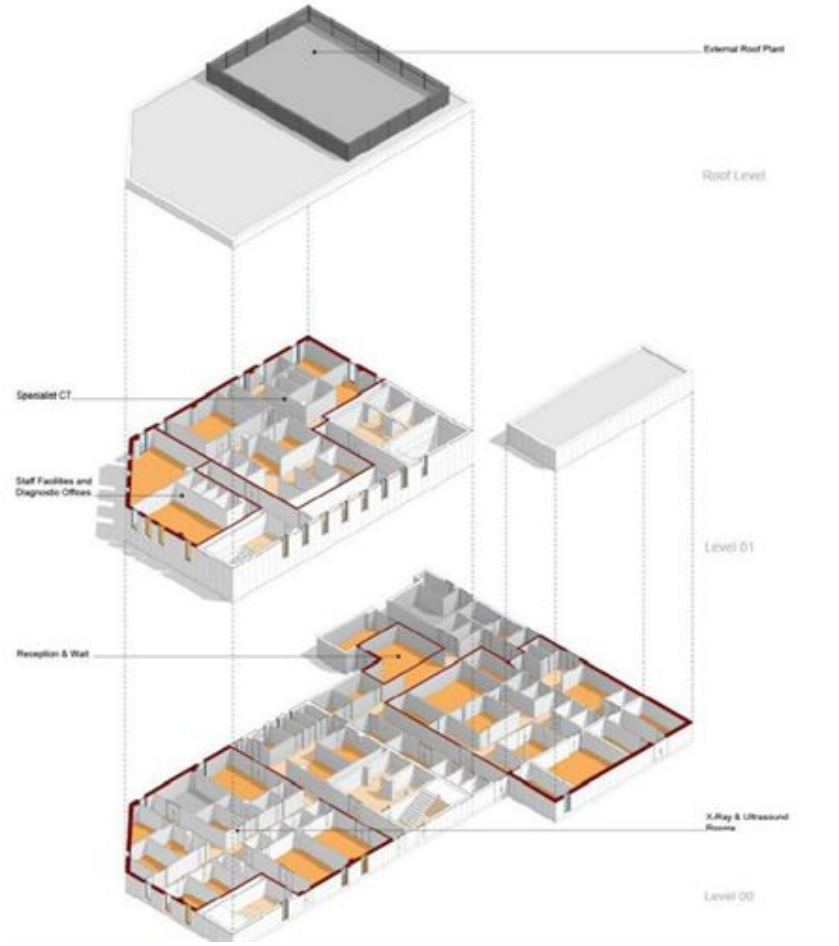
The linear shape of the overall site means that the patient experience is sometimes compromised by the proximity between services and departments. The following picture shows the configuration of buildings and space on site, with ◯ depicting the location for the SACH CDC.

The preferred way forward for diagnostic services at SACH will create a consolidated (phase 1 and 2) department in a central location onsite. Proximity to core clinical adjacencies will be achieved, access and patient routes improved, and the overall patient experience hugely enhanced.

The unit itself will provide a modern, sustainable environment that will improve the quality of patient care and make it a better place to work for staff. The first phase that this business case is seeking approval for requires refurbishment of the existing Runcie Wing in order to accommodate an additional MRI and CT. The design of the unit will be in line with current guidelines; split across two levels with MRI and CT accommodation located at ground level (phase 1) adjacent to existing modular MRI and CT units in an effort to consolidate the service and avoid splitting staff / workforce.

The phase 1 change does not have any adverse impact on the plans for phase 2. Also located at ground level, phase 2 will seek to locate services with high foot fall which include X-Ray and Ultrasound rooms. The SPECT CT service, staff facilities and office accommodation would be located on Level 01 (phase 2).

The following design development diagram shows the overall concept:



Design Review

Following work towards the Acute Redevelopment Stage 2 Report and submission of the CDC SFBC to NHSE/I, more recent dialogue has garnered a fresh perspective and new ideas about how to design the reconfiguration of the ground floor of Runcie building. These minor amendments do not change the scope of the project or delivery and ensure that the preferred way forward it the best plan to deliver patient care.

Whilst this review has resulted in an amended layout to that of the Acute Redevelopment's current stage 2 design, it maintains the core principles of the plans to:

- Mobilise change within the agreed timeframe (by Spring 2024)
- Ensure HBN compliance of all key clinical areas
- Create a stand-alone MRI and CT unit that optimises patient flow and clinical oversight
- Maintain business continuity for radiology, orthopaedic and pre-operative assessment services throughout the build period

The amended design realises opportunities to address unresolved queries associated with the first draft design:

Issue	Comments
Proximity of 100m^2 extension to modular MRI	Concerns raised from clinical team in regard to potential disruption to BAU during construction, with a risk that vibrations might cause disruption and affect the quality of scans, meaning the likelihood of repeat scans and/or cancelled clinics.
Construction of 100m^2 extension	Predicted c3 month build period for this area. The passage to pass through materials is relatively narrow at 2m in width, meaning a proportion would have to be craned over the existing modular MRI scanner. The noise and space constraints pose a risk to BAU, as well as potential damage. The connecting corridor between Gloucester wing and Runcie building is also situated in very close proximity to the suggested 2m access area. Consideration would have to be given to the safety of using this corridor during the construction period, and an alternative route would need to be identified and communicated, if this was the case.
Maintain access to orthopaedic and pre-operative assessment departments during build period	Relocating main corridor means that clinical zones are centralised within the building. This allows for a phased approach to the construction which will be undertaken in such a way that all existing services within Runcie building will continue undisrupted.
Alternative location for connecting corridor between Gloucester wing and Runcie building	Future proof designs for Phase 2 of CDC programme. The new corridor will create a buffer between Runcie building and the agreed plot for phase 2 new-build, meaning that services within Runcie wing will not be disrupted during phase 2
Maintain existing areas where possible, to provide transition opportunities and VFM	Ensure investment and layout is focused on clinical zones within the new design. Relocating the access corridor and providing alternative for overall additional capacity allows for this.

The key suggested differences and the rationale between designs are as follows:

Area	Rationale
100m^2 extension removed	No longer required if the re-design is progressed. Space requirement mitigated by: • building a new rear corridor, • relocating the store and disposal hold externally, • relocating the cleaners room to a new external pod linked to the corridor, • combining the control rooms into a single shared control room (back-to-back CT & MRI) • omitting one of the three accessible WC's

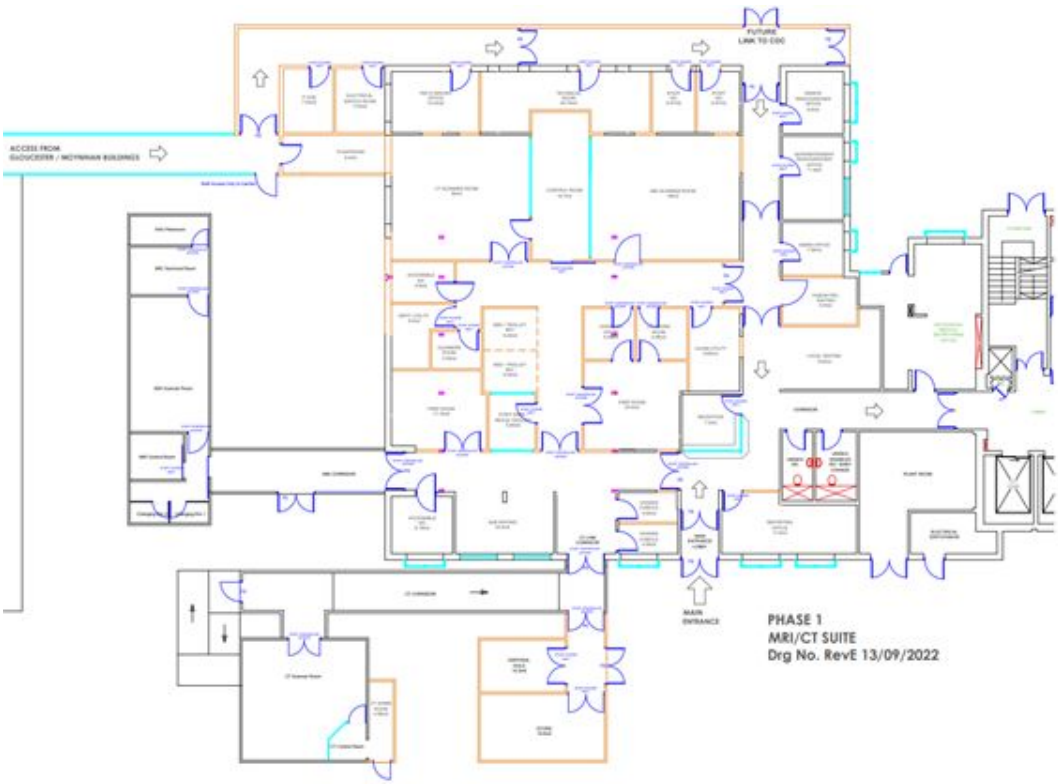
	• In addition, by redesigning the 'cruciform' internal corridor into a T shape corridor, a further saving of c15m^2 is identified. Total internal space saving of c103.1m^2
Alternative location for connecting corridor between Gloucester wing and Runcie building	Does not cut through centre of new unit within Runcie wing, allowing opportunity to phase the construction throughout and maintain BAU for all services within Runcie building.
Additional capacity on modular CT control room	Currently 4m2 for x2 workstations. The additional 4.5m2 will create a better working environment for staff
Combined control room for MRI/CT	Derogated from 24m^2 to 19.5m^2.
Inclusion of paediatric waiting area	Ensures compliance wherever possible and safe clinical oversight of different patients
29.3m^2 external storage	Non-clinical additional capacity. Minimal cost as relatively easy to construct and install.

Additional note:

The gutting of the internal walling and reconfiguration of said walls to suit the new layout have been included in the review and new design options, thus enabling the designated rooms to be catered for within the interior shell of the Runcie Day unit to an agreed layout with the client.

Appendix II details a full design comparison of schedules of accommodation and a derogation list.

The current design amendments show the new unit, as part of phase 1, as follows:



Essential Enablers

An essential enabler to the refurbishment of the Runcie wing and the completion of the phase 1 plans for SACH is that improvements are made to the power and electrical supply at St Albans Hospital, to be able to accommodate this and further additional services in future. The cost of this upgrade is included within the economic and financial cases, with more information as to the approach taken to this enabling scheme included in the commercial case.

Workforce Strategy

In order to mitigate recruitment risks and issues and to ensure that a suitably established and skilled team is in place in time to operationalise the increased imaging capacity at SACH, an ambitious but achievable workforce programme has been established:

	2023											2024		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Role		Imaging Pathway Navigator					Radiographer	Consultant Radiologist			CDC Service Manager	Radiographer	Apprentice	Specialist Radiographer	Apprentice
Band		4					6	n/a			8a	6	5	7	4
WTE		1.00					5.00	2.00			1.00	5.00	3.00	3.00	3.00
Rationale		New post - important to assist in managing cancer imaging pathways and to assist in managing backlog					First attempt to recruit Band 6 experienced MRI/CT radiographers. If successful post will rotate through existing MRI/CT scanners learning local practice and further development of skills	To contribute to reporting within the department and facilitating reduced outsourcing costs.			To assist in organisation/planning of CDC on a daily basis. Identifying training needs of CDC staff, planning staff meetings and communication	Second attempt to recruit Band 6 experienced MRI/CT radiographers. If successful post will rotate through exisitng MRI/CT scanners learning local practice and further development of skills	Recruitment to coincide with external course start date January. Will assist in department until CDC operational	Recruitment to coincide with opening of CDC, if start date early will boost clinical supervision for newly qualified Band 6 radiographers	Recruitment to coincide with opening of CDC

Appendix III presents the detailed workforce strategy in full.

5. Financial Case

This case outlines the total capital and revenue costs, funding arrangements and relative affordability of the preferred option.

The Finance Case confirms that the capital funds have been approved in principle by NHSE/I, as part of a national programme and that the investment will be allocated across financial years 22-23 and 23-24. This case also identifies the associated workforce revenue, as identified in the workforce strategy within the Economic Case.

The conclusion of this case is that the scheme is both deliverable and affordable, subject to the availability of funds.

5.1 Capital Affordability

The capital funding requirement for the preferred option is £13.1m (£6.1m in 2022/23 and £7.0m in 2023/24). Capital funding will come from the ICS / CDC in the form of Public Dividend Capital (PDC).

Detailed phasing of the construction costs (including equipment) was provided by Arcadis, one of the Trust's consultants. The design and build changes would be developed to ensure minimum disruption to patient service provision and facilities.

The latest phased capital forecasts for the preferred option are shown below:

	2022/23 Total £'000	2023/24 Total £'000	Total Phase 1 £'000
Fees	403	382	785
Land & Buildings	1,455	3,777	5,232
Equipment	1,775	0	1,775
Optimism bias	501	588	1,090
Planning contingency	73	189	262
Inflation Adjustment	841	987	1,829
VAT	907	1,092	1,999
Total per OB forms	**5,955**	**7,016**	**12,971**
Additional IT costs	**148**	**-**	**148**
Total	**6,103**	**7,016**	**13,119**
Sources of funding:			
ICB funding	**6,103**	**7,016**	**13, 119**

The delivery of this project (£13.1) is predicated upon the availability of a funding envelope provided to the Trust from the ICB, within which the Trust is asked to confirm the deliverability of the scheme. The Trust is still awaiting the MoU in regards to these funds however verbal confirmation has been received.

The elemental cost breakdown is shown at the start of this document and further details are provided on SOC forms attached in Appendix IV. The assumptions made to the forecasts include:

- The departmental and on-costs have been developed in conjunction with the Trust's consultants and are based on a combination of new build (c.100m^2) and refurbishment (c.600m^2 – initially assessed to be 70% heavy refurbishment and 30% medium).
- Fees for the tendered schemes are fairly established and amount to 5.5% of the total capital cost. These will continually be refined as progression is made on the other schemes at design stages and the procurement approaches are established.
- The level of risk at this stage of the development is typically low however a prudent allowance has been factored into the capital estimates of 5% resulting in a planning contingency of £262k (based on construction costs only). Optimism bias has also been estimated by contracted cost consultant as a factor of the overall cost.
- Costs are based on assumption that the project would commence on site in 2022 with completion in Q4 2023/24. Inflation has been calculated using the PUBSEC indices, however, should there be any delays inflation would need revisiting.
- The Trust have set out plans to spend the allocated investment across the next two financial years, on the understanding that there is a clear mandate from NHSE/I to spend in year. In order to ensure that the transfer of ownership to WHTH by 31 March 2023 of the MRI scanner, Siemens have advised that WHTH will need to raise a PO at start of October 2022. This current 28-week (minimum) lead in time is due to the recent surge of orders for scanners that suppliers have received, in the wake of increased inflation (purchase price went up c.10% on 1 October 2022) and uncertainty in the market. As such a purchase order has been raised to cover the following:
  - The current quote of £896k (excl VAT) (equipment only) is currently honoured by Siemens until mid-October 2023.
  - 12-month storage (March 2023-24) - £50k (revenue cost to be incurred in 23/24).
  - POS maintenance contract - this will commence when warranty expires in March 2024.
  - Given the warranty commences once the item vests to the Trust, the warranty will expire whilst in storage. The Trust will need to extend the warranty in March 2024; £70k.
  - **Total advanced request - £896,000 (excl. VAT)**
- IT equipment costs of £148k can be found in Appendix V. These cover PC, connectivity and other key IT requirements for the new facility. These costs have been provided by the Trust's IT department.
- The table below provides an overview of how the overall capital requirement of £13.1m has been developed. The overall envelope is largely derived from the OB forms; however work has been going on in parallel to firm up quotes on key components. The table below provides a summary of this.

Component	Cost basis	Total £'000
Construction Costs*	Building Works to tender	4,900
HV/LV Infrastructure resilience	OTT	1,185
HV/LV Infrastructure capacity	Contestable OTT	1,645
HV/LV Infrastructure capacity	Non-Contestable Quoted	337

HV/LV Infrastructure maintenance	Quoted	46
HV/LV Infrastructure Fees	Quoted	231
Construction Fees	Part Quoted	522
Equipment Main	Quoted	1,800
Equipment Minor	Estimated	260
IT/Telecoms	Estimated	148
VAT Un-reclaimed	Estimated	1,125
Contingency / Other	n/a	921
Total		**13,119**

5.2 Revenue Affordability and Implications

The table below shows the incremental revenue impact of the investment:

In order to achieve the ideal configuration on each site, some transfer and modernisation of services will be required as well as an increase in capacity for core modalities. To facilitate this there is the requirement to expand the existing headcount (see Appendix III for West Herts CDC staffing requirements and overall workforce strategy). The workforce modelling will be passed and vary across the modalities in line with the increased activity and the need for extended hour as follows:

	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000
Pay	4	570	1,344	1,385
Non-Pay	0	0	365	383
Non-recurrent costs	**-**	**50**	**70**	**-**
Depreciation	55	316	600	600
PDC Dividends	105	329	436	415
Cash releasing benefits	0	0	(198)	(162)
Total	**165**	**1,266**	**2, 617**	**2, 619**
Sources of funding:				
ICB funding	**The ICB is still to confirm the nature and amount of revenue funding to cover the costs associated this development. At this moment no funding has been confirmed.**			

Phase 1

- **MRI** - Extend opening hours from 7.5 hrs per day, 5 days per week to 12hrs per day, 7 days per week. This will affect the existing and new scanner opening times. This plan aligns to our current demand trajectory.

- **CT** - The opening hours of the existing scanner will remain the same, 7.5hrs per day, 5 days per week. The additional scanner will mirror these times. This plan aligns to our current demand trajectory. *
- **CT** – Initially, additional CT in phase 1 creates an opportunity to offer capacity to system/neighbouring places. Should WHTH demand increase, opening hours will respond accordingly.

The pay costs have been developed by the Trust's departmental management team; a summary of the workforce requirement when at full establishment is shown below (this full establishment will be in place by March '24).

Role	WTE
Consultant Radiologist	2
Band 8a Site Lead Radiographer St Albans City Hospital	1
Band 6 Radiographers	12
Band 7 Advanced Practitioner Radiographers	3
Band 3 Radiographer apprentices	4
Band 3 Radiographic Department Assistant	3
Band 4 Imaging Pathway Navigator	1
Total	**26**

*__N.B__.: *this plan also reflects the current workforce challenges and sets out a pragmatic recruitment programme that is mindful of opportunity to recruit and the revenue implications.*

Additional key points to note:

- Non-pay costs: These costs will increase to accommodate the new MRI and CT (and the new extension). These costs cover the consumable, maintenance, and facility costs of the new development.
- Non-recurrent costs relate to 12 months of storage for the MRI (£50k in 23/24) and the extension of the MRI scanner's warranty in 24/25 (£70k).
- Depreciation charges reflect the systematic cost allocation of the asset values over their assumed economic life (mix of equipment and buildings).
- The dividend charge is calculated at 3.5% (annual rate set by HM Treasury) on the average relevant net assets of the Trust during each financial year which includes the investment of £13.1m.
- Cash-releasing benefits: The increased capacity from the new MRI and CT scanner will reduce the reliance on outsourced testing; the benefit of this has been calculated using current known costs per piece of activity multiplied by future assumed demand (across MRI, CT and x-ray).
- Excluded from the above impact analysis are the benefits to be derived from the wider redevelopment BC which are not practical to isolate as they form part of a larger interrelated clinical benefits driven by pathways across different care settings, though the CDC would contribute towards these.

Accounting treatment

The development consists of buildings and associated engineering works for which there has been assigned an asset life of 30 years advised by internal experts based on similar modular builds. The property asset is assumed to be wholly owned by the Trust on completion and depreciated over its economic life from the period of commissioning the facility. The component of the development equating to equipment (largely imaging scanners) has been depreciated over the assets UEL – 8 years).

In accordance with DHSC accounting manual the asset will be assessed for impairment from the start of its operational use, however, this has not been factored into the calculations at this stage as the wider Acute Redevelopment Programme includes other construction that would be assessed together as a portfolio of completed and dependent works.

VAT treatment

VAT was added at the prevailing standard rate (20%). Preliminary advice is to be sought from CRS VAT on each of the capital schemes which among other considerations have supported the full recovery of VAT on professional fees element of each scheme. Detailed assessment is yet to be undertaken and therefore not considered in the appraisal. For prudence all costs have been included gross of VAT (assumed to be irrecoverable).

5.3 Statement of Financial Position (SOFP)

The only change to Trust assets as a result of this project is the capital investment and associated depreciation and funding costs. A separate SOFP has not been produced for this case, however the charges to the SOCI have been calculated and included in the overall revenue cost.

5.4 Statement of Comprehensive Income (SOCI)

The only impact on the Trust SOCI will be by way of increased revenue costs associated with pay, non-pay and financing costs for the new asset. The pay and non-pay costs will be in the revenue case, expected to be offset by increased Trust income. Section 5.3 sets out the revenue costs of the proposed investment.

5.5 Conclusions

The delivery of this project (£13.1m) is predicated upon the availability of a funding envelope provided to the Trust from the ICS, within which the Trust is asked to confirm the deliverability of the scheme. The Trust is still awaiting the MoU in regards to these funds.

The additional revenue costs associated with the development will only materially commence from 23/24 through to 24/25. The ICB is still to confirm the nature and amount of revenue funding to cover the costs associated this development. At this moment no funding has been confirmed.

6. Commercial Case

This Commercial Case describes the analysis undertaken to determine the most appropriate procurement routes and the key commercial, contractual implications associated with the preferred way forward.

The case provides assurance that consideration will be given to commissioning arrangements, an assessment of the current market and how the construction of the new unit will planned and managed in accordance with relevant regulations.

6.1 Introduction

This case describes the commercial arrangements that the Trust plans to put into place to deliver the required works for the CDC development. There are 5 main components of this, specifically:

i) Main construction works;
ii) HV/LV Infrastructure Works – Incoming substation and Open Ring;
iii) V/LV Infrastructure works;
iv) iv) Equipment and v) Trust Direct works.

6.2 Contractor procurement

6.2.1 Procurement process

Main Construction Works

The main construction works will be competitively tendered. Enabling works will be separately tendered to advance the overall project. works will be undertaken under a JCT Contract.

HV/LV Infrastructure Works – Incoming substation and Open Ring

The works required to reconfigure the existing IDT accommodation into the CDC development was extracted from the Main Construction Works due to the specialist nature of the works required and the specific requirements of the imaging technology.

HV/LV Infrastructure Works

A business case was approved in principle by CFPG in August 2022 to undertake necessary works to increase supply of power to SACH. The business case outlined the essential requirements as SACH does not provide the level of resilience required to support a modern healthcare facility. Due to the inherent Single Points of Failure (SPF's) identified within the existing electrical infrastructure, there are a significant number of clinical areas that do not comply with BS 7671 and HTM guidance or CDM 2015 regulations. Furthermore, the system does not offer maintenance opportunities without compromising business continuity and certainly would not support any kind of future expansion within the existing site.

It is strongly recommended that dual feeders are introduced to the Hospitals network. Upgrading the High Voltage system will reduce the risk of unplanned system outages and system revalidation including sign off. Replacing the existing High Voltage incoming supply with A and B feeders with the capacity for 5MVA (current supply is rated at 800KVA) shall improve the sites resilience to power outages and the capacity to facilitate future planned development projects at the site. Upgrading the existing High Voltage Main Intake Switchboard and associated switchgear will reduce the risk of loss of power to critical care equipment and potential loss of life to patients at the hospital. The works are essential to support immediate service capacity, as well as future proofing for additional growth within diagnostic (and other clinical services) in the future.

A detailed phasing plan is included within the respective business case for these requirements, within an overall cost element (including VAT) of £6.9m, £2.8m of which is directly associated with phase 1 of the CDC programme and included within the costs of this OBC.

Equipment

- The Room Data Sheets produced by the Architects following agreement of the general arrangement drawings have been reviewed and all of the equipment requirements. Equipment listed as a Group 2 (except in a turnkey arrangement) and Group 3 will be separately procured and purchased by the Trust. The equipment will be purchased from existing NHS Supply contracts.
- It should be noted that the Group 3 list includes a Siemens Mobile Imaging unit at a cost of circa £300k. Previously, when the Trust was considering a totally integrated hybrid imaging solution to support vascular services, imaging costs were excluded, and the Theatres labelled as “Hybrid Enabled”.

- **MRI** - Siemens 1.5T - we chose Siemens as we already have two Siemens 1.5T scanners and staff can rotate between scanners
- **CT** - GE Medical Systems - 64 slice Revolution EVO with an in room monitor and software to do MSK CT guided injections. We have chosen GE as we have five GE CT scanners, and the staff are very familiar with the software platform and can easily rotate between scanners.
- A breakdown of the equipment costs is included in Appendix VI

Trust Direct Works

- Trust Direct Works are predominantly derived from contract management and commissioning areas and preparing them for operational uses. These are estimated costs and will, for the most part, be procured from companies already contracted to the Trust.

6.3 Key Commercial and Legal Issues

The key commercial risks associated with this project are as follows:

- the pre-enabling works programme is due to complete before the main works start. If these are delayed, the contractor may seek financial compensation for the delay to their contract from the Trust. The Trust project team are manging the pre-enabling works contract to minimise this risk, and to enable early warnings to be raised if a delay seems likely. Most pre-enabling works have now been completed.
- the main works are being completed in phases, between which clinical services have to move in order to vacate space for the next phase. A transitional handover process has been agreed, whereby at the completion of each phase, the contractor will hand over the completed area to the Trust. The Trust has programmed in two weeks to commission and equip each area before moving services in and de-commissioning prior to the handover of the next phase to the contractor. Any delays could result in a compensation event being raised by the contractor. The Trust has therefore planned increased resources for commissioning to ensure this can be completed on time and has included some contingency in the programme between each phase.

6.4 Information Management and Technology (IM&T)

The design has considered IM&T requirements as per the Room Data Sheets and the Trust IM&T team have been engaged.

6.5 Facilities Management Services

Facilities Management services will continue to be provided to the CDC as per the current arrangement. They will continue to be engaged and consulted as the details of the phasing plans are agreed.

6.6 Equipment Strategy

An equipment strategy has been developed to:

- Ensure that the new CDC is fully equipped to keep pace with technological developments.
- Secure best value for money, both through equipment re-use where appropriate, and procurement of new equipment which could be transferred into a new build.
- Maintaining continuous availability of equipment to avoid service disruption.

The strategy identifies the scope and responsibility for equipping and how this will be managed by the Trust during the development of the scheme. It includes the output from a detailed equipment audit of the existing department, which identified which items should be retained and which should be replaces as part of this project.

6.6.1 Equipment Costs

A fully itemised and equipment schedule has been developed based on the current design and output of the equipment audit in order to take into account equipment that the Trust already has. The total cost of equipment is reflected in the finance case section.

6.7 Town Planning Requirements

Town planning permission is not required for this project.

7. Management Case

This case outlines actions required to ensure the successful delivery of the programme, on time and in accordance with best practice.

The case illustrates how the scheme is being, in line with WHTH's existing governance structure, and how the proposed changes will be delivered.

The management case details the project management and governance that WHTH has put in place. It sets out arrangements for:

- Project Management
- Project Plan
- Change Management
- Benefits Realisation
- Risk Management

7.1 Project Management Arrangements

A CDC Project Board has been established and members are shown below:

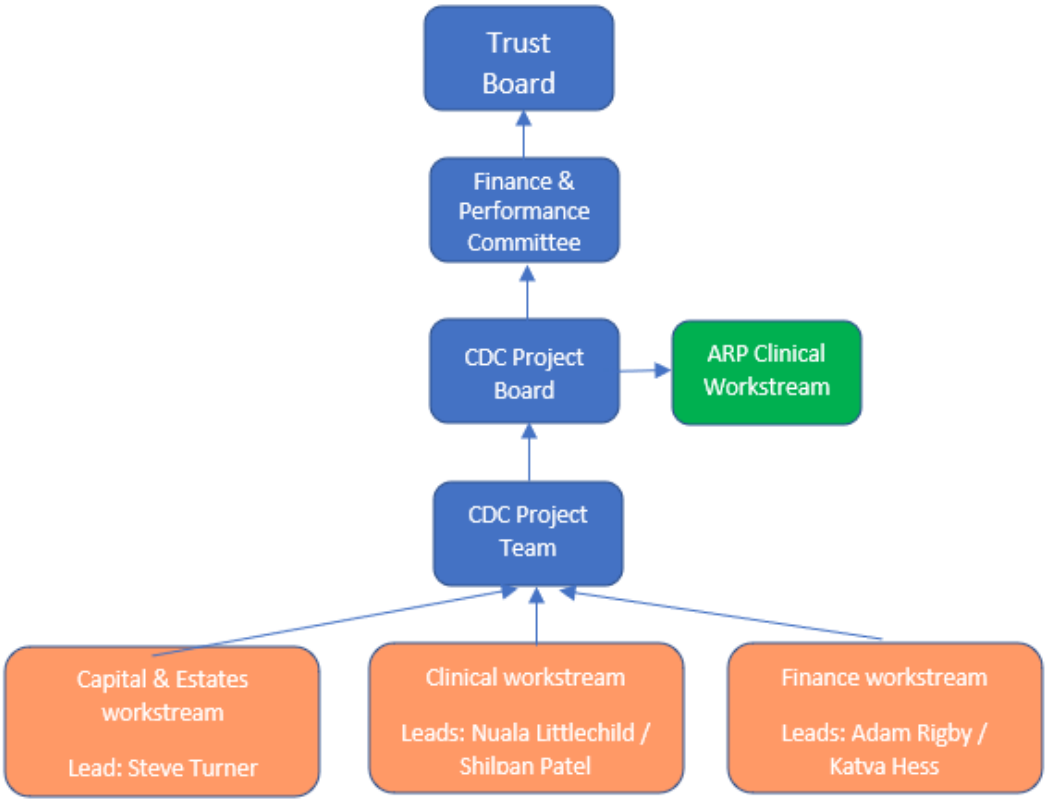
Community Diagnostic Centre Project Board Members:

Name	Position / Role
Martin Keble	Divisional Director, Clinical Support Services and SRO
Clare Parker	Chief Strategy Officer
Don Richards	Chief Finance Officer
Patrick Hennessey	Director of Environment & Estates
Esther Moors	Associate Director of Strategy
Steve Turner	Head of Capital Projects
Jonathan Turner	Interim Divisional Manager, Clinical Support Services
Shilpan Patel	Clinical Director – Radiology (Deputy Chair)
Louise Halahmy (as required)	Head of Service Planning – Acute Redevelopment
Nuala Littlechild (as required)	Radiology Services Manager
Adam Rigby (as required)	Head of Strategic & Redevelopment Finance
Rennella Bourne	Strategic Development Administrator

Given the scale of the capital development and the risks inherent in redeveloping an existing clinical area, senior clinical oversight will be maintained throughout project delivery. An Operational Delivery Group will be set up to plan each phase of works with operational teams and the contractor, as described in section **Error! Reference source not found.**.

Standard project management principles have been adopted to achieve effective planning, control and reporting throughout the development and delivery of the project. The project governance structure is set out below.

Reporting arrangements and project governance:



7.1.1 Project Roles and Responsibilities

The following key roles and responsibilities are set out below:

Name	Position / Role	Responsibilities
Martin Keble	Senior Responsible Owner and **Chair**	• Chair of the Project Board. • Takes overall responsibility for delivery of programme objectives. • Has authority to resolve issues and remove obstacles to progress. • Responsible for benefits realisation / final review.
Don Richards	Finance Oversight	• Oversees the development of the commercial and financial sections of the FBC. • Responsible for monitoring delivery against financial plans set out in FBC.
Patrick Hennessey	Director of Environment & Estates	• Oversees the construction and build plans and provides approval when required.
Clare Parker	Chief Strategy Officer	• Responsible for management of key strategic risks • Responsible for assuring alignment to Trust's overall strategic direction • Liaison with system stakeholders
Esther Moors	Associate Director of Strategy	• Oversees the development of OBC and FBC • Responsible for assuring alignment to Interim estates and Acute Redevelopment programmes

Name	Position / Role	Responsibilities
Steve Turner	Head of Capital Projects	• Responsible for delivering fit-for-purpose built solution, which delivers value for money. • Responsible for procuring and liaising with contractors and suppliers. • Liaises closely with service teams and users to ensure any issues are resolved during the works. • Manages capital project budget. • Manages decants and enabling works. • Responsible for commissioning of new facilities.
Shilpan Patel	Project Clinical Lead	• Deputy Chair of the Project Team. • Provides clinical leadership and key champion for change. • Represents views of clinical teams and ensures all multidisciplinary views considered. • Responsible for confirming that the design meets clinical requirements.
Adam Rigby (as required)	Finance and Activity Lead	• Responsible for developing the Finance Case of the FBC, including capital funding, workforce and revenue modelling.
Nuala Littlechild (as required)	Clinical / operational representative	• Responsible for overseeing development of operational policies. • Provides day to day leadership for the project within the Division. • Works with construction project manager to ensure changes are implemented smoothly, through effective communication between the clinical teams and the project team.
Louise Halahmy (as required)	Acute Redevelopment / Interim estates	• SFBC / OBC / FBC authorship

7.2 Resourcing Strategy

7.2.1 External Advisors

The Trust has appointed the following external advisers to assist in the planning, design and delivery of the CDC reconfiguration project:

External Advisers details pending award of contract – to be included in FBC

Position / Role	Name
Building Contractor	
MRI Scanner Supplier	
CT Scanner	
HV/LV Project Management	
Build Project Management	
AE – Ventilation	
AE - Water	
AE - Power	
Architect	AHP
MEP Consultancy	AECOM

External adviser appointments have been competitively tendered through the NHS Shared Business Services Construction Consultancy Framework.

7.3 Communications and Engagement Plan

A communications plan will be developed to identify key messages associated with this project, the key stakeholders, and how they will be communicated with.

Regular communications will be aimed at primarily at staff, as well as patients. This will communicate the benefits of the project to emphasise the 'good news story'. It will tell people about the enabling works already undertaken, as well as the work planned over the coming months. In addition, Trust-wide communications will be released at the end of each phase of works to let people know when each stage is complete (and improved facilities are therefore open) as well as any operational impact of the subsequent phase of works.

Finally, the team will take care to frame the project in the context of the WHHT Redevelopment, explaining why the investment is required despite the plans, and being clear that this does not pre-empt or represent the start of the redevelopment works.

7.4 Project Programme

The outline project programme is included at Appendix VII.

Key milestone dates have been summarised below and will be reported against as part of the standard project highlight reports by the project manager.

Pending further info

Date	Milestone
	FBC submitted to TMC for approval
	FBC submitted to F&P for approval
	FBC submitted to Trust Board for approval
Assuming FBC is approved at FPC…	
	Works start on site
	Overall project completion

Any significant revisions to the project milestones will need to be formally agreed by the Project Board.

7.4.1 Change Management - control process

Change Management processes ensure that variations to the scope of a project are identified, initiated, evaluated, implemented, controlled and properly administered and reported. The effective application of this is considered good project management practice and ensures appropriate stakeholder commitment and communication when controlling scope, cost and time. It also assures that the appropriate compensation and/or contractual adjustments for all changes to the scope are appropriately defined as per the contract agreement.

Project variations generally fall into two categories. The first are the design/construction changes that affect existing contracts and are normally driven by the client (Trust). The second are project oversights or internal changes that do not involve a change in design/construction or affect existing contracts, but impact on time and/or cost. These could include issues not picked up on surveys which affect the construction works.

The Trust will instruct, informally or formally (as part of contract terms and conditions) the contractor to systematically advise the team of any issues that arise which will materially affect the timing or cost of the work being performed, and to only perform work which has been properly

authorised. The Capital Project team will have a reciprocal arrangement to advise the contractor of any Trust-initiated changes which might affect key project parameters.

To control project variations, the team will maintain.

- a project management decision process which authorises, holds or stops the implementation of any variation before commencement of work.
- a client decision process for authorizing/holding/stopping implementation of any variation.
- an efficient system for scoping, pricing and administering variations.
- a cost control and reporting procedure which systematically incorporates changes into project budgets and forecasts.
- a project manager who has responsibility for ensuring that variations, once raised, are properly followed through and administered.

The **Head of Capital Projects** has overall responsibility for the implementation of change management procedures, for taking decisions on handling (potential) project variations, and for advising the parties involved on what action to take.

The **Project Manager** is responsible to ensure no work is performed on a variation that has not been properly authorised by the client and also to insure prompt resolution of variations with the client.

The control budget will normally be updated only on the basis of an approved change order. The project manager will however ensure that project cost reporting properly addresses all changes that have been notified or authorized to proceed.

7.4.2 Contract management

A Project Manager from the Trust's Capital Team will be allocated to this project. Any additions or omissions to the scope of the project or its timetable will be agreed in conjunction with the Head of Capital Projects. Any variation valued up to £10k (excluding VAT) can be authorised by the Project Manager in conjunction with the Head of Capital Projects. Variations in the value of the contract, over £10k (excluding VAT) will be administered by the Head of Capital Projects who will ensure the appropriate authorisation route is undertaken.

The Programme will be overseen by the Head of Capital Projects, the Environment Capital Manager and supported by the Capital Projects Team.

7.4.3 Contingency Management

Most variations create a cost pressure on the capital budget. The risk assessment process undertaken for this project (described in section [#]) identified multiple risks of incurring costs as a consequence of an adverse incident.

The Capital Projects team have considered the general and project specific risks that may apply to this project and have RAG rated them to help determine the level of Trust-controlled contingency required for inclusion in the Project. The risk table and the financial contingency estimated as a consequence has been reviewed and agreed by the CDC Reconfiguration Board. The contingency sum is recorded as part of the Cost Schedule for this project, but its use is solely at the discretion of the Trust.

The proposed contingency on this project is incorporated into the overall capital figures and is based on the relatively low level of risk associated with the costs at this stage. The contingency sum used is consistent with similar NHS Projects where construction works have been undertaken in an operational environment.

The Project Manager will routinely report on the use of contingency as part of the Capital Team's KPI review process. The Head of Capital projects will bring to the attention of the Capital Finance Programme Group (CFPG) any likelihood of a contingency allowance being exceeded and/or the application of the contingency requires a variation to a purchase order.

The use and trajectory of contingency spend will be reviewed at end FY2022/23.

7.4.4 Contract monitoring & reporting

The contract will be monitored and reviewed against the relevant and respective KPIs (scope, timetable and cost) on a regular basis at the Capital Team meetings. These meetings are scheduled to inform the CFPG reporting process.

7.5 Risk Management

7.5.1 Introduction

The project team has identified the risks that may affect delivery of the project, has undertaken a risk assessment to identify the major areas of risks and highlighted the controls to minimise and/or mitigate the risks. Project risks are managed through a risk register (Appendix I). The Project Team monitors these risks and mitigating actions and escalates top risks to the Project Board for action and recommendation.

The project's approach to risk management is in line with the WHHT board assurance framework and is designed to ensure that the risks and issues are identified, assessed, and mitigation plans developed in a risk management plan. All risks have a responsible owner identified.

7.5.2 Risks covered by contingency

The risks have been separated into those that have the greatest likelihood of occurring and those that have the greatest impact should they occur. The management and mitigation of the two types of risk are markedly different:

High likelihood / low impact risks

These are drawn from extensive experience of similar works undertaken in old existing buildings where record drawings are limited, and significant backlog maintenance prevails. The majority of these risks will incur relatively minor delay and/or low-cost variations. Experience suggests many of these risks will occur, and some will occur more than once. All of these risks have the potential to worsen without timely and pragmatic intervention. It is for these reasons that **these risks are best managed by the Capital Team utilising the contingency sum allocated**.

These risks can, to some degree, be mitigated. Initiatives such as targeted surveys and focussed working groups for each phase of work will be employed. Other mitigation processes are included in the Risk Assessment table.

Risks in this group:

- Asbestos
- Issues with existing infrastructure
- Delayed handover between phases
- Incorrect estimation of VAT reclaim
- Minor scope changes (where these have a demonstrable benefit to the project)

Low likelihood / high impact risks

These are those that, if realised, could have a material detrimental impact and, at worst, bring the programme to a premature conclusion. These risks are not easily managed or mitigated. The likelihood of these risks occurring is low but the consequences may be lengthy suspension of work, and resolution may require option appraisal before approval at senior management level. The costs associated with resolving these risks are not covered by the Programme contingency and would be addressed on a case-by-case basis.

- A second peak of COVID19 which creates a major delay with significant consequential costs.
- Loss of funding.
- Loss of the main contractor.
- Significant infrastructure failure.

7.6 Benefits Realisation Plan

The Benefits Realisation Plan (BRP) includes detailed plans for each benefit covering the following:

- A description of the benefit
- The baseline and target measure of the benefit
- A summary of how the benefits will be achieved
- Details of the timescale over which the benefits will be realised
- Identification of the lead director(s) responsible for delivering benefits

The Trust is committed to ensuring that a thorough and robust post project evaluation is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project. The project will be evaluated by undertaking the following investigations:

- A review of the project implementation to learn lessons for future
- A review of the benefits detailed in the Benefits Realisation Plan and confirmation that they have been met
- A review of the capital and revenue costs to confirm that the capital costs were robust and adhered to and that the actual and projected revenue costs were realistic
- A review of the Project Programme and adherence to it throughout the life of the project

The views of key stakeholders are also important in evaluating benefits realisation, and the communications workstream will be responsible for ensuring that both staff and patients are able to contribute to the project as it develops and are also involved in evaluating its success.

Lessons learned, both positive and as opportunities for improvement will be captured throughout the scheme, with a final evaluation workshop being convened as part of project closure. The outcomes of this workshop will be reported to both the project board and the Trust Management Committee.

A benefits realisation plan will be fully developed upon approval of this business case. Appendix VIII presents the information to date.

7.7 Arrangements for Post Project Evaluation (PPE)

PPE is a process of evaluation undertaken after the event to prove that the objectives and perceived benefits that underpinned the approved Business Case were, or are being, delivered. It is a requirement of the DHSC's Capital Investment Manual to conduct a PPE, which would typically take place between three to six months after a project becomes

operational. This allows for implementation of any changes to operational processes to facilitate the realisation of benefits.

The PPE process will review and evaluate the Project Team's performance in delivering the programme's key performance indicators of scope time & cost. The PPE for this project is likely to include:

- **Surveys, Questionnaires and / or Interviews** – this would enable us to measure the experience of patients, visitors and staff by asking the same questions before and after the works are undertaken.
- **Data collection / measurements** – baseline data has been collected and recorded in the Benefits Realisation Plan. This will be reviewed once the project has been implemented to assess whether the expected benefits have been achieved, and whether additional changes could be made to enable further improvements.
- **Photographs** – before and after photos are a very effective presentation medium, especially as the passage of time can blur the stakeholder's perspective of "how things were". These could be used to demonstrate the benefits of relatively low-cost redecoration works (existing Recovery) to the more dramatic benefits derived from high-cost reconfiguration works (new Theatre and extended recovery).

In addition to the above, lessons learnt by the project team will be captured and, alongside lessons learnt from other projects, used to help inform capital projects in the future. The lessons learned process will highlight where opportunities were taken to vary the contracted works to deliver qualitative improvements that were not identified in the FBC.

The CDC project will be undertaken in a series of phases. As a consequence of this, newly reconfigured accommodation will be handed over and operational at the same time as other areas are in construction. A lesson learned process will follow each handover to help inform subsequent phases.

Appendix I – Risks

#	Description	Likelihood	Impact	Score	Mitigation	Likelihood	Impact	Score
1.1	**Design fails to deliver**							
1.11	Timeframe within which to deliver and mobilise change	3	4	12	Early dialogue with designers and architects to produce robust programme.	2	4	8
1.2	**Building risks**							
1.21	Refurbishing an old building (1980's). Limitations in what can be done. Will not undermine project.	3	4	12	Refurbishment will bring building up to current standards (as per design brief) to reinforce the infrastructure.	2	4	8
1.22	SACH enabling works to improve and increase HV/power capacity is delayed / fails, therefore impacting on delivery of CDC phase 1.	3	4	12	Continual review of available power supply and internal oversight of wider upcoming projects at SACH. Tender to provide resilience HV/power capacity underway.	2	4	8
1.23	Construction timetable is unachievable	3	4	12	Plans to develop diagnostic capacity at SACH are well documented (internally and externally). Timetable communicated with SACs division. Plans to procure equipment in FY23 will allow for longer lead in time for delivery (if required) ahead of completion of construction. Storage arrangements have been considered.	2	4	8
1.24	Impact of construction on surrounding environment - vehicle traffic during and noise from construction	3	3	9	**Refurbishment work in Runcie** – no in-patients. Most of work in single storey extension. Trust has experience of similar work in Runcie over last 3 years with no significant problem.	2	3	6
1.3	**Transition Risks**							
1.31	Patient and staff flow. The periods of building works and unfamiliar routes/environment, could	3	3	9	Detailed transition and phased planning – re-routed corridor will be prioritised within an early phase. Increased / focused comms and temporary signage	1	3	3

#	Description	Likelihood	Impact	Score	Mitigation	Likelihood	Impact	Score
	delay and lengthen the time it takes for clinical staff to move between locations and reduce efficiency.				Adjacent clinical teams will be kept continually updated in order to support patient/staff flow.			
1.32	The works cause a major incident at SACH (e.g. power supply to existing modular MRI/CT)	2	5	10	WHTH Estates team work closely with contractors, building on expertise of site. Ongoing risk assessment and emergency care planning	1	5	5
1.33	Risk that current radiology non-clinical team is stretched and do not have the necessary capacity to dedicate to this project, in order to deliver on time and to operationalise	4	3	12	External additional resource budgeted within investment.	2	3	6
1.4	**Financial Risks**							
1.41	Revenue and capital funding and profile is not made available (NHSEI) in its entirety	3	5	15				
1.42	That the project is unaffordable, with an unsustainable impact on Trust finances following completion.	2	5	10	Robust costing analysis undertaken Cost advisors and external architects consulted Detailed workforce strategy completed	2	3	6
1.43	*Go live* date of new unit is delayed. Longer lead in time means that staff recruited early are underutilised and cost pressure.	3	3	9	Deploy staff to elsewhere within the system to reduce bank/overtime pressures. Robust build programme in place	2	2	4
1.44	Ongoing maintenance costs of refurbished building vary from budget (longer term)	2	3	6	Experience of capital team in understanding maintenance requirements (significant proportion of infrastructure will be new)	2	2	4
1.45	Increased revenue costs due to inability to recruit radiologists to report increased activity.	4	4	16	Recruit !	3	4	12
1.5	**Procurement**							

#	Description	Likelihood	Impact	Score	Mitigation	Likelihood	Impact	Score
1.51	Design creep, with the build and design moving beyond the originally agreed parameters	4	3	12	Agreement with clinical team to sign-off plans ahead of construction start date Robust programme management by the Trust's Capital Project team	2	3	6
1.52	Uncertainty about timing that investment required for is confirmed by NHSEI and ICB ***TBC (impact on purchase of IT and imaging equipment)***							
1.53	Delivery of spec, kit and equipment goes above expected budget (impacted by inflation/supply chain costs etc)	3	4	12	Respond to market feedback on work itself and work with the preferred provider, using clinical and operational feedback to reach a conclusion	3	4	12
1.54	Risk that delays in procuring IT would delay overall delivery of project	4	4	16	Early dialogue with providers and designers and architects to produce robust programme. Decision to procure by Nov 2022	2	4	8
1.55	Risk that delays in procuring imaging equipment would increase turnkey and equipment costs, that would exceed the expected budget	4	4	16	Early dialogue with providers and designers to produce robust programme. Decision to procure by beginning Nov 2022	2	4	8
1.56	Risk to WHTH security associated with implementing additional clinical equipment on Trust network	4	4	16	Early dialogue with providers, WHTH CIO and designers to produce robust programme.	3	3	9
2	**2. Business Risks**	Likelihood	Impact	Score	Mitigation			
2.1	Inability to recruit skilled workforce will impact entire service delivery	4	5	20	Explore new roles / new ways of working, supported by digital transformation, implementing an apprenticeship programme and role substitution Expand international recruitment to include Radiographers Explore opportunities via volunteer pools, mid-career changers, Radiography Academy Not extending CT hours in phase 1	3	5	15

#	Description	Likelihood	Impact	Score	Mitigation	Likelihood	Impact	Score
					Early recruitment programme to commence ahead of time			
2.2	Limited recruitment will result in staff feeling over worked and demoralised	3	3	9	Early recruitment programme to commence ahead of time Not extending CT hours in phase 1	3	3	9
3	**3. External Risks**	Likelihood	Impact	Score	Mitigation	Likelihood	Impact	Score
3.1	Actual activity does not align to functional content trajectory	4	3	12	Opportunity to offer mutual aid across the system (i.e. cardiac CT)	4	2	8
3.2	A change in the national direction for CDCs may undermine the focus on diagnostics	3	5	15	Project team mindful of political changes in national direction and current policy.	2	5	10

Appendix II – Phase 1 design comparison – Schedule of Accommodation

	SoA v1.9			SFBC			WHTH OBC			WHTH OBC	
	C&B Suggestion / HBN			BDP CDC Proposal			Design review & proposal			HBN/As drawn Variance sq.m.	Derogations
Activity Space	Area (m2)	Qty	Total (m2)	Area (m2)	Qty	Total (m2)	Area (m2)	Qty	Total (m2)		Notes
Entrance / Reception											
Reception Desk	8.0	1	8.0		1	8.0	7.5	1	7.5	-0.50	
Waiting area - adult	32.0	1	32.0		1	25	15.6	1	15.6	Combined 0.6	Local Waiting Area, facility also includes separate Waiting Area for CYP and MRI Sub Waiting, combined area of 48.6m2
Waiting area - children & young people	0.0	0	0.0		0	0	8.5	1	8.5		
Ambulant WC	1.9	2	3.8		1	5	5	1	5	3.10	1No Ambulant and 1No Wheelchair WC provided in existing accomodation.
Wheelchair Wc	4.3	1	4.3		1	7	7	1	7	2.70	
MRI Area											
MRI Scanner Room	45.0	1	45.0		1	43	43	1	43	-2.00	Contrained by existing structure, to be reviewed at detailed design stage.
MRI Scanner Control Room	16.0	1	16.0		1	15	22.5	1	22.5	6.50	
MRI Technical Room	20.0	1	20.0		1	15	20.74	1	20.74	0.74	
MRI Prep Area	19.0	1	19.0		1	20	20	1	20	1.00	
MRI Sub-wait	16.0	1	16.0		1	16	24.5	1	24.5	Combined above	
MRI Reporting	18.0	1	18.0		1	20	12.43	1	12.43	-5.57	
Patient Change with Lockers (accessible)	4.3	2	8.6		1	18	5.95	2	11.9	3.30	
Store Room	12.0	1	12.0		1	16	19	1	19	7.00	
Bed Wait/trolley wait	13.5	1	13.5		1	12	5.24	2	10.48	-3.02	2No Bays Provided.
Trolley/equipment/Wheelchair parking	2.5	1	2.5		1	6					
Patient WC's	4.3	2	8.6		1	5	5.45	1	5.45	1.15	
Linen patient change	0.5	1	0.5		1	5					
CT Suite											
Inpatient trolley wait	13.5	1	13.5		1	12	shared				Shared area with CT/MRI.
CT Scanner	36.0	1	36.0		1	40	40	1	40	4.00	
Control Room	16.0	1	16.0		1	15	shared				Shared area between scanning rooms, room based on equipment and movement spaces.
Changing Cubicle disabled & lockers	5.5	1	5.5		0	0					Not included in design.
Patient Change & lockers	4.3	1	4.3		0	0	4.32	1	4.32	0.02	
Computer & electrical equipment	12.0	1	12.0		1	12	shared				Within shared facilities.
Patient WC Accessible	4.3	1	4.3		0	0	8.16	1	8.16	3.86	
IP Bed/trolley wait	13.5	1	13.5		1	12					
Resus trolley	2.0	1	2.0		0	0	within staff base				Included in staff base areas.
Linen patient change	0.5	1	0.5		0	0					
Imaging Office Accommodation											
Shared office 2 person	12.0	1	12.0		1	9	11.9+7.56	2	19.46	7.46	Shared Space.
Senior Radiographers office	8.0	1	8.0		0	0	8.5	1	8.5	0.50	
Consultant Office	24.0	1	24.0		1	23	17	1	17	-7.00	Minimum HBN requirement met.
PACS server support office	12.0	1	12.0		0	0	12.43	1	12.43	0.43	
Staff Support:											
Staff room with Bev Bay	24.0	1	24.0		0	0	Elsewhere				Facility is provided within acceptable distance.
Staff Wc ambulant	1.9	2	3.8		1	4	6.07	2	12.14	8.60	Both accessible/ambulant.
Staff WC Wheelchair	4.3	1	4.3		1	4					Not provided within facility.
Support											
Linen store	3.0	1	3.0		0	0					Not provided in facility.
Clean utility	14.0	1	14.0		1	12	9.82	1	9.82	-4.18	Clean Utility should be 14m2. A Clean Ultity has been provided at 9.82m2. Sufficient space requirements for storage and movement space considered.
Dirty utility	12.0	1	12.0		1	12	6	1	6	-6.00	A dirty utility should be sized 12m2, the room provided is 8.46m2. Restrictions imposed by existing estate and space available. Sufficient space requirements for equipment and
Disposal Hold	15.0	1	15.0		1	15	10.3	1	10.3	-4.70	Facilities management consulted regarding space required.
Cleaners Room	7.0	1	7.0		1	5	7.43	1	7.43	0.43	
IT Hub	6.0	0	0.0		1	7	7.43	1	7.43	1.43	
Switchgear	2.0	0	0.0		0	0	7.43	1	7.43	5.43	
Net Total (NIA)			474.5			418			404.02		
Planning Allowance		5%	23.7		5%	21		5%	20.2		
Engineering		3%	14.2		3%	12.5		3%	12.1		
Circulation		30%	142.4		30%	125.4		30%	121.8		
Gross Total			654.8			576.9			558.12		

N.B. *SoA v1.9 referred to in the above table indicated those spaces related specifically to WHTH CDC phase 1. The full SoA which forms part of the stage 1 report includes all diagnostic and cancer services spaces, required at SACH.*

The 1:200 designs, and current schedule of accommodation has been signed off by clinical leads within the Trust's Clinical Support Services division.

As plans progress, there will need to be Trust review and sign off by the Medical Director, Chief Nurse and Chief Operating Officer.

Appendix III – Workforce Strategy

WHTH staff play a fundamental role in delivering our vision of “the very best care for every patient, every day”.

Demand for Radiology services is growing. Before the pandemic there was already increasing demand for our services. This has been exacerbated by the impact of Covid-19 with an increase in scanning requests and a large backlog, placing further pressure on our already stretched workforce and also impacting on our ability to retain and recruit staff.

The way in which we deliver our service is also changing for example we are developing new and more integrated models of service delivery. The opening of a CDC facility on the St Albans City hospital site will facilitate rapid Imaging and faster diagnosis. Extending the working day will offer patients more choice. It will require a significant increase in staffing across all staff groups within the Imaging department to meet the increased demand.

Although recognising that there is currently a number of workforce challenges nationally, WHTH has been very successful in recruiting various staff groups. The Trust currently has high retention rates in the Imaging department which is sustained by a number of workforce initiatives which include training and promotional opportunities. A number of workforce initiatives to increase establishment size will include apprenticeship schemes and robust plans for international recruitment. The Trust continues to work closely with partners across our ICB and wider healthcare system to align our strategies and identify opportunities and options to deliver our workforce strategy that benefits both Trust and partners.

The following additional clinical staff need to be recruited in 2023/24 in order to manage both existing and planned roll-out of extended hours within the CDC.

	2023												2024		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Role		Imaging Pathway Navigator					Radiographer	Consultant Radiologist			CDC Service Manager	Radiographer	Apprentice	Specialist Radiographer	Apprentice
Band		4					6	n/a			8a	6	5	7	4
WTE		1.00					5.00	2.00			1.00	5.00	3.00	3.00	3.00
Rationale		To assist in managing cancer imaging pathways and backlog					First attempt to recruit Band 6 experienced MRI/CT radiographers. If successful posts will rotate throughout MRI/CT scanners, learning local practice and further developing of skills	Posts will contribute to reporting within the department and reducee outsourcing requirements			Essential operation lead post to assist in planning and mobilsation of CDC on a daily basis. Identify and support training needs and all staffing requirements.	Second attempt to recruit.	Recruitment of operation lead to assist in organisation/planning of CDC on a daily basis. Identifying training needs of CDC staff, planning staff meetings and communication.	Recruite to coincide with opening of CDC. Advanced start date will boost clinical supervision for newly qualified Band 6 radiographers	Recruite to coincide with opening of CDC

Further recruitment will be needed in 2025/26 to meet expected growth in demand.

National Context

In October 2020, NHS England published the Sir Mike Richards Review; Diagnostics: Recovery and Renewal, report of the independent review of diagnostic services. The report sets out the need for radical investment and reform of diagnostic services, which has been further amplified by the Covid-19 pandemic. The report sets out a number of key actions including;
- Separation of acute and elective diagnostics
- Improving acute diagnostic services
- Establishing community diagnostic centres (CDC)
- Organising services so that as far as possible patients only have to attend once

The report acknowledges to achieve this major investment in facilities, workforce and equipment will be required. In particular for workforce it was noted that training of additional highly skilled staff will take time but needs to start now, international recruitment should be prioritised when possible but national workforce solutions are also crucial. There will also be the need for skill-mix initiatives involving more apprenticeships and assistant practitioners and using qualified staff at the top of their licence will be essential, as will learning lessons form staff flexibility and roles undertaken as a result of Covid-19. The report set out three specific recommendations relating to imaging workforce;

1) There should be a major expansion in the imaging workforce – an additional 2,000 radiologists and 4,000 radiographers (including advanced practitioner radiographers, who undertake reporting) as well as other support staff and key 'navigator' roles. Additional training places should be provided for radiologists and radiographers and initiatives will be needed to meet demand, as well as expansion in assistant practitioner and support roles

2) There should be an increase in advanced practitioner radiographer roles, including for reporting of plain film X-rays (to a minimum of 50%) and expansion of assistant practitioner roles to take on work currently undertaken by radiographers.

3) Alongside the necessary expansion of key professional groups, all relevant organisations should work together to deliver changes in the diagnostics workforce. Particular emphasis should be given to driving skill-mix initiatives across the whole country. This will require concerted effort at team, NHS trust and network levels.

<u>Drivers Impacting workforce needs over the next 5 years:</u>

Underlying growth and demand

- Demographic changes with the local geography, which will drive demand for imaging, particularly with an ageing profile.
- Increased prevalence of scanning expected within a given population of circa +10% compared to current rates, driven by new technology such as CT SPECT and Interventional radiology (Diagnostics: Recovery and Renewal).
- England lags far behind the OECD averages for scanners (CT, MRI and PET-CT) per million population, ranking lowest among 23 countries for CT scanner provision. Plan to increase the numbers of scanners in line with European countries.
- Changes in clinical pathways due to best practice (NICE publications and GIRFT recommendations) and wider clinical indications for tests will increase demand. Also, the advent of virtual GP clinics is likely to result in an increase in imaging being requested and more complex imaging requirements. There are also added commitments set out in the NHS long term plan for cancer, heart disease, stroke and respiratory illnesses including Covid.
- Increased pressure in acute hospital settings which is fuelling demand.
- Expected increase in reporting of images is estimated to increase

Technology and digital

- Artificial intelligence technology could generate efficiencies by automating the prioritisation and automating image reporting
- Clinical Decision Support Tool – CDS iRefer
- Use of "Virtual Support Tools"
- Cloud based technology would mean more connectivity to other trusts and organisations- enabling "Networking" and "Inter-operability"
- Specialist home working technology and reporting stations, could enable more agile home working

Covid-19 and other current pressures

- Continued pressure on staff as a result of Covid-19 pandemic may impact on staff wellbeing, sickness and turnover
- Increase in chest/CT scans impacting on ability to clear backlog
- Unable to predict the level of increased demand for follow-up imaging related to long COVID-19 cases.
- Workflow changes including segregation of patients, separating inpatient/outpatient.
- Demand for MRI scans outstrips current capacity therefore backlog/waiting list continues.
- National performance requirement will increase expectations of workforce.
- e.g. current KPIs for Emergency – 1 hr KPI, In patient 24 hr, Elective-2 weeks for Cancer and 6 weeks for routine.

Integration and transformation

- Acute redevelopment: Location of diagnostics centralisation vs fragmented and configuration will impact staffing numbers and hours of work. Centralised fewer WTE than with a fragmented service
- Change in clinical pathways (driven by political changes, CCG or internal changes) could required more and/or complex imaging in certain modalities - CDC models, screening pathways
- CCG referring services into community(e.g. Non-obstetric ultrasound)
- In order to meet demands, extension of hours from 8-5 to 8-8, with Emergency cover required 24/7 and increase in scope to include MRI and Interventional radiology in addition to CT & X-Ray
- Shared services or shared workforce? ICS/Imaging network. – Standardising JD's and roles across the ICS/network
- "Community Diagnostic Centre/Rapid Diagnostic Centre" - Taking service to patients through one-stop shop, with more scanners requiring additional staff.
- Larger diagnostic Centre to be based at SACH and will incorporate and deliver a rapid diagnostic approach for cancer.
- Smaller Diagnostic Centre within HHGH.
- Job planning and staffing ratios within modalities

The Workforce Plan

- Retain staff by making sure they recover well from the pandemic, improve employee experience and further develop career progression pathways
- Look at new roles and new ways of working - implement skill mix changes, role substitution and digital transformation
- Invest in growing and developing our own workforce (including increased supervisory capacity)
- Increase the number of Radiology registrars, link in with Radiology academies.

- Develop apprenticeship role /pathway for B5 radiographic roles including masters entry into B5
- Expand Trust international recruitment to include Radiographers.
- Develop B6 Generalist radiographic role
- Volunteer pool, Mid-career changers, Radiography Academy
- Encourage and support return to practice Radiographers

Adopting skill mix changes, role substitution and new ways of working:

Redesign

Team redesign that includes

- Changing Band 3/ 4 and Band 5/6 Skill Mix, incorporating variances by modality and site
- Develop the Imaging Pathway Navigator role at Band 4 – improvements to cancer pathways
- Organisation design for the Community Hub
- Co-located scanners, where WTE could be reduced

Growing our own

- Increase the number of Radiology registrars.
- Increase pipeline of Band 5 newly qualified radiographers through
  - Apprenticeship from Band 3 to Band 5 – WHTH has one member of staff starting this course in March 2023
  - Apprenticeship from Band 4 to Band 5
  - Direct recruitment of masters graduates into Band 5
  - Apprenticeship from Band 3 to Band 4 Assistant Practitioners - WHTH has two members of staff starting this course in March 2023

WHTH Imaging department is commencing the Apprenticeship programme with these three members of staff. The aspiration is to expand this in the future and to open this programme offering opportunities to school leavers (assistant practitioners) and college leavers (apprentice radiographers).

- Retain radiology knowledge by creating career pathways for Band 3 Administrators
  - Band 3 to Radiology Nursing pathway
  - Band 3 to Non-clinical operational pathway

Recruitment and Marketing

- International recruitment
  - £5k relocation expenses approved per candidate
  - Registration process – HPCP check
  - Radiation Protection/IR(ME)R competence check
  - Volunteer pool
- Target mid-career changes using a clear employee proposition
  - Via “Radiography academy” (External)

Retention

- Focus on wellbeing of existing workforce
  - Improve environment - enabled by Acute Redevelopment programme
  - IT and Storage issues
  - Staff rest room provision
- Improve processes so staff can have more control, choice and support in their work
  - More notice on shifts
  - Introduce job planning e.g clinical governance day
  - Clinical supervision to support

- Recognition
  Identify ways in which experienced Band 6 radiographers who may not want to progress are recognised

In parallel to the proposed changes in the skill mix of our workforce, we will place a greater emphasis on developing our own qualified staff.

This will require:

1. Improved training and apprenticeship pathways
2. An increase in supervisory capacity and capability across the Trust

Training & apprenticeship pathways

Growing our own qualified workforce is a key element of our plan to address future workforce shortages – we will:

- Map training pathways to understand how trainee roles can progress to qualified staff
- Work locally and with system partners to better enable supply routes and pathways into apprenticeships, including mid career changers, volunteer pool, Radiography academy
- Support the development of integrated apprenticeship programmes
- Support efforts to maximise the use of the apprenticeship levy
- Review the role of radiology nursing as a way of retaining Band 3 Administration staff
- Explore international recruitment

Supervisory Capacity

Growing our own workforce and introducing different skill mixes is only possible it we have sufficient supervisory capacity – to support this we will

- Ensure supervision is formally recognised in job plans
- Develop clinical supervision capabilities

In order to improve retention and minimise the number of people leaving we will focus on:

Wellbeing

We will:

- Provide greater flexibility around leave, working patterns, and rostering
- Continue to ensure that our staff are recognised and rewarded – through staff awards, appraisals, and the development of a long term Wellbeing approach
- Support the health and wellbeing of our staff, through psychological support (ensuring those providing this are also supported), risk assessments, and a more preventative role for occupational health
- Focus on keeping our people, through flexible retirement options, team development, and talent management

Staff Experience

We know from our recent staff survey that 3 themes scored lower than the national average and have the potential to negatively impact staff wellbeing, experience, and also retention:

- Bullying & harassment, in particular from service users/relatives/public
- Violence, in particular from service users/relatives/public
- Equality, diversity & inclusion, in particular relating to fairness of career progression/promotion

We will continue to engage with our staff around these issues, and develop a plan to ensure that the Trust leads by example in terms of meeting:

- NHS England's Workforce Race and Disability Equality Standards (WRES and WDES)
- Equality, Diversity and Inclusion standards including gender pay gap reviews.

Career Pathways

We understand that our staff can at times feel there are fewer progression opportunities within the trust than moving to neighbouring / London organisations. We will therefore:

- Undertake a clear mapping of career pathways and develop marketing materials for career options
- Renew our competency frameworks and training opportunities
- Develop sideways/specialist areas of interest opportunities mapped (not just vertical, pecuniary & seniority progression)
- This will be supported by a detailed review of training, progression and career pathway opportunities for each individual in the existing radiology workforce

Appendix IV – CDC Enabling works and SOC forms for Phase 1

The Risk	22/23 £'000	23/24 £'000
CDC costs (see Arcadis cashflow summary and SOC exert below)*	5,955	7,016
*CDC costs include £2.8m in regards to site preparation. This entails; upgrade of incoming HV from 800kVa to 5MW (£1m); design, construction and equipping of new incoming HV Substation (£1m) and remedial work on current HV distribution system (£0.8m). ** There are additional IT costs of £148k in 22/23 which are not included in the OB forms.		

SOC form exerts (Arcadis)

Cash Flow Summary

Ref.	Item / Description	FY 22/23	FY 23/24	Total	Comment
	Construction Costs	£1,454,991	£3,777,391	**£5,232,382**	Start on site April 23, Complete March 24
	Fees	£402,893	£329,640	**£732,533**	55% Pre Contract, 45% Post Contract
	Non-Works Costs	£0	£52,324	**£52,324**	Assumed post contract
	Equipment Costs	£1,774,949	£0	**£1,774,949**	To be purchased FY22/23
	Planning Contingency	£72,750	£188,870	**£261,619**	As factor of above construction costs
	Optimism Bias	£501,365	£588,315	**£1,089,680**	As factor of above
	Inflation	£841,390	£987,308	**£1,828,697**	As factor of above
	VAT	£906,803	£1,092,004	**£1,998,807**	As factor of above
		£5,955,141	**£7,015,850**	**£12,970,991**	

rcadis.com

STRATEGIC OUTLINE CASE COSTS — Cost Form SOC1

ORGANISATION: WEST HERTFORDSHIRE HOSPITALS NHS TRUST
SCHEME: St Albans City Hospital — ORGANISATIONAL CODE:
Option - New Build Community Diagnostics Centre - Phase 1
PROJECT DIRECTOR: **ST ALBANS CITY HOSPITAL SITE ONLY** — Date: 7-Jul-22
CAPITAL COSTS: Summary — Revision: 02

	Summary			Cost Excluding VAT	VAT	Cost Including VAT
1	Departmental Costs (from Form SOC2)			2,166,325	433,265	2,599,590
2	On-Costs (from Form SOC3)		141.53%	3,066,057	613,211	3,679,268
3	**Works Cost Total (1+2) at PUBSEC 250**			**5,232,382**	**1,046,476**	**6,278,858**
4	Provisional Location Adjustment () (b)	West Herts BCIS location factor 110 included				
5	**Sub-total (3+4)**			**5,232,382**	**1,046,476**	**6,278,858**
6	Project Fees (c) (% of sub-total 5)		14.00%	732,533	(d)	732,533
7	Non-Works Costs (from Form SOC4) (e)		Land Other	- 52,324	- 10,465	- 62,789
8	Equipment Costs (from Form SOC2)		81.93%	1,774,949	354,990	2,129,939
9	Planning Contingency		5.00%	261,619	52,324	313,943
10	**Sub-total (5+6+7+8+9)**			**8,063,807**	**1,464,255**	**9,518,062**
11	Optimism Bias		13.53%	1,089,680	198,114	1,287,794
12	**Forecast Business Case Total (no inflation)**		**£**	**9,143,487**	**1,662,368**	**10,805,856**
13	Inflation Adjustment to Construction Mid Point	to 3Q2023	20.00%	1,828,697	336,438	2,165,136
14	**Forecast Business Case Total (with inflation)**		**£**	**10,972,185**	**1,998,807**	**12,970,991**

Appendix V – Full breakdown of associated IT costs

Items – Quantity and Description		2022/23 £'000
20	Pc's New	20
20	Telephone extensions and handsets	6
130	New Cat-6 Outlets Doubles	32
2	16 Core Fibre Cables PBX and GA Hubs	8
3	Cisco Data Switches	30
1	Professional Services ATOS	25
1	Rack Mountable UPS = 1 Hour	1
1	42u 800 x800 Data Rack	2
	VAT	25
	Total	**148**

Appendix VI – Full breakdown of equipment costs

Items – Quantity and Description		2022/23 £'000
1	MRI scanner (injector included)	896.4
1	CT scanner	412
1	CT injector, Pb rubber aprons etc	50
	VAT	271.7
	Total	**1.63**

Expedited Purchase of MRI scanner in October 2022

Context

WHTH have set out a robust but ambitious programme to increase MRI (and CT) imaging capacity at SACH by Spring 2024. The Trust have set out plans to spend the allocated investment across the next two financial years, on the understanding that there is a clear mandate from NHSE/I to spend in year.

The Purchase of an MRI scanner this FY accounts for c.£1m, of the committed £5.9m in the plans for 22/23.

The Trust has maintained from the outset that in order to complete the works and increase imaging capacity at SACH on time, elements of the programme need to commence from October 2002.

As of 7 October 2022, the Trust is yet to receive a formal MOU from NHSE/I to assure the investment.

Purchase Option

Having undertaken significant dialogue with medical suppliers, it is the Trust's preferred option to progress with the purchase of a new MRI scanner with Siemens.

In order to ensure that the transfer of ownership to WHTH by 31 March 2023, Siemens have advised that WHTH will need to raise a PO at start of October 2022. This current 28-week (minimum) lead in time is due to the recent surge of orders for scanners that suppliers have received, in the wake of increased inflation (purchase price went up c.10% on 1 October 2022) and uncertainty in the market.

Confirming the order now with Siemens will ensure that the MRI scanner is manufactured and allocated a serial number by end March 2023 and vested to the Trust.

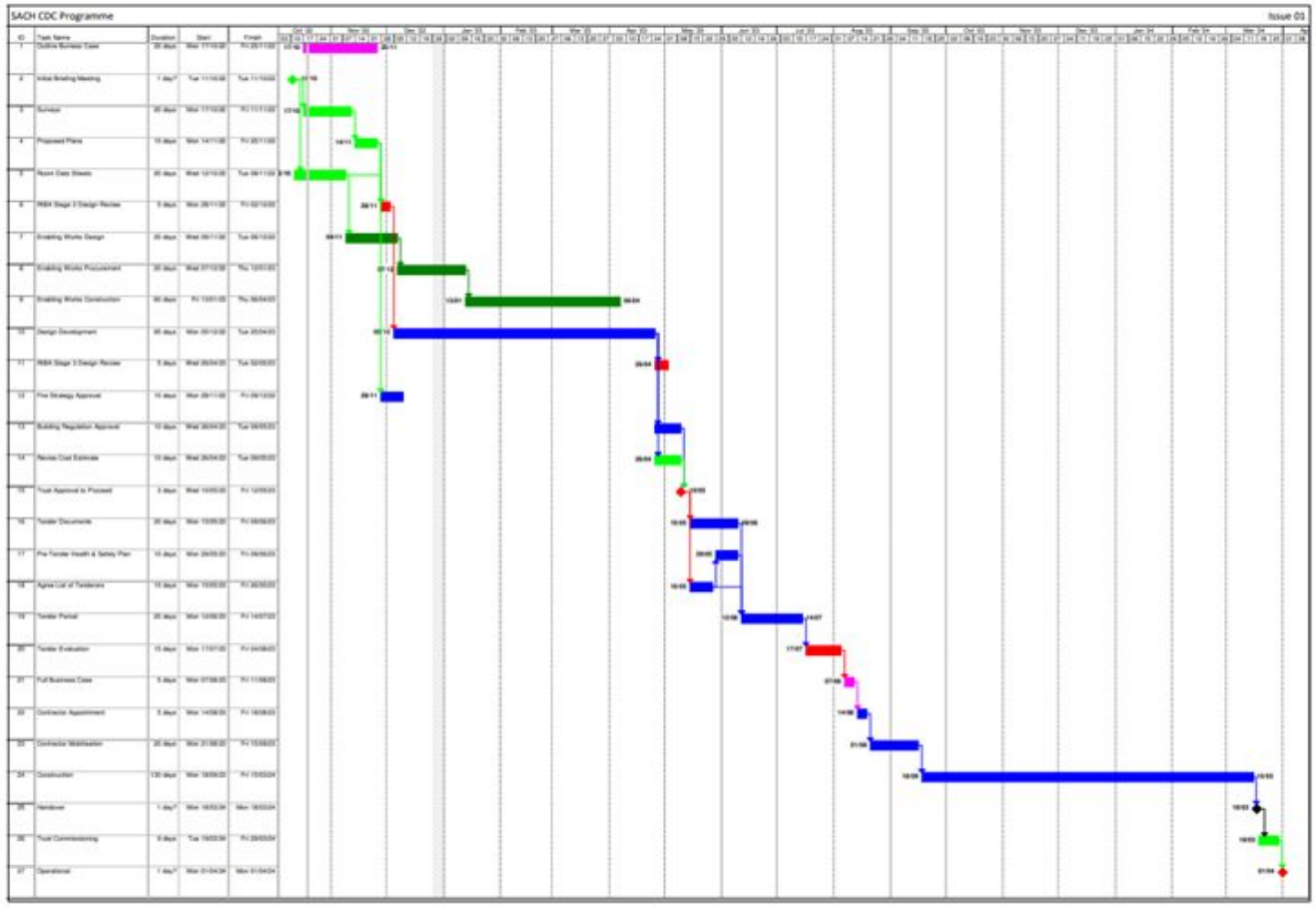
Financial Details

- The current quote of £896k (excl VAT) (equipment only) is currently honoured by Siemens until mid-October 2023.
- 12-month storage (March 2023-24) - £50k (revenue cost to be incurred in 23/24).
- POS maintenance contract - this will commence when warranty expires in March 2024.
- Given the warranty commences once the item vests to the Trust, the warranty will expire whilst in storage. The Trust will need to extend the warranty in March 2024; £70k.

- **Total advanced request - £896,000 (excld. VAT)**

The Trust was asked to make funds available from internal capital for the MRI scanner, ahead of receipt of a formal MOU. This action would ensure the transfer of ownership and assignment to WHTH in FY23, as stated in our current plans.

Appendix VII – Indicative Programme



Appendix VIII – Benefits Realisation Plan

Benefit Name	Benefit Description	Benefit Type	Baseline	Improvement	Target	By When
Cancer waiting times	As a result of the CDC, patients should be diagnosed and treated when the cancer is at an earlier stage. This means the cost of treatment would be lower.	Mix. Non-cash releasing; Societal	Baseline Current DM01 compliance DMO1 Sept 2022 MRI – 99.4% CT – 100% Activity Sept 2022 MRI – 92% CT – 112%	There are gains to be made from improving the cancer and diagnostics pathway. Patients who wait for long periods have a risk of their condition deterioration. This could lead to a longer LOS / higher cost per spell than if the wait time targets were met.	Improved compliance of DMO1 targets and assist with achieving 120% diagnostic activity.	Within first 6 months of opening of new facility.
Cancer waiting times	As a result of the diagnostics centre, patients should be treated more quickly and the expected quality and length of life will be longer.	Mix. Cash-releasing; Non-cash releasing; Societal	Baseline Current DM01 compliance DMO1 Sept 2022 MRI – 99.4% CT – 100% Activity Sept 2022 MRI – 92% CT – 112%	Quicker diagnostics and treatment of patients will lead to an improvement in patient outcomes.	Improved compliance of DMO1 targets and assist with achieving 120% diagnostic activity.	Within first 12 months of opening of new facility.
Activity repatriation	As a result of increased radiology capacity and utilisation, the Trust should incur a reduced cost of outsourcing to private providers.	Mix. Cash-releasing; Non-cash releasing; Societal	Baseline: Current spend is over £200k per annum.	The redevelopment will mean there will be additional capacity to reduce the amount of work outsourced to the private sector. The benefit removes the cost of outsourcing (this has been included as a cash-releasing benefit).	It is anticipated that all current spend could be removed in regards to existing activity levels.	Within first 12 months of opening of new facility.

Benefit Name	Benefit Description	Benefit Type	Baseline	Improvement	Target	By When
Implementation of Imaging Digital Strategy	Implementation of various digital technologies i.e self service check-in kiosks and image sharing will enable best practice and remote ways of working and unlock benefits.	Mix. Cash-releasing; Non-cash releasing; Societal	Baseline - Current waiting times at reception	Self service check- in kiosks will facilitate administration staff to be more efficient. Image sharing will reduce IEP costs.	Reduced waiting times to book in	Within first 12 months of opening of new facility.
Increase diagnostic capacity	Improved access to diagnostics services in line with demand and capacity model.	Non-cash releasing;	Baseline Current DM01 compliance <u>DMO1 Sept 2022</u> MRI – 99.4% CT – 100% <u>Activity Sept 2022</u> MRI – 92% CT – 112%	Contributing to Covid recovery and reduce pressure on acute sites This increased capacity will allow GP's to directly refer for diagnostics in parallel with the 2ww referral, facilitating results available at first Consultant appointment.	Improved compliance of DMO1 targets and assist with achieving 120% diagnostic activity.	
Separate elective and emergency diagnostic testing	Increased convenience for patients in an appropriate setting. Including segregation of acute and elective services - minimising visits to acute sites, minimising IPC risks.	Non-cash releasing Societal	Baseline: Current patient satisfaction survey	Quicker access to testing	Improved results in future patient satisfaction survey	Within first 12 months of opening of new facility.
Improve population health outcomes	Provision of new, high-quality equipment across a range of modalities	Non-cash releasing Societal	Baseline: Existing capacity and reporting times.	Increased capacity to help immediate recovery of the elective backlog. Reaching earlier, faster, and more accurate diagnoses of health conditions.	Improved compliance of DMO1 targets and assist with achieving 120% diagnostic activity.	Within first 12 months of opening of new facility.

Benefit Name	Benefit Description	Benefit Type	Baseline	Improvement	Target	By When
Improve productivity and efficiency and impact positively on waiting times	Improved efficiency and utilisation in line with the demand and capacity model	Non-cash releasing Societal ;	Baseline: Existing capacity and reporting times	Reduced fragmentation of the imaging workforce (CDC phase 2). With the redesigning of clinical pathways there will be a reduction in unnecessary steps, tests and duplication.	Improved compliance of DMO1 targets and assist with achieving 120% diagnostic activity.	Within first 12 months of opening of new facility.
Improve more personalised patient care	To facilitate earlier diagnosis of a range of conditions – where possible patients will undertake a suite of tests in one day in this single location.	Non-cash releasing Societal	To be defined however aims to capture nature of visits.	Additional 1-stop pathways and reduced number of visits	Reduced attendances for patients (building on on-going work for baseline).	Within first 12 months of opening of new facility.
Reduce health inequalities	Improved access to diagnostic modalities, with provision at planned care sites optimised	Non-cash releasing Societal	Current patient feedback Friends and family scores Current opening hours	Extended opening hours and offering patients more choice of appointment slots.	Patient feedback Improved friends and family scores Extended opening hours	Within first 3 months of opening of new facility.
Assist with the expansion of workforce across Imaging modalities	More training places and skill mix changes, alongside new roles that cross traditional boundaries to support expansion and backfill posts.	Non-cash releasing Societal	Baseline: Current number of apprentice radiographers and assistant practitioners Staff feedback on training quality	Recruitment of Apprentice Radiographers and Assistant Practitioners Training of Reporting Radiographers	Target: Based on anticipated WTE requirements at 4 apprentices recruited by 24/25. Improved staff feedback on training quality	Within first 12 months of opening of new facility.

Benefit Name	Benefit Description	Benefit Type	Baseline	Improvement	Target	By When
NHS Net zero ambitions	Enabling fewer outpatient attendances and reducing patient journeys to acute hospital sites.		- Number of OP attendances - Patient feedback - Friends and family scores	Promotion of one stop services/clinics	Patient feedback Improved friends and family score	Within first 12 months of opening of new facility.

Appendix IX – CDC Operational Policy

Community Diagnostic Centre (CDC)
St Albans City Hospital
Controlled document
This document is uncontrolled when downloaded or printed

Reference number	WHTH: xxxxxxx
Version	1
Author Name & Job Title	Nuala Littlechild, Radiology Services Manager
Executive Lead	Martin Keble, Divisional Director CSS
Approved by/ Date	
Ratified by	CSS Divisional Board
Date ratified	September 2022
Committee/individual responsible	Quality and Safety Group
Issue date	
Review date	September 2024
Target audience	All WHHT users
Additional Search Terms *(Key Words)*	CDC, operational policy
Previous Policy Name	N/A

Contribution List

Key individuals involved in developing this version of the document

Name	**Designation**
Nuala Littlechild	**Radiology Services Manager**
Shilpan Patel	**Clinical Director Radiology**
Sonia Narula	**Lead Imaging Consultant SACH**
Approved by Group/ Committee	**CSS Divisional Board**
Ratified by Group/Committee	**September 2022**

Change History

Version	**Date**	**Author**	**Reason for change**
			e.g. New Policy, Formal review, Informal review due to...
1	**Sept 2022**	**Nuala Littlechild**	**New Policy**

Contents

Contents

1. Aim

The aim of the CDC operational Policy (SOP) is to;

- Provide a safe, effective, high quality Imaging service within the CDC.
- Respect the wishes of patients and maintain dignity
- Promote good communication with patients.
- To streamline the documentation provided to patients regarding their treatment which is consistent and informative.
- Provide a service which is accessible to patients choosing WHTH.
- Provide advice and guidance to staff on their roles and responsibilities to maintain a good, safe patient experience.
- Provide links to the relevant hospital policies

2. Scope

This document sets out the operational policy of the Imaging service within the CDC.

The object of this policy is to enable efficient utilisation and provision of the Imaging and to deliver waiting list target times. Its aim is to provide guidance for all users of the Imaging service, clinicians, nursing staff, clerical staff and patients.

Referral guidelines are for clinicians to make appropriate referrals. The aim is to avoid unnecessary risk and to provide high quality care. Appropriate referrals also make best use of available resources.

Patients can access the service through outpatient referrals, inpatient referrals, GP referrals.

3. Philosophy of care

The aim of the Imaging service within the CDC is to provide a high quality patient experience, in a safe environment, amongst a team of highly trained professionals.

4. Introduction to the service

The CDC is located within Runcie Wing at St Albans City Hospital.

There is a reception area, CT scanner, MRI scanner, plant and technical rooms, two bed/trolley bays, staff base, prep room, office accommodation, staff areas, waiting area, sub waiting area, paediatric sub waiting area, toilet and changing facilities.

The range of procedures performed in CDC SACH includes:

- CT examinations
- MRI examinations

There will be no General anaesthetic procedures carried out in the CDC. All Imaging procedures have referral forms to be completed by the referring Doctors on EPR. All referral forms are authorised by a Radiologist/Radiographer before going to the booking team. Inpatient referrals are authorised on a daily basis and if appropriate will be put onto the daily inpatient lists. Two week wait, routine and surveillance are authorised daily.

5. Operational structure

CDC Imaging sits within the division of Clinical Support Services (CSS) at WHTH.
The Radiology Service Manager, CDC Operational Manager and CT/MRI Superintendents are responsible for the management of the CDC Imaging services along with the Clinical Director for Radiology and Divisional Manager of CSS.

The day to day running of the units are the responsibility of the CDC Operational Manager and in their absence the Lead superintendent radiographers.

6. Facilities and Equipment

Siemens 1.5T MRI scanner
GE Medical 64 slice CT scanner

2 x Pressure Injectors

MRI compatible trolley and wheelchair
Assorted MRI Coils

The CDC holds an up to date detailed equipment list. Each item of equipment has a unique asset number to allow traceability within the trust. The equipment within Imaging is on a service contract which is maintained by the Imaging department, overseen by the CDC Operational Manager.

7. Staffing within the CDC

- All staff will be regarded as valuable members of the team
- Staff will have access, where appropriate, to additional training.
- All staff will have access to a regular forum where relevant issues may be discussed.
- All staff within the unit will be competent in the roles they undertake.
- All staff will be clear about access to their immediate line manager
- Where staff are undertaking training within the unit appropriate supervision will be given.
- The commitment to training and education of all staff will be a high priority

Clinical Staff
There is a wide range of staff working within the CDC Imaging unit.

- Consultant Radiologists
- CDC Operational Manager
- Superintendent Radiographers MRI/CT
- Senior radiographers MRI/CT
- Junior Radiographers MRI/CT
- Nursing staff
- Assistant Practitioners
- Apprentices
- Imaging Pathway Navigator
- Administration Staff

IR(ME)R 2017
The Ionising Radiation (*Medical Exposure) Regulations 2017 came into effect on the 6th February 2018.

Medical ionising radiation is used widely in hospitals, dental care, clinics and in medical research to help diagnose and treat conditions. Examples are x-rays and nuclear scans, and treatments such as radiotherapy.

The regulations aim to make sure that it is used safely to protect patients from the risk of harm when being exposed to ionising radiation.

They set out the responsibilities of duty holders (the employer, referrer, IR(ME)R practitioner and operator) for radiation protection and the basic safety standards that duty holders must meet.
Responsibilities include:
minimising unintended, excessive or incorrect medical exposures
justifying each exposure to ensure the benefits outweigh the risks
optimising diagnostic doses to keep them “as low as reasonably practicable” for their intended use.

Imaging staff at WHTH are all trained with regard to the interpretation, understanding and use of this regulation.
There are a set of Employer's Procedures written that staff can use as guides to ensure compliance with the legislation. See Appendix 1 – List of WHTH Employers Procedures.

Imaging Unit Booking Team

The Imaging booking team is managed by the Radiology Service Manager/Lead Superintendent Radiographer HHGH/SACH and led by the CDC Operational Manager.

The Imaging Booking Team administrators are responsible for the day to day management of all the waiting lists:

- Adding patients to the waiting list on CRIS
- Arranging dates to come in for patients
- Managing urgent 2 week wait cancer referrals
- Booking of inpatients
- General Office/ admin duties
- Managing DNAs and cancellations

The booking office is open 08:00hours to 17:00 Hours Monday to Friday.

8. Diagnostic referrals

Referrals received from both primary and secondary care clinicians for diagnostic investigations must be received on the appropriate request forms, completed correctly and signed electronically or on paper.

Referral forms should be addressed to either the Radiology department and/or appropriate modality. They will be date stamped on receipt, the request form scanned and added to the CRIS request received list. This process is automated for requests received via Order Comms/EPR

Any form that is incomplete or unsigned will be returned to the requester. Requests must be entered on CRIS as request received and the status updated to 'awaiting clinical information' – this provides a clear audit trail if required.

A dedicated form should be used for MRI – including the patient safety questionnaire. Order Comms/EPR should be used to refer all patients for radiology tests wherever possible.

Referral requests will be allocated to the appropriate person for prioritisation according to the protocol for each modality. Referrals justified as urgent by a Radiologist, Radiographer or Sonographer must be given priority. Routine referrals should be given appointments in turn, providing equity of access. Once requests have been allocated to a specific person, patients will be treated equally.

Following acceptance of the request the CRIS status is updated to "request accepted".

9. CDC Imaging Time-table

MRI 08.00 – 20.00 7 days per week
CT 08.30 – 17.00 Monday – Friday
Communications and meetings

There are six Clinical Governance meetings per year; all staff from both sites are expected to attend. There is a structure and agenda for discussion including risks, incidents and capacity. The CDC has regular staff meetings which are minuted and led by the CDC Operational Manager.

The staff also have a daily huddle at 8.30am to address any daily concerns.

10. Patient Journey

- Patients report to CDC Imaging Reception
- Patients demographics checked by receptionist and details entered onto CRIS
- Patients are directed to the relevant sub-wait
- Clinical staff collect patient from the sub-wait area and carry out the pre-examination checks for CT and MRI scanning using the specific modality crib sheets. These are carried out in the CT and MRI preparation rooms.
- The MRI Safety questionnaire is checked by two qualified members of staff.
- Patients are then taken to a changing cubicle and given a gown to change into.
- Patients are then scanned and after the examination:
- If they have had an injection of contrast are directed to sit in the sub waiting area for 20 minutes prior to the cannula being removed. They are then taken back to the changing cubicle to get dressed.
- Or if no contrast injection taken back to the changing cubicle to get dressed.
- Aftercare

All information given to patients will be provided by a health care professional who has appropriate understanding of the post procedure care.
Patients will be advised on how to obtain the results of their examinations.

Staff will ensure that gender separation occurs within the department using sub-waiting areas and changing rooms to accommodate gowned patients.
Relatives within the clinical area

No relatives are allowed onto the Imaging rooms unless there are exceptional circumstances. There are waiting areas available for relatives.

11. Dealing with patient complaints

All complaints are dealt with in accordance to Trust Complaints Policy. The complaints department will forward all formal complaints regarding the CDC Imaging service to the Radiology services Manager.
Complaints will be answered according to the Trust's Policy and within agreed timescales.

The CDC Operational Manager will deal with all informal complaints or identify a lead person to respond as appropriate.

All complaints will be discussed and actions followed up at the Governance meeting
PALS information is available in the department for all patients.
Access to hospital interpreter and support services

If an interpreter is required or the referrer has indicated support services may be needed on the referral, this needs to be clearly documented and communicated to the Imaging waiting list team who can prearrange an interpreter to be present. The trust also has a telephone interpreting service for patients requiring translation on the day of their procedure who has not been identified earlier.
Friends and family are discouraged as interpreters.

12. Resuscitation equipment and checking schedule

There are resuscitation trolleys available in the CDC, with a daily schedule for checking and audits of compliance completed by the resuscitation officers.

13. Imaging quality and safety

It is essential that all incidents be reported via Datix.

Datix should be completed in a timely and appropriate manner. All must be legible and completed by the most appropriate person. Staff must report all incidents, including near misses on the Datix system and to their line manager.

Any hazards posed by the incident must be assessed for the risk and appropriate action taken, as per Trust policy.

RIDDOR reportable incidents must be reported immediately via datix and to the health and safety lead.
Adverse incidents are discussed at the Imaging Governance meeting and action plan developed if required
Serious incidents are reported on datix and reported to Governance and Risk.
Where a serious incident involves a patient, they will be notified before any external agency
Quarterly presentation of incidents is presented and discussed at clinical governance.

14. Clinical Audits and standards

Yearly audit schedule and reporting

There is a yearly audit schedule within the Imaging department All audits are registered with the trust audit department. Audits are presented and discussed at Clinical Governance.. These meetings are minuted and distributed to core members and are also accessible via the trust intranet. Action plans are compiled and reviewed every six months unless urgent corrective action is required.
Patient feedback

Patient feedback will be obtained by the completion of Patient Satisfaction Surveys.
Training and Development

CDC staff will have the same opportunities as all other Imaging staff to attend internal and external courses, seminars and lectures.

15. Infection Control

The CDC Imaging department at WHTH are totally committed to controlling the spread of infection between patients and staff. All staff adhere to the Trusts Infection Control Policies, which can be found on the trust intranet site.

16. Materials management and ordering

The CDC Imaging department has a named inventory clerk who works closely with the unit to ensure weekly top up of consumables. Set days for counting, ordering and delivery are maintained and all leave covered. Any extra items required to be added to the units regular top up list has to be emailed and approved. Regular meetings and stock list reviews are held with the CDC Operational Manager to help keep stock levels at a workable level and help with budget control.
All non-stock items are ordered via e-series by nurses and have to be approved by the manager.

17. Domestics and porter services

Porters and Domestic staff work for Mitie. Porters are available and are contacted via an air call system. Dedicated linen porters top up the linen cupboards in the Imaging department on a daily basis, linen is supplied by synergy.

The CDC Imaging department has a cleaning work schedule documented in a file have a minimum of a daily clean. Toilets are cleaned and bins emptied during the day and units cleaned out of hours. All deep clean, terminal cleans and extra cleaning required is organised via the domestic supervisor.

18. Waste Disposal

Waste management is monitored by the Trust Facilities team. Waste collected on the unit is sorted into coloured bags. Clear for recycling, black for general and yellow for clinical waste. All dirty linen is put into the linen bags provided, any soiled linen is put into a red soluble bag and sealed before then being but inside the general linen bag.
Clinical waste and linen bags are taken out to the clinical waste bins and linen trolleys located outside the department.

19. Policies and Procedures

The CDC Imaging Operational Policy works in conjunction with all other Imaging and WHHT policies. More depth and understanding behind much of this policy can be found in the relevant trust policies. All up-to-date policies can be found on the WHHT Trust intranet.
References

IR(ME)R 2017
IRR-17
WHTH Employers Procedures
WHTH Access Policy
See all other radiology polices on Trust shared “g” drive

Appendix 1 List of WHTH Employers procedures

EP1: Procedure to identify individuals entitled to act as referrer and referral procedure
EP2: Procedure to identify individuals entitled to act as practitioner and duties of the practitioner
EP3: Procedure to identify individuals entitled to act as operator and duties of the operator
EP4: Procedure for operators to authorise examinations
EP5: Procedure to identify correctly the individual to be exposed to ionising radiation
EP6: Procedures for making enquiries of individuals of childbearing age to establish whether the individual is or maybe pregnant
EP7: Procedures to be observed in the case of non-medical imaging exposures
EP8: Procedure to ensure that a quality assurance programme for standard operating procedures and equipment testing is in place
EP9: Procedure for the carrying out and recording of an evaluation for each medical exposure
EP10: Procedure for the assessment of patient dose
EP11: Procedure for medical research involving ionising radiation
EP12: Procedure for the use of diagnostic reference levels (DRLs)
EP13: Procedure to ensure that the probability and magnitude of accidental or unintended doses to patients from radiological practices are reduced so far as reasonably practicable
EP14: Procedure for reporting incidents
EP15: Procedure to establish appropriate dose constraints and guidance for the exposure of carers and comforters
EP16: Procedure for Providing Information on Benefits and Risks of Exposure to Radiation

If you have identified a potential discriminatory impact of this procedural document, please refer it to (Insert name and position) together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact (Insert name and position).
Policy and Procedure Sign-off Sheet

Policy Name and Number: xxxxxx

Version Number and Date: September 2022 **No:** 1

Service Location: CDC

All staff members must sign to confirm they have read and understood this policy.

Name	**Signature**	**Name**	**Signature**

Appendix 2 Policy Ratification Form

Name of Document: CDC Operational Policy **Ratification Date: Sept 2022**

Name of Persons	Job Title	Date
Divisional Support (Direct Line Manager / Matron / Consultant / Divisional Manager)		
Consultation Process (list of stakeholders consulted / staff groups presented to)		
Endorsement By Panel/Group		
Name of Committee	**Chair of Committee**	**Date**

Document Checklist		Yes / No
1.	**Style & Format**	
	Is the title clear and unambiguous?	Yes
	Is the font in Arial?	Yes
	Is the format for the front sheet as per Appendix 1 of the policy framework	Yes
	Has the Trust Logo been added to the Front sheet of the policy?	Yes
	Is it clear whether the document is a guideline, policy, protocol or standard operating procedure?	Yes
2.	**Rationale**	
	Are reasons for development of the document stated?	Yes
3.	**Content**	
	Is there an introduction?	Yes
	Is the objective of the document clear?	Yes
	Does the policy describe how it will be implemented?	Yes
	Are the statements clear and unambiguous?	Yes
	Are definitions included?	Yes
	Are the responsibilities of individuals outlined?	Yes
4.	**Evidence Base**	
	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited?	Yes
	Are supporting documents referenced?	Yes
5.	**Approval**	
	Does the document identify which committee/group will approve it?	Yes
6.	**Review Date**	
	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
7.	**Process to Monitor Compliance and Effectiveness**	
	Are there measurable standards or Key Performance Indicators to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes

Appendix 3 - Equality

Standard Equality Impact Assessment Tool		
Persons likely to be affected by policy change / implementation	Staff	
Are there concerns that the proposed documentation / change could have an adverse impact on:		
Race. Ethnicity, National Origin, Culture, Heritage		*No*
Religion, Faith, Philosophical Belief		*No*
Gender, Marital Status, Pregnancy		*No*
Physical or Learning Disabilities		*No*
Mental Health		*No*
Sexual Orientation / Gender Reassignment		*No*
Age		*No*
Homelessness, Gypsy / Travellers, Refugees / Asylum Seekers		*No*
Please give details of any adverse impact identified:		
If adverse impacts are identified, are these considered justifiable? (Please give reasoning)		
There is unlikely to be an adverse impact on different minority groups		

Name of Person completing Ratification Form	Job Title	Date
Nuala Littlechild	Radiology Services Manager	09/22

Ratification Group/Committee	Chair	Signature	Date
CSS Divisional Board	Martin Keble	Martin Keble	09/22

Appendix X - Equality Impact Statement (EIA)

There are many benefits in conducting an equality impact assessment (EIA) prior to making business decisions about policies, clinical guidelines or any other work that may potentially impact on a wide range of people with protected characteristics. Equality impact assessments should not be seen as an afterthought once decisions have already been made.

Benefits:

- Improved capacity to consider equality, diversity and inclusion as part of business management
- Reduced costs as a result of not having to revisit a policy/project
- Take into account a diverse range of views and needs
- Enhanced reputation as a Trust that is seen to understand and respond positively and proactively to diversity.

Whatever approach you take to an equality impact assessment, case law has established that you should keep an accurate, dated, written record of the steps you have taken to analyse the impact on equality. This will help you to check whether you are complying with the duty and it will be useful if your decisions are challenged.

When completing an equality impact assessment you should consider:

- Treating a person worse than someone else because of a protected characteristic (known as direct discrimination)
- Putting in place a rule or way of doing things that has a worse impact on someone with a protected characteristic than someone without one, when this cannot be objectively justified (known as indirect discrimination)
- Treating a disabled person unfavourably because of something connected with their disability when this cannot be justified (known as discrimination arising from disability)
- Failing to make reasonable adjustments for disabled people.

Equality impact assessment process

Stage 1 (Screening)

This stage provides an opportunity to explore whether the policy decision may have a negative, neutral or positive impact on different groups of people.

- If yes, use the ‘comments’ column to describe what this impact could be.
- If no, outline how have you arrived at this conclusion.
- If unsure use the ‘comments’ column to describe what you need to do to find out.

Stage 2 (Full Assessment)
This should be carried out in compliance with policy HR028 Equality & Human Rights Policy.

Does this policy/guideline affect one group less or more favourably than another on the basis of:				
				Comments
1	Age (younger people & children& older people)		no	
2	Gender (men & women)		no	
3	Race (include gypsies and travellers)		no	
4	Disability (LD, hearing/visual impairment, physical disability, mental illness)		no	
5	Religion/Belief		no	
6	Sexual Orientation (Gay, Lesbian, Bisexual)		no	
7	Gender Re-assignment		no	
8	Marriage & Civil Partnership		no	
9	Pregnancy & Maternity		no	
	Is there any evidence that some groups maybe affected differently?		no	
	Could this document have an impact on other groups not covered by a protected characteristic? (e.g.: low wage earners or carers)		no	
	If '**NO IMPACT'** is identified for any of the above protected characteristics then no further action is required.			
	If '**YES IMPACT**' is identified a full impact assessment should be carried out in compliance with HR028 Equality & Human Rights Policy and linked to this document			

Any other comments: none

Assessment completed by:	*Nuala Littlechild Radiology Services Manager*	Date completed:	17/10/2022

If you have any queries or concerns about completing the EIA form, contact the Trust's Inclusion & Diversity Team at WestHerts.Inclusion@nhs.net

NHS
West Hertfordshire Teaching Hospitals
NHS Trust

Trust Board Meeting
3 November 2022

Title of the paper	**Essential Services Laboratory Business Case**
Agenda Item	**25**
Presenter	**Don Richards – Chief Financial Officer**
Author(s)	**Tim Duggleby – Associate Director Redevelopment Programme**
Purpose	*Please tick the appropriate box* *For approval*: X *For discussion*: *For information*:
Executive Summary	This paper is requesting the approval of the *Enabling and Early Works Business Case for West Hertfordshire Teaching Hospitals (WHTH) - Relocation of Pathology Services* (Attached). The Business Case is seeking £12,136k funding from the New Hospital Programme (NHP) enabling works funding allocation to undertake the works required to relocate the pathology essential services lab (ESL) and mortuary from their current location at Watford General Hospital (WGH) to a new build adjoining the Shrodells building. The work is required to: a. Provide a cleared site to enable construction of the new emergency care hospital at WGH under the acute redevelopment programme; b. Provide the new ESL at Watford as required by the ICS Pathology project; c. Refurbish space at St Albans City Hospital to relocate cellular pathology services from Hemel Hempstead Hospital. To meet both requirements the construction of the ESL must be complete by 31 October 2023 allowing a 4-month commissioning period prior to go live in February 2024. The cellular pathology service move must also be completed by the same date. The business case is being submitted concurrently to the DHSC / NHSI&E Investment Committee on 26 October 2022. Note: 1. £636k funding was allocated to the Trust by NHP in 2021/22 to enable work to start on the access road diversion and ESL design. (Total ask for new funding in 22/23 & 23/24 is therefore £11,500k) 2. Appendices are not attached but are available on request from tim.duggleby@nhs.net.
Trust strategic aims	**Aim 1 Best care** | **Aim 2 Great team** | **Aim 3 Best value** | **Aim 4 Great place**

(please indicate which of the 4 aims is relevant to the subject of the report)	 ***Objectives 1-4***	 ***Objectives 5-8***	 ***Objective 9***	 ***Objective 10-12***
			✓	

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? ☒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?
Previously considered by	

Committee/Group	Date
Great Place Programme Board	12/10/22
Pathology Board	18/10/22
FPC	27 October 2022

Action required	FPC is asked to: • Approve the *Enabling and Early Works Business Case for West Hertfordshire Teaching Hospitals (WHTH) - Relocation of Pathology Services* for submission to the Trust Board on 3 November 2022.

Department of Health & Social Care

OFFICIAL - SENSITIVE

NEW HOSPITAL PROGRAMME

Enabling & Early Works Business Case

West Hertfordshire Teaching Hospitals (WHTH)

Relocation of Pathology Services

WHTH Relocation of Pathology Services

Note: The Latest version of this document is stored in SharePoint. Any prints of this document are uncontrolled.

NHS England and NHS Improvement

NHS

Document Control

Version			
16 06 2022	A01	For internal sign off at Trust Board	Tim Duggleby
07 10 2022	AO2	Update to programme and costs for Investment Committee	Tim Duggleby

Instructions

1. This business case template is to be used for Enabling and Early Work schemes under £15m.
.

   The Short Form Business Case process can only be used as an application process for up to a maximum of £15m gross project cost, per Recognised Scheme.

2. Enabling works can be considered as site preparation works that take place prior to the commencement of the recognised scheme. This could include:

   - Demolition.
   - Site clearance.
   - Tree protection.
   - Diversion and/or disconnection of existing site services.
   - Geotechnical and exploratory ground investigation.
   - Decoupling from existing buildings.
   - Decontamination.
   - Ground improvement and/or compaction.
   - Excavation of known below-ground obstructions.
   - Survey work.
   - Creation of access routes.
   - Perimeter fencing and security provisions.
   - Work to neighbouring buildings.
   - Discharging planning conditions that must be satisfied prior to construction commencing.
   - Historical architectural investigation fieldwork.
   - Access ramps.
   - Signage provisions.
   - Provision of statutory utilities to the site.

   Enabling works often precede 'mobilisation' activities, carried out after the client has selected the contractor, but before works commence on site.

3. For the purposes of the New Hospital Programme, Early Works will be categorised as the following:

   - Provision of an asset, to facilitate the delivery of the Recognised Scheme
   - Land purchase, to facilitate the delivery of the Recognised Scheme

4. This Business Case template is to be accompanied by the following documents / appendices:

   Documentation

   a. Design Pack: Sent under separate cover due to size

   Appendices

   b. Financial Case Tables – Appendix 1

   c. Key Estates Information – Appendix 2

   List of Attachments

Document 1: Cashflow Forecast
Document 2: Planning Consent
Document 3: Detailed Construction Programme (as at June 22)
Document 4: Risk Register (Costed)
Document 5: OB Forms
Document 6: Milestone Programme (Pathology)
Document 7: Master Programme (Enabling Works)
Document 8: Access Road Cost Report (Aug 22)
Document 9: Redevelopment Enabling Works Cost Report (Aug 22)
Document 10: Pathology Tender Report
Document 11: Project Execution Plan
Document 12: GSCI Pathology Team

Enabling Works Capital Investment
Less than £50m

SCHEME DETAILS	
PROJECT DESCRIPTION	
STP/ICS Name	Hertfordshire and West Essex
Lead Organisation for the scheme	West Hertfordshire Teaching Hospitals NHS Trust (WHTH)
Title of the Scheme	WHTH Relocation of Pathology Services
One line descriptor of the scheme	Relocation of pathology services at WHTH to support ICS Pathology Project Reconfiguration of pathology services at West Hertfordshire Teaching Hospitals to support delivery of the ICS Pathology project including new build essential services laboratory and mortuary at Watford General Hospital and refurbishment of existing building to relocate cellular pathology service to St Albans City Hospital
Specific sites for investment	Watford General Hospital & St Albans City Hospital
List the other organisations impacted by this scheme	Hertfordshire and West Essex ICS Hertfordshire Valleys CCG

LEAD ORGANISATION DETAILS	
PROVIDE SENIOR RESPONSIBLE OFFICER (SRO) INFORMATION FOR THE SCHEME	
Title	Chief Financial Officer
Name	Mr Don Richards
Organisation	West Hertfordshire Teaching Hospitals NHS Trust
Office tel.	01923 217549
Mobile tel.	
E-mail	
LEAD COMMISSIONER	
Title	
Name	
Organisation	Hertfordshire Valleys CCG
Office tel.	
Mobile tel.	
E-mail	

CAPITAL EXPENDITURE PROFILE AND FUNDING SOURCE (£'000)									
FUNDING SOURCE	**22/23**	**23/24**	**24/25**	**25/26**	**26/27**	**27/28**	**28/29**	**29/30**	**TOTAL**
Trust Internal Finance	-	-	-	-	-	-	-	-	**-**
Emergency Capital	-	-	-	-	-	-	-	-	**-**
DHSC PDC / NHP	4,268	7,033	199	-	-	-	-	-	**11,500**
Disposals	-	-	-	-	-	-	-	-	**-**
Grants or Donations	-	-	-	-	-	-	-	-	**-**
NHSX	-	-	-	-	-	-	-	-	**-**
Other *(specify)*	-	-	-	-	-	-	-	-	**-**
Total	**4,268**	**7,033**	**199**	**-**	**-**	**-**	**-**	**-**	**11,500**[1]

	BREAKDOWN OF SCHEME CAPITAL COST (using OB Form headings)								
	2021/22 Total £'000	**2022/23 Q1 £'000**	**2022/23 Q2 £'000**	**2022/23 Q3 £'000**	**2022/23 Q4 £'000**	**2022/23 Total £'000**	**2023/24 Total £'000**	**2024/25 Total £'000**	**TOTAL £'000**
Building Cost per OB Form	89	317	31	90	2,851	3,289	6,513	199	10,090
Equipment	-	-	-	-	-	-	-	-	**-**
Fees	546	18	10	90	92	210	120	-	876
Non-Works	1	-	-	-	-	-	-	-	1
Optimism bias	-	-	-	-	-	-	-	-	-
Planning contingency	-	-	13	-	355	368	400	-	768
Inflation Adjustment	-	-	-	134	267	401	-	-	401
VAT	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.	-	**Incl.**
Total	**636**	**335**	**54**	**314**	**3,565**	**4,268**	**7,033**	**199**	**12,136**

	Please provide a narrative based on the costs e.g., tendered costs, PUBSEC indices, cost advisor reports
Please **STATE** the following: 1, PUBSEC Indices used.	Road costs (£532k) outturn cost as work complete. Pathology / mortuary (including utilities upgrade) (£10,848k) tendered price fixed to 15 October 2022. Cellular pathology (£756k) is Stage 0 estimate with allowance for inflation.
2, Basis of the costs: HPCG / benchmark rates from cost advisor / tendered costs / schedules of rates / previously tendered rates.	As above
3, Cost advisor review of the VFM / procurement process.	Costs reviewed by Arcadis, cost consultants for ARP. Procured via Herts Procurement under Trust SFIs.

[1] Note: This excludes £636k spent in 2021/22 and already funded by NHP

BRIEF SCHEME OVERVIEW

Summarise the key dimensions of the scheme in terms of any tangible capital asset to be delivered or enabling works that will de-risk the programme and reduce overall project timescales.

Scheme Type/s	Infrastructure	Y	Demolition	N	Built Asset	Y

Reconfiguration of pathology services at West Hertfordshire Teaching Hospitals (see table below) to support delivery of the ICS Pathology project including new build essential services laboratory and mortuary at Watford General Hospital and refurbishment of existing building to relocate cellular pathology service to St Albans City Hospital

Project Name	Description
Willow House Access Road Diversion	Diversion of current blue light (emergency) access route into Watford General Hospital to create site for construction of new pathology essential services laboratory & mortuary facilities
New Build Pathology Essential Services Laboratory & Mortuary Facilities	Construction of a new modular building (1,484m^2) at Watford General Hospital to house a pathology essential services laboratory and mortuary facilities
Relocate Cellular Pathology	Relocate the current pathology cellular service from Hemel Hempstead Hospital to repurposed existing accommodation at St Albans City Hospital

These works must be delivered by October 2023 to meet the contractual requirements of the ICS Pathology project programme. The works are also an essential pre-requisite for delivery of the Trust Board endorsed preferred option for the development of Watford General Hospital within its Acute Redevelopment Programme; a Cohort 3 (Pathfinder) project within the DH&SC New Hospital Programme.

STRATEGIC CASE

West Hertfordshire Teaching Hospitals Acute Redevelopment Programme

In July 2019 West Hertfordshire Teaching Hospitals NHS Trust (WHTH) submitted a Strategic Outline Case (SOC) identifying the urgent need for investment in its estate supported by a compelling case for change. The case demonstrated the urgent need for change and the strong value for money to be achieved from the investment sought. On this basis the Trust was identified as one of the six major hospital developments to be included in the first phase of 2019 DH&SC Health Infrastructure Plan (HiP1). The Trust is now well advanced in the development of the Outline Business Case (OBC) for its Acute Redevelopment Programme (ARP) and has been selected as a 'pathfinder' project, sitting within Cohort 3 of the New Hospital Programme (NHP).

On 31 May 2022, the Trust Board endorsed the preferred options for development of each of its 3 sites (Watford General Hospital (WGH), Hemel Hempstead Hospital (HHH), and St Albans City Hospital (SACH)).

Throughout the development of the ARP SOC and OBC it has been assumed that successful delivery of the Hertfordshire & West Essex ICS (H&WE ICS) Pathology programme was a key enabler to the wider redevelopment programme, underpinning both the clinical model and design developed to support the preferred option.

In October 2021 WHTH submitted the Redevelopment Enabling Works (REW) business case to the NHP to secure funding for a package of key enabling works that required to be funded and completed prior to approval

of the Full Business Case (FBC) if the planned start date for the main construction date was to be achieved. The business case is under review by NHP, who have informed that Trust that approval is likely to be delayed and is dependent on the outcome of the review of the NHP programme business case. As a result, the driver for one element of REW BC, the relocation of pathology services, is now the ICS pathology project, not the ARP.

Background of the ICS Pathology project

In September 2017 NHS Improvement (NHSI) wrote to all NHS Trusts requesting plans be taken forward to consolidate pathology services into 29 hub and spoke networks of which the NHS hospital Trusts in the Hertfordshire and West Essex integrated care system were initially placed in separate networks. After discussions and collaborations in other clinical areas, the Trusts and CCGs within the Hertfordshire and West Essex system decided to create a joint pathology service that would best meet the needs of the ICS and the future reconfiguration of clinical services.

The Hertfordshire and West Essex ICS Pathology Programme Board was established in 2018, bringing together the following Trusts and CCGs, who will all be pathology services recipients of the final services contract:

- Princess Alexandra Hospital NHS Trust (PAH).
- East and North Hertfordshire NHS Trust (ENHT).
- West Hertfordshire Hospitals NHS Trust (WHHT).
- East and North Hertfordshire CCG (ENHCCG).
- Hertfordshire Valleys CCG (HVCCG); and
- West Essex CCG (WECCG).

The aim of the procurement is to identify a single provider for the delivery of clinical and patient driven pathology services for the Trusts (hospital services) and CCGs (primary care services). It is expected that the selected provider will be able to invest in the reconfiguration of the pathology services to deliver clinical benefits and operational savings over time so supporting the wider sustainability of NHS services.

According to NHSI benchmarks it is expected that the Trusts and CCGs should be able to realise savings in the order of £4.5m to £9m per annum in total across all organisations.

The project is aiming to achieve the following incremental benefits (through complying with the national guidance for a Hub and Spoke or another multisite integrated Pathology solution) from NHSI:

- A high-quality service that is safe and responsive to patient and clinical needs;
- A clinically led integrated pathology service that supports and enhances the strategic development of the Trusts and the HWE healthcare system;
- A service that optimises the use of infrastructure and delivers operational savings through greater efficiency;
- A service that is flexible and responsive to the needs of clinical users;
- Access to capital and best in class pathology operational expertise;
- A service that allows for the introduction of innovation and latest digital technologies; and
- A service that provides best in class training for pathologists, scientific and support staff, as well as other external trainees.2

Each Trust prepared an Outline Business Case (which in the case of PAH and WHHT also included the primary care pathology services for HVCCG and WECCG). Each Trust individually concluded that the option to outsource the combined HWE pathology services to a new provider was most likely to provide the greatest services benefits and Value for Money.

The outsourced pathology procurement route was selected because it has the lowest NPV compared to the other evaluated options.

Once the three Trusts Outline Business Cases (OBCs) were approved by NHSI/E the HWE ICS commenced a joint procurement to select a single supplier for their pathology services.

In late May 2022, following an exhaustive procurement process, a preferred bidder had been identified. The contract is now due to be awarded in October 2022, with full operational services transferred to the new provider by October 2023.

ICS Pathology project estate requirements at WHTH

The pathology service at WHTH is split between two sites, WGH and HHH, with blood clinic and point of care testing undertaken on all 3 Trust sites.

The pathology services building at WGH was opened in 1969 and was assessed to be in condition C in the latest (2018) Six Facet Survey. It has a backlog maintenance lability of over £3.5m, and at 2,200m^2 falls well below the size required by current standards. The building is therefore not fit for purpose.

The building sits at the north-east corner of the redevelopment site identified in the ARP Preferred option, and therefore needs to be vacated and demolished before the main construction phase of the redevelopment programme. To support the original HiP1 programme this would have had to be completed Q1 of 2023. Whilst, under the NHP, the construction start date has slipped, the Trust must have vacated and demolished the pathology building by Mar 2024 to allow the site preparation works to be conducted in Summer 2024 and the main construction phase to start by October 2024.

Under the ICS Pathology project all 'cold' pathology services would be delivered off the acute site at a location to be determined by the successful bidder. It was recognised that there would be a requirement to retain a pathology 'hot' lab at each emergency care hospital. Due to the condition and location of the pathology building at WGH it was recognised that a new essential services laboratory (ESL) would have to be constructed before the 'go live' date for the new contract.

The Pathology ICS project programme is therefore now the determining factor in setting the latest completion date for the ESL. During procurement for ICS wide pathology services bidders were required to submit prices taking into account a draft contract which included obligations for both the bidder and the organisations within the ICS. These obligations included the provision of a new pathology ESL at the WGH site, available for bidders to move into (and commission) from December 2022[3]. Any delays to the timetable would result in a change to the prices and mobilisation period offered in the Best and Final Offer. The bidder would have to alter their transformation plans which would reduce the time available for a bidder to recoup its return on investment.

[3] Clarifications during the Tender process has resulted in this date being extended to October 2023.

In addition, a delay would result in the Trust bearing the cost of a move from the existing laboratory and, depending on the length of the delay, potentially provide new equipment. The cost and logistics involved are significant when making such a move and would impact on Trust operations. Equipment would have to be taken out of use, moved, recommissioned and test results revalidated before the new build space becomes operational. The contract had assumed the new ESL would be equipped with new analysers (by the bidder), commissioned, and results validated before the new operator assumed responsibility for the service.

In addition, a delay in provision of the ESL at WGH could have additional knock-on effects to the ICS due to delays in other organisations transformation. Bidders have been asked to focus on the WHTH transformation first if there are limited resources. This would create a significant cost burden to East and North Herts Trust (ENHT) who pay a significant premium over market rates for their pathology service from Cambridge University Hospitals Trust.

Currently pathology services are also delivered from the HHH site. Although the majority are 'cold services' and will relocate offsite under the ICS Pathology project, the Trust has determined that the cellular pathology service should remain on a Trust site. There are significant clinical advantages in the service being delivered from the Trust surgical and cancer planned care site at SACH. In addition, under the Trust's redevelopment plan its current location at HHH is required to support the development of the integrated planned medicine service at HHH. To avoid relocation costs (as for the ESL at WGH) this move should also be completed by December 2023.

Objective & Critical Success Factors

The objective of this enabling works project is to ensure the estate provided for the delivery of pathology services at WHTH is aligned with the requirements of the Pathology ICS project and the Trust's ARP.

The following critical success factors have been identified:

- Pathology services relocated to new locations by Pathology ICS 'go live' date
- Pathology building at WGH vacated 12 months before ARP main construction start date
- Contract awarded for construction of ESL at WGH within tender fixed price window
- Ambulance access road diversion completed before ESL construction starts
- Planned pathology works must not be dependent on OBC option selection
- Works must not impact on BAU activities at Trust

Impact of Delaying Work

To achieve the programme required by the Pathology ICS project programme funding must be authorised by 28 October 2022 in order to allow formal dialogue with the bidder to recommence, and the contract for the construction of the ESL awarded by 11 November 2022[4].

A delay to awarding the ESL contract will result in:

- Delay in delivery of financial benefits identified in Pathology ICS project BC.
- Increased cost of ESL construction due to exceedingly high current rate of inflation
- Increased risk that contractor withdraws bid, causing significant delay and increased cost

[4] The deferral of the IC decision to 26 October 2022 has caused a further 2 weeks slippage in the project programme. The BC programmes and cashflows have not been amended to reflect this delay. The project team will attempt to recover this lost time during the planned dialogue with the contractor during period 31 October – 10 November 2022.

A delay in completing the ESL or cellular pathology work beyond October 2023 could result in:

- Trust incurring costs of maintaining existing services in current locations
- Trust incurring relocation and commissioning costs as services move to new location
- New supplier seeks compensation for delivering new service with old equipment
- Delay to demolition of pathology building at WGH, potentially delaying start of construction of new hospital at WGH

Delaying the works identified in this BC until either the REW BC or ARP OBC is approved would:

- Delay delivery of financial benefits identified in Pathology ICS project BC.
- Significant increased cost of ESL construction due to exceedingly high current rate of inflation
- Delay the construction start date for the ARP new hospital build at WGH, increasing cost

Clinical Functional Content & Design Compliance

The ICS Pathology Project business case provides a detailed analysis of the pathology service required across the ICS. Services were divided into 'hot' and 'cold' pathology, the former to be delivered from an ESL on each of the emergency sites (WGH for WHTH), the latter at an offsite location to be determined by the supplier.

The size of the ESL was limited to that required to deliver the 'hot pathology' services required at the emergency hospital site. The design was then undertaken based on the HBN, with derogations limited to those required by the building layout.

BC Endorsement

The REW BC was approved by the WHTH Trust Board on 7 October 2021. Progress updates have been provided monthly through the Great Place Programme Board.

A letter of support for the REW BC was provided by H&WE ICS dated 5 October 2021 (attached).

Relationship to other Business Cases

All options being considered for the ARP OBC (except the BAU and Do Minimum) require the relocation of pathology services from its current location in order to prepare a cleared site for construction of the new hospital.

The ICS Pathology Project OBC confirms the requirement for a new ESL to be provided at WGH. The resultant tender documentation for the bidders states that the ESL will be available in a timeframe that would allow the successful bidder to equip and commission services from the ESL by the 'go live' date.

ECONOMIC CASE

Approach

The package of works set out in this business case are indistinguishable across the options assessed in the ARP OBC whilst under the Pathology ICS project BC the focus of review has been on the consolidated off-site 'cold' pathology service. Therefore, as an enabling project the approach to assess its economic viability is to assess a different timing of delivery or procurement route. Considerations has been given to progressing with contract award backed with funding approval, delay funding beyond the tender award deadline, engage a private operator for the design, build, finance and/or operate or no funding approval to proceed.

Option 1: Project funding is not approved

As an enabler to the ICS Pathology consolidation as well as the ARP, if this case is not approved for funding, there would be no immediate requirement to relocate the pathology 'hot' services or mortuary from the current buildings. Any costs associated with the construction of the interim hot lab and mortuary would be sunk cost. On completion of the 'cold' site pathology, the services remaining on site would require less than 50% of the current building, which is beyond its design life and has significant backlog maintenance liabilities. There would be a cost to repurpose the vacant space for any other use. To ensure clinical activity on the site remains compliant to minimum standards and is safe, a major redevelopment must be implemented with the next 10 years. Furthermore, the planned reconfiguration of planned medical services at Hemel Hempstead Hospital would be placed on hold and the associated land disposal halted.

This option does not meet the objectives of an ESL facility that would align to the requirements of the Pathology ICS project and the Trust's ARP.

Option 2: Delay funding of ESL at WGH

A delay in funding approval may cause a ripple of disruptions to almost every key aspect of the ICS Pathology programme and including the ARP. As outlined in the previous section this would greatly affect the progression of the ESL contract award, slippage to works on-site and potential contractual penalties from supplier. There are also risks to patient safety as ESL timeline is misaligned with the transitioning to a 'cold' site creating capacity challenges for the emergency and critical services at WGH. Additionally, the delay would diminish the expected benefits assessed from early works in both the Pathology ICS project BC and ARP OBC.

Although this option aligns with the objectives for the ESL facilities it fails to satisfy the critical success factors around ICS pathology go-live date and ESL contract award within fixed-price.

Option 3: Private Operator of ESL at WGH

Consideration was given to the use of private financing by way of engaging an independent supplier to design, build and finance the project. However, current Treasury funding policies discourages the commitment to any form or structure of private financing for public sector works. This alternative approach maintains the same benefits as that identified in both the Pathology ICS project BC and ARP OBC, however, it carries with it potentially significant financial and regulatory risks.

This option has already been ruled out in both the Pathology ICS project BC and ARP OBC as non-compliant with regulatory policies and therefore not considered for evaluation.

Option 4: Relocation aligned to ICS Pathology timeline

The preferred way forward in the Pathology ICS project BC propose some services remain on the emergency site while the remainder across the sector are consolidated in a single off-site location. The inter-dependency of this operating model is critical for the timely and successful delivery of the programme and maximisation of its benefits. The incremental benefits are outlined in the previous section and valuation estimates indicate about £42m over 15 years would accrue to the ICS of which WHTH is expected to earn approximately 13%. The key risks to the programme under this route centres around funding availability and programme approval delays with all the incidental financial consequences.

The early works proposed in this option meets the objectives and critical success factors outlined in this business case.

Tendering progress and offer

This programme of works currently estimated at £12,136k consists of three key elements:

- Construction of the new Pathology & Mortuary Unit - ESL
- Construction of the new ED access road
- Creation of the Cellular Pathology Lab

The procurement process is nearly complete as offers have been awarded for the construction of the Pathology Unit and ED access road diversion which represents 90% of the total capital requirement. The remaining scheme (cellular pathology relocation) is progressing through the design phase and expected to be subjected to similar competitive tendering with detailed evaluation to demonstrate value for money.

- The Pathology & Mortuary Building has been tendered on a stage 4 design and build contract. A good market response was received and fully evaluated. Although scored on cost and quality the winning bidder was the lowest cost. Due to the market uncertainty at the point of tender, agreed inflation rates were introduced. These rates of inflation have been honoured by the contractor through the stage 4 design stage increasing the cost of the project by 2.5% after the fixed three-month period then by 1% each month. At the point of writing this document 631k has been applied to date, this figure is increasing by £57k per month (£684k annual equivalent) until we are able to sign contracts and commence the construction phase of the project. The scope of this project has been expanded to incorporate the utilities upgrade, originally treated as a separate project.

  In order to align with the September 2023 completion of the ICS Pathology the Trust has to award contract by 24th June 2022 to deliver the ESL within the following 15-month period. If the facility is not available at this time the winning outsourcing provider will need to commence in our existing facility which will result in increased costs once the new unit comes online.

- The construction of the new ED Access Road has been fully tendered. Response to this tender was low mostly driven by the uncertainty surrounding material costs and the perceived significant contractor risk associated with it. The winning tender was therefore analysed against market rates by Trust's cost advisors and deemed to be below market expectation.

- The Cellular Pathology element of this project is in the design phase as well where options appraisals have been undertaken and reviewed to ensure the best solution. Once this scheme receives funding a full tender process will be undertaken.

In summary the proposed early works (Option 4) for constructing the ESL facility and associated works meets the objectives and critical success factors set out in the strategic case, as well as driving the achievement of the maximum benefits of the ICS Pathology programme. Based on the solution in this option, the Trust has requested bids for construction, and completed awards for the significant elements (94%) of this project subject to funding approval and contracts to commence.

FINANCIAL CASE

Capital cost and funding

The capital funding requirement for the preferred option are £12,136k. Capital funding will come from the NHP in the form of Public Dividend Capital (PDC).

The latest capital cost estimates for this option total £12,136k (including VAT and inflation) phased over the financial years 2021/22 to 2024/25, which varies from the previous REW BC estimates by £44k, a reduction arising from the net effect of cost savings on the road and the inflationary uplift to pathology ESL contract. With the exception of the Cellular Pathology Relocation the current forecasts are based on tendered prices of which £636k was funded by the NHP and spent in the previous financial year – 2021/22 – in order to enable the scheme to remain on programme as an enabler to both the ICS Pathology and ARP.

Detailed phasing of the construction costs was provided by GSCI consultants, the Trust's programme management consultants. The design and build changes would be developed to ensure minimum disruption to patient service provision and facilities. The latest capital forecasts for the preferred option are shown below:

Scope	Project	Total	21/22	22/23	23/24	24/25
		£000s	£000s	£000s	£000s	£000s
Pathology relocation	Access road diversion	532	147	374	11	
	Pathology ESL & mortuary incl utilities upgrade	10,848	489	3,138	7,022	199
	Cellular pathology relocation	756	0	756	0	0
Pathology capital cost including inflation & VAT		**12,136**	**636**	**4,268**	**7,033**	**199**

Note: Casflow requirements forecast for 24/25 is retention and will be accrued in 23/24.

The elemental cost breakdown is shown at the start of this document and further details by scheme provided on OB forms attached as appendix 3. The assumptions made to the forecasts include:

- Departmental costs for the Pathology building and Road Diversion are based on fully tendered contractor prices which make up 94% of the total capital ask. The remaining schemes are pre-tender estimates subject to open market tendering once funding approval is granted.
- Fees for the tendered schemes are fairly established and amount to 7.2% of the total capital cost. These will continually be refined as progression is made on the other schemes at design stages and the procurement approaches are established.
- The level of risk at this stage of the development is typically low however a prudent allowance has been factored into the capital estimates, and particularly to manage the pressures accruing from delaying contract award. Planning contingency of £768k has been allowed in the latest forecasts.
- Inflation has been priced by the tendered contractor and any delays to the above programme will incur a pre-determined monthly inflation value of £57k, included in the project risk allowance.

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14

Revenue impact

The table below shows the incremental revenue impact of the investment as an annual pressure although this does not account for the benefits accrued from the ARP BC.

Incremental SOCI	FY24	FY25	FY26	FY27	FY28	FY29	FY30	FY31	FY32
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
Savings on building running costs	106	148	154	160	167	174	181	188	196
Share of ICS Pathology savings	316	440	460	480	501	523	546	570	596
Net savings	423	588	613	640	668	697	727	758	791
Depreciation	(398)	(405)	(405)	(405)	(405)	(405)	(405)	(405)	(405)
PDC dividend expense	(1,001)	(1,393)	(1,163)	(963)	(790)	(639)	(509)	(396)	(298)
Capital charges	(1,399)	(1,798)	(1,568)	(1,368)	(1,194)	(1,044)	(913)	(801)	(703)
Net revenue cost	(976)	(1,210)	(954)	(728)	(526)	(347)	(186)	(42)	89

- Building running costs comprises of facilities services and utilities which are scaled for each building facility. The estimates assume that the preferred case will result in a relatively lower space usage to the BAU and therefore cost savings will accrue under this case. The savings value is estimated at £361k annually at current prices.
- Cash releasing savings estimated from the ICS pathology assumes £42m over 15 years from which WHTH share is around 13% plus Trust specific savings amounts to £387k annually at current prices and before activity growth impact.
- Depreciation charges reflect the systematic cost allocation of the asset value over their assumed economic life of 30 years.
- The dividend charge is calculated at 3.5% (annual rate set by HM Treasury) on the average relevant net assets of the Trust during each financial year which includes the investment of £12,180k.
- Excluded from the above impact analysis are the benefits to be derived from the ARP BC which are is not practical to isolate Pathology's share as they form part of a larger interrelated clinical benefits driven by pathways across different care settings. The cash benefits from the ARP BC phases from 2027/28 to full realisation in 2031/32 at £31.3m

Accounting treatment

The development consists of buildings and associated engineering works for which has been assigned an asset life of 30 years advised by internal experts based on similar modular builds. The property asset is assumed to be wholly owned by the Trust on completion and depreciated over its economic life from the period of commissioning the facility.

In accordance with DHSC accounting manual the asset will be assessed for impairment from the start of its operational use, however, this has not been factored into the calculations at this stage as the wider ARP includes other construction that would be assessed together as a portfolio of completed and dependent works.

VAT treatment

VAT was added at the prevailing standard rate (20%). Preliminary advise has been sought from CRS VAT on each of the capital schemes which among other considerations have supported the full recovery of VAT on professional fees element of each scheme. They have also advised that recovery can be achieved on the construction elements of the Diversion Road at 20%, and Cellular Pathology at 40%, representing the rate for refurbishment of existing estate. As the testing services housed in the new Pathology building is outsourced to a third-party provider the CRS VAT initial assessment suggest a full recovery on the construction VAT for the Pathology element is allowed.

However, following a more detailed review of the opportunity to recover VAT the advisor has recommended a more cautious approach. As the new building is connected to the existing hospital, the VAT approach must be consistent approach with that taken for other businesses operating across the hospital. The business case therefore assumes VAT recovery will be limited to fees and the 20% identified for the access road, as shown in table below:

Element	Total excl VAT	VAT	VAT Recovery	OB (Rev B)	
Roads	£ 465,684	£ 93,137	£ 26,931	£ 531,890	
Pathology/Mortuary	£ 8,669,800	£ 1,733,960	£ 49,600	£ 10,354,160	
Cellular Pathology	£ 640,000	£ 128,000	£ 12,000	£ 756,000	
Utilities	£ -	£ -	£ -	£ -	
	£ 9,775,484	**£ 1,955,097**	**£ 88,531**	**£ 11,642,050**	*
Excludes spend to date on Pathology fees				£ 494,000	
				£ 12,136,050	

TECHNICAL ASSURANCE

Section 1: Project Planning and Delivery

Delivery project plan and capacity

The design and deliverability status of the three components of the status of the WHTH Relocation of Pathology Services is summarised in the table below.

Project	Value (£k) Inc VAT & inflation	Design status	Design compliance	Planning status	Level of confidence in Cost	Overall level of delivery risk[1]	Design suitability
Access road diversion	532	Stage 4 design complete	Relevant codes	Approved	Works completed to budget	Works completed	High
ESL / mortuary	10,848	Stage 4 design complete	HBN with limited derogations	Approved	Tendered price	Low	High
Cellular pathology relocation	756	Stage 1 design	HBN with limited derogations	Not required	Estimated price	Medium	High

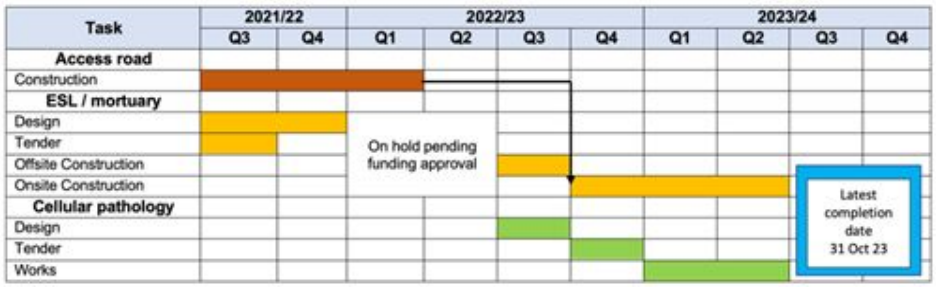
Note 1: Based on approval to proceed being given by 15 October 2022

Design status

94% by value of the planned works have a signed off RIBA Stage 4 design. The remaining 6% relates to refurbishment of the current estate to relocate the cellular pathology service. A feasibility study has been completed to confirm the size and suitability of the proposed location. Detailed design will be completed by October 2022. Copies of the Stage 4 design packs for the access road and ESL/mortuary have been provided as attachments to the BC.

Project programme

A high-level programme for the proposed works is provided below. The programme clearly demonstrates the need to secure approval to award the ESL contract by 15 October 2022 if the ICS Pathology project 'go live' date of October 2023 is to be achieved. A more detailed project programme is provided at Annex A



Design compliance

All works are to be designed to the relevant standard. The ESL / mortuary clinical facilities are designed to comply with HBN 15 - *Facilities for pathology services* and HBN 20 - *Facilities for mortuary and post-mortem services*. The Schedule of Accommodation has been agreed with the service lead (pathology service manage, mortuary manager and clinical leads. The Stage 3 designs are signed off by the Trust H&S, fire, security, Infection prevention and control and FM leads, and Stage 4 designs will be signed off prior to contract award. No derogations have been made against building standards or the HBN technical requirements.

Following the appointment of the preferred bidder for the ICS Pathology project a full review of the Stage 4 Design will be completed to determine if any derogations are required as a result of the specific equipment and operating procedures to be adopted.

Planning status

Planning approval has been granted for the new access road and ESL/mortuary building. Planning consent is not required from the refurbishment works required to relocate cellular pathology. Copies of the document are provided as an attachment.

Cost Certainty

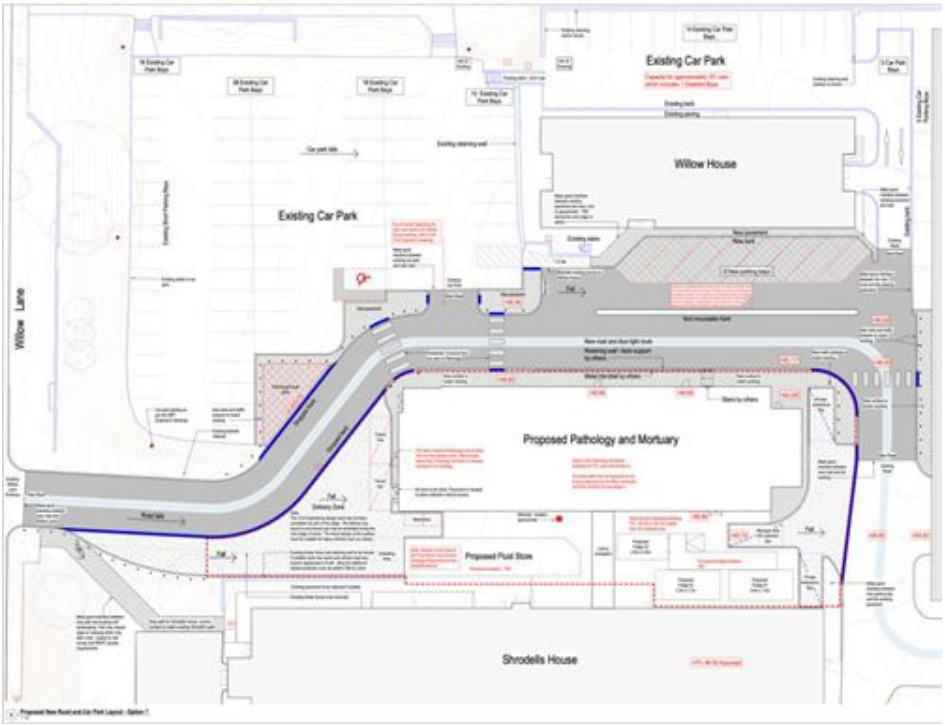
The access road construction work is now complete and outturn costs are as reflected in the business case.

Provided the contract for the ESL can be awarded by 31 October 2022 the Trust has a very high level of confidence in the costs provided for the ESL/mortuary building, as the first is based on a Fixed contract price and the latter on a tendered price which has been confirmed with the supplier within the last 28 days. However, if the contract award is delayed beyond 31 October 2022 the Tender price could be subject to an additional inflation uplift, which in the current economic climate could be significant.

The cost for the cellular pathology relocation in an estimate provided by the Trust Capital Projects team, who have considerable experience at delivering similar scale projects across the Trust estate. OB Forms are available for the access road and ESL/mortuary projects. OB Forms will be produced for the cellular pathology relocation when the Stage 1 design is complete.

Delivery risk

Access road diversion:
Work complete.



Site Plan showing new Access Road

ESL / Mortuary:
Contractor selected following compliant tender process. Appointed under pre-contract services agreement to complete Stage 4 Design, minimising risk to programme and ensuring design compatibility. Dialogue with contractor within last 28 days has confirmed price, programme, and confidence in sub-contractor/supply chain availability. However, if contract is not awarded by 31 October 2022 the contractor can review programme and price.

Cellular pathology relocation:
Trust Capital Projects Team will deliver this. Refurbishment work always carries a greater delivery risk, but Team has considerable experience of similar work on the SACH estate and have completed a feasibility study to provide programme and cost estimate. A delay to the move of cellular pathology from HHH to SACH is a much lower risk to the overall ICS Pathology project than a delay to the availability of the new build ESL/mortuary building.

The main delivery risk to all capital projects is currently the delays in the supply chain, which is currently creating programme delays of up to 6 months, particularly where specialist or IT equipment is required. On other projects we are experiencing a knock-on effect on sub-contractors, with several going out of business due to their inability to source supplies to meet contracted commitments. We are continuing to monitor the situation and have access to a strong pool of local suppliers who have worked at the Trust in recent times.

Design suitability

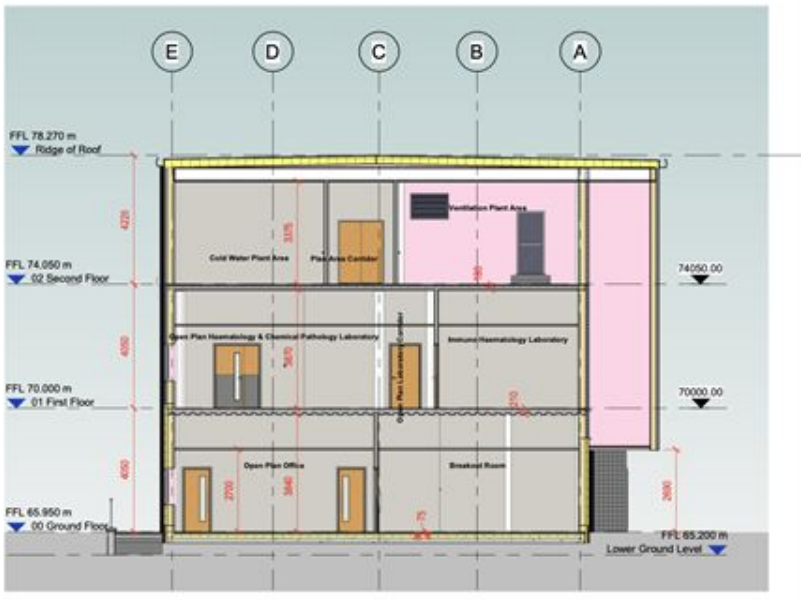
Access road diversion. As stated in the Strategic Case the ESL must remain on the WGH site but must be relocated from its current location as the building has to be demolished to create the building platform for the new emergency care hospital. The WGH site is very congested with only two viable options for the ESL that could provide connectivity with the current hospital clinical areas. The chosen option, adjacent to the Shrodells building, provided better value for money, lower risk and did not impact on the future development of the site under the ARP preferred option or proposed relocation to the WGH site of the Mount Vernon Cancer Centre. The site did require the relocation of the ambulance (blue light) route within the hospital site. The new route was designed in consultation with the ambulance service, Chief Operations Officer, ED clinicians and Emergency Planning Officer. The programme has been developed and work phased to ensure unrestricted ambulance access to the Trust ED throughout the project. All the works are on Trust owned land and do not impact on the entrance/exit to the public highway.

ESL / Mortuary. It is not possible to relocate either the ESL or mortuary into any existing buildings on the WGH site. A new build was therefore the only option available. As space on the site is at a premium it was also necessary to co-locate the ESL and mortuary into a single building, keeping as low a footprint as practicable in order to minimise the work required to divert the ambulance access road. The building has been designed for full compliance with HBN 15 - *Facilities for pathology services* and HBN 20 - *Facilities for mortuary and post-mortem services*. The design team have consulted the service users throughout the design development phase, including full sign-off of the RIBA Stage 3 design prior to issue of the tender documentation. In addition to engagement with the WHTH team, comments were sought from the bidders for the ICS Pathology project to ensure the new build was compatible with the equipment they planned to instal. The design team has now confirmed the Stage 4 design is aligned with the requirements of the preferred bidder.

Pathology ESL / Mortuary Building - Elevation


A
B
C
D
E
FFL 78.270 m
Ridge of Roof
FFL 74.050 m
02 Second Floor
FFL 70.000 m
01 First Floor
FFL 65.950 m
00 Ground Floor
74050.00
70000.00
Ventilation Plant Area
Plant Area Corridor
Hg / HWS Plant Area
Open Plan Haematology & Chemical Pathology Laboratory
Open Plant Laboratory Corridor
Fridge & Annex Zone
Office
Viewing Room
Visitor Waiting Room

1 Section C-C


E
D
C
B
A
FFL 78.270 m
Ridge of Roof
FFL 74.050 m
02 Second Floor
FFL 70.000 m
01 First Floor
FFL 65.950 m
00 Ground Floor
FFL 65.200 m
Lower Ground Level
74050.00
70000.00
Cold Water Plant Area
Plant Area Corridor
Ventilation Plant Area
Open Plan Haematology & Chemical Pathology Laboratory
Open Plan Laboratory Corridor
Immuno Haematology Laboratory
Open Plan Office
Breakout Room

Cellular pathology relocation. Although the cellular pathology is a like to like relocation of service, the refurbishment will be designed in accordance with HBN 15 - *Facilities for pathology services,* although some level of derogation will be required to confirm to the layout of the building. The final design will be signed off by the users, fire, security, infection control, building control, health & safety, and FM officers.

Land Acquisition and Disposals

There are no land acquisitions or disposals associated with the WHTH Relocation of Pathology Services project.

Much greater detail on the options considered and the evidence to substantiate the solution proposed in line with RIBA levels. Evidence will be required that the preferred option can deliver the benefits required including addressing condition, utilisation, estate rationalisation and efficiencies. Where appropriate, a feasibility study including an options appraisal should demonstrate the viability, deliverability and justification of the proposed project. Information will also be required as to how applicants propose to consider net zero carbon targets and sustainability in their projects.

Section 2: Suitability of the Solution

Design Pack

Detailed project designs have been provided to the regulators, but are not attached to this business case due to size.

Sustainability and Net Zero

Access Road

Unfortunately, it has not been possible to provide a net zero solution to the access road design and construction, due primarily to the overriding requirement to maintain unrestricted 'blue light' access to ED throughout the construction phase. There was limited opportunity to reuse existing materials during construction of the new road. The contract does, however, ensure the contractor complies with the wider requirements on reuse of materials. The design provides an enhanced drainage solution, installed to negate flood risk. The installation of this solution rectifies a long-standing issue in this area of the site.

ESL / Mortuary

The preferred option for the development of a new emergency care hospital on the WGH site will deliver a net zero carbon solution, replacing the current carbon hungry solution based on very old boiler house and steam district heating system. A new energy centre will use a combination of ground and air source heat pumps to deliver a net zero operational carbon solution. The ESL / mortuary building will not be connected to the current steam system but will operate from an electrical supply which will transfer to the new energy centre under the ARP programme.

Space efficiency has been key throughout the feasibility and design phase of the project. As part of design development, the Trust has reduced the size of the building from the initial 2,100m2 required to 1,600m2. This has been undertaken through carefully planned workshops with users and engineering teams. Building efficiency has been key for site positioning and performance efficiency.

The design of the unit has followed the guidance set out in HBN 15 - Facilities for pathology services. This requirement was embedded in the design & build contract, and the standards required fully met in the Stage 4 Design. To achieve maximum space efficiency it has not been possible to standardise much of the design. The design and build solution proposed makes the most efficient use of the available space and significant effort has been expended to conform with materials throughout the wider site. Standardisation such as light fittings and plumbing aspects have been consistent with the main site to reduce ongoing maintenance cost and the requirement for site wide over stocking.

As a new build structure, the design has complied with Approved Document L2A 2013 edition and have incorporated 2016 amendments achieving compliance with guidelines set down for the conservation of fuel and power. Alongside this part of the tender evaluation has been scored against the contractor's response to constructing the unit using sustainable methods.

Due to the space efficiency of the building and its location, there are no opportunities to include a renewable energy solution for this small development. As outlined above, the ARP preferred option will deliver a net zero carbon energy solution based on the latest renewable energy technology. Details are included in the ARP Stage 1 design pack, which is available on the Trust website, and has been circulated to the NHP.

Cellular Pathology relocation

The design will include opportunities to improve building efficiency as part of the refurbishment. It will also address backlog maintenance liabilities in the refurbished area.

Flexibility for future development

As part of the ARP OBC WHTH has produced a 15-year Development Control Plan (DCP) for the WGH site. The DCP confirms that the works proposed in this BC do not impact on the future development of the site, specifically:

- Construction of a new emergency care hospital with a GIA of up to 120,000m^2.
- Potential construction of a new hospital to relocate the current Mt Vernon Cancer Centre (GIA up to 30,000m^2)
- Future flexibility for expansion (GIA up to 25,000m^2)
- Construction of a new energy centre

COMMERCIAL CASE

Scope

The BC includes three project streams: Access Road Diversion, Pathology ESL & Mortuary, and Cellular Pathology Relocation. This commercial case provides supporting documentation and narrative on how the procurement process is being conducted and the delivery programme.

Access road diversion. The Road Diversion project is an enabling project for construction of the new pathology ESL & mortuary building. To provide the required connectivity with the current hospital the new building will be connected to the main hospital internal corridor adjacent to the Shrodells building, This requires the diversion of the current ambulance (blue light) route from Willow Lane into the ED department. The diverted route is entirely on hospital land and does not impact on the connection to the public road (Willow Lane). The entire diversion is through an existing staff car park, for which replacement places are available following the opening of the new multi-storey car park (MSCP) in April 2022. As the road diversion was on the critical path for construction of the Pathology ESL/mortuary, and had to be completed by end April 2022 to remain on programme, construction work commenced at risk in January 2022. The access road work has been completed and the road is in use. Full details of the scope and design of the road are provided as an attachment.

Pathology ESL / mortuary. The new four storey (1,484m^2) pathology ESL / mortuary building is required, both to create the 'cleared site' for the main construction phase of the ARP, and to meet the Trust's contractual obligations under the ICS Pathology project. FATKIN were appointed by the Trust to undertake the RIBA Stage 3 design required to support the tendering process. The procurement process identified Western as the preferred supplier, nominated following compliant tendering process, To maintain programme they were appointed under a pre-construction services agreement (PCSA) to complete the RIBA Stage 4. Full details of the scope and design of the of the pathology essential services lab and mortuary building are provided as an attachment. Upgrades of the existing utilities will be undertaken to provide a robust supply to the new building. Unlike the main hospital site, which is supplied by a 'fragile' steam-fed district heating system, the new building will be fed by an electric supply. This will enable it to be connected to the new net-zero compliant energy centre being provided as part of the ARP. Construction of the new building must be completed by end October 2022 to meet the contractually binding timeline for the ICS Pathology project.

Cellular pathology relocation. This service is currently provided at HHH. The ARP clinical model requires the service to be relocated to SACH. This move provides vacant space in the Verulam building at HHH, enabling the consolidation of services from across the site into a single refurbished building, supporting development of the integrated planned medicine service at HHH, and providing the potential to release surplus land to support the wider Hemel Hempstead town centre regeneration. To maximise the cost releasing benefits to be achieved from the ICS Pathology project the move must be completed by October 2023. Design will be completed by December 2022.

Procurement route

All works are being procured by the Trust Capital Projects team through the Hertfordshire Procurement portal and is fully compliant to Trust Standing Financial Instructions.

This process has been used successfully over the last 10 years to procure capital projects valued between £250k and £10m, including: New MRI / CT unit at WGH (c£2.5m), endoscopy unit upgrade at WGH (c£2.0m), theatre development at WGH (c£9m), temporary surge wards at WGH (4 projects in range £1m - £3m), new orthopaedics unit at SACH (£1.4m). All these projects were subject to the Trust's governance and audit procedures.

The procurement routes used for the individual projects is outlined below:

Access Road Diversion.

Design: Initially awarded as a variation to the ARP architect-led design team contract. Covid-related challenges resulted in the work being re-assigned as a direct award to FATKIN, who were already working for the Trust on the design of the access road for the MSCP, in order to meet the tight project programme.

Works contract: Awarded following a compliant competitive tender. The tender price was significantly lower than the pre-tender estimate provided by cost consultants Arcadis based on a national cost database. The availability of surplus capacity locally for the project construction window, due to the effect of Covid 19, enabled the Trust to secure an advantageous price, well below the PTE.

Project Management: GSCI are contracted to the Trust to provide a project management and cost consultancy service to the Trust capital projects team. They are directly accountable to the Head of Capital Projects, who is in turn accountable to the Trust Board through the Director of Environment.

The Access Road Diversion project is on the critical path for the enabling works programme. The Trust has therefore progressed the design and tender process at risk, as failure to do so would have resulted in a delay to the overall programme and failure to meet the October 2023 deadline for completion of the ESL / mortuary. This project was tendered, supplier selected and work completed in accordance with Trust SFIs, with appropriate authorisation to re-assign the design contract due to Covid 19 pressures. Due to the high priority attached to this work, and in order to maintain programme, the work was initially funded at risk from Trust internal capital. This required delays to elements of the backlog maintenance programme. In late 21/22 additional funding was released from the NHP to cover the cost of the access road works in 21/22, allowing the Trust internal capital to be re-assigned. The work undertaken in 22/23 has again been funded 'at risk' from the Trust internal capital, pending approval of this business case. The latest cost report for the Access Road is attached. The forecasted cost for this project is £531.980. As the work is complete there is no requirement to make provision for inflation.

VAT recovery is based on professional fees being 100% recoverable, and as per advice from a VAT advisor 20% recovery has been calculated for the road alteration works. This is based on the latest advice provided by the Trust VAT consultant, CRS.

Pathology ESL / Mortuary.

Design: RIBA stage 3 design. Initially awarded as a variation to the ARP architect-led design team contract. Covid-related challenges resulted in the work being re-assigned as a direct award to FATKIN, who were already working for the Trust on the design of the MSCP, in order to meet the tight project programme. RIBA Stage 4 design. Awarded to preferred supplier (Western) under a pre-construction services agreement (PCSA).

Works contract: Awarded following a compliant competitive tender. Copy of Tender report provided as attachment.

Project Management: GSCI are contracted to the Trust to provide a project management and cost consultancy service to the Trust capital projects team. They are directly accountable to the Head of Capital Projects, who is in turn accountable to the Trust Board through the Director of Environment.

This project has been fully tendered as a two stage Design & Build contract, and the preferred supplier was selected in September 2021 based on scoring best in both quality and cost during the tender evaluation. However, the Trust was unable to enter into a full contract until funding was assured. In October 2021 the Redevelopment Enabling Works (REW) BC was submitted to NHP / NHSI&E for approval of the REW BC to secure the funding to award the contract. At the time (October 2021) the

ICS Pathology programme required the pathology ESL building at WGH to be completed by February 2023, and commissioned by May 2023. To meet this programme, and following approval from the Trust's Great Place Programme Board[5], the preferred supplier (Western) were engaged under a pre-construction services agreement (PCSA) to deliver the RIBA Stage 4 design, anticipating a construction start date of April 2022. The preferred supplier for the ICS Pathology project has now been identified, and the FBC will shortly be submitted for approval. The revised programme for the ICS Pathology project now requires the pathology ESL building to be completed by October 2023, and commissioned by February 2024. This now aligns with the ARP, which requires the existing pathology building to be vacated by December 2023 and demolished by April 2024

When the tender was levelled, the contractor's provided a rate of inflation, which in this case is 1%, or £57.3K per month. As each month passes that the construction contract is not signed, this cost is being funded from the contingency. Further details of this and the full tender process are included within the enclosed tender report. The Trust has remained in dialogue with the Western over the last 10 months, receiving verbal assurance each month that they remain committed to the tender bid and work programme. Formal dialogue between the Trust and Western can only commence when funding is assured. The longer the period between the tender process and the contract award the greater the risk the contractor will seek to increase the bid price to cover the 'exceptional' circumstances faced by the market at the current time.

The OB forms are completed and attached, reflecting the latest forecasts from the cost report. As the contractor has priced in the inflation and we have a set forecast for future inflation, a separate calculation has not been completed. Equipment is either to be relocated from the existing Pathology department or will be provided by the provider of the new pathology service. The project is not currently responsible for equipment costs but would be responsible for costs associated with 'double running' and relocation if the construction of the ESL / mortuary is not completed by October 2023.

Originally a high rate of VAT recovery had been anticipated for this project. However, a recent reassessment by the Trust's VAT advisor (CRS) has recommended a reduction in the likely recovery level. As the new building will be permanently attached to an existing hospital building, the Trust has been advised that the approach to VAT must be consistent across the whole of the building. The Trust will therefore only seek to recover VAT on 100% of professional fees. This position will be re-assessed on completion of the work.

This work has a budget of £10,848,135 incl VAT and inflation and the current forecast of the same value. The forecast includes the remaining optimism bias / contingency of £1,155,973, which includes the provision for inflation. Once funding has been approved the Trust will re-commence dialogue with the contractor to confirm the fixed price for delivery of the works, and amend the OB form accordingly. Given the uncertainty within the market it is recommended that this high level of full contingency is held until the construction contract has been executed.

The project includes £250K (incl. VAT) for a new electrical substation, however it is fully expected that in addition there will be other utility upgrades, diversions, or additional works related to the new electrical substation. At this time we have included a budget of £450K for these additional utility upgrade works within the Pathology ESL/ Mortuary works.

This aspect of the works falls outside the Western contract and will be tendered and undertaken by the Trust Capital Projects team using the tendering process used to complete similar work on the annual backlog maintenance programme. The full scope of works will only be known when the services are

[5] The Great Place Programme Board (GPPB) was established to manage delivery of the Acute Redevelopment Programme (including the enabling works) and is accountable to the Trust Board through the Great Place Committee.

connected to the existing supply, but extensive survey work has been undertaken in the area to mitigate the risk.

Cellular pathology relocation

Design: Initial concept layouts provided by Trust Capital Projects team. Detailed design will be tendered by Trust Capital Projects team following approval of funding.

Works contract: Work will be competitively tendered by Trust Capital Projects team in line with other works on the Trust capital programme.

Project Management: Work will be managed by Trust Capital Projects team in line with other works on the Trust capital programme.

The Cellular Pathology project has been included at a total out-turn cost of £756K. This estimate is based on a £573.75k construction cost with allowance for contingency and inflation. This stage of the project could not proceed until the preferred option for the HHH and SACH sites were agreed by the Trust Board, which happened on 31 May 2022. The project will now follow the same procurement route as used on the access road and ESL / mortuary projects once funding is approved.

Deliverability

Access Road. Work on the access road diversion project is now complete and the road open. As the project is an enabler for the pathology ESL / mortuary building the post project evaluation will be conducted as part of this project. No significant issues were experienced, although unforeseen ground conditions delayed the completion date by 4 weeks.

Pathology ESL / Mortuary. Design phase completed by supplier of ESL / mortuary building to reduce programme and supply chain risk. Confirmation received from supplier in last 28 days that cost and programme remain valid provided contract dialogue recommences by28 October 2022 and contract is awarded by 11 November 2022.

An updated outline programme is attached. A copy of the original detailed construction programme is also attached. This will be updated during the dialogue phase prior to contract award. Following completion of the Access Road the site was cleared for construction at end May 2022.

Cellular Pathology Relocation. Trust Capital team has undertaken a number of similar size refurbishment projects on same site over last 3 years. High level of confidence that works can be delivered by October 2023.

Planning. The Trust has been granted planning permission for the access road and pathology building. Planning consent is not required for the internal refurbishment work to be undertaken for the relocation of cellular pathology. A copy of the planning consent is attached. Although the planning consent is for a 5-year period, the works will then be incorporated into the wider planning consent for the ARP at WGH. The ARP has received outline planning consent from the planning authority, who are very supportive of the Trust's redevelopment plans.

Constraints (incl land transactions)

Following completion of the new access road there are no constraints related to the delivery of the new pathology ESL / mortuary building.

Demolition of the existing pathology building will be the subject of a separate business case covering the preparation of the hospital building site. Completion of the pathology ESL / mortuary building is a pre-requisite for the demolition of the pathology building.

The cellular pathology service will relocate into vacant space on the SACH site.

Cost certainty:

Access road diversion: Certain (100%)

Works complete. Total cost £531,889. £146,869 funded by NHP in 2021/22. £373,966 required to cover costs incurred in 2022/23 and £11,054 in 2023/24 (this is retention and will be accrued in 2022/23).

Pathology ESL / mortuary: High certainty (+10%. Included in contingency. Based on assessed risk)

Cost based on tendered fixed price which included agreed inflation index. Project contingency allocation covers risk and inflation. Fixed price with contingency provided contract awarded by 24 June 2022. Total cost £10,848,135. £4,890 funded from Trust internal capital in 2020/21. £489,085 funded by NHP in 2021/22. £3,138,219 required to cover costs incurred in 2022/23 and £7,022,036 for costs in 2023/24, with £198,795 in 2024/25 (this is retention and will be accrued in 2023/24). A copy of the costed Risk Register is attached.

Cellular pathology relocation: Moderate certainty (Estimate +20% / -10%)

Estimated price £756,000 (incl contingency which includes uplift for inflation) based on refurbishment costs for similar work undertaken over last 3 years.

Cashflow:

In addition to the OB Forms a cashflow forecast has been attached.

Abnormals:

There are no abnormal costs associated with the proposed works.

Cost consultants input.

The cost provided for this BC have been provided by the cost consultants within GSCI, the project management consultancy supporting the Trust in delivery of these works. Due to the co-dependence of the ARP and ICS Pathology project the costings were also validated by Arcadis, employed by the Trust as cost consultants for the ARP.

MANAGEMENT CASE

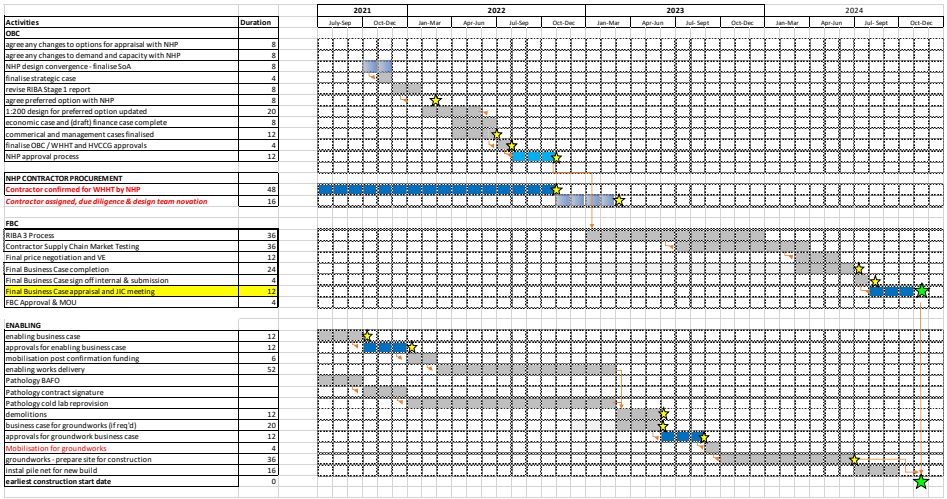
ARP Timeline

The REW programme is an essential part of the ARP programme. It will therefore be subject to the same governance arrangements as the parent programme, reporting to the Trust Board through the Great Place Programme Board.

The SRO for the REW Programme is the Director of Environment, reporting to the GPPB, and through the ARP Programme Director and ARP SRO to the Trust Board.

An Enabling Works Project Group, chaired by the REW SRO, has been established and meets weekly. The group oversees the management of the programme, with a project manager appointed to deliver the individual projects.

The REW programme is on the critical path for the ARP as shown in the high-level programme below. Any delay to the REW programme will immediately create a similar delay to the start of the construction phase of the ARP



Activities	Duration
OBC	
agree any changes to options for appraisal with NHP	8
agree any changes to demand and capacity with NHP	8
NHP design convergence - finalise SoA	8
finalise strategic case	4
revise RIBA Stage 1 report	8
agree preferred option with NHP	8
1:200 design for preferred option updated	20
economic case and (draft) finance case complete	8
commerical and management cases finalised	12
finalise OBC / WHHT and HVCCG approvals	4
NHP approval process	12
NHP CONTRACTOR PROCUREMENT	
Contractor confirmed for WHHT by NHP	48
Contractor assigned, due diligence & design team novation	16
FBC	
RIBA 3 Process	36
Contractor Supply Chain Market Testing	36
Final price negotiation and VE	12
Final Business Case completion	24
Final Business Case sign off internal & submission	4
Final Business Case appraisal and JIC meeting	12
FBC Approval & MOU	4
ENABLING	
enabling business case	12
approvals for enabling business case	12
mobilisation post confirmation funding	6
enabling works delivery	52
Pathology BAFO	
Pathology contract signature	
Pathology cold lab reprovision	
demolitions	12
business case for groundworks (if req'd)	20
approvals for groundwork business case	12
Mobilisation for groundworks	4
groundworks - prepare site for construction	36
Instal pile net for new build	16
earliest construction start date	0

Although the NHP programme for the 'pathfinder' Cohort 3 Trust has still to be confirmed, the Trust intends to be in a position to start the main construction phase of its new emergency care hospital by October 2024. To achieve this of the new ESL / mortuary must be fully operational no later than February 2024. However, as stated in the Strategic and Economic Cases the main driver to deliver the project to relocate pathology services at WHTH is now the ICS Pathology project. To avoid significant delay and extra costs the enabling works identified in this BC must be completed by October 2023.

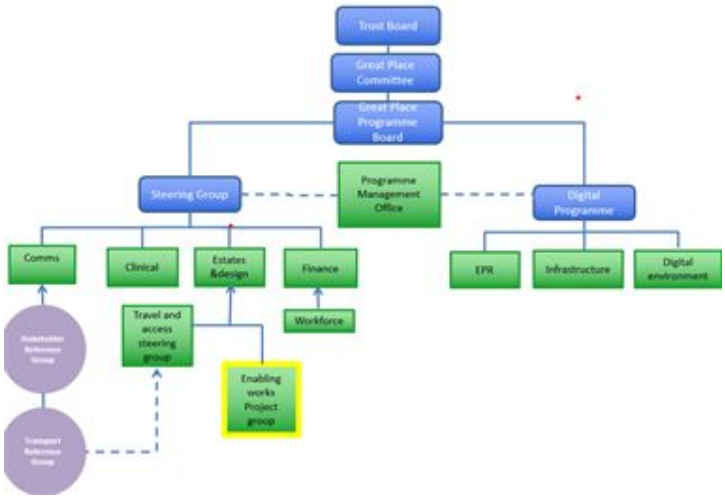
Project Programme

To ensure the September 2023 deadline can be achieved the Trust has already had to undertake design work on the Access Road and ESL / mortuary during FY 22/23, utilising funding provided from the NHP. As the Redevelopment Enabling Works (REW) BC had been submitted in October 2021, the Trust had anticipated that funding would be provided in FY 22/23 to progress to the construction phase and meet the October 2023 deadline. However, as funding could not be released on 1 April 2022 by the NHP the Trust is submitting the BC to secure the necessary funds to keep the critical components of the REW on programme.

The Project programme below provides the minimum timelines required to complete each of the phases of the project programme. To meet the latest completion date for the ESL / mortuary project the contract must be awarded by 11 November 2022 to allow the offsite construction to commence on 15 November 2022. A copy of the contractor's programme (as at June 2022) is attached. This will be updated during the formal dialogue period in early November 2022 to reflect the revised contract award date.

Project Management Structure

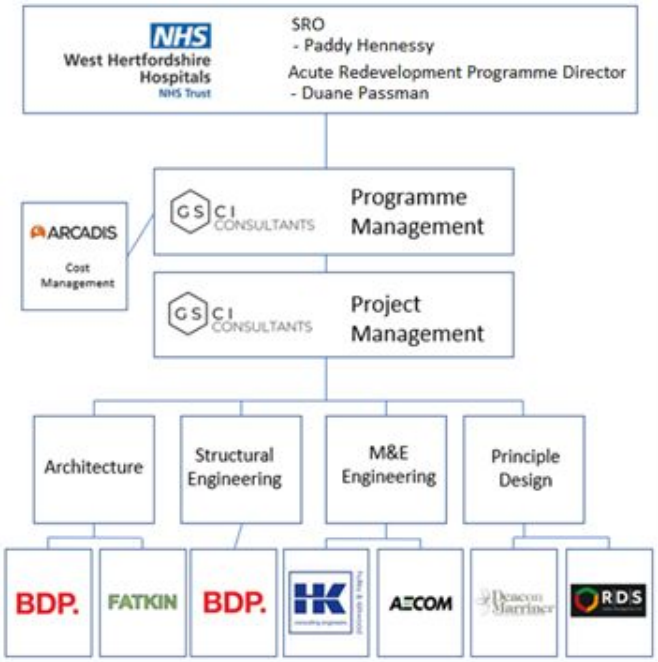
As the enabling works are on the critical path for delivery of the ARP, the REW will be managed by the Enabling Works Project Group, governed through the main ARP governance structure, and managed directly by the Estates and Design workstream (see figure 6:1). The Director of Environment is SRO, reporting through the ARP Programme Director to the ARP SRO. This will provide strong links with the main programme and allows oversight and assurance from the ARP Steering Group, PMO, Programme Board and Trust Board.



The Director of Environment is represented on the ISC Pathology Board and the ICS Pathology Estates Workstream, providing the link to the successful bidder and wider management of the key deliverables in the ICS Pathology.

External support, including project management is required to deliver the projects. The cost of external resource is included within each of the overall individual project budgets. GSCI have been appointed to provide Project Management for the REW and have put in place the resources in the diagram below. GSCI reporting to the Enabling Works Project Group through the WHTH Head of Capital Projects.

To ensure consistency with the main ARP scheme, a number of the same advisors, Arcadis, BDP, AECOM have been engaged and will be managed separately through the Enabling Works Project Group.



The WHTH Pathology Relocation project meets the requirement for inclusion as an NHP enabling works based on the following criteria:

- WHTH ARP is included as a NHP 'pathfinder' project in Cohort 3 of the national programme
- The works identified must be completed before construction of the new emergency care hospital at WGH can commence
- Successful delivery of the ICS Pathology project is a key component of the WHTH financial plan and clinical model underpinning the ARP BC
- The relocation of cellular pathology must be completed to create the space at required to deliver the new planned medicine model at HHH, and to allow disposal of the surplus NHS; and on the site

RISKS	
Risk	**Mitigation**
Inflation rates exceed PUBSEC rates increasing project cos above approved funding level	Fixed prices obtained for access road and ESL / mortuary building.
Delayed approval means Trust unable to enter into contract with ESL / mortuary supplier by 24 June 2022. Now an Issue.	Dialogue with ICS Pathology preferred supplier to determine cost of double running and relocation if ESL not available by October 2023.
Contractor insolvency during construction phase	Effective project management by Trust Capital team to monitor performance. Trust team highly experience having successfully delivered a number of £5m - £50m projects over last 5 years.
Difficulties in supply chain delay completion of projects	ESL / mortuary Stagev4 design completed under PSCA. Critical items ordered as soon as practical after contract award. Supply chain risk sits with supplier, not Trust. Maintain dialogue with local supplier base, built up over last years during extensive project work at Trust.
Benefits not fully realised as projects not delivered by October 2023	Impact on ICS Pathology project benefits and ARP benefits. Impact of delays to be managed by SRO through Project governance structure.

A detailed project risk register is provided as Attachment 2

APPENDIX 1 – FINANCIAL CASE TABLES

1a. TABLE 1 - CAPITAL SOURCE AND APPLICATION OF FUNDS

Sources and Application of Funds	TOTAL	FY22	FY23	FY24	FY25
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
Trust self-finance within Operational ICS envelope					
National NHP	12,136	636	4,268	7,033	199
Other					
Funding source	12,136	636	4,268	7,033	199
Build cost per OB form	10,090	89	3,289	6,513	199
Equipment		-	-	-	-
Fees	876	546	210	120	-
Non-works	1	1	-	-	-
Contingency	768	-	-	-	-
Optimism bias		-	368	400	-
Inflation	401	-	401	-	-
Application of funding	12,136	636	4,268	7,033	199
Source less application	-	-	-	-	-

1b. TABLE 2 - CAPITAL DEPARTMENTAL EXPENDITURE LIMIT TABLE

CDEL	TOTAL	FY22	FY23	FY24	FY25
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
Gross Capex (approval value)	**12,136**	636	4,268	7,033	199
Less NBV of Disposals	**0**	0	0	0	0
Less Grants and Donations	**0**	0	0	0	0
CDEL	**12,136**	**636**	**4,268**	**7,033**	**199**

1c. TABLE 3 – MOVEMENT IN CAPITAL COST FROM SOC TO SHORT FORM BUSINESS CASE

The Trust does not have a specific SOC for this business case. The proposal forms part of the larger ARP OBC enabling works which does not lend itself to direct and meaningful comparison.

1d. TABLE 4 – INCREMENTAL STATEMENT OF COMPREHENSIVE INCOME

Incremental SOCI	TOTAL	FY24	FY25	FY26	FY27	FY28	FY29	FY30	FY31	FY32
	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s	£ 000s
Savings on building running costs	1,473	106	148	154	160	167	174	181	188	196
Share of ICS Pathology savings	4,432	316	440	460	480	501	523	546	570	596
Net savings	5,905	423	588	613	640	668	697	727	758	791
Depreciation	(3,634)	(398)	(405)	(405)	(405)	(405)	(405)	(405)	(405)	(405)
PDC dividend expense	(7,153)	(1,001)	(1,393)	(1,163)	(963)	(790)	(639)	(509)	(396)	(298)
Capital charges	(10,787)	(1,399)	(1,798)	(1,568)	(1,368)	(1,194)	(1,044)	(913)	(801)	(703)
Net revenue cost	(4,882)	(976)	(1,210)	(954)	(728)	(526)	(347)	(186)	(42)	89

APPENDIX 2 – ESTATES KEY INFORMATION (as applicable)

Size of development m2	Access road, ESL/mortuary (1,484m^2), cellular pathology (400m^2)
No of beds and type	Nil
New or refurbishment or % of each	94% new build, 6% refurbishment
Description and application of and percentage use of modern methods of construction by value	MMC not applicable to access road or cellular pathology refurbishment. Due to the site restrictions, which has required a bespoke design, there is no opportunity to use a standard design template. The contractor is committed to maximising the opportunity for offsite construction using standardised component. The building specification has directed use of standardised infrastructure components and fittings to reduce maintenance costs
Or standardised components. Summary of any significant derogations and assurance (derogations template is available)	See above
Reduction in reported backlog	ICS Pathology project t will reduce the WHTH backlog liability by £3.7m
Any temporary accommodation required – provide details	Nil
Is land purchase required – provide details	Nil
Is this an owned or leased facility – provide details if leased	Owned by WHTH
Stage of design development and trust approval (please attach design drawings)	ARP Redevelopment Enabling Works (REW) BC was approved by Trust Board in Oct 2021. This BC breaks out one element from the REW BC as it has to be delivered prior to the anticipated approval date of the REW BC. Access road. Stage 4 design approved by ambulance trust, chief operating officer, ED clinical lead, fire, security and H&S officers, FM lead and emergency planning officer. Design pack attached. ESL / mortuary. Stage 3 design approved by service managers, clinical leads, Trust executive, fire, security, infection control and H&S officers, FM lead and emergency planning officer. Stage 4 design sign off underway. Design pack attached. Cellular pathology relocation. Feasibility study completed. Detailed design to progress following approval of ARP preferred option for SACH at Trust Board on 31 May 22. Design will be signed off by pathology service manager, clinical leads, Trust executive, fire, security, infection control and H&S officers and FM lead prior to issue of Tender pack.
Estimated average lifecycle costs £/m2 over asset life	£30/m2

NHS
West Hertfordshire Teaching Hospitals
NHS Trust

Trust Board Meeting
3 November 2022

Title of the paper	**Business Case for LED Lighting 22/23**
Agenda Item	**26**
Presenter	**Paddy Hennessy, Director of Environment** **Martin Keane, Energy & Sustainability lead** **Vicky Flanagan, Finance manager, Environment**
Author(s)	**Martin Keane, Energy & Sustainability lead** **Vicky Flanagan, Finance manager, Environment**
Purpose	*For approval* ✓ ; *For discussion* ✓ ; *For information*
Executive Summary	The NHS has a target of achieving net zero carbon emissions by 2040. As part of achieving this target, the ICS Green plan includes a commitment for all providers to replace lighting with LED lighting. LED lighting generates financial savings from reduced electricity consumption and maintenance costs. Based on 22/23 costs, time required to pay back capital costs from revenue savings is less than one year. TMC is therefore asked to review and support the requested capital bid of £1,086k for the installation of LED lighting.
Trust strategic aims	

Aim 1 Best care	Aim 2 Great team	Aim 3 Best value	Aim 4 Great place
			
Objectives 1-4	*Objectives 5-8*	*Objective 9*	*Objective 10-12*
		X	X

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? ☐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?
Previously considered by	

Committee/Group	Date
Capital Finance Planning Group	30/9/22
TMC	26/10/22
FPC	27 October 2022

Action required	The Board is asked to receive this report for discussion and review and to approve the investment plans to replace existing lighting with LED lighting.

WEST HERTFORDSHIRE HOSPITALS NHS TRUST

LED Lighting Business Case

Author(s): Martin Keane & Vicky Flanagan
Version No:5
Issue Date: 17th October 2022

REVIEWED BY	DIVISION BOARD	IM&T	ESTATES	CLINICAL SUPPORT	OTHER	OTHER
DATE			23/9/22			

	AMOUNT 2022/23	2023/24	2024/25
CAPITAL FUNDING REQUESTED	£1,086K		

SOURCE OF FUNDING	INTERNAL
REVENUE	
CAPITAL	£1,086K

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
1	8AUG22	FIRST DRAFT	Martin Keane
2	20SEP22	REVISION 1	Martin Keane
3	23SEP22	REVISION 2	Martin Keane
4	11 Oct 22	TMC format and simplification of options following feedback from CPFG	Vicky Flanagan
5	17 Oct 22	PH's requested additions	Martin Keane

Table of Contents

1. Purpose of Business Case

This business case is to seek approval for the Trust to proceed with installation of LED lighting in across all buildings which contain, at least in part, non-LED lighting. Due to significantly increased electricity costs, the case for investment into energy efficiency is particularly pertinent.

2. Strategic Context

The UK Government passed Climate Change Act of 2008, the two key aims underpinning the act are to

1. Improve carbon management and help the transition towards a low carbon economy in the UK
2. Demonstrate strong UK leadership internationally, signalling that we are committed to taking our share of responsibility for reducing global emissions in the context of developing negotiations on a post-2012 global agreement at Copenhagen in 2009.

The Act was amended in 2019 and now commits the UK to Net Zero emissions by 2050.

In January 2019 the NHS Long Term Plan was published; this set out the key ambitions for the Health Service over the next ten years, highlighting opportunities for improving energy efficiency.

In early 2020 the NHS launched the 'For a Greener NHS' programme to support the ambitions set out in the NHS Long Term Plan and the UK's net zero carbon 2050 target. Later in 2020 the campaign published the 'Delivering a 'Net Zero' National Health Service' report which committed the NHS to two further ambitious targets:

- Net Zero by 2040 for the NHS Carbon Footprint.
- Net Zero by 2045 for the NHS Carbon Footprint Plus (relating to the wider supply-chain).

In October 2021 the NHS Assembly reaffirmed its commitment to NHS net zero by 2040 and called upon all NHS organisations to make long term commitments to bring net zero ambition and action into their everyday work.

The Trust Board ratified their Green Plan in February 2022, this includes an action to identify opportunities to reduce the environmental impacts of our estate.

The Hertfordshire & West Essex ICS Green Plan was produced in March 2022, this includes a commitment to: "All partners in our ICS will replace lighting with LEDs, look to remove coal and oil boilers, replacing with low carbon alternatives and incorporate renewable energy generation within their Estate."

By installing LED lighting there are significant benefits in reduction of carbon emissions but also in other areas which are aligned to the Trust's strategic objectives:

- **Reduce the Trust's carbon footprint**
  LED lighting will reduce the Trust's carbon emissions and contributes to the NHS carbon emission targets which all trusts are expected to contribute to.

  Moreover, the Trust have a strategic objective (11) within Great Place, via the Better Care Delivered Differently programme, to reduce energy consumption by >5%. Through selecting to progress options 3 or 4 (as stated below), this objective would be achieved within a year of project completion.
- **Provide safe patient care**
  Lighting is a key element of providing safe patient, LED lighting provides a stronger clearer environment than existing halogen lighting, eliminating dark areas this in turn enables patients to feel safer in an unfamiliar environment.
- **Improve outcomes and quality of care**
  Quality of care also improves since LED lighting provides a clearer safer environment for clinical colleagues to work in.
- **Improve the patient experience**
  By providing a clearer environment the patient experience is improved.
- **Be financially sound**
  The investment will generate both energy cost savings and maintenance cost savings.
- **Work in active partnership**
  By reducing the hospitals carbon emissions, the trust will be working in partnership with our neighbours and local communities to improve the air quality and local environment.
- **Attract, retain and motivate an appropriately trained workforce**
  By helping to create a modern, clean working environment this will assist the trust in its efforts to attract, retain and motivate high quality trained employees.

Of the Trust's business objectives, the direct object that the investment supports is to 'reshape and rationalise services to ensure financial viability'. The financial savings that the investment generates, in addition to the improvements within the environment support the following:

- Sustain market share
- Increase market share at the periphery
- Increase the range of specialist care provided locally
- Deliver more care in the community

3. Case for Change

3.1 Business Needs

A survey was undertaken by lighting-specialists during the Summer of 2022 in order to determine that scale of the opportunity for energy-savings to be realised through a Trust-wide :ED lighting project.

Present estate lighting is predominantly fluorescent or halogen-based; this is outdated. Moving to LED lighting will enable the trust to:

- Reduce electricity consumption and the associated costs.
- Meet NHS Compliance requirements in the reduction of carbon emissions
- Comply with current UK and EU legislation
- Contribute to the Trust's in year and on-going efficiency programmes.

This business case considers 2 project options for consideration[1], as shown below:

Option	Capital cost £'000	Monthly revenue savings £'000	Months to pay back
1 – do nothing	0	0	Not Applicable
2 – LED lighting	1,086	98	11

*please note that payback periods have been based upon the current energy tariff. It is highly likely that these will increase next financial year and therefore the payback will become quicker.

This project extends through all Trust-owned buildings and involves conversion of all lighting to LED. The only exception is the WACS building at WGH, which has been removed from the project scope due to the extensive presence of asbestos.

3.2 Benefits

The table below summarises the expected benefits from investment:

Type	**Measure**	**Outcome (per year)**
Environmental	Annual savings of Tonnes CO_2e.	980 Tonnes
Financial	Electricity costs £'000	£1,144k savings
	Maintenance costs £'000	£35k savings
Patient / working environment	Improved appearance	

[1] The earlier business case presented to CPFG contained 4 options however this has been simplified based on practicability and expected delivery of savings.

It is anticipated that the installation programme would take 18-26 weeks to carry out. Therefore, if approved in the third quarter of 2022, the benefits would start to be realised as soon as the installation project phase began.

4. Preferred Option

The available options are:

1. Do nothing
2. A £1.086m capital project for LED lighting.

The preferred option is the second option which is for the Trust to convert as much of the Trust's lighting to LED as is practicable.

5. Procurement Route

The survey was undertaken and prepared by a possible supplier. This supplier was successfully used as part of the £218k NHS Energy Efficiency Fund (NEEF) project that was undertaken in 2019/20. The supplier was previously procured through the (NHS compliant) Essentia LED Lighting Framework, now known as the Lexica Net Zero Framework. It is intended to take advice from the ICS Procurement Team as to the method of procurement to ensure that all regulatory requirements are met. This will also ensure that the Trust obtains value for money from suppliers used in the completion of the project.

6. Funding, Affordability and Financial Analysis

6.1 Capital Costs

Capital costs for each option are set out below:

Option	£'000
1 - Do Nothing	0
2 – LED lighting	1,086

Costs are informed by quotations. Following review of VAT guidelines and discussion with the projects team, it has been assumed that 75% of the VAT on this scheme will be reclaimable.

6.2 Revenue Costs

Installation of LED lighting will generate cost savings as LED lighting is more energy efficient. As light bulbs have a longer life span, there will also be maintenance savings from reduced replacement costs.

Annualised savings for each option are summarised below:

Option	Electricity savings kWh	Electricity savings £'000	Maintenance savings £'000	Total savings £'000
1 - do nothing	0	0	0	0
2 – LED lighting	4,131,105	1,144	35	1,179

These costs are based on 22/23 electricity costs. Savings will increase if, as expected, 23/24 costs are higher.

6.3 Activity and Income

There is no impact on activity and income. In 2019, LED lights were installed in some areas across the trust. It was possible to do this without significant disruption to services.

6.4 Profitability

Payback (the time required for revenue savings to recoup the capital investment) is set out below:

Option	Capital cost £'000	Monthly revenue savings £'000	Months to pay back
1 - do nothing	0	0	Not applicable
2 – LED lighting	1,086	98	11

The cost of capital spend will be paid back from revenue savings in less than one year.

This is based on 22/23 electricity costs. The payback period will decrease (that is, this scheme will become even more beneficial) if 23/24 costs are higher. Crown Commercial Services has indicated that it believes 23/24 costs will significantly exceed 22/23 costs. A discounted cashflow[2] for spend and savings is shown below.

Discounted Cash Flow (DCF) - LED Lighting

Option 2 - LED lighting

	Y0	Y1	Y2	Y3	Y4	Y5	Y6	Y7
Capital cost	-1,086,000	0	0	0	0	0	0	0
Cost of capital		-34,209	-26,607	-19,005	-11,403	-3,801	0	0
Revenue savings	98,000	1,176,000	1,176,000	1,176,000	1,176,000	1,176,000	1,176,000	1,176,000
Net Contribution	**-988,000**	**1,141,791**	**1,149,393**	**1,156,995**	**1,164,597**	**1,172,199**	**1,176,000**	**1,176,000**
DCF @3.5%	1.00	0.97	0.93	0.90	0.87	0.84	0.81	0.79
Present Value	**-988,000**	**1,103,180**	**1,072,971**	**1,043,543**	**1,014,879**	**986,960**	**956,677**	**924,325**
NPV	**6,114,535**							
APV	**859,442**							

Discounting for the time value of money, over a period of 7 years, this investment is forecast to deliver savings of £6.1m.

[2] Rate of 3.5% applied as this is the return which the trust is expected to achieve on net relevant assets.

This assumes 1 months-worth of savings in 22/23. A 7-year period has been shown to allow for the possibility that some buildings will be removed from use due to redevelopment after this point.

6.5 Financial Analysis

The purpose of this section is to set out the impact on budgets, I&E and the trust's balance sheet of the preferred option (2).

6.5.1 Financial Impact of Preferred Option (2)

6.5.1.1 Impact on Profit and Loss

Impact on Budgets

		Incremental Changes to budget					
	2022/23 Baseline	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Non Pay							
Electricity	3,765	95	1,049				
Contractors	177	0	35				
Financing							
Depreciation	0	0	(207)				
Dividend	0	0	(65)	14	15	14	15
Net Impact on Budgets	**3,942**	**95**	**812**	**14**	**15**	**14**	**15**

		Budgets following £1.086m LED investment					
	2022/23 Baseline	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Non Pay							
Electricity	3,765	3,670	2,621	2,621	2,621	2,621	2,621
Contractors	177	177	142	142	142	142	142
Financing							
Depreciation	0		207	207	207	207	207
Dividend	0		65	51	36	22	7
Net Impact on Budgets	**3,942**	**3,847**	**2,970**	**2,970**	**2,970**	**2,970**	**2,970**

On Incremental Changes to Budget, negative represents an increase in budgets and positive represents a reduction.
Incremental changes to budget shows the change compared to the previous financial year.
Figures are at 22/23 costs and the impact of inflation is not shown.
2022/23 shows a part-year effect, with savings delivered for one month. Capital charges begin in 23/24, a quarter following capitalisation.
Assume costs are depreciated over 5 years.

Due to savings on electricity and maintenance, budgeted costs will reduce.

6.5.1.2 Impact on Cashflow

Impact on Cashflow

	2022/23 Baseline	Incremental Changes 2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Non Pay							
Capital		(1,086)	0				
Electricity	3,765	95	1,049				
Contractors	177		35				
Financing							
Dividend	0	0	(65)	14	15	14	15
Net Impact on Budgets	**3,942**	**(991)**	**1,019**	**14**	**15**	**14**	**15**

	2022/23 Baseline	Cashflow following £0.5m LED investment 2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Non Pay							
Capital		1,086	0				
Electricity	3,765	3,670	2,621	2,621	2,621	2,621	2,621
Contractors	177	177	142	142	142	142	142
Financing							
Dividend	0	0	65	51	36	22	7
Net Impact on Budgets	**3,942**	**4,933**	**2,763**	**2,763**	**2,763**	**2,763**	**2,763**

On Incremental Changes to Budget, negative represents an increase in budgets and positive represents a reduction.
Incremental changes to budget shows the change compared to the previous financial year.
Figures are at 22/23 costs and the impact of inflation is not shown.
2022/23 shows a part-year effect, with savings delivered for one month.

Cash spend increases in 22/23 due to capital spend however there is a reduction in subsequent years due to savings on budgeted electricity spend.

6.5.1.3 Impact on Balance Sheet

Balance Sheet

	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Property, plant and equipment	0	827	621	414	207	0
Cash	(991)	1,019	14	15	14	15
Total Assets	**(991)**	**1,846**	**635**	**429**	**221**	**15**
I&E Reserve	**(991)**	**1,846**	**635**	**429**	**221**	**15**

Figures show estimated impact on closing balance sheet.

Lighting is added to the trust's balance sheet in 23/24 as a fixed asset. The value of this is depreciated over subsequent years. Current assets (cash) reflects the cashflow changes set out above.

6.6 Source of Funding and Financial Recommendation

Due to the rapid potential payback from this scheme and recurrent ongoing savings, TMC is asked to consider approving capital spend of £1,086k to fund this scheme.

7. Risk Appraisal

7.1 Main Risks Associated with Implementing the Business Case

- Asbestos surveys / checks / works
- Contractor Management
- Due diligence / tech assessment has been undertaken
- Operational winter pressure on the hospital

7.2 Main Risks Associated with NOT Implementing the Business Case

- Loss of opportunity to achieve Strategic Objective 11 of Great Place Programme.
- Non-compliance with NHS Energy & Carbon strategy
- Non-compliance with Government lead carbon reduction compliance requirements
- Non-compliance with Trust's Green Plan
- Loss of efficiency savings

8. Management Arrangements

Please indicate how the investment will be delivered successfully with particular reference to:

Project management arrangements:

- Sponsor – Paddy Hennessy – Director of Environment
- Champion – Martin Keane - Energy & Sustainability Lead
- Client – Trust departments and wards
- Project Management – Environment Division Projects Team

It is proposed that the project will be managed by the Environment Division's Projects Team. This team is experienced in delivering capital projects on time and within budget. The project management also includes benefits realisation which the compliance team have budgetary responsibility for.

As part of the project there will be risk and issues register which will identify any problems as the project progresses to ensure any lessons learned can be mitigated for any future projects.

The project may encounter business continuity issues since installation will be taking place in clinical areas, the project team will work with representatives of these areas to ensure minimum patient disruption. The previous LED lighting project in 2019 encountered virtually no disruptions to service.

The benefits realisation will primarily be reduced energy spend, and corresponding reduced carbon emissions, both of which are monitored within the Trust's sustainability team with the Environment Division.

Risk management the projects delivery team will implement a risk management plan which identifies the risk, analyse the risk, evaluate the risk, treat the risk and monitor it going forward.

A post-project evaluation will take place to ensure the proposed benefits of the project have been delivered both in non-monetary and monetary terms.

The project plan has built in contingency to it to ensure any risk and issues and be addressed within the agreed project delivery timeframe.

9. **Conclusion**

The Committee is asked to approve the capital fund of £1,086k in order to progress the project.

NHS
West Hertfordshire Teaching Hospitals
NHS Trust

Trust Board Meeting
3 November 2022

Title of the paper:	**Phase's 2, 3, 4 & 5 of the HV/LV Infrastructure Upgrade at St Albans City Hospital Business Case**
Agenda Item:	**27**
Presenter:	**Paddy Hennessy**
Author(s):	**Steve Turner**
Purpose:	*For approval* ☐ *For discussion* ☐ *For information* ☐
Executive Summary:	The purpose of this report is to request that the TMC endorse the business case for Phase's 2, 3, 4 & 5 of the HV/LV Infrastructure Upgrade at SACH, outlined here and agree the submission of the Case (attached) to the Trust Board for their approval. The Case has been endorsed, in principle, by the CFPG and, as a consequence of the value, is now presented to the TMC for similar endorsement before consideration by the Trust Board The Case details the inherent risks that currently exist at SACH as a consequence of the shortage of electrical power and the lack of back-up procedures in the advent of a power failure. The incoming electrical power to SACH is 800kVA and current consumption is close to maximum capacity. There is, therefore, insufficient capacity to support the Trust's Redevelopment and Net Zero Carbon initiatives. The original electrical distribution design was flawed, creating multiple single points of failure meaning that any breakdown or failure of a major component of the HV/LV infrastructure will result in a loss of power to the whole site.

Trust strategic aims:	**Aim 1 Best care**	**Aim 2 Great team**	**Aim 3 Best value**	**Aim 4 Great place**
	Objectives 1-4	***Objectives 5-8***	***Objective 9***	***Objective 10-12***
			X	X

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? ☐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?

<table>
<tr><td></td><td colspan="2">☒How well is the trust using its resources?</td></tr>
<tr><td>Previously considered by</td><td colspan="2"><table>
<tr><th>Committee/Group</th><th>Date</th></tr>
<tr><td>Capital Finance Planning Group</td><td>August 2022</td></tr>
<tr><td>TMC</td><td>26 October 2022</td></tr>
<tr><td>FPC</td><td>27 October 2022</td></tr>
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<tr><td>Action required:</td><td colspan="2">The Board is asked to endorse and agree the submission of the Case (attached) to the Trust Board for their approval.</td></tr>
</table>

NHS
West Hertfordshire
Teaching Hospitals
NHS Trust

Agenda Item: 27

Trust Board Meeting – 3 November 2022

Phase's 2, 3, 4 & 5 of the HV/LV Infrastructure Upgrade at St Albans City Hospital Business Case

Presented by: Paddy Hennessy

1. Purpose

1.1 The purpose of this paper is to request that the TMC endorse the business case for Phase's 2, 3, 4 & 5 of the HV/LV Infrastructure Upgrade at SACH, outlined here and agree the submission of the Case to the Trust Board for their approval.

2. Background

2.1 In July 2021, ETA Projects Ltd., Specialist Consulting Engineers, were commissioned by the Trust to review the status of the electrical supplies to the St Albans City Hospital (SACH) site. The objective of the review was to establish the configuration and condition of the existing High Voltage (HV) and general Low Voltage (LV) electrical infrastructure, identify any "Single Points of Failure" and any other constraints that could affect the normal operation of the Hospital both under normal and abnormal operating conditions.

The overarching findings were that the existing HV and LV systems do not provide the capacity, redundancy and resilience to support the Hospital for the next 5 - 10 years. The report recommended that serious consideration should be given to producing a strategy to upgrade and enhance the existing distribution systems.
In October 2021, the CFPG acknowledged the strategy and the resulting works set out in the "Enabling Works for HV/LV Infrastructure Upgrade at St Albans City Hospital (SACH)" Business Case (The Case). Consequently, the CFPG agreed the funding of c£200k to undertake Phase 1 of a 10 phase programme of remedial projects.

The objective of Phase 1 was to install and reconfigure appropriate generator facilities to help mitigate the risks to essential services should there be a loss in power.

3. Analysis/Discussion

3.1 The objective of Phase 1 was to install and reconfigure appropriate generator facilities to help mitigate the risks to essential services should there be a loss in power.

Following on from the successful completion of Phase 1 works, a second business case sought approval from the CFPG to the funding of c£6.4m for phases 2, 3, 4 and 5. Of these untendered costs, c£2.87m was planned for 2022/23 and c£3.53m expected to fall into 2023/24. The phased works will deliver

- "A" and "B" HV supplies from UKPN sub-stations to the SACH site, increasing incoming power from 800kVA to 5mVA (Capacity Works)

- A new Intake Substation for the new second HV supply and create a new open ring system to connect existing Moynihan and Gloucester substation with dual supplies (Resilience Works)
- The upgrade the life expired Moynihan Substation with new dual 1500kVA transformers feeding new LV Switchboards and local LV generator back-up (Moynihan Works). It is anticipated that the design element of these works will fall into 2022/23 and Construction in 2023/24

3.2 The key benefits derived at the conclusion of work phases 2 to 5 are;

- there will be sufficient power available from the Moynihan sub-station to support development projects planned for adjacent areas eg Clinical Diagnostic Centre (Part 1 and Part 2) and Urology.
- The SACH site will have sufficient power to support the subsequent five phases of a programme of power projects that, when complete, will enable the Trust's major Hospital Redevelopment Programme and support the Net Zero Carbon initiative
- The adverse impact on the safety and wellbeing of patients and staff arising from the unplanned loss of power to a large proportion of the health campus would be materially avoided. Consequently, the significant costs and reputational damage arising from the unplanned loss of power to a large proportion of the health campus would also be materially avoided
- The ability to implement planned preventative maintenance (PPM) will reduce the incidence of unplanned and emergency breakdowns and prolong the life of high cost infrastructure assets

3.3 The remaining stages (6 to 10), valued at c£6m are still expected to follow but due to the volatility and uncertainty currently surrounding the construction industry, it is proposed to review and re-consider the costs, risks and benefits in a supplementary business case addendum nearer the proposed requirement date.

3.4 The CFPG in August 2022, agreed its continuing support for the project and that the case should be submitted to the TMC for approval prior to submission to the October Trust Board.

4. Risks

4.1 With regards to electrical power supplies at SACH, there are two risks to be addressed. Firstly, there isn't enough power and secondly the infrastructure that currently delivers power is not resilient.

4,1,1 Insufficient Power

- SACH has one incoming HV supply of 800kVA, it is estimated that an average of 70% is routinely used. Given the need to allow a percentage of additional power to manage peaks in demand, there is little or no capacity remaining to deliver the Trust's Community Diagnostic Centre, Acute Redevelopment and Net Zero Carbon aspirations.

4.1.2 Non-resilient Power

- The major components that comprise the HV/LV infrastructure are at the end of their respective life and are susceptible to breakdown or failure.

- The inability to undertake planned preventative maintenance (PPM) to the major components exacerbates the above risk of breakdown or failure to the HV/LV infrastructure

- The design of the HV/LV infrastructure is flawed as it creates multiple “single points of failure” meaning that any breakdown or failure of a major component of the HV/LV infrastructure will result in a loss of power to the whole site.

- The Trust is unable to temporarily switch off HV power to the SACH site to remedy any issues requiring the isolation of power. A cut in HV power on the SACH site requires pre-planned agreement with the UK Power Network.

- Generally, for a patient, a loss in electrical power would adversely affect their environment eg loss of light, heating, cooling, ventilation etc and could have a detrimental impact on their anxiety and recovery

5. Recommendation

5.1 It is recommended that the Board endorse the business case for Phase’s 2, 3, 4 & 5 of the HV/LV Infrastructure Upgrade at SACH, outlined here and submit the Case to the Trust Board for their approval.

Name of Director Paddy Hennessy
Title Director of Environment

Date: 19/10/2022

West Hertfordshire Hospitals NHS
NHS Trust

WEST HERTFORDSHIRE HOSPITALS NHS TRUST

Phase`s 2, 3, 4 & 5 of the HV/LV Infrastructure Upgrade at St Albans City Hospital

Business Case

Author(s): HENRY SALVADORI & STEVE TURNER
Version No:7.0
Issue Date: 19/10/2022

REVIEWED BY	DIVISION BOARD	IM&T	ESTATES	CLINICAL SUPPORT	PROJECTS	OTHER
DATE					16.08.22	

	AMOUNT 2022/23	AMOUNT 2023/24	INDICATIVE AMOUNT REMAINING (TIMING TBD.)
CAPITAL FUNDING REQUESTED	£2.874 (Net of Vat Reclaim)	£3.532m (Net of Vat Reclaim)	£6M

SOURCE OF FUNDING	TBC BY TRUST
REVENUE	TBC BY TRUST
CAPITAL	TBC BY TRUST

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
1.0	23.06.2022	Peer Review	HENRY SALVADORI
2.0	11.07.22	Trust Projects Team Review	HENRY SALVADORI
3.0 – 5.0	25.07.22	Final for submission to CFPG	Steve Turner
6.0	23.08.22	Update to include impact of UKPN Quote	Steve Turner
7.0	19.10.22	Update to include tendered costs	Steve Turner

West Hertfordshire Hospitals NHS
NHS Trust

1 PURPOSE

In October 2021, the CFPG acknowledged the need for the works set out in the "Enabling Works for HV/LV Infrastructure Upgrade at St Albans City Hospital (SACH)" Business Case. Consequently, the CFPG agreed the funding of c£200k to undertake Phase 1 of a 10 phase programme of projects designed to address the condition, capacity and resilience of Trust's aged electrical infrastructure at SACH. The objective of Phase 1 was to install appropriate generator facilities to help mitigate the risks that will continue to exist until the full programme of remedial works are complete.

Following on from the successful completion of Phase 1 works, the purpose of this business case is to seek approval from the CFPG to the funding of phases 2, 3, 4 and 5 and note that the investment will cross into the 2023/24 financial year.

The CFPG should note that the remaining five stages, valued at £6m are still expected to follow but due to the volatility and uncertainty currently surrounding the construction industry, it is proposed to review and re-consider the costs, risks, and benefits in a supplementary business case addendum nearer the proposed requirement date.

As well as seeking an agreement in principle to the schedule of work the CFPG is asked to note that two elements of the proposed works are to be provided by a nominated supplier necessitating a waiver,

2 STRATEGIC CONTEXT

The Trust's published Acute Redevelopment Programme includes, as its preferred option, SACH as its designated Planned Surgical Care Site. To facilitate this role, effectively, the preferred option outlines the need for new and reconfigured buildings to primarily expand and improve its Theatre, Diagnostic and Endoscopy services. As there are no current plans to materially impact the remaining services, buildings or site footprint, it is reasonable to assume that the majority of SACH building stock will remain in use for the conceivable future.

It has been made clear to the Trust, that its Acute Redevelopment Programme will have to include the Government's aspirations towards delivering Net Zero Carbon. Given SACH's existing dependence on fossil fuel, the financial impact will be significant.

The Trust has a duty of care to its patients, employees and all persons visiting its facilities to provide adequate utilities to support functions within the St Albans City Hospital.

3 CASE FOR CHANGE

3.1 REGULATORY COMPLIANCE

The Trust must comply with Government statutory obligations, including but not limited to:

- Health Building Note HBN 57 Facilities for Critical Care
- Health Building Note HBN 26 Facilities for Surgical Procedures
- BS7671 Guidance Note 7 (Chapter 10) Special Medical Locations and Power Requirements
- BS EN 62271-1-1:2017 HV Switchgear

It is also strongly advised to follow the Health Technical Memorandum 06-01 Electrical Services Supply and Distribution guidelines, when servicing group 1 and 2 medical locations.

3.2 BUSINESS NEED

The current HV/LV Infrastructure arrangement at the St Albans Hospital does not provide the level of resilience required to support a modern healthcare facility. Due to the inherent Single Points of Failure (SPF's) identified within the existing electrical infrastructure, there are a significant number of clinical areas that do not comply with BS 7671 and HTM guidance or CDM 2015 regulations. Furthermore, the system does not offer maintenance opportunities without compromising business continuity and certainly would not support any kind of future expansion within the existing site. It is strongly recommended that dual feeders are introduced to the Hospitals network.

There is a significant number of Single Points of Failure surrounding the Hospital's Electrical Infrastructure. Any failure of either the hospitals incoming electrical supply or a fault on the HV Switchboard would result in the complete loss of the hospitals main intake substation which would seriously compromise normal operation of the Hospital. A failure to either transformer from the Gloucester or Moynihan Substation would seriously compromise normal operation of the Hospital. Note that all buildings are supported by LV generators which will support local buildings, but these can only be relied upon for a limited time.

Both the Gloucester and Moynihan low voltage switchboards are at maximum capacity and any future additional supplies are now only able to be connected if existing services are removed. Therefore, it is strongly recommended that both substations are upgraded to facilitate larger capacity transformers in an N+1 system to allow regular maintenance of the network and to install new switchboards with greater spare capacity. It is also strongly advised that a third substation should be installed for any new future projects (including upcoming net zero carbon initiatives)/ new buildings planned for future development at the site.

The above issues are all due to a lack of investment and lifecycle replacement by the trust over the lifespan of the High Voltage (HV) and Low Voltage (LV) electrical systems mentioned, and it is essential that these issues are addressed as a matter of high importance, irrespective of any future developments at the site.

The Estates Team, Authorised Person (AP) and Authorised Engineer (AE) have determined that continued reliance on this outdated High Voltage and Low Voltage system presents a risk to the continued supply of hospital essential critical care services.

The primary concern is the risk to performing planned maintenance of the High Voltage System due to the switching restrictions across all the High Voltage switchgear on site. This leaves the hospital in the position of requiring the Service Provider to isolate all incoming power to the site.

Upgrading the High Voltage system will reduce the risk of unplanned system outages and system revalidation including sign off. Replacing the existing High Voltage incoming supply with A and B feeders with the capacity for 5MVA (current supply is rated at 800KVA) shall improve the sites resilience to power outages and the capacity to facilitate future planned development projects at the site. Upgrading the existing High Voltage Main Intake Switchboard and associated switchgear will reduce the risk of loss of power to critical care equipment and potential loss of life to patients at the hospital.

Upgrading the Moynihan Substation to an N+1 system with dual switchboards, transformers and generators will bring the substation into compliance with HTM guidelines and offer a robust system capable of undertaking planned maintenance without causing disruption to the outgoing supplies.

This shall bring improved resilience of the electrical infrastructure supporting theatre equipment and will reduce the risk to loss of power should a High Voltage power outage occur and provide a means of support should part of the hospitals electrical infrastructure require urgent or planned maintenance. Note theatres are supported locally via Uninterruptible Power Supplies (UPS), however this support is time limited (battery backup).

These works shall be the platform from which the future planned works can be completed in a safe and controlled manner. Knowing the changeover works will be carried out with a robust High Voltage Main Intake Switchboard system capable of independently isolating individual substations within the site should an issue arise brings stability to undertaking the works with a reduction of risk to a less severe level.

The second concern is the lack of spare low voltage circuit breakers and the age of the existing low voltage switchgear across the site. This leaves the hospital restricted as to what upgrades can be supported but the local switchgear limits them to replacement of existing supplies only.

The Trust’s AE for HV and LV Services will ensure that the works are carried out in accordance with the specific regulations and guidance.

3.3 RECTIFICATION TO CURRENT STANDARDS

HTM 06-01 Section 7 gives guidance to the requirement for means of resilience within the hospitals HV and LV distribution in the event of not only primary failures but also secondary failures, such as an electrical blackout and the standby generator failing to start.

As it currently stands there is only one incoming high voltage supply from the DNO at St Albans City hospital. Should this fail, the site would lose all non-essential supported services and the generator would support the hospitals essential supported services. Key equipment such as MRI and blood stores would need to be diverted to essential supplies. There is also risk to the Trust as replacement equipment could take several weeks to deliver to site due to current lead-in times, which would leave the hospital without critical services for the duration of delivery and install. A secondary incoming supply, connected to a secondary High Voltage switchboard would provide further resistance not only to a mains power failure but also to an electrical fire and a cable strike/ fault.

HTM 06-01 gives guidance throughout to the requirement for resilience by means of an alternative supply in the event of an electrical failure. As it currently stands the HV equipment that supports the site is in need of replacement in its entirety and is inoperable due to its age and defects list, as documented in the 5-year condition report.

Therefore, a “A” and “B” High Voltage Switchboard system is the second phase to working towards providing robust resilience to the hospital.

Due to the age of the existing High Voltage switchgear, it has long surpassed its capabilities to offer full capacity for the hospitals load demands and should be decommissioned and replaced at the soonest convenience.

The current High Voltage Switchgear leaves the hospital at risk and is not in line with HTM 06-01 guidelines. This is due to its current configuration it has not been maintained as a result of being unable to switch off power supplies to site for extended periods of time and cannot be switched locally due to switch regulations as it presents a risk to the person operating the equipment.

Therefore, the High Voltage switchboard should be replaced in its entirety with a “A” and “B” High Voltage switchboard that can offer dual supplies. Then should one incoming supply fail the other supply could support the entire hospital.

With the installation of the new High Voltage switchboards, the trust can take back control of switching independent high voltage supplies within the hospital, rather than liaising with the DNO (UKPN) and losing mains power to the entire hospital.

The current Moynihan Substation design does not allow for maintenance of the high voltage switchgear without loss of supply to the non-essential switchboard. It also has no resilience in the event of a major failure such as a loss of transformer or cable strike.

HTM 06-01 gives reference to designing a system that is fully maintainable without disruption to the operations of the hospital.

Therefore, a High Voltage ring shall be installed across the site, ready to accept the new and future upgraded substations. In addition, each new/ upgraded substation shall have dual package transformers, two interlinked switchboards and dual low voltage generators. This shall allow planned maintenance to the high voltage switchgear and secondary backup generators without losing integrity to the resilience of the substations.

The proposal is therefore to install two new High Voltage interconnected switchboards, to accept the two new "A" and "B" high voltage supplies from the DNO (UKPN), to be located in two new High Voltage switchrooms located at the front of the hospital, to divert the existing high voltage supply and three outgoing supplies. A new fully integrable high voltage ring that spans the road perimeter of the site and the first phase of an upgraded substation in the Moynihan wing. This also includes Containment, builders work, trenches and removal of old switchgear.

All circuit transfers will be undertaken out of normal hours to ensure minimal disruption to the hospital and where required shall be temporary supplied to mitigate any risk.

Upon installation a complete commissioning process will be undertaken to ensure the new system is fully operational.

3.4 NEXT STEPS

Below are the next four phases in the proposed sequence that address the above issues ensuring the most critical issues are addressed first.

Phase 2 – New DNO 'A' and 'B' Supplies

Install new 'A' and 'B' supplies from the DNO's external network to the new High Voltage (HV) Switchboards, with the capacity to run 5MVA down either supply cable in the future, rated at 5MVA until the trust requires further supply availability.

Phase 3 – New 'A' and 'B' HV Intake HV Substation

Install a new Trust Intake HV Substation, to create new "A" and "B" interconnected HV Switchboards, each served by a dedicated UKPN feeder (bringing a new UKPN feeder onto site), with both switchboards being located within their own adjacent fire rated switchroom. This will give the trust a true A and B supply from the service provider, thus giving them greater resilience in the event of a mains failure to the site and true segregation between both supplies in the form of a fire rated wall. A proposed outline design is included as Appendix A.

Phase 4 – New Site Wide Open Ring System

Install a new HV open ring system around the site, serving Moynihan Substation (SS2), Gloucester Substation (SS3) and a new proposed Boiler House Substation (SS4) located in the space liberated by the removed of the existing main site generators. A proposed outline design is included as Appendix B.

Phase 5 – Upgrade Moynihan Substation SS2

Upgrade Moynihan Substation (SS2), comprising 2 x 1000kVA unit substations feeding a bus couplable LV switchboard c/w with local N+1 containerised generator support. The new Substation would provide "A" and "B" supplies to medical locations in accordance with BS7671 and HTM guidance and would be connected to the sites new proposed HV open ring system detailed in item 13.2.2. This shall be planned across two financial calendars to spread the total cost of the project.

4. OPTIONS APPRAISAL

4.1 DO NOTHING

This option can be described as no work undertaken to address issues identified in the assessments except for reactive maintenance.

4.1.1 ASSESSMENT

DISADVANTAGES
• Potential loss of essential power to the entire St Albans City Hospital. • The existing system is not fit for purpose. • The system is not HTM compliant. • The system is operating beyond its design life and will need high levels of maintenance at high cost to WHHT, with sitewide power shutdowns required for significant amounts of time to undertake necessary works • High risk of failure due to age and capacity of the system. • Staff, contractors, equipment & property are exposed to unnecessary risk in the event of a failure. • Revalidation of various elements of the system would be required if a total system shutdown is required to complete a repair. • Further site development is limited to refurbishment of existing in use facilities only
ADVANTAGES

• No additional capital funding required. • Funds can be allocated to other demands.
RISK EVALUATION
The above option presents risks to group 1 and 2 medical locations and continual supply of essential electrical services. Although the financial commitment of this option is low, additional pressure would be exerted on the facilities maintenance team having to safely manage maintenance on a site critical system and is not a sustainable approach to this at-risk high voltage system.

4.2 COMPLETE ALL DESCRIBED WORKS

This option can be described as a programme of works that, when complete, will have addressed all the upgrade works necessary to provide a resilient high voltage main intake system delivering an N+1 high voltage power supply to St Albans City Hospital, as well as a new High Voltage ring to support the addition of new substations as required. The first phase of upgrading the Moynihan Substation will allow future expansion and safe planned maintenance of the High Voltage switchgear and local generators. In addition, it brings greater flexibility to the site allowing for future expansion should the trust require it.

The basic phases would consist of:

- Enabling works for the new High Voltage Main Intake switch room, trenching, footings and new ducted routes.
- New brick built switchrooms with a concrete roof.
- New High Voltage “A & B” switchboards.
- New Small Power and Lighting within the new switchrooms.
- New Remote Control Mimic Panel.
- New DC and ancillary equipment.
- New High Voltage Ring
- First Phase of the New Moynihan Substation works
- Connection of new “A & B” High Voltage supplies from the DNO.
- Test and commission System.

4.2.2 ASSESSMENT

DISADVANTAGES OF THIS OPTION

- Will require capital funding.
- Loss of open space for the new high voltage switch rooms.

ADVANTAGES OF THIS OPTION

- Risk from loss of power to essential hospital medical locations is greatly removed with new equipment in place, system will be more resilient.
- Addresses patient safety issues
- Risk to equipment and operatives is greatly removed.
- The impact on revenue budgets is reduced to a minimum.
- Repairs and replacements would be completed in an economical way with minimal disruption to patients and clinical activities.
- The High Voltage Main Intake System would comply with all regulations and guidance listed in HTM 06-01.
- BS EN 62271-1-1:2017 HV Switchgear compliance

RISK EVALUATION

The above option presents the least risks to the outage of this essential service and utility.

Although the financial commitment is higher, reduced reactive maintenance instances will be achieved and avoiding repair of a degrading system and improving resilience to power supplies supporting critical care units.

5. PREFERRED WORKS OPTION

The preferred option is (Option 4.2) to undertake the necessary upgrade works on the St Albans City Hospital High Voltage Main Intake system.

6. PROCUREMENT

The programme of works can be separated into four sizeable phases. The installation and construction elements of two phases have been combined for tendering and economies of scale purposes due to the similarity of suppliers. A breakdown of the tenderable elements is shown below.

6.1 HIGH VOLTAGE SUBSTATION AND RING INSTALLATION

The High Voltage Switchboard is specialist equipment provided by SPE Energy, adapted and bespoke for the needs of SACH infrastructure. required and the risk that is posed by failure it is suggested to purchase the equipment from SPE Energy.

This supplier has 40 years' experience, uses innovative switchgear products, has a fast turn-around time for delivery and has a tried and tested product that will support this critical substation.

A waiver will be requested to support the PO for the purchase of equipment. This will enable the overall program to be reduced by a minimum of 6-8 weeks.

The installation and construction requirements of the upgrade works has been competitively tendered.

The contractor that proved best value, compliance, and proof of previous installations was selected.

6.2 HIGH VOLTAGE "A" AND "B" INCOMING SUPPLY

The quote received from UKPN (See Appendix C) categorizes costs as "Contestable" or "Non-contestable".

Non-Contestable works are for connections to the Adelaide St and Marshalswick Primary Substations and can only be undertaken by UKPN.

The Trust can choose to accept UKPN's quoted costs or independently tender Contestable works to accredited Independent Connection Providers (ICPs). These works involve the excavation of trenches and the supply, laying and connection of power cables between UKPN's Substations and SACH. As these works equate to around 83% of the total quoted costs, the Trust has tendered the works to identify potential cost savings and risk assess the implications of pursuing that approach.

The Trust is allowed to use the information contained within the UKPN quote as the basis of the tender specification. A key element of this is the proposed route to be taken from the UKPN Primary sub-stations and the SACH site (See Appendix D)

6.3 PHASE 1 MOYNIHAN SUBSTATION INSTALLATION

The installation and construction requirements of the upgrade works will be competitively tendered.

The contractor that can prove best value, compliance, and proof of previous installations in comparison will be selected.

6.5 CONTRACTING

It is proposed to undertake the works under Revision 6 of the Institute of Engineering and Technology (IET) Model Form 1 contract (MF1). The contract is widely used for the design, supply and installation of electrical, electronic, and mechanical plant and is written in clear, simple language designed specifically for engineering projects. MF/1 contains general conditions that have been adapted over many years to provide assurance for both parties involved with a contract.

Eta Projects have been commissioned to prepare the contract documentation to reflect the requirements of the Trust and manage the contract agreement process leading to signature by the respective parties.

West Hertfordshire Hospitals NHS
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7. FUNDING, AFFORDABILITY & FINANCIAL ANALYSIS

7.1 CAPITAL COSTS

The programme of works planned for completion during 2022/23 and 2023/24 is comprised of a number of mainly sequential construction elements.

The major works will be packaged into five separate contracts. VAT will be incurred but a percentage is estimated as reclaimable. The estimated value of the purchase orders and the anticipated reclaim is detailed in the table below.

CONTRACT ELEMENT	COST ELEMENT INC VAT	TOTAL VAT TO BE RECLAIMED	VAT RECLAIM % ESTIMATED	COST NETT OF RECLAIMED VAT
Infrastructure Design & AP - ETA	£277,000	£46,167	100%	£230,833
Infrastructure enabling maintenance Works - RJPower/HBB	£53,000	£6,625	75%	£46,375
Incoming Supply – UKPN Contestable	£1,759,510	0	0%	£1,759,510
Incoming Supply – UKPN Non-Contestable	£404,674	0	0%	£404,674
New "A&B" HV Intake Substation and Open Ring System - To be tendered	£1,687,259	£210,908	75%	£1,476,351
Testing & Commissioning - TBD	£12,000	£2,000	100%	£10,000
Moynihan Works – To be tendered	£2,820,000	£352,500	75%	£2,467,500
Infrastructure Design & AP - ETA	£12,000	£2,000	100%	£10,000
TOTALS	**£7,025,443**	**£ 620,200**		**£ 6,405,243**

The cost estimates were provided by Eta Projects, specialists in the design and implementation of HV and LV electrical infrastructure in healthcare environments. Eta Projects are experienced in respect of these schemes and have produced the infrastructure designs and specifications for the proposed projects in collaboration with Estates, Capital Projects and the Director of the Environment before sign-off that includes the Trust's

Authorised Engineer. In addition, best endeavours have been made to consider current market instabilities in these projections. The three major contracts are to be tendered.

The total "Cost Nett of Reclaimed VAT" in the table above is the same as shown in the business case front page.

There is no contingency built into project and it is assumed that any variations will be evaluated on their respective merits and reported to the CFPG.

7.2 CAPITAL COSTS CASHFLOW

The programme for these works span two financial years. The key elements that fall into 2023/24 are the construction works to replace Moynihan Substation and the remaining staged payments to UKPN for the additional incoming power. Although the contestable element of UKPN's quote is to be tendered, UKPN's staged payment schedule is used for the purposes of the cashflow table below.

CONTRACT ELEMENT	COST NETT OF RECLAIMED VAT	2022/23	2023/24
Infrastructure Design & AP - ETA	£230,833	£230,833	
Infrastructure enabling maintenance Works - RJPower/HBB	£46,375	£46,375	
Incoming Supply	£2,164,184	£1,120,000	£1,044,184
New "A&B" HV Intake Substation and Open Ring System	£1,476,351	£1,476,351	
Testing & Commissioning - TBD	£10,000		£10,000
Moynihan Works – To be tendered	£2,467,500		£2,467,500
Infrastructure Design & AP - ETA	£10,000		£10,000
TOTALS	**£ 6,405,243**	**£ 2,873,559**	**£ 3,531,684**

8 RISK APPRAISAL

8.1 MAIN RISKS ASSOCIATED WITH IMPLEMENTING THE BUSINESS CASE

The main risks associated with the works is the loss of power before or during the replacement of the old High Voltage Switchgear. There is also a risk of damaging unknown underground services while carrying out the excavation of trenches to lay power cables. A rolling programme of single file traffic flows will be instigated during the excavation of the trench. These risks can be materially mitigated by expansive project management, detailed underground surveys and proactive stakeholder and general communication.

8.2 MAIN RISKS ASSOCIATED WITH NOT IMPLEMENTING THE BUSINESS CASE

With regards to electrical power supplies at SACH, there are two dominant issues to be addressed. Firstly, there isn't enough power and secondly the infrastructure that currently delivers power is not resilient.

Insufficient Power

SACH has one incoming HV supply of 800kVA, it is estimated that an average of 70% is routinely used. Given the need to allow a percentage of additional power to manage peaks in demand, there is little capacity or no capacity remaining to deliver the Trust's Community Diagnostic Centre, Acute Redevelopment and Net Zero Carbon aspirations.

Non-resilient Power

The major components that comprise the HV/LV infrastructure are at the end of their respective life and are susceptible to breakdown or failure.

The inability to undertake planned preventative maintenance (PPM) to the major components exacerbates the above risk of breakdown or failure to the HV/LV infrastructure

The design of the HV/LV infrastructure is flawed as it creates multiple "single points of failure" meaning that any breakdown or failure of a major component of the HV/LV infrastructure will result in a loss of power to the whole site.

The introduction of improved generator facilities has assured a resilient back-up to essential services, but non-essential services will be power for the duration of the loss of power. It should be noted, however, that the use of a generator providing significant power for a prolonged period, would necessitate the hire of a HV Generator which is not only expensive to set up, hire and maintain but also noisy to operate.

The Trust is unable to temporarily switch off HV power to the SACH site to remedy any issues requiring the isolation of power. A cut in HV power on the SACH site requires pre-planned agreement with the UK Power Network.

When considering the consequences of a loss of power to the SACH site, the duration of the power loss and the impact of works required to remedy the loss must be taken into consideration.

Generally, for a patient, a loss in electrical power would adversely affect their environment eg loss of light, heating, cooling, ventilation etc and could have a detrimental impact on their anxiety and recovery

Generally, for staff, a loss in electrical power for staff would also adversely affect their environment but could also impact their working processes due to the loss of phones, equipment, IT, security etc. This would not be sustainable for a prolonged period.

Generally, for business continuity, a loss in electrical power for could adversely affect waiting times, clinical capacity, income, and reputation depending upon the period of power loss.

9. BENEFITS

The benefits associated with the implementation of the upgraded High Voltage Intake system outlined in this business case are:

Benefit	Benefit Realisation Measurement
Increased power to the SACH site enabling Community Diagnostic Centre, Acute Redevelopment and Net Zero Carbon initiatives.	Incoming power increased from 800kVA to 5mVA.
Avoid the consequences of remedying breakdowns that cause a loss of power	Significant capital costs but the likelihood should reduce on completion of the projects
Avoid the lack of comfort, added stress and anxiety that would be incurred by patients and staff during prolonged periods of power loss.	Difficult to measure but the likelihood should reduce following each of the scheduled phases.
Eliminate or mitigate risks from the trusts risk register	Risk removed on completion of the project
Eliminate the risk of damage to WHHT's reputation arising from catastrophic failure of the High Voltage Distribution System.	Risk removed on completion of the project
The Trust can avoid the costs associated with the need for UKPN to cut power to the site to undertake PPM, Reactive and Emergency works	£1.5k per occasion

The Trust can avoid the costs associated with the need for specialist contractors & AE attendance to cut power to the site to undertake PPM, Reactive and Emergency works	Dependent on the period of downtime and the remedial works required but say £1k per day. As an example, to cut power to the site to undertake a repair or to undertake routine maintenance would cost c£40k for the attendance of specialist staff and the requisite equipment e.g Temporary Generators. £8k set up and removal & £4k per month. This scale of cost will reduce to zero at the end of the programme but will reduce incrementally with the completion of each of the upgraded sub-stations.
The Trust can avoid the costs associated with the need for additional generator rental for non-essential services in the event of prolonged loss of power.	No generators are currently on hire at SACH because of the successful completion of recent Phase 1 works. In this event, long term temporary generators shall need to be brought into service as part of disaster recovery efforts. The hire, fuel and maintenance of this would be extremely expensive. I will get an estimated monthly rate. As above, the scale of cost will reduce to zero at the end of the programme but will reduce incrementally with the completion of each of the upgraded sub-stations.
Planned Preventative Maintenance (PPM) will be made possible – extending the life of infrastructure assets	PPM Schedules in place.
Decrease the number of functions classified as Non-essential ie without generator back-up	Baseline 50/50 split between Essential & Non-Essential. This will drop to NIL non-essential at the end of the programme meaning the whole hospital site will be provided with generator support. The % will incrementally drop, with the upgrade of each sub-station.
Reduce the value of backlog maintenance from the Trust's 6 Facet survey and ERIC returns.	c£1m reduction in Trust's 6 Facet survey and/or ERIC returns following completion of works.
The removal of risk from the Trust's Risk register	Risk rating reduced from 15 to 0
Trust able to demonstrable a clear plan for ensuring its duty of care duties towards its patients and staff	HTM 06-01 compliance, BS7671 Guidance Note 7 (Chapter 10) Special Medical Locations and Power Requirements

	compliance & BS EN 62271-1-1:2017 HV Switchgear compliance.
Avoid the business continuity and reduced capacity and income because of a prolonged loss of power	Significant and dependent on the period of downtime
Avoid the reputational damage from delaying, abandoning, or making unaffordable their Community Diagnostic Centre, Acute Redevelopment and Net Zero Carbon aspirations.	Risk removed on completion of the project.

10. MANAGEMENT ARRANGEMENTS

10.1 PROGRAMME

A detailed indicative programme showing the sequence of tasks and milestones is included as Appendix E. The start of the programme will be triggered by the agreement of this business case and the subsequent raising of the primary purchase orders. The programme will cross two financial years

The Programme will be overseen by the Head of Capital Projects and supported by the Capital Projects Team.

10.2 CONTRACT MONITORING

The contract will be monitored and reviewed against the relevant and respective KPI (Scope, timetable, and cost).

10.3 REPORTING

Exception reports will be produced for consideration by the CFPG. The reports will include problems arising from:

- General progress issues
- KPI performance outliers

10.4 COMMUNICATIONS

Communications, especially with users, will be critical to the effectiveness of the contract changeover work to complete change overs from the old to the new system affectively.

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10.5 STAKEHOLDERS

The following stakeholders will be updated monthly regarding the ongoing progress of the Generator System Upgrade project:

- Capital planning finance group (CPFG)
- Estates management
- Authorising engineers (AE's)
- SACH local clinical leadership
- Trust operational and clinical leads

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APPENDICES

APPENDIX A - **PROJECT DESIGN LAYOUT FOR NEW HV INTAKE SUBSTATION**

SACH Power appendix A.docx

APPENDIX B - **PROJECT DESIGN LAYOUT FOR NEW HV OPEN RING**

SACH Power appendix B.docx

APPENDIX C - **UKPN QUOTE**

8600025498 St Albans City Hospital

APPENDIX D - **CABLE ROUTE FROM UKPN PRIMARY SUB STATIONS**

8600025498 St Albans City Hospital

APPENDIX E - **PROGRAMME**

SACH-P8843-ETA-SW-XX-PR-E-00001.pc

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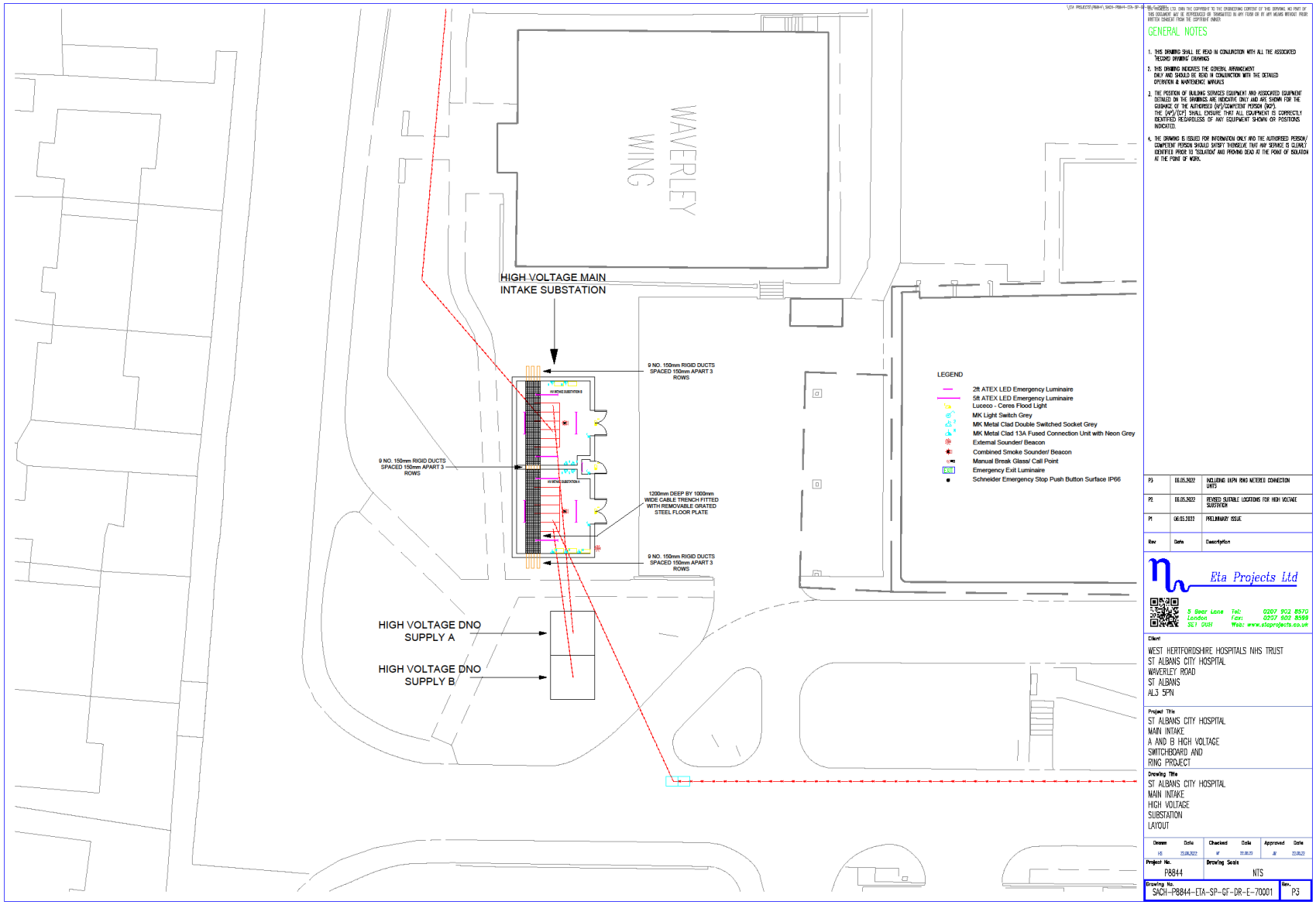

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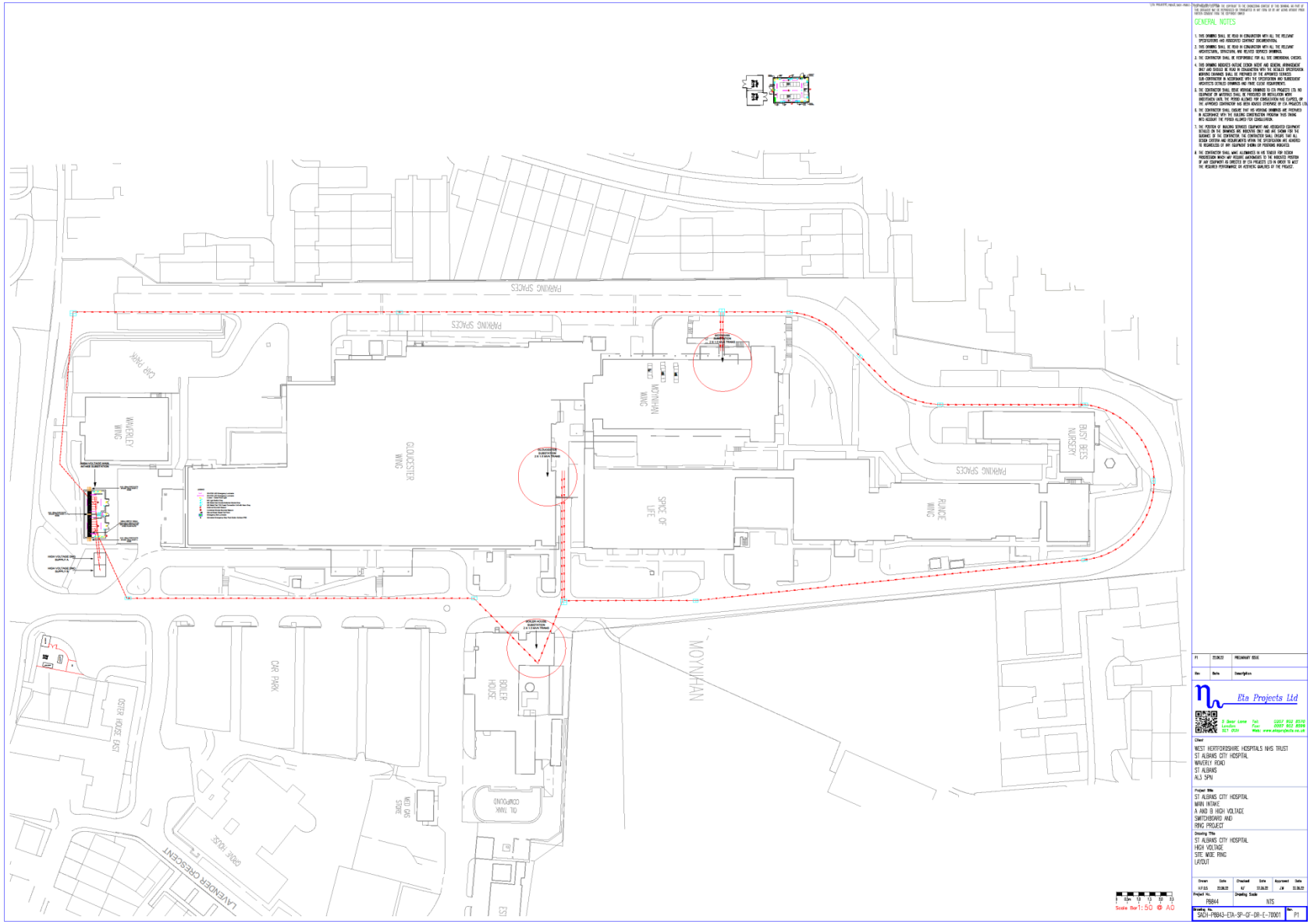
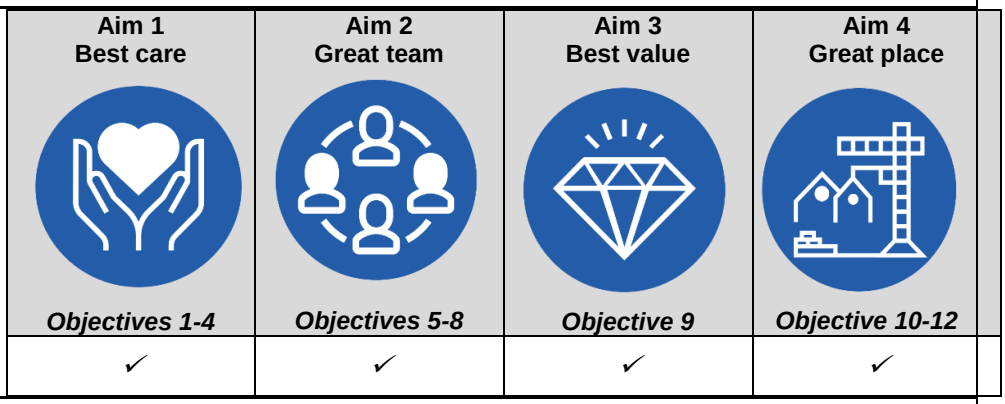


West Hertfordshire Teaching Hospitals NHS Trust

Trust Board Meeting
3 November 2022

Title of the paper:	**Corporate Risk Register Report**
Agenda Item:	**28**
Presenter:	**Mike Van der Watt – Chief Medical Officer**
Author(s):	**Brian Haig – Risk Lead**
Purpose:	*Please tick the appropriate box* *For approval* ✓ | *For discussion* ✓ | *For information*
Executive Summary:	The purpose of this report is to provide an update on the status of the Corporate Risk Register (CRR) to the Quality Committee. This report captures the decisions made by the Risk Review Group (RRG) on 13 October 2022. **Where applicable, decisions made by the RRG are highlighted in amber under the risk.** The final data for this report was extracted from Datix on 13 October 2022, with some updates made following the RRG meeting; a total of **18** open risks were registered on the Corporate Risk Register (CRR) at that time. In addition, the RRG reviewed all escalated, de-escalated, closed, increased, reduced, and merged risks where applicable. The RRG discussed the following. One (1) new risk was presented for approval and addition to the CRR. **Risk ID 277** Functionality training for all types of CTG machines in use in maternity clinical areas The proposed Risk Score was 15 (3 x 5). Agreed Risk Score of 10 (2 x 5) After discussion it was agreed that the Risk Score should be have a likelihood of 2 and a consequence of 5 making the risk score of 10. As such it would not be added to the CRR but would remain on the Divisional Risk Register. The Group agreed the reduction of one (1) risk and removal from the Corporate Risk Register **Risk ID 23** The impact on the Emergency department of the Watford UTC inconsistent adherence to patient pathways, processes and escalation Risk Score was 16 (4 x 4) and the agreed new Risk Score is 12 (3 x 4). The group considered the improvements in this area and that it would continue to be monitored. If necessary, it would be brought back to the RRG in future for further discussion.

	<u>The Group discussed one (1) risk with an increased score.</u> **<u>Risk ID 262</u>** Do Not Attempt Cardiopulmonary Resuscitation quality documentation Proposed Risk Score of 16 (4 x 4). Agreed that Risk Score to remain at 12 (3 x 4). The Group considered that this risk required further data to establish the current risk and appropriate levels of risk. The impact of EPR and the mandatory fields that need to be completed would have improved the completion of Documentation and the Group wished to understand if the risk was due to a change in appropriate decision making, as the CMO had not seen any evidence of this. The risk owner was asked to review and provide more context (including supporting data), so that the Group could consider the risk more at the next meeting.
Trust strategic aims: *(please indicate which of the 4 aims is relevant to the subject of the report)*	
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? ☒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?
Previously considered by:	

Committee/Group	Date
Risk Review Group	13 October 2022
Quality Committee	27 October 2022

Action required:	The Board is asked to receive this report for discussion of the corporate risk register and approve changes made by the Risk Review Group/Quality Committee.

West Hertfordshire Teaching Hospitals NHS Trust

Agenda Item: 28

Trust Board Meeting – 3 November 2022

Title of Paper: Corporate Risk Register Report

Presented by: Mike Van der Watt – Chief Medical Officer

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) including current risk scores, new, escalated, de-escalated, merged, increased, reduced, and closed risks.

2. Background

2.1 The CRR forms part of the Trust's overall board assurance and integrated risk management arrangements.

2.2 The Chief Medical Officer is the Trust's delegated lead executive for risk management.

2.3 The Quality Committee is the Board's subcommittee, which oversees assurance for risk management arrangements within the Trust.

2.4 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.

2.5 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.

2.6 Risks are closed as appropriate. Any outstanding risks are reported to the Risk Review Group (RRG) for discussion and, where necessary, escalated to this Committee to agree on future action.

3. Corporate Risk Register

3.1 This report captures the decisions made by the RRG on 13 October 2022. Data for this report was extracted on 13 October 2022, with some updates made following the RRG. **Decisions made by the RRG are highlighted in amber under the risk.** A total of **18** open risks were registered on the CRR at that time.

3.2 Appendix 1 details a table representing risks and their associated score movement on the CRR by Division against each month since October 2021.

3.3 Appendix 2 details a full summary of all corporate risks presented to the Risk Review Group on 13 October 2022 and decisions made in respect of these.

4. Risk activity

The following provides an overview of risk activity as discussed at the RRG on 13 October 2022:

4.1 **New risks (1)**
One new risk was presented, however after discussion and review, the risk score was to remain at the current level and it would not be added to the CRR.

4.2 **Risk score decreased (1)**
One (1) risk score was decreased and approved for removal from the CRR

Risk ID 23
The impact on the Emergency department of the Watford UTC inconsistent adherence to patient pathways, processes and escalation
Risk Score was 16 (4 x 4) Agreed reduced Risk Score 12 (3 x 4)

4.3 **Changed Risks (0)**
No changed risks were presented to the RRG meeting

4.4 **De-escalated Risks (0)**
No de-escalated risks were presented to the RRG meeting

4.4 **Escalated Risks (0)**
No risks were presented to the RRG meeting

4.5 **Closed Risks (0)**
No risk(s) were closed.

4.6 **Increased risk score (1)**
One risk was presented, however the decision was made not to increase the risk score and for it to remain at its current level. It would remain on the Divisional Risk Register and not be added to the CRR.

4.7 **Merged Risks (0)**
No merged risks were presented.

5. Risk

5.1 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.

6. Recommendation

6.1 The Board is asked to receive this report for discussion of the corporate risk register and approve changes made by the Risk Review Group/Quality Commitee.

Executive Lead Mike Van der Watt
Chief Medical Officer

Date: 17 October 2022

APPENDICES:

Appendix 1 Risks and associated score on the CRR by Division against each month

Appendix 2 Corporate Risk Register (by Division)

Appendix 1 – Risks and associated score movement on the CRR by Division against each month since October 2021

DIVISION	RISK ID	Oct-21		Nov-21		Dec-21		Jan-22		Feb-22		Mar-22		Apr-22		May-22		Jun-22		Jul-22		Aug-22		Sep-22		Oct-22	
CLINICAL INFORMATICS	25 (3899)	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→
	27 (4283)	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→
CORPORATE SERVICES	30 (4238)	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→
	35 (3828)	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→
	26 (4280)	15	→	15	→	15	→	15	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→
	37 (4479)											15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→
	97																					16	↑	16	→	16	→
EMERGENCY MEDICINE	19 (4019)	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→
	20 (4496)											16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→
	21 (4497)											15	→	15	→	15	→	15	→	20	↑	20	→	20	→	20	→
	22 (4511)													15	↑	15	→	15	→	15	→	15	→	15	→	15	→
	23 (4512)													16	↑	16	→	16	→	16	→	16	→	16	→	12	Reduced
	113																					15	↑	15	→	15	→
ENVIRONMENT	32 (2883)	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→	20	→
	33 (4439)	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→
	34 (4438)	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→
	31 (2795)	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→
WOMEN's & CHILDREN	29 (4339)	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→	16	→
	36 (4427)	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→	15	→

APPENDIX 2 – Corporate Risk Register (by Division)

COVID-19 RELATED	Risk ID (prev ID)	OPENED DATE	RISK TITLE	INITIAL RISK RATING SCORE	UPDATE	CURRENT RATING	EXECUTIVE LEAD
CLINICAL INFORMATICS							
No	25 (3899)	12/06/2017	Trust Bleep System Failure leading to inability to utilise alert systems across the Trust	20	Technical issues continue with the android handheld devices connectivity to the internet for access to the BluSky, ATOS investigating cause and solution to fix. This is delaying project to cut-over to the new bleep system. Costs for alternative solution to use 3G/4G connectivity rather than Wi-Fi being investigated too	20 (4 x 5)	Paul Bannister - Chief Information Officer
OCT 2022 RRG MEETING UPDATE **RRG noted update and ongoing activity including the costing of alternative solutions.** **Current Risk 5 x 4 = 20**							
No	27 (4283)	20/05/2020	Possibility of a Cyber Security Incident arising from vulnerabilities within our network connectivity systems.	15	Following a recent independent penetration test the Trust have been provided with a report detailing a number of vulnerabilities identified within the Trust ICT environment. These vulnerabilities have been categorised by criticality - "Critical", "High", "Medium" and "Low". Remediating the vulnerabilities discovered in the penetration test forms part of a program of work to reduce the overall risk of vulnerabilities causing a cyber security incident. A time frame of 3, 6 and 9 months has been assigned to the remediation of the vulnerabilities which will improve the overall cyber security posture of the Trust and reduction of this risk.	15	Paul Bannister - Chief Information Officer

OCT 2022 RRG MEETING UPDATE **RRG noted no change to risk or control measures, Work continues to manage risk, penetration tests are identifying vulnerabilities, and these are being prioritised. Group noted timeline for risk reduction/mitigation as part of the ongoing programme.** **Current Score 3 x 5 = 15**

CORPORATE SERVICES							
No	97	11/08/2022	Staff Turnover Rates (overall numbers/turnover within specific staff groups/leavers in first year of employment)	16	Risk score and controls remain appropriate for this risk. Work continues to manage and reduce staff turnover.	16	Andrew McMenemy – Chief People Officer
OCT 2022 RRG MEETING UPDATE **RRG noted update. At present no change to risk or control measures.** **Current Score 4 x 5 = 20**							

No	35 (3828)	09/11/2016	Patients may come to harm and have a poor experience due to long waits for elective care	20	Risk has been reviewed and the harm element of the risk is now separately recorded under Risk 279. Continued pressures on the services mean that Patient experience continues to be adversely affected and not at the level the Trust would wish it to be. Although Services are working to mitigate the impact, a combination of factors mean that improvement in this area remains challenging. Risk Controls and assurances remain appropriate and valid for this risk,	20	Michael Van der Watt, - Medical Director
OCT 2022 RRG MEETING UPDATE **RRG noted update and that risks have now been better defined as two separate risks, rather than a combined one. At present no change to risk or control measures.** **Current Score 4 x 5 = 20**							

No	30 (4238)	03/12/2019	Lack of in reach mental health services and tier 4 specialist provision for under 18yrs patients including eating disorders	20	Risk remains - this month have seen an increase in CYP with eating disorders admitted under section. Awaiting final confirmation of capital funding to develop safe space rooms. Awaiting update about CYP mental health liaison team recruitment from HPFT. 2 places obtained on 'train the trainer' clinical holding training obtained - funded by NHSE - 2 paediatric nurses will attend.	15	Tracey Carter - Chief Nurse and Director of IPC
OCT 2022 RRG MEETING UPDATE **RRG noted update and activity being undertaken. The Group considered that the risk score may at present be underscored, however the Winter Initiatives are now coming on stream, including some additional resourcing and these may be able to mitigate the risk. Further discussion to take place at November RRG to see if the risk score needs to increase or can remain at it's current level.** **Current Score 3 x 5 = 15**							

Yes	26 (4280)	28/04/2020	The impact of Covid and Operational Pressures on Workforce wellbeing	16	Risk and mitigating actions remain the same. Ongoing work is being undertaken and Wellbeing OD plans are being formulated based on recent Wellbeing listening forums	16	Andrew McMenemy – Chief People Officer
OCT 2022 RRG MEETING UPDATE **RRG noted update and continued work being undertaken to support workforce. No change to risk or control measures.** **Current Score 4x 4 = 16**							

No	37 (4479)	27/01/2022	There is a risk to maintaining Safe staffing levels for Nursing across all Divisions	15	The Trust remains in a position whereby staffing levels for nursing remains challenging on a daily basis. The Trust is not unique in this risk as pressures on services continues to be high and sickness, annual leave and staff leaving all have an impact upon the ability to manage the demand and provide safe levels of nursing. Work continues to be undertaken on a daily basis to manage this and provide the safe levels of nursing staff and mitigate the risk. This is monitored through an established meeting process within the Trust. At present the controls/mitigation and assurances remain valid and appropriate for this risk.	20	Tracey Carter – Chief Nurse and Director of IPC
OCT 2022 RRG MEETING UPDATE **RRG reviewed this risk at length and considered that this has increased and is now at 20, rather than 15. Risk rescored. Work continues to manage the risk and ensure safe staffing levels.** **Current Score 5 x 4 = 20**							

No	97	06/09/2022	Staff Turnover Rates (overall numbers/turnover within specific staff groups/leavers in first year of employment)	16	Risk score and controls remain appropriate for this risk. Work continues to manage and reduce staff turnover.	16	Tracey Carter – Chief Nurse and Director of IPC
OCT 2022 RRG MEETING UPDATE **RRG noted no change to risk or control measures. Work continues to manage the risk.** **Current Score 4 x 4 = 16**							

EMERGENCY MEDICINE							
No	113	11/08/2022	Impact on Patient Safety / Experience due to need to use fracture clinic as adult ED assessment area, for which it is not designed.	15	Score remains the same as do controls and mitigating, the name has now been changed to Triage and Ambulance Majors (TAM) TAM remains a key part of the redevelopment of the ED -which is progressing and being monitored through other groups	15	Tracey Carter, Chief Nurse and DIPC

OCT 2022 RRG MEETING UPDATE

RRG discussed that as this was now TAM and part of patient flow model, risk score should be reviewed to see if the risk could be reduced to 12. Division to undertake further work and bring back to RRG in November.

Current Score 5 x 3 = 15

No	19 (4019)	30/04/2018	Ambulance handover delays affecting patient pathway and escalation	20	Controls mitigation and score remains the same – Offload delays remain prevalent particularly during peak times of activity. The ambulance support team remain in place supporting patients waiting to offload. Additionally following approval, EEAST crews are undertaking hourly observations to enable early escalation if a patient deteriorates. Senior decision makers remain in place within the STARRing unit to facilitate early identification and treatment of newly arriving patients.	15	Sally Tucker - Chief Operating Officer

OCT 2022 RRG MEETING UPDATE

RRG noted update and the ongoing activity being undertaken to manage the risk.

Current Score 5 x 3 = 15

No	20 (4496)	12/04/2022	Reduced patient flow through the Emergency department (ED)	15	Controls mitigation and score remains the same – Patient flow continues to be a challenge with high numbers of patients in ED waiting for an admission bed for long periods. Emergency Medicine continues its focus on utilisation of SDEC services to decompress the Emergency Department including discussions surrounding additional waiting capacity in in EAU. Internal Professional standards are being measured and shared with Divisional leads to improve assessment times.	16	Tracey Carter- Chief Nurse and Director of IPC

OCT 2022 RRG MEETING UPDATE

RRG noted ongoing work in this area. No change to risk or control measures at present.

Current Score 3 x 5 = 15

No	21 (4497)	12/04/2022	Failure to meet performance KPIs within the Emergency Department (ED)	16	Controls mitigation and score remains the same - Performance remains suboptimal against the 4-hour standard, however the month of September saw a noticeable improvement. The ED improvement plan remains in place with focus on multiple KPIs. The Triage and Ambulatory Majors (TAM) has heightened focus concentrating on non-admitted performance.	20	Sally Tucker – Chief Operating Officer
OCT 2022 RRG MEETING UPDATE **RRG noted update. Risk to be reviewed as to increased risk score given the current position as KPI's not being achieved. Risk may be increased to 5 x 5 = 25. To be further discussed at November RRG once Division has further reviewed the risk.** **Current Score 5 x 4 = 20**							

No	22 (4511)	12/04/2022	Challenges in meeting the needs of Mental health Patients within the Emergency Medicine division	16	Current controls mitigation and score remain the same - work continues to establish triggers and actions in response to high number acuity or complexity of patients which if needed will go through the mental health steering group	16	Tracey Carter-Chief Nurse and Director of IPC
OCT 2022 RRG MEETING UPDATE **RRG noted update and work being undertaken.** **Current Score 4 x 4 = 16**							

No	23 (4512)	12/04/2022	The impact on the Emergency Department of the Watford UTC inconsistent adherence to patient pathways, processes, and escalation	16	Risk was reviewed and risk reduced to 12 (3 x 4) Controls and mitigation in place and currently proving effective, therefore discussed at Risk review group with a view to de-escalating it from the corporate register	16	Sally Tucker – Chief Operating Officer
OCT 2022 RRG MEETING UPDATE **RRG agreed that the risk could be reduced to an overall score of 12. Risk removed from CRR and will be monitored through Divisional Risk Register.** **Current Score 3 x 4 = 12**							

ENVIRONMENT							
No	31 (2795)	15/12/2011	Management and control of - Asbestos Containing Materials (ACMs)	20	Risk has been discussed with Operational Manager, there are no changes to risk or score . Will be discussed again at Divisional Governance Meeting - 20/10/22	16	Patrick Hennessy-Director of Environment
OCT 2022 RRG MEETING UPDATE **RRG noted, however the risk requires further review as it is no longer at the level of a likelihood of 4, given the controls (including guidance/regulations) in place to manage the presence of Asbestos within the Trust buildings. Risk likelihood needs to be re-assessed to reduce in line with the control measures in place. To be further discussed at November RRG once Division has undertaken additional review. Risk is likely to be reduced as a result.** **Current Score 4 x 4 = 16**							
No	32 (2883)	13/10/2012	Control of Legionella and Management of water systems	16	Risk has been discussed with Operational Manager, there are no changes to risk or score . Will be discussed again at Divisional Governance Meeting - 20/10/22	20	Patrick Hennessy-Director of Environment
SEP 2022 RRG MEETING UPDATE **RRG noted, asked for a review of the likelihood being appropriate, given that there have been no incidents of patients catching Legionella. Risk likely to be reduced as a result and to be brought to next RRG. Division to undertake review.** **Current Score 4 x 5 = 20**							

No	33 (4438)	26/08/2021	Electrical infrastructure risks on the WGH site	15	Risk was discussed with Operational Manager. Work continues at SACH - HV works, electrical network and transformer maintenance. Capital works have also commenced - new cabling in switch rooms, along with replacement of switchgear and isolators. As work progresses there maybe opportunity to reduce the scoring , an assessment of resilience improvements will form the basis of any decision. Risk to be discussed at October Divisional governance meeting	15	Patrick Hennessy-Director of Environment
OCT 2022 RRG MEETING UPDATE **RRG noted no change to Risk Score or Controls. Ongoing work is being undertaken to improve electrical infrastructure.** **Current Score 3 x 5 = 15**							

No	34 (4439)	26/08/2021	Electrical infrastructure risks on the SACH site	15	Risk discussed with Operational Manager. Focus remains on improvements works at SACH , once resilience has been assessed and works are reaching final stages plans will be developed for the Watford site. All areas continue to be monitored with monthly generator tests and PPM activities	15	Patrick Hennessy-Director of Environment
OCT 2022 RRG MEETING UPDATE **RRG noted no change to Risk Score or Controls. Ongoing work is being undertaken to improve electrical infrastructure.** **Current Score 3 x 5 = 15**							

MEDICINE

SURGERY & CANCER

WOMEN'S AND CHILDREN

No	29 (4339)	20/11/2020	Increased midwifery vacancies leading to lack of appropriate midwifery staffing levels	20	Discussed at the divisional risk review meeting 27/9/22. Recruitment drive continues to address staffing shortages across the midwifery team. There are currently 38.25 WTE clinical vacancies. A retention survey was recently completed to understand the reasons why staff leave and identify themes. 2 x B5 midwives started in September. 2 are planned to start in October, 5 in January and 3 in June. There are 5 x potential B5 midwives in the pipeline that have not yet complete elements of their training. The service has funding for 5.2 WTE nurses to support postnatal care. 4 nurses have been recruited. Start date TBA. 2 international midwives have recently joined the team. 9 are in the pipeline.	16	Tracey Carter- Chief Nurse and Director of IPC
OCT 2022 RRG MEETING UPDATE **RRG noted no change to Risk Score or Controls and the work being undertaken.** **Current Score 4 x 4 = 16**							

No	36 (4427)	01/04/2019	Delay in the IOL pathway including transfer from the antenatal ward to delivery suite.	16	Discussed at the divisional risk review meeting 27/9/22. There are no changes in controls or mitigation. An escalation policy is in place to advise midwives when delayed women need to be reviewed by a doctor. All delays are Datix and reviewed by R&G team and IPS matron. Recruitment drives continue to address staffing shortages. An audit is in progress to assess the impact on women when and IOL is delayed.	15	Tracey Carter - Chief Nurse and Director of IPC
OCT 2022 RRG MEETING UPDATE **RRG no change to risk or control measures.** **Current Score 3 x 5 = 15**							

Trust Board
3 November 2022

Title of the paper	**Items considered in October 2022 Private Trust Board**
Agenda Item	**29**
Presenter	**Barbara Anthony, Trust Secretary**
Author(s)	**Barbara Anthony, Trust Secretary**
Purpose	*Please tick the appropriate box* *For approval*: *For discussion*: *For information*: ✓
Executive Summary	To note in the public domain an outline of the matters covered in private, due to their confidential nature, since the last board meeting in public.
Trust strategic aims *(please indicate which of the 4 aims is relevant to the subject of the report)*	**Aim 1 Best care** — ***Objectives 1-4***: X **Aim 2 Great team** — ***Objectives 5-8***: X **Aim 3 Best value** — ***Objective 9***: X **Aim 4 Great place** — ***Objective 10-12***: X
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? ☒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?
Previously considered by	Committee/Group: Date:
Action required	The Board is asked to note matters discussed at the last meeting in private (Part 2) session.

West Hertfordshire Teaching Hospitals NHS Trust

ITEMS FOR DISCUSSION	
1	None
ITEMS FOR INFORMATION AND ASSURANCE	
2	Feedback on Board ward and departmental visits – the Board received feedback from visits by Board members to: • Maple House • Bluebell ward • Palliative Care • Surgical robots • Virtual Hospital •
3	Mortuary assessment – the Board received a update from the Divisional Director of CSS on security arrangements for the Trust's mortuary services.
4	Review of Strategic and Corporate Risk – the Board received a detailed review of the corporate and strategic risk from the Chief Medical Officer.
5	Strategy update – the Board received an update from the Chief Strategy Officer.
6	Vice Chair appointment process – the Board discussed the process for appointing a vice chair.
ITEMS FOR APPROVAL	
7	Soft FM contract – the Board approved the extension of its contract for Soft FM services.