



West Hertfordshire Teaching Hospitals NHS Trust



Quality Account 2022/23



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PART 1

Introduction

The Quality Account is an annual report which reviews the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. It also looks ahead to define what our priorities for quality improvements will be for the coming year. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

Statement on Quality from the Chief Executive



Matthew Coats CB

Chief Executive

West Hertfordshire Teaching Hospitals NHS Trust

Welcome to our 2022/23 Quality Account which looks back on our achievements against a backdrop of extremely high demand on our services.

Staff wellbeing has never been more important. We have worked hard to evolve our wellbeing and counselling support services and we will continue to look for ways to ensure our staff receive all the help they need. We are incredibly proud of all our staff and volunteers. We would be nothing without them and the support of health and social care partners and our communities. We admire their resilience and kindness and thank them for everything they do.

We continue to experience peaks in Covid-19 every three months, which is to be expected after a viral pandemic. Our Covid-19 staff hub closed in March 2023 almost three years after it was set up during the first wave of the pandemic. We are grateful to all the staff who have supported the hub and provided invaluable support to the organisation.

Recovery from the significant Covid-19 waves in early 2022 was much slower than anticipated and although initiatives to improve performance were put in place, the on-going impact of Covid-19 on capacity continued to affect provision of elective care services and we experienced significant increases in demand for urgent and emergency care services with more people attending our Accident & Emergency (A&E) department or Urgent Treatment Centres than before the pandemic. Whilst workforce absences were not as high as those seen during the first waves, this remained a factor in the pace of recovery and delivery of elective care. In 2022/23, 64% of patients were seen within four hours in our A&E, which was a reduced position to 2021/22 and below the national target of 95%.

The impact of Covid-19 on pathways from the A&E department through to the wards and out of hospital, has resulted in continued loss of capacity due to the need to segregate pathways and access to the right bed. This combination of factors had a very considerable impact on flow and ambulance handovers. We

continued to work closely with the ambulance service to ensure a planned and structured approach to support cohorting, corridor care and the management of delays in patient transfer from ambulance to A&E which allowed both services to ensure the safety of patients already in the hospital and those being brought to the Trust.

A wide range of initiatives have been in place throughout the year, designed to reduce waiting times for both elective and urgent care patients, improve patient flow and performance. We launched our Patient Flow Improvement plan at the end of the year, with actions to support improvement from arrival in A&E through to discharge from hospital and there has already been improvement in both A&E four-hour performance and ambulance handovers.

For elective care, outsourcing treatment across a range of specialties has remained in place and has continued to be successful, with many patients treated in independent sector (ISP) facilities over the course of the year. The national objectives set for referral to treatment (RTT) performance for 2022/23 centred on long wait reduction, specifically pathways at 78 weeks or longer. The number of patients with a wait of 78 weeks or more peaked at 407 in August 2021 and by the end of March 2023 15 remained on the waiting list. However, this has been affected by data quality issues from the implementation of our electronic patient record system and also includes some patients who chose to delay treatment.

In July 2022, NHS England established a tiering system reflecting confidence in the delivery of the 78 week wait elimination objective and the reduction in patients waiting more than 62 days on a cancer pathway. The Trust was placed into Tier one, the group considered to be at the highest risk of failure to achieve these improvements. A framework of improvement plans was already in place to deliver both objectives, delivering rapid improvement in the number of cancer pathways over 62 days and in recognition of this, the decision was made in November 2022 to remove the Trust from the tiering system altogether, for cancer only.

The Trust's overall performance against the 62-day referral to first definitive treatment standard was 57% in 2022/23 in comparison with 80% in 2021/22, 82.2% in 2020/21, 82% in 2019/20 and 82.6% in 2018/19. The target is 85%. During 22/23 we continued shadow reporting for the new 28 day faster diagnosis standard, which measures the number of patients who receive a definitive cancer or no cancer diagnosis within 28 days of referral against a target of 75%. We are currently meeting that target.

The actions put in place to ensure the 78 week wait elimination objective were very effective and month on month improvements were delivered. In February 2023, NHSE took the decision to de-escalate the Trust from Tier One to Tier Two.

Good relationships with all providers have been key in the success of this programme which expanded to include agreements with providers who could accommodate more complex procedures, ensuring that more patients can be given an opportunity to have treatment earlier than would be possible at the Trust.

This year has shown that West Herts has become the go-to place for innovative digital transformation. It is now 18 months since we rolled out our Cerner electronic paper record (EPR) which gives staff instant access to the data they need to care for patients. We are still some way from fully realising all the system benefits but it has already made a difference for patients and staff.

Our maternity teams rolled out BadgerNet, their version of a patient record system, and our outpatient teams have launched the Patient Portal which had 10,000 users just a month after launch. Both systems provide patients with quick and easy online access to their hospital health records and appointment times.

It's been a year since we joined the Hertfordshire and West Essex Shared Care Record which brings together multiple sources of patient information from social care, mental health and out of hours providers as well as GPs and acute trusts. Over 1,000 staff accessed the system this March, ensuring quicker and more informed decision making for patients.

Just seven months after taking delivery of two surgical robots in July 2022, our surgical robotic team performed its hundredth operation. The benefits for patients are manifold – faster recovery, reduced pain and a slightly earlier discharge from hospital. The robotic programme has attracted highly skilled staff who are eager to specialise and we have become a robotic reference site for other trusts.

We continued to evolve our virtual hospital care model in collaboration with Central London Healthcare Trust, our community partners, while our expertise has been recognised on an international scale. Our virtual hospital clinical lead Dr Niall Keenan attended prime minister Rishi Sunak's NHS Recovery Forum at No.10 to share our experiences, and we hosted delegations from Singapore and South Korea to our virtual hospital hub at Watford General.

The virtual hospital has expanded to treat heart failure and respiratory disease patients and is now evolving to treat frailty patients and those with diabetes. The virtual hospital model onboards patients after their treatment in hospital. In an innovative twist, our new 'anticipatory care' model monitors patients in the community with long-term conditions such as diabetes to help prevent an admission to hospital. Our Chief Medical Officer, Dr Mike van der Watt is leading this new approach to the management of long-term conditions for the wider NHS and social care system which is being delivered through our place-based Health and Care Partnership in South and West Herts, which we continue to lead.

The purpose of the Health Care Partnership is to implement the health strategy agreed across our wider system in Herts and West Essex and to bring together mental health, community organisations and social services to develop the best pathways for our patients and communities. It has provided the platform for our virtual hospital collaboration with our partners at Central London Community Healthcare. This was recognised by the HSJ when the South and West Herts Healthcare Partnership were finalists in the 2022 Place Based Partnership category.

We had a good year in 2022 for national recognition of our achievements. We scooped a double award win in the Nursing Times Workforce Awards with recognition for both our clinical supervision programme and support for nursing staff in their first-year post qualification. Andrea Hone, Carer's lead took home the RCN Commitment to Carers Award for her work on our carers network, and the NHS Pastoral Care Quality award celebrated our support for international nurses and midwives. The inspirational leadership of Dr Nida Suri, emergency medicine consultant, was rewarded at the BAME Health and Care Awards. We are one of the few healthcare trusts whose clinical engineering team was accredited by the British Standards Institute.

Meanwhile we continue to improve our services and work is underway at Watford General to develop a 44-bedded ward in the Shrodells building. We've received the funding for a new pathology hot lab, one of the final enablers for the new development, and building work is in full progress.

A major new investment in diagnostics at St Albans City Hospital was announced in 2022. We are expecting to receive £12 million to develop a community diagnostic centre. This includes an extra MRI and CT scanner which will support patients with suspected or diagnosed cancer or with other conditions that might require surgery. Work to upgrade the electrical networks are in progress to support this equipment. Further plans for the expansion of operating theatres have been agreed and are awaiting funding approval.

Our partners in the wider Herts and West Essex system opened a GP-led Integrated Urgent Care Hub which runs from refurbished space in St Albans City Hospital, formerly home to the Minor Injuries Unit.

The next phase of our plans will see the development of a community diagnostics centre at Hemel Hempstead Hospital which will help deliver planned medical services for patients with long-term or multiple conditions who are not acutely unwell but need specialist hospital treatment.

In 2022 we began the process of refreshing our organisational strategy. We hope to finalise the strategy later in 2023. Our central priorities continue to be providing safe and high-quality patient care by supporting the wellbeing of hospital staff, developing our culture of innovation and improvement, and taking forward our hospital redevelopment programme.

The pressure on our services in 2022 has been unrelenting. In spite of this, we've made significant progress in terms of eradicating 104-week waiters and, except for a very small number of patients, those waiting 78 weeks. We've also begun work to improve the productivity of our surgical services. We've implemented improvements to the emergency and urgent care pathway by focusing on clinical assessment, discharges, our control centre, and looking at how the Urgent Treatment Centre at Watford works.

We would like to thank the continued support from our community and from our staff, volunteers and our health and social care partners who have worked tirelessly to sustain our services and to provide the very best care for our patients whilst incorporating Covid-19 into our everyday business.



About our Trust

West Hertfordshire Teaching Hospitals NHS Trust provides acute healthcare services to a core catchment population of approximately half a million people living in West Hertfordshire and the surrounding areas. The Trust also provides a range of more specialist services to a wider population, serving residents of North London, Bedfordshire, Buckinghamshire, and East Hertfordshire. Overall, the population served by the Trust is relatively affluent, but there are some areas of deprivation.

With approximately 4,968 staff and 593 volunteers working across our three hospital sites in Watford, St Albans, and Hemel Hempstead, we are one of the largest employers locally. There are 751 inpatient beds throughout the Trust, the majority being at Watford General Hospital. An Urgent Treatment Centre (UTC) was opened at Watford General Hospital in July 2020.

Our Services



Watford General Hospital

- Inpatient emergency and intensive care
- Elective care for higher risk patients
- Outpatients and diagnostics services
- 689 beds and nine theatres
- Women's and Children's services
- UTC open seven days a week, 8am to 2am



Hemel Hempstead Hospital

- UTC open seven days a week, 8am to 10pm
- Diagnostic services
- Outpatient services
- Endoscopy and Bowel Cancer Screening



St Albans City Hospital

- Elective care
- Outpatient and diagnostic services
- 44 beds and six theatres

The Trust is a member of the Partnership Board for the Integrated Care System (ICS) and of the place-based partnership South and West Herts Health and Care Partnership, known as the HCP. Matthew Coates, Chief Executive of the Trust, chairs the Board of the HCP.

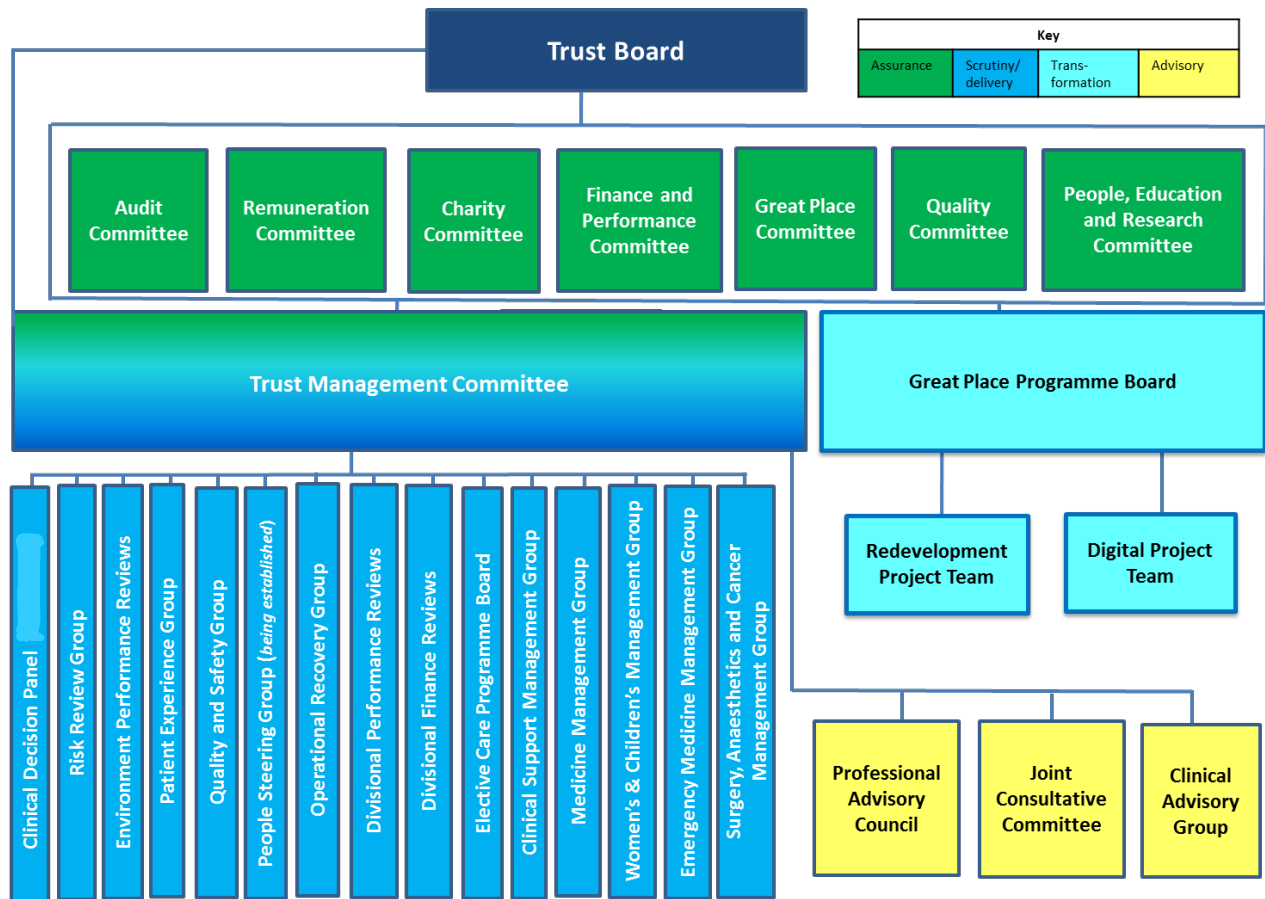
There is a programme of work to support the integration of health and social care in South and West Herts and staff from the Trust are well-represented across all integration workstreams. The programme has two main elements – the establishment of the HCP, and the transformation required to implement integrated working.

The Trust is involved in all system transformation projects, which include:

- Implementation of more virtual hospital pathways
- System transformation of respiratory care

- The Herts Integrated Diabetes Service
- Transforming care and services for Children and Young People
- Frailty

The key focus for the HCP over the coming months is finalising the Health and Care Strategy and agreeing the governance framework for the HCP, as well as progressing the key service transformation priorities set out above.



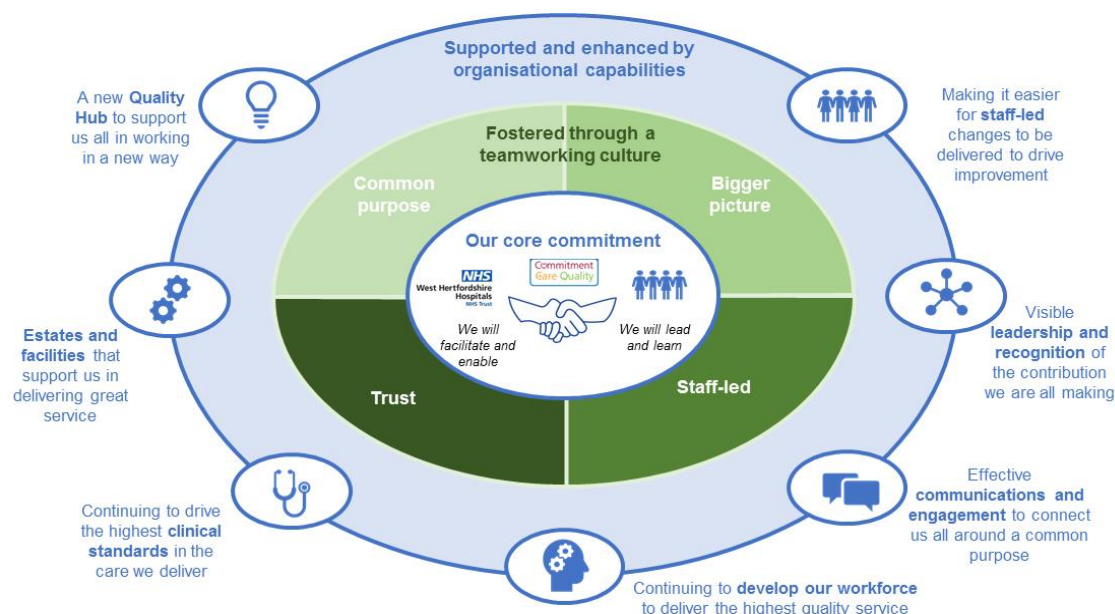
PART 2

This section of our Quality Account looks back over the last year and reviews progress against the quality priorities we set ourselves for 2022/23. It also describes the areas for improvement in the quality of our services that we intend to provide in 2023/24.

Review of Quality Performance 2022/23

Our quality priorities for 2022/23 were agreed to ensure we continued to deliver on our Trust Strategy and our Quality Commitment of 'The West Herts Way', to embed a culture of quality and service improvement.

The Quality Commitment



We identified three core themes which set the basis for our 2022/23 quality priorities:

Theme 1: Providing Safe and Effective Care and Improving Outcomes

Theme 2: Ensuring Our Services are Caring and Responsive

Theme 3: Building a Quality Culture

Underlying the three themes are nine priorities for improvement. Each priority had key areas for us to focus on.

Our themes and priorities consider our Trust Quality Strategy, national targets, feedback from staff, patients, our commissioners and partners and the findings of CQC inspections.

Theme 1: Providing Safe and Effective Care and Improving Outcomes Executive Leads: Chief Medical Officer and Chief Nurse		Outcome
1. Providing safe care and improving outcomes		Partially Achieved
<ul style="list-style-type: none">Reducing Mortality and Improving our Learning from DeathsDelivering 'Harm Free Care'Maintaining 'hand hygiene' compliance ratesMaintaining Effective Infection Prevention and Control StandardsImproving medicine storage complianceProviding efficient seven day services		
Theme 2: Ensuring Our Services are Caring and Responsive Executive Leads: Chief Operating Officer and Chief Nurse		
2. Develop resilient services and reduce clinical variation		Partially Achieved
<ul style="list-style-type: none">Care Pathway RedesignGetting It Right First Time (GIRFT)		
3. Improve patient experience by collaborative working with our partners		Partially Achieved
<ul style="list-style-type: none">Improving Patient Experience of the Discharge ProcessImproving Patient Experience of the Booking ProcessExpanding our Volunteer Service to Provide Support to Patients and Their RelativesCo-productionMaternity (Ockenden)		
4. Reduce inequalities		Partially Achieved
<ul style="list-style-type: none">Improving the Experience of Patients with Mental Health and Learning DisabilitiesEnsuring Robust Processes and Organisational Scrutiny of Safeguarding Procedures		
5. Improving access and reducing waiting times		Partially Achieved
<ul style="list-style-type: none">Recover waiting times in line with national standards by increasing diagnostic capacity and elective activityEncourage patients and staff to embrace digital technology to help people access healthcareImproving organisational performance against access standards		
Theme 3: Building a Quality Culture Executive Leads: Chief People Officer, Chief Medical Officer and Chief Nurse		
6. Everybody matters, our people promise		Partially Achieved
<ul style="list-style-type: none">Improving Recruitment and RetentionImproving Staff Engagement and wellbeingImproving Learning and Development OpportunitiesCreate and demonstrate a culture of inclusion and diversity		
7. Quality Improvement and Clinical Leadership		Achieved
<ul style="list-style-type: none">Continue to embed QI as a learning organisationDelivering a Clinical Leaders Development ProgrammeMagnet 4 Europe		
8. Quality Governance: Risk Management and Learning		Achieved
<ul style="list-style-type: none">Improving Organisational Wide Learning and Action Plan ImplementationImproving Compliance with Duty of Candour: Moderate and Above Harms		
9. Improving Our Infrastructure		Partially Achieved
<ul style="list-style-type: none">Improving the Quality of our Estates, IT Systems and Facilities		



Theme 1

Providing Safe and Effective Care and Improving Outcomes

In 2022, the Trust committed to ensuring that our patients received the highest quality of care and the best possible outcomes.

Priority 1: Providing Safe Care and Improving Outcomes

To achieve this priority, we focused on six key areas:

- Reducing Mortality and Improving our Learning from Deaths
- Delivering 'Harm Free Care'
- Maintaining 'hand hygiene' compliance rates
- Maintaining Effective Infection Prevention and Control Standards
- Improving medicine storage compliance
- Providing efficient seven day services

Mortality and Learning from Deaths

Mortality indicators are one of the ways that Trusts measure patient safety. Throughout 2022/23, mortality rates measured by the Hospital Standardised Mortality Ratio (HSMR) have been either as expected or better than expected, with an as expected position for much of the year. The Summary Hospital Level Mortality Index demonstrated no excess of risk adjusted deaths overall in the 12 month period. We aim to learn from deaths and to identify areas for improvement in the quality of care we provide.

The Hospital Standardised Mortality Ratio (HSMR) compares observed deaths to expected deaths. Ratios under 100 mean there are fewer in-hospital deaths than expected. Data for the 12 months between December 2021 and November 2022, (reported in April 2023), showed that the Trust's HSMR for the

period was 92.9 and therefore rated as better than expected. We were one of four within the regional peer group of 14 Trusts in the 'better than expected' range. Eight Trusts were worse than expected, and two Trusts were in the expected range.

SHMI performance between November 2021 and October 2022 was 94.93 and in the expected range.

In 2022/23, there were 6 neonatal deaths within the Trust and a further 4 occurring after transfer to a different hospital. These infants were largely high-risk extreme pre-term or had life-limiting congenital anomalies. There have been no overarching themes identified across these neonatal deaths, though the learning identified with individual case reviews has been disseminated locally and across the Local Maternity and Neonatal System Network.

During 2022/23 the Trust continued to expand its Medical Examiner service to incorporate all deaths across the local community as well as in-hospital deaths. The phased implementation across primary care is now complete with 100% coverage of GP surgeries. The service has also been extended to two hospices and three rehabilitation units.

Medical Examiners are senior medical doctors who are contracted to undertake medical examiner duties, outside of their usual clinical duties. They are trained in the legal and clinical elements of death certification processes. The Trust's Medical Examiner service operates five days a week.

During 2022/23, there were 1784 inpatient deaths:

- 442 in the first quarter (Apr-Jun)
- 401 in the second quarter (Jul-Sep)
- 473 in the third quarter (Oct-Dec)
- 468 in the fourth quarter (Jan-Mar)

Inpatient deaths in the reporting period can be broken down as follows:

Type Fiscal Year	(All) 2022/23
Count of ActivityID Status	Total
Deaths	1737
Deaths age <29 days	6
LD deaths	24
Still births	17
Grand total	1784

Our Medical Examiners scrutinised all these deaths and 364 were referred to the HM Coroner (20%).

The Trust uses the Royal College of Physicians Structured Judgement Review (SJR) methodology, which is led by trained consultant reviewers, to scrutinise deaths for avoidability, the quality of care given and the themes emerging for learning and improvement.

Deaths falling into the following categories are referred for SJR:

- Suspected suboptimal care
- Unexpected death
- Death declared and investigated as a Serious Incident
- Concern or complaint raised by the family about care or treatment
- Patient with a learning disability

- Patient with mental health problems
- Perinatal or maternal death
- Neonatal and paediatric death
- Death following elective surgical procedure
- Referral to HM Coroner
- Issue of 'Regulation 28 Report - Action to Prevent Future Deaths' by HM Coroner

There are two stages (tiers) to the SJR process. A Tier 1 review is carried out by front-line reviewers, using a metric scoring system between one (the poorest) and five (excellent care). A case is escalated to a Tier 2 panel review when the Tier 1 review finds that overall care was poor or very poor (SJR score one or two).

Of the 1784 deaths in the year, 69 (3.86%) were selected for SJR. 63 Tier 1 reviews were carried out in 2022/23, but 7 of those were cases referred during 2021/22. Therefore, 56 of the 69 cases (81%) referred for SJR in 2022/23 received a Tier 1 review.

9 cases from 2022/23 were escalated and received a Tier 2 review. Of those, the SJR panel found that no deaths (0) were caused by care or service delivery issues.

5 cases from 2021/22 were escalated to Tier 2 review during 2022/23 and none (0) were found to be caused by care or service delivery issues.

Quarter	No cases reviewed (Tier 1)	No cases referred	% Cases which were referred for SJR in QTR	% of total deaths in QTR	% of all deaths in 2022/23	No cases reviewed by Tier 2 SJR panel	No of cases judged to have care service delivery issues
Q1	12	13	92%	2.7%	0.67%	4	0
Q2	13	18	72%	3.2%	0.72%	7	0
Q3	21	21	100%	4.4 %	1.17%	0	0
Q4	17	17	100%	3.6 %	0.95%	3	0
Total	63	69				14	0

Number of Cases Subject to Structured Judgement Review (Tier 1 and Tier 2)

7 deaths referred in the previous reporting year (2021/22) were reviewed during the 2022/23 period. This represented 0.43% of all deaths in 2021/22, 12% of SJR referrals made in 2021/22 and 11% of all Tier 1 SJR reviews conducted in 2022/23.

Several positive themes emerged from our mortality reviews including:

- good communication with patients and relatives, which is well documented
- compassionate care
- timely palliative care service with excellent documentation
- prompt consultant review of all acute inpatients, often adding value to junior doctor management of the patient
- good interaction between specialties
- escalation by nursing to medical staff of a deteriorating patient
- good symptom control

Learning Disabilities Mortality Review (LeDeR)

Quality quote:

"The Safeguarding team recognise the importance of learning from LeDeR and have developed a 'was not brought' process to support patients with learning disabilities to access our services".*

Safeguarding Team

*Recording or noting "Was Not Brought" enables a practitioner to consider the reasons why a child or adult was not brought to a meeting or appointment, the implications for them not having been brought, and assess the potential risks or safeguarding concerns for them

All patients with a learning disability who die within the Trust are reported to LeDeR via the NHS England portal and have a Structured Judgement Review (SJR). These are predominantly completed by the named consultant for Adult Safeguarding. The SJRs are shared with the LeDeR Local Area Contact who uploads them to the LeDeR observatory for shared learning. The named nurse for Safeguarding attends the LeDeR information and assurance panel which reviews and discusses learning from county wide LeDeR reviews. This feeds into the Improving Health Outcomes Group (IHOG) which actions recommendations from the reviews and is attended by the clinical nurse specialist for Safeguarding Adults. The lead nurse for Safeguarding attends the strategic LeDeR steering group, which looks at national learning and identifying regional and local actions to support the improvement of standards.

We have an established Learning Disability Partnership, which is chaired by the named nurse for Safeguarding Adults. There is an associated workplan which incorporates actions from the above in addition to local learning, Hospital Improvement standards (2018) and NHS England and Improvement Learning Disability Improvement Standards.

The aim of the multidisciplinary partnership meeting is to share learning and monitor progress of agreed actions. The minutes from the meeting are shared at the Trust Safeguarding panel which has Executive oversight. Innovation and improvement ideas are shared with the Trust established 'Ask, Listen, Do' forum, developed as part of the co-production Board. The forum collaborates with experts by experience, to consider clinical resources and accessibility for the learning disabilities community, that engage with hospital services. This work supports inclusion and diversity and improves patient safety and experience. LeDeR learning and thematic issues, that are identified from structured judgment reviews, are discussed at the LD (Learning Disability) partnership meeting and as part of the Trust mortality review group. The named nurse for Safeguarding Adults supports the Safeguarding consultant in attending the Trust mortality review meetings on a quarterly basis, to discuss and share learning from completed SJRs.

Perinatal Deaths

Quality quote:

"I am very proud that we have introduced a digital maternity system that enables the services real time access for all involved in the care of pregnant people as well as opportunity for them to have timely access to personalised information and individualised plans."

Mitra Bakhtiari

Director of Midwifery, Gynaecology / Deputy Chief Nurse

Perinatal deaths are regularly monitored and reported on, both within the Trust and externally. In the last year, we have recorded:

- Q1: two stillbirths
- Q2: four stillbirths, one neonatal death
- Q3: six stillbirths, six neonatal deaths
- Q4: four stillbirths, five neonatal deaths

MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) is the UK collaboration investigating maternal deaths and severe morbidity, stillbirths, infant deaths, and morbidity. The group's report for 2020 (published in October 2022) shows West Hertfordshire Teaching Hospitals NHS Trust (WHHT) stillbirth rate for January 2020 to December 2020 was 2.79 per 1,000, compared with the national stillbirth rate of 3.33 per 1,000 births. The neonatal death rate for January 2020 to December 2020 was 0.96 per 1,000 births, compared with the national neonatal death rate of 1.53 per 1,000 births. The extended perinatal death rate was 3.74 per 1,000 births, compared with the national perinatal death rate of 4.85 per 1,000 births.

To effectively monitor these figures, checks using the Perinatal Mortality Review Tool are conducted fortnightly and led by a multidisciplinary team of Obstetricians, Midwives, Neonatal Doctors, and Nurses, with external representation.

A divisional bereavement project lead midwife is now in post with the aim of standardising bereavement care across gynaecology, maternity, A+E, paediatrics, and the neonatal unit.

Learning from the PMRT:

- Placental histology was not performed by a perinatal / paediatric pathologist. Teams were reminded that all losses from 22 weeks require a GOSH consent form to be completed, this is reiterated at mandatory maternity training monthly
- Routine enquiry about domestic abuse was not completed at booking, then not revisited at a later appointment: The community matron has discussed this at team meetings
- Parents were not provided with written information about practical issues following a death: A postnatal bereavement pack has been produced to share with parents
- Women who attended with reduced fetal movements and had risk factors which were subsequently not identified: A proforma was implemented as part of the Birmingham Symptom Specific Obstetric Triage System (BSOTS) Maternity Triage in January 2002
- A Mother lived with family members who smoked cigarettes but was not offered referral to smoking cessation services: The Saving Babies Lives Midwife is implementing a guideline and referral criteria to smoking cessation services are now overseen within the Trust to enable streamlined referral

Maternity Services continues to embed the Saving Babies Lives Care Bundle by leading on a Quality Improvement project for carbon monoxide screening, aspirin risk assessments, reduced fetal movement risk assessment, and surveillance of babies for growth restriction. A Saving Babies Lives Care Bundle Midwife started in post in May 2022 to lead on these improvement initiatives and monitoring progress.

Harm Free Care

One of our priorities in 2022/23 was to ensure that our patients were cared for safely and without harm. Harm free care is defined by the absence of pressure ulcers, harm from a fall, urine infection (in patients with a catheter), new venous thromboembolisms (VTE) and harm from medication errors.

Our achievements against our priorities and aims for ensuring continued improvement to the safety of care received by our patients in 2022/23 can be seen in the table below:

Measure	Q1 update	Q2 update	Q3 update	Q4 update
Zero category 4 hospital - acquired pressure ulcers	0	0	0	0
40% reduction in medical device related hospital acquired pressure ulcers	55.6% increase compared with Q1 2021	41.2% reduction compared with Q2 2021	20% reduction compared with Q3 2021/22	92.3% reduction compared with Q4 2021/22
40% reduction in hospital-acquired category 2 pressure ulcers	102.9% increase compared with Q1 2021	56.5% reduction compared with Q2 2021	40.7% reduction compared with Q3 2021/22	74.7% reduction compared with Q4 2021/22
5% reduction in the number of falls resulting in harm	8.5% reduction compared with Q1 2021	1.9% reduction compared with Q2 2021	41% increase compared with Q3 2021/22	54.2% reduction compared with Q4 2021/22



Hand Hygiene and Infection, Prevention and Control Practice Compliance

Quality quote:

“Our continued compliance rates reflect the efforts our staff have made to ensure the highest possible standards are met, to protect our patients from unnecessary infections during their visit or stay”

Infection and Prevention Control Team

The importance of hand hygiene and the associated evidence of transmission of harmful organisms continues to be a key focus for the Infection and Prevention Control Team (IPC) at WHTH.

With the recent pandemic, a back-to-basics approach including the importance of correct / appropriate glove use and associated hand hygiene has been the focus of several campaigns and education sessions. The key target of 95% compliance has been consistently achieved throughout the past year.

With the challenges of multiple organisms alongside continued fluctuation in numbers of COVID–19 cases, the focus on giving staff underpinning knowledge to assess the risk and need for gloves (and associated Personal Protective Equipment (PPE)) has been a key part of the IPC workplan. This has included providing support and education for all staff including joint working to improve standards across the ICS working with other Acute organisations.

93.3% of all staff members have undertaken mandatory training for Infection Prevention and Control.

Maintaining Effective Infection Prevention and Control Standards

Thresholds for both Clostridium Difficile and Gram-Negative Blood stream infections (GNBSI) have been breached in 2022/23. Increased numbers of infections nationally and locally have seen a rise across all organisations in the number of cases related to national thresholds.

Post Infection reviews have been undertaken to identify themes in learning, and additional peer reviews with other IPC experts have been undertaken for further assurance and oversight. Key interventions had included a focus on aseptic technique related to vascular access, introduction of new cleaning products and a focus on IPC practices (isolation, PPE and correct sending of samples).

This illustrates thresholds and number of cases apportioned to the Trust:

Organism	Trust threshold	Total health care associated cases (HOHA*/COHA*) 2022/23
Clostridium difficile	58	65
E Coli BSI	64	74
Pseudomonas aeruginosa BSI	12	14
Klebsiella spec BSI	34	53

*HOHA – HealthCare Onset Healthcare Associated (Samples sent 48 hours post admission)

*COHA – Community Onset healthcare Associated (Sample sent and patient had admission in previous 28 days)

We are continuing to work on the management of Clostridium difficile cases. With identification of themes from all cases last year a focus on 3 areas:

- Antibiotic consumption, prescribing and reviews
- Clinical practices (isolation, sending of samples and PPE use)
- Cleaning of environment and clinical equipment

A robust action plan has been developed as part of a peer review (including UKHSA (UK Health Security Agency) and ICS (Integrated Care System) IPC colleagues).

A wider system approach is being taken to address GNBSI, this includes sharing themes related to likely source of infections and a focus on aseptic practice. Across the 3 Acute organisations within the ICS a focus on education has been undertaken in the management of vascular access devices, with the implementation of new products to support best practice. Joint procurement, training and audit plans have been implemented and ongoing work continues. This work has been shared in national forums and conferences.

Whilst there was no formal threshold for MRSA (Methicillin-resistant *Staphylococcus aureus*) and MSSA (Meticillin-sensitive *Staphylococcus Aureus*) bacteraemia in 2022/23, we continued to have a zero-tolerance policy to these infections. During this year there have been four cases of MRSA and 33 MSSA bacteraemia infections within the Trust. Full investigations have been undertaken. One MRSA case in paediatrics was not associated with any practice issues within the organisation, and a further case was likely to have been admitted with infection and unavoidable. No further themes have been identified but the work around asepsis will aid in the management of both MRSA and MSSA BSI (Bloodstream Infection Surveillance).

COVID-19 has continued to dominate the IPC workload over the past years with peaks of cases continuing throughout the year. A focus on 'living with Covid' with the successful role of the vaccination programme has resulted in less severe infections. A step down of screening regimes has been undertaken with those symptomatic continuing to be tested, alongside immune compromised patients and those being discharged onwards to other care facilities.

Reporting of all identified outbreaks of COVID-19 continues via the National Reporting System. A process to manage outbreaks and clusters is embedded across the Trust, with the development of clear operational pathways and management, developed and shared. A programme of monitoring and assurance is aligned against the Board Assurance Framework (BAF), and risk assessments are undertaken in line with the Hierarchy of Controls outlined in the National IPC guidance.

A second thematic review of nosocomial cases has been carried out and identified, as previously, the challenges of the environment, including documented risks around ventilation and difficulties in the segregation of patients with limited single room capacity.

Between November 2022 and January 2023, a higher prevalence of Influenza was present nationally. Within the organisations high admissions of cases of Influenza resulted in the setting up of cohort areas to safely manage patients and prevent transmission. A review of all cases and the management of cases is planned, to ensure themes and good practices are taken forward.

Code of Practice (COP) audits have been adapted to align with the IPC BAF (Board Assurance Framework) and are undertaken monthly. These have also been added to the IPC dashboard and reviewed at IPC panel. Themes from audits are added to IPC divisional action plans and spot check COP audits are carried out to ensure all areas are covered and areas highlighted with issues (for example, higher than average infection rates) are completed weekly or more regularly if required.

Throughout the year, the IPC team has provided formal education in addition to ad hoc sessions to target areas requiring support, such as those with clusters of cases and outbreaks. Joint study days with other

Acute organisations across the system have been undertaken and a consistency in standards and policies is being developed.

A review of the IPC workforce has been undertaken, to ensure a robust team and roles are in place for future challenges in IPC. The team also cover 7 days working over the autumn and winter period to support operational and clinical colleagues with IPC advice and management.



Medicine Storage Compliance

Quality quote:

"I am really proud of how the pharmacy team have adapted to the changes from the introduction of the electronic prescribing system. The team have had to change many of their processes, learn new ways of working, and are constantly looking to optimise the use of this to improve patient care."

Phil Southworth
Deputy Chief Pharmacist

Throughout 2022/23, we conducted audits of the storage of medicines. In Q1, there was an increase in compliance to the updated storage of insulin requirements and ensuring that IV fluids are stored in original boxes or at least labelled clearly. There was a decrease in compliance to ensuring that all medicine cupboards in the treatment room / area are locked and having insulin storage posters showing the updated insulin requirements on all fridges containing insulin. These areas of non-compliance were addressed, and

spot audits carried out to ensure ongoing compliance and to increase staff awareness. This action had a positive impact and increased staff awareness of the importance of compliance with secure storage of medicines according to the storage policy.

An audit in Q3 showed an increase in compliance to ensuring the WOW (Workstation on Wheels) trolley is locked when not in use, the outer treatment door keypad number is changed 6 monthly, opened insulin vials are stored in locked medicine cupboards at room temperature, the temperatures of treatment rooms are recorded daily and the yellow Disaster Recovery Folder for use in emergencies is readily available in all wards and areas.

We have a robust governance structure in place, and the safety of medicines is monitored through the Medicines Use and Safety Panel (MUSP), which receives and reviews the audit results.

Seven Day Service

Trusts are expected to deliver the same high-quality care across weekdays and weekends. In 2013, a national framework of 10 clinical standards was introduced with targets against which Trusts should measure themselves. Four of these standards have been designated as priorities:

- Standard 2: Time to first consultant review (within 14 hours of admission)
- Standard 5: Access to diagnostics (within one hour for critical patients, 12 hours for urgent patients and 24 hours for non-urgent patients)
- Standard 6: Access to consultant directed interventions (weekday and weekend access either on site or via formal network arrangements)
- Standard 8: Ongoing consultant review (weekdays and weekends for patients requiring once daily and twice daily reviews)

In 2020, monitoring and reporting on these clinical standards was suspended nationally due to pressures arising from the COVID-19 pandemic, then in February 2022, revised guidance was issued for providers of acute services. Monitoring has now resumed, and the Trust submitted its annual Board Assurance Framework (BAF) for the year 2022/23 in March. The document references the following themes, assessing variation across days of the week:

- Mortality
- Length of stay
- Discharge
- Consultant job plans

The BAF observes that whilst there is slight variation in mortality across days of the week depending on day of admission, neither weekdays nor weekends exceed the expected range and overall mortality is lower than expected.

Discharge and admission numbers are influenced by the day of the week and during 2022/23, both have been lower over the weekends. Procedural changes are being trialled to improve communication across wards, to identify patients who may be fit to leave and increase weekend discharges. A consultant led weekend discharge team has been established and multi agent discharge is being piloted.

96% of consultants and specialty doctors have a job plan, which timetables their activity across the week. Teams plan well for weekend consultant access.

93% patients admitted through the Emergency Department receive a consultant review within 14 hours regardless of day of the week and there is full access to emergency diagnostics and interventions over the weekend.

Overall, 92% of patients receive a daily review by a senior doctor (consultant or specialty doctor), but there is scope for improvement over weekends.

Theme 2

Ensuring Services are Caring and Responsive

In 2022/23, the Trust's priorities included improving patient experience with a particular focus on discharge, the booking process, and our use of volunteers. Additionally, we wanted to ensure our patients with additional needs also received individualised, compassionate care with reasonable adjustments made wherever necessary.

It is important that our patients are treated with compassion, kindness, dignity, and respect, and that our services are organised to meet their needs. It is essential that we listen, respond, and use patient feedback to make improvements.

Priority 2: Develop Resilient Services and Reduce Clinical Variation

Quality quote:

"WHTH has continued to collaborate with system partners on the programme of work for standardisation of care and treatment to reduce unwarranted variations in care delivered, this will improve quality and clinical outcomes and most importantly facilitate a patient centred approach".

Fran Gertler

Director of Integrated Care

In 2022/23 we continued to work to our vision to provide the best care to every patient, every day. At the heart of this is the desire to keep learning and ensure that our care is in line with best practice.

A patient's experience and clinical outcomes should not be driven by differences in who they are treated by. Our aim is to establish a single common view of best practice across our clinical pathways that can be shared and learned from, to drive a reduction in variation and ensure the best care is received by every patient, every day.

Care Pathway Redesign

Care pathways, also known as Clinical Pathways, aim for greater standardisation of care and treatment with less unwarranted variations in care delivered and improved outcomes, from both a quality and a clinical outcome perspective.

We continue to work together on our Clinical Pathway Groups (CPGs) to identify best practice and learn from their digitalisation process and implement this ourselves. Digitalisation of care pathways increases efficiency and to date we have digitalised two pathways and are in the process of digitalising a further eight pathways with the support of our Electronic Patient Record (EPR) team.

During 2022/23, we continued to work on our nine pathways from 2021/22 and have implemented a further 9 pathways in a phased approach over the year, which has led to pathway redesigns and improved clinical and patient benefits.

A summary of progress with our CPG Programme in 2021/22 is as follows:

- Prostate pathway: a reduction in average days from two week wait referral to MRI by 10 days by implementing nurse led triage of referrals
- Induction of labour: a reduction in time to cervical ripening by eight hours, achieved by implementing a non-pharmacological method of induction and findings from patient co-design work
- Anaemia: we developed and implemented intravenous iron infusion pathways to standardise care and treatment. More patients now have faster access to this treatment
- Chest pain: we have been able to diagnose in less time and therefore less time in A&E and reduce avoidable admissions
- Wheezy child: we have been able to diagnose in less time and therefore less time in A&E and reduce avoidable admissions. Findings from patient co-design work has been implemented and the pathway digitalised
- Community Acquired Pneumonia (CAP): we have developed and implemented and digitalised CAP pathway to reduce unwarranted variations in care
- Frailty: an increase in the number of patients seen and discharged on the same day by the frailty service
- Early pregnancy: we have implemented patient self-referral, we see 92% of women within one day of referral, 90% of women have confirmed diagnosis at first appointment. We have also implemented findings from our patient co-production work to further enhance patient experience of care
- Right upper quadrant pain -non-complex: we are redesigning pathways to offer more day case procedures to reduce waits for care
- Pulmonary Embolism: We have streamlined care by redesigning the pathway for faster diagnosis
- Enhanced Recovery post Caesarean Section: We have developed and are in the process of implementing a digitalised pathway for faster recover
- Miscarriage: We are offering more choice for miscarriage management with the implementation of a non-surgical miscarriage treatment option
- Heart failure: We have streamlined care by redesigning the pathway for faster diagnosis
- Same Day Emergency Care (SDEC): We have streamlined care by redesigning pathways for cellulitis and atrial fibrillation and developing a standardised referral pathway from A&E to our Same Day Emergency Care team

We have recruited a Finance Officer who is developing a costing strategy for the care pathways. Our ambition is to roll out additional 60 pathways over a three-year plan, all aligned to Trust priorities.

We have also invested in Quality Improvement (QI) training for our pathway clinical leads and an improvement advisor course for our programme manager and lead, supporting the CPG team to build a culture that enables continuous improvement of the care we deliver to our patients. We are part of the QI faculty and support the QI team to deliver QI training within the organisation.

We continue to lead on patient co-production work and have completed a patient engagement survey for the Early Pregnancy pathway and patient focus group for the miscarriage pathway.

Success will be identified through reduced clinical unwarranted variation, leading to improved patient experience, consistently higher clinical outcomes, operational efficiency through greater consistency, and best value care.

We will monitor progress through monthly progress reports and meeting with pathway clinical leads to review relevant data. For each pathway suitable, agreed metrics will be tracked monthly to ensure we are delivering the expected improvements in care.

Quarterly meetings for clinical pathway leads will track progress in establishing and implementing clinical pathways. The Associate Medical Director for Quality and Innovation and CPG Lead clinician provides clinical leadership and oversight for the CPG programme and Clinical Decision Panel provides the governance.

We are always mindful of any pathway changes and the potential for unintended consequences for patients or partners we work with.

We have many examples where we have co-produced a revised pathway with community services and GPs (General Practitioners). These include changes to infusion delivery with CLCH (Central London Community Healthcare) and advice and guidance pathways for dermatology with GP leads as a couple of examples.

There are multiple touch points that we have with partners in community, primary and social care to test through proposals. These include direct access with Primary care leads for specialties, the Integrated Clinical Advisory Group (ICAG), the Primary and Secondary Care Clinical Liaison Group, Primary Care Leadership Group & the Health & Care Partnership Transformation Groups as a few examples.

It should be noted that the CPG programme focuses on reducing unwarranted variation and improvement opportunities in the acute part of a clinical pathway. All CPG pathways have in place a suite of metrics including balancing measures to monitor any unintended consequences and act on them immediately.

The CPG programme provides assurance via the Quality Committee which reports to Board.

Service Transformation and Integration

Areas of service transformation across multiple pathways through the coming together of existing providers of care to redesign and implement a revised and improved care pathway.

Examples include:

- The Hertfordshire Valleys Integrated Diabetes Service (HIDS) formally started in April 2018 as a single service for adults with diabetes across West Hertfordshire. The partnership between Hertfordshire Community NHS Trust, Hertfordshire Partnership Foundation Trust and Primary Care has been enhanced through:
 - Single Clinical and Operational Leadership across HIDS
 - Online structured education
 - Multi-disciplinary foot team (MDFT), which has seen a significant decrease in hospital admissions as patients are now being managed in an outpatient setting
 - Work with Primary Care Networks to integrate care delivery and enhance a single diabetes service across the area
 - Strong patient engagement and involvement in the forward planning of HIDS and through the Herts Diabetes User Group
 - Implementation of Patient Initiated Follow Up (PIFU) and Shared Decision Making
- We continue to provide Specialist Hand Consultant support into the community musculoskeletal service

- We continue to work collaboratively with Enhanced Community Service providers to safely develop integrated care for several areas including:
 - Musculoskeletal care
 - Ear, Nose and Throat
 - Ophthalmology
 - Nutrition and Dietetics
 - Diagnostics
 - Paediatrics
 - Heart Failure
 - Respiratory

Outpatient Transformation as Part of our Covid-19 Recovery Programme

Working across the Integrated Care System (ICS) we have agreed priority areas for transformation in line with the NHS Long Term Plan. The national and regional ambition is a 25% reduction against 2019/20 activity levels by March 2023 through a personalised approach to care.

Patient Initiated Follow Up (PIFU) aims to be responsive to patients' needs during the fluctuation of their condition and minimise the likelihood of missed appointments (and therefore, wasted resources). In PIFU, appointments are managed by the patient according to their needs, unlike traditional clinician led appointments. This approach has been implemented in 15 major specialities. WHTH aim to further implement PIFU for new specialities using the GIRFT (Get It Right First Time) Clinically Led Specialty Outpatient Guides to further enhance PIFU optimisation. A PIFU development plan and PIFU checklist are in place to support specialities with rapid roll out.

A Did Not Attend (DNA) PIFU Standard Operating Procedure (SOP) was approved at our Clinical Advisory Group. Following completion of a pilot, the SOP is now being operationalised for agreed services. There are strong safety netting processes in place to ensure patients on a PIFU pathway can be tracked via specific request lists on Cerner.

The Advice and Guidance programme aims to offer specialist support, advice, and treatment plans to GPs to avoid unnecessary referral into secondary care and ensure that patients who can be managed in primary care are provided with an appropriate management plan for their condition within a short timescale. This way of working is now utilised in most specialities. Referral Assessment Services (RAS) have been set up in several specialities and Consultant Connect, a national advice and guidance service for GPs, has also been implemented locally as another means of supporting appropriate treatment of patients.

Advice and Guidance (A&G) utilisation at WHTH has consistently been above the 16% target during 2022/23. This has been achieved through the Integrated working at SWH Place through multiple enhanced community services already in place who can provide A&G directly. Job planning work has also been completed in some WHTH specialities, ensuring that Clinicians have protected time to provide the A&G service.

WHTH have a well-established Tele-dermatology service already in place. Dermoscopy equipment has been accepted by 53/54 of SWH (South West Hertfordshire) GP practices and education was offered to support use of the equipment. A Rapid turnaround 2 week wait skin lesion A&G pathway was developed jointly with Primary Care to support advice for lesions of uncertain diagnosis to support Dermatology capacity and enhance the patient experience through a more appropriate care pathway. There are also a number of Straight to Test (STT) pathways in place for several specialities, including Breast, Gastro, Gynae, Colorectal and Trauma.

Non-Face to Face outpatient consultations became the norm during the pandemic to enable patients to receive consultations whilst maintaining patient safety. The Trust position is that all new patients will be seen face to face, but the continued use of non-face to face consultations offers patients the opportunity to have a discussion (by telephone or video call) about their clinical needs without the need to physically attend the hospital to do so, saving time and cost for the patient.

WHTH have reviewed and amended clinic templates where needed to ensure accurate clinic set up and data capture. A review of Non-Face to Face usage by specialty was undertaken in 2022, where all specialities reviewed the suitability of Non-Face to Face appointments for their patient cohorts. This has resulted in speciality set and owned targets.

Clinical Innovation

Clinical innovation examples include:

- Tele-dermatology - The use of GP initiated photos and associated clinical information sent directly to the dermatologist who will give advice on diagnosis, investigations, and management options within 72 hours. On average 70% of referrals made using Tele-dermatology appropriately avoid an outpatient appointment
- A Rapid turnaround 2 week wait skin lesion A&G pathway was developed jointly with Primary Care to support advice for lesions of uncertain diagnosis to support the Dermatology capacity and enhance the patient experience through a more appropriate care pathway
- The Colorectal 2 week wait Telephone Assessment Clinics Service – an evidence based, nurse-led telephone assessment clinic service enabling ‘straight to test’ in line with the national ‘straight to test’ initiative is now a substantive way of working
- Patient Initiated Follow Up has been implemented in 15 specialties and further roll out continues
- An integrated Wheezy Child service (which dovetails in with the CPG work described above) is fully operational to support admission avoidance for children with respiratory issues
- Work on producing education resources for GPs based on themes identified through the hotline and Advice and Guidance programme has begun and draft information is being developed across a range of areas
- A peri-operative Diabetes Nurse has been appointed to support optimisation of patients prior to surgery to support reducing length of stay and bringing this in line with non-diabetic patients
- The paediatric phlebotomy service has been fully transferred to Hertfordshire Community Service and supports children to access care in a dedicated centre
- The Integrated Respiratory Transformation Programme continues, with all clinical pathways having been reviewed to ensure that patients receive the best care from the most appropriate clinician. The service includes consultant-led triage to support advice and guidance plus, straight to test, straight to community and virtual hospital follow up services. Some elements have been implemented, these include the transfer of the Interstitial lung disease service to WHTH from the community service, the development of the COPD virtual hospital. The wider transformation programme is now close to completion with a planned go live date in October 2023
- The Interstitial Lung Disease clinics transition to our Specialist Consultant Team
- The Frailty Transformation Programme spans the whole of SWHHCP (South and West Hertfordshire Health and Care Partnership) area. There is a well-established steering group with input from all stake holders. Teams have built on the progress made last year. Achievements include:
 - Implementation of Frailty Hospital at Home service planned for April 2023
 - Development of Advanced Care practitioner Teams in WHTH in acute and community services

- Second Frailty Consultant recruited to Acute WHTH
- Advanced Care Plan Pilot underway with Care Homes plan to establish as business as usual
- Early Interventions Vehicle established to support patients who fall in the community
- Additional lifting equipment and training to care homes to support them in helping clients / patients who have fallen
- Objectives and priorities agreed for 2023/24

Virtual Hospitals

A Virtual Hospital is where hospital level healthcare is delivered in a patient's home. Evidence shows that this is safe and highly acceptable to patients as well as very resource effective as the need for inpatient beds is reduced. The SWHHCP developed and implemented the Virtual Hospital model in 2021 initially for COPD (Chronic Obstructive Pulmonary Disease) and Heart Failure Patients. This programme of work involved secondary, primary, community and voluntary services and enables patients who otherwise might be in a hospital bed to receive quality care at home. In 2022/23 the model has been expanded further to include patients with Acute Respiratory Infection, there are plans to include a virtual ward model for Frail Patients in April 2023, this will be called Frailty Hospital at Home.

WHTH has begun implementing a local Tobacco Dependency Service (TDS) in line with the [NHS Long Term Plan](#) commitment that by 2023/24, all people admitted to an acute hospital who smoke will be offered NHS funded tobacco dependency treatment (based on the Ottawa Model for Smoking Cessation). The benefits to patient and staff from the TDS project include:

- Reduces length of stay, complication rates, 30-day readmission rates
- Improves wound healing and post-op complication rates
- Supporting patients, service users and staff to overcome their tobacco dependence will not only provide improvements in their health but reduce health inequalities
- Every health care professional is aware of the smoking status of every patient they care for
- Every health care professional has the competence and confidence to offer help to stop smoking through direct action and referral
- Every patient has access to the best available treatments and expert support to treat this addiction

Priority 3: Improve Patient Experience by Collaborative Working with Our Partners

Quality quote:

"The Patient Experience Team continues to work together to improve the experience of all our patients, carers, and visitors. We are proud that we receive positive feedback from our service users and can act on any negative feedback to improve their experience by working in collaboration with users to achieve this."

The Patient Experience Team

The patient experience and participation services are vital in assuring the patients voice and 'what matters to the patient' is clearly heard and understood across the organisation and to the Board. The patient experience team has continued to work to improve patient experience across the Trust for the patient, carers, and staff.

- We continue to provide excellent and effective timely support to patients and their carers, listen, learn and respond to improve patient care across WHTH, assuring all people requiring interpreting support get this in a timely manner
- The Patient Advice and Liaison Service (PALS) Team are reviewing patient information available on EPR and updating to assure communication needs are met e.g. British Sign Language (BSL) usage
- The Patient Advice and Liaison Service (PALS) and complaints teams are working closely together to look at themes from concerns, complaints and national surveys sharing the feedback at the patient experience group, end of life meeting and divisional meetings
- They continue to provide effective communication between patients, carers and staff in order for a greater understanding of potential issues that may arise
- We have improved the interpreting service using a booking portal, so staff can ensure the booking is confirmed and cancel if necessary
- We are transforming the Translation service. We are working on improving communication further through video links on iPads for emergency situations when an interpreter is not available which will include support for individuals requiring British Sign Language
- Communication boxes are now available on each floor to support patients with communication needs i.e. language barriers
- The Patient Affairs team continue to advise and support the families and carers who have been bereaved whilst their loved one was in WHTH care, issuing death certificates by Patient Affairs within 3 days of death 100% of the time
- They support the families / carers with understanding of the legal aspects and what happens next in order to assure an effective understanding of the processes following death, working with chaplaincy, coroners, the mortuary, funeral directors, palliative care and PALS to assure communication between these services and families / carers and reduce undue further distress, signposting to other relevant services
- The Patient Affairs team are working in partnership with MEO service to scrutinize all deaths that occur in the Trust
- We continue to operate a Sunday service for out of hours and deaths that occur over the weekend, to ensure we meet additional service needs, in particular for the delivery of fast-track funeral arrangements to meet the religious needs of our service users
- In line with revised property policy we have provided safes on every ward for safe keeping of patients' property and new property bags. We have been doing a monthly audit of all clinical areas to ensure safe keeping of property
- The Pastoral Care team continue to support patients and loved ones in facilitating religious and spiritual care. The Pastoral Care team continues to operate a 24/7 on call service over all three Trust sites. They assure that the spiritual needs of individual patients are recorded and known by all staff involved in their care
- The pastoral rooms have been developed to allow more staff to come and use them, creating a neutral space that is open whether staff follow a religion or not. There is also a privacy pod available for staff to use for private conversations, training, and well-being
- We have links with many faith and humanist leaders in the local community and work alongside community groups to provide good communication between the hospital and faith groups in the community
- Pastoral care continues to support staff to record patients' faith group on the electronic patient record so that support and any specialist pastoral and religious care can be provided at the very start of a patient's journey with us

- A carer partnership group meet bimonthly chaired by Carers Lead Nurse, carers who regularly use our service and in partnership with carers in Hertfordshire
- Our carers lead continues when required and links in with community carer hubs
- The Carer discharge project funded by NHS England / Herts Valley integrated discharge service completed in April 2022 and the Caring for Carers service launched in May 22 and continues to support carers using our services
- The Caring for Carers service continues to be developed to ensure identification and support for Carers. Providing advice and support for carers with their concerns. We advocate for carers to ensure their voice is heard and we signpost and refer into primary, social and third sector organisations
- The Caring for Carers support bundle (Meal vouchers, free parking, carer card lanyards and carer agreement for any carer supporting longer than a visiting period) was launched in June 2022. Predominately used in surgery and medicine inpatient areas, from April 2023 will be extended to paediatric and maternity inpatient areas
- A listening event will be held for young carers in May 2023 to coproduce the identification and support for young carers using our services in partnership with Young Carers in Herts
- A twelve-month action plan is in development in line with the carer confident benchmarking scheme (Employee for carers). The aim is for Trust accreditation for working carers
- The FFT (Friends and Family Test) team support the departments to provide a mechanism to highlight good and poor patient experience. This feedback is vital in transforming our services and supporting patient choice
- The FFT team encourage areas to review their feedback to support 'YOU SAID WE DID'
- Comments are reviewed daily by the FFT team and they extract recurring themes in triangulation with the inpatient survey to look at achievable improvements
- Our FFT team are working on a new contract for the Trust which will be transferring from picker to Iqvia connections aiming to be completed by end of May 2023
- The patient experience group is engaging with patients to improve the services that we provide with their input
- We continue to work in collaboration with the coproduction board, developing projects to engage and involve local people, patients and partners

Discharge

Quality quote:

"The team take a holistic approach to collaboratively and continuously innovate improvements to provide the best care"

Discharge Team

The Trust's programme of work with a mission to 'Improve our patient's journey and experience by ensuring the safe and timely discharge of care', continued to be overseen by the Hospital Efficiency Group, which takes place bi-weekly and is chaired by the Chief Medical Officer.

The group identifies areas for improvement, with a recent example of working with the Emergency Medicine division on admission avoidance. Other workstreams include streamlining the Board round process to ensure accurate targeted discharge dates (TDD) and a multi-disciplinary approach to highlighting discharges early. Ensuring patients are prepared safely and have good experiences when discharged.

With the Trust's new Electronic Patient Record (EPR) being embedded, the teams are working on optimising the system's capabilities. Nurse-Led discharge, which allows nursing staff to follow clinically set criteria to discharge patients earlier, is being built into the system to enable accurate and easily accessible data. The Quality Improvement team has been brought in to help embed and improve the process.

'Criteria to reside' data documents when a patient is in the hospital and supports discharge and operational planning. The team are improving on criteria to reside data capture and becoming accustomed to completing this in the new EPR. The teams are ensuring that all patients have a discharge plan, monitoring the data being entered on the system as this supports a better patient experience and flow in the hospital. In all departments, patient information is recorded on a whiteboard. Overall, Trust performance for a daily update of the relevant whiteboard for 2022/23 was 64% broken down as:

- Medicine at 68%
- Emergency Medicine at 59%
- Surgery at 58%

Any patients who do not meet the requirements to reside in the hospital are discussed at NMCTR (Not Meeting Criteria To Reside) meetings. A multi-agency group meets to discuss and troubleshoot how best to move the patients through their respective pathways as they identify and work to overcome any obstacles to their discharge. The way these meetings are being conducted is being reviewed to maximise the enablement of the patient pathway to help support better patient care and flow within the hospital. A new patient management process is being designed for trial in May 2023.

The Trust has continued to run ad-hoc Multi-Agency Discharge Events (MADE), which support timely patient discharge; the last event was carried out in January 2023. The learning and improvements identified are being incorporated into the existing improvement plans to help increase and sustain discharge volumes.

The team has streamlined existing board structures to ensure continuity and efficiency and is being supported by our in-house Quality Improvement (QI) team, who are piloting and gathering data to evidence change and improvement utilising the QI methodology.

The team has designed and built a new process to support weekend discharges. As historically, there has been a drop in discharges over the weekend. The process is still in its infancy and is being continuously monitored, reviewed, and remoulded from learning.

Our Internal Discharge Team was restructured to support patients in having a well-planned, informed, and timely discharge. The team is receiving positive feedback and is working with IT colleagues to digital data capture in our newly procured electronic patient record.

Table of Achievements by Quarter:

TARGET	Q1 (APR-JUN 2022)	Q2 (JUL-SEP 2022)	Q3 (OCT-DEC 2022)	Q4 (JAN-MAR 2023)
Achieve 33% of discharges before midday	Overall, Trust performance for Q1 was 14.5%, with Surgery at 18.3%, Medicine at 13.7% and Emergency Medicine at 8.7%	Overall, Trust performance for Q2 was 15.3%, with Surgery at 18.7%, Medicine at 13.7% and Emergency Medicine at 10.9%	Overall, Trust performance for Q3 was 15.8%, with Surgery at 17.9%, Medicine at 16.5% and Emergency Medicine at 10.0%	Overall, Trust performance for Q4 was 14.2%, with Surgery at 15.8%, Medicine at 14.7% and Emergency Medicine at 9.7%

TARGET	Q1 (APR-JUN 2022)	Q2 (JUL-SEP 2022)	Q3 (OCT-DEC 2022)	Q4 (JAN-MAR 2023)
Reduction in long-stay patients (26% reduction in bed days)	Q1 There was a deviation of 56% in reaching the quarterly targeted number of bed days to achieve a reduction of 26%. (The monthly average of patients with a LOS >= 21 days increased to 188 in FY22/23 (6 months' average) from 153 in FY21/22)	Q2 There was a deviation of 78% in reaching the quarterly targeted number of bed days in order to achieve a reduction of 26%. (The monthly average of patients with a LOS >= 21 days increased to 188 in FY22/23 (6 months' average) from 153 in FY21/22)	There was a deviation of 80% in reaching the quarterly targeted number of bed days in order to achieve a reduction of 26%. (The monthly average of patients with a LOS >= 21 days increased to 190 in FY22/23 (9 months' average) from 153 in FY21/22)	There was a deviation of 17% in reaching the quarterly targeted number of bed days to achieve a reduction of 26%. (The monthly average of patients with a LOS >= 21 days increased to 175 in FY22/23 from 153 in FY21/22)
40% of discharges go via the Patient lounge	Overall, Trust performance for Q1 was 38.6%, with Medicine at 39.7, Surgery at 38.2%, and Emergency Medicine at 34.8%	Trust performance for Q2 37.4% with Medicine at 37.7, Surgery at 43.9%, and Emergency Medicine at 22.9%	Overall, Trust performance for Q3 was 37.6%, with Medicine at 41.0%, Surgery at 40.0%, and Emergency Medicine at 17.4%	Overall, Trust performance for Q4 was 35.6%, with Medicine at 36.9%, Surgery at 35.3%, and Emergency Medicine at 29.9%
Whiteboard data capture Criteria2Reside, previously known as red2green	Q1 Overall, Trust performance for the % daily update of the Whiteboard was 51.2%, with Medicine at 57.8%, Emergency Medicine at 33.3% and Surgery at 45.5%	Q2 Overall, Trust performance for the % daily update of the Whiteboard was 60.9%, with Medicine at 66.7%, Emergency Medicine at 47.7% and Surgery at 54.6% Note: The information collected through the new EPR are now based on 1 new form on whether the patient has key discharges dates form recorded that day	Overall, Trust performance for the % daily update of the Whiteboard was 70.6%, with Emergency Medicine at 77.5%, Medicine at 71.4% and Surgery at 65.5% (Please note: The information collected through the new EPR are now based on 1 new form on whether the patient has key discharges dates form recorded	Overall, Trust performance for the % daily update of the Whiteboard was 70.6%, with Emergency Medicine at 77.5%, Medicine at 71.4% and Surgery at 65.5%

Booking Process

There have been significant improvements implemented over the last year for our Outpatients service and the momentum on this continues.

Within the contact centre the Netcall system has been embedded and we have started to expand our team, there has been a positive impact across all communication channels that we offer:

- 176,733 calls in total
- 57% answered
- 37% abandoned
- 6% transferred
- Average wait time reduced by 50% since March 2022
- 105% increase in web chats
- Increase in patient communication via email resulting in 57,000 emails being responded to

- We have extended our patient communication channels and these have been well utilised by our patients. We are about to implement extended functionality of web chat to help automatically guide patients to further information regarding their appointment

We will be continuing to optimise this service over the next 12 months to enhance our accessibility and availability for our patients.

We have implemented our new patient portal which enables access to appointment information, clinical documentation, and results. This has had an uptake of 7,000 patients within 3 weeks.



Volunteers

Quality quote:

"Our Volunteering department takes immense pride in the incredible diversity, compassion, and dedication of our volunteers who consistently strive to improve patient experiences. Our volunteers come from all walks of life, ranging from enthusiastic individuals under 18 who aspire to a career in the NHS to professionals and retirees. We are also proud to include volunteers with disabilities, showcasing our commitment to inclusivity and equal opportunities for all."

Amanda Budd

Lead Nurse for Patient Experience and Patient Participation

The Response Volunteer Hub was set up in March 2020 to support the Trust during the pandemic. To date, the Department includes 450 Active Volunteers (figures from April 2022 - March 2023), and in the previous financial year we had 320 volunteers.

This initiative was one of the first in the country, seen as an exemplar to other Trusts and it was commended by NHS England and Improvement, Helpforce and the Institute for Voluntary Action Research. Currently the volunteering hub serves as a central point for co-ordinating and managing volunteers throughout the hospital. The Hub is responsible for recruiting, training, and scheduling volunteers to ensure that they are utilised effectively and efficiently across the hospital. Additionally, the hub serves as a communication channel between volunteers and hospital staff, allowing staff members to request various services and support from the volunteers. This can include anything from delivering meals to patients, assisting with administrative tasks, or providing comfort and companionship to patients in need. Overall, the volunteering hub plays a vital role in enhancing the patient experience by ensuring that volunteers are properly utilised, and that the hospital staff have access to the resources and support they need to provide excellent care.

Over the recent months, our volunteers have diligently provided direct support to patients by offering refreshments and compassionate support. With Volunteering Week (1 - 7 June 2023) rapidly approaching, we have commenced preparations for the upcoming event. We firmly believe that this occasion serves as an exceptional opportunity to express our gratitude towards our volunteers for their unwavering commitment.

In the beginning of 2023, we seized the chance to evaluate our work procedures and reorganise our operations to prioritise our engagement with the community. Our substantial contingent of volunteers has been immensely advantageous, highlighting the requirement for ongoing funding to sustain our services and establish innovative volunteer roles that cater to the changing needs of patients in both our hospital and the broader community. The Voluntary Services team is committed to inventive and dynamic partnerships with various organisations and personnel to deploy volunteers throughout the Trust and provide support for our patients.

Dedicated projects currently run by Voluntary Services:

- Volunteering Project in the Trust
- Emergency Department volunteers
- TYPPI (Youth Volunteers)
- Women and Children's Services (WACS) and Breastfeed Peer Support Volunteers
- End of Life Volunteers
- Therapy Dog Volunteers

During 2022/23 Voluntary Services achieved the following:

- In June 2022, three new people joined our department:
 - EOL Volunteer Co-ordinator
 - WACS Volunteer Co-ordinator part-time
 - Breastfeeding Volunteer Co-ordinator part-time
- In December 2022, we secured on a permanent basis the Deputy Position for the Department
- In December 2022, we purchased a new software for the department which will simplify the process of recruitment and storage of the Volunteers Data
- In Jan 2023, we launched the ED Wheelchair Volunteers Role – Training has been provided
- In Feb 2023, we launched the Mealtime Companion Role – Training has been provided

- In January 2023, we launched the Wayfinder Role which support visitors in Outpatients, Main Reception and A&E corridor with directions
- We have had a significant increase in volunteer requests from most departments to support with various tasks from admin support to supporting patients during mealtime and peaceful support for EOL patients

Together with senior members of staff in ED we have identified new tasks for our volunteers to support in the Emergency Department (Specific training was provided for volunteers).

We have continuous request for Breastfeeding Peers Supporters to support mothers:

- In October 2022, we submitted our first Volunteering Department Strategy which was created for the next 3 to 5 years
- In January 2023, we launched Tour Trust volunteers who give a tour every Monday on foot to new Trust members
- In March 2023, we launched the Dog Therapy role
- Considering the challenges we have faced, we strongly believe that we have worked well together as a team and maintain the high standards of the Trust in providing a better patient experience whilst supporting staff, carers, and families



Improving Patient Experience: Volunteers April 2022 - March 2023:

MEASURE OF SUCCESS	Q1 & Q2	Q3	Q4
Maintain minimum 90% volunteers reporting their time spent volunteering was beneficial to staff and patients	2021/22 98% of volunteers surveyed felt their time spent volunteering was beneficial to patients 2022/23 98% of volunteers surveyed felt their time spent volunteering was beneficial to patients	2021/22 99% of volunteers surveyed felt their time spent volunteering was beneficial to patients 2022/23 99% of volunteers surveyed felt their time spent volunteering was beneficial to patients	2021/22 99% of volunteers surveyed felt their time spent volunteering was beneficial to patients 2022/23 99% of volunteers surveyed felt their time spent volunteering was beneficial to patients
Increase volunteering hours to support patients (10% increase in patient support hours volunteered)	2021/22 Avg: 2899 h per month 2022/23 *Avg: 792 h per month	2021/22 Avg: 1691 h per month 2022/23 *Avg: 885 h per month	2021/22 Avg: 1358 h per month 2022/23 *Avg: 776 h per month
Increase volunteer support with mealtimes (10% increase in mealtime support hours volunteered)	2021/22 Avg: 378h per month 2022/23 **Avg: 150 per month	2021/22 Avg: 161h per month 2022/23 **Avg: 127h per month	2021/22 Avg: 135h per month 2022/23 **Avg: 181h per month
Maintain minimum 95% compliance on statutory mandatory training renewals and DBS renewals	98% compliant	99% compliant	99% compliant

* The observed decrease in demand can be attributed to the reinstatement of patient visitation, which has subsequently resulted in decreased demand for the highly in demand task of delivering patient belongings

** The observed decline in volunteer engagement can be attributed to the diversification of tasks, whereby volunteers are currently allocated to a wider range of responsibilities as compared to their roles during the pandemic

Priority 4: Reduce Inequalities

We aim to provide the highest quality of care for every patient, every day, and we acknowledge that some patients may require additional or modified care to achieve this.

Mental Health

Quality quote:

"We were successful in securing funds to develop 'safe space' rooms in key clinical areas to support and care for patients attending in mental health or behavioural crisis."

The Safeguarding Team

During 2022/23 the number of patients presenting in mental health crisis and with complex social needs has remained high. Many patients require multi-agency care planning, to improve their experiences, reduce risks and improve discharges.

The named nurse for mental health and complex needs was appointed in late 2021 on a one-year fixed term secondment, to develop a work plan to improve patient care for when someone attends in psychological and mental health crisis or has associated complex social needs. This secondment has now

concluded, however the legacy of many of the work streams continue to be progressed by the Safeguarding team, with several processes and policy developed to support staff in their clinical areas. The named nurse has worked closely with the mental health liaison team, which remains on site 24 hours a day, as well as the wider integrated care system. This collaborative way of working provides innovation and joined up care for patients attending the Emergency Department and for those who require acute hospital admission whilst awaiting inpatient psychiatric care or discharge to another destination.

A robust database remains in place to record mental health sections, including dates of expiry, tribunal requests, section 17 leave, and transfers of sections. This is shared with the Mental Health Act office team, at Hertfordshire Partnership NHS Foundation Trust (HPFT) periodically. A Standard Operating Procedure (SOP) was written on the management of mental health section paperwork. This remains in place within the Trust to support the governance around managing section paperwork in clinical areas. This is aligned to the Trust's Service Level Agreement (SLA) with HPFT.

Many SOPs have been developed and will continue to be reviewed by the Trust's Safeguarding Team. These include the management of patients who are detained or require restrictive practises, reporting of section 5(2), and the application of section 17 leave. Alongside this we have developed MEED guidance, to support patients with eating disorders. A SOP has been developed to enable staff to consider the use of safe environmental space in the clinical area, this is linked to the Trust's Suicide Prevention and Management of Self-harm Policy.

Several training and development projects have been delivered across the Trust to support staff in their understanding in the care of patients with mental health and complex social needs. These include clinical holding and reduction in restrictive practices, basic mental health awareness, eating disorders awareness and the reading of patients' rights when detained under section.

The missing persons' pathway continues to be promoted across the organisation. This has been supported by the Trust security team. Compliance with the pathway is monitored at the Trust's Safeguarding panel and the Mental Health Steering Group with monthly dip dives and annual audits to ensure the pathway is used appropriately. The Safeguarding Team have also contributed and supported a thematic review of missing persons during the reporting period.

Learning Disabilities

Quality quote:

"We have, in partnership with the Acute Health Liaison team set up a panel of experts by experience who work collaboratively to improve services and care for patients with learning disability – 'Ask, Listen, Do'."

The Safeguarding Team

The Safeguarding Team works collaboratively with the Acute Health Liaison Team (AHLT) to ensure there is a strong focus on promoting reasonable adjustments and equality in care provision. There is an established learning disability partnership with an associated work plan to ensure local and national recommendations are achieved. There have been several developments and improvements during the reporting period, with some practises adopted during the pandemic, that have remained in place as best practise to support learning disabilities patients and their carers post pandemic. these include;

- Joint ward rounds between the Safeguarding nurses and the AHLT. Every day, the teams visit patients with learning disabilities, to provide support with reasonable adjustments, complex care

and discharge planning and ensuring appropriate documentation is completed in regards of MCA / DNACPR (Mental Capacity Act / Do Not Attempt Cardiopulmonary Resuscitation)

- The AHLT is co-located with the integrated Safeguarding team
- Pathways and policy developed to support identification of risks involved in LD patients who are not brought in for outpatients or clinical appointments
- The development of a formalised process in relation to Multi specialist team working when patients are admitted to the acute trust. The MDT pathways is chaired by the Safeguarding team and support a core meeting to improve patient safety, and patient experience
- The 'Ask, Listen, Do' forum supports experts by experience to give feedback and develop innovation for the acute hospital in relation to patient experience and clinical tools
- The development and promotion of new easy read materials, including patient feedback through a complaints process, and supporting hospital discharges
- Agreed funding and commencement of work on a changing places facility in the clinical area to support accessibility for LD patients, carers, and families
- Teaching and development for staff across the acute services, focusing on enhanced care workers, consultants and registrars and reception staff in the emergency departments
- The Safeguarding team and AHLT participated in discussions to ensure the frailty score was not used to assess patients with a learning disability. This was to ensure health equality when reviewing processes in ethical decision making
- Audits and thematic review of reasonable adjustments and compliance with existing policy and process in relation to learning disabilities
- Attendance at quarterly Trust mortality meetings to discuss themes of learning and shared review from the LeDeR strategic partnership and information and assurances meetings with the community learning disabilities Commissioners
- The learning disabilities partnership and LD action plan was reviewed and relaunched in January 2023, to consider the national improvements actions

Safeguarding

The Safeguarding Team have worked innovatively employing sexual violence workers to support and advise patients who attend in crisis who have been victims of sexual and domestic violence.

- Safeguarding has continued to be a key priority over the reporting period. The Trust continues to see high levels of activity and complexity in Safeguarding as we continue to move through COVID-19 recovery following the impact of prolonged lockdowns
- There has been a particular focus on domestic and sexual abuse. Working closely with the Hertfordshire Police and Crime Commissioner, we have been able to directly employ two Independent Sexual and Domestic Violence Advisors (ISVA / IDVA) who are on site working in key clinical areas to provide an immediate response to victims. The Hospital ISVA / IDVA service will see patients who have experienced acute sexual / domestic violence or historical abuse. A key aim for the service is for the hospital ISVA / IDVA to be easily accessible to staff and patients and be able to respond immediately to patients when they present, for them to access support and sexual abuse services as soon as possible
- The service has experienced a high number of referrals offering support, advocacy, and signposting with ongoing plans to further develop the service. The service is also available for staff to access
- During 2022, a Named Nurse for mental health was in post via additional funding from the ICB. This post supported patients attending in acute mental health crisis, supporting staff, and working closely with the HPFT mental health liaison teams to co-ordinate care and manage risks for patients within the acute settings who are often waiting long periods for mental health beds. The post also

supported the introduction of policy, systems, and processes to ensure the Trust is compliant with the Mental Health Act. Funding for the post has now finished and work continues with ICB Commissioners to support further funding to continue the role

- During the reporting period, there has been a focus on promoting and supporting the use of the Mental Capacity Act (MCA) in all aspects of care in preparation for the introduction of Liberty Protection Safeguards replacing the Deprivation of Liberty Safeguards (DoLS). This has now been postponed by the present Government, but the work done to promote MCA has been valuable to ensure that patients who lack capacity are cared for and treated appropriately. Resources have been developed and teaching sessions delivered in a variety of ways to ensure frontline staff have the skills and knowledge to apply the principles of the Act. Work has also continued to streamline systems and improve the quality of DoLS applications. We are currently piloting a DoLS electronic portal with the Local Authority to further improve the system
- As part of the wider Safeguarding team, we have worked closely with Herts Mind Network to introduce the Bounce Back project into the hospital. This project works with adults with mental health issues and other disadvantages such as homelessness and drug and alcohol issues. The project supports patients while they are in hospital, particularly supporting with discharge then a support package in the community to address needs and issues which will try and prevent a readmission to hospital. The project commenced in January and has already received high numbers of referrals and positive outcomes supporting a number of our most vulnerable patients
- Children and young people's (CYP) mental health has remained a priority with a great deal of system working to ensure they receive the best care in the right place. A new mental health liaison team for CYP employed by HPFT has commenced on site to provide support to CYP who present with mental health needs providing much needed expert support whilst they remain inpatients. Works are also well underway to provide 'safe space' rooms within paediatric areas and also across the wider Trust to provide rooms to care for patients safely and with dignity who present in mental health crisis. A 'Time to Talk' project was introduced during the reporting period, to support and encourage staff to complete a co-produced training package about caring and communicating with young people with mental health issues. The project was well received with staff in a variety of clinical areas. Two members of staff were trained to deliver clinical holding training to staff. This training supports staff in safe holding practices particularly when caring for CYP who may be subject to a section of the Mental Health Act
- The Hospital Youth Worker project continues to support CYP across the hospitals. The highest number of referrals continue to be around mental health issues such as low mood, overdose, and self-harm
- There has also been support for CYP with family conflict, child sexual exploitation, child criminal exploitation, and drug and alcohol issues. The youth worker has been very visible within all departments and has attended ward rounds, huddles, supervision sessions with the diabetic team, and working on the wards. They also visit young people in adult ward settings for support and attend Safeguarding training level three updates
- A Section 11 adult assurance visit by the ICB looking at all aspects of Safeguarding across the Trust took place in November. They recognised that the Trust demonstrated an immense commitment to ensuring Safeguarding is embedded in all areas of the organisation promoting the health, safety and welfare of children, young people and adults that access services across the Trust. The presentation and case studies demonstrated a culture of strong leadership and also of care, compassion, and innovative practice. Following discussions, highlighting areas of good / excellent practice and recommendations for improvement, it was agreed WHTH is rated as Good to Outstanding

A number of areas of good practice were recognised including:

- It is evident how well Safeguarding is embedded across the whole organisation both at senior level and to front line services
- A successful culture of development in an integrated Safeguarding team which has a range of skill mix and expertise
- Good engagement and collaboration with the Partnership, and System, drawing on the expertise of other specialist areas to drive forward improvement projects
- Adaptability throughout the Safeguarding team which allows the organisation to adapt to emerging needs and which are integrated into longer term plans
- A wide range of supervision practices, with daily supervision huddles, debriefs following difficult cases, peer reviews and adult safeguarding supervision now including in the CYP Supervision Policy
- A wide range of training available for staff

Services for Young People

The Trust has a virtual ward in place for 16 and 17 year olds who are admitted anywhere in the organisation. These young people are visited at least once during their admission by the Safeguarding nurses, and they are overseen by the senior paediatric nursing team.

This process continues and the paediatric matron works collaboratively with the named nurse for mental health and complex social needs to ensure that we are meeting the needs of our 16 and 17 year old patients across the organisation.

We are pleased to report that the Trust was successful in our joint bid with Hertfordshire Youth Services to run a hospital youth worker project. A youth worker joined the team in Q4 to support 11 to 18 year olds (the national age metrics were changed during this quarter). Paediatric staff continue to be offered mental health awareness training from a variety of sources including national e-Learning and in-house training led by the Children's Crisis Assessment and Treatment Team (CCATT).

To strengthen the training provided to our staff so that there is an increased awareness of how children, young people and young adults can be better supported, the paediatric nursing team has identified a champion to be a trainer for the 'We Can Talk' campaign. This is led by healthy teen minds, a values-driven organisation seeking to amplify the voices of young people with lived experience of mental health. It is working to change the culture of acute hospitals through community building and training. This is a national programme and has recently begun to be rolled out through the Trust.

The Hospital Youth Worker has been in post since February 2021 and the post is part of the wider Safeguarding team. To date the service has had over 200 contacts with children and young people (CYP) and there are more than 30 active cases that involve targeted support from youth worker services. The highest number of referrals continue to be around mental health issues such as low mood, overdose, and self-harm.

There has also been support for CYP with family conflict, child sexual exploitation, child criminal exploitation, and drug and alcohol issues. The youth worker has been very visible within all departments and has attended ward rounds, huddles, supervision sessions with the diabetic team, and working on the wards as well. They also visit young people in adult ward settings for support and attend safeguarding training level 3 updates.

Improving Access for Wider Community Groups

Equality Delivery System

The Equality Delivery System (EDS) report was formally completed and published by WHTH in line with 2022/23 requirements; the submitted EDS report only contained information on Domains 2 & 3 with proposed scores for Domain 1. The EDS report provided a framework to review and develop our services, our workforce and our leadership, enabling the development and implementation of meaningful equality objectives that can enact tangible change in an incremental and sustainable way. Three services are currently being identified to be assessed as part of EDS Domain 1, this assessment will take place in collaboration with Integrated Care Board colleagues as part of overall system delivery.

From 2023/24 the contractual requirement, in line with NHS England guidance, is that all domains are reviewed and scored by all relevant stakeholders, with the resulting feedback being used to develop robust action plans.

Promote Inclusion Across our Services

Significant planning has taken place to develop outcomes and deliverables of this project that will work to develop and promote greater inclusion across our services, in collaboration with the Co-Production methodology. A formal Project Initiation Document has now been created and approved, which will form the basis for the ongoing and upcoming deliverables and ambitions of this work.

As this project moves out of the scoping phase and into implementation and delivery, workstreams will be developed to deliver on outcomes and recommendations of improving access and services to patients identified in the Equality Act (2010), with protected characteristics. These include:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

A Stakeholder Group will be created to support oversight, management and governance of the outcomes of each of the workstreams. The protected characteristics initially identified to be developed into focussed workstreams are;

- Race
- Gender Reassignment
- Sex
- Sexual Orientation
- Disability

Each of these workstreams is anticipated to work closely in collaboration with our existing staff network groups (Connect, LGBTQ+, and Disability). Deliverables of each workstream will be developed during the initial meetings and following input from the Stakeholder Group. Initial deliverables have been identified for the above workstreams, pending finalisation by the Stakeholder Group and workstreams, which are:

- Race: Deliver the recommendations made in 'Making Local Healthcare Equal: Healthcare concerns in Black and Asian communities (2022)'
- Disability: To improve access for identified disabilities such as hearing impaired, visually impaired, and improving access for wider community groups including patients and service users with wider sensory needs

It is anticipated, as workstreams develop and mature, that additional groups will be identified for engagement. This is planned to include groups that are not directly identified under the Equality Act (2010).

Priority 5: Improving Access and Reducing Waiting Times

The Trust is committed to ensuring that we continue to improve access for both those attending our services as a planned patient, and for those attending for urgent or emergency care. In line with being a safe, responsive, and caring organisation we take the nationally mandated access targets very seriously and are committed to improving our performance against these standards.

This segregation of pathways continued throughout the year and although there was some improvement in ED waiting times at the start of the year this could not be sustained, with unprecedented demand for urgent care resulting in record numbers of attendances, particularly at the end of Q1, in Q3 and at the end of Q4.

There was further growth in ambulance conveyances, and we worked closely with the ambulance service to ensure a planned and structured approach to support cohorting, corridor care and the management of delays in patient transfer from ambulance to hospital. This allowed both services to ensure the safety of patients already in hospital and those being brought to the Trust.

Referral to Treatment (RTT) Performance

Quality quote:

"It has taken a team effort to reduce the time patients are waiting for treatment and I'm extremely proud of the collaborative effort that has contributed to our success. The work we have done to improve waiting times will have made a tangible difference to the lives of our patients."

Jane Shentall
Director of Performance

The national objectives set for RTT performance for 2022/23 centred around long wait reduction, specifically pathways at 78 weeks or longer. The number of patients with a wait of 78 weeks or more peaked at 407 in August 2021 and by the end of March 2023 all had been cleared, leaving only those patients who have chosen to delay treatment beyond this point.

While the implementation of our Electronic Patient Record (EPR) in November 2021 delivered many benefits across the organisation, it also created some challenges, particularly in the management of our RTT (Referral To Treatment) waiting list (PTL Patient Tracking List) where a range of issues contributed to a very significant increase in the number of RTT pathways, resulting in an inaccurate, inflated waiting list, with what appeared to be very large numbers of patients waiting in excess of 52 weeks. This placed

very considerable demand on pathway validation and in September 2022 the organisation invested in additional resources to support the validation work required to cleanse the PTL.

Urgent care and COVID-19 demand for acute beds continued to affect elective bed capacity at Watford General Hospital, increase the challenge of reducing waiting times, with some services more affected than others, creating further pressure on improvement plans.

In November 2022, on the one year anniversary of the EPR implementation, the number of patients waiting 52 weeks (one year) or more rose very significantly, with over 4,000 pathways waiting this long. The combined efforts from the validation team, supplemented by the additional resources procured earlier in the year, and the plan to eliminate long waits, has ensured a rapid improvement and the year ended with less than 2,500.

Outsourcing treatment across a range of specialties has remained in place and has continued to be successful, with many patients treated in independent sector (ISP) facilities over the course of the year. Good relationships with all providers has been key in the success of this programme which expanded to include agreements with providers who could accommodate more complex procedures, ensuring that more patients can be given an opportunity to have treatment earlier than would be possible at the Trust.

Improving access

MEASURE OF SUCCESS	Q1 & Q2 UPDATE	Q3 UPDATE	Q4 UPDATE
A reduction in breaches of the four-hour ED standard	Q1: 60.3% Q2: 66.0%	61.5%	Q4: 68.5%
Improving our ED ambulance handover delays	Q1: 591 > 60 minutes Q2: 926 > 60 minutes	1,088 > 60 minutes	Q4: 947 > 60 minutes
A reduction in the number of patients waiting more than 52 weeks	June 2022: 1,659 September 2022: 2,587	December 2022: 3,543	March 2023: 2,832
Improved performance against the 18-week open pathway standard for RTT	June 2022: 56.4%% September 2022: 48.6%	December 2022: 51.2%	March 2023: 56.7%
Improved performance against the 62-day standard	Q1: 59.5% Q2: 59.9%	Q3: 68.0%	Q4: 55.0%
Fewer 78 week waits	June 2022: 143 September 2022: 116	December 2022: 68	March 2023: 16

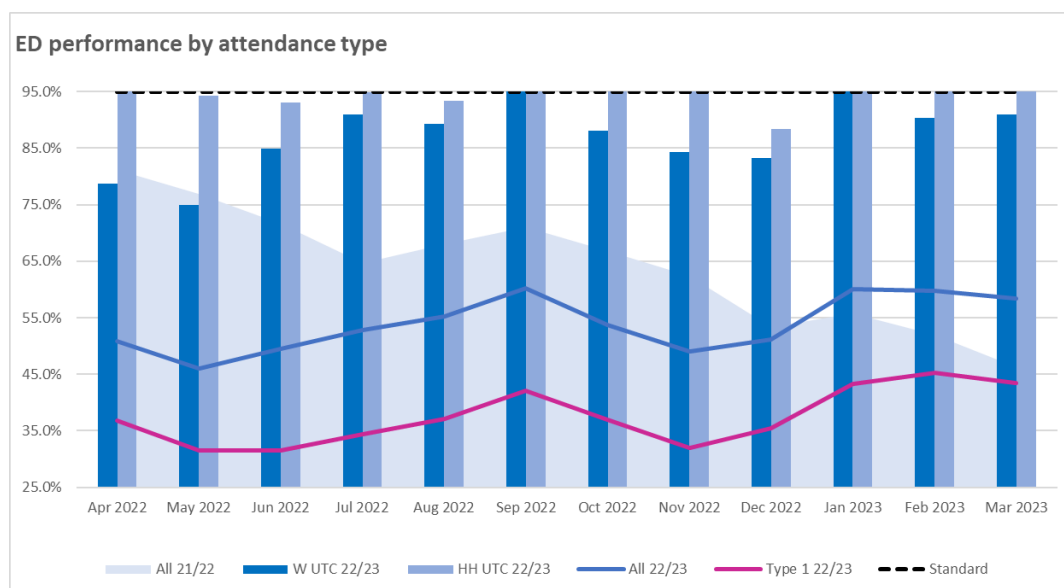
Emergency Department (ED) – Time to First Assessment

Attendance levels for our Urgent and Emergency Care Departments increased by 14.4% from 2021/22 attendance levels. Ambulance conveyances decreased by 12.7% on 2021/22 levels but only decreased by 7.2% on 2020/21 levels. There were 197,024 attendances in 2022/23. In December 2022, the Trust recorded its most attendees in a single month at 16,669.

The Watford Urgent Treatment Centre continues to see Type 3 patients and operates seven days a week between 8am and 2am. The Hemel Hempstead Urgent Treatment Centre continues to see Type 3 patients and operates seven days a week between 8am to 10pm. The St Albans Minor Injuries Unit closed during the pandemic and on the site, the ICB commissioned an Integrated Urgent Care Hub which is run by Herts Urgent Care.

The graph below shows our performance against the four-hour target. In 2022/23, 64% of patients were seen within four hours, below the national standard of 95%.

ED Performance by Attendance Type:



Nearly all patients (99.2%) attending the Urgent Treatment Centre at our Hemel Hempstead site were seen within four hours. Ambulance turnaround times under 15 minutes in 2022/23 were 7.54% which, in relation to the other acute hospitals within the HWE ICB, places us second. There were 22 12 hour trolley waits, which all took place from 2 to 6 January 2023 during the winter period. Harm reviews are carried out for patients who have a prolonged stay in the department.

In 2022/23, the Division refreshed the Emergency Care Improvement Programme to deliver performance last achieved in 2019/20. Key actions were:

- Focus on Same Day Emergency Care (SDEC) pathways that allow patients to be seen more quickly and in an appropriate setting without the need for a hospital admission
- Continue to develop the emergency medicine workforce, specifically the development of advanced practice
- Working in partnership with East of England Ambulance Service Trust to provide earlier handover of patients and safe care in the Emergency Department and surge areas (at times of increased demand)
- Continue harm reviews for patients who spend extended times in the department
- Improve patient experience and outcomes by achieving more rapid clinical assessment
- Working with the Integrated Care System to reduce admissions by developing pathways for patients to be cared for in the community
- Working with our mental health partners, Hertfordshire Partnership University NHS Foundation Trust to improve patient pathways and the experience and outcomes of patients
- Working with system partners on the model of care for urgent and emergency services across West Hertfordshire
- To focus on streaming and triage times within our urgent treatment centres

Performance Against the 62-Day First Definitive Treatment Standard

Throughout the first and second waves of the pandemic, the Trust maintained care for time critical patients. Working with independent sector providers, we were able to ensure surgery and some outpatient procedures were provided for these patients. During 2022/23 the Trust focussed its efforts on recovery,

ensuring that processes and improvements were put in place to reduce the waiting time for patients with a cancer diagnosis to receive treatment.

The Trust's overall performance against the 62 day referral to first definitive treatment standard was 60.9% in 2022/23; this is in comparison to 82.2% in 2020/21, 82% in 2019/20 and 82.6% in 2018/19. The target is 85%. This reduction in performance is due in large part to the very significant increase in referrals across multiple tumour types over the course of 2022/23 which has severely impacted the Trust's ability to maintain historical performance levels.

There were 1,156 treatments in 2022/23, which represents a small increase on the 2021/22 position which was 1,127. In 2022/23 there were 284 breaches overall, including shared pathways. Under the six Scenarios Inter-Provider Transfer rules for shared pathways, some treatments and breaches will be afforded a zero allocation against the Trust and therefore are not included in the overall performance data.

The only speciality to meet the target for 62-day first definitive treatment standard in 2022/23, was Skin – at 95.3%. This is in comparison to 2021/22, where 5 specialties met the target.

The Trust has faced various challenges with meeting the national standard, which requires that any patient diagnosed with cancer should receive their first treatment within 62 days of their referral. This was particularly problematic during 2020/21 due to a variety of COVID-19 related issues both within the Trust and our local communities, and these difficulties continued in to 2021/22. Significant referral increases in 2022/23 have exacerbated these issues. The Trust has faced an increase in demand with more referrals coming from primary care services for patients with suspected cancer. Alongside this, the Trust needed to meet backlog of patients who were waiting for appointments for diagnostics or treatment.

The most significant increases can be seen in the table below:

Tumour type	REFERRAL VOLUMES			
	2019/20	2020/21	2021/22	2022/23
Head and Neck	1391	1093	1527	1776
Lower Gastrointestinal	3085	3024	3748	4009
Lung	437	315	477	561
Upper Gastrointestinal	1260	1133	1492	1707
Urology	1503	1209	1655	2221
Breast	4112	3727	4468	4411
Gynae	1596	2089	2606	1987
Skin	4313	3100	3483	4586

Additionally, in some tumour types where the referral volumes have increased, the proportion of cancers diagnosed has also significantly increased which has placed the service under greater strain in meeting the 62 day standard.

Each cancer pathway has multiple steps and pathways are different depending on the speciality. There are delays in many of the steps as Infection, Prevention and Control measures, workforce shortages and capacity problems have all contributed to slow down pathways. The Trust has faced delays at our partner organisations for diagnostics and treatment and this also affects performance. We have encountered problems in having enough theatre capacity at the correct hospital site for those who need cancer surgery. St Albans City Hospital is our elective hospital site; however, some patients need to have their operation at Watford General Hospital (WGH) to ensure access to intensive care or other support. Ensuring that

there are sufficient beds for cancer patients within WGH is a constant challenge, which we can meet in most cases.

Cancer Waiting Times Standards

Overall, the Trust did not meet all the national cancer standards in 2022/23 – just falling short of the target in a number of areas. However, the Trust has made significant improvements over the course of the year in line with an ambitious recovery plan which saw the Trust removed from the Tiering process – a performance monitoring process overseen by NHS England designed to support the recovery of Cancer backlogs following the pandemic. The Trust has seen a significant increase in referrals for suspected cancers during the 2022/23 period – in some cases this is as much as 40% more than the pre-pandemic rates which has placed services under pressure.

The Trust is committed to a programme of improvement work which is designed to both recover performance in line with waiting time standards as well as a number of other new service developments, specifically focussed on improving patient pathways, service quality and patient experience.

Our improvement programme for cancer for 2022/23 includes the following:

- Reviewing capacity for diagnostic services in light of increased demand with the aim that patients are offered an appointment within a week of the Trust receiving the referral, by doing this the Trust will be better placed to ensure sustained improved performance against the two week wait standard
- Review and refinement of existing diagnostic pathways including the development of a breast pain service, introduction of mandatory Faecal Immunochemical Testing (FIT) for patients with a suspected bowel cancer and a new Non-Specific Symptoms (NSS) service

The Trust continues to ensure that it:

- Undertakes clinical harm reviews on all patients who do not have their first cancer treatment by Day 62
- Undertakes clinical harm reviews for those who have been diagnosed with cancer after a wait of over 28 days for their first appointment
- Works in collaboration with tertiary cancer centres to improve systems and communication, allowing patients who are referred to or from another centre to receive care as quickly as possible

CANCER WAITING TIMES STANDARDS AND PERFORMANCE (WHHT) 2022/23 (PROVISIONAL)		
STANDARDS	TARGET (%)	PERFORMANCE (%)
2 week wait – Urgent GP	93	72.5
2 week wait – Breast Symptomatic	93	39.9
31 Day – Decision to treat to first definitive treatment	96	95.3
31 day – Subsequent surgery treatment	94	93.5
31 day – Subsequent drug treatment	98	99
31 day – Subsequent radiotherapy treatment	94	100
62 day – Urgent GP referral to treatment	85	61.6
62 day – NHS screening referral to treatment	90	69.8
Faster diagnosis – 2 week wait urgent GP	75	65.7
Faster diagnosis – 2 week wait breast symptomatic	75	56.3
Faster diagnosis – NHS screening referral	75	69.8

Our cancer performance is monitored through divisional meetings, a weekly cross-divisional access meeting and a structured approach to the management of patients on the cancer PTL (a tracking list of all

patients on an active cancer pathway) with information reviewed at patient level and with senior management support. The Elective Care Programme Board continues to have oversight of cancer and elective care performance. The Trust is establishing a new clinically led forum to drive its cancer improvement agenda and this group will report into the Elective Care Programme Board. The Finance and Performance Committee and the Trust Management Committee receive performance reports from the Elective Care Programme Board.

Theme 3:

Building a Quality Culture

Evidence shows there is a very strong link between workforce engagement and patient outcomes and experience. The Trust has made significant improvements over recent years and ensuring our staff are happy, healthy, and well supported is an absolute priority for this year.

Our 'Quality Commitment' sets out our approach to building a culture that enables all staff to help us continuously improve the care we deliver to our patients.

Priority 6: Everybody Matters, Our People

Enabling our diverse workforce to be healthy, with a sense of wellbeing, is crucial to high-quality patient care. Putting the health, wellbeing and support of our employees is a fundamental part of the Trust's ambitions, enabling our workforce to put our patients first and achieve positive patient experience and the best patient outcomes.

A key part of this is to recruit, retain and care for our workforce. Equality, Diversity, and Inclusion is of vital importance, as it is the golden thread that underpins all the salient 'pillars' regarding attraction, recruitment, and retention. On this basis, the EDI function is a key enabler of the Trust's Strategic People Plan to uphold and deliver the NHS Promises, working collaboratively with a range of services and teams to further improve processes and employees lived experiences.

We are proud of our caring and skilled workforce and their genuine commitment to our patients. Over the past year, we have focused on making sure that we have the right number of well-supported, well trained, happy staff in the right jobs.

Recruitment and Retention:

WHAT WILL SUCCESS LOOK LIKE?	HOW DID WE PERFORM AGAINST OUR SUCCESS CRITERIA?
Reduction in the overall Trust vacancy rate by 1%.	Vacancy rate overall is 7.0% as of March 2023, this is a reduction from 10.4% Aug 2022, against a target of 10%. Establishment has increased by 186 WTE over the last 12 months. Hot spot areas are HCSW's, AHP's and Nursing and Midwifery and by divisions its Corporate and Environment. Over 190 international nurses arrived throughout the year and quarterly face to face recruitment campaigns held for hot spot staff groups particularly successful for Theatres.
Further reduction in the turnover rate for Band 5 nurses by 1%.	Turnover for band 5 nursing has increased to 16% March 2023. Significant focus on retention, People Strategy, People Promise and operational working groups implementing interventions to support staff, informed by staff survey results and exit data
Overall, Trust turnover rate to reduce by 1% to 14%	Turnover overall is now 15.3%, this is a reduction from 17% August 2022. This was expected following the pandemic, there is a focus on those leaving within their first 12 months, seeing a reduction in turnover from 21.7% May 2022 to 17.2% March 2023. Hotspot groups are HCSW's, Admin, Nursing and Midwifery and AHPs.
Reduction in agency spend to £12.8m	Agency spend increased throughout the year with demand for surge areas being the main contributor. This has reduced from 6.3% in November 2022 to 4% of the Trust's pay bill in March 2023.
Increase Diversity particularly (BAME) across more senior AFC – 8b and above	Diverse representation across our senior staff groups remains low, however efforts are being made to diversify interview panels and implement values-based recruitment. Career progression workshops being launched and cultural awareness training modules.

Focus remains in minimising turnover through developing and delivering the NHS People promise themes. The people promise manager, who was recruited to support driving this agenda forward, and one key focus has been on improving the new starter 'journey' regarding onboarding and induction processes and practices. Numerous elements were implemented and refined to support new starters integration into the Trust and improve retention within the first 12 months of joining the organisation. Feedback has already indicated an improvement from both new starters and those involved in the induction process.

Initial work has also been undertaken to develop the flexible working provision with a refined policy, development of supporting resources for staff and line managers to help facilitate such arrangement. Further work is in development to further cultivate a culture of flexibility and work life balance more widely across the Trust.

Recruitment efforts continue with the Trust investing in a Digital Recruitment Specialist to focus on candidate attraction using social media and recruitment open days. A new interactive candidate landing page has been launched with a new joiner portal supporting candidates through their application and journey to starting in post.

The Trust held several face-to-face "one-stop-shop" recruitment events for hot spot staff groups, proving successful for nursing and midwifery, HCSW's and admin roles. Further events are planned this the year. The Trust also welcomed over 180 students from Westfield Academy to an onsite careers' day showcasing many of our clinical and non-clinical services. Students were able to experience our SIMS and Virtual Hospital equipment, talk to professionals from across the Trust and participate in recruitment workshops to prepare for employment. Partnership working has started with West Herts College and University of Herts, and work experience placements will be offered next year.

International recruitment continues with a further £900k funding provided to the Trust to deploy over 180 nurses, and the first cohort of international midwives have arrived. The Trust continue to explore alternative ways of working including Medical Training Initiative, Nursing Associates and Nursing Degree Apprenticeship programmes.

The planned implementation of values-based recruitment will improve inclusive recruitment by embedding EDI (Equality, Diversity and Inclusion) into our selection methods, debiasing recruitment and ensuring our panels are representative of the organisation, its patients and local community. This will improve BAME (Black, Asian and Minority Ethnic) representation at a senior level across the Trust.

Staff Engagement

The NHS National Staff Survey took place between October and November 2022 and saw our best response rate at 50.3%. 2022 was the second year in which the survey was aligned to the seven elements of the NHS 'People Promise' alongside two previously measured themes of 'Staff Engagement' and 'Morale'. This has enabled comparisons not only with the sector but also year on year.

In addition to the annual staff survey, the Trust runs three shorter quarterly pulse staff surveys, which run in July, April, and January as a more real time temperature check of the organisation.

THEME	SCORE (OUT OF 10)
Overall Staff Engagement	6.7
Advocacy	6.33
	51% of staff would recommend the Trust as a place to work
	49.8% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment
Motivation	6.95 out of 10
Involvement	6.76 out of 10

Performance against other local and London Acutes

Our results compare favourably across acute ICS Trusts and well compared to 5 London Trusts who had a similar pandemic impact to us.

PEOPLE PROMISE	2022 LONDON ACUTE TRUSTS RANKING ROYAL FREE LONDON LEWISHAM & GREENWICH LONDON NORTH WEST UNIVERSITY BARKING-HAVERING AND REDBRIDGE KINGS COLLEGE	2022 ICS ACUTE TRUSTS RANKING EAST & NORTH HERTS PRINCESS ALEXANDRA
Promise 1: We are compassionate and inclusive	Joint 1st with Royal Free & Lewisham	Joint 1st with East & North
Promise 2: We are recognised and rewarded	2nd 1st is Lewisham	Joint 1st with East & North
Promise 3: We each have a voice that counts	2nd 1st is Lewisham	1st
Promise 4: We are safe and healthy	Joint 1st with Lewisham & London North	1st
Promise 5: We are always learning	Joint 1st with Lewisham & King's College	1st
Promise 6: We work flexibly	3rd 1st is Lewisham	2nd 1st is East & North
Promise 7: We are a team	2nd 1st is Lewisham	1st
Theme: Staff Engagement	4 th 1 st Lewisham, Royal Free & London North	Joint 1st with East & North
Theme: Morale	Joint 1st with Lewisham, Royal Free & London North	1st

Key results include:

- We have scored either at or above the national average for all other acute hospital trusts across 6 out of the 9 People Promise themes
- “We work flexibly”, “Staff Engagement” and “We are compassionate and Inclusive” are below average of the sector
- Increase in the number of Black, Asian and minority ethnic respondents and from staff with long term conditions or illness

- Positive outliers, scoring better than the Trust average include Nursing, Midwifery and Administrative and clerical for staff engagement. In relation to recommending the organisation as a place to work, highest scores came from Surgery and Anaesthetics as well as Additional Clinical Services
- Scoring below Trust average are Estates and Ancillary and the Environment division
- We have scored high in team working and how members of staff treat each other with understanding and respect
- Some aspects of work pressure and consequently burnout are better than elsewhere in the sector
- Appraisals drive good scores and we are always learning
- There are some indicators of positive culture
- Scores could be improved on development and career conversations

Our 2022 results demonstrate that we are at or above the average sector scores for acute hospital Trusts across the majority of the People Promises. Our key strengths are 'We are a team', 'We are compassionate and inclusive' and 'we are always learning'. These are areas we can continue to develop.

Staff engagement has dipped this year compared to 2021 reflecting the wider trend across all NHS Trusts. Looking at the sub themes there was a statistically significant difference in Advocacy (recommending our Trust to others).

	2021 score	2022 score	Diff	Sector score	Diff
Motivation	7.05	6.95	-0.11 (Not sig.)	6.90	+0.04 (Not sig.)
Involvement	6.78	6.75	-0.02 (Not sig.)	6.74	+0.02 (Not sig.)
Advocacy	6.51	6.33	-0.17 (Not sig.)	6.65	-0.31 (Not sig.)
Overall staff engagement	6.78	6.68	-0.10 (Not sig.)	6.78	-0.08 (Not sig.)

Morale scores align with the sector average and overall remains constant to last year's scores however there is a drop in the subtheme around thinking of leaving.

	2021 score	2022 score	Diff	Sector score	Diff
Thinking about leaving	5.74	5.65	-0.09 (Not sig.)	5.86	-0.20 (Not sig.)
Work pressure	5.30	5.13	-0.17 (Not sig.)	4.94	+0.20 (Not sig.)
Stressors (HSE index)	6.35	6.35	-0.00 (Not sig.)	6.28	+0.07 (Not sig.)
Morale	5.80	5.71	-0.08 (Not sig.)	5.69	+0.02 (Not sig.)

We are very much exploring our results and building action plans in a manner that is inclusive and representative for all staff as we continue develop a just culture where everyone is valued.

Our top areas of focus in relation to staff engagement and wellbeing are:

- Enhancing our reputation for providing the highest standards of care
- Supporting staff to have the resources to undertake their role effectively
- Learning is at the heart of what we all do: As a teaching hospital, learning should be central to our activity. While we were above sector average, this area has further room for improvement and is pivotal to supporting talent pipelines and personal career satisfaction. That in mind, a key focus is to extend opportunities across all staff for career conversations alongside relevant learning and training plans
- Flexible working: Extending flexible working opportunities and patterns across staff groups and divisions are a key focus in order to support cultivating positive staff experience, enabling more individuals to join the Trust as well as supporting retention
- Voice that counts: Enabling an environment where individuals are able to raise concerns and have confidence that their feedback is being taken seriously

- Fostering an environment of understanding and respect: While compassionate and inclusive was our highest scored people promise theme, we are keen to further facilitate a culture of understanding, support, and inclusivity. Through addressing unwanted behaviours, showing consideration to others and always being respectful to patients and team members are vital facets

The table below gives more details about our staff engagement performance:

What will success look like? Key targets we wanted to achieve in the 2022 staff survey	How did we perform against our success criteria?
Be in the top 20 acute Trusts overall for staff engagement as measured via the annual NHS staff survey	Joint 1 st in ICS 4 th in other London Acute's (table above) Above regional (East of England)
75% of our colleagues say that they look forward to going to work	2021 – 54.9% 2022 – 51.0%
85% of our colleagues say that their manager values their work	2020 – 71.9% 2021 – 70.9%
85% of respondents agree that the organisation make adequate reasonable adjustments	2020 – 67.0% 2022 – 74.4%
95% of our colleagues agree that we take positive action on health and wellbeing	2021 – 60.0% 2022 – 58.3%
Less than 20% of colleagues will have experienced harassment, bullying or abuse at work from patients / public	2021 – 27.4% 2022 – 29.1%
Less than 15% will state they have experienced harassment, bullying or abuse at work from colleagues	2021 – 19.5% 2022 – 19.7%
An above national average response to the staff survey by ethnic groups	2021 – 42.0% 2022 – 43.8%

The Trust continues to make changes to improve the support given to staff at all levels. Activities include:

- Managers continue to work with Occupational Health in providing support and implementing adjustments to staff, where reasonably possible
- Launch of an outsourced physiotherapy service with Physio Med which provides a fast-track physio service within 5 days within 10 miles of the Trust of the staff members home address. The service has a host of information available to staff regarding preventing injury, managing musculoskeletal conditions, wellbeing zone – physiotherapy exercises
- Our induction programme includes key wellbeing and EDI information, moreover a follow up support session has been implemented
- Increase in mental health first aiders and wellbeing champions across all sites with continued support networks to support the groups
- Development of menopause awareness and support including awareness webinars, onsite menopause cafes, nutritional advice
- Financial support - we recognise the challenges staff are experiencing with the rise of cost of living. we continue to offer subsidised meals and the essential hub remains available with arrangements for St Albans site in place. The Trust continues to book and sign post to education sessions to discuss finance issues, wellbeing, and pension, with a mixture of onsite and webinars taking place each quarter. Financial resources and signposting information continue to be shared with divisions, wellbeing champions, staff networks and is available on the wellbeing intranet page

Annual health and wellbeing events and engagement initiatives:

- Wellbeing support with 'Here for You' onsite visits, drop-in sessions, pop ups, reflective spaces, and webinars. Specific sessions can be organised and adapted for a department's needs

- Health checks and massages are available regularly throughout the year with specific sessions able to be arranged for departments
- Quarterly senior Team wellbeing listening events across sites
- Numerous recognition events are run throughout the year including Stars of Herts, All Stars week, Long Service awards, monthly Stars of Herts awards etc. Focus is taken to ensure that they are accessible and there are provisions across the site
- Our staff networks continue to grow in number and membership. They are becoming more embedded within the Trust with regular network stalls, safe spaces, coffee mornings and celebratory events. EDI steering groups have been implemented to ensure that there is governance and assurance in progressing the EDI agenda
- EDI centric events and celebrations are being further delivered and advertised

Learning and Development

Quality Priorities Measures of Success 2022/23:

MEASURES	Q1	Q2	Q3	Q4
Teaching Hospital Status achieved	Following a campaign of engagement with our stakeholders the Trust was awarded Teaching hospital status and changed its name to West Hertfordshire Teaching Hospitals NHS Trust			Teaching Hospital Benefits realisation board development session. Five workstreams identified: 1. Extending Fellowship roles 2. Medical Education 3. Research 4. Clinical Simulation 5. Leadership Development
Review of the structures within L&D	MoC consultation completed	Launch of new Talent Team	Appointment of Associate Directors for OD & Culture and Education & Learning	
Induction		Large junior doctor inductions delivered to Foundation Year 1 doctors (Preparation for Professional Practice Week - July 2022) and speciality training grades (August 2023). The August speciality induction was redesigned in to support mandatory training compliance. Additional paid shadowing experience was provided to International Medical Graduates (IMG).	Significant work has been undertaken to improve, refine and streamline the process of onboarding and the induction programmes to improve the new starter experience. Formal Feedback has already indicated an improvement from both new starters and those involved in the delivery of the induction process. The 'welcome' component of the trust induction has been re-designed to make the induction more positive, cohesive and in a format that aligns with the people promise so elements such as wellbeing and EDI are fully integrated. Virtual onboarding through Trac job system was introduced to improve the new starter experience.	A new starter support programme was designed and delivered to provide checkpoints for all new starters: End of month one The first touch point was designed as a catch-up session on how our new starters are settling into their new roles. A check in of local induction and how the buddy scheme is working in practice. This touch point is facilitated by the recruitment team. End of month three The second touch point was designed to check in and offer EDI, Health, and well-being support. It is a fantastic opportunity to share what is happening in the Trust across all three sites. This touch point is facilitated by an EDI, Health, and well-being lead. End of month seven The third touch point is designed to support our new starters to prepare for their appraisal and career development and the possible

				<p>development opportunities available such as Apprenticeships and CPD funding. This touch point is facilitated by anL & D Talent Lead.</p> <p>In January, a revised local induction checklist and line manager guidance was developed and launched. Moreover, a buddy system was developed and implemented to support not only new starters embed in the organisation but also to support line managers. This has been piloted at other Trusts and it has had a positive impact.</p> <p>The new starter website and app was launched to improve the onboarding experience.</p>
Apprenticeships	12% of the apprenticeship levy has been allocated	23% of the apprenticeship levy has been allocated	<p>32% of the apprenticeship levy has been allocated.</p> <p>To support the 2023/24 levy spend, the talent team have started engaging with divisions to develop awareness and understanding.</p>	<p>40% of the apprenticeship levy has been spent over the financial year - this is the highest spend in the history of the Trust.</p> <p>TNA workshops have been further developed to incorporate apprenticeship planning.</p> <p>An engagement plan has been developed to help facilitate further spend in 2023/24.</p> <p>Increased partnership working with recruitment to explore more direct entry.</p>
Work Experience		A Face to face 'So you want to be a doctor day' was delivered.	<p>Partnership developed with Westfield Academy and specialised recruitment and career day developed and delivered.</p> <p>Event planner for 2023/24 drafted.</p> <p>Scoping exercise across the divisions, departments and staff groups commenced.</p> <p>Paperwork and process developed.</p> <p>Worked with ICS to develop and implement an online application process for apprenticeships and a way to capture essential EDI data.</p>	<p>Launch of work experience programme with targeted placements in Finance through a partnership with Westfield Academy. Further pilots taking place for doctor related placements.</p> <p>Paperwork and processes shared with ELLG committee for comments and approval.</p> <p>Further scoping exercise being undertaken with departments to ascertain a total number of placements available in a year.</p> <p>Initial partnership meeting with West Hertfordshire College held to identify potential areas of development and benefit.</p>
CPD			<p>CPD processes updated to reflect MoC and to support a more EDI approach.</p> <p>Worked with ICS to develop and implement an online application process for CPD and a way to capture essential EDI data.</p> <p>SOPs developed to avoid single point of failure.</p>	<p>CPD policy refined and further stakeholder requirement.</p> <p>TNA processes developed and refined.</p> <p>Work has started to be undertaken to further refine and develop the process and governance moving forward.</p> <p>Approval panels scheduled</p>

95% of our staff believing their manager supports them to receive training, learning or development				<p>Staff survey results published. 64.9% of staff indicated they have opportunities to improve their knowledge and skills. 54.3 identified that they can access the right learning and development opportunities.</p> <p>Career Development programme launched for 60 members of staff and includes career coaching. The programme consists of six workshops that include: knowing and understanding yourself, presenting yourself with confidence, developing your influencing skills, responding to change, and understanding the environment in which you work. As part of the course attendees will also receive career coaching.</p> <p>Further cohorts to be launched in 2023/24.</p>
Simulation	<p>One of the first Trusts in the country to appoint an Apprentice Simulation Technician.</p> <p>We became a regional centre for the East of England Critical Care Network / University of East Anglia Adult Critical Care course. We are now running three such courses per year in addition to the existing programme of critical care simulation days for Trust critical care nurses.</p>		Launch of multi-professional simulation sessions. This incorporated Foundation Doctors and Foundation Pharmacists.	<p>145 Simulation sessions delivered within the Simulation Suite during the year.</p> <p>23 in-situ sessions delivered. (Including Radiology)</p> <p>Trust investment of £85k in a new training model to safeguard the training service for the immediate future.</p>
Less than 15% of our staff say they will be looking for a job in a new organisation within 12 months	Staff survey results are not available until February 2023	Staff survey results are not available until February 2023	Staff survey results are not available until February 2023.	At 46% on 2022 staff survey.
The Trust to achieve the target of 50 trained coaches by March 2023	COVID disruption in early 2022 meant that two coach training courses were cancelled in Q4 2021/22.	Staff shortages in Learning and Development during the 2022 calendar year meant that additional coach development sessions could not easily be run.		<p>39 coaches have been trained by end of Q4,</p> <p>To address the shortfall the Trust has additional coach development sessions planned for Q1 and Q2 in 2023.</p> <p>64 Managers accessed the Ignite Coaching Skills course for Managers by the end of Q4.</p>
Coaching provision				87 clients have received coaching within one week of making a request by the end of Q4

The formal identification and marketing of the career coaching service in 2022/23, to include the upskilling of existing and newly appointed coaches	Definitive methodology to identify Career Coaching (as opposed to other types of coaching provided by the Trust Coaching Service) was agreed upon in April 2022, and reportable without subjectivity from September 2022.	A specialist Career Coaching course for existing Trust Coaches was commissioned from the Forton Group (the Trust's coach development delivery partners) in August 2022 and is now licensed by the Trust for internal delivery. It has run twice to date.		<p>21 of the Trust's 39 coaches have been trained as of March 2023.</p> <p>Since the start of the Trust's Coaching Service (in October 2021) 38 of the service's 87 clients to date have received career coaching, with a further 5 paired with coaches (as of 31/3/23) and awaiting the start of their coaching. This represents 47% of all clients of the service to date.</p> <p>Three of our neighbouring Trusts have sent their coaches and leaders to our coaching courses and this Trust is now the lead provider for coaching programmes at ICB level.</p>
Leadership Development Review		<p>Leadership Development Review report delivered by independent reviewer.</p> <p>The report highlighted the need to widen access to the courses and to link leadership development with the needs and objectives of the Divisions.</p>	<p>Update to the Board and EDI Steering Group on the progress of the Leadership Development Review.</p> <p>Divisional meetings held to identify training needs linked to objectives and plans for the short-term.</p>	<p>Launch of the Editorial Group for the new Leadership programme.</p> <p>Succession planning meetings held with Executives to identify training needs for teams and to inform the leadership programme design.</p>
Evolve Leadership Course (Bands 4-7)	Evolve successfully re-started due to significant disruption of the pandemic and EPR project – Cohort successfully launched at Hemel Hempstead Hospital.	Evolve programme continued – Cohort launched at Watford General Hospital.	<p>Evolve programme continued – Cohort launched at St Albans.</p> <p>Hemel Hempstead cohort graduate.</p>	<p>Watford cohort graduated.</p> <p>3 cohorts totalling 73 attended Evolve in the year.</p>
Leadership Courses	Operational Managers Development Programme to support Assistant Divisional Managers was launched.	Gateway (a programme to help people access Rise) was launched.		Other leadership course attendance data: Launchpad: 6 (Bands 2-4) Gateway: 13 (gateway programme to prepare for RISE) RISE: 21 (Bands 8a-8C and ST/CT3 + Doctors)
Participation in Foundation Generalism Programme	Successful bid for Foundation Doctor posts as part of regional Generalism pilot	4 F1 doctors start in Generalism posts in July 2022		Establishment of 4 General Longitudinal Integrated Care (GLIC) F2 placements for launch in August 2023, 2 days in the community and three in an acute setting.
COVID Training Recovery funding for medical trainees	<p>COVID Funding received from Health Education England (HEE).</p> <p>Additional textbooks purchased for Radiology trainees.</p>		<p>VR simulation and scenarios purchased for Emergency Medicine trainees.</p> <p>Laparoscopic trainer purchased for Obstetrics and Gynaecology.</p> <p>Exam preparation course purchased for Internal Medicine Trainees (IMT).</p>	<p>Purchase of STEMI training microscope for Ophthalmology trainees.</p> <p>Procedural Skills training day provided for IMT Trainees.</p>

Library and Knowledge services (LKS)	New physical resources were purchased as part of the training recovery package offered post COVID.	New online LKS catalogue service launched in partnership with HEE.	Appointment of new Library Specialist to complement LKS Manager role.	Further investment into a new RFID system that will allow easy loaning and returning of resources. This is key to the delivery of a true 24 hour service on the Watford General Hospital site.
Medical Undergraduate Training	Delivery of elective placements for 2022 graduates.	Allocation of new students from UCL and a return to pre-pandemic levels of 28 students per year.	Visit by Brunel Medical School in preparation for partnership scheme in August 2024. 20 students to start in 2024. 40 students on placement in 2025. 60 students on placement by 2026.	Delivered 2 cohorts of mock Objective Structured Clinical Examinations (OSCE) for UCL students.
Education Facilities			Works programme agreed to expand education facilities on the Hemel Hempstead site. This will offer additional leadership programme training space and will provide a cost saving by reducing our reliance on external venues. The works will commence in Q1 2023/24.	Works programme to refurbishment our main Education Centre on the Watford General site was agreed. This will improve the cosmetic look and feel of the centre and increase the adaptability of the space. The works will commence in Q1 2023/24.

Priority 7: Quality Improvement and Clinical Leadership

Our quality commitment sets out a clear vision for the 'West Herts Way', which is focused on placing improvements to the services we deliver to our patients, at the heart of everything we do.

This service delivery and improvement mindset required a deliberate effort to train our staff and to support them to work in new ways.

Establish a Quality Hub and Roll Out Quality Improvement (QI)

The QI team are working with the Trust priority projects on flow. The Trust priority project to increase the number of women having CO (Carbon Monoxide) monitoring showed sustained improvement in July 2022, this is now being monitored by the Maternity division. The number of projects has not increased. The focus of the team is now to work on the Trust priority initiatives.

At the time of this report there are 26 projects registered as active:

- 9 are registered as 'intending to begin'
- 7 aligned to Trust priorities
- 4 projects are demonstrating improvement
- One project reached sustained improvement – improving carbon monoxide monitoring during pregnancy. Sustainability is being monitored by the maternity division

The falls improvement initiative was completed with sustained improvement in December 2021. The Trust is now in a special cause for concern for falls - analysis of the data is in progress. Initial finding suggests the impact of reduced staff in nursing and therapies is a contributing factor.

Number trained: 2022/23

YEAR	QI AWARENESS	INTRODUCTION TO QI	INTERMEDIATE TRAINING
2022	498	28	6 enrolled - 4 completed all sessions
2023	55 (41 of which were FY1 doctors)	11 for session 1/2 3 for session 2/2	0

Doctors can attend the Trust training. QI Induction training is facilitated for the paediatric division and FY1 doctors in the medical division. 1 QI awareness training was delivered to the paediatric junior doctors 2022.

Clinical Leaders Development Programme

For the Trust to be a safe, effective, and caring organisation, it is clinically led. The Divisional Directors of all our operational divisions are clinicians as is the Clinical Director of each area of medical specialty.

To ensure that these clinical leaders have the tools to enable them to lead in the landscape of the modern NHS, we created and facilitated appropriate developmental support for them.

First, we created Transform, a Clinical Leadership Programme, to ensure that our current and aspiring clinical leaders would be equipped with these tools to effectively transform people who were already excellent clinicians into excellent leaders. The two cohorts of this programme ran from October 2019 and November 2020 respectively, both concluding (later than anticipated due to pandemic related delays) in April 2022, with some further completions in August 2022. During the programme run, Chartered Management Institute Recognition was successfully achieved for the Transform programme. Those who completed the whole programme were granted CMI certificates.

In total (to date) 7 have completed the entire programme with a further 19 having completed it in part.

A third and fourth cohort were due to commence in April 2023, however these have now been suspended pending the Trustwide Leadership Development Review which will look to redesign senior leadership development for a Q3 2023/24 restart at senior level. However catch-up programmes will continue to run for those from the original cohorts who wish to reach full completion.

Second, in October 2021, we established a Trust Coaching Service to provide one to one leadership coaching for all our leaders on demand, with the clinical leaders attending the Transform Programme invited to be among the very first clients. The establishment of this as a permanent service was in response to the success of, and demand for, the same temporary service offered during the pandemic.

Our coaches are trained to International Coaching Federation standards (our coach training courses are accredited by the ICF) and this coaching support gives our clinical leaders the space and support first to develop the clinical vision for their areas, and then to enrol their teams into those visions.

In 2023/24 we intend to:

- Redesign the Transform programme as part of the wider redesign of leadership development Trustwide
- Provide a new programme for aspiring (as opposed to current) clinical leaders, with intention of bringing them to the starting point of Transform's replacement programme
- Provide more advanced coach training to improve the standard of our offered to clinical leaders from good to great

Priority 8: Quality Governance with Risk Management and Learning

Learning from incidents, complaints, claims, and audits is essential for the Trust. The implementation of actions and change following any investigation is pivotal to ensuring our organisation delivers harm free, quality care and facilitates a positive patient outcome.

Organisation Wide Learning and Action Plans

Over the last year, we have worked to improve the standard of our investigations and responses, aiming to inform improvement of care and services.

Learning from Complaints

The Trust uses a variety of forums to collect and use patient feedback to improve its services. Formal Complaints act as a vital channel for patient feedback and the Trust continues to learn from complaints. In 2022/23, the COVID-19 pandemic continued to influence the planned actions of developing learning outcomes from complaints, as the pressures on services continued through meeting demand and working through patient backlogs.

We work to improve care by capturing learning effectively. Examples include:

- All of the main divisions (Medicine, Emergency Medicine, Surgery, Anaesthetics and Cancer, as well as Women's and Children Services) engage with the Complaints Team on a weekly basis
- We work collaboratively with the Senior managers and Governance Teams to ensure learning is captured and there is a continuous review of trends and themes which are then presented at the Governance and Divisional Management meetings. This allows for learning to be shared to improve patient experience and for processes and procedures to be improved
- We have engaged with Divisions across the Trust to prepare for the new complaints framework that was developed by the Parliamentary Standards & Health Ombudsman, which focuses on early resolutions
- A patient story is shared at the monthly Patient Experience Group, arising from complaints or concerns about the service, treatment or care provided. This allows staff to reflect on how our treatment and care impacted the patient, their family and friends. Again, this allows for learning to be shared across a wide range of services and departments
- We have developed a new response letter template to ensure actions (table format) are embedded in the response letters. This is to provide complainants with reassurance and to demonstrate that learning is identified to make positive changes

The Trust continues to work on improving overall response rate to complaints. In 2022/23, our response rate was 81%, which was down on the previous year, however still above the target of 80%.

Learning from Serious Incidents

The Trust is committed to identifying, reporting, and investigating serious incidents and ensuring that learning is shared across the organisation and actions are taken to reduce the risk of recurrence.

The Trust conducted two separate thematic reviews this year. The first thematic review relates to investigations into the HCAI (Healthcare Acquired Infections) and infection control incidents during 2022/23. The second thematic review relates to the investigation into patients absconding, where patients leave their places of treatment without the awareness of the medical, nursing, or allied health professionals leading to adverse outcomes. Some of these were serious incidents, raised initially by other NHS Trusts with which the Trust worked collaboratively with and any learning shared.

During 2022/23, the following processes for cross-divisional and Trustwide learning were further developed and embedded:

- Bi-monthly meetings of the Serious Incident Review Group (SIRG) to gain assurance that actions arising from serious incidents had been implemented
- Divisions continued to take learning from incidents to the Quality and Safety Group to enable sharing across divisions

- Learning from serious incidents is routinely shared with new doctors at the Trust induction every month. This is aimed to familiarise them with learnings from incidents and equip them with the need to escalate incidents promptly
- Serious Incidents, incidents, complaints, litigation, and PALS were monitored through the Quality Committee, and work continues to align our corporate processes and allow triangulation of learning from these areas

Examples of changes made as a result of learning from Serious Incidents include:

- The Ophthalmology department have 'treat-and-extend' flowcharts in the department for treatment with our anti VEGF agents. (Anti-VEGF agents block abnormal blood vessels leaking, growing and then bleeding under the retina)
- Introduction of the Ophthalmic Clinical governance meeting

Learning from Never Events

Never Events are serious, largely preventable incidents that should not occur if the available preventative measures have been implemented.

In 2022/23, the Trust declared three serious incidents as never events. All never events are subjected to intense investigation and scrutiny. Action plans are drawn up with the multi-disciplinary teams to ensure that national guidance is embedded and, where required, changes in practice are implemented to prevent a recurrence. The Hertfordshire and West Essex Integrated Care Board are informed, and the reports are routinely shared with them and the Care Quality Commission (CQC).

We have developed action plans to make sure we reduce the likelihood of similar incidents occurring again, including revisions in local Standard Operating Procedures. The divisions have reviewed and implemented the Local and National Safety Standards for Invasive Procedures (LocSIPs / NatSIPs), and regular compliance audits are carried out to monitor performance.

Examples of changes made as a result of learning from Never Events include:

- Patient Safety Alert sent to all staff
- Guidelines have been rewritten and relaunched
- There is a weekly audit of x 10 sets of relevant notes re compliance with LOCSSIPs
- A weekly round by MDT staff of clinical areas re LOCCSIPs

Learning from Claims

The National Clinical Audit Office suggests clinical negligence claims are rising year on year. They are costly, both in terms of harm and expense. An important part of the Trust's claims process is the action taken in relation to learning. This helps us to mitigate risk and reduce future harm to patients. In 2022/23:

- On receipt of a claim, if the incident had not already been the subject of an internal investigation, consideration was given to whether it was appropriate to carry one out, thereby maximising our learning opportunities
- Divisions were kept informed of the expert evidence obtained during an investigation and at the completion of claim as they were best placed to recognise what systems and practices could be changed to ensure similar incidents did not happen again
- Learning from claims was captured on our risk management system, Datix, and was shared with the Divisions, for inclusion in their presentation slides for Quality and Safety Group

Duty of Candour for Moderate and Above Harms

The Trust is committed to open and effective communication with patients, their families, and / or carers throughout their time in our care. When something goes wrong with the clinical care provided and a patient has or could have suffered harm as a result, the Trust ensures full compliance with its statutory duty to be open and honest as outlined in its Duty of Candour policy.

The processes for capturing and accurately reporting Duty of Candour compliance were reviewed, and additional governance processes and resources were put in place to support the Trust in achieving the required compliance. This enhanced the way we communicated with patients, relatives, and carers. Subsequently, the Duty of Candour record had stabilised reasonably since the end of COVID-19 when the Trust processed a relatively high number of incidents requiring the Duty of Candour.

The compliance with the Duty of Candour for all incidents rated “moderate and above” continues to improve, except for instances when the patient or their next of kin are uncontactable for various reasons.

CQC Inspection

As part of the Care Quality Commission (CQC) regulations, the Trust is required to register all sites and services.

The current registration status is registered without conditions. Our overall rating from the last inspection in 2020 is ‘Requires Improvement’.

Rating for Acute Services / Acute Trust:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Watford General Hospital	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020
St Albans City Hospital	Requires improvement ↑ Jun 2020	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Good ↑ Jun 2020	Good ↑↑ Jun 2020	Requires improvement ↑ Jun 2020
Hemel Hempstead Hospital	Requires improvement ↔ Jun 2020	Good ↑ Jun 2020	Good ↔ Jun 2020	Good ↑ Jun 2020	Requires improvement ↑ Jun 2020	Requires improvement ↑ Jun 2020
Overall trust	Requires improvement ↔ Jun 2020	Good ↑ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020	Good ↑ Jun 2020	Requires improvement ↔ Jun 2020

Following an unannounced CQC inspection in Oct 2021, the maternity services were rated as ‘Requires Improvement’.

The report was published in Dec 2021 and below is the summary of the key areas highlighted as ‘Must Do’ and ‘Should Do’ recommendations:

1. Ensure there is a process of Monitoring Nitrous Oxide levels
2. Maintain the standard of IPC and cleanliness across the ward areas and carry out repair work on the windows on the delivery suite
3. Ensure all departmental guidelines are up to date
4. Display relevant Quality and safety information for women
5. Ensure there is a process of escalation to have an oversight of staff absence and shortfalls

6. Monitor that Epidural anaesthesia is arranged within 30 minutes of a request
7. Ensure staff have completed their annual appraisal

The service developed an action plan based on the above recommendations, this is progressing and is monitored monthly. The service has received several regional and local assurance visits including an internal audit of risk and governance that have highlighted no immediate safety concerns.

The Trust has established a stakeholder group chaired by the medical gas committee Chair that provides Trust wide assurance in line with 'minimising risk of exposure to weighted Entonox' national guideline. Maternity services is included as part of this process and now has a clear mechanism to monitor Entonox levels in birthing units and all staff at risk have been assessed by the occupational health service.

The department is progressing CQC preparedness program to ensure it can positively withstand further inspections.



Priority 9: Improving our infrastructure

Sustainability

The Board approved a business case to upgrade the remaining non-LED lighting across our three hospitals to LED. This capital project has a value of £1,034,000 and is expected to payback within 12 months. The project is now underway, as of 31 March 2023 the works at HHGH and SACH were close to completion and work WGH was shortly to begin. This project is expected to conclude within Q1 of 2023/24.

As part of our Green Plan and improving our spaces, we have been awarded funding by the regional Greener NHS Team to take part in an innovative air quality monitoring project. We are being asked to

report back on this pilot to the rest of our ICS and this is being strongly encouraged through our partners at Herts County Council as Watford is recognised as being a significant pollution hot spot within the county. We intend to set up an air quality sensor by our goods-in entrance at WGH, with another relatively close-by (within 50m), to act as an ambient-baseline. The goods-in entrance will also have a camera installed which is activated only when a pollution-event is recorded, this will allow us to retrospectively investigate the cause and potentially speak with suppliers about not leaving their engines running whilst idle. Mitie have communicated their support for this approach and their willingness to facilitate conversations with any identified polluting suppliers.

Estates

Whilst the Trust awaits the commencement of significant redevelopment work, the Estates teams across our sites continue to manage an extremely challenging portfolio to best effect.

Unexpected repairs to subsidence and pipework have placed additional pressure on the maintenance teams in the latter part of the year.

Urgent investment remains a priority to facilitate the maintenance and operation of our estate to ensure that we can continue to support clinical teams in delivering clinical services safely.

Our backlog maintenance programme addresses the high-risk areas in 2022/23 including:

- Flooring repairs and refurbishments
- Further investment in fire safety across all sites
- Water hygiene across all sites
- Phase 2 of a multiyear programme of works to upgrade high voltage / low voltage electrical infrastructure at St Albans City Hospital and Watford General Hospital
- 5 year fixed wire testing for year 3 commenced at Hemel
- Pothole surveys & repairs
- Lift maintenance & repairs

A key challenge for last year was to recruit and retain suitable qualified estates staff and the division are well under way with significantly reducing the vacancies within the various departments, specifically for the technical teams.

The division is focusing on succession planning and several roles have been opened to apprenticeships to bring on board and develop the future experts in our Trust.

Changes to internal processes around reactive maintenance escalations has improved the service to the Trust as a whole and further work is planned for feedback and improvement.

Environment

The capital projects team have completed (or are nearing completion of) a significant number of schemes in year:

- The completion of the Multistorey car park
- Staff relocation project (Unit 11 – ‘Maple House’)
- Theatre refurbishment and reconfiguration
- Acute redevelopment minor enabling works schemes
- High voltage and high-risk power resilience work at St Albans City Hospital are underway and will support future development plans including the CDC and Elective Care Hub
- Refurbishment works are progressing to provide:
 - a Changing Places Toilet in PMoK Level 4
 - improved kitchens in Langley and Starfish Wards
 - four new Waste Disposal areas in PMoK and WACS

- improvements to the Sarratt Staff Room, the adjacent Relatives Room, Ophthalmology Staff Room, Delivery Suite Staff Room and Red Suite
- Enabling works for the Interventional Radiology suite
- The works to reconfigure the WACS main entrance and refurbish the main corridors in Katherine and Victoria wards
- Works to create Mental Health / Safe Rooms within the Emergency Department initially and two further rooms in AAU and Starfish
- Relocation of the Fracture Clinic in St Albans City Hospital

In relation to cleaning and monitoring, the Environment department maintained a focus to work with Mitie to improve the overall consistency of cleaning service delivery in line with the implementation of the newly rolled out National Standards of Cleanliness. The assessment of Cleanliness covers all items commonly found in healthcare premises including patient equipment, baths, toilets and showers, furniture, floors and other fixtures and fittings. This also assesses the cleaning of patient equipment much of which is a nursing / clinical responsibility. This is a visual inspection. Mitie carry out the National Cleaning Standards 2021 audits as part of their contract, and this is managed by the Facilities through KPI (Key Performance Indicator) monitoring.

Mitie carry out joint audits in collaboration with Nursing and Facilities teams. Mitie's responsibilities are to email / share the audit report with each department / ward and rectify cleaning failures within the set time frames, as per the risk category.

Nursing failures are to be rectified by the nursing teams. Estates issues are to be reported via Mitie's helpdesk.

On average each audit can take up to 1 hour (sometimes longer) depending on the size of the area.

It is important that Trust staff attend the cleaning audits as this is a shared responsibility between clinical and non-clinical staff.

After each audit Mitie will send out the audit report. Rectifications reports are sent to the Facilities team afterwards.

Quality Performance Indicators

The Department of Health and Social Care (DoHSC) requires organisations delivering acute healthcare services to report against a mandated set of quality indicators in their annual Quality Account. These were introduced to allow the local population to assess if an organisation's performance was good or poor when compared against other NHS organisations. Our performance against the required indicators can be found in Appendix 1.

Our Quality and Improvement Priorities for 2023/24

THEME 1 PROVIDING SAFE AND EFFECTIVE CARE AND IMPROVING OUTCOMES			
Quality priority	Achieve a target of zero category 4 hospital acquired pressure ulcers, 40% reduction in Medical Devices Related Pressure Ulcers (MDRPU) and 40% reduction in hospital acquired category 2 pressure ulcers	% of omitted medicines to be below the national average of 5%	Reduce the number of patients discharged from the Trust with an indwelling catheter
Rationale	Taking key actions to reduce hospital acquired pressure ulcers will lead to improvements in patient safety and experience, a reduction in length of stay and reduced treatment costs.	For some critical medicines or conditions, such as patients with sepsis or those with pulmonary embolisms, delays, or omissions in the administration of medicines can cause serious harm or death.	Catheter associated urinary tract infections (CAUTI) are an increasingly important issue with the identification of multi-resistant bacteria. The risk of complications occurring increases with the duration of catheter. To reduce CAUTI and other complications, early catheter removal is important.
Measuring success	Sustained improvement in the number of hospital acquired pressure ulcers. Role of Skin Champions strengthened to promote best practice in clinical areas. Development of an e-learning package for pressure ulcer prevention Test Your Care audit	Pharmacy led audit - % of omitted medicines to be below 5% Decrease in the number of omitted doses of medicines in the 'administrative box left blank' category. Test Your Care audit. Reduction in harmful incidents relating to medication errors	10% reduction in patients discharged with an indwelling catheter. Monitor effectiveness of the nurse-led HOUDINI protocol in reducing the number of catheters remaining in situ longer than clinically required. Test Your Care audit
Monitoring committee	Quality Committee	Quality Committee	Quality Committee
Responsible director	Chief Nurse	Chief Nurse	Chief Nurse

THEME 2 ENSURING OUR SERVICES ARE CARING AND RESPONSIVE			
Quality priorities	Improve Patient Experience with The Discharge Process	Improve Patient Experience with The Booking Process	Improve Access
Rationale	A safe and timely discharge gives patients the best possible chance of returning to their normal level of activity; evidence-based studies have shown that 10 days in a hospital bed can lead to 10 years' worth of lost muscle mass in people over the age of 80. Improving the timeliness of discharge reduces the time other patients in our Emergency Department wait for admission, thereby improving patient experience of care at the beginning of their hospital stay.	Patient feedback shows us that our booking process for both scheduling and rescheduling outpatient appointments is a source of frustration, and this has contributed to a higher than national average DNA rate.	The impact of COVID-19 has resulted in the suspension of most routine elective care causing very long waits. The Trust was below the national standard for the 62-day cancer pathway in 2022/23.
Measuring success	Achieve 33% of discharges before midday.	Significant reduction in the patient's call wait time (currently 9-20 minutes).	Improvement in performance against the ED 4-hour standard.

THEME 2	ENSURING OUR SERVICES ARE CARING AND RESPONSIVE		
	Maintain the reduction of Long Stay Patients (26% Reduction in bed days). Discharge 40% of patients through the patient lounge. Continue to Embed the Safer flow Red2Green Principles with the Criteria to Reside data to support patient flow.	A reduction from 60% abandoned calls to 20% (when call volumes increase to pre-covid levels) Sustained improvement in the number of calls responded to each day (currently 350-400) Staff training and competency compliance	Improving our ED ambulance handover delay times Progress the development of E-FORM to enable patients to cancel appointments or request to reschedule. Reduce number of patients waiting more than 52-weeks and improve performance against 18-week waiting time standard for RTT. Improve (reduce) the number of 63-day and 104-day cancer waits. Successful transition and implementation of any new standards.
Monitoring committee	Quality Committee	Trust Management Committee	Trust Management Committee Finance / Performance Committee
Responsible directors	Chief Medical officer	Chief Information Officer	Chief Operating Officer

THEME 3	BUILDING A QUALITY CULTURE		
Quality priorities	Roll out quality improvement programme	Promote effective clinical leaders	Improve Duty of Candour compliance
Rationale	Our quality commitment sets out a clear vision for improving the quality of service we deliver to our patients. A quality improvement programme will help build capacity and capability for sustained improvement.	In order to be a safe, caring, and effective organisation, clinical leadership is essential. We created a clinical leadership programme, 'transform' to equip our clinical leaders with the tools to enable them to lead in the complex landscape of clinical or divisional directorship.	Duty of Candour is a statutory duty to be open and honest with patients or their families when something goes wrong with care or treatment causing moderate harm or worse. Whilst the Trust is compliant with duty of candour for serious incidents, improvements are needed for compliance at divisional level.
Measuring success	Increase in number of new local projects undertaken as more staff are mentored. Falls Prevention and HAPU QI projects rolled out to other inpatient areas. Staff education in QI will continue to be rolled out as part of the education and training programme. Doctors will receive QI training at all stages of their training	Increase in divisional performance metrics due to better clinical leadership. Embed results of these evaluations to inform improvements for the third programme due in 2022	100% compliance with the statutory Duty of Candour To develop mandatory training in Duty of Candour for staff to complete online. All serious incidents will have an identified family liaison officer / Duty of Candour lead. Implementation of weekly harm review meetings to establish level of harm, and where Duty of Candour is applicable, actions are taken to fulfil DOC obligations. Development and implementation of Duty of Candour Policy, to ensure it is addressed and applied in all incidents.
Monitoring committee	Quality Committee	Quality Committee	Quality Committee
Responsible director	Chief Nurse / Deputy Chief Executive	Chief Medical Officer / Chief Nurse	Chief Nurse

The successful delivery of our themes and priorities requires the continued commitment of all staff in the delivery of quality care. We will support them in this journey in every way possible. We will continue to listen carefully to what our patients and local residents tell us about how we can improve, care and learn from our mistakes, and we will use this information positively to make improvements.

Partnership working with our commissioners, (Herts Valley Integrated Care Board and NHS England / Improvement), local councils and other local NHS providers will remain a priority for the Trust to make sure that we deliver joined up care for our patients.

A Review of Our Services

During 2022/23, West Hertfordshire Hospitals NHS Trust provided accident, emergency, outpatient, elective inpatient, non-elective inpatient, diagnostic and critical care services across a wide range of around 40 different specialties. A detailed list is available on our website and services provided at our three sites are shown in Part One of this document.

West Hertfordshire Teaching Hospitals NHS Trust has reviewed the data on the quality of care in all these services. The 2022/23 NHS revenue received from Commissioners relating to the provision of NHS services by the West Hertfordshire Hospitals NHS Trust for 2022/23 totalled £431.2m. Due to the COVID-19 pandemic, the actual revenue generated from patient-care activity reduced during the year and COVID-19 top up income from NHSE / I was funded in line with national guidance.

CQC Registration

West Hertfordshire Teaching Hospitals NHS Trust is required to register its services with the Care Quality Commission. The Trust is registered to provide:

Watford General Hospital

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Surgical procedures
- Termination of pregnancies
- Treatment of disease, disorder, or injury

St Albans City Hospital

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder, or injury

Hemel Hempstead General Hospital

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Maternity and midwifery services
- Treatment of disease, disorder, or injury
- Family planning

Inclusion and Diversity

At West Hertfordshire Teaching Hospitals NHS Trust, we are committed to promoting equality, diversity, and inclusion across all aspects of our organisation. Our mission is to ensure that all members of our workforce and patient community feel valued, respected, and supported, regardless of their background or identity.

We recognise that promoting equality and diversity is not only the right thing to do, but it is also crucial for providing high quality healthcare services that meet the diverse needs of our patients. We are populated by people from multiple ethnicities, genders, nationalities, religions, sexual orientations, disabilities, and many more different backgrounds. We believe that a diverse workforce is essential for achieving this goal, as it brings a range of perspectives and experiences that can help us better understand and respond to the needs of our patients.

Our overarching workforce inclusion objectives are set out in our 2020 - 2025 People Strategy:

- Build an inclusive and diverse team
- Support and engage our team
- Develop our team
- Move forward by embracing new ways of working

To help build an inclusive and diverse team we have a number of staff networks. These include Connect (the multi-cultural staff network), Diversability, LGBT+, Working Carers, Interfaith and Sexism in Medicine Networks.

These networks provide a range of support to our staff, providing safe spaces for staff to voice any issues and a platform to get these voices heard within the organisation. Connect's global workforce events encourage inclusion and education and support of staff. The Diversability network has introduced a robust Reasonable Adjustment Plan to assist staff and their managers to have useful conversations.

In the last year, progress has been made for most of the indicators on the WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard). The number of people declaring a disability, their sexual orientation or religion has also improved, which helps us to monitor issues and successes.

For 2023, our strategy for promoting equality and diversity will focus on several key areas. Firstly, we will continue to recruit and retain a diverse workforce, ensuring that our recruitment processes are inclusive and free from bias. We will also provide training and development opportunities to support our staff in understanding and responding to the diverse needs of our patients.

Secondly, we will work to improve the accessibility of our services and facilities, ensuring that they are available to all members of our community. This will include improving the accessibility of our buildings, as well as providing information in accessible formats and languages.

Finally, we will work to promote diversity and inclusion across our patient community, ensuring that all patients feel valued and supported. We will work with patient groups and community organisations to understand the diverse needs of our patient community and develop services that meet these needs.

Equality, Diversity, and Inclusion (EDI) is always a work in progress and for 2023/24 the Trust aims to accelerate the improvements seen in recent years. There is a standing item for Diversity and Inclusion on our People, Research & Education Committee (PERC), which reports into Board. The Chair of Connect

attends these meetings and our disabled staff network minutes are included in the meeting papers for information.

Through these actions, we believe that we can create a more inclusive and diverse organisation that provides high quality healthcare services to all members of our community.

All information here should be read in conjunction with our work on the Workforce Race and Disability Equality Standards, Gender Pay Gap and Public Sector Equality Duty reports which can be accessed at www.westhertshospitals.nhs.uk/about/equality.asp

Freedom to Speak Up

The Freedom to Speak Up (FTSU) service for all NHS organisations was a direct recommendation from the 2015 Sir Robert Francis report, to help support workers to speak up when they feel that they are unable to do so through other routes.

We remain committed to promoting the Freedom to Speak Up service at West Herts. Our main remit is to continue promoting a positive culture for all, in which the principle of psychological safety is embedded and underpins the service and the Guardian's role.

A key focus for the service has been to identify and tackle barriers to speaking up, such as issues of bullying culture, poor levels of awareness and fear of repercussions for staff who raise concerns.

The FTSU Champion team has increased over the past 12 months to a membership of 51. The Champions are visible across the Trust, though attending key meetings, holding training sessions within their own work areas, and talking to different staff groups to promote speaking up messages. Their work has also been focussed to give the organisation critical high level insights, as part of our ongoing conversations around topics including race, inequality, and inclusion.

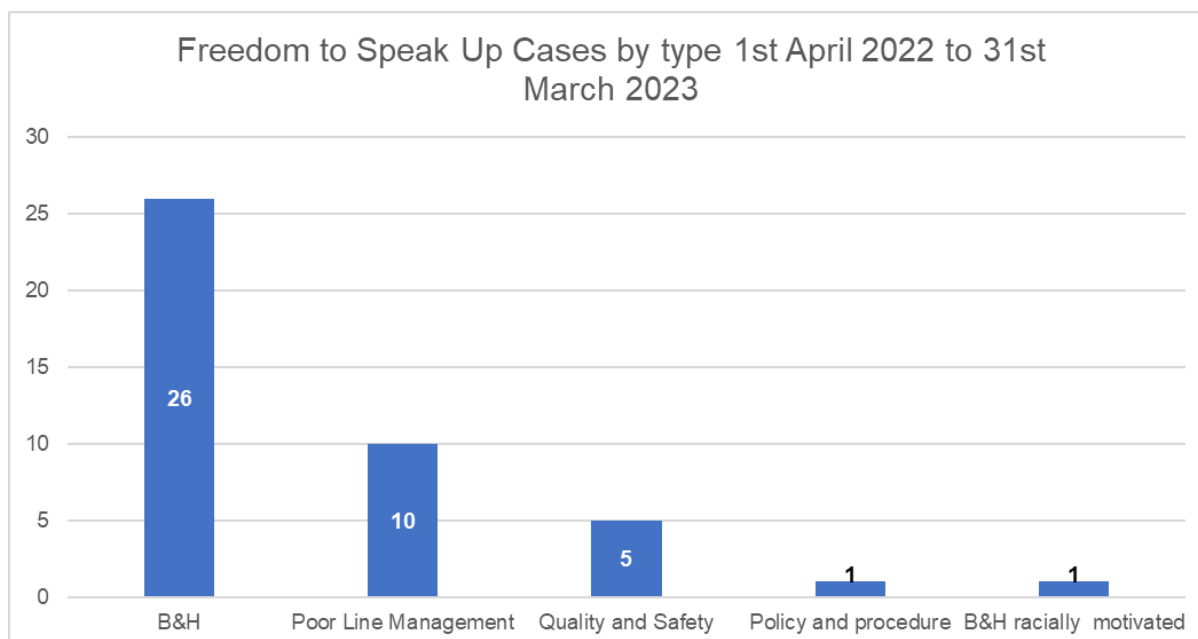
In line with the national picture, bullying and harassment outweighs all other types of concern raised. We have also seen a rise, over the 12 months in cases related to poor line management. Most cases continue to be resolved informally, through access to mediation or through escalation conversations with senior managers, facilitated by the FTSU service.

6% of the cases raised over the previous 12 months have been raised anonymously.

Over the year the FTSU Guardian has held several engagement events with staff and has made several direct approaches to staff. The aim of this work is to raise awareness about FTSU, to understand how speaking up works for staff, share themes and triangulate data around areas of concern and collaborate on a multidisciplinary approach to tackle them, in partnership with the leadership teams and other specialist practitioners, including the leads for Organisational Development and Diversity.

Over the past 12 months, 43 Freedom to Speak Up cases have been raised; the details of these cases are shown below. This is an increase of 16 cases compared with last year. The rise in cases across the period can be attributed to an increase in staff engagement activity, in particular a programme of direct engagement with all our staff, providing them with helpful information and helpful links to speaking up.

A breakdown of the FTSU cases by type is shown below:



Joanna Bainbridge
Freedom To Speak Up Guardian

Participation in Clinical Audits and National Confidential Enquiries 2022/23

A clinical audit aims to improve patient care by reviewing services and making changes where necessary. National confidential enquiries investigate an area of healthcare and recommend ways to improve it.

During 2022/23, 48 national clinical audits and 5 national confidential enquiries covered relevant health services that West Hertfordshire Teaching Hospitals NHS Trust (WHTH) provides. The smoking cessation audit in Maternity did not start last year as well as the RCEM (Royal College of Emergency Medicine) assessing of cognitive impairment in older people and Transition in Diabetes Audit was cancelled Nationally and these were excluded from the total.

During that period WHTH participated in 96% (46) national clinical audits and 100% (5) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that WHTH was eligible to participate in during 2021/22 are listed in the appendix.

The national clinical audits and national confidential enquiries that WHTH participated in, and for which data collection was completed during 2022/23 are listed below alongside the number of cases submitted

to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry and are listed in the appendix.

The reports of 19 national clinical audits were reviewed by the provider in 2022/23 and WHTH intends to take the actions set out in the appendix where required, to improve the quality of healthcare provided.

The reports of 116 local clinical audits were reviewed by the provider in 2022/2023 and WHTH intends to take the actions. The appendix includes what we have learned from some of these audits and the actions taken, to improve the quality of healthcare provided.

Research

Clinical research is the foundation of care delivered to patients across the NHS. Research enables us to gather information and better understand what the best treatments and procedures are for patients, allowing new treatments, medications, and vaccines to be developed. The Trust is proud to take part in clinical research trials and to support the development of new ideas, products, and clinical services for the benefit of our patients.

During 2022/23, the Trust recruited 1,713 participants to research trials and studies approved by the Health Research Authority (HRA) and supported by the National Institute for Health and Care Research (NIHR). We recruited participants to 52 studies and were directly involved in 111 clinical research studies. Our research teams used national systems to manage the studies in proportion to risk and were established and managed under national model agreements. The National Institute for Health Research (NIHR) supported 107 of these studies through its research networks.

In 2022/23, the numbers of patients the Trust recruited into NIHR studies exceeded all years previous to the pandemic as our usual wide portfolio of studies was restored. This includes record recruitment to commercial trials conducted at WHTH and sponsored by pharmaceutical and digital technology companies.

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. A research recruitment summary for 2022/23 is shown in the Appendix.

As a result of the pandemic and the change of emphasis and working practices in the Trust, our Research and Development Strategy 2020/23 is currently being reviewed.

CQUIN Performance

Following their suspension in 2020/21 and 2021/22, CQUINs (Commissioning for Quality and Innovation) were reintroduced for 2022/23.

NHSE / I identified several clinical priority areas, where improvement was expected across 2022/23. These short-term clinical improvements were selected due to ongoing importance in the context of COVID-19 recovery and where there was a clear need to support reductions in clinical variation between providers.

The CQUIN financial incentive, 1.25% as a proportion of the fixed element of payment, was earnable on five of the nine applicable acute indicators, as agreed between the Trust and Commissioners. The Trust however were required to report their performance against all indicators to the relevant national bodies where they deliver the relevant services.

For 2022/23 the five main Trust schemes were:

CCG1 – Flu vaccinations for frontline healthcare workers

CCG3 – Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions

CCG4 – Compliance with timed diagnostic pathways for cancer services

CCG6 – Anaemia screening and treatment for all patients undergoing major elective surgery

CCG8 – Supporting patients to drink, eat and mobilise after surgery

The other acute applicable schemes which the Trust reported on were:

CCG2 – Appropriate antibiotic prescribing for UTI (Urinary Tract Infection) in adults aged 16+

CCG5 – Treatment of community acquired pneumonia in line with BTS (British Thoracic Society) care bundle

CCG7 – Timely communication of changes to medicines to community pharmacists via the discharge medicines service

CCG9 – Cirrhosis and fibrosis tests for alcohol dependent patients

The Trusts outturn position for 2022/23 will not be known until after the Q4 submission is made in May 2023.

Data Quality

Good data quality supports the delivery of safe and high quality patient care by ensuring that the information used to underpin decision making is accurate and complete. Information entered on the Trust's Electronic Patient Record (EPR) system is used to communicate appointment and admission related information to patients and track waiting times against constitutional standards and other national and local indicators. The reporting of data quality is also a contractual requirement with our Commissioners.

During 2022/23 the Trust strengthened its work to improve the quality of data. This work included a greater emphasis on awareness and adoption of workflows and features available on the EPR solution, to ensure the effective capture and use of data. A permanent training team was put in place to support new and existing staff to get the most out of EPR and improve data quality.

A newly established cross-divisional data quality group now helps to track and focus all efforts to improve data quality where it is needed most.

NHS Number and General Medical Practice Code Validity

In 2022/23, the Trust submitted records to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Trust performance in relation to the inclusion of the patient's NHS number has been better than the national average, in every area of care, for the fifth year in a row.

PUBLISHED DATA	WHTH PERCENTAGE OF RECORDS WHICH INCLUDED THE PATIENT'S VALID NHS NUMBER	NATIONAL AVERAGE (NHS NUMBER)	WHTH PERCENTAGE OF RECORDS WHICH INCLUDED THE PATIENT'S VALID REGISTERED GP PRACTICE	NATIONAL AVERAGE (REGISTERED GP PRACTICE)
Admitted patient care	99.7%	99.6%	100.0%	99.7%
Outpatient care	100.0%	99.8%	100.0%	99.5%
Accident and emergency care	98.9%	95.4%	99.9%	98.2%

Source: Latest SUS Information to April 2022 – Jan 2023

Information Governance

Information governance incidents are graded using the NHS Digital breach assessment grid which is in line with requirements under the UK General Data Protection Regulations 2016 and Data Protection Act 2018. Incidents are graded using a 5 x 5 breach assessment grid according to the significance of the breach and the likelihood of serious consequences occurring to the individual or groups of individuals affected. 1 is the least serious and 25 the most serious. Incidents graded as 6 or above are reportable to the Information Commissioner's Office (ICO) via the Data Security and Protection Toolkit Incident Reporting Tool.

During the financial year 2022/23, one serious incident was reported to the Information Commissioners Officer (ICO).

MONTH OF INCIDENT	NATURE OF INCIDENT	NUMBER AFFECTED	HOW PATIENTS WERE INFORMED	LESSON LEARNT
March 2023	Patient medical records emailed to another patient with the same name in error	1	On-going	To be confirmed

Clinical Coding Error Rate

The Clinical Coding Department's core function is to translate medical terminology written by clinicians into alphanumeric codes. This process underpins how the Trust is reimbursed for the activity it provides and supports a range of additional functions used to improve the quality and effectiveness of clinical care.

The Trust commissioned an external audit in June 2022 for the financial year 2021/22, to provide assurance on the quality of the coded data. Other measures include benchmarking of various metrics from Dr Foster Intelligence.

Palliative Care Coding Rate

For 2021/22 the Palliative Care Coding Rate was 2.4% vs. a national rate of 2.2%

For 2022/23 the Palliative Care Coding Rate was 2.2% vs. a national rate of 1.9%

Depth of Coding

The mean depth of coding (i.e. the mean number of secondary diagnosis codes per finished provider spell) for non-elective admissions from November 2021 to October 2022 is 4.9 vs the national average of 5.6.

The mean depth of coding for elective admissions is 5.0 vs. the national average of 5.7.

The results of the internal coding audit to provide assurance on the quality of coding are as below:

	F/Y 2021/22	MANDATORY	ADVISORY
Primary diagnosis	93%	>=85%	>=90%
Secondary diagnosis	85%	>=75%	>=80%
Primary procedure	92%	>=85%	>=90%
Secondary procedures	91%	>=75%	>=80%

Appendix 1 – Quality Performance Indicators

NHS DIGITAL DATA							
INDICATOR	MEASURE	FROM NHS DIGITAL					
		Most recent results for Trust	Time period for results	Result for Trust for previous reporting year	Best performing Trust	Worst performing Trust	National average
SHMI rate	n/a	Value = 0.9518 Banding = 2	Nov 2021 – Oct 2022	Value = 0.9667 Banding = 2 (2021)	0.6226	1.2470	1.000
% of patient deaths with palliative care coding	n/a	50.0%	Nov 2021 – Oct 2022	44.4% (2021)	65.0%	12.0%	40.0%
Groin hernia* Adjusted average health gain	EQ VAS	-0.067	2017/18	-0.817 (16/17)	3.614	-9.201	-1.156
	EQ-5D	0.085	2017/18	0.097 (16/17)	0.137	0.029	0.089
Hip replacement Total* Adjusted average health gain	EQ VAS	12.175	2020/21	15.329 (19/20)	20.688	6.819	14.683
	EQ-5D	0.433	2020/21	0.443 (19/20)	0.579	0.378	0.467
	Oxford Hip Score	22.149	2020/21	21.345 (19/20)	25.948	17.564	22.579
Knee replacement Total* Adjusted average health gain	EQ VAS	8.224	2020/21	8.498 (19/20)	12.137	0.868	7.483
	EQ-5D	0.334	2020/21	0.357 (19/20)	0.434	0.215	0.317
	Oxford Knee Score	17.246	2020/21	17.246 (19/20)	21.622	13.567	16.681
Varicose vein* Adjusted average health gain	Aberdeen varicose vein questionnaire	-13.068	2017/18	-9.651 (16/17)	-0.391	-14.068	-8.450
	EQ VAS	1.043	2017/18	-0.309 (16/17)	5.350	-5.417	-0.086
	EQ-5D	0.097	2017/18	0.095 (16/17)	0.134	0.035	0.096
30-Day emergency readmission rate ¹	0-15 years	7.5%	2020/21	13.5% (19/20)	2.8%	64.4%	11.9%
	16+ years	13.7%	2020/21	12.7% (19/20)	1.1%	112.9%	15.9%
Staff recommendation of the Trust as a place to work or receive treatment	n/a	Work – 55.1% Care – 55.4%	2021	Work – 52% Care - 59% (2019)	Work – 77.7% Care – 94.0%	Work – 28.6% Care – 43.6%	Work – 60.8% Care – 67.6%

NHS DIGITAL DATA							
INDICATOR	MEASURE	FROM NHS DIGITAL					
		Most recent results for Trust	Time period for results	Result for Trust for previous reporting year	Best performing Trust	Worst performing Trust	National average
Patient recommendation of the Trust as a place to receive treatment	Friends and Family Test (Mat = Q2 birth)	IP=96% OP=99% A&E=90% Mat=95%	Jan 2023	IP=96% OP=99% A&E=91% Mat=100%	IP=100% OP=100% A&E=100% Mat=100%	IP=79% OP=83% A&E=43% Mat=67%	IP=94% OP=94% A&E=83% Mat=94%
Rate of admissions assessed for VTE	n/a	94.38%	Q3 2019/20	95.53% (Q4 2018/19)	100%	74.03%	95.33%
Clostridium difficile infection rates ¹	Trust Apportioned Cases	32	2021/22	71 (2020/21)	0	165	38.7
	Trust Apportioned Rate per 100,000 bed days	15.7	2021/22	12.4 (2019/20)	0	53.6	16.2
Patient safety incidents ^[1]	Number of incidents occurring	14,398	Apr 2020 – Mar 2021	7,754 Oct 2019 - Mar 2020	3,169+	37,572+	12,502+
	Incidents resulting in severe harm or death	44	Apr 2020 – Mar 2021	16 Oct 2019 - Mar 2020	4+	261+	55+
	Rate of severe harm or death as a percentage of all incidents	0.24%	Apr 2020 – Mar 2021	0.1% Oct 2019 - Mar 2020	0.03%+	1.08%+	0.27%+
Responsive-ness to inpatients' personal needs	Average weighted score of 5 questions from in-patient survey relating to responsiveness to inpatients' personal needs (score out of 100)	70.7	Hospital stay: 01/11/2020 to 30/11/2020; Survey collected 01/01/2021 to 31/05/2021	62.5 Hospital stay: 01/07/2019 to 31/07/2019; Survey collected 01/08/2019 to 31/01/2020	85.4	67.3	74.5

¹ Latest published data available

+ All England data could not be found in ONS data so 'Provider: Acute (Non-Specialist)' has been used

* Patient reported outcome measures (PROMs)

Appendix 2 – Quality Priorities for 2023/24

Our priorities have been refreshed and aligned with our Trust objectives, clinical strategy, and business plan for 2023/24

QUALITY PRIORITIES 2023/24
PRIORITY 1 – Providing safe care through active partnerships with patients, clarifying what matters most to them and ensuring personalised care plans in line with specific needs
Reducing Mortality and Improving our Learning from Deaths
Delivering 'harm free care'
Maintaining 'hand hygiene' compliance rates
Maintaining Effective Infection Prevention and Control Standards
Improving medicine storage compliance
Providing efficient seven-day services
PRIORITY 2 – Efficiently identifying and treating healthcare problems, through collaborative work with health and care community partners, leading to improved patient experience, safe and effective care to reduce hospital stays when not required
Care pathway redesign
Getting it right first time (GIRFT)
PRIORITY 3 – Collaborating with patients, carers and families, health and care system partners and the community to promote equity in access to health for planned care through dynamic risk assessment and prioritisation that enables patients to 'wait well'
Improving Patient Experience of the Discharge Process
Improving Patient Experience of the Booking Process
Expanding our Volunteer Service to Provide Support to Patients and Their Relatives
Co-production of care pathways
PRIORITY 4 – Providing a service that affords patients with enhanced needs the dignity in care whilst providing staff with tools to deliver the optimal care thus contributing to therapeutic outcomes
Improving the Experience of Patients with Mental Health and Learning Disabilities
Ensuring Robust Processes and Organisational Scrutiny of Safeguarding Procedures

PRIORITY 5 – Maximising the assets in the sector to provide a wider range of accessibility options to patients when in need of unplanned care, to reduce the pressures on emergency flow and improve performance and patient and staff experience
Recover waiting times in line with national standards by increasing diagnostic capacity and elective activity
Encourage patients and staff to embrace digital technology to help people access healthcare
Improving organisational performance against access standards
PRIORITY 6 – Reshaping of the staff support, and development systems enhanced by the Trust's teaching status, the national socio-economic landscape, by promoting psychological safety, through individualised development and targeted talent management, underpinned by wellbeing and EDI principles
Improving Recruitment and Retention
Improving Staff Engagement and wellbeing
Improving Learning and Development Opportunities
Create and demonstrate a culture of inclusion and diversity
PRIORITY 7 – Quality improvement and clinical leadership
Continue to embed QI as a learning organisation
Delivering a Clinical Leaders Development Programme
Magnet 4 Europe
PRIORITY 8 – To become outstanding for safety following the co-ordinated implementation of PSIRF through system, patient co-design, and shared professional decision making and wider partner collaboration
Devise a standard operating process on how to share learning from safety incidents
The introduction of PSIRF approach in managing patient safety event response that includes multi-disciplinary (MDT) review, after action review, swarm huddle, hot debriefs, learning in action meetings
Continue to optimise shared learning across the organisation via the patient safety summits, patient stories and organisational learning bulletin
Collaboration with the QI team using QI methodology to ensure embedding and evaluating the effectiveness of the learning
Implement the patient involvement framework to facilitate and embed high quality, diverse involvement work through co-production
PRIORITY 9 – Improving our infrastructure
Improving the Quality of our Estates, IT Systems and Facilities

Appendix 3 – Participation in Quality Account National Clinical Audits and National Confidential Enquiries During 2022/23

CLINICAL AUDIT TITLE	ELIGIBLE TO PARTICIPATE	PARTICIPATED	NUMBER OF PATIENTS % DATA SUBMITTED
DIVISION OF SURGERY ANAESTHESIA AND CANCER			
Emergency Laparotomy (NELA)	yes	yes	Continuous audit N = 172 unvalidated – Year 8 (1 Dec 2020 - 30 Nov 2021) Awaiting Case ascertainment of year 8 to be published 15/03/2023 emailed rcoa for latest figures
National Oesophago-gastric Cancer (NAOGC)	yes	yes	N = 88 for 2021-2022
National Prostate Cancer Audit	yes	yes	The NPCA data is now submitted via the monthly COSD extract, and not through a separate NPCA submission N= 241 for 2020-2021 as per the Cancer Stats portal N = 376 for 2021-2022 as per the Cancer Stats portal
Muscle Invasive Bladder Cancer at Transurethral REsection of Bladder Audit (MITRE) -	yes	yes	N = 6 data admission for 01/04/2022 – 15/04/2022
National Bowel Cancer (NBOCAP)	yes	yes	N = 285 for 2021-2022
Elective Surgery (National PROMs Programme)	yes	yes	Continuous audit. Awaiting publication of report with validated data
National Vascular Registry	yes	yes	NVR April 21 -March 22 – Validated AAA: 31/29 (106%) Elective infra-renal AAA 21/22 (95%) CEA: 46/48 (96%) Angioplasty: 11/67 (16%) Bypass: 44/52 (85%) Amputation: 17/19 (89%)
National Audit of Breast Cancer in Older Patients (NABCOP)	yes	yes	NABCOP does not directly 'collect' patient data. Instead, they use existing sources of patient data collected by national organisations. (National Cancer Registration and Analysis Service (NCRAS) in England and the Cancer Network Information System Cymru (CANISC) in Wales). Therefore, there is no direct submission of data from WHTH

CLINICAL AUDIT TITLE	ELIGIBLE TO PARTICIPATE	PARTICIPATED	NUMBER OF PATIENTS % DATA SUBMITTED
Case Mix Programme (CMP) ICNARC	yes	yes	Continuous Audit April 2021-March 2022 N= 775 Validated data admissions to critical care
National End of Life Care Audit	yes	yes	Participating in NACEL partly - we will be submitting Trust / Organisational audit part, qualitative survey and the Staff Reported Measure we will not be undertaking the Case Note Review. The <i>Chief Nurse and Audit Lead met with NACEL it was agreed that we could do the other 3 parts of the audit and has been completed</i>
National Joint Registry (NJR)	yes	yes	2022: Total completed Procedures 765 Hip Procedures 365 Knee Procedures 381 Ankle Procedures 0 Elbow Procedures 0 Shoulder Procedures 19 NJR Consent Rate 94% 2023 year to date: Total completed Procedures 200 Hip Procedures 77 Knee Procedures 115 Ankle Procedures 0 Elbow Procedures 0 Shoulder Procedures 8 NJR Consent Rate 99% Data as at: 12/04/2023
Breast and Cosmetic implant registry	yes	yes	N= 42 (12 WGH and 30 SACH) 2022
National Ophthalmology Database audit Adult Cataract Surgery	yes	no	No data submissions as WHTH I.T. systems unable to interface with

DIVISION OF MEDICINE			
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	yes	yes	Continuous audit 2022 / 2023 Unvalidated data Cases Submitted N = 308 2021/2022 Non validated data 01Apr2021 – 25 March 2022 Cases Submitted N = 251
Coronary Angioplasty / National Audit of Percutaneous Coronary Interventions (PCI)	yes	yes	Continuous audit 2022 / 2023 Unvalidated data Cases Submitted N = 184 01/04/21-26/03/22 unvalidated data Cases Submitted N = 425
Cardiac Rhythm Management (CRM)	yes	yes	Continuous audit 2022 / 2023 Unvalidated data Cases Submitted N = 419 2021 / 2022 Non validated data Cases Submitted N = 509 Case Ascertainment =74.5%
National Heart Failure Audit	yes	yes	Continuous audit 2022 / 2023 Unvalidated data Cases Submitted N = 245 2021/2022 Non validated data Apr2021 – 25 March 2022 Cases Submitted N = 371
National Audit of Cardiac Rehabilitation	yes	yes	Continuous audit 2022 / 2023 Unvalidated data Cases Submitted N = 518
National Diabetes Foot Care Audit (NDFA)	yes	yes	Continuous Audit – 2021/2022 Non validated data Apr2021 – 28 March 2022 Cases Submitted N = 64
National Diabetes Inpatient Safety Audit (NDISA)	yes	yes	Continuous audit 2022 / 2023 Unvalidated data Cases Submitted N = 62

			2021/2022 Unvalidated data Apr 2021 – 28 March 2022 Cases Submitted N = 35
National Core Diabetes Audit -Insulin pump audit	yes	No	Trust unable to participate because of IT issues
Falls and Fragility Fractures Audit programme (FFFAP) Inpatient Falls	yes	yes	Continuous audit – Jan 2023 Unvalidated data Cases Submitted N=2 Jan 2022– Dec 2022 Unvalidated data Cases Submitted N=11
Falls and Fragility Fractures Audit programme (FFFAP) National Hip Fracture Database	yes	yes	Continuous Audit – Unvalidated Data Jan to Feb 2023 N=88 Jan to Dec 2022 N=522
Dementia National Audit	yes	yes	Sept 2022 - Feb 2023 Cases submitted N=80
National Asthma and COPD Audit Programme (NACAP) -COPD	yes	yes	Continuous audit May 22 – Mar 23 (April data – lost file unable to recover) Unvalidated data Cases submitted N = 569 Apr 21 – Mar 22 Validated data Cases submitted N = 341 Case ascertainment 35.9%
National Asthma and COPD Audit Programme (NACAP) - Adult Asthma Secondary Care	yes	yes	Continuous audit Apr 22 – Mar 23 Unvalidated data Cases submitted N = 194 Apr 21 – Mar 22 Validated data Cases submitted N = 110

			Case ascertainment 44%
National Lung Cancer Audit (NLCA)	yes	yes	<p>Continuous Audit</p> <p>(Data via COSD according to Cancer Stats)</p> <p>Unvalidated data</p> <p>2022 / 2023</p> <p>Cases submitted N=210</p> <p>2021/2022</p> <p>Cases submitted N=233</p>
Adult respiratory support audit	yes	yes	<p>Feb 2023 - Apr 2023</p> <p>Unvalidated data</p> <p>Case Submitted N=110 Audit runs until May 23 - final submission date 31st May23)</p>
National Early Inflammatory Arthritis Audit (NEIAA)	yes	yes	<p>Continuous audit</p> <p>Unvalidated data</p> <p>2022-2023 N=5</p> <p>2021-2022 N=33</p>
Inflammatory Bowel Disease IBD programme	yes	yes	<p>July 2022 to 18/4/2023 a total of 6 IBD were included in the audit</p>
Sentinel Stroke National Audit programme (SSNAP)	yes	yes	<p>Continuous Audit</p> <p>Unvalidated data</p> <p>Apr 2022-2023</p> <p>Case Submitted N=572</p> <p>April 2021- March 2022</p> <p>Validated data.</p> <p>Case Submitted N = 661</p>
UK Parkinson's Audit	yes	yes	<p>2022 / 2023</p> <p>Cases submitted N=30</p>

DIVISION OF EMERGENCY MEDICINE			
(TARN) Trauma Audit Research Network data	yes	yes	Continuous Audit Data taken from Major Trauma Peer Review Unvalidated data 02 Nov 2022. 2022 Data completeness Q1 & Q2 63% 2021 Data completeness 83.2%
RCEM-Pain in Children	yes	yes	Apr 2022 – Oct 2022 Unvalidated data Cases Submitted N=7 Case Ascertainment 39% Oct 2021 – Mar 2022 Validated Data Cases Submitted N=51 Case Ascertainment 5%
RCEM- Mental Health self-harm	yes	yes	Continuous audit
Society of Acute Medicine Benchmarking audit	yes	yes	23 June 2023 Validated data Cases Submitted N=47
National Acute Kidney Injury Audit	yes	yes	Continuous audit April 2022 to Dec 2022 Unvalidated data Cases Submitted N = 3254
DIVISION OF CLINICAL SUPPORT SERVICES			
SHOT Serious Hazards of Blood Transfusion	yes	yes	07.03.2022 - 20.01.2023 - 24 reports were submitted

DIVISION OF WOMEN AND CHILDREN'S SERVICES			
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	yes	yes	Epilepsy 12 platform confirmed that 7 no of patient data was submitted for COHORT 4 and the deadline for it was January 2023
National Neonatal Audit Programme- Neonatal Intensive and Special care (NNAP)	yes	yes	The NNAP measures use a wide range of differing patient cohorts for their measures, making calculation of a single number difficult. Case ascertainment 100%
Maternal Mortality Surveillance and confidential enquiries (part of MBRRACE programme)	yes	yes	Nationally 30-40 cases of women taken from UKOSS. WHTH reports to UKOSS (no cases submitted directly to MBRRACE)
Perinatal confidential enquiries (part of MBRRACE programme)	yes	yes	N =25 18 stillbirths and 7 neonatal deaths
Perinatal mortality surveillance (part of MBRRACE programme)	yes	yes	N =25 18 stillbirths and 7 neonatal deaths
National Paediatric Diabetes Audit (NPDA)	yes	yes	Continuous audit last validated data year 21-22 N=256
National Maternity and Perinatal Audit (NMPA)	yes	yes	NMPA are using solely routinely collected data –no data is required directly from the Trust
National Diabetes in Pregnancy Audit	yes	yes	Data submitted April 2022 to March 23 N=29 patients non validated data
NACAP Paediatric Asthma in secondary care	yes	yes	Continuous Audit Data submitted 01/04/22 to 30/09/22 N=132 cases Data submission for 01/10/22 to 31/03/23 deadline 12/05/23
TRUST WIDE			
National Cardiac Arrest Audit (NCAA)	yes	yes	1 st of April 2022 to 17 th of March 2023 N=125 100% submission

AUDITS THE TRUST NOT LEGIBLE TO PARTICIPATE IN			
UK renal registry - Chronic Kidney Disease audit	No Done by Imperial College Healthcare NHS Trust	N/A	N/A
Cleft Registry and Audit Network (CRANE)	No Service not provided by WHTH	N/A	N/A
National Asthma and COPD Audit Programme (NACAP) Pulmonary rehabilitation	No Service not provided by WHTH	N/A	N/A
National Audit of Psychosis	No Service not provided by WHTH	N/A	N/A
National Adult Cardiac Surgery Audit	No Service not provided by WHTH	N/A	N/A
National Congenital heart disease	No Service not provided by WHTH	N/A	N/A
Falls and Fragility Fractures Audit programme (FFFAP)- <i>Fracture Liaison Service Database</i>	No WHTH Do Not provide service	N/A	N/A
Paediatrics intensive care audit	No Service not provided by WHTH - Patients transferred to Great Ormond Street	N/A	N/A
Perioperative Quality Improvement Programme	Part of research programme in the Trust	N/A	N/A
LeDeR - Learning from lives and deaths of people with learning disability and autistic people	Part of SJR reported by the Trust	N/A	N/A
Mental Health Clinical Outcome Review Programme. Real-time surveillance of suicide by patients under mental health care	No Service not provided by WHTH	N/A	N/A

Mental Health Clinical Outcome Review Programme. Suicide, Homicide	No Service not provided by WHTH	N/A	N/A
Mental Health Clinical Outcome Review Programme. Suicide by middle-aged men	No Service not provided by WHTH	N/A	N/A
National Audit of Pulmonary Hypertension	No Information collected from 8 specialist Pulmonary Hypertension services in the UK – WHTH is not one of them	N/A	N/A
National Child Mortality Database (NCMD)	No NHS providers are not providers of data to this project. Data comes only from CDOPs.	N/A	N/A
Neurosurgical National Audit Programme	No Service not provided by WHTH	N/A	N/A
Paediatric Intensive Care (PICANet)	No Service not provided by WHTH. Referred to Great Ormond Street	N/A	N/A
Prescribing Observatory for Mental Health (POMH-UK)	No Service not provided by WHTH	N/A	N/A
UK Cystic Fibrosis Registry	No Collect information from all people diagnosed with Cystic Fibrosis	N/A	N/A
National Bariatric Surgery Registry	No Service not provided by WHTH	N/A	N/A
National Obesity Audit	Trust doesn't carry out tier 4 bariatric surgery or community weight management services under tier 3	N/A	N/A

Appendix 4: National Confidential Enquiries for 2022/23 are listed below

NATIONAL CONFIDENTIAL ENQUIRIES INTO PATIENT OUTCOME AND DEATH (NCEPOD)	PARTICIPATING	PARTICIPATED (%)
Endometriosis	Yes	Initial data stage
Testicular Torsion	Yes	Organisational Questionnaire stage
Community Acquired Pneumonia Study	Yes	Clinical Questionnaire stage
Crohn's Study	Yes	1 of 2 clinical questionnaires (One was not completed due to consultant no longer at the Trust and no one was able to do it on his behalf and 1 Organisational Questionnaire completed, 67% (100% from Trust point of view)
Transition from child to adult health services study	Yes	2 of 11 clinical questionnaires not completed and Organisational Questionnaire completed. 83%

In addition, West Hertfordshire Teaching Hospitals NHS Trust participated in a further 10 national audits by submitting data in 2022/23 and these are listed below:

- UK Comparative Audit of Acute Upper Gastrointestinal Bleeding: clinical management and the use of blood
- National Prosthetic hip dislocation study
- Third Sprint national Anaesthesia Project (SNAP 3)
- Equitable Care for all Ethnicities Audit
- National Diabetes Audit (NDA) Integrated Specialist Structures Survey 2022
- Systemic Antibiotic Treatment of Diabetic Foot Osteomyelitis in Multi-Disciplinary Teams (MDT Audit)
- Transurethral Resection and single instillation mitomycin C Evaluation in bladder Cancer Treatment
- In utero transfer 22 - 23+6 weeks gestation for threatened preterm birth - TRANSFER Study
- 2022 National Comparative Audit of Blood Sample Collection and Labelling
- Orthopaedic Trauma Hospital Outcomes - Patient Operative Delays (ORTHOPOD)

Appendix 5: National clinical audits reviewed during 2022/2023 and actions taken to improve quality of patient care and achievements

NATIONAL CLINICAL AUDIT TITLE	ACTIONS TO IMPROVE QUALITY FOR PATIENTS AND BENCHMARKING AND ACHIEVEMENTS
Sentinel Stroke National Audit programme (SSNAP)	<p>The Sentinel Stroke National Audit Programme (SSNAP) aims to improve the quality of stroke care by measuring both the structure and processes of stroke care against evidence-based standards. These standards are informed by the National Clinical Guideline for Stroke and national benchmarks.</p> <p>The Trust achieved an A rating in the last reporting period of the SSNAP audit (July - September 2022) with only 16% of 203 Trusts who were audited achieving an A score.</p> <p>However, it should be acknowledged that the Sentinel Stroke National Audit Programme (SSNAP) stroke declined across the East of England during the COVID-19 pandemic and the Integrated Stroke Delivery Network (ISDN) undertook a regionwide analysis of breach causes and the correlation between processes, policies and service achievements in March and April 2022, with a view to understanding the barriers to rapid admissions to stroke speciality beds and hence support the implementation of recovery plans across the region.</p> <p>Despite the significant challenges faced the Watford Stroke Service maintained an A or B Score during period in question and this level of achievement has been continually maintained since 2016 with the results are discussed both at the local monthly Stroke strategy meetings and the Stroke leadership group (Trust, ICB and community team membership) every 3 months.</p>
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	<p>This audit contains information about the care provided to patients who are admitted to hospital with an acute coronary syndrome (heart attack). Staff in participating centres submit data that relate to each 'patient journey' from a call to the emergency services or self-presentation at an Emergency Department, through diagnosis and treatment at hospital, to the prescription of preventive medications on discharge. Clinicians can use the data to 'benchmark' the quality of care they provide against that provided at similar hospitals and, where such exist, against national standards and guidelines that describe optimum care.</p> <p>Post COVID-19 there was unprecedented demand on secondary care in our Trust and this has increased frequency of medical surge into Catheter Catheterization Laboratory Day case ward (is an examination and procedure (or operation) room in the hospital with diagnostic and treatment imaging equipment) which means cases are cancelled / delayed.</p> <p>There was a decline post pandemic on meeting the 72 hours target to perform coronary angiography for non-ST segment elevation Myocardial Infarction (NSTEMI) in 100% of patients. Recent action has been taken to ringfence part of the Cath Lab day case ward to increase the number of beds required for diagnostic and interventional cardiac procedure.</p>
National Heart Failure Audit	<p>The purpose of the National Heart Failure Audit is to drive up standards of care during the acute admission phase to achieve better patient outcomes.</p> <p>Actions undertaken:</p> <p>The Trust had a heart failure (HF) virtual hospital in place for early and safe discharge, referral to the community HF team on discharge, follow-up in HF consultant clinic for HF patients who may require device or interventions.</p>

NATIONAL CLINICAL AUDIT TITLE	ACTIONS TO IMPROVE QUALITY FOR PATIENTS AND BENCHMARKING AND ACHIEVEMENTS
	<p>In addition, recruitment of new staff allowing an increase in the number of clinics and Biweekly multidisciplinary MDT to ensure integrated care and close follow up of patients after discharge. The effect of these actions will improve the crude proportion of inpatients admitted with HF who receive cardiology follow up in more recent data as the Trust was identified as an outlier to achieve this for data collected during 2020-2021.</p> <p>Currently 90% of HF admissions are having echocardiogram, or "echo", which is a scan used to look at the heart and nearby blood vessels within the 48 hours target despite the pressure the echo service has. The Heart Failure Clinicians in the Trust are reviewing the Integrated care Clinical Practice Guideline for HF aimed at designing a standardised approach to acute HF throughout the Trust. CPG pathway will streamline the referrals upon discharge to ensure follow-up are booked on discharge, help better identifying HF patients throughout the Trust and insure best care. Further recruitment of specialised heart failure nurse for the Trust is being explored.</p>
Falls and Fragility Fractures Audit programme (FFFAP) National Hip Fracture Database	<p>The Falls and Fragility Fracture Audit Programme (FFFAP) is designed to audit the care that patients with fragility fractures and inpatient falls receive in hospital and to facilitate quality improvement initiatives.</p> <p>A Benchmark published by HQIP on 1 February 2023 showed that our Trust is within National Expectation in the following metrics for data from NHFD report 2021:</p> <p>Case ascertainment</p> <p>Crude proportion of patients having surgery on the day or day after admission</p> <p>Crude perioperative medical assessment within 72 hours</p> <p>Crude percentage of patients documented as not developing a pressure ulcer.</p> <p>Crude overall hospital length of stay (days)</p> <p>Risk-adjusted 30-day mortality rate: This metric showed an increase since last benchmarking but still within the National expectation and the audit lead in the Trust looks in depth at 30-day Mortality of Hip fracture and presents it to the relevant specialities.</p>
National Diabetes Foot Care Audit	<p>The National Diabetes Footcare Audit (NDFA) enables all diabetes footcare services to measure their performance against NICE clinical guidelines and peer units, and to monitor adverse outcomes for people with diabetes who develop diabetic foot disease.</p> <p>The Speciality continue foot health education to primary care, community and to secondary care staff.</p> <p>The speciality also to continue to review effectiveness of existing referral pathways and team working through monitoring of limb amputations, especially major as tracked by the Integrated Diabetes Service KPIs as well as ulcer healing</p>

NATIONAL CLINICAL AUDIT TITLE	ACTIONS TO IMPROVE QUALITY FOR PATIENTS AND BENCHMARKING AND ACHIEVEMENTS
National Asthma and COPD Audit Programme (NACAP)	<p>Chronic Obstructive Pulmonary Disease Secondary care</p> <p>National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) is a programme of work that aims to improve the quality of care, service, and clinical outcomes for patients with asthma and COPD in England, Scotland and Wales.</p> <p><u>Actions following reviewing Clinical reports.</u></p> <ul style="list-style-type: none"> - Ensure that a spirometry result is available for all patients admitted to hospital with an acute exacerbation of COPD (Results are currently recorded on the electronic staff records). The spirometry target for >60% of the COPD patients was achieved. - Review patients within 24 hours of admission for COPD and arrival for Asthma to meet target of 60%. (New respiratory nurse started at the end of February). With her support, The Trust is able to review patients within 24 hours however review time is longer over the weekend as there is no cover. - Ensure that all current smokers are identified, are referred to behavioural change intervention and / or prescribed a stop smoking drug if they accepted (All the respiratory patient- smoker gets referred to stop smoking service Digitalising the smoking cessation paper referral form into EPR action to be reviewed October 2023) <p>Adult Asthma in secondary care previous actions achieved following reviewing Clinical reports.</p> <p>Training and Education of Emergency Department and Acute Medicine teams to measure Peak expiratory flow rate (PEFR) on admission, Asthma care bundle with CLCH team was developed for use on all asthma inpatients to capture the 6 elements of good practice and tobacco dependency advice. Documentation of inhaler review, self-management plan and smoking cessation advice.</p>
National Outpatient Management of Pulmonary Embolism	<p>The aim of the audit was to assess whether patients treated as an outpatient for PE underwent timely investigation, adequate risk assessment and senior review and whether appropriate follow-up occurred. It was aimed to assess the presence and adequacy of a formalised outpatient pathway in a centre.</p> <p>The Speciality produced a Clinical Prediction Guide CPG pathway to be approved by March 2023 and this will enable the Trust to meet the action plan from the British Thoracic Society (BTS) stated below:</p> <ol style="list-style-type: none"> 1. A validated risk stratification score should be recorded in the notes of all patients managed on an OP PE pathway. 2. Initial anticoagulation should be administered within 1 hour of clinical suspicion of PE, unless the diagnosis has already been excluded. 3. All patients should receive written information including emergency contact details and follow-up within 7 days of going home. <p>All BTS recommendations are included in the Trust CPG PE Pathway, and this was approved by MUSP and the Trust is in the process of implementing the pathway with a proposed date of 1 May 2023.</p>
National Early inflammatory Arthritis NEIAA	<p>The NEIAA audit aims to improve the quality of care for people living with inflammatory arthritis, assessing waiting times, time to treatment, clinical response to treatment, provision of education and patient-reported outcomes.</p>

NATIONAL CLINICAL AUDIT TITLE	ACTIONS TO IMPROVE QUALITY FOR PATIENTS AND BENCHMARKING AND ACHIEVEMENTS
	<p>The Trust was identified below National expectation in April 2022 in seeing patients with early inflammatory arthritis within 3 weeks of referral. This was the result of relatively small clinical workforce and the effect of COVID on elective activity.</p> <p>Actions undertaken:</p> <ul style="list-style-type: none"> Recruit more specialist nurses and Consultant Rheumatologists Dedicated 'Early Arthritis' clinic with a Standard operation procedure that includes clinical review and treatment within 3 weeks of referral started in October 2022. This will also help to better data submission to the National Audit. The speciality has been working closely with local community partners to enable discharge of long-term stable patients into the community to increase capacity for timely review and close follow up of newly diagnosed patients. Within West Herts, a daily rapid triage process via The NHS e-Referral Service system (e-RS) has been initiated.
Trauma Audit Research Network (TARN)	<p>TARN measures and monitors care and outcomes to demonstrate the impact of the initiatives, providing local and national information on patient outcome. It is also directly involved in driving progress and research into trauma care.</p> <ul style="list-style-type: none"> WHTH is one of the busiest Trauma Units in the region Data submission for Trauma vary between 400-600 every year, with expected number to raise year on year Majority of our ISS>15 (injury severity score) are patients over 70 years of age Tranexamic acid administration in trauma is within National expectation. <p>Average Times to Head CTs from arrival (Major Trauma Peer Review Visit to Watford General Hospital's Trauma Unit November 2022)</p> <p>The panel were able to independently verify an improvement in consecutive quarters for 'time to head CT from arrival'.</p> <p>Coming down to 95 minutes on average for quarter 1 for 2022. Data for the most recent quarters is also positive, whilst caveated by the lower number of data submissions. It was articulated that in order to improve time to CT there has been a focus in handover teaching, on preparation of a trauma patient for CT.</p> <ul style="list-style-type: none"> New pathways and guidelines designed to improve patient care
National Prostate Cancer Audit	<p>The National Prostate Cancer Audit was established to assess the process of care and its outcomes in men diagnosed with prostate cancer in England and Wales.</p> <p>There has been a surge in the number of 2 week wait prostate cancer referrals which seems to be sustained over the last year. The department is trying to meet this demand by revising the pathway with a dedicated prostate pathway lead clinician. A dedicated nurse led triage service with straight to MRI imaging and subsequent MRI review meetings have formed the basis of the pathway.</p> <p>The specialty has a prostate cancer navigator and the documentation of performance status and ASA and staging on patients is good.</p> <p>The speciality is working to improve prostate cancer pathway to accommodate the increase referrals and there is a need also to have more clinical sessions</p>

NATIONAL CLINICAL AUDIT TITLE	ACTIONS TO IMPROVE QUALITY FOR PATIENTS AND BENCHMARKING AND ACHIEVEMENTS
	for MRI, MRI reviews and prostate biopsies and to book bone scans for suspected metastatic disease at triage level.
Emergency Laparotomy (NELA)	<p>National Emergency Laparotomy Audit (NELA) aims to enable the improvement of the quality of care for patients undergoing emergency laparotomy, through the provision of high-quality comparative data from all providers of emergency laparotomy.</p> <p>A Benchmark published by HQIP on 13/4/22 showed that the Trust was below expectation in:</p> <ul style="list-style-type: none"> - Crude proportion of patients aged 80 and over or aged 65+ and frail (who were assessed by geriatrician. To improve the Geriatric review A medical liaison service was introduced for frail and elderly patients under the care of the surgical team. - Risk adjusted 30-day mortality. For reducing the risk adjusted 30 days mortality and as this mostly related to colorectal surgeries. New Colorectal Consultant in post and additional theatre in place. Two local audits were undertaken followed by the required actions: <p>Small bowel obstruction SBO audit as half of all operative mortality involved cases of small bowel obstruction. Following the audit, a change was made to the way SBO patients were managed in line with latest NCEPOD & ASGBI guidance, including adding them to the CEPOD list for a scheduled operation date within 72h from presentation and keeping them under the acute list, if suitable for operation.</p> <p>A SBO Management Flowchart was produced, which summarises the changes to SBO management. This was delivered as a presentation to the department and was subsequently printed in A3 sized posters and shared across the department. The re-audit from 1st April 2021 – 31st March 2022, revealed a reduction in Operative Mortality rate from 12% to 9% and a reduction in SBO operative mortality rate from 14% to 5%.</p> <p>Factors affecting time to emergency laparotomy in patients with suspected bowel perforation.</p> <p>The NELA data suggests a delay in operating on unwell patients with a perforation. This audit looked at factors affecting time to emergency laparotomy in patients with suspected bowel perforations) with actions of having daily morning meeting in theatre to prioritise patients for surgery. (CEPOD Meetings)</p>
National Vascular Registry	<p>The data in the National Vascular Registry (NVR) covers the process and outcomes of care for; patients undergoing carotid endarterectomy, patients undergoing abdominal aortic aneurysm (AAA) repair, patients undergoing a revascularisation procedure (angioplasty / stent or bypass) or major amputation for lower limb peripheral arterial disease (PAD).</p> <p>A Benchmark published by HQIP on 3/10/2022 based on 2021 report shows that the Trust is within National expectation in:</p> <ul style="list-style-type: none"> - Risk-adjusted post-operative in-hospital mortality rate [Abdominal Aortic Aneurysm] - Crude median time from symptom to surgery [Carotid Endarterectomy] - Case Ascertainment [Abdominal Aortic Aneurysm]

NATIONAL CLINICAL AUDIT TITLE	ACTIONS TO IMPROVE QUALITY FOR PATIENTS AND BENCHMARKING AND ACHIEVEMENTS
	<ul style="list-style-type: none"> - Case ascertainment all eligible patients [Carotid Endarterectomy] - Risk-adjusted 30-day mortality and stroke rate [Carotid Endarterectomy] <p>The trust performance in the most recent 2022 report is also within National expectation</p>
National Joint Registry (NJR)	<p>The National Joint Registry records, monitors, analyses, and reports on performance outcomes in joint replacement surgery in a continuous drive to improve service quality and enable research analysis, to ultimately improve patient outcomes.</p> <p>A Benchmark published by HQIP on 21/7/2022 based on 2021 published report showed that the Trust was below National expectation:</p> <ul style="list-style-type: none"> - In the case ascertainment and proportion of patients consented to have personal details included. <p>Actions:</p> <ul style="list-style-type: none"> - To Include the NJR Consent form in the NOF pathway pack, Consultant in charge to fill in the NJR form and tick box recording consent and Consultants advised to download their NJR Consultant Level Reports and validate the data - To increase awareness of Junior Clinical Staff to complete the consent form and record its completion - Increase use of cement (hybrid + all cement) in over 70s back to 2019/2020 levels (70%) - Purchase barcode scanners to reduce never events
National audit of breast cancer in older people	<p>The aim of NABCOP is to support NHS providers to improve the quality of hospital care for older patients with breast cancer. A benchmark published by HQIP on 15/2/2023 for report published in May 2022 showed that The Trust met all National Expectations in all metrics except in Percentage of patients with NABCOP Fitness Assessment Form data items recorded: Clinical Frailty Scale and Abbreviated Mental Test Score (70+ years). This is being re-audited locally and has been incorporated into the MDM request forms.</p> <p>In the Trust, Oncology acute admissions are not currently possible to assess as they are to sites independent of the oncology base at Mount Vernon Hospital but could in future be audited if the proposed cancer centre is built at Watford General Hospital.</p> <p>Re-excision rate was 15% nationally - Local audit Feb 22 was 12% (target 10%) – we are currently contributing to the ongoing national re-excision audit.</p> <p>Ensure endocrine treatment and bisphosphonates initiated in secondary care recorded for data submission – at WHTH these are rarely initiated by secondary care for patients known to the unit.</p> <p>NABCOP guide piloted but not found to add to what the Trust already use.</p>

NATIONAL CLINICAL AUDIT TITLE	ACTIONS TO IMPROVE QUALITY FOR PATIENTS AND BENCHMARKING AND ACHIEVEMENTS
Bowel Cancer	<p>The National Bowel Cancer Audit (NBOCA) aims to describe and compare the quality of care and outcomes of patients diagnosed with bowel cancer in England and Wales.</p> <p>A benchmarking published by HQIP on 22/11/2022 showed that The Trust is within National expectation in:</p> <ul style="list-style-type: none"> - Case Ascertainment - Risk adjusted 90 day post-operative mortality rate - Risk adjusted 2 year post-operative mortality rate (was above National expectation in the previously published benchmark in August 2022) - Risk adjusted 30 day unplanned readmission rate - Adjusted 18 month unclosed ileostomy using HES / PEDW - Data completeness
National Paediatric Diabetes	<p>The aim of this National Audit is to provide information that leads to an improved quality of care for those children and young people affected by diabetes.</p> <p>A benchmark was published By Health Quality Improvement Partnership on 12/9/2022 for 2022 reports that belongs to data from 2020 to 2021 showed that our Trust is within the national expectation for checking HbA1c (is a simple blood test that measures average blood sugar levels over the past 3 months). There was an improvement in hbA1c and during this COVID phase when there were no face-to-face clinics where we usually measure HbA1c we used a combination of drive through, testing through a window HbA1c measurement clinic.</p> <p>The Trust was identified below expectation in Crude proportion of patients 12+ receiving all key care processes annually. The fall in care process assessments i.e. Height, Weight, BP, blood tests and urine tests were because due to hospital policy we were unable to physically see and assess these parameters on patients during this period. Furthermore, GP practices and phlebotomy services were closed. The retinal screening service was also suspended.</p> <p>Actions undertaken in 2022-2023:</p> <ul style="list-style-type: none"> - HbA1c testing at all clinic appointments <p>Aim for HBA1C of no higher than the National Median</p> <ul style="list-style-type: none"> - Staff <p>Business case for substantive consultant post to enable medical frequency of contact according to regional guideline for high HbA1c (Aim 04/2023)</p> <p>Training of newly recruited nurses in diabetes (Aim 04/23)</p> <ul style="list-style-type: none"> - Guideline development <p>Consultants have joined the East of England working group to create a regional toolkit on how to reduce HbA1c</p> <ul style="list-style-type: none"> - Patient education <p>focus on post prandial as well as pre-prandial insulin corrections for above target glucose levels</p> <ul style="list-style-type: none"> - Continuous Glucose monitors or Flash monitors <p>Availability to all patients according to NICE guideline March 2022</p>
Perinatal Mortality Surveillance and Perinatal Mortality Review tool	<p>The perinatal mortality rate is the sum of the number of perinatal deaths (stillbirths and early neonatal deaths) divided by the number of pregnancies of seven or more months duration (all live births plus stillbirths). Perinatal</p>

NATIONAL CLINICAL AUDIT TITLE	ACTIONS TO IMPROVE QUALITY FOR PATIENTS AND BENCHMARKING AND ACHIEVEMENTS
	<p>mortality surveillance involves the identification and notification of all eligible deaths. This information allows the calculation of 'stabilised & adjusted' mortality rates. The information is presented in order to assist clinicians, Commissioners, managers, parents, and the public in raising standards of maternity and neonatal care to reduce perinatal mortality across the UK.</p> <p>The last published benchmarking from Health Quality Improvement Partnership on 9 February 2023 showed that both the stabilised and risk adjusted extended perinatal mortality rate (per 1000 births) and the stabilised and risk-adjusted extended perinatal mortality rate, excluding congenital anomalies (per 1,000 births) were between 5-15% lower than comparable perinatal services. This represents an improvement compared to previously published benchmark.</p>
National Maternity and Perinatal Audit (NMPA)	<p>The National Maternity and Perinatal Audit (NMPA) aims to improve the treatment of mothers and babies during their stay in a maternity unit by evaluating a range of care processes and outcomes in order to identify good practice and areas for improvement.</p> <p>Health Quality Improvement Partnership published benchmark on 7/7/2022 for data published in 2021 reports showed that our Trust was below the National average for:</p> <ul style="list-style-type: none"> - Case-mix adjusted proportion of vaginal births with a 3rd / 4th degree perineal tear. Actions undertaken was: OASI care bundle have been launched - Case-mix adjusted overall caesarean section rate for singleton term babies (Higher than the expectation). Actions undertaken to reduce the Trust Caesarean Section rate: - The speciality offers birth option counselling for vaginal birth after C/S - Cardiotocography (CTG) or electronic foetal monitoring (EFM) training - Caesarean section MDT meeting to ensure emergency caesareans are offered for the right person at the right time
National Neonatal Audit programme	<p>Health Quality Improvement Partnership published benchmark in November 2022 and our Trust was within the National average for all the metrics:</p> <p>Mothers who deliver babies between 23 and 33 weeks gestation and were given any dose of antenatal steroids</p> <p>Mothers who deliver babies below 30 weeks gestation given Magnesium Sulphate in the 24 hours prior to delivery</p> <p>Babies <32 weeks gestation who had temperature taken within an hour of admission that was between 36.5°C and 37.5°C</p> <p>Babies of very low birthweight or <32 weeks gestation who receive appropriate screening for retinopathy of prematurity</p> <p>Adjusted rate of bronchopulmonary dysplasia or death in babies born at less than 32 weeks gestational age.</p> <p>In previous benchmark published in January 2019 for data Jan-Dec 2017 the Trust was below expectation in Babies born at less than 27 weeks who were born in a hospital with a Neonatal Intensive Care Unit onsite, recent data showed figures within National expectation.</p>

Appendix 6: Local clinical audits completed, and actions taken to improve quality of patient care

116 local audits have been completed during 2022/23 with reports, action plans and examples of learning. Below is a section of what we have learned from some of these audits and the actions taken;

LOCAL CLINICAL AUDIT TITLE	LEARNING AND ACTION OUTCOME OF AUDIT
Two week -wait colorectal cancer virtual clinic	<p>This audit measured the performance and cost effectiveness of telephone clinic for 2 week wait colorectal cancer referrals during the COVID-19 pandemic and compared it to standard Face-to-Face clinics prior to onset of pandemic.</p> <p>The COVID-19 pandemic has demanded reorganisation of cancer services, both in terms of provision and patient / staff safety. Results showed that tele-consultation reduces the financial and staffing burden of traditional F2F clinics whilst reducing the risk of COVID-19 transmission. It facilitates a more efficient provision of service, whilst not compromising the cancer detection rate. Cost effective analysis demonstrates a £15,000 per annum saving with implementation of 2WW tele-consultation service.</p>
Learning from 30 days hospital readmission audit	<p>This audit was a comparative retrospective collection of 70 patients who were readmitted to Watford General Hospital under the care of the emergency team or the medical team over the period from 9 May to 29 May 2022.</p> <p>Most of the readmissions occurred due to the patients being discharged on the weekend with no 100% clear follow-up plan.</p> <p>A weekend discharge plan with criteria led discharge format would be a possible first step of solutions.</p> <p>This includes ticking whether discharge medications have been reconciled and completed on the EPR, having the conditions for weekend discharge highlighted and why the patient was not discharged during the weekdays, and finally a clear follow-up plan both short-term and long-term.</p> <p>Planned weekend discharge for discharge ward round will be improving the quality of discharge over the weekend.</p>
Seven Day Services Clinical Standards	<p>The Seven-day services program is designed to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital. This audit objectively re-assessed time needed to assess surgical admissions in accordance with standard 2 of the seven day services clinical standards at Watford General Hospital. Standard 2 is that all emergency admissions (100%) must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission. It was found that there was an improvement in compliance to the clinical standard: surgical patients seen by a consultant within 14 hours of admission increased from 62% in first audit cycle to 75% in the re-audit. Junior doctors were encouraged towards better documentation of consultant review & plan and findings of the audit were disseminated to clinical staff in acute services.</p>
Learning from epidural quality improvement audit	<p>National standards: Guidelines for Provision of Anaesthesia Service for an Obstetric Population 2019 and as per recent CQC report highlighting delay in epidural response times in obstetric units with a 24-hour anaesthetic service, attendance of the anaesthetist after a request for regional analgesia during labour should be within 30 min in 80% of cases. and within 60 min in 100% of cases barring exceptional circumstances. When requested for neuraxial analgesia, the anaesthetist should attend within 30 minutes of being informed.</p>

LOCAL CLINICAL AUDIT TITLE	LEARNING AND ACTION OUTCOME OF AUDIT
	<p>Only in exceptional circumstances should this period be longer, and in all cases, attendance should be within one hour and regularly audited</p> <p>Audit results: 87% of the cases response time was within 30 min of request for epidural for patients in established labour. Overall, there was no delay in 89 % of the cases. In the survey 83 % said that the epidural trolley was not stocked appropriately leading to delays Regular Auditing being done with the Maternity dashboard being updated and presented regularly at the monthly LW forum meetings. Epidural Trolley Updated and stocked to reduce epidural response times contributing to delay.</p>
Small bowel Obstruction (SBO)	<p>Two cycles of the audit were conducted looking at the operative mortality rate of small bowel obstruction mortality rate in Watford as flagged from the National Emergency Laparotomy Audit. Actions undertaken between the two cycles:</p> <ul style="list-style-type: none"> - Change was made to the way SBO patients were managed in line with latest NCEPOD* & ASGBI** guidance, including adding them to the CEPOD list for a scheduled operation date within 72h from presentation and keeping them under the acute list, if suitable for operation. <p>A SBO Management Flowchart was produced, which summarises the changes to SBO management. This was delivered as a presentation to the department and was subsequently printed in A3 sized posters and shared across the department.</p> <p>The operative mortality rate fell from 14% in the first audit cycle to 5% in the second cycle carried out in 2022.</p> <p><i>NCEPOD* National Confidential enquiries into Patient Outcome and Death</i> <i>ASGBI **Association of Surgeons of Great Britain and Ireland</i></p>
An Audit of ankle fracture management	<p>Two cycles conducted with education sessions and provision of educational material between 2 cycles.</p> <p>Cycle comparison compared to BOAST* guidelines as follows:</p> <p>Results—cycle comparison</p> <p>The mechanism of injury and clinical findings, including skin integrity, assessment of circulation and sensation, should be precisely documented at presentation.</p> <p>First cycle 88% ->Second cycle 75%</p> <p>Co-morbidities that might influence treatment choice and outcome should be documented First cycle 96% - Second cycle 88%</p> <p>Following reduction, neurovascular examination must be repeated and documented First cycle 18% - Second cycle 42%</p> <p>Adequate reduction must be confirmed by review or repeat radiographs and documented before transfer from ED First cycle 18% - Second cycle 28%</p> <p>Radiographs should be centred on the ankle and should include a true lateral and a mortise view. First and second cycle 100%</p> <p>Actions were to continue distribution of educational material and teaching sessions regarding BOAST guidelines to junior doctors within the T&O department. To liaise with ED and inform of results.</p> <p>Careful documentation post reduction is required to meet standards and reaudit in 6 months.</p> <p><i>BOAST* British Orthopaedic Association Standards for Trauma and Orthopaedics</i></p>

Appendix 7 – Participant Recruitment to Research

	TITLE	PRINCIPAL INVESTIGATOR	SITE STATUS	PORTFOLIO NUMBER	SPONSOR	PARTICIPANTS RECRUITED IN FY2223
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	Closed – 12/12/2022	45457	University of Oxford	0
	RD2020-15: 'GenOMICC'	Dr Valerie Page	Open to recruitment – 01/05/2020	30540	NHS Lothian	9
	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

Open Portfolio studies (non-COVID)	RD2019-13: 'OPTIMAS Trial'	Dr Mohit Bhandari	Open to recruitment - (restarted 11/05/2020)	40836	University College London	13
	RD2018-31: 'BLING III'	Dr Valerie Page	Closed to recruitment, in follow up – 11/07/2022	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	16
	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	2
	RD2019-19: 'PLUM'	Dr Victoria Brown	Open to recruitment – (restarted 01/10/2020)	33029	Guy's and St. Thomas' NHS Foundation Trust	2
	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	3
	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	6
	RD2017-33: 'ATTEST 2'	Dr Mohit Bhandari	Open to recruitment – (restarted 16/06/2020)	33335	NHS Greater Glasgow & Clyde	3
	RD2018-15: 'ARREST'	Dr Masood Khan	Closed to recruitment – in follow up 01/12/2022	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	4

Open Portfolio studies (non-COVID)	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	220
	RD2020-07: 'SurfOn'	Dr Sankara Narayanan	Open to recruitment (after Sponsor's study wide pause) – 04/07/2022	44406	University of Leicester	8
	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	101
	RD2020-55: 'ANTHEM'	Miss Lee Min Lai	Closed to recruitment – in follow up – 31/12/2022	46582	University Of Bristol	2
	RD2020-62: 'EMBED'	Jackie Evans	Open to recruitment – 08/01/2021	45002	Cambridge University Hospitals NHS Foundation Trust & University of Cambridge	13
	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	5
	RD2021-06: 'FEED1'	Dr Sankara Narayanan	Open to recruitment – 12/04/2021	42960	University Hospitals of Derby and Burton NHS Foundation Trust	15

RD2020-42: 'The Big Baby Trial'	Dr Benedicta Agbagwara-Osuji	Closed to recruitment, in follow up - 25/11/2022	36723	University Hospitals Coventry and Warwickshire NHS Trust	2
RD2021-09: 'Best-BRA'	Miss Lee Min Lai	Closed to recruitment – in follow up 09/01/2023	46954	North Bristol NHS Trust	1
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	19
RD2021-31: 'PROSPECT'	Dr Rahul Mogal	Open to recruitment – 29/09/2021	43300	University of Oxford	65
RD2018-22: 'PRESTIGE-AF'	Dr Mohit Bhandari	Open to recruitment – restarted 18/08/2021	39085	Imperial College of Science, Technology and Medicine	2
RD2017-28: 'FLO-ELA'	Dr Valerie Page	Closed – follow up complete – 10/01/2023	33869	University Hospital Southampton NHS Foundation Trust	0
RD2017-35: 'EVoLVeD'	Dr Niall Keenan	Closed to recruitment, in follow up - 31/10/2022	35133	University of Edinburgh	1
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	7
RD2021-24: 'WE SURE CAN'	Miss Lee Min Lai	Closed to recruitment, in follow up - 14/12/2022	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	5
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	Open to recruitment (after study wide pause) – 21/02/2023	50751	University College London Hospitals NHS Foundation Trust	7
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	205
RD2021-40: 'PARAMEDIC-3'	LC – Chiara Ellis	Accepted – 26/01/2022	49465	University of Warwick	We will not be given recruitment
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	163
RD2021-20: 'MARCH'	Dr Valerie Page	Open to recruitment – 17/02/2022	51165	Queens University Belfast	8
RD2020-67: 'CADDIE'	Dr Jon Landy	Open to recruitment – 21/02/2022	45140	University College London	31
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	73
RD2021-28: 'TICH-3'	Dr Mohit Bhandari	Open to recruitment – 13/04/2022	50395	University of Nottingham	2
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	10

RD2016-54: 'IBD BioResource'	Dr Jon Landy	Open to recruitment – restarted 01/06/2022	20664	Cambridge University Hospitals NHS Foundation Trust	14
RD2021-36: 'MIDI'	Dr Mohit Bhandari	Open to recruitment – 09/06/2022	40553	King's College London	436
RD2022-08: 'HPVvalidate'	Dr Ronald Joseph	Open to recruitment – 05/07/2022	47399	Public Health England	61
RD2022-18: 'IMID BioResource'	Dr Victoria Brown	Open to recruitment – 15/08/2022	44431	Manchester University NHS Foundation Trust (MFT)	9
RD2021-21: 'Legacies and Futures'	Ms Shikha Kapur	Open to recruitment – 21/09/2022	46939	University College London	37
RD2022-15: 'RECORD' (commercial)	Dr Rama Vancheeswaran	Open to recruitment - 05/10/2022	51127	AstraZeneca	9
RD2021-43: 'MARECA'	Miss Lee Min Lai	Open to recruitment - 07/10/2022	50013	Leeds Teaching Hospitals NHS Trust	7
RD2022-10: 'RAPID-MIRACLE'	Dr Joban Sehmi	Open to recruitment - 17/10/2022	51554	King's College London	0
RD2022-09: 'EndoNET'	Miss Lee Min Lai	Open to recruitment - 21/10/2022	52372	University of Oxford	2
RD2022-20: 'PHIND'	Dr Valerie Page	Open to recruitment - 01/11/2022	43135	Queen's University Belfast	2
RD2022-24: 'MRI in randomised cohorts of asymptomatic AS'	Dr Niall Keenan	Open to recruitment - 02/11/2022	49406	University of Leicester	0
RD2022-19: 'iRehab'	Dr Valerie Page	Open to recruitment - 15/12/2022	53647	University of Ulster	1
RD2022-23: 'FIDO'	Dr Jason Palman	Open to recruitment - 16/12/2022	53493	Queen's University Belfast	14
RD2022-27: 'MAPS-2'	Dr Mohit Bhandari	Open to recruitment - 27/02/2023	50728	University of Nottingham	1
RD2022-29: 'WHEAT'	Dr Nazakat Merchant	Open to recruitment - 13/03/2023	52933	Imperial College London	0
RD2023-04: 'ACS-ED'	Dr Shajeel Khan	Open to recruitment - 28/03/2023	53789	North Bristol NHS Trust	49

	RD2020-50: 'CLARITY IBD (follow up)'	Dr Rakesh Chaudhary	Part of CLARITY but new follow up with recruitment opened – 05/11/2022	55158	Royal Devon University Healthcare NHS Foundation Trust	12
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
	RD2022-26: 'MAPLES'	Mr Jeremy Livingstone	Open to recruitment - 19/12/2022	Non-portfolio	Imperial College London	0

Appendix 8 – Glossary

ABBREVIATION	DEFINITION
A&E	Accident and Emergency
AAU	Acute Admissions Unit
ANTT	Aseptic Non-Touch Technique
BAF	Board Assurance Framework
Big 5	The Big 5 initiative has resulted from the Staff Survey. These are the top 5 themes identified as requiring improvement and which the Trust is taking forward.
BME	Black and Minority Ethnic
BSOTS	Birmingham Symptom Specific Obstetric Triage System
CCATT	Children's Crisis Assessment & Treatment Team
CED	Children's Emergency Department
CDI	Clostridium Difficile Infection
C. Diff	Clostridium Difficile. A bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics. It is easily spread and can be acquired in the community and in hospital.
CCG	Clinical Commissioning Group (CCG) - Commission most of the hospital and community NHS services in the local area for which they are responsible, including emergency care, elective hospital care, maternity services, and community and mental health services. Commissioning involves deciding what services are needed for diverse local populations and ensuring that they are provided.
CNST	Clinical Negligence Scheme for Trusts – handles clinical negligence claims
COP	Code of Practice
CPE	Carbapenemase-Producing Enterobacteriaceae - Enterobacteriaceae are bacteria that usually live harmlessly in the gut. This is called 'colonisation' and does not usually cause any problems, however, if the bacteria get into a wound or the bloodstream, they can cause infection.
CPG	Care Pathway Group
CQC	Care Quality Commission - The independent regulator of all health and social care services in England.
CQUIN	Commissioning for Quality and Innovation - A payment framework which allows commissioners to agree payments to hospitals based on agreed improvement work.
CYP	Children and Young People
DATIX	Software for healthcare risk management and incident reporting
DNA	Did Not Attend
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DIPC	Director of Infection, Prevention Control
DoLS	Deprivation of Liberty Safeguards
DVT	Deep Vein Thrombosis
E Colib	Escherichia coli bacteria
ED	Emergency Department (also known as A&E)
EEAST	East England Ambulance NHS Trust
EPR	Electronic Patient Record
FFT	Friends and Family Test
FIGO	International Federation of Obstetricians and Gynaecologists
FTSU	Freedom to Speak Up
HAPU	Hospital Acquired Pressure Ulcer
GNBSI	Gram Negative Blood Stream Infections
HAT	Hospital-Acquired Thrombosis
HCAI	Health Care Acquired Infection

ABBREVIATION	DEFINITION
HEADSSS	Home, Education & Employment, Activities, Drugs, Sex, Suicide and Safety
HOUDINI	Nurse led urinary catheter removal protocol: Haematuria (only requires catheter if in clot retention) Obstruction/Retention Urology surgery Damaged skin (open sacral or perineal wound in an incontinent patient) Input/output, fluid monitoring Nursing care end of life/comfort care Immobility, due to physical constraint e.g., unstable fracture and unable to use bottles / bedpans
HSCIC	Health and Social Care Information Centre
HSMR	Hospital standardised mortality ratio - An indicator of healthcare quality that measures whether the death rate in a hospital is higher or lower than you would expect.
ICB	Integrated Care Board
ICS	Integrated Care System
IG	Information Governance
IHOG	Improving Health Outcomes Group
IPC	Infection Prevention Control
ISP	Independent sector provider
ISVA	Independent Sexual Violence Advisor
KPI	Key Performance Indicator - Commonly used across health and care systems to examine and compare performance. These indicators focus on areas such a length of stay, mortality rates, readmission rates, costs per episode of patient care and the number of staff employed.
LD	Learning Disability
LeDeR	Learning Disability Mortality Review Programme - a national programme
LGBT	Lesbian, Gay, Bisexual, Transgender – sexual orientation and gender identity
MADE	Multi Agency Discharge Event
MCA	Mental Capacity Act
MDT	Multidisciplinary team
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus – A type of bacterial infection that is resistant to a number of widely used antibiotics.
MSSAb	Methicillin-Sensitive Staphylococcus aureus bacteria
MUSP	Medicines Use and Safety Panel
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
Never Events	Serious, largely preventable, patient safety incidents that should not occur if the relevant preventative measures have been put in place.
NHSI	NHS Improvement - An organisation responsible for overseeing foundation Trusts and NHS Trusts, as well as independent providers that provide NHS-funded care.
PALS	Patient Advice and Liaison Service
PERC	People Research Education Committee
PMRT	Perinatal Mortality Review Tool
QI	Quality Improvement
Red2Green	The Red2Green approach is a visual management system to assist in the identification of wasted time in a patient's journey. It is used to reduce internal and external delays.
RTT	Referral To Treatment - A measure of the length of time from referral through to elective treatment.
SAFER	A patient flow bundle which blends five elements of best practice which should be implemented together. It works particularly well when used with the 'Red2Green days' approach. S – Senior review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions. A – All patients will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

ABBREVIATION	DEFINITION
	<p>F – Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.</p> <p>E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.</p> <p>R – Review. A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – ‘stranded patients’) with a clear ‘home first’ mindset.</p>
Safety Thermometer	The NHS Safety Thermometer provides a ‘temperature check’ on harm. The tool measures four high-volume patient safety issues (pressure ulcers, falls, urinary tract infection - in patients with a catheter - and venous thromboembolism).
SAR	Safeguarding Adults Review
SARC	Sexual Assault Referral Centre
SDEC	Same Day Emergency Care
SHMI	Summary Hospital-level Mortality Indicator. A hospital-level indicator which reports inpatient deaths and deaths within 30-days of discharge at Trust level across the NHS.
SJR	Structured Judgement Review – A standardised methodology for reviewing case records
SI	Serious Incident – An incident that occurred in NHS funded services and resulted in one or more of the following: unexpected or avoidable death; serious harm; allegations of abuse; a prevention of continuation of the provision of healthcare services; or a never event.
SLA	Service Level Agreement
SOP	Standard Operating Procedure
SSNAP	Sentinel Stroke National Audit Programme - The single source of stroke data in England, Wales, and Northern Ireland.
STP	Sustainability and Transformation Partnership - A partnership of NHS organisations and local councils to improve health and care in a geographical area.
UKOSS	UK Obstetric Surveillance System
UTI	Urinary Tract Infection
UTC	Urgent Treatment Centre
VTE	Venous Thrombo Embolism - a blood clot which forms most often in the deep veins of the leg, groin, or arm (known as deep vein thrombosis, DVT) and travels in the circulation, lodging in the lungs (pulmonary embolism, PE)
WACS	Women and Children’s Service
WHHT	West Hertfordshire Hospital NHS Trust
WHTH	West Hertfordshire Teaching Hospital NHS Trust
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole time equivalent – a measure used for employment reporting (WTE = full time)

Annex 1 – Statement of Directors’ Responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the NHS Annual Reporting Manual 2022/23 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information for the period April 2022 to March 2023, including:
 - Board minutes and papers
 - Papers relating to quality reported to the Board
 - Feedback from Commissioners
 - The Trust’s complaints report produced under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - The latest national patient survey (2022)
 - The latest national staff survey (2022)
 - The Head of Internal Audit’s annual opinion of the Trust’s control environment
- The Quality Account presents a balanced picture of the Trust’s performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

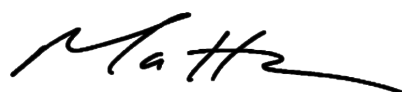
By order of the Board:



Phil Townsend

Chair

West Hertfordshire Teaching Hospitals NHS Trust



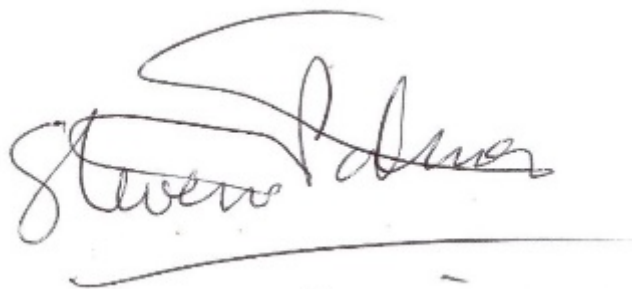
Matthew Coats CB

Chief Executive

West Hertfordshire Teaching Hospitals NHS Trust

Annex 2 – Statement from Healthwatch Hertfordshire

Healthwatch Hertfordshire has appreciated the opportunity to continue to work with the Trust on the model of co-production to ensure that what matters to patients is heard and understood across the organisation. We have valued the quick responses from the Chief Nurse to feedback from our signposting service that has led to change and quality improvement. We look forward to continuing to work closely with Trust in support of the quality priorities outlined in this Quality Account.

A handwritten signature in black ink, appearing to read 'Steve Palmer', with a long horizontal line extending from the end of the signature.

Steve Palmer

Chair Healthwatch Hertfordshire

May 2023

Annex 3 – Statement from ICB response to the Quality Account of West Hertfordshire Teaching Hospitals NHS Trust for 2022/23



NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of West Hertfordshire Teaching Hospitals NHS Trust (WHTHT) for 2022/2023.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the WHTHT Quality Account for 2022/23. The ICB would like to thank the Trust for preparing this Quality Account, developing future quality assurance priorities, and acknowledging the importance of quality at a time when WHTHT continues to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of staff and we would like to thank them for this.

HWE ICB is responsible for the commissioning of health services from WHTHT. During the year HWE ICB have been working closely with WHTHT gaining assurance on the quality of care provided to ensure it is safe, effective and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the WHTHT Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

Workforce has remained a national challenge across care providers and the Trust has made significant improvements in building a culture that is able to recruit, retain and care for its workforce. The overall Trust vacancy and turnover rate has reduced over the year which is positive although challenges within specific areas have a continued improvement focus. Some examples of initiatives put in place as part of the NHS People Promise include streamlining onboarding and induction processes to support new starters and improve retention, utilising an innovative approach to recruitment events, and international recruitment.

During 2022/23 the Trust continued to focus on restoring elective services. The ICB is pleased to see the Trust working closely with independent sector providers amongst other partners to focus on the management of backlogs and waiting lists within a range of specialities which will enhance patient safety and experience.

The breadth of support offered across the Trust by the exemplar Response Volunteer Hub is to be congratulated. The intention to further develop this service so that volunteer roles will be responsive to the changing needs of patients both in hospital and the broader community is welcome.

It has been positive to see the benefits delivered through electronic patient record (EPR) implementation in November 2021 and look forward to seeing the future opportunities to improve patient safety and experience. It is important to note the challenges presented from EPR roll-out, in part related to the management of patient waiting lists, and the ICB would like to recognise the long wait reduction achieved

over 2022/23 made through the combined efforts of data validation, additional resource from independent sector providers and focused improvement plans.

From a cancer perspective the ICB recognises the improvements WHTHT have made over the year and the ambitious recovery plan with trajectories to support cancer performance improvements in areas which fell below the national cancer standards. Some other areas where more significant challenges were experienced included 2 week wait breast symptomatic achieving 39.9% against a 93% target and 62-day urgent GP referral to treatment achieving

56.3% against a 75% target. The ICB looks forward to continued partnership working with WHTHT to achieve and sustain these improvement areas.

Attendances at WHTHT Urgent and Emergency Departments (ED) have continued to increase, reaching 14.4% above 2021/22 levels with the Trust recording the highest level of attendees within a single month in December 2022. This has contributed towards the ED performance where 64% of patients are seen within four hours which is well below the national standard of 95% and is a reduced position in comparison to 73% in 2021/22.

We are mindful the recovery of services and performance across many areas such as cancer and urgent care continues to have a prominent focus and the ICB looks forward to working in partnership with the Trust to support delivery of the actions needed and improvement plans.

The Trust have a robust approach to assessing clinical harm in relation to extended ED waits, cancer, and elective long waits, as well as more broadly across all services. The ICB would like to thank the Trust for the transparency provided through the clinical harm review process which offers strong assurances in terms of patient safety, outcomes, and the underpinning of risk management governance arrangements.

The ICB was pleased to see the continued focus on virtual hospitals which facilitates rapid hospital discharge, supports people in care homes and manages patients safely in their own homes including for those suffering from heart and respiratory illnesses. Furthermore, the planned expansion of the model in 2023/24 to deliver the Frailty Hospital at Home will be a huge benefit to patients and the Trust.

The Account demonstrates the Trust's continued focus on safeguarding across the lifespan and the ongoing work to address key learning emerging from case reviews. In relation to safeguarding children, the impressive contribution to the section 11 audit is welcome. Piloting the Deprivation of Liberty Safeguards portal demonstrates the commitment towards the principles of partnership working, Making Safeguarding Personal and the ICB looks forward to understanding how this translates across young people and those transitioning to adulthood.

The ICB would like to congratulate the Trust on its work with Serious Incidents, clearing the backlog of investigations and embedding learning, for example related to Covid-19 and invasive procedures safety standards. We look forward to working in partnership with the Trust to implement the new improvement and engagement-focused Patient Safety Incident Response Framework throughout 2023/24.

The Account outlines the achievement of consistently maintaining 95% hand hygiene audit compliance throughout 2022/23 and the areas for improvement over the coming year. Examples of WHTHT excellent collaborative working shared at national events include addressing gram negative blood stream infections

through a focus on education in the management of vascular access devices, implementation of new products and joint procurement, training, and audit.

Maternity services have continued to focus on the Saving Babies Lives Bundle and have successfully embedded the Birmingham Symptom Specific Obstetric Triage System within triage which supports in early identification of risk factors in patients with reduced foetal movements and delivers appropriate and personalised care. The improvements made in response to the 2021 Care Quality Commission inspection findings are positive.

The launch of the Caring for Carers service in May 2022 has been a valuable initiative providing advice and support, ensuring the Carer voice is heard and signposting into other organisations. We would like to congratulate the Trust on their Carer focus and look forward to seeing the expansion of the Caring for Carers service including covering paediatric and maternity services.

The ICB recognises the challenges experienced by the Trust in 2022/23 and we look forward to a continued collaborative working relationship as well as building on existing successes and collectively taking forward needed improvements to deliver high quality services for this year and thereafter.



Matthew Webb
Place Director
Hertfordshire and West Essex ICB



Quality Account 2022/23

