

# Annual General Meeting 2021/22

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West Hertfordshire Teaching Hospitals NHS Trust

*1 September 2022*

# Agenda

Subject	Presenter
Introduction and welcome	<b>Phil Townsend</b> , Chairman
Highlights of 2021/22	<b>Matthew Coats</b> , Chief Executive Officer
Engagement with our community and learning	<b>Tracey Carter</b> , Chief Nurse and Director of Infection Prevention and Control
Financial performance	<b>Don Richards</b> , Chief Financial Officer
Planned care, emergency care and recovery	<b>Sally Tucker</b> , Chief Operating Officer
Looking after our people	<b>Andrew McMenemy</b> , Chief People Officer
Innovation and future services	<b>Dr Mike van der Watt</b> , Chief Medical Officer
Digital development update	<b>Paul Bannister</b> , Chief Information Officer
Strategy and redevelopment update	<b>Clare Parker</b> , Acting Chief Strategy Officer
Q&A	



Phil Townsend  
Chairman

## Our Chairman

### *Introduction and welcome*

We are delighted to share our progress and performance during 2021/22 – another challenging but also successful year. Our leadership team is on hand to answer your questions after their presentations related to 2021/22.



**Matthew Coats**  
Chief Executive

## Our Chief Executive

### *Highlights of 2021/22*

The year started with unveiling our new teaching trust status and continuing to win awards for our clinical innovation. We expanded our virtual hospital model, building on our success from the 2020/21. Despite the challenges related to Covid, we moved to a new electronic patient care record and progressed our redevelopment plans.

# Who are we...



**Phil Townsend**  
Chairman



**Matthew Coats**  
Chief Executive



**Tracey Carter**  
Chief Nurse and Director  
of Infection Prevention  
and Control



**Don Richards**  
Chief Financial Officer



**Sally Tucker**  
Chief Operating Officer



**Andrew McMenemy**  
Chief People Officer



**Dr Michael van der Watt**  
Chief Medical Officer and  
Director of Patient Safety



**Paul Bannister**  
Chief Information Officer  
and Senior Information  
Risk Officer



**Clare Parker**  
Acting Chief Strategy  
Officer



**Tracey Carter**  
Chief Nurse and Director  
of Infection Prevention  
and Control

## Our Chief Nurse

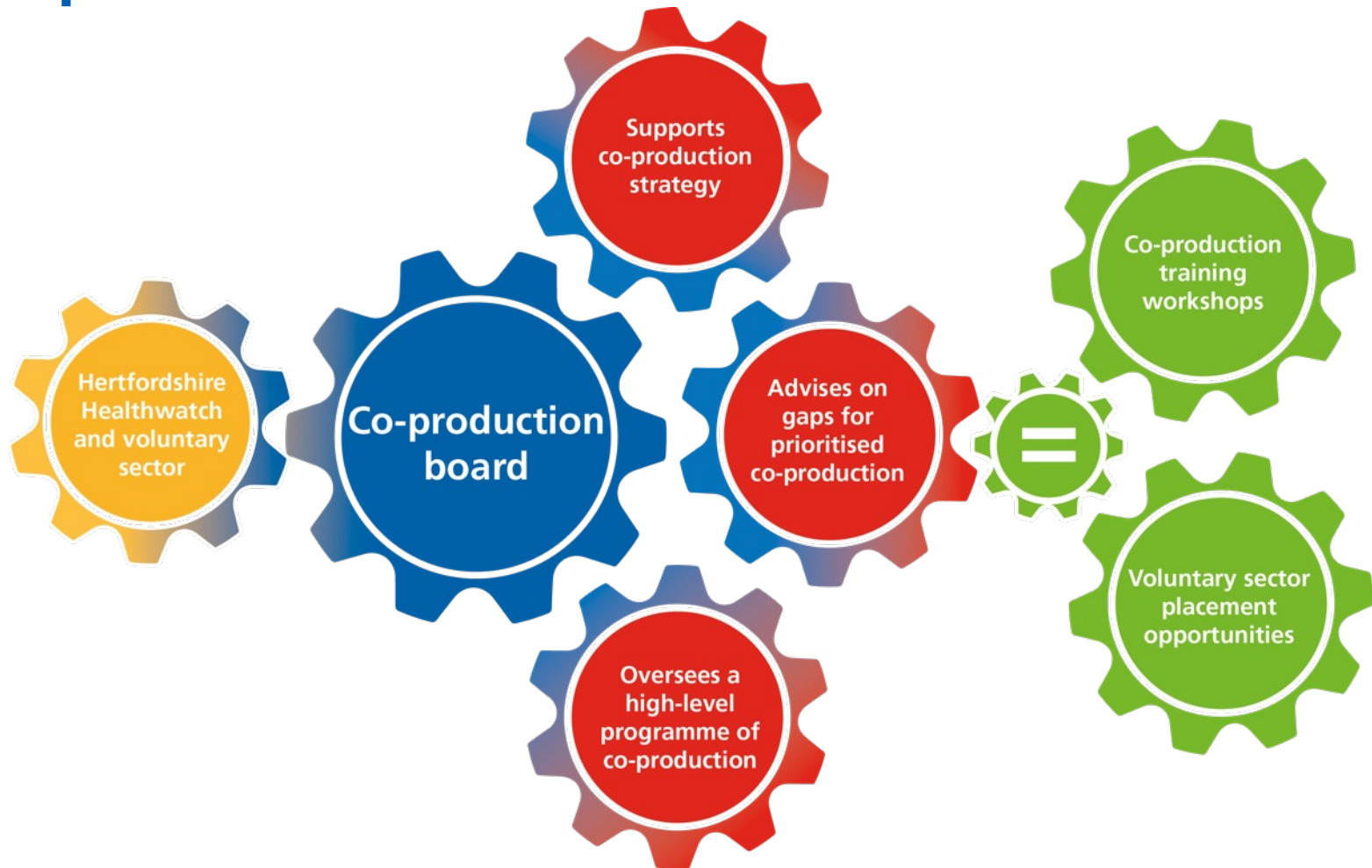
### *Engagement with our community and learning*

We have begun a programme of co-production and engagement sessions with our patients and local community which helps us evolve our services to more closely meet our patients' needs.

# Patient experience and engagement with our community



# Co-production board






# Current engagement projects

## Engagement projects



Improving parental attendance



Reducing length of stay for patients with diabetes



Meeting requirements for changing toilets




Therapy apps on iPad



Safe storage of patient valuables



Carers awareness and support



Ask, Listen, Do, more accessible feedback



Wheezy child pathway

## Future projects

The co-production board discussed and agreed to take forward a scoping exercise regarding social isolation and befriending

This collaborative work will identify patients so a clear pathway of support can be enacted when appropriate.



# Learning

## Infection, prevention control

Use of mobile HEPA filters in clinical areas to improve ventilation

Use of plastic segregation curtains

Shared infection control work and learning across the integrated care system (ICS)

Building best practice infection control measures into our plans for new and refurbished buildings.



# Learning

## Mental health

Debrief surgeries – case discussion, thoughts, feelings and supervision with staff across divisions in collaboration with the mental health liaison team

Multi-disciplinary team (MDT) meetings for complex presentations – pathway meetings with agencies across the system to support safe care planning and effective discharge from the hospital.



# Bereavement care: co-production to improve experience of bereaved families in our care



During the pandemic, the bereavement room on the labour ward (the only room with ensuite facilities) was allocated as an isolation room

Meeting with families, as well as our Maternity Voices Partnership Group (MVP) provided an opportunity to plan and review our bereavement care when we reinstated the bereavement room in June 2022

The key areas that emerged from this engagement and ideas for co-production were:

- Paperwork
- Environment
- Quality of bereavement support.



Don Richards  
Chief Financial Officer

## Our Chief Financial Officer

### *Financial performance*

We ended 2021/22 with another small surplus and a healthy balance sheet. Another year of record capital investment has led to great improvements for patients and staff.

## Our 2021/22 income & expenditure account reported another small surplus

The 2020/21 **interim financial regime** continued in 2021/22 to support our response to the pandemic.

	2021/22	2020/21	Difference
	£m	£m	
Income	481.1	472.6	2%
Pay costs	(308.5)	(298.0)	4%
Other costs	(171.9)	(174.3)	-1%
Sub total (Expenditure)	(480.5)	(472.3)	2%
Deficit	0.7	0.3	

Resources were made available in **two 6 month allocations** due to pandemic uncertainties.

We received **2% more in funding** than in 2020/21 and limited costs to a 2% increase. The growth in income due to inflation and activity growth was offset by a **reduction in pandemic funding** from £25m to £22m.

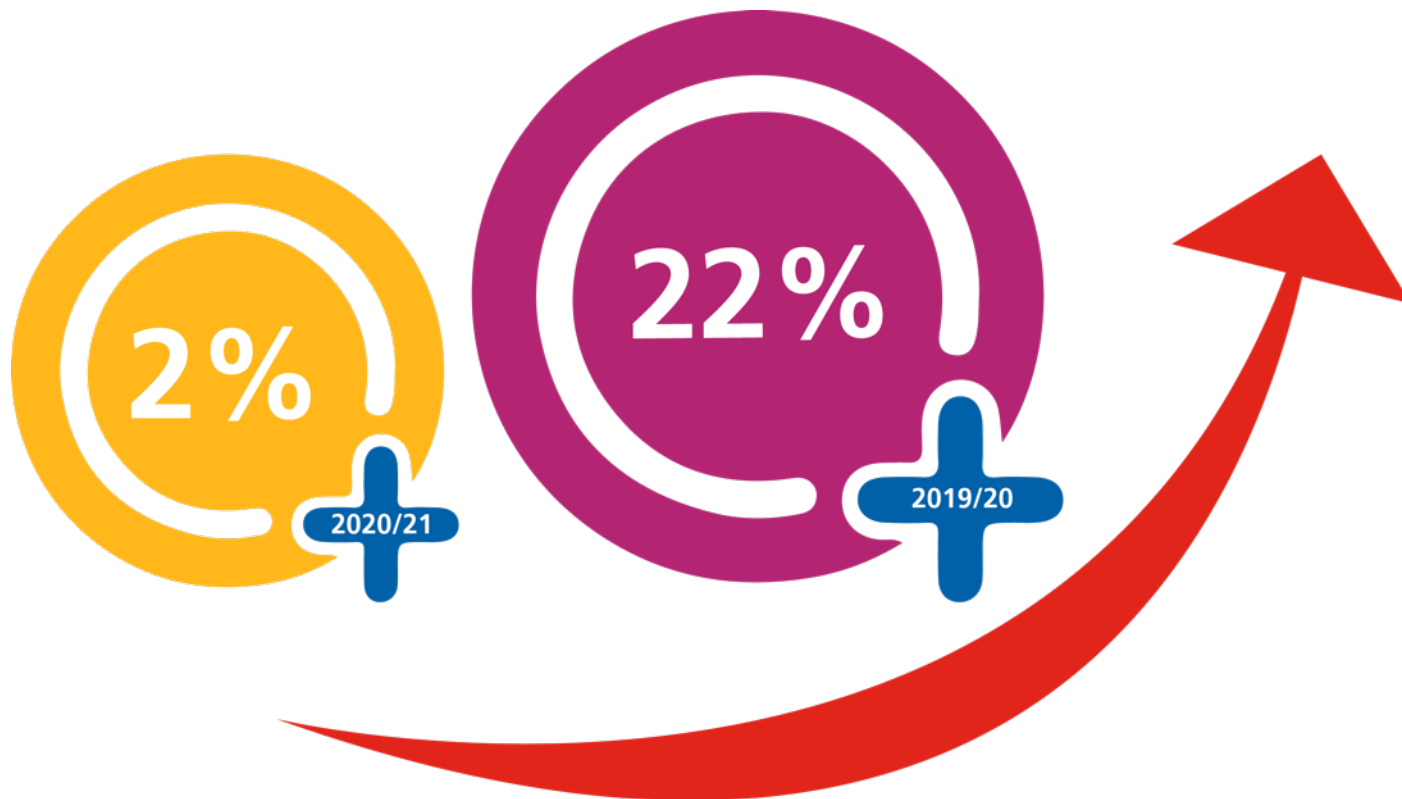
Total pay costs increased by 4%, while non pay costs fell largely due to the non recurrent nature of pandemic costs in the previous year.

	£m				
	As per SOCI	Buildings reval impact	Capital grants and donations	COVID inventories impact	Recognised position
Income	481.1				481.1
Pay	(308.5)				(308.5)
Non Pay	(182.9)	10.2	0.4	0.5	(171.9)
Expenditure	(491.4)	10.2	0.4	0.5	(480.4)
Net	(10.3)				0.7

*Our accounts (compliant with International Financial Reporting Standards) provide a different picture because they reflect some of the revaluation of assets and other factors. The table to the left reconciles the IFRS SOCI to the trust's performance as shown in the table above.*

## Income very similar to 2020/21 and significantly more than 2019/20

The **interim financial regime** resulted in **2% more income** than 2020/21 and **22% more income** than 2019/20





## Income very similar to 2020/21 and significantly more than 2019/20

Our ability to treat as many patients as we wanted was limited by the pandemic but the additional funds meant that we did not have to borrow.

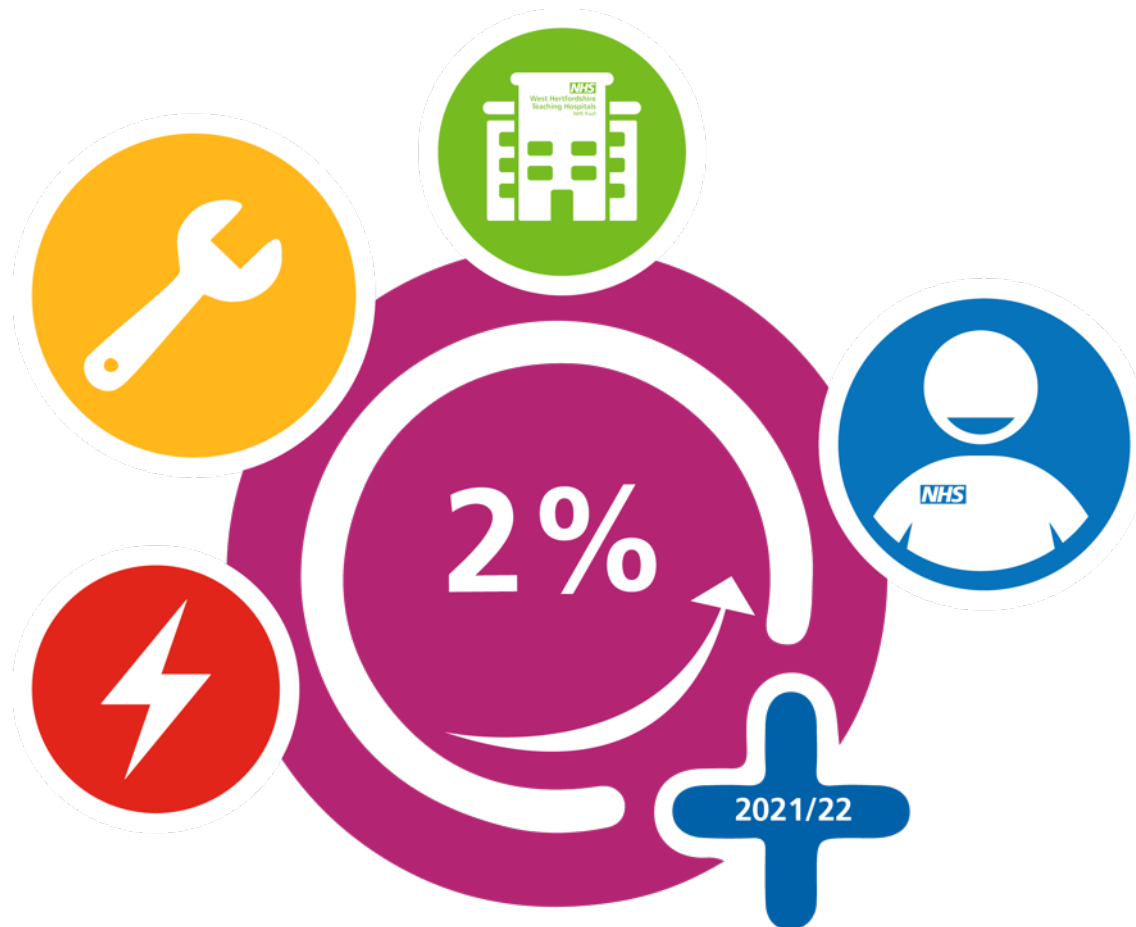
Many staff did not take their leave due to operational pressures and the trust received non recurrent funding from NHS commissioners to reflect additional staffing costs accrued.

There was a recovery in income related to non patient care services such as car parking, leases, retail, research, private patients and fees from overseas visitors.

	2021/22	2020/21	2019/20	(2021/22 vs 2020/21)
	£m	£m	£m	
NHS Fixed and COVID funds	423.7	426.1	343.4	-1%
High cost drugs income	11.5	10.8	11.2	7%
Private patient income	0.8	0.6	0.9	23%
Additional pension income	10.8	10.0	9.6	7%
Education and training	11.3	11.9	10.4	-5%
Non patient care services and other income	23.0	10.3	18.0	124%
Donated asset income	0.1	2.9	0.2	-97%
<b>Total income</b>	<b>481.1</b>	<b>472.6</b>	<b>393.7</b>	<b>2%</b>

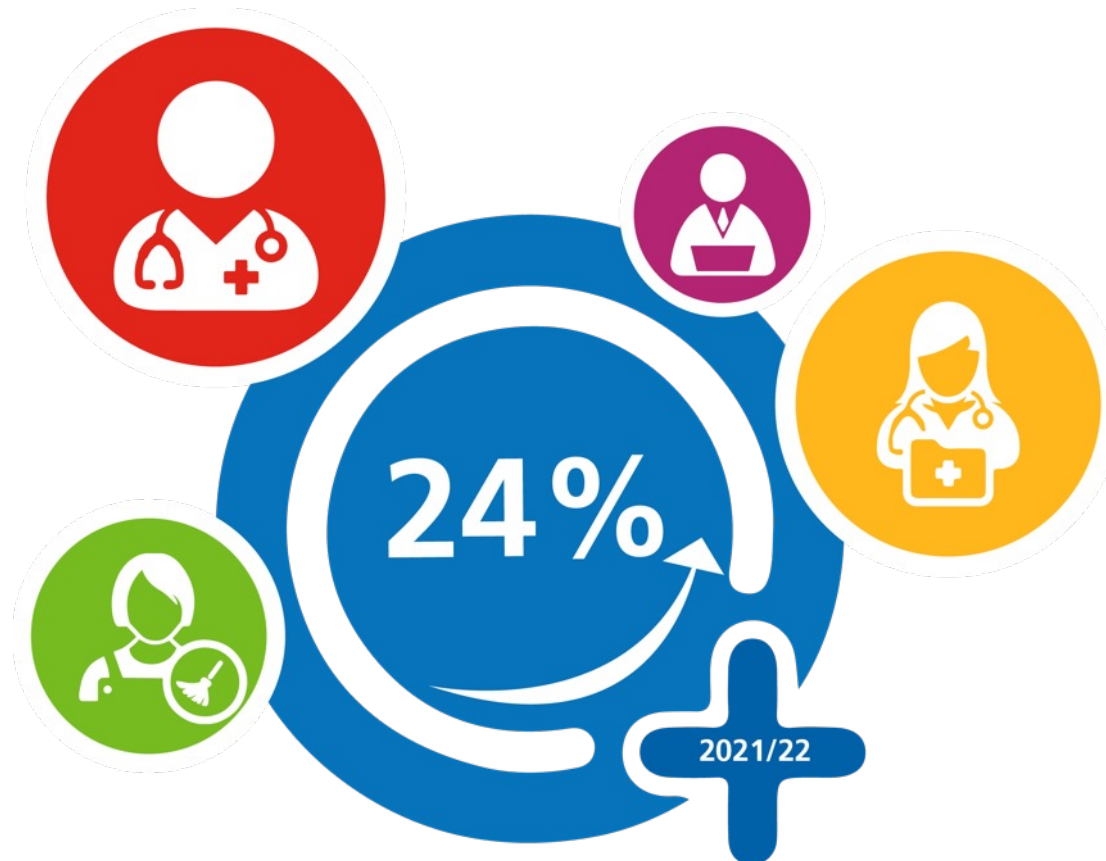
## Revenue expenditure increased modestly

Operating costs increased by **2% to £480.5m** in 2021/22



## Revenue expenditure increased modestly (agency staffing)

**Agency staff costs** increased for the first time since their peak of £36m in 2015/16  
However £5.3m of the **£14.9m** is attributable to the pandemic



## Revenue expenditure increased modestly (details)

Pandemic related costs fell from £25m in 2020/21 to £22m in 2021/22. The underlying 3% increase in costs is due to inflation and growth in services. Costs were kept relatively low due to **non pay efficiencies worth c£8m.**

Pay costs (excluding pensions contributions and agency costs) increased by only **2%**.

**Clinical negligence costs** rose by **12%** in 2021/22 and by 34% in the previous year, linked largely to historic cases.

	2021/22	2020/21	2019/20	(2021/22 vs 20/21)
	£m	£m	£m	
Pay costs (exc pension and agency)	258.3	253.0	226.8	2%
Pension contribution	35.4	33.0	31.5	7%
Agency staff costs	14.9	12.0	13.6	24%
Clinical negligence costs	24.5	21.9	16.4	12%
Other costs (exc impairments)	147.5	152.4	123.6	-3%
<b>Total costs (exc impairments)</b>	<b>480.5</b>	<b>472.3</b>	<b>411.9</b>	<b>2%</b>

## The balance sheet remains healthy

The [balance sheet remains healthy](#) with net assets of £278m as a result of £237m of PDC (public dividend capital) in 2019/20 and balancing revenue income and expenditure in 2021/22.

Record levels of capital expenditure [increased the value of fixed assets](#) despite the downward valuation of buildings.

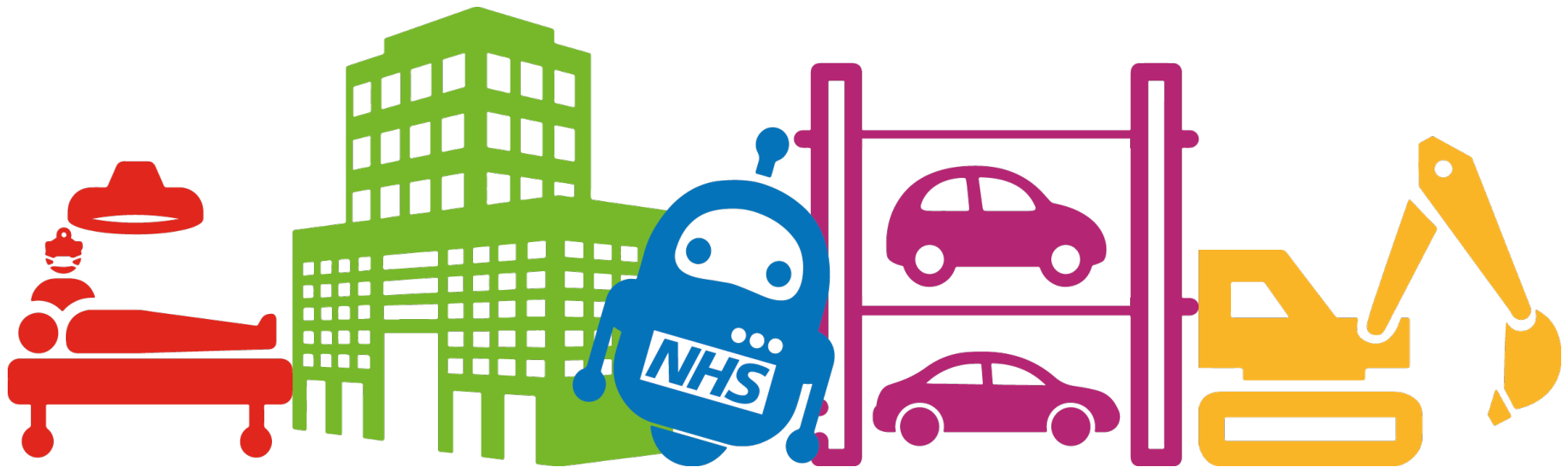
Increased capital expenditure was mainly financed by [£50m of new public dividend capital](#).

£60m of current assets include a closing [cash balance of £37m](#).

	2021/22	2020/21	2019/20	(2021/22 vs 2020/21)
	£m	£m	£m	
Assets/Liabilities				
Fixed assets	290.2	244.2	201.4	19%
Current assets	60.4	63.8	46.1	-5%
Liabilities	(71.9)	(71.8)	(291.6)	0%
Net assets/ (liabilities)	278.7	236.2	(44.1)	18%
Financed by:				
Equity and reserves	620.5	567.6	282.9	9%
Net I&E reserve	(341.8)	(331.4)	(327.0)	3%
<b>Total equity</b>	<b>278.7</b>	<b>236.2</b>	<b>(44.1)</b>	<b>18%</b>

## Another year of record capital investment

**£65m** in 2021/22 is the most we have ever invested in new assets in a single year



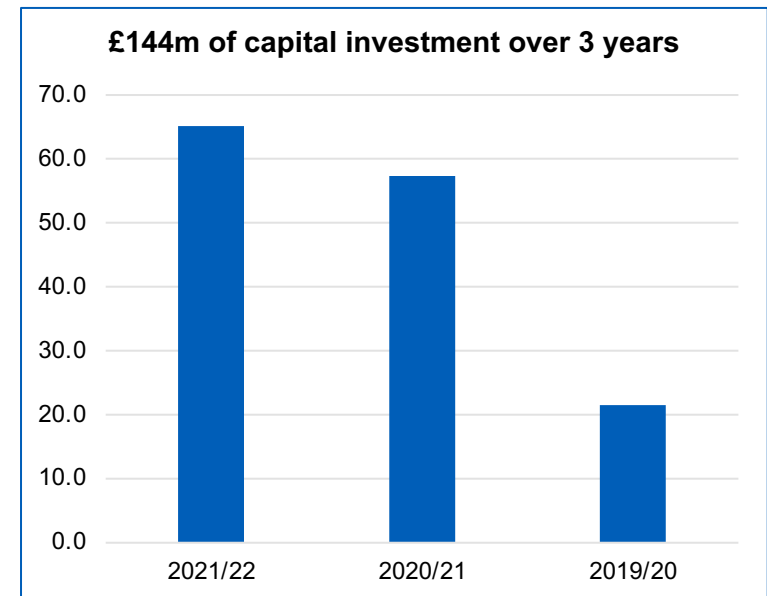
## 2021/22 capital expenditure



## Another year of record capital investment

Capital funds are likely to be limited in 2022/23 and so we will target investment on essential projects to support the future trust wide redevelopment.

Capital expenditure	2021/22	2020/21	2019/20
	£m	£m	£m
Multi-storey car park and surroundings	24.4	14.6	0.0
IT investments (including the EPR)	14.9	6.6	5.0
Fire safety improvements	1.6	3.3	3.5
Winter preparedness for emergency services	0.3	2.6	3.0
Medical equipment (incl surgical robots)	7.2	7.6	3.0
Estate backlog maintenance	3.6	4.2	1.5
WGH operating theatres project	3.8	2.0	1.1
Redevelopment plans	7.5	5.4	0.0
Other	1.9	11.0	4.4
<b>Total</b>	<b>65.1</b>	<b>57.3</b>	<b>21.5</b>







Sally Tucker  
Chief Operating Officer

## Our Chief Operating Officer

### *Planned care, emergency care and recovery*

2021/22 has been another challenging year for urgent and emergency care which reflects the national picture. We are working closely with our health and social care partners to improve our elective care and activity recovery.

# Urgent and emergency care 2021/22

Demand for urgent care services is now higher than pre COVID

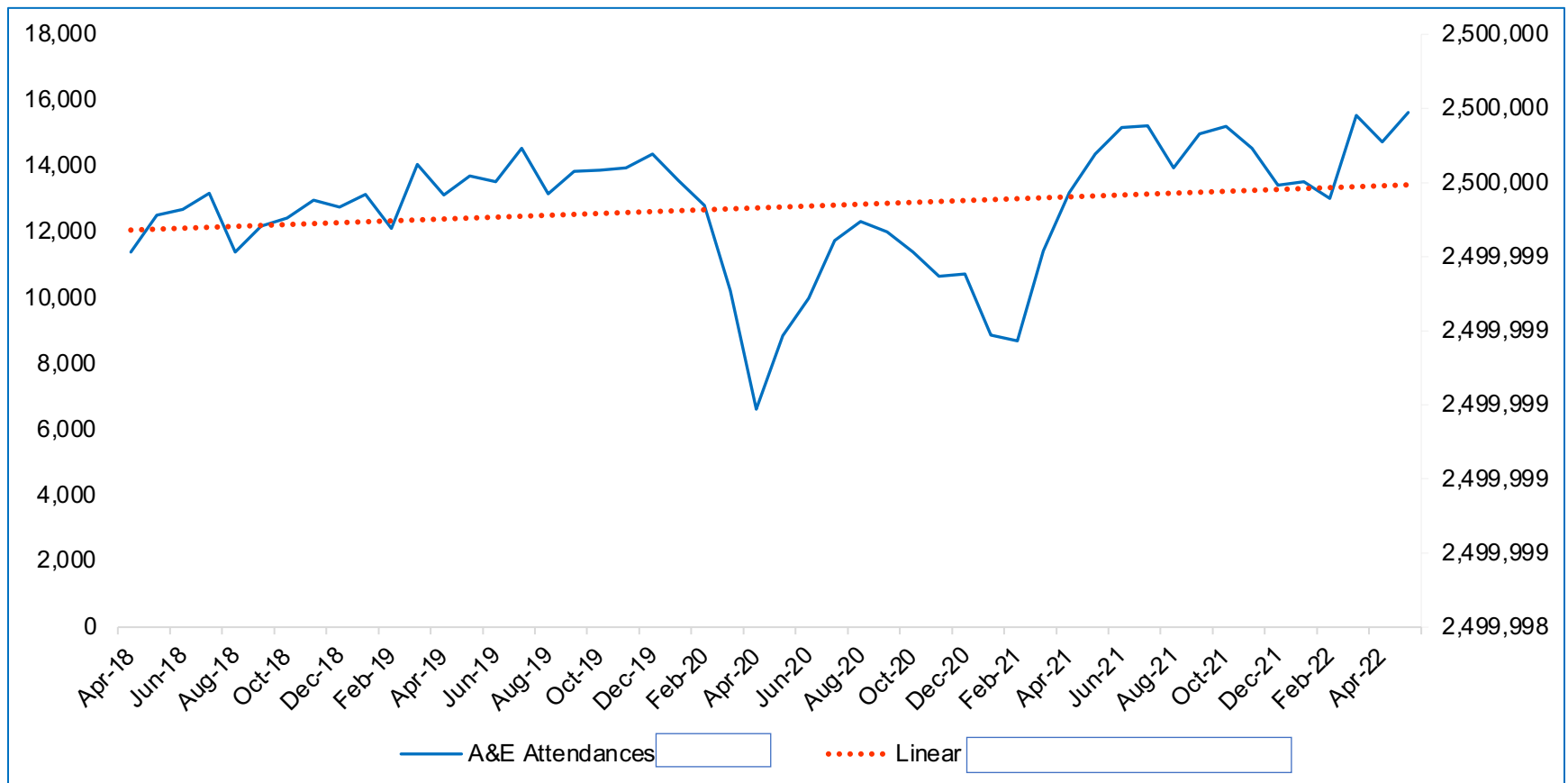


266\* COVID +ve patients (\*weekly average) being cared for in hospital in 2021/22



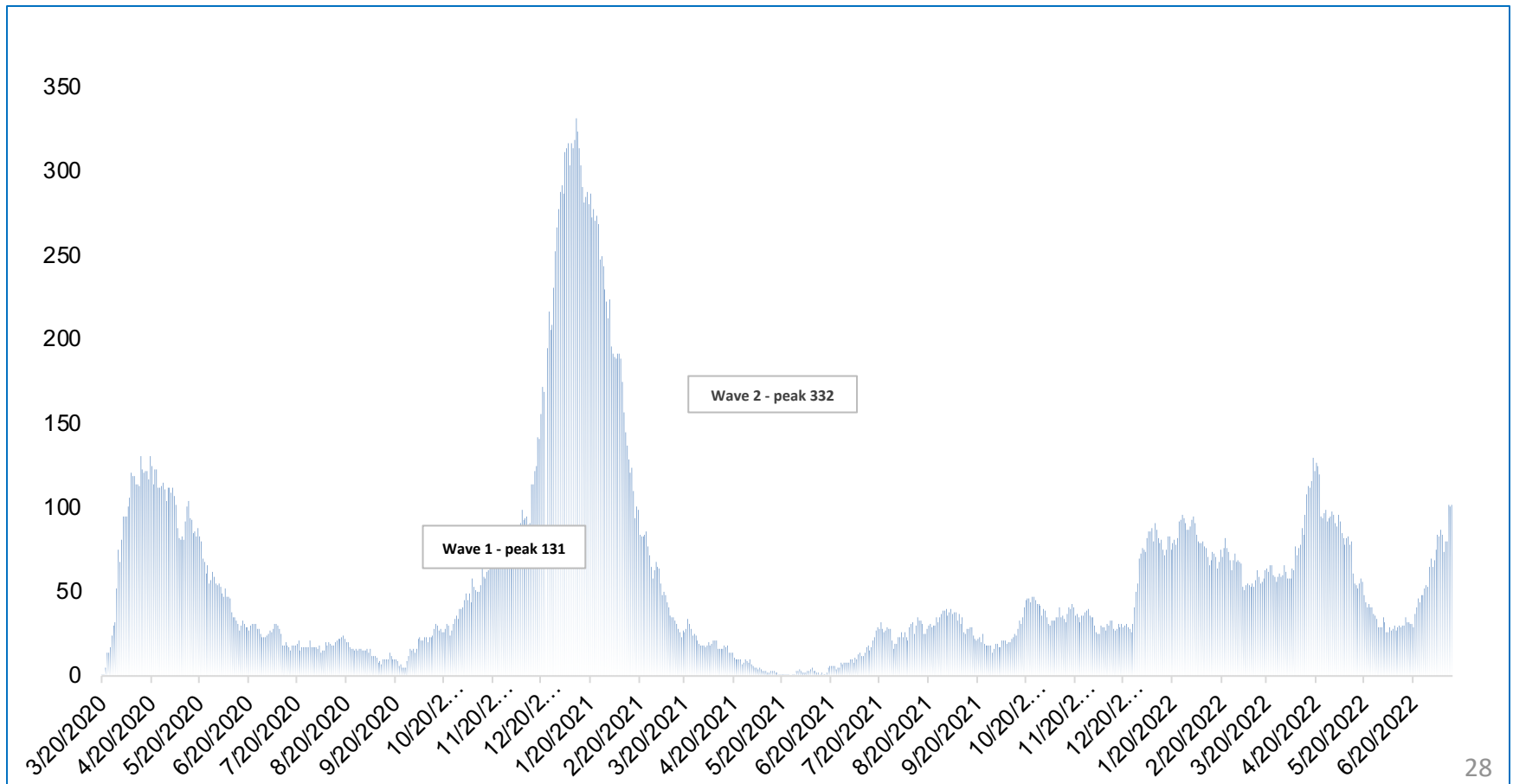
# A&E attendances

Time series - 2018/19 to 2021/22

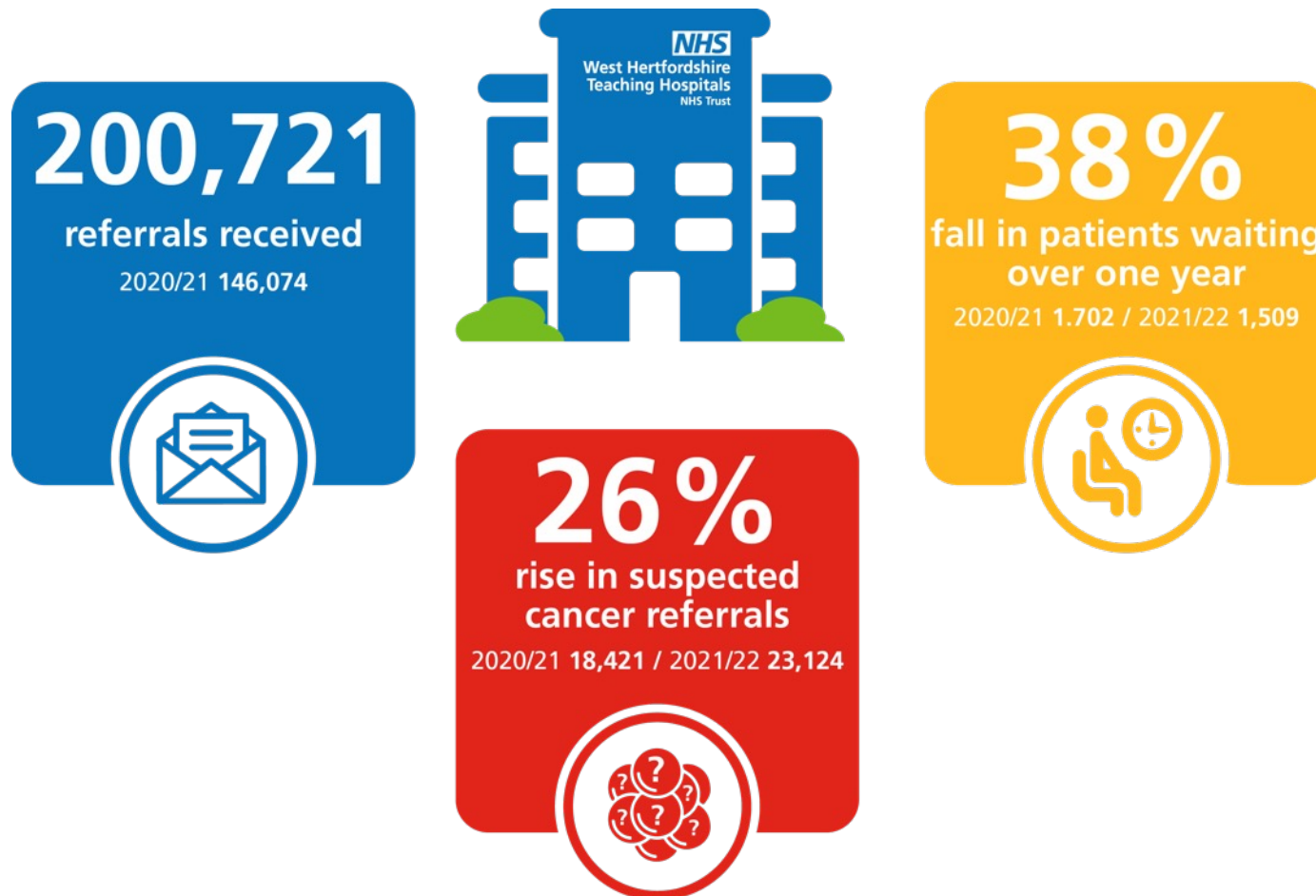


# General beds occupied by COVID +ve patients

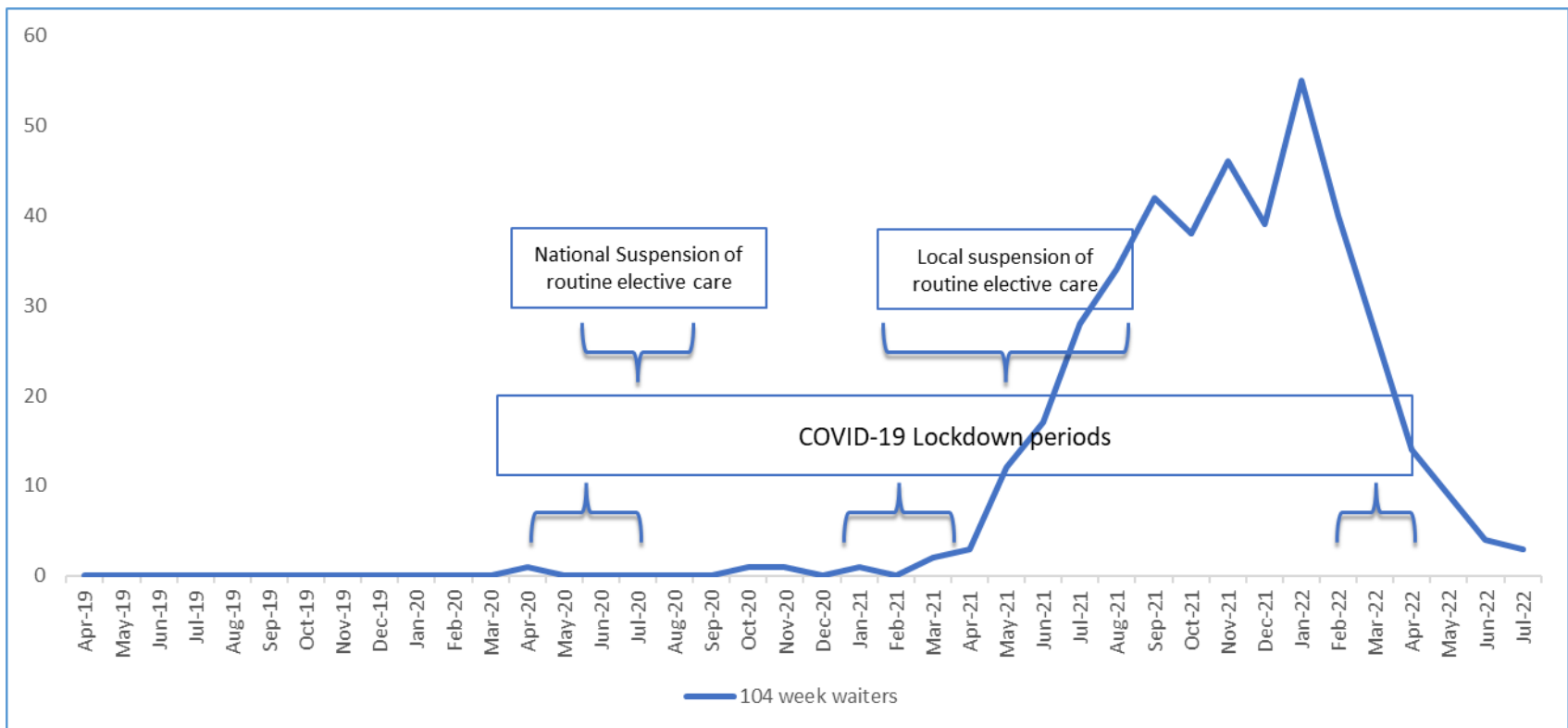
*Time series – March 2019 to June 2022*

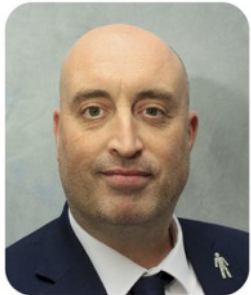


# Planned, elective care 2021/22



## 104 week (2 year) RTT (Referral to Treatment) waits





Andrew McMenemy  
Chief People Officer

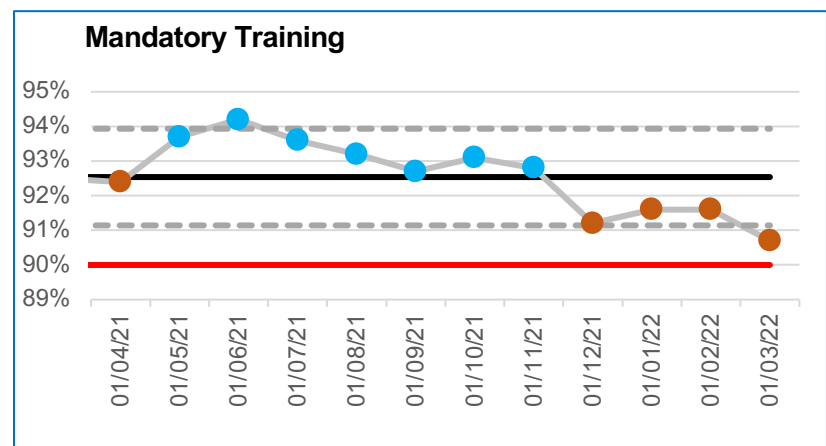
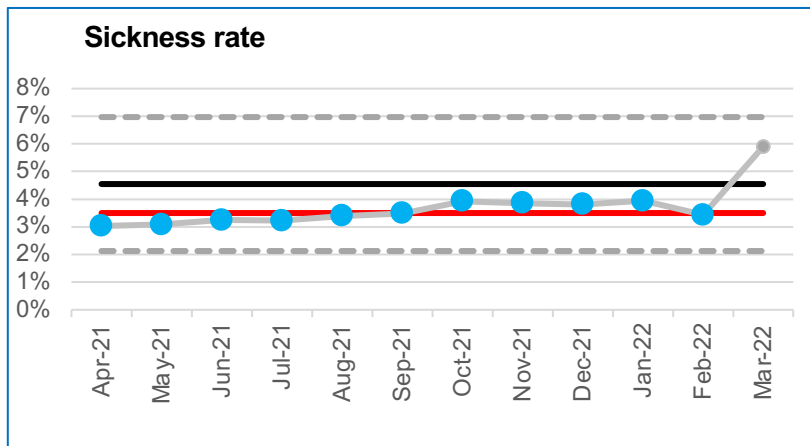
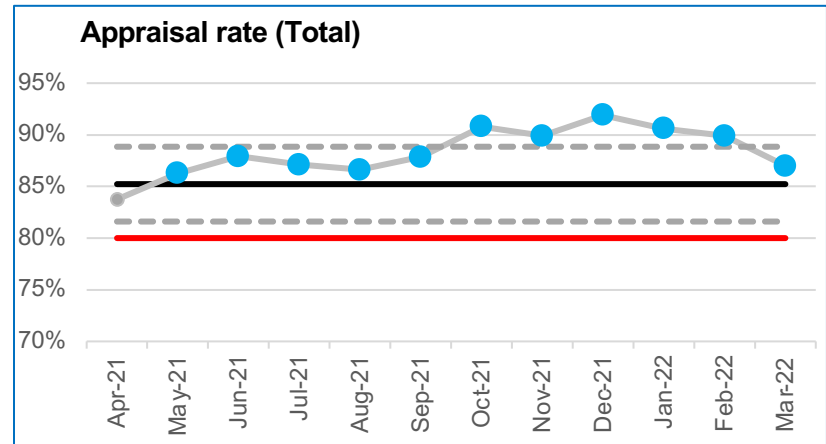
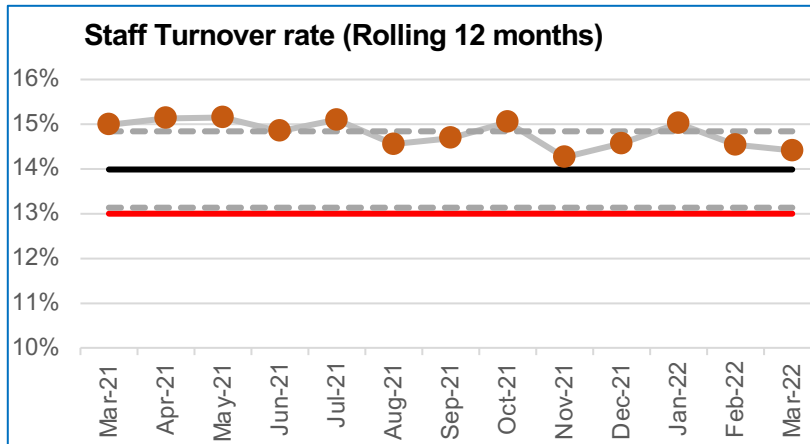
## Our Chief People Officer

### *Looking after our people*

We continue to be proud of our amazing staff and their commitment to high standards of patient care.

Our results in the national staff survey have highlighted some positive improvements where we benchmark well alongside our peers.

# Workforce performance





## Key Indicators:

**Covid vaccination rate –  
97.5%**

**Flu vaccination rate –  
2021 – 69%**



# Feedback from our staff: Staff survey 2021



Compassionate and inclusive



Recognised and rewarded



Voice that counts



Safe and healthy



Always learning



Flexible working



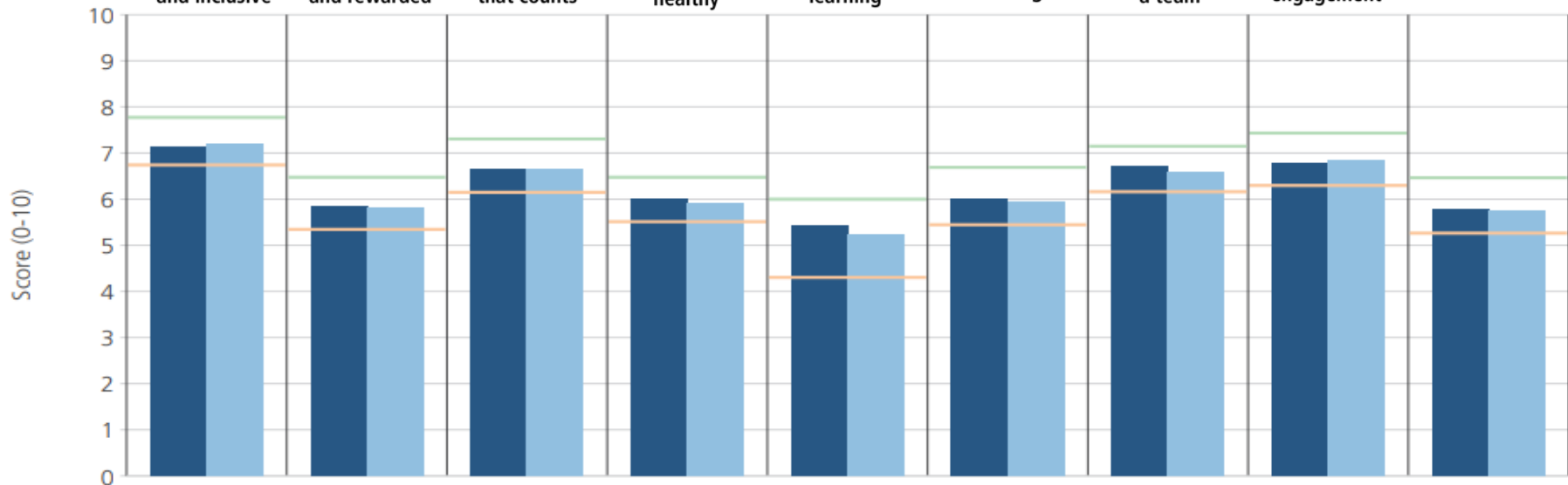
We are a team



Staff engagement



Morale



Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.1	5.8	6.7	6.0	5.4	6.0	6.7	6.8	5.8
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3

Responses	2,524	2,509	2,510	2,517	2,400	2,494	2,518	2,529	2,529
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# How did we improve our staff survey scores?

Our scores suggest we perform well in the following areas so we will work to sustain these improvements



- ✓ Impact of staff networks in promoting inclusion, and a voice that counts
- ✓ Wellbeing support; Here for You, WellFest (*'My organisation takes a positive action on health and wellbeing'* response is 60% compared to average sector core of 56%)
- ✓ Recognition events (AllStars week, Stars of Herts award night, Winterfest) differentiated us from other local trusts
- ✓ Pandemic response as community brought us together as 'one team'
- ✓ Remote working opportunities from the pandemic supported flexible working



Dr Michael van der Watt  
Chief Medical Officer and  
Director of Patient Safety

## Our Chief Medical Officer

### *Innovation and future services*

Our innovation in creating new models of care continues as we expand our virtual hospital to care for cardiology and respiratory patients. Specialist virtual support from our consultants will help colleagues manage patients as they move through our urgent care department, improving patient flow through our hospitals.

# Virtual hospitals

Covid virtual hospital looked after  
>4,500 patients

Remote monitoring of vital signs with  
automatic uploading to virtual hospital  
hub, with consultant oversight.

Now planning to use experience in  
other conditions

- Heart failure
- COPD

System wide involvement with primary  
care and community care.



## Virtual clinics

Pre pandemic, very few virtual clinics in operation

Now, >80% follow-up clinics are virtual and there are plans to re-instate face to face appointments for most new patient clinics

Follow-up clinics can be virtual for many conditions

Fracture clinics are increasingly virtual, with a good degree of patient satisfaction

Once EPR is in place, virtual clinics will be more efficient and tailored to specialties



## From SMART (senior medics assessment, review and treatment) to VSMART

SMART program (with consultant cardiologists and respiratory physicians seeing patients directly from emergency department) suspended during pandemic

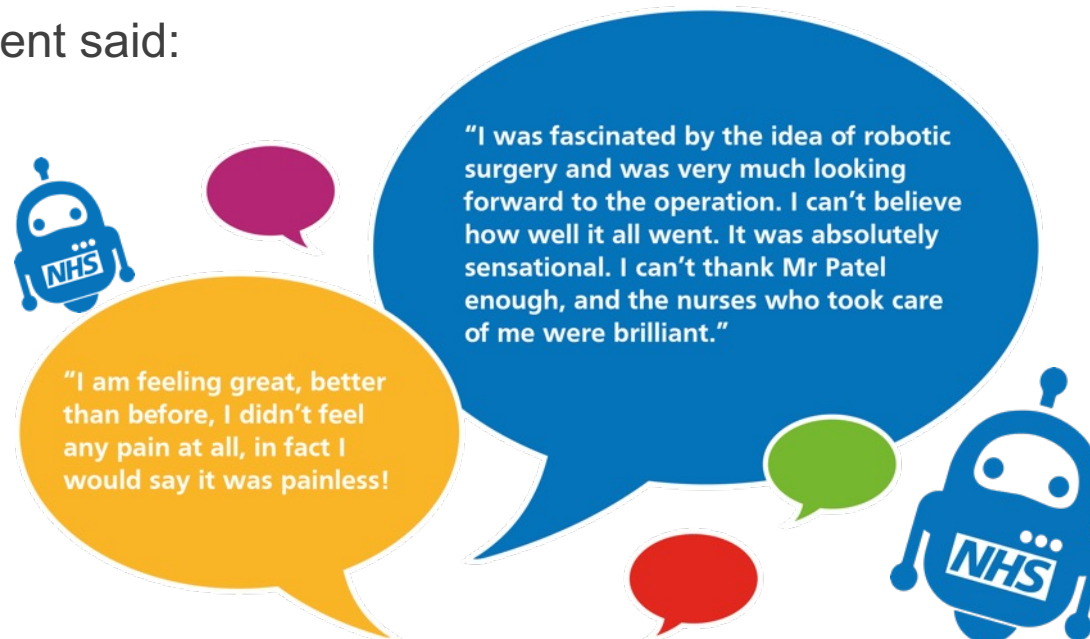
With increasing experience of virtual platforms, SMART enables specialist opinions to assist the on-call team

- Initially cardiology and respiratory patients
- Plans are to expand this to other specialties

## Robotic enhancement of surgery

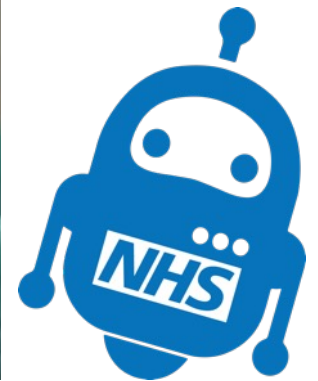
The two robots we purchased in 2021/22 are now being used to perform colorectal and urology surgery. The benefits to patients include speedier recovery, lower blood loss and less scarring. And we have already seen a very healthy appetite from job applicants who want to develop their clinical skills in this area. WHTHT has acquired two robots to improve our surgical outcomes.

Our first patient said:





Please watch a short film





**Paul Bannister**  
Chief Information Officer  
and Senior Information  
Risk Officer

## Our Chief Information Officer

### *Digital development update*

Building on the move from the EPR (electronic patient record) to the EHR (electronic health record) and introducing new systems to transform the way we deliver care, improve efficiency and accuracy and make working life better for staff.



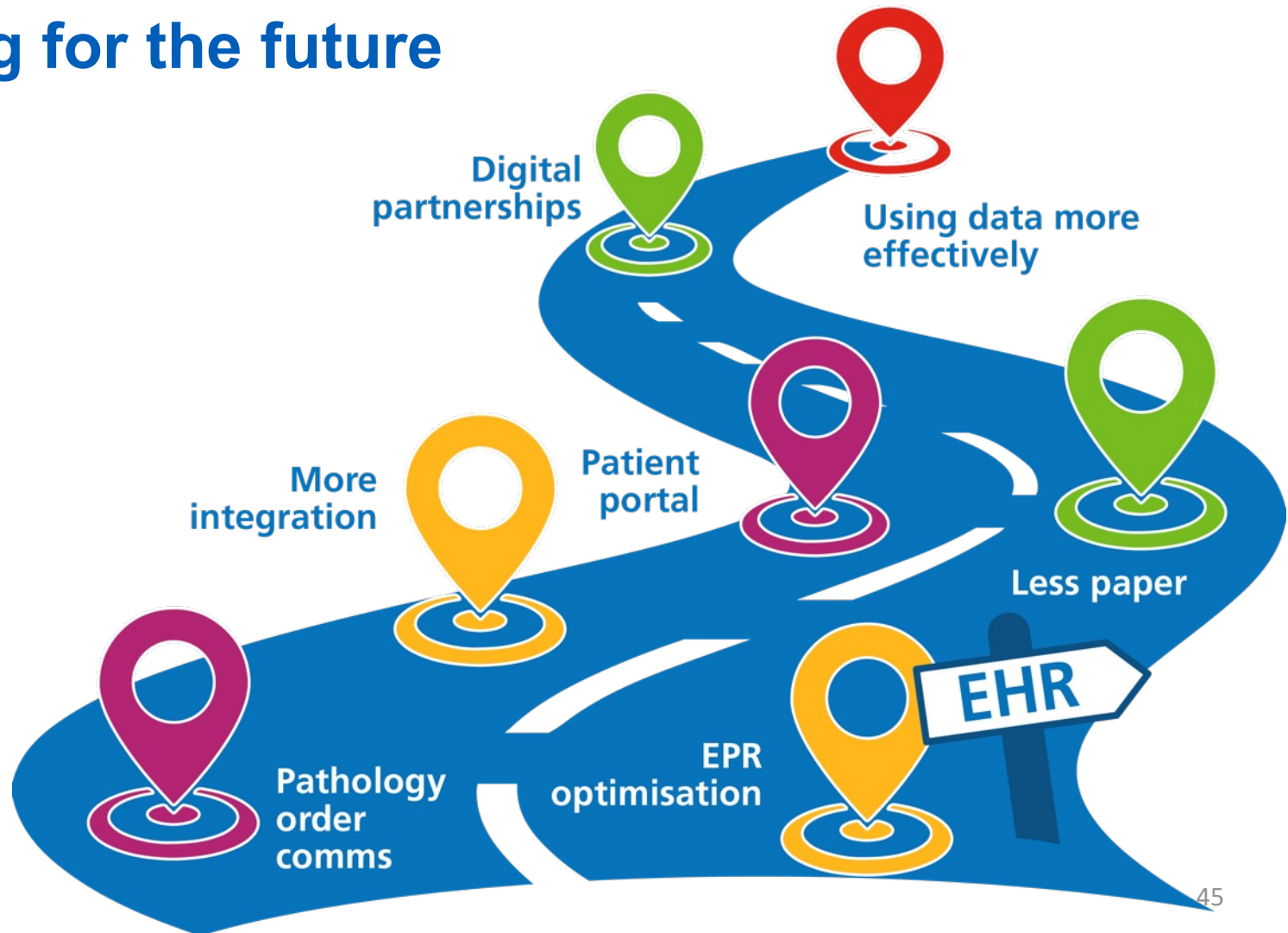


Hertfordshire and West Essex

*Shared* Care Record



# Preparing for the future





**Clare Parker**  
Acting Chief Strategy  
Officer

## Our Acting Chief Strategy Officer

### *Strategy and redevelopment update*

We are transforming our sites and our services to make them patient-centred and sustainable within a health and social care system where a partnership approach drives up quality.

# Redevelopment



Hemel Hempstead Hospital



Watford General Hospital (for illustrative purposes only)



St Albans City Hospital

# Redevelopment





# MSCP and enabling works





### Programme one

Delivering the best care to the local population, with areas of excellence and partnerships with other acute providers.



### Programme two

Delivering integrated care, in partnership with South and West Herts Health & Care partners.



### Programme three

Delivering personalised care and shared decision making.



### Programme four

Delivering consistent best practice and best value care.



### Programme five

Delivering transformation within outpatients services and enabling one-stop services, where possible



### Programme six - people / workforce



### Programme seven - digital



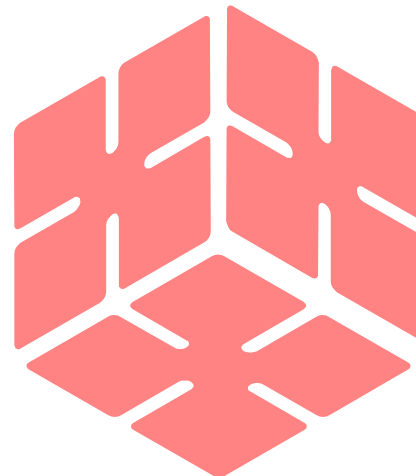
### Programme eight - redevelopment



Hertfordshire and  
West Essex Integrated  
Care System

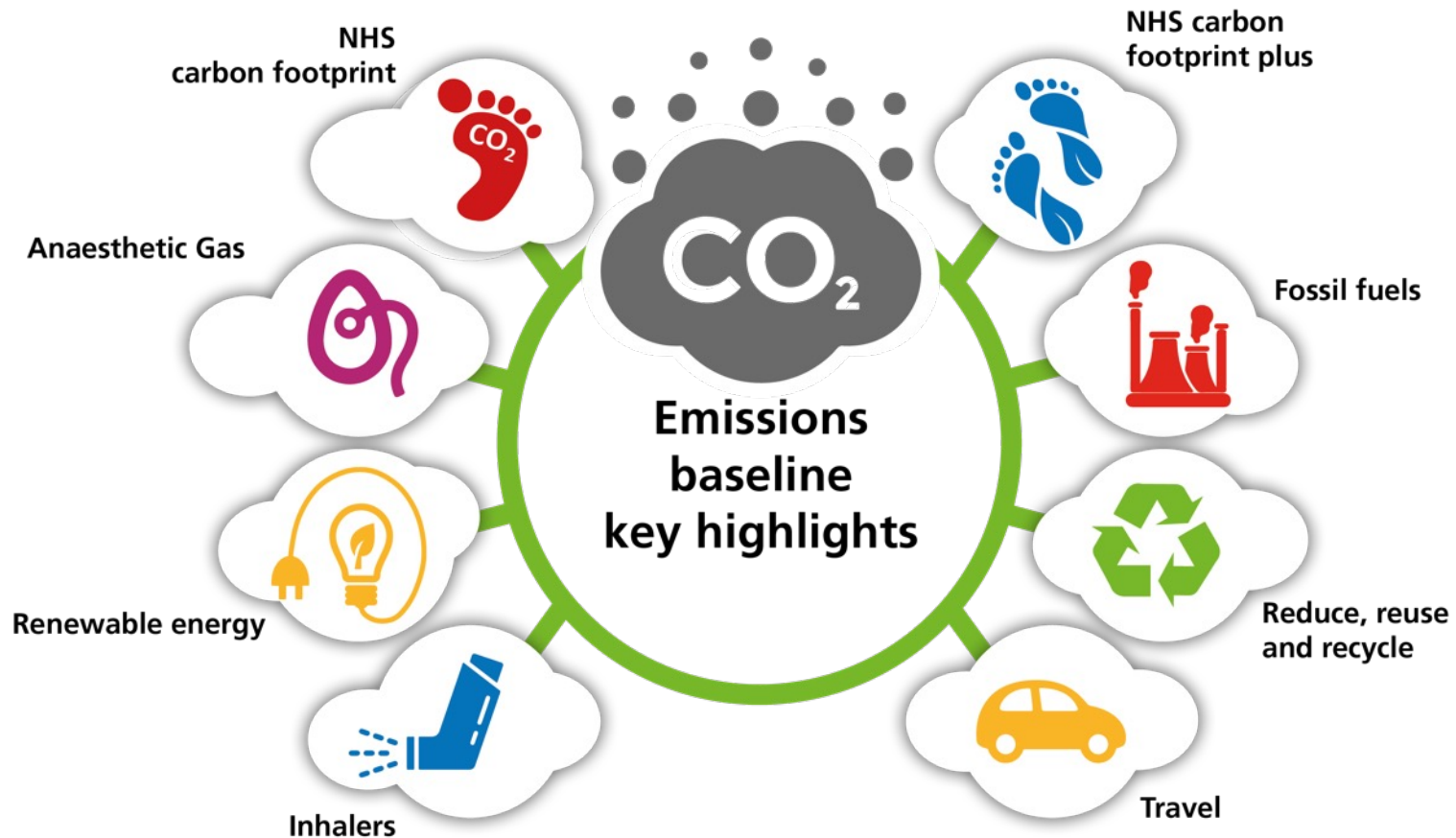


South and West Herts  
Health and Care  
Partnership



# Green plan

## Progress and challenges



## Q&A

Phil Townsend, Chair

*Thank you*

Find us online @WestHertsNHS



[www.westhertshospitals.nhs.uk](http://www.westhertshospitals.nhs.uk)