East and North Hertfordshire NHS Trust
Trust Board - Public Session

MS Teams

1 September 2021 10:30 - 1 September 2021 12:30

AGENDA

#	Description	Owner	Time
1	Chair's Opening Remarks	Chair	10:30
2	Apologies for absence: NC, MC, JSi		
3	Declaration of Interests	All	
4	Questions from the Public At the start of each meeting the Board provides members of the public the opportunity to ask questions and/or make statements that relate to the work of the Trust. Members of the public are urged to give notice of their questions at least 48 hours before the beginning of the meeting in order that a full answer can be provided; if notice is not given, an answer will be provided whenever possible but the relevant information may not be available at the meeting. If such information is not so available, the Trust will provide a written answer to the question as soon as is practicable after the meeting. The Trust Secretary can be contacted by email, joseph.maggs@nhs.net, by telephone (01438 285454) or by post to: Trust Secretary, Lister Hospital, Coreys Mill Lane, Stevenage, Herts, SG1 4AB. Each person will be allowed to ask only one question or make one statement. However, at the discretion of the Chair of the meeting, and if time permits, a second or subsequent question may be allowed. Generally, questions and/or statements from members of the public will not be allowed during the course of the meeting. Exceptionally, however, where an issue is of particular interest to the community, the Chairman may allow members of the public to ask questions or make comments immediately before the Board begins its deliberations on that issue, provided the Chairman's consent thereto is obtained before the meeting.		
5	Minutes of Previous Meeting For approval 5. Draft minutes of the previous meeting - Public Tr... 5	Chair	
6	Patient Story For discussion	Chief Nurse	
7	Chief Executive's Report For discussion 7. CE Board Report - September 2021.pdf 19	Deputy Chief Executive	

#	Description	Owner	Time
8	Integrated Performance Report (Note: draft version attached for internal use only - final version to follow) For discussion 8. IPR Month 4.pdf -	All Executive Directors	
9	People and Operational Recovery Report For discussion 9. People and Operational Recovery.pdf 23	Chief Operating Officer and Chief People Officer	
10	WRES and WDES Reports For approval 10.a) WRES and WDES Cover Sheet.pdf 39 10.b) WRES Report 2021 final.pdf 41 10.c) WDES Report 2021 final.pdf 53	Chief People Officer	
11	Trust Annual Report and Accounts 2020-21 For information 11.a ENHT ARA 20-21 - Cover Sheet.pdf 65 11.b ENHT ARA 2020-21.pdf 67	Deputy Chief Executive	
12	University Partnership Annual Report For discussion 12. University Partnership Annual Report 20-21.pdf 223	Deputy Medical Director	
13	Board Assurance Framework For discussion 13. Board Assurance Famework.pdf 233	Associate Director of Governance	
14	Sub-Committee Reports		
14.1	Finance, Performance and People Committee Report to Board For information 14.1 FPPC Board Report - July 2021.pdf 265	Chair of FPPC	

#	Description	Owner	Time
14.2	Quality and Safety Committee Report to Board For information [P] 14.2 QSC Board Report 27 July 2021.pdf 269	Chair of QSC	
14.3	Audit Committee Report to Board For information [P] 14.3 Audit Committee Board Report 19 July.pdf 273	Chair of Audit Committee	
14.4	Equality and Inclusion Committee Report to Board (to follow) For information	Chair of EIC	
15	Actions Log For information [P] 15. Public Trust Board Actions Log.pdf 277	Trust Secretary	
16	Annual Cycle For information [P] 16. Board Annual Cycle 2021-22.pdf 279	Trust Secretary	
17	Data Pack For information [P] 17. Data Pack.pdf 283		
18	Date of next meeting 3 November 2021		

EAST AND NORTH HERTFORDSHIRE NHS TRUST

Minutes of the Trust Board meeting held in public on Wednesday 7 July 2021 at 10.15am at the Lister Hospital, Stevenage & via Microsoft Teams Video Conferencing

Present:	Mrs Ellen Schroder	Non-Executive Director (Trust Chair)
	Mrs Karen McConnell	Non-Executive Director
	Dr Peter Carter	Non-Executive Director (via conference call)
	Mr Jonathan Silver	Non-Executive Director
	Dr David Buckle	Non-Executive Director (Associate) (via conference-call)
	Mr Bob Niven	Non-Executive Director
	Mr Biraj Parmar	Non-Executive Director (via conference call)
	Mr Nick Carver	Chief Executive Officer
	Mrs Rachael Corser	Chief Nurse (via conference call)
	Mrs Julie Smith	Chief Operating Officer (via conference call)
From the Trust:	Mrs Sarah Brierley	Director of Strategy (via conference call)
	Mr Tom Pounds	Chief People Officer (via conference call)
	Mr Joseph Maggs	Trust Secretary (via conference call)
	Ms Jude Archer	Associate Director of Governance (via conference call)
	Mr Mark Stanton	Chief Information Officer (via conference call)
	Mr Damien O'Brien	Deputy Director of Finance (deputising for Director of Finance) (via conference call)
	Dr Tim Walker	Deputy Medical Director (deputising for Medical Director) (via conference call)
Also in attendance (via conference call):		
	Ian Frankcom	
	Mairead McCormick	
	Eilidh Murray	Head of Communications (ENHT)
	Jennifer Body	Lead Resuscitation Practitioner (ENHT) (for Patient Story)
	Ebony Wood	Minute Taker (ENHT)

No	Sub-No	Item	Action
21/048		**CHAIR'S OPENING REMARKS**	
	21/048.1	Mrs Schroder welcomed everyone to the meeting.	
21/049		**APOLOGIES FOR ABSENCE**	
	21/049.1	Apologies for absence were received from Mr Steve Palmer (Healthwatch Herts), Ms Linda Sheridan (HCT), Ms Val Moore (Non-Executive Director), Mr Martin Armstrong (Director of Finance and Deputy Chief Executive) and Dr Michael Chilvers (Medical Director).	

21/050 DECLARATIONS OF INTEREST

21/050.1 The Director of Strategy declared that she was undertaking a joint role as Director of Strategy for both East and North Hertfordshire NHS Trust and Hertfordshire Community NHS Trust.

21/051 QUESTIONS FROM THE PUBLIC

21/051.1 There were no questions submitted from members of the public.

21/052 MINUTES OF PREVIOUS MEETINGS

21/052.1 The minutes of the previous meeting were approved as an accurate record of the meeting.

21/053 PATIENT STORY

21/053.1 The Chief Nurse introduced Ms Jen Body, Lead Resuscitation Practitioner at Lister Hospital who shared her experience as a patient.

21/053.2 Ms Body stated that she attended the hospital for planned surgery in April 2021 and was discharged without any problems. Two and a half weeks later she returned as an emergency admission. She noted her experience in ED was very good and she was moved through quickly and informed of her plan. She moved from ED into AMU and was then moved onto the surgical ward where she remained for five days.

21/053.3 She noted she hardly slept throughout the five days due to the noise from other patients on the ward and staff coming at different times for observations and medications.

21/053.4 She had one negative experience with an agency nurse but commented that the nurses were generally very compassionate although they weren't very visible. She was showering every day but felt uncomfortable in the communal areas where she perceived some hygiene issues.

21/053.5 She felt that there was an issue with the continuity of care. She received conflicting information in relation to her diet. She also noticed that doctors did not wear badges so it was hard to know if they were junior doctors or consultants.

21/053.6 She commented that the care was compassionate as a whole however there were some issues that affected her confidence as a patient.

21/053.7 The Board thanked Ms Body for sharing her experience.

21/053.8 Mrs Schroder commented that some of the problems could be resolved quickly whereas others were more of a challenge. The issue of hygiene needed to be fed back to the wards. In terms of conflicting medical advice, she noted that unfortunately this did happen at times but doctors needed to be open and honest with patients.

21/053.9 Dr Carter commented that there were a range of issues that could

easily be resolved such as doctors not introducing themselves and the need for name badges. He noted it was a very clear, coherent account that there was compassion from staff, however at the same time they were very busy. It was important that this was cascaded deep into the organisation so those involved in the pathway were aware of Ms Body's experience.

21/053.10 The Chief Nurse assured the Board that this was being taken seriously and the experience had already been shared to all ward leaders. Some of the hygiene issues were already being actioned and monitored. The biggest challenge was noise at night.

21/053.11 Discussion was held around communication and continuity of care. It was noted that the Trust was moving to electronic notetaking for inpatients which would allow patient notes to be more easily accessible in one place. Consideration was also being given to the development of a physician's associate role which would allow for ward-based continuity of care. In regard to the importance of communication, it was noted that training on compassionate skills had been put in place. Also, the importance of using name badges would be reinforced and it was noted a new national nursing uniform was being introduced which should help with identification.

21/054 CHIEF EXECUTIVE'S REPORT

21/054.1 The Chief Executive highlighted the following points from his report:

- At the time of writing the Trust had three COVID positive patients.
- The recovery programme continued to progress well for both elective and non-elective activity.
- The Trust held a virtual AGM with 253 attending 'live', which was close to numbers achieved at the face-to-face AGM. During the AGM week, 700 engaged online with events. All events were available online for the public to view.
- A thank you week for staff had been organised from 5 July with various activities being offered across all ENHT sites.

21/054.2 The Chief Executive informed the Board that around 250 staff, the Lord Lieutenant and a member of the council had attended the memorial for the 511 patients and 2 staff members who had sadly died due to COVID.

21/054.3 Mrs Schroder felt that the memorial service was very moving. She was pleased that so many were able to attend the event and noted it was a very important mark of respect for those who had died, along with support for their family members and staff.

21/055 INTEGRATED PERFORMANCE REPORT

21/055.1 The Chief Executive presented a summary of key aspects of the M2 Integrated Performance Report:

- Elective Recovery Fund performance had been strong during the first two months.
- The current HSMR positioned the Trust in the best performing quartile of Trusts nationally which was encouraging.
- Cancer performance was strong.
- Stroke performance was a challenge and below target.
- Performance against the A&E target had improved, although the volume of activity had also increased.
- Vacancy across most staff groups and departments had fallen to an all-time low.
- The ENH Academy learning management system was launched and designed to improve compliance with staff training modules.

21/055.2 Dr Buckle also commented that in regard to stroke performance, this had also declined nationally during the pandemic. He asked if there was a timeline for when performance was expected to return to pre-pandemic levels.

21/055.3 The Chief Operating Officer confirmed that the Board and Executive team remained concerned with the Trust's stroke performance and committed to seeing improvements. Regular meetings with the stroke team were being held at an operational level. She commented that the three areas being considered were:

- How to ensure stroke patients were prioritised at the front door.
- How to ring fence stroke beds and how this fits with increase of demand and conversion.
- How therapies were being used across the seven days.

21/055.4 She commented that a deep dive was due to take place at FPPC in July. The current action plan was to reform the Trust to an 'A' rating by March 2022.

21/056 SYSTEM COLLABORATION UPDATE

21/056.1 The Board received an update regarding system collaboration.

21/056.2 The Director of Strategy informed the Board that there were encouraging developments in joint working with HCT. A joint project to explore the provision of virtual wards had been agreed in order to facilitate caring for patients that needed acute care over autumn/winter.

21/056.3 The Director of Strategy informed the Board that the Strategy Committee had received a detailed briefing on the ICS Design Framework. The key area of focus over the next few months would be within the Trust's ICP to develop governance, scope and vision.

21/056.4 The Mental Health and Learning Disability Collaborative had commissioned work to forecast the impact of the pandemic on future demand for mental health services and how this would change

support and services.

21/056.5 The Mental Health and Learning Disability Collaborative had developed a Memorandum of Understanding (MOU) and the Board was being asked to consider approving the draft MOU whilst formally noting the Trust's view that the scope of the collaborative should not adversely impact the scope of the ENH ICP in its ability to adopt and drive a holistic approach to population health, connecting both physical and mental health and LD needs together.

21/056.6 Relationships were continuing to develop and mature in the East and North Hertfordshire ICP. There was now good primary care input and excellent clinical input.

21/056.7 Mrs Schroder asked if a common purpose was seen across the ICS and across each of the three place-based ICPs and whether enhanced services were standardised across the three ICPs.

21/056.8 The Chief Operating Officer responded that in the System Coordination Oversight Group it felt as though the same issues were being discussed along with what was needed to collectively provide mutual aid. Each of the ICPs had different providers and configurations so it was important to ensure there was shared discussion.

21/056.9 Mrs McConnell asked if system collaboration considerations were being linked into the Trust's strategy refresh. The Director of Strategy noted that links were being identified by population need, assessment of strengths and sustainability. Conversations were being held with West Hertfordshire and PAH around how to collaboratively strengthen the different specialties and several services had already been identified for further joint work.

21/056.10 Mrs Schroder noted her concern that the MOU was Hertfordshire only and that locally based mental health services should not be taken out of the place based ICPs. She felt the MOU did not address this point.

21/056.11 The Director of Strategy recommended that Trust Board's response was that the MOU was broadly supported but assurance was needed that the development of the ICP would not adversely impact on the integration of mental health and learning disabilities at a place based level. It was important for the place based ICPs to feel responsible for physical and mental health rather than feeling that they would focus on physical health and rely on the others for the mental health aspect.

21/056.12 Mrs Schroder mentioned her further reservation around the potential financial implications.

21/056.13 The Board approved the Memorandum of Understanding subject to the two reservations mentioned above.

21/057 OPERATIONAL AND PEOPLE RECOVERY

21/057.1 The Operational and People Recovery Report was taken as read.

21/057.2 The Chief Operating Officer highlighted the following:

- Operational recovery remained a priority for the Trust.
- There had been increased activity in ED.
- Recovery was incentivised by the Elective Recovery Fund.
- As the Trust recovered from COVID and incident management, consideration needed to be given as to how services were opened up to patients in a safe and sustainable way.
- There was an increase in waiting times during COVID, however the Trust was adhering to all the national processes to ensure patients were being clinically prioritised.
- Some long waiters were not those clinically prioritised patients and so a balance was needed between the sickest patients and some of the long waiters.
- The Trust was looking at learning disabilities and whether treatment for these patients should be prioritised.
- A large number of the long waiters sat in Pain Management and T&O. The Trust was looking at the use of the independent sector and weekend work to get on top of demand.
- The Trust was ensuring that it was maximising theatres, outpatients, the use of digital options and day care.

21/057.3 She noted that the Board should be assured that the Trust was meeting targets and over performing where possible in terms of recovery. The Trust was working with the specialties to ensure they had the resources needed. She commented that it was the high calibre of staff that underpinned what was achieved.

21/057.4 The Chief People Officer highlighted the following points in regard to People Recovery:

- The substantive workforce had increased by 256 which included 154 qualified nurses.
- There were currently no band 5 nurse vacancies.
- The Trust was focused on minimising the impact of turnover and remained around its targeted turnover rate of 12%, however the rate was below 10% for qualified nurses.
- There was a focus on developing leaders and an ongoing focus on the capability of leaders and the ability to lead with compassion was recognised as vital to supporting staff.
- Reflection was being used as a key tool to enable staff to deal with the psychological aspect of work over the period of the pandemic.
- Over 650 spaces for complementary therapy had been offered to staff for their own self-care.

- Mental health support was being embedded with a programme in place to train up to 200 mental health first aiders.
- Staff absence rates were being monitored in order to identify any mental health issues arising.

21/057.5 Mrs Schroder commented that it was a very comprehensive programme.

21/057.6 Mr Niven commented that the take up on some of the wellbeing offerings had been less than expected and asked if this could be due to the attitude of managers. The Chief People Officer responded that it was important to build the capability of leaders to recognise signs and issues and for them to understand the benefits of any wellbeing offers. A team environment of people supporting each other was the effective solution.

21/057.7 In regard to clinical validation Mrs Schroder noted her concern that there were still a large number of patients in the P3 and P4 groups. She asked how much visibility the Trust had on these nearly 5,000 patients around their ability to wait well.

21/057.8 The Chief Operating Officer responded that this was incredibly important and there was a working group in place to look at how to support waiting patients. She confirmed the Trust had sight of this and through the planned care recovery were looking at options to work with partners to assist with capacity.

21/057.9 Mrs Schroder asked if the Trust could be sure that each patient had a conversation with either their GP or district nurse. The Chief Operating Officer commented that there was a desire to use all available resources to ensure patients had this opportunity.

21/058 TRUST OBJECTIVES 2021/22

21/058.1 The Director of Strategy informed the Board that an operating plan for the full financial year was normally produced prior to the start of the year but had not been on this occasion due to COVID. It was felt important that the Trust agree key objectives this year to frame the prioritisation of activity. Subject to approval, the Associate Director of Governance would map the BAF risks against the objectives for ongoing monitoring. She commented that the draft objectives had been reviewed by the Executive team.

21/057.2 Mrs Schroder commented that it was commendable that each objective had a series of measurements. She asked whether the objectives had been agreed with the CCG and the Director of Strategy responded that they have had full sight of all the individual elements.

21/057.3 The Chief Operating Officer and Mr Niven confirmed they were happy to support the objectives. Mr Niven commented that the objectives focused on recovery and reaching targets but he would have liked to have seen more ambition in terms of performance. The Chief Nurse commented that the Executive team had tried to ensure

realistic ambition was reflected in the objectives.

21/057.4 Mrs McConnell asked if the green plan and sustainability should be added into the objectives. The Chief Executive commented that the objectives were reflecting that recovery was an important focus for the year as a whole and agreed that the green plan should be included.

21/059 BOARD ASSURANCE FRAMEWORK

21/059.1 The Board received the latest edition of the BAF.

21/059.2 The Associate Director of Governance informed the Board that a refresh had been undertaken since the last Board meeting and a further piece of work would occur later in the year as the development of the Trust's new organisational strategy progressed. Test and challenge would take place to ascertain if the risks were still appropriate.

21/059.3 The role of the new Equality and Inclusion Committee had been taken into account and formally noted as joint oversight Committee for Risk 2 – People and Risk 9 – Culture.

21/059.4 The Associate Director of Governance informed the Board that the Committees had reviewed all their risks and were making full recommendation to the Board for endorsement.

21/059.5 It was noted that Risk 11 – MVCC had increased, recognising the potential delays around the transfer. Risk 4 – Capital, Risk 10 – Estates and Risk 12 – Pandemic had all been reduced.

21/059.6 The Board endorsed the strategy and approved the suggestions to the risk ratings.

21/060 NURSING ESTABLISHMENT REVIEW

21/060.1 The Chief Nurse presented the report and asked the Board to note that in light of the COVID pandemic the regular bi-annual establishment review did not take place in 2020.

21/060.2 It was highlighted that the three key recommendations arising from the review conducted in April 2021 were as follows and in relation to adult inpatient wards on the Lister site only:

- To increase the establishment across the inpatient areas to reflect the skill-mix requirements across the 24/7 period.
- To increase the funded headroom from 21% to 22% with a plan to increase this up to 26%.
- To increase the substantive workforce up to 117% of the 122% headroom.

21/060.3 Regarding the headroom allowance, Mrs Schroder noted that the recommendation was to increase the funded headroom from 21% to 22% but commented it appeared that 32% was the normal level for the Trust. She queried whether the increase should be greater than 22% and asked what it meant in terms of staffing and funding.

21/060.4 The Chief Nurse responded that 32% was an extreme example of unavailability in some areas and reflected a backlog of training. She would not recommend decisions on the establishment be based on results from the last couple of months.

21/060.5 Dr Carter commented that he had been encouraged by the report and as he had a perspective across a number of different trusts, he noted that this compares with the best. He noted that to have no band 5 vacancies was truly exceptional. He was interested to understand the dropout rate locally from the universities.

21/060.6 The Chief Nurse commented that every student is met with and the Trust makes sure that where there is an opportunity for a full-time post, it is offered to them. The total number of students coming through was well above what was seen in other organisations.

21/060.7 The Chief People Officer noted that building relationships with universities was very important. He would investigate the dropout rates.

21/061 QUALITY ACCOUNT

21/061.1 The Chief Nurse presented the Quality Account for 2020/21 for noting by the Board and commented it had been through a number of committees and approved by the Quality and Safety Committee. She thanked the Associate Director of Governance for her work in preparing the document.

21/061.2 Mr Schroder welcomed the report and suggested that consideration be given to distributing a short summary to GPs and other community centres and patient cohorts.

21/061.3 Mr Niven agreed that it was full of good material and suggested it be put on the Trust website.

21/062 LEARNING FROM DEATHS REPORT

21/062.1 The Deputy Medical Director presented the latest Learning from Deaths Report. The main mortality metrics (HSMR, SHMI and crude mortality) continued to paint a broadly positive picture.

21/062.2 In relation to COVID mortality within the Trust, it was noted that mortality appeared to be broadly in line with the national picture. The Deputy Medical Director drew attention to the two funnel plots in Figure 7 which showed the Trust's central position relative to national peers in both the first and second COVID waves in terms of performance.

21/062.3 It was noted that to date 59 cases of hospital-onset COVID cases had been identified, with 52 of these having been through the review process.

21/062.4 It was expected that further data and an in depth report from CHKS in relation to mortality in the second wave would be available shortly.

21/062.5 The Deputy Medical Director noted that sepsis had a spike effect on the Trust's crude mortality and resulted in a negative shift in the

Trust's results in relation to the national peer group. Some coding issues had been identified which led to a coding review being undertaken which would improve these figures once refreshed. A similar issue was revealed for July 2020, however it was too late to refresh those figures. The Deputy Medical Director noted the need to recognise that during the COVID waves the sepsis team was redeployed to support the COVID effort which led to a negative impact on sepsis compliance.

21/062.6 The latest information from the National Hip Fracture Database showed that the Trust's mortality rate had worsened.

21/062.7 Dr Buckle noted that it was a good report however felt that there was too much detail. He accepted the point around NoF, and acknowledged that as with several other conditions, stroke for example, patients were adversely affected if they had COVID as well. The Deputy Medical Director noted that a review was being undertaken around the fracture of neck of femur and the results would be taken to the Quality and Safety Committee.

21/063 NURSING AND MIDWIFERY ANNUAL REVIEW

21/063.1 The Chief Nurse presented the report to the Board.

21/063.2 The Chief Nurse drew attention to the following:

- The Trust was one of only 14 organisations in England selected to be part of the Clinical Excellence programme (part of the Pathway to Excellence programme).
- The Trust had commenced the second cohort partnership with the RCN Clinical Leadership programme.
- Some wards were rolling out the Electronic Prescribing and Medicine Administration (ePMA) system.
- The Trust had partnered with Cavell Nurses' Trust who support nurses, midwives and healthcare assistants when they're suffering personal or financial hardship.
- Two midwives received the Chief Midwifery Officer Award.
- The Clinical Excellence Accreditation Framework had been relaunched with three clinical areas receiving gold accreditation and seven receiving silver accreditation.

21/063.3 Mrs Schroder suggested the annual review be added onto the website. Both Dr Carter and Mr Niven commented that it was an excellent report and Dr Carter suggested copies be sent to the Chief Nursing Officer at the Royal College of Nursing, to Nursing Times, and to the local media.

21/064 SAFEGUARDING ANNUAL REPORT

21/064.1 The Chief Nurse informed the Trust Board that the report had been discussed at length in the Quality and Safety Committee. She commented that it had been an extraordinary year and that there was now alignment of the children, adult and maternity safeguarding

teams. The demand was anticipated to continue with themes around mental health, violence and aggression. It was noted that the Trust was progressing with the White Ribbon Accreditation scheme.

21/064.2 Mrs Schroder noted the increase in activity over the year. She suggested the next steps would be to ensure the adult and children safeguarding teams were co-located and that they had access to SystmOne to be able to coordinate better with system partners. She commented that as this was an area where activity had dramatically increased, the Trust should do all they could to support the teams.

21/064.3 The Trust Board approved the annual report

21/065 HEALTH AND SAFETY ANNUAL REPORT

21/065.1 The Director of Estates and Facilities had sent his apologies for the meeting. In his absence, Mrs Schroder informed the Trust Board that the annual report had been considered at the Quality and Safety Committee and if more information was required, the Director of Estates and Facilities could be contacted directly.

21/065.2 Mr Niven commented that he was disappointed that many of the items were on limited assurance. Mrs Schroder responded that some of this was due to the age of the buildings and that there were quite a number of items with reasonable assurance.

21/065.3 Dr Carter noted that he appreciated Mr Niven's perspective, but commented that the situation had been progressively improving over the last few years, particularly in regard to fire safety.

21/065.4 The Trust Board approved the Health and Safety Annual Report.

21/066 R&D ANNUAL REPORT

21/066.1 The report was taken as read and the Board was informed that the Quality and Safety Committee had sight of the report, however it had not been fully discussed due to a lack of time at the meeting.

21/066.2 The Deputy Medical Director highlighted that 2020/21 had been a challenging year with the need to balance continued R&D, taking on board COVID R&D, redeploying staff to support the front line, and planning the MVCC transfer.

21/066.3 He outlined the priorities for the current year which included supporting the transfer of MVCC and realigning the resources across the two sites.

21/066.4 Mrs Schroder commented that she could not see any reference to the amount of money spent on research and the money received from R&D and the split between Lister and Mt Vernon. It was agreed that this would be provided at a future Quality and Safety Committee meeting as this was strategically important given the planned transfer. She also noted the split in terms of the numbers of participants across the two sites. **Medical Director**

21/066.5 The Director of Strategy provided the Board with assurance that the R&D function had been closely examined during the planning for the

MVCC transfer.

21/066.6 She also added that a further discussion on possible university status was due to take place at the Strategy Committee in September.

21/066.7 The Board approved the 2021/22 priorities and acknowledged and thanked those associated with research for their hard work and dedication.

SUBCOMMITTEE REPORTS:

21/067 FINANCE, PERFORMANCE AND PEOPLE COMMITTEE REPORT TO BOARD

21/067.1 The Board received and noted the summary reports from the last two meetings of the Finance, Performance and People Committee, held on 26 May and 30 June 2021.

21/067.2 Mrs McConnell highlighted that even though the full budget for the year was unknown due to the limitations of the national planning guidance, the Trust remained strongly aware of the financial risks and they were being properly mitigated.

21/068 STRATEGY COMMITTEE REPORT TO BOARD

21/068.1 The Board received and noted the summary report from the Strategy Committee meeting held on 22 June 2021.

21/068.2 Mrs McConnell informed the Board that the Green Plan had been scheduled for approval, however, as new guidance on the content had just been received, the document was being reviewed to ensure compliance and would be brought to a future Board meeting for approval.

21/069 QUALITY AND SAFETY COMMITTEE REPORT TO BOARD

21/069.1 The Board received and noted the summary reports from the last two meetings of the Quality and Safety Committee, held on 25 May and 29 June 2021.

21/069.2 The Chief Nurse informed the Board that with support from the CCG, ENHT declared full compliance against each of the 10 specific safety standards for the NHSR maternity incentives scheme submission.

21/069.3 The Board also noted the IPC Report.

21/070 AUDIT COMMITTEE REPORT TO BOARD

21/070.1 The Board received and noted the summary report of the last meeting of the Audit Committee held on 4 June 2021.

21/070.2 Mr Silver advised that the annual report and accounts 2020/21 had now been submitted, but had missed the intended deadline due to a delay with the external auditors concluding their work.

21/071 CHARITY TRUSTEE COMMITTEE REPORT

21/071.1 The Board received and noted the summary report of the last meeting of the Charity Trustee Committee held on 7 June 2021.

21/071.2 Mr Niven highlighted that good progress had been made with plans to establish a fundraising committee for the Sunshine appeal.

21/071.3 Mr Niven noted that the Trust Board would be asked to approve the awarding of the contract for the Charity's investment advisors at the September meeting.

21/072 EQUALITY & INCLUSION COMMITTEE REPORT

21/072.1 The Board received and noted the summary report of the Equality & Inclusion Committee meeting held on 18 May 2021.

21/072.2 Mr Parmar informed the Board that this had been the first meeting of the Committee and the agenda had an initial focus on staff-related issues. Topics covering health inequalities and patient access would also be covered at future meetings.

21/072.3 Mr Parmar noted that the anti-racism strategy for Eastern England had recently been launched and he looked forward to working with regional colleagues in order to drive this specific agenda within the Trust.

21/072.4 The proposed Terms of Reference for the Equality and Inclusion Committee were approved by the Board.

21/073 ACTION LOGS

21/073.1 The Board received and noted the latest version of the Actions Log.

21/074 ANNUAL CYCLE

21/074.1 The Board received and noted the latest version of the Annual Cycle.

21/075 DATA PACK

21/075.1 The Board received the Data Pack.

21/076 DATE OF NEXT MEETING

21/076.1 The next meeting of the Trust Board will be on 1 September 2021.

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Ellen Schroder

Trust Chair

September 2021

East and North Hertfordshire NHS
NHS Trust

Chief Executive's Report

September 2021

Visit of HRH The Princess Royal

The Trust was honoured to welcome HRH The Princess Royal to the Lister on Friday 23 July to present the Butterfly Service with their Queen's Award for Voluntary Service.

The Princess spent time with over 70 of our volunteers and staff before presenting the award. The Lord Lieutenant of Hertfordshire accompanied Her Royal Highness, along with local civic dignitaries.

The service gained their award in 2020 but due to Covid restrictions, the presentation had been postponed to this year.

Congratulations once again to the service who provide support to those who are at the end of life, and have continued to do so throughout the pandemic.

Chief Executive Recruitment

Following my decision to step down as Chief Executive at the end of this year, and after an extensive search and interview process, I am pleased to confirm that the Trust has appointed Adam Sewell-Jones to the role of chief executive from 1 January 2022.

Adam is currently Chief Executive at Newham Hospital, part of the Barts Health NHS Trust, and brings with him a wealth of NHS experience including as Deputy Chief Executive at Basildon and Thurrock University Hospital NHS Foundation Trust, where he was responsible for strategy and transformation. Adam has also worked in senior executive roles for NHS Improvement before its merger with NHS England.

Adam will be attending the Trust for a number of days before he takes up the role and will continue our focus on providing the highest quality care for our patients, and supporting our staff.

Thank You Week

To coincide with the 73rd birthday of the NHS, the Trust held a week long thank you event for our staff in the week beginning 5 July, supported by the hospitals' charity.

Each day had a different theme, including free coffee and cake, food trucks, a wellbeing day, and a memorial service for those lost during the pandemic – with all Trust sites included.

The families of our two members of staff lost to Covid attended the memorial event, along with local civic dignitaries.

The week was well received, with over 10,000 food items given out, and positive staff feedback.

ED Refurbishment

This £15m refurbishment is progressing well and is expected to be completed by the end of March 2022. This project will deliver newly built Adult Ambulance handover, Adult ED reception and triage area, additional Children's ED capacity, new Same Day Emergency Care (SDEC) facility and investment in diagnostics and digital equipment. This will:

- Create appropriately sized waiting area capacity within ED
- Provide an integrated triage and streaming hub at the front door of the Lister
- Utilise digital technology
- Increase the capacity of same day emergency care services to avoid hospital admission and maximise patient flow
- Provide dedicated ED access to key diagnostics
- Increase the waiting area capacity
- Improve patient experience

Covid-19 Update

Covid-19 continues to be 'in general circulation' and the NHS incident level remains at level 3 meaning that the NHS response is co-ordinated at a regional level by NHS England rather than a national level.

The Trust currently has 27 Covid-19 positive patients and 4 further patients with suspected Covid-19. This is an increase from the numbers reported in July, but numbers have risen more slowly than the anticipated worst-case scenario and teams across the Trust are responding well and managing the ongoing operational challenges.

The frequency of our 'gold' and 'silver' command meetings has been increased. Our 'flat packed' Covid-19 escalation plans are being used as required. These plans relate to critical care capacity, Covid-19 ward capacity and the redeployment of staff. We are working closely with system partners to ensure a joined up response.

Staff continue to undertake Lateral Flow Testing (LFT) on a twice weekly basis and to report the results. These tests enable the Trust to detect asymptomatic positive staff and to mitigate further spread of Covid-19.

Service Restoration

The Trust recovery programme continues to progress well for elective and non-elective activity.

Activity levels are high and we are taking a range of actions to respond to the challenges resulting from this. A cross-system 'take' commenced in late August. A Multi-Agency Discharge Event (MADE) will take place from 31 August to 3 September.

This event will bring together the local health system to identify and resolve constraints and process issues, support improved patient flow across the system, recognise and unblock delays and challenge, improve and simplify complex discharge processes.

We continue to perform well against the Elective Recovery Fund (ERF) performance standards. From 1 July 2021, the threshold for earning ERF was adjusted to 95% of 2019/20 activity levels. ERF is earned on a system basis, based on system performance. Use of the Independent Sector remains an integral part of recovery arrangements.

Providing ongoing support to our staff remains a priority. We have a comprehensive staff wellbeing programme in place with multiple strands of support available including free complementary therapies for staff. We are also running Schwartz Rounds, which enable multidisciplinary staff to come together once a month to discuss and reflect on the emotional and social challenges associated with working in healthcare.

East and North Hertfordshire NHS Trust

Agenda Item: 9

TRUST BOARD - PUBLIC SESSION – 1 SEPTEMBER 2021

ENHT People and Operational Recovery Update

Purpose of report and executive summary (250 words max): This report provides an update on the Trust's people and operational recovery. • It gives an update on planned care covering activity and performance, vaccine boosters and winter planning. • It provides information on the establishment of the East Imaging Network 2. • It updates on unplanned care including work to review emergency department processes, the Multi Agency Discharge Event (MADE) from 31 August to 3 September, ED build progress and cancer performance. • The report also provides an update on people recovery covering the care support pyramid, staff turnover and WTEs, self-care and staff wellbeing, and leadership.		
Action required: For discussion		
Previously considered by: **Regular report considered by the Trust Board**		
Director: **Chief Operating Officer** **Chief People Officer**	**Presented by:** **Chief Operating Officer** **Chief People Officer**	**Authors:** **Senior Operations Advisor** **Associate Director of Workforce Transformation**

Trust priorities to which the issue relates:		**Tick applicable boxes**
Quality:	To deliver high quality, compassionate services, consistently across all our sites	☒
People:	To create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce	☒
Pathways:	To develop pathways across care boundaries, where this delivers best patient care	☒
Ease of Use:	To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff	☒
Sustainability:	To provide a portfolio of services that is financially and clinically sustainable in the long term	☒

Does the issue relate to a risk recorded on the Board Assurance Framework? (If yes, please specify which risk) **Yes – operational and workforce**
Any other risk issues (quality, safety, financial, HR, legal, equality): **Quality, safety, financial, equality**

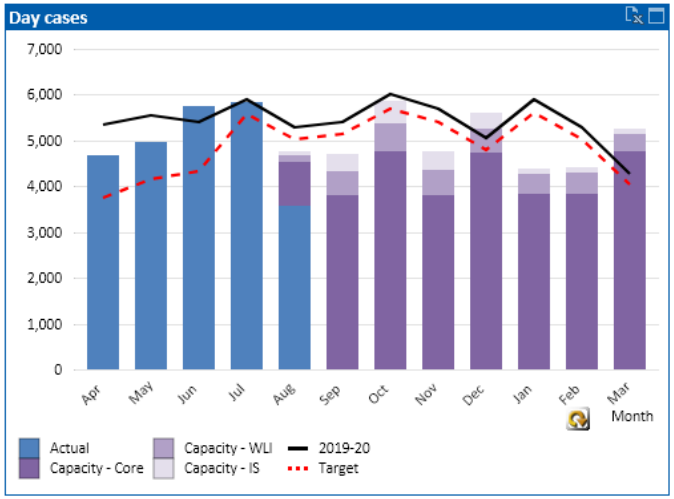
Proud to deliver high-quality, compassionate care to our community

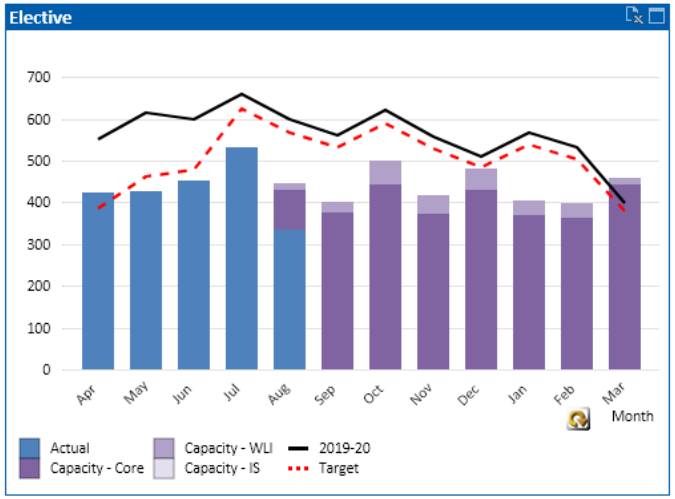
ENHT operational recovery update

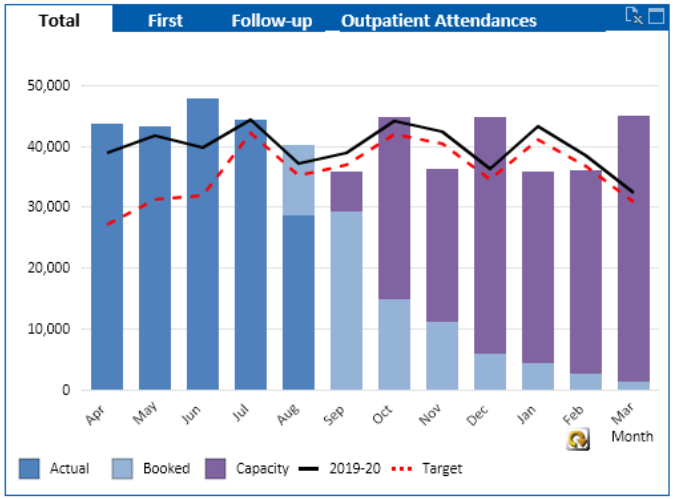
Planned activity and performance

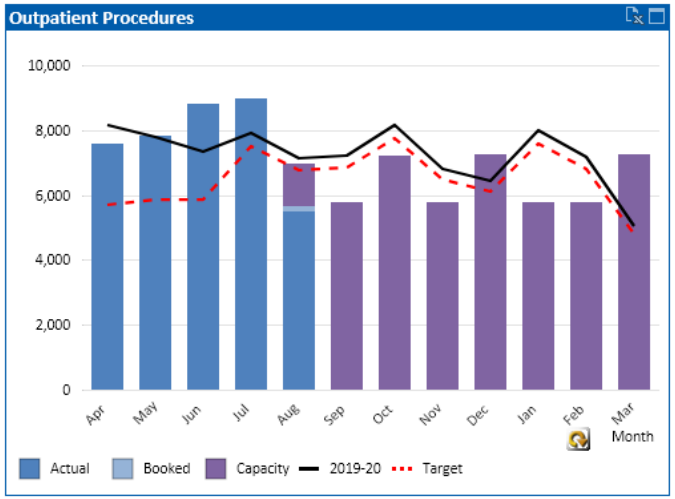
East and North Hertfordshire NHS Trust

- We are continuing to perform well against Elective Recovery Fund (ERF) performance standards.
- From 1 July 2021, the threshold for earning ERF was adjusted to 95% of 2019/20 activity levels.
- ERF is earned on a system basis, based on system performance.
- Use of the independent sector remains an integral part of recovery arrangements.









These graphs include partial figures for August.

Quality | People | Pathways | Ease of use | Sustainability

RTT and diagnostics

East and North Hertfordshire NHS Trust

RTT	
⇧	• 145 additional patients were treated compared to July 2019/20.
⇧	• 7879 additional patients were seen in clinic compared to July 2019/20.

Imaging and diagnostics	
⇧	• Imaging demand continues to increase, highest referral rate in 18 months.
⇧	• 94 additional patient had diagnostics compared to July 2019/20.
⇧	• Cancer diagnostics were prioritised resulting in improved turnaround times.

Waiting lists	
⇩	• Overall number of patients waiting fell by 1042 in July.
⇩	• The number of patient over 52 weeks has reduced by 690.
⇔	• The number of patients waiting over 104 weeks has remained static.

RTT and diagnostics

East and North Hertfordshire NHS Trust

We are taking a range of actions to see and treat patients, increase activity and tackle long waits.

- PTL management continues; we are reviewing and managing all patients on our treatment lists.
- Validation plans are in place and continue for waiting lists.
- Recovery trajectories are being developed to support planning and mapping of capacity.

Prioritisation

- Patients waiting are prioritised in order of clinical need.

Capacity

- 17 theatres are operational on the Lister site and we continue to use the private sector.
- A number of anaesthetic machines have been replaced through capital funding.
- One of our permanent CT scanners requires replacement. As a result there is an interim shortfall in capacity addressed through the use of a mobile scanner.
- We have put in place additional endoscopy capacity to support reducing 6 and 13 week waits.

ERF performance standards

East and North Hertfordshire NHS Trust

Health inequalities

- The Trust has improved compliance with recording ethnicity data.
- Plans are being developed to use a text messaging service to ask patients to record their ethnicity data; this will further increase ethnicity recording.

Advice and Guidance/ use of digital solutions

- Advice and guidance responses are increasing month on month.
- Daily advice and guidance escalations are sent to services to encourage timely responses.
- The ICS has agreed to fund an 8-month trial of communication tool ‘Consultant Connect’. This will be piloted in dermatology and haematology.

Patient Initiated Follow Up (PIFU)

- PIFU is now live for ENT, breast, neurology and urology services. 65 patients are on a PIFU pathway.
- PIFU gives patients the flexibility to arrange their follow-up appointments as and when they need them.
- Patients are carefully selected for this service and appropriate safety nets are in place.

Staff wellbeing

- We have implemented a range of measures to support staff wellbeing (see slides on ‘people recovery’).

Covid/ flu vaccines and winter planning

East and North Hertfordshire NHS Trust

Covid boosters and flu vaccines

- Subject to national guidance, we are expecting flu vaccines and Covid boosters will be delivered to our staff from September onwards, at the Lister.
- Covid boosters will be Pfizer regardless of what was used for the first dose.
- Staff will be offered both the flu vaccine and Covid booster at the same time.

Winter planning

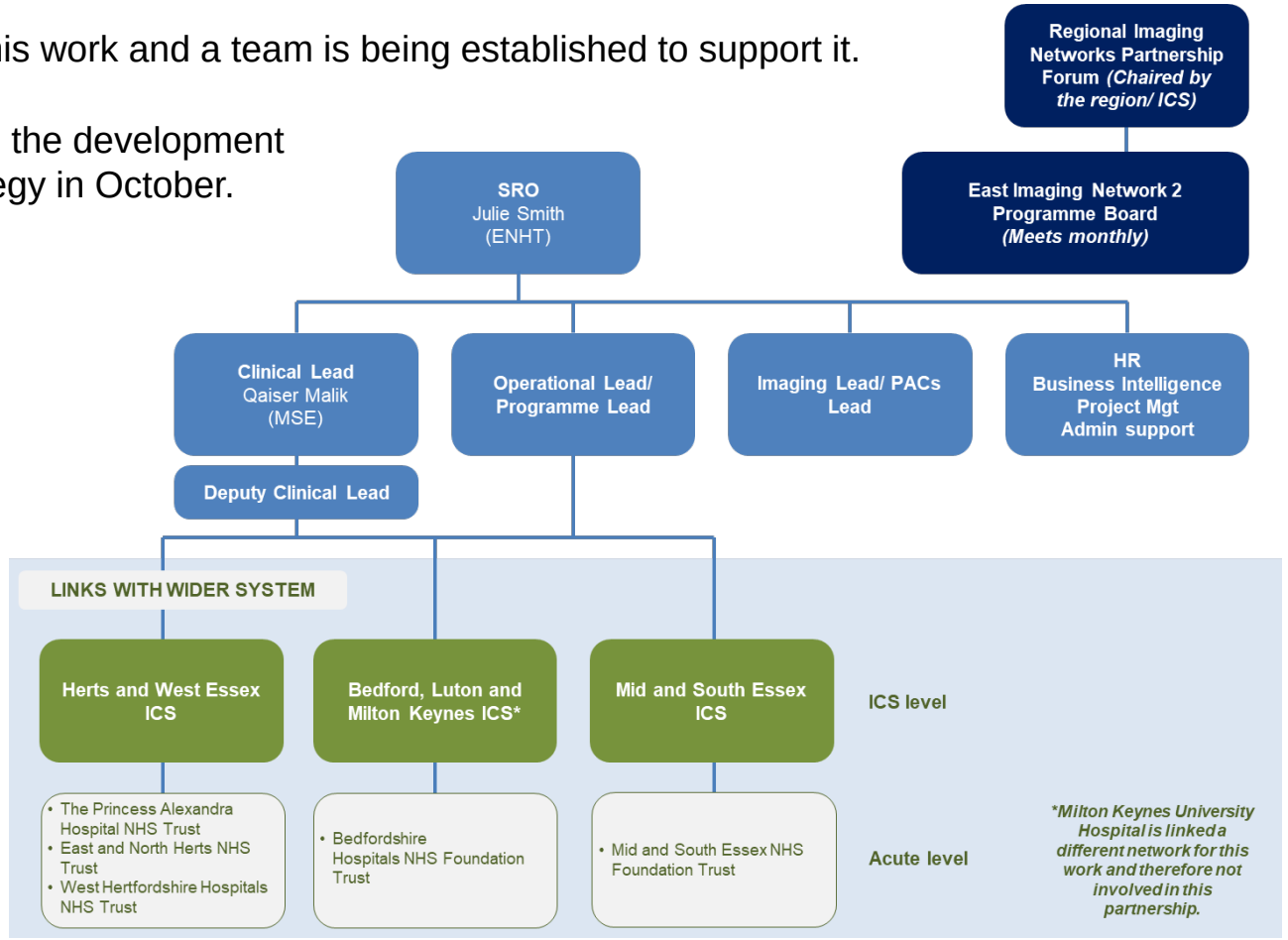
- We have developed the first draft of our winter plan for the period 1 October 2021 to 31 March 2022.
- Our multi-professional Winter Steering Group commences in September. This will provide leadership and guidance on all aspects of winter planning.

- The steering group will focus on areas of priority identified by NHSE/I:
    - Command and control arrangements
    - Planning for Covid
    - Flu/ RSV
    - Children and adults critical care capacity
    - Managing ambulance handovers
    - Staff resilience and wellbeing

East Imaging Network 2

East and North Hertfordshire NHS Trust

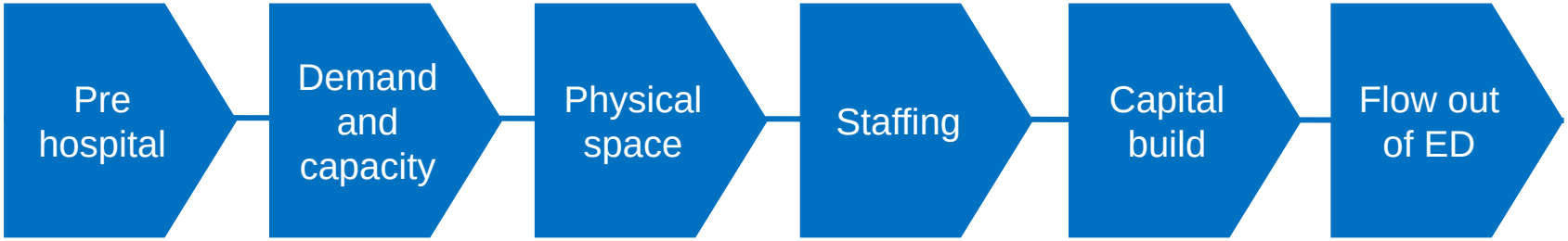
- We have played an integral role in establishing the East Imaging Network 2.
- Julie Smith is the SRO for this work and a team is being established to support it.
- The Network will commence the development of a long term imaging strategy in October.
- Draft letters of agreement have been submitted to NHSE/I to agree funding for the 'Diagnostics Digital Capability Programme' focusing on:
  - Home reporting
  - iRefer CDS
  - Image sharing
- Funding is expected to be granted for these workstreams.



Unplanned activity and performance

East and North Hertfordshire NHS Trust

- We are reviewing our emergency department processes.
- Working with system partners we have developed a 6-point plan to review and improve all elements of the patient journey into, through and out of the emergency department:



- In August we implemented a cross-system ‘take’ which aims to bring system partners together to filter patients and identify alternatives to admission where appropriate.
- We are reviewing use of Herts Urgent Care (HUC) slots, better direction from NHS11, an increase in capacity to review and treat patients in primary and community care and the implementation of direct access diagnostics at the QEII.
- Our Patient Flow Group is focusing on improving discharge processes.

MADE week – starting 31 August

East and North Hertfordshire NHS Trust

- Our local health system is holding a Multi Agency Discharge Event (MADE) from 31 August to 3 September.

- This event will bring together the local health system to:

    - identify and resolve constraints and process issues;
    - support improved patient flow across the system;
    - recognise and unblock delays;
    - challenge, improve and simplify complex discharge processes.

Areas of focus during MADE week

- Front door initiatives in the emergency department such as streaming, redirecting, SDEC, NHS 111.
- Promoting virtual wards and increasing the number of discharges to them.
- Encouraging discharge home to assess.
- Seeking solutions to allow for earlier TTOs and discharge summaries.

By testing processes, trying new initiatives and measuring effectiveness, MADE week aims to discover what changes we can effect to make our patients' experience better.

ED build

East and North Hertfordshire NHS Trust

- The ED refurbishment is progressing well and is on track for completion by the end of March 2022.
- The build will deliver:
    - newly built adult ambulance handover
    - adult ED reception and triage area
    - additional Children's ED capacity
    - new Same Day Emergency Care (SDEC) facility
    - investment in diagnostics and digital equipment
- The new discharge lounge opened to patients on Monday 23 August. It is located on to the ground floor of the refurbished Strathmore corridor.
- On 1 September, Children's ED will temporarily move to new SDEC and Children's Assessment Unit (CAU) to Old Ashwell. The move is expected to last until the end of this year as we build our new and improved Children's ED, and will allow us to continue to provide the best care and safety to young patients.

Cancer performance

East and North Hertfordshire NHS Trust

- Our cancer performance improved in July and continues to be compliant with the 62 day cancer performance standard.

Tumour Site	Meeting standard	Breaches	Total	Pre Breach sharing	Meeting Standard	Breaches	Total	Post Breach Sharing
Breast	11	1	12	**91.7%**	11.5	1	**12.5**	**92.0%**
Gynaecological	3	1	4	**75.0%**	3.5	**0**	**3.5**	**100.0%**
Haematological	7	1	8	**87.5%**	7	**1**	**8**	**87.5%**
Head & Neck	6	1.5	7.5	**80.0%**	6	**1**	**7**	**85.7%**
Lower GI	10	3	13	**76.9%**	10	**2**	**12**	**83.3%**
Lung	5.5	1	6.5	**84.6%**	6	**0**	**6**	**100.0%**
Skin	29	3	32	**90.6%**	29	3	**32**	**90.6%**
Upper GI	7	4.5	11.5	**60.9%**	7.5	0	**7.5**	**100.0%**
Urological	29.5	6	35.5	**83.1%**	29.5	**4.5**	**34**	**86.8%**
Trust Total	**108**	**22**	**130**	**83.1%**	**110**	**12.5**	**122.5**	**89.8%**

Recovery: People

East and North Hertfordshire NHS Trust

Care Support Pyramid now an ICS and HEE tool and on the system portal

Specialist care referral (psychological care)

Here to help

Active services such as Health at Work and EAP (Employee Assist Programme), Employee Relations (ER), reflective team events, staff networks, wellbeing training, mental health first aid, speak up guardians and more. **Support if needed.**

Being at our best

Establishing a culture that supports the wellbeing of self and colleagues as essential to success. A wide range of supportive initiatives from exercise, hobbies and family to mindfulness, online services, helplines and apps. **Caring for our people.**

Building effective teams

Be active, compassionate, visible and inclusive. Healthy leadership creates collaborative networks, a sense of purpose, belonging and promotes autonomy.
Coaching people's potential.

Relentless attention to working conditions

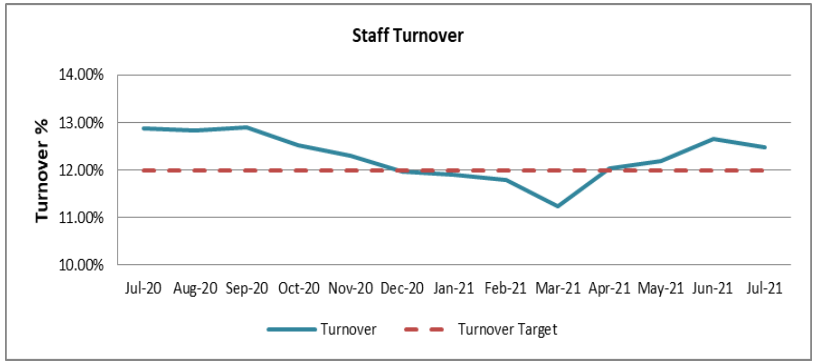
The environment, rest areas, refreshments, flexible working, transport, benefits, resources, communication, technology, policies and processes.
Pride in getting the basics right

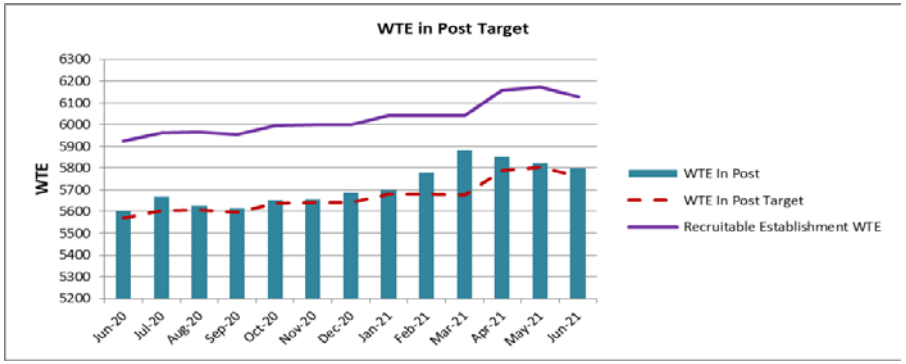
Recovery: People

East and North Hertfordshire NHS Trust

- Additional 203 substantive staff in post compared to July ’20
- Currently no band 5 nurse vacancies in the Trust
- For the August Deanery rotation the team processed 296 new doctors, 103 external and 193 internal, also processed 122 leavers.
- In addition there will be 36 trainees for our September Deanery rotation, 26 external and 10 internal.
- Medic vacancy rate increased to 9.7% from 4% (93.65 vacancies) due to the increase in the establishment of 48.33 WTE
- Total Turnover rate down by 0.2% overall but nursing turnover is currently at 10.5%
- 86% of risk assessments completed

Hygiene Factors





Quality | People | Pathways | Ease of use | Sustainability

Recovery: People

East and North Hertfordshire NHS Trust

- Twice weekly Reflective Space sessions are offered, the group sessions facilitated by a psychologist. 155 people have attended a reflection session.
- Monthly Schwartz rounds are undertaken, with 60 people attending and 6 departments have now taken the opportunity to book a reflection session for their team, generating positive feedback.
- 150 staff are participating in a project to pilot the Peppy menopause support app. This has been very popular, one participant reported “Society needs to talk more about menopause, I have not known where to get help, this has really changed things for me”.
- A long covid staff network has been established and is meeting monthly with support from health at work and psychologists from ‘Here for You’. The group share experiences and provide peer support; advice is offered to support recovery.
- Mental Health first aid training is ongoing, managers have also been asked to identify wellbeing champions in each ward and department. Wellbeing champions are people who promote, identify, and signpost ways to support the wellbeing of their colleagues. Training is available for champions and support offered by Health at Work.

Recovery: People

East and North Hertfordshire NHS Trust

- Equalities & Inclusion Board reviewed the delivery of improvement plans including WRES and DRES recruitment findings and accelerated model employers targets with a further reduction in quarter 1 to 50%
- The new lead for Culture is progressing a go live date for the civility and respect programme, plans include a wrap around for particular areas in the Trust through a co-ordinated approach using existing interventions to address culture issues locally.
- Engagement in EoE reciprocal mentoring programme, autumn completion of videos and posters in Sept, 20 pairings including senior leaders at band 7 and above, plus 20 pairings for clinical and other staff groups, including BAME for the initial roll out
- Delivery of 58 Bite Size training in July, with 241 YTD, 38 Team coaching sessions to support teams in July
- SLDP Module 4 launched
- Progress for people's rest space:
  - Phases 1 & 2 of furniture for the Lister installed, covering 12 team space
  - Phases 3 & 4 includes installation for a further 15 spaces due in September
  - There will be additional 3 phases in October
  - There are similar plans for Hertford, QEII and Mount Vernon for later in the year
  - Further activity includes outdoor furniture for Lister and QEII to support people's rest time

Interventions: Addressing the issues

What should the overarching driver/s be? *e.g. Care Support Pyramid, Civility & Respect, Healthy Leadership Rhythm*	
Inclusion Ambassadors	Staff Networks
Integrated Strategic Business Plan	Schwartz rounds
ENH Academy	Reciprocal Mentoring
Healthy Rhythms Approach	Civility Saves Lives
Value Based Screening	Trust Reflective Spaces
Human Factors Initiative	Ward Clerk Development Programme
FTSU Guardian & Champions	Just & Restorative Culture – policy shift
Consultant's Development Programme	Clinical Director's Programme
Bitesize Leadership & Wellbeing	Care Support Pyramid
Senior Leadership Programme	Five Questions
Civility & Respect	Values & Behavioural Framework
Pathway to Excellence	Magnet 4 Europe

East and North Hertfordshire NHS Trust

Agenda Item: 10

TRUST BOARD - PRIVATE SESSION – 1 SEPTEMBER 2021
WORKFORCE RACE EQUALITY STANDARD AND WORKFORCE DISABILITY EQUALITY STANDARD

Purpose of report and executive summary (250 words max):		
The purpose of this paper is to highlight the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports, including data analysis and action plan for 2021. The Equality & Inclusion Committee reviewed the reports in August and the proposed action plan and the national submission has been made prior to the 31 August deadline.		
Action required: For assurance		
Previously considered by: Equality and Inclusion Committee, 11 August 2021		
Director: **Chief People Officer**	**Presented by:** **Chief People Officer**	**Author:** **Deputy Director of Workforce and OD**

Trust priorities to which the issue relates:		**Tick applicable boxes**
Quality:	To deliver high quality, compassionate services, consistently across all our sites	☒
People:	To create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce	☒
Pathways:	To develop pathways across care boundaries, where this delivers best patient care	☐
Ease of Use:	To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff	☐
Sustainability:	To provide a portfolio of services that is financially and clinically sustainable in the long term	☐

Does the issue relate to a risk recorded on the Board Assurance Framework? (If yes, please specify which risk)
People
Any other risk issues (quality, safety, financial, HR, legal, equality):

Proud to deliver high-quality, compassionate care to our community

WRES Indicator[1]	%Staff	2017	2018	2019	2020	2021
WRES 1 – Overall workforce % by Ethnicity	**White**	67.11%	65.51%	**58.3%**	**62.1%**	**59.6%**
	BAME	26.95%	28.70%	**28.4%**	**31.9%**	**32.6%**
	Unknown	5.94%	5.79%	**13.3%**	**6.0%**	**7.7%**
WRES 2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff		**1.1**	**1.0**	**1.28**	**1.57**	**1.32**
WRES 3 - Relative likelihood of BAME staff entering the formal disciplinary process compared to White staff		**1.1**	**0.71**	**1.64**	**1.44**	**2.25****
WRES 4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff		**0.8**	**Nil on Database**	**1.41**	**1.35**	**1.22 ****
WRES 5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months			**28.6**	**35.2**	**29.6**	**30.6****
WRES 6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months			**34.9**	**32.3**	**31.2**	**32.7****
WRES 7 – Percentage of BAME staff believing that trust provides equal opportunities for career progression or promotion			**77.6**	**79.6**	**76.5**	**69.9****
WRES 8 - Percentage of BAME staff personally experienced discrimination at work from Manager/team leader/other colleagues			**12.3**	**15.0**	**15.9**	**19.6****
WRES 9 - Percentage of voting members of the Board representation by ethnicity	**White**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
	BAME	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
	Unknown	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Model Employer Targets **The intention of the Model Employer target is to reflect representation of ethnic minority staff at equal proportions in all AfC pay scales by 2025.	**BAME**	**Bands**	**Target**	**Data Mar 2021**	**Target Met?**	**Data Jun 2021**
		8A	**36**	**43**	Yes	**44**
		8B	**13**	**18**	Yes	**19**
		8C	**12**	**13**	No	**11**
		8D	**2**	**6**	Yes	**6**
		9	**2**	**1**	No	**1**
		VSM	**2**	**1**	No	**1**
	Grand Total / %			**82**	**66.67%**	**82**

[1] Extract from full dataset.

Key Findings – Narrative & Action Plan

WRES Action Plan		
WRES 1 - Overall workforce % by Ethnicity	The overall rate of minority ethnic staff has increased slightly from 31.9% to 32.6% from 2020 to 2021, including at more senior roles such as 8a, 8b & 8d. A number of initiatives are under way within the Trust and in partnership with others through the ICS to increase equity at all levels. The Trust's Inclusion Ambassador scheme launched in July 2020 includes 11 Ambassadors and is being expanded across the ICS to combine efforts to increase minority staff representation at more senior roles; an EDI recruitment group has been set up to oversee the expansion. Ambassadors working across the system will review job descriptions & person specifications before roles are advertised, as well as looking at suggesting value based interview questions appropriate to the roles. The Trust is implementing a talent pool scheme where people with potential are able to develop through mentoring, shadowing and stretch tasks into leadership roles.	
Milestone	**Produce and implement actions to maintain upward trends and increase representation of minority ethnic staff at senior levels in the Trust.**	
Actions	**Description**	**Timescale**
1a.	Review policies, processes and the way they are implemented around the resourcing and appointment of bands 5-7, 7-8a and 8a to VSM with a view to ensure links are made to talent and inclusivity.	Sept – Aug 2022
1b.	Expand Inclusion Ambassador scheme within the Trust from 11 to 22 Ambassadors.	Sept – Oct 2021
1c..	ICS EDI Recruitment group to bring together Inclusion Ambassadors from across the system to review job roles, descriptions and specifications to ensure inclusivity. Propose generic terminology for inclusion requirement on person specifications for job bands and job roles, and suggested interview questions.	Sept – Dec 2021

1d.	Ensure the talent pool is inclusive of minority ethnic staff and implement demonstrable changes that will increase equity.	Aug – Jan 2022
1e.	Implement a programme of sustained communications on Trust inclusion policies and practices aimed at internal and external candidates	Sept – Aug 2022
WRES 2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	White majority staffs are more likely to be appointed from shortlisting compared to minority ethnic staff; this gap has closed slightly since last year. Our data tells us that more minority ethnic staff are applying for roles and being successful at the shortlisting stage compared to three years ago which demonstrates that staff are keen to apply for roles, but are not being appointed. In order to address this inequity, we will review the way we make appointments, and identify any themes or trends where we need to support minority ethnic staff to succeed at interview.	
Milestone	Increase number of minority ethnic people being appointed at interview from shortlisting.	
Actions	**Description**	**Timescale**
2a.	Review of Trust recruitment and selection policies and courses, ensuring EDI references are consistent and agreed. Work with ICS to review policies at system level where feasible.	Sept – Mar 2022
2b.	Ensure the talent pool is inclusive of minority ethnic staff and implement demonstrable changes that will upskill this group to be successfully appointed to roles; ensure elimination of all features likely to discourage minority ethnic candidates.	Aug – Jan 2022
2c.	Review of internal interim / deputising / secondment and fixed term appointment processes to promote opportunities and to ensure the talent pool is inclusive of minority ethnic staff; implement demonstrable changes to upskill this group ready for appointment.	Sept – Dec 2021

2d.	Interview Feedback – Implement guidance for interviewers on giving constructive feedback to interviewees. Communicate guidance through various mediums to enable the message to reach all potential panel members.	Aug – Dec 2021
2e.	Explore options to upskill members of the BAME network and other staff as appropriate to support peers through the interview process such as coaching & mentoring.	Oct – Feb 2022
2f.	Systematic review of training for interview panels that engenders an inclusive approach i.e. unconscious bias, cultural intelligence training	Sept – Jan 2022
2g.	Ensure that pre-interview shortlisting process is inclusive and free from bias.	Sept – Jan 2022
WRES 3 - Relative likelihood of BAME staff entering the formal disciplinary process compared to White staff	The Trust has seen the likelihood of minority ethnic staff going through the formal disciplinary procedure increasing year on year for four years. The reasons for this are varied and complex; and we need to better understand the processes and behaviours that are causing this disparity. As well as reviewing our policies and processes in this area, we will conduct a multi-disciplinary review of all disciplinary procedure outcomes over a one year period, to help us identify actions to close the gap between majority and minority ethnic staff in our organisation.	
Milestone	**Address disparity in disciplinary gap**	
Actions	**Description**	**Timescale**
3a.	Systematic review of disciplinary policies and procedures, in partnership with the ICS where feasible.	Sept – Mar 2022
3b.	Convene a multi-disciplinary panel involving key stakeholders to conduct a review of the outcomes for all disciplinary procedures undertaken in the last 12 months	Sept – Jan 2022

3c.	Produce action plan using learning from disciplinary outcomes review to address the disparity in this area, including through management training.	Jan – Jun 2022
3d.	Capture key themes and behaviours from a representative sample that led to the instigation of disciplinary procedures.	Jan – Jun 2022
3e.	Add disciplinary data to the Trust EDI dashboard.	Aug – Sept 2021
WRES 4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	Currently, only a small number of courses offered by the Trust are monitored by ethnicity, and the data in this report is based on those courses only. We are in the process of ensuring that all our courses are included in data monitoring through the ENHFT Academy, which all our staff will have access to. We know that since the pandemic, significant numbers of minority ethnic staff have been shielding or redeployed to other roles, which has impacted on their ability to access non-mandatory training and CPD. Going forward, we are going to work closely with the staff networks and shielding groups, to ensure our shielding workforce has information and access to appropriate non-mandatory training and CPD. All our minority ethnic staff working at Band 8a or above are in the process of receiving a 'talent review' where training and CPD related needs will be highlighted. In addition, a new 'Clinical Directors' training programme is being rolled out which develops leadership skills in consultants as part of a 'Consultant to Clinical Director' pathway. Minority ethnic Consultants will be supported to complete this training as appropriate.	
Milestones	**Capture ethnicity data for all non-mandatory training and CPD.** **Ensure shielding staff have access to non-mandatory training and CPD including appropriate equipment.**	
Actions	**Description**	**Timescale**
4a.	Capture ethnicity data on all training offered by the ENHFT Academy	Sept – Dec 2021
4b.	Ensure shielding staff have access to non-mandatory training and CPD with the appropriate equipment while shielding due to disproportionate impact of intersectionality on those that are from a minority ethnic background, and have circumstances that require them to shield.	Sept – March 2022

4c.	Ensure all minority ethnic staff working at band 8a and above receive a 'talent review' that identifies any training and CPD related needs.	Aug – Jul 2022
4d.	Work with key stakeholders to arrange a webinar series for 'Stepping Up' and 'Ready Now' to capture numbers that have completed the course and to identify further opportunities for development.	Sept – Mar 2022
4e.	Work with staff networks to promote growth and learning opportunities and identify training and CPD needs amongst minority ethnic staff	Sept – Mar 2022
WRES 5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	This indicator has increased by 1 percentage point in the last year to 30.6% which may be the result of clinical staff being actively encouraged to report any experiences of harassment, bullying or abuse from patients, relatives or the public. This initiative is part of a wider programme being implemented in clinical settings to improve organisational culture. The programme includes approaches such as using healthy leadership rhythms, human factors training, a 'Civility saves lives' initiative and staff networks supporting colleagues in clinical settings. Work is ongoing in specific settings such as mental health wards where a more supportive infrastructure is being developed that addresses aggressive and violent behaviour towards staff. Within this work, a strong element of hearing the experiences of, and supporting minority ethnic staff is being embedded including: • Reciprocal mentoring between minority ethnic staff and senior leaders to increase understanding of people's experiences that will influence approaches in the organisation – both operationally and strategically • Offering opportunities for staff networks to develop coaching and mentoring skills to support people experiencing difficulties in clinical settings • Increasing communication channels between minority and majority ethnic staff to understand each other's experiences and impact of micro-aggressions in the workplace	
Milestone	**Review of processes that tackle harassment, bullying & abuse from patients and relatives including a review of their implementation across the Trust**	

Actions	Description	Timescale
5a.	Continue delivery of cultural improvement programmes in clinical settings, ensuring that the voices and experiences of minority ethnic staff influence the direction of the work.	Aug – July 2022
5b.	Implement reciprocal mentoring programme and conversations between minority ethnic staff and senior leaders to increase learning of the experiences of minority ethnic staff amongst senior leaders, and to increase resilience amongst minority ethnic staff	Sept – Aug 2022
5c.	Continue to promote positive leadership skills in line managers ensuring that issues raised by minority ethnic staff are responded to in a timely and appropriate manner.	Sept – Aug 2022
5d.	Complete recruitment of Freedom to Speak Up Guardian.	Aug – Oct 2022
5e.	Implement a sustained campaign aimed at curbing inappropriate behaviour by patients, service users, relatives and the public.	Sept – Aug 2022
5f.	Review policies and procedures around tackling abusive behaviour from patients, relatives and the public that includes ensuring they are applied in an inclusive way across the organisation.	Sept – Mar 2022
WRES 6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	The overall percentage of minority ethnic staff experiencing harassment, bullying or abuse from staff has fallen from 34.9% in 2018 to 32.7% in 2021; however, there has been a slight increase from last year's figure which was 31.2%. This may be related to an increase in reporting over the last year due to more conversations happening across the Trust highlighting experiences of minority ethnic staff. That said, we recognise there is room for improvement and the Trust is working on a programme of initiatives to positively impact on the experiences of minority ethnic staff. This includes the commitment to appoint a full time 'Freedom to Speak Up Guardian', staff networks each with an Executive Sponsor as champions across the organisation, and expansion of the Inclusion Ambassador scheme.	

	In addition, a programme of work is under way to improve organisational culture with staff conversations that feed into the Staff Experience Group, nationally recognised programmes such as 'Civility Saves Lives', a Human Factors programme as well as a 'Healthy Rhythms' initiative. The experiences and voices of minority ethnic staff are central to this work which is driven by the Trust People Strategy.	
Milestones	**Produce and implement a culture plan as part of the Trust People Strategy to encompass all work taking place to improve culture and staff experience, with a key focus on the experiences of under-represented groups such as minority ethnic staff.**	
Actions	**Description**	**Timescale**
6a.	Complete review of all activity relating to improving the experiences of minority ethnic staff and improving organisational culture	Aug – Oct 2021
6b.	Implement interventions to address bullying, abuse and harassment as agreed through review of activity such as the civility & respect toolkit.	Aug – Jun 2022
6c.	Review policies and processes in place to address bullying, abuse and harassment – link in with ICS to do this work at a system level as appropriate.	Aug – Jun 2022
6d.	Review training and leadership development programmes offered to line managers, ensuring these clearly define acceptable behaviours in line with Trust values & behaviours, equip managers to appropriately challenge inappropriate behaviour and support staff that raise complaints.	Sept – Apr 2022
WRES 7 - Percentage of BAME staff believing that trust provides equal opportunities for career progression or promotion	This indicator has steadily declined over the last three years from 77.6% in 2018 to 69.9% in 2021 with a slight rise in 2019. A factor that could have impacted on this year's scoring has been the number of minority ethnic staff redeployed into other roles who may not have felt that the skills and experience they gained while in another role was incorporated into their career progression plans. Talent review conversations were also paused during the pandemic for minority ethnic staff working at band 8a and above, and we know from WRES indicator 2 that minority ethnic staff are less likely to be appointed over white majority colleagues into roles at the interview stage.	

Milestone	Implement a demonstrable programme of work across the Trust that promotes career progression and promotion for minority ethnic staff.	
Actions	**Description**	**Timescale**
7a.	Review Trust initiatives focusing on career progression and promotion to ensure they are inclusive and do not disadvantage minority ethnic staff.	Sept – Jan 2022
7b.	Ensure all minority ethnic staff working at band 8a and above receive a 'talent review' that identifies opportunities for career progression.	Aug – Jul 2022
7c.	Ensure equity in access to the talent pool including stretch tasks and shadowing as well as appropriate mentoring and coaching for minority ethnic staff.	Jan – Jun 2022
7d.	Explore options to upskill members of the BAME network to support peers to identify and achieve their career goals.	Oct – Feb 2022
7e.	Ensure appropriate coaching and mentoring is in place for minority ethnic staff including connecting with the Academy for Lifelong Leadership & Learning.	Sept – Apr 2022
7f.	Include success stories in the communications campaign highlighting Trust policies, practises and plans in this area.	Sept – Aug 2022
WRES 8 - Percentage of BAME staff personally experienced discrimination at work from Manager/team leader/other colleagues	This indicator has increased year on year from 12.3% in 2018 to 19.6% in 2021. During the increased focus in 2020/21 on the experiences of minority ethnic staff, discrimination from managers and team leaders was the most common concern raised. Many of the actions identified in this plan depend on managers and team leaders supporting people to access opportunities for progression such as training, coaching, having career conversations and support in applying for new roles; therefore, this is a key indicator that we will focus on to improve the overall experience and wellbeing of minority ethnic staff.	

Milestones	**Implementation of Anti-Racism Campaign and Culture Plan**	
Actions	**Description**	**Timescale**
8a.	Continue implementation of initiatives taking place across the Trust that develop communication and leadership skills of line managers and team leaders, taking corrective action where there is low uptake.	Aug – Jul 2022
8b.	Implement initiatives through the culture plan that empower minority ethnic staff to create a more positive environment in supervision and 1:1's such as 'coaching upwards'.	Sept – Jul 2022
8c.	Implement anti-racism campaign across the Trust	Aug – Jul 2022
WRES 9 - Percentage of voting members of the Board representation by ethnicity	The Trust is working to increase board representation by ethnicity. Over the last year, the Trust took part in the national 'Next Director Scheme' and recruited a minority ethnic aspiring Non-Executive Director (NED) who has now been appointed as a non-voting NED. The Trust will continue to be part of the Next Director Scheme to recruit more aspiring NED's from under-represented groups. Non-voting NED's are able to apply for the voting role as soon as a position becomes available.	
Milestones	**Continue implementation of plan to increase board membership by ethnicity.**	
Actions	**Description**	**Timescale**

9a.	Continue implementation of plan to increase board membership by ethnicity and amongst Executive & Non-Executive Directors.	Ongoing
9b.	Work in partnership with system partners to attract and develop more NEDs in the system.	Ongoing

NHS England, with its partners, has prioritised its commitment to tackling discrimination and creating an NHS where the talents of all staff are valued and developed. The Workforce Disability Equality Standard (WDES) came into force on 1st April 2019. It is mandated through the NHS Standard Contract. The WDES evolved from the design of the WRES with some adaptive changes. There are ten metrics that enable NHS organisations to compare the experiences of Disabled and non-Disabled staff, which they will then use to implement action plans. The Trust is required to submit the data set using the national format. The full 10 WDES metrics report are included in the submission.

NHS
East and North Hertfordshire
NHS Trust

WDES Indicators	NHS Staff Survey 2018		NHS Staff Survey 2019		NHS Staff Survey 2020	
WDES 1 & WDES 10 – INCLUDED IN FULL DATASET SUBMISSION	**Disabled members of Staff**	**Non-Disabled members of Staff**	**Disabled members of Staff**	**Non-Disabled members of Staff**	**Disabled members of Staff**	**Non-Disabled members of Staff**
WDES 2 - Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	**1.62**	**NA**	**2.41**	**NA**	**1.19**	**NA**
WDES 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	**0.00**	**NA**	**0.00**	**NA**	**0.00**	**NA**
WDES 4 - a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	 **35.5%** **25.0%** **27.0%** **40.0%**	 **30.1%** **16.0%** **21.0%** **41.0%**	 **36.5%** **23.7%** **28.1%** **38%**	 **28.3%** **14.7%** **20.1%** **41%**	 **35.9%** **24.4%** **26.1%** **41%**	 **25.5%** **14.0%** **18.8%** **42%**
WDES 5 - Percentage of Disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion.	**76%**	**82%**	**75%**	**84%**	**73%**	**81%**
WDES 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	**36%**	**24%**	**34%**	**26%**	**38.4%**	**26%**
WDES 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	**33%**	**45%**	**33%**	**50%**	**32%**	**48%**
WDES 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	**77%**		**73%**		**74.7%**	
WDES 9 - a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation	**6.4**	**7.0**	**6.4**	**7.0**	**6.5**	**7.0**
WDES 9 - b) Has your organisation taken action to facilitate the voices of your Disabled staff to be heard? (yes) or (no)	**Yes – via the Disabled Staff Network and Disability Confident framework.**					

Key Findings – Narrative & Action Plan

WDES Action Plan		
WDES 1 – Percentage of staff in AFC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with percentage of staff in the overall workforce	There is significant under-reporting in the Trust on disability with 162 stating they have a disability compared to 2,064 that have not stated; therefore the focus for the year ahead is to encourage people to declare if they have a disability while creating a culture and environment where people feel 'safe' to do so.	
Milestone	**Increase number of staff reporting a disability across all pay bands and sub groups**	
Actions	**Description**	**Timescale**
1a.	Implement a scoping programme and review of external guidance and experience to better understand the reasons for people not disclosing disabilities with key internal and external networks; co-produce a programme of work that results in an increase in reporting.	Sept – Dec 2021
1b.	Implement campaign to increase declaring a disability through initiatives that say how to do this, sharing the benefits of declaring, increasing knowledge of access to equipment and highlighting disabled role models across the Trust – particularly at senior levels.	Nov – Mar 2022
WDES 2 - Relative likelihood of non-Disabled staff compared to disabled staff being appointed from shortlisting from across all posts.	The likelihood of a disabled person being appointed is slightly lower than a non-disabled person; recognising there may be many more staff with undeclared disabilities, we will review the way we make appointments, and identify any themes where further support may be needed for disabled people to succeed at interview.	

Milestone	Continue on upward trajectory for number of disabled people being appointed at interview from shortlisting.	
Actions	**Description**	**Timescale**
2a.	Review of Trust recruitment & selection policies and courses, ensuring EDI references are consistent and agreed. Work with ICS to review policies at system level where feasible. Ensure elimination of all features likely to discourage disabled candidates and ensure pre-interview shortlisting process itself is free from bias.	Sept – Mar 2022
2b.	Ensure the talent pool is inclusive of disabled staff and implement demonstrable changes that will upskill this group to be successfully appointed to roles. Work with local user led organisations and charities to actively promote and recruit disabled people.	Aug – Jan 2022
2c.	Review secondment processes and policies including data, accessibility to all, and parameters of secondments, linking to performance and talent management schemes.	Sept – Dec 2021
2d.	Review number of disabled staff taking part in the guaranteed interview scheme.	Sept – Dec 2022
2e.	Interview Feedback – Implement guidance for interviewers on giving constructive feedback to interviewees. Communicate guidance through various mediums to enable the message to reach all potential panel members.	Aug – Dec 2021

2f.	Explore options to upskill members of the Disability Network and other appropriate staff to support peers through the interview process such as coaching & mentoring.	Oct – Feb 2022
WDES 3 - Relative likelihood of disabled staff compared to non-disabled staff entering the formal capacity process, as measured by entry into the formal capacity procedure.	While data is not available for this indicator, we will conduct a multi-disciplinary review of all capacity procedure outcomes over a one year period, to help us identify any themes relating to poorer experiences and outcomes for disabled staff. A review of formal capacity policies and procedures is also planned through an Equality, Diversity & Inclusion lens to include the lived experiences of disabled people.	
Milestone	**Complete review of disciplinary process outcomes over the last 12 months. Conduct review of capability policies and procedures to ensure these do not have a disproportionate impact on disabled staff.**	
Actions	**Description**	**Timescale**
3a.	Systematic review of disciplinary policies and procedures, in partnership with the ICS where feasible.	Sept – Mar 2022
3b.	Convene a multi-disciplinary panel involving key stakeholders to conduct a review of the outcomes for all disciplinary procedures undertaken in the last 12 months	Sept – Jan 2022
3c.	Produce action plan using learning from disciplinary outcomes review to address any disparities in this area, drawing lessons from a representative sample of behaviours and actions that led to the instigation of disciplinary procedures.	Jan – Jun 2022
WDES 4 – a) Percentage of disabled staff compared to disabled staff experiencing harassment, bullying or	Disabled staff report higher rates of harassment, bullying or abusive behaviour from all three groups listed in this indicator. For 2020, the gap between the experiences of disabled and non-disabled staff ranges from 10 to 12 percentage points.	

abuse from: **i. Patients/service users, their relatives or other members of the public** **ii. Managers** **iii. Other colleagues**	To address issues around harassment, abuse and bullying, a trust wide programme is being implemented in clinical and corporate settings to improve organisational culture. The programme includes approaches such as using healthy leadership rhythms, human factors training, a 'Civility saves lives' initiative and staff networks supporting colleagues in clinical settings. Work is ongoing in specific settings such as mental health wards where a more supportive infrastructure is being developed that addresses aggressive and violent behaviour towards staff specifically from groups accessing our services. Within this work, a strong element of hearing the experiences of, and supporting disabled staff is being embedded including: • Reciprocal mentoring between disabled staff and senior leaders to increase understanding of people's experiences that will influence approaches in the organisation – both operationally and strategically • Offering opportunities for staff networks to develop coaching and mentoring skills to support people experiencing difficulties in clinical settings • Ensuring mental health first aider programme is inclusive and accessible to disabled staff and disabled staff in Freedom to Speak Up champion roles • Increasing communication channels between disabled and non-disabled staff to understand each other's experiences and impact of micro-aggressions in the workplace	
b) Percentage of disabled staff compared to non-disabled saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	The gap between disabled and non-disabled staff reduced from 3 percentage points in 2019 to 1 percentage point in 2020, which may be the result of a campaign in clinical settings to report harassment, abuse and bullying behaviour particularly from people that use our services. The programme outlined in indicator 4a. will work to ensure disabled staff feel able to report unacceptable behaviour.	
Milestones	**Review of processes that tackle harassment, bullying & abuse from patients and relatives including a review of their implementation across the Trust**	
Actions	**Description**	**Timescale**

4a.	Continue with the delivery of cultural improvement programmes in clinical settings, ensuring that the voices and experiences of disabled people influence the direction of this work	Aug – July 2022
4b.	Implement reciprocal mentoring programme between disabled staff and senior leaders to increase learning of the experiences of their experiences amongst senior leaders.	Sept – Aug 2022
4c.	Complete review of all activity relating to improving the experiences of disabled staff and improving organisational culture	Aug – Oct 2021
4d.	Continue to promote positive leadership skills in line managers ensuring that issues raised by disabled staff are responded to in a timely and appropriate manner.	Sept – Aug 2022
4e.	Implement interventions to address bullying, abuse and harassment as agreed through review of activity such as the civility & respect toolkit.	Aug – Jun 2022
4f.	Ensure Mental Health First Aider and Freedom to Speak Up programmes are inclusive of and accessible by disabled people.	Sept – Jan 2022
4g.	Review policies and processes in place to address bullying, abuse and harassment – link in with ICS to do this work at a system level as appropriate.	Aug – Jun 2022
4f.	Review training and leadership development programmes offered to line managers, ensuring these clearly define acceptable behaviours in line with Trust values & behaviours, equip managers to appropriately challenge inappropriate behaviour and support staff that raise complaints.	Sept – Mar 2022
WDES 5 - Percentage of disabled staff compared to non-disabled staff	Although disabled staff are more likely to be appointed from shortlisting compared to non-disabled staff, last year saw the biggest gap between these two groups in believing the organisation provides equal opportunities for career progression and	

believing that their organisation provides equal opportunities for career progression or promotion	promotion. A number of factors may be causing this disparity: • Disabled staff are concerned that disclosing a disability will affect their career progression within the organisation • As there are high levels of staff that do not disclose if they have a disability at all levels, there is a lack of senior role models that provide assurance and confidence to people • Currently there is a non-unified approach to how communications and messages are adapted to ensure they reach different audiences, including people with disabilities; this is leading to a feeling of exclusion amongst disabled staff	
Milestone	**Implement a programme of activity that increases confidence amongst disabled people that the Trust provides equity of opportunity for career progression and promotion**	
Actions	**Description**	**Timescale**
5a.	As part of campaign to increase disclosure of disabilities, introduce an element where people in senior or specialist positions talk about successes in their career while having lived experience of a disability; consider including staff that also care for someone with a disability or long term condition.	Aug – July 2022
5b.	Complete audit of communications across the Trust and implement changes where needed to ensure messages are accessible and inclusive for disabled staff.	Sept – Jan 2022

5c.	Monitor number of disabled staff accessing the 'guaranteed interview scheme' and implement changes if there is a disparity between number of people accessing the scheme and people disclosing a disability. Note: This action has a staggered start date to enable work to disclose disabilities to be implemented.	Jan – May 2022
WDES 6 - Percentage of disabled staff compared non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	The gap between disabled and non-disabled staff has been slowly closing for this indicator therefore work in progress needs to continue. Despite this, the gap is still around 8 percentage points which may be linked to indicator 4 where higher numbers of disabled staff report experiences of harassment, bullying or abuse from their managers, this may be resulting in disabled people feeling pressured to come to work. Anecdotally, the Disabled Member's Network hears that there is a perceived hierarchy between different types of disability resulting in some staff with hidden disabilities feeling their condition doesn't warrant time off i.e. a mental health condition. If this is an issue amongst the workforce, whether disabled or non-disabled and regardless of their role in the Trust, we will do more to raise awareness of different types of disability to positively impact this indicator.	
Milestones	**Promote understanding of visible and hidden disabilities and the importance of a flexible approach across the Trust, prioritising those that have line management responsibilities.**	
Actions	**Description**	**Timescale**
6a.	Implement a programme of conversations between disabled and non-disabled staff that impact on attitudes and behaviours around disability.	Sept – Apr 2022
6b.	Continue work in the Trust to support shielding staff through increased line manager contact, wellbeing conversations and providing opportunities for growth and development while shielding.	Aug – Apr 2022

6c.	Review policies and processes for flexible working and sickness related absence, and ensure they are implemented in an equitable way.	Sept – Jan 2022
6d.	Communicate successful examples of understanding and flexibility.	Sept – Aug 2022
WDES 7 - Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	This indicator has seen the largest percentage gap of 16 points between disabled and non-disabled staff in 2020, in the previous two years the gap had been around 7-8 percentage points. The change in trend may be due to many disabled staff shielding during the pandemic, and their experiences during this time. Our staff networks tell us that many shielding staff reported experiences ranging from technical issues in accessing work material, irregularity of contact and support from line managers – particularly where line managers were re-deployed to other roles, and feeling pressured to return to work. In the year ahead, there will be an increased focus on improving a sense of inclusion and belonging amongst disabled staff including through a number of initiatives as outlined in the actions below.	
Milestone	**Implement programme of work that increases a sense of inclusion and belonging amongst disabled staff and increasing satisfaction with the extent to which the Trust values their work.**	
Actions	**Description**	**Timescale**
7a.	Continue to be part of the Disability Confident Framework.	Ongoing
7b.	Ensure communications to staff and feedback requested is appropriate for and inclusive of disabled staff.	Sept – Dec 2021

7c.	Improve experiences of shielding staff through better health and wellbeing support, improved technology, appropriate return to work plans and access to growth and development initiatives.	Sept Mar 2022
7d.	Identify positive role models – particularly in senior positions – invite them to share experiences of achieving their career goals while having lived experience of a disability.	Sept – Aug 2022
WDES 8 - Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	This indicator has increased slightly since last year and work will take place in the next year to continue this upward trend. We will ensure that all staff, particularly those with line management responsibilities, are aware of reasonable adjustments available for disabled staff, and ensure senior managers are promoting a culture where adjustments such as flexible working are encouraged; as well as an understanding of the support the Access to Work programme and the Health at Work team can provide. The introduction of disability passports is currently being explored that can be carried by staff with disabilities to highlight adequate adjustments they need. We will also work collaboratively with the staff networks to complete anecdotal surveys to gain a deeper understanding of the experiences of disabled staff in accessing adequate adjustment(s).	
Milestones	**Promote support available to disabled staff including reasonable adjustments to workforce – particularly those with line management responsibilities – and conduct anecdotal survey to understand the experiences of disabled staff in accessing and adequate adjustment(s).**	
Actions	**Description**	**Timescale**
8a.	Demonstrate promotion of support available to disabled staff across workforce such as reasonable adjustments, particularly to line managers.	Sept – Mar 2022

8b.	Implement disability passport scheme for staff with disabilities.	Sept – Aug 2022
8c.	Conduct surveys twice a year about adequate adjustment(s) amongst disabled staff.	Sept – Aug 2022
WDES 9 – a) The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation **b) Has your organisation taken action to facilitate the voices for your disabled staff to be heard? (yes) or (no)**	The gap in the engagement score between disabled and non-disabled staff has reduced slightly in the last year and we will work to continue closing this gap through the programme outlined in this report. Our ambition is to move beyond engagement of disabled staff to an approach where we co-produce work together, so disabled staff feel not only more engaged but also that their involvement is valued. One of the ways we will do this is working with the Disabled Member's Network to agree priorities and work programme that is being developed in response to our latest Access Audit. Yes – The Trust has a Disability Staff Network and is part of the Disability Confident Framework.	

East and North Hertfordshire NHS Trust

Agenda Item: 11

TRUST BOARD - PUBLIC SESSION – 1 SEPTEMBER 2021

EAST AND NORTH HERTFORDSHIRE NHS TRUST ANNUAL REPORT AND ACCOUNTS 2020-21

Purpose of report and executive summary (250 words max): Please find attached the East and North Hertfordshire NHS Trust Annual Report and Accounts 2020-21, for formal publication via the Trust Board meeting papers. The Annual Report and Accounts 2020-21 were approved and submitted in July, following delegated authority for their approval being granted to the Audit Committee by the Trust Board in May. The Independent auditor's report to the directors of East and North Hertfordshire NHS Trust is included and starts on page 91 of the report.		
Action required: For information		
Previously considered by: Approved by the Audit Committee with delegated authority from the Trust Board.		
Director: **Chief Executive**	**Presented by:** **Deputy Chief Executive**	**Authors:** **Various**

Trust priorities to which the issue relates:		**Tick applicable boxes**
Quality:	To deliver high quality, compassionate services, consistently across all our sites	☒
People:	To create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce	☒
Pathways:	To develop pathways across care boundaries, where this delivers best patient care	☒
Ease of Use:	To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff	☒
Sustainability:	To provide a portfolio of services that is financially and clinically sustainable in the long term	☒

Does the issue relate to a risk recorded on the Board Assurance Framework? (If yes, please specify which risk) Not specifically but refers to risk management policies and processes
Any other risk issues (quality, safety, financial, HR, legal, equality): Refers to risk management policies and processes

Proud to deliver high-quality, compassionate care to our community

East and North Hertfordshire NHS Trust

Annual Report and Accounts

2020/21

Proud to deliver high-quality, compassionate care to our community

Contents

Performance Report

Accountability Report

Annual Accounts for 2020/21

Performance Report

Introduction

Welcome to the Trust's annual report and accounts for 2020/21. This report comprises three sections:

- The Performance Report, which provides information about the Trust in relation to its main objectives, strategies and the principal risks it faces.
- The Accountability Report, which looks at our corporate governance arrangements, as well as remuneration and staff related data.
- The Financial Statements and related notes for the financial year.

The report covers the period of April 2020 to March 2021 – a year of uncertainty and sadness for many, and a year in which our staff stepped up to support our communities throughout the greatest challenge in the history of the NHS.

I cannot say enough how proud I am of our people – who have worked tirelessly and shown such courage, commitment and innovation throughout.

And while we move into brighter times, with the easing of lockdown, and the success of the NHS vaccination programme, we are aware of the task ahead of us to ensure that those who have waited patiently for treatment can be seen as quickly and safely as possible.

As in early 2020, our communities have continued to support the trust, our patients and our staff – including donating to our 'Here For Each Other' charity campaign. Through our East and North Hertfordshire Hospitals' Charity, we have raised over £2m (in donations, donations in kind, and through the national NHS Charities Together). These funds are being used to improve patients' experience (for example helping patients to stay in touch with loved ones using iPads), and also to support our staff (for example refurbishing staff rest rooms and wellbeing and mental health initiatives).

I'd also like to highlight the incredible work of our volunteers. Our Butterfly Volunteers have continued to provide a much needed service during the pandemic, being with patients at the end of life, and ensuring no one dies alone. Our volunteers have helped our patients to stay in touch with each other, by taking messages from family and supporting video calls, and they have helped reduce the spread of infection by manning "face mask stations" at our entrances. And I know that many of our volunteers felt frustrated that they could not come to our hospitals – please know that you are valued and we look forward to welcoming you back soon.

As we look ahead to the next year, it is clear that close, collaborative partnership working is essential to tackling the demands of those patients who require care – including working in a world where Covid-19 may always be present.

We have built on our strong partnerships within the Hertfordshire and West Essex Integrated Care System (ICS) and have further developed collaborations with our neighbouring trusts – for example the virtual Covid-19 ward in partnership with Hertfordshire Community Trust,

and the developing vascular network with West Hertfordshire Hospitals NHS Trust and The Princess Alexandra Hospital NHS Trust.

The Trust is also playing a leading role in developing and delivering place-based care, co-chairing the East and North Hertfordshire Integrated Care Partnership (ICP) Board.

Our Chief Executive, Nick Carver, recently announced his intention to retire at the end of the year after 19 years leading the Trust and 42 years working in the NHS. On behalf of the board, I want to thank Nick for his vision, leadership and inspiration which has transformed healthcare for the residents of East and North Hertfordshire. His commitment to the Trust has been unwavering, he has been passionate about delivering high quality care for our communities and developing and supporting our staff to be the best that they can be. Nick will continue as CEO until the end of December giving us time to find his successor and ensure as smooth a transition as possible.

Only by continuing to work together with our partners, and supporting our staff as best we can, will we continue to deliver on our vision:
Proud to deliver high-quality, compassionate care to our communities.

Ellen Schroder

Chair

Performance Overview

This purpose of this section of the report is to provide summary information regarding the Trust, its purpose, the key risks to the achievement of its objectives and how it has performed during the year. This section includes:

- The Chief executive's statement
- An overview of the Trust, its strategic objectives, organisational structure, services provided and population served
- Summary of the Trust's performance (covering clinical, operational, financial and workforce)
- Statement on adopting Going Concern basis

The second section of the performance report provides more detailed analysis of the Trust's performance over the period.

The financial performance figures included in this report relate to the Trust as a single entity and do not materially differ to the Group.

Chief Executive's Statement

I would like to start by thanking all of our staff for the commitment, flexibility and compassion they have demonstrated throughout the pandemic. As we have worked through the greatest challenge many of us will see in our lifetimes, your professionalism has inspired me every day. Thank you.

As the pandemic took hold in early 2020, as a board we agreed that our priorities were to be:

- to provide the best possible care for our patients
- to provide the best possible support for our staff

The way in which our people, and those across our local health and care system, have worked together towards these two aims is incredible, and there is no greater demonstration of this than the success of the vaccination programme. Working with partners, as one of the very first hospital vaccination hubs in the country, the trust delivered over 30,500 vaccinations to patients and our staff. Vaccination remains our route out of the pandemic, and I am proud that the trust played such a key role in the programme.

High-quality, compassionate care for our patients

In the year to March 2021, the Trust treated 2,372 patients with Covid-19 including, where clinically appropriate, 329 patients in our critical care department. Despite our best care, sadly 503 patients died, and we lost two members of our staff to the virus – Dr Abdy Sedghi, and Donna Beaumont.

As we needed staff to support in Covid-19 wards and in critical care, some less urgent and elective procedures were postponed at points through the year. However I am pleased to say that in the six months up to December 2020 (following which we were again required to postpone some elective procedures), we recovered our outpatient appointments to 100% of our 2019 activity, and 90% of day case, elective and outpatient procedures, treating patients on the basis of clinical need.

And of course, emergency, urgent and cancer procedures continued throughout the year, working closely on many occasions with our partners in the independent health sector.

Indeed, our cancer performance has been maintained – and we are amongst the best in the country for the 62-day pathway, meeting it for 10 months of the year – ensuring our patients with cancer are treated in a timely fashion.

The trust's mortality rate is also amongst the lowest in the country, both when measured using the Summary Hospital Level Mortality Index, and the Hospital Standardised Mortality Ratio.

Our people

A comprehensive support package has been in place for our staff throughout the pandemic, with both physical and mental health support, and access to clinical psychologists.

Staff areas are being refurbished, following charity funding, allowing for better rest and relaxation.

We were pleased to win the Wellbeing at Work Parliamentary Award for the east region, and we look forward to the national awards this summer, for which we have been shortlisted.

In April 2021 we welcomed Thomas Pounds to the Board as our new Chief People Officer, following a period of time in the interim role, and Mark Stanton joined the Board in February as Chief Information Officer.

The journey ahead

Our challenge ahead remains recovering safe services for our communities, many of whom have been waiting patiently for non-urgent treatment as the focus has rightly been on treating patients with Covid-19. We are already performing well against targets for outpatient, day case and elective activity, and the trust remains committed to further improving this.

It has been an immense privilege of mine to have led the Trust since November 2002 and, although the pandemic has delayed things slightly, it was always my intention to retire this year. But my commitment to the Trust and to our patients does not end today. Between now and the day of my departure the priority is to restore services as quickly as possible and to address the needs of the people we are here to serve. This is a very special organisation that employs some of the finest people in our society and I will work to ensure a smooth transition to a new Chief Executive by the end of the year.

Nick Carver
Chief Executive
5 July 2021

About the Trust

East and North Hertfordshire NHS Trust was created in April 2000, following the merger of two former NHS trusts serving the east and north Hertfordshire areas. Today, the Trust provides a wide range of acute and tertiary care services from four hospitals, namely: the Lister in Stevenage; New QEII in Welwyn Garden City; Hertford County in Hertford; and the Mount Vernon Cancer Centre in Northwood, within the London Borough of Hillingdon.

Since October 2014, the Lister has been the Trust's main hospital for specialist inpatient and emergency care. The New QEII hospital, which was commissioned by the East and North Hertfordshire Clinical Commissioning Group, opened fully from June 2015 and provides outpatient, diagnostic and antenatal services, along with a 24/7 urgent care centre. Hertford County also provides outpatient and diagnostic services. The Mount Vernon cancer centre provides tertiary cancer services including radiotherapy, chemotherapy and immunology services.

The Trust owns the freehold for each of the Lister and Hertford County; the New QEII is operated on behalf of the NHS by Community Health Partnerships and the Mount Vernon Cancer centre operates out of facilities owned by the Hillingdon Hospitals NHS Foundation Trust.

The area served by the Trust for acute hospital care covers a population of nearly 650,000 people and includes south, east and north Hertfordshire, as well as parts of Bedfordshire. The Mount Vernon Cancer Centre provides specialist cancer services to some two million people from across Hertfordshire, Bedfordshire, Luton, north-west London and parts of the Thames Valley. The Trust's main catchment is a mixture of urban and rural areas that are in close proximity to London. The population is generally healthy and affluent compared to England averages, although there are some pockets of deprivation – most notably in parts of Cheshunt, Hatfield, Letchworth, Stevenage and Welwyn Garden City. Over the past decade, rates of death from all causes, early deaths from cancer and early deaths from heart disease have all improved and are generally similar to, or better than, the England average.

The birth rate is slightly above the England average, with the Trust's core catchment population forecast to rise by just under 10% over the 10 years to 2026; the most significant growth is expected in people aged 45 to 74 years (although rates of increase in those aged 75 and over are likely to have the greatest impact in terms of health needs). Black and minority ethnic groups (i.e. non-white British) make up approximately 10% of the population in east and north Hertfordshire.

Through the Lister, QEII and Hertford County, the Trust provides a wide range of acute inpatient, outpatient, diagnostic, ambulatory and urgent care services – including an emergency department and maternity care – as well as regional and sub-regional services in renal medicine, urology and plastic surgery. Approximately 6,600 staff are employed by the Trust. The Trust's annual turnover is approximately £541 million.

East and North Hertfordshire NHS Trust is part of the East and North Hertfordshire Integrated Care Partnership (ICP) and Hertfordshire and West Essex Integrated Care System (ICS).

Organisational Structure

The Trust completed an organisational redesign in 2020/21, reducing from four clinical divisions to two: Planned Care and Unplanned Care. Clinical leadership has been strengthened, with each division having a Divisional Medical Director, who is a senior clinician, a Divisional Nursing and Quality Director, and an Operations Director. This triumvirate structure is replicated at specialty level.

Supporting the clinical divisions are corporate teams covering areas including: finance and IT; medical practice, education and research; nursing practice; operations; strategy; estates and facilities; transformation, and workforce and organisational development.

Hertfordshire and West Essex ICS

The Trust is actively involved in the Hertfordshire and West Essex ICS at Chair, Chief Executive, director and work stream levels. The ICS's vision is to support its residents to live as healthily and independently as possible, supported by caring, effective and affordable health and care services. The ICS has a Health & Care Strategy, which has, at its heart, the principles of population health management. This means that collective resources will be delivered where they will have the greatest impact, improving the quality of care through improved, affordable services.

The Trust continues to work on a number of projects to support ICS-wide improvements including:

- Improving cancer treatment pathways – especially how we streamline pathways of care to support faster diagnosis
- Leading work to deliver an ICS-wide vascular surgery network, with a vascular hub and hybrid theatre (a combined operating theatre and interventional radiology suite) at the Lister hospital
- Improving patient flow and the sustainability of urgent and emergency care through initiatives such as Same Day Emergency Care
- Working collaboratively with ICS providers to develop an ICS pathology network and procuring a joint pathology solution to support the diagnostic needs of our patients into the future.

Further information can be found on the ICS's website: https://www.healthierfuture.org.uk/.

Strategy overview and objectives

2020/21 was the second year of the Trust's 5 year strategy to 2024. This was developed with input from our staff, patients, their families and carers, members and key stakeholders, including the Hertfordshire and West Essex STP. The Trust's vision is to be "Proud to deliver high-quality, compassionate care to our community".

The Trust has identified five Strategic Priorities:

- Quality – to deliver high-quality, compassionate services consistently across all our sites.
- People – to create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce.
- Pathways – to develop pathways across care boundaries, where this is in the best interests of patients.
- Ease of Use – to redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff.

- Sustainability – to provide a portfolio of services that is financially and clinically sustainable in the long term.

These are underpinned by our PIVOT values: **Putting** patients first; striving for excellence and continuous **improvement**; **valuing** everybody; being **open** and honest; and working as a **team**.

However 2020/21 was fundamentally different to the year we had envisioned. The Trust was impacted by, and needed to respond to the Covid-19 pandemic, with a complete change of focus for clinical and operational teams throughout the year.

The Trust responded to two waves of the pandemic; the first from March 2020 - June 2020; and the second from October 2020 – March 2021. Streaming was introduced at the front door of the Emergency Department (ED) to keep non-Covid-19 and confirmed or potential Covid-19 patients separate from each other and to reduce the risk of infection. Critical care capacity was increased, and wards switched from a specialty focus to concentrate on care of patients with Covid-19, while staff were flexed into new areas and ways of working.

The respiratory team quickly established a post-Covid-19 virtual clinic to ensure our patients were taken care of post discharge; system partners helped each other with projects to reduce attendances and admissions into the acute setting; processes to enable patients to be quickly and safely discharged when it was appropriate were established; and the system came together to set up vaccination centres, sharing knowledge, experience and protocols with each other.

Work did continue as far as possible on the Mount Vernon Cancer Centre Strategic Review, led by NHS England. This work is in response to the Trust's strategic decision that the future of the MVCC was best served by becoming part of a tertiary cancer centre. University College Hospitals London (UCLH) was selected in January 2020 as the preferred provider by a panel of stakeholders following expressions of interest. Work has continued throughout 2020/21 with UCLH, the Trust, NHSE and key stakeholders, including HealthWatch, to develop a recommended future clinical model for MVCC, which best meets future patient and service needs. Due diligence assessment has taken place but has been impacted by Covid-19. Planned transfer of services to UCLH is currently planned to take place in 2022. It is also of note that the Strategic Review supported a review of the need for the development of satellite radiotherapy services in the north of the MVCC catchment – improving access to radiotherapy for patients in the north of the MVCC catchment areas has been a long term strategic objective of the Trust.

The Trust has continued to work with system partners more locally through the East & North Hertfordshire Integrated Care Partnership (ICP), with Nick Carver, chief executive, as co-lead for the ICP with the chief executives of Hertfordshire Community Trust and East and North Hertfordshire CCG. This reinforces the Trust's commitment to play a leading role in working with our partners to develop integrated pathways of care for our local community and collaborate to find ways to enhance corporate efficiency and reduce back office costs. The ICP Partnership Board includes representation from our county council, primary care and mental health colleagues, who will together oversee the strategic development of the ICP, informed by input from our people, patients and community. This will be a key focus of our work over the coming years building on the excellent system-wide response to the Covid-19 pandemic.

Our 2020/21 objectives

The Trust identified eight key objectives for 2020/21 designed to support delivery of our strategic priorities. All eight were partially achieved, with progress being made despite two waves of Covid-19 throughout the year. These are summarised in the figures below.

Our 2021/22 Objectives

The Trust's 2021/22 priorities for the coming year are very much focussed on playing a leading role in supporting our local recovery from the pandemic, re-establishing services, whilst providing the best possible support for our staff. Alongside this we will continue to work collaboratively with our partners to innovate, improve and integrate the way we care for our community in order to provide high quality, sustainable and compassionate services that we and our community can be proud of.

The national and local healthcare environment within which ENHT operates is changing rapidly and its significant impacts are already being felt. The unprecedented ongoing impacts of the Covid-19 pandemic are of course a key element of this but they are by no means the only factors at play. The reorganisation of health systems at all levels in the NHS continues to gather pace, as does the large-scale infrastructure and build projects at provider sites near to us, such as West Hertfordshire Hospitals NHS Trust (WHHT), Princess Alexandra Hospitals NHS Trust (PAH) and Luton & Dunstable University Hospital. The reshaping of the Trust's service portfolio with the transfer of the Mount Vernon Cancer Centre to UCLH in 2022 will also represent a significant change.

As a result, the Trust will revisit its strategy throughout 2021/22, as well as the individual specialty level plans that underpin it. This refresh project will ensure that we are able to understand and adapt to the changes we can see around us, develop appropriate responses to mitigate risks and maximise opportunities.

It will be a year of change as the ICS works to become a statutory body, with finances allocated at a system level rather than directly to the Trust. With block payment for services rather than a payment by results (PbR) approach the Trust will also need to have a renewed focus on efficiency. Work with the East and North Hertfordshire Integrated Care Partnership will also continue to be key, reviewing patient pathways and making our services across the system easier to use.

Throughout 2021/22 the Trust will continue to work with Specialised Commissioners, UCLH and stakeholders to ensure the sustainability and safe transfer of cancer services provided by Mount Vernon, maintaining services at, or near, the current Mount Vernon site with a commitment not to reduce access for patients.

For ENHT the future change of ownership of MVCC prompts consideration of a new cancer strategy to continue to develop and provide innovative, high quality cancer services from the Lister and other sites, such as the New QEII, as well as a focus on enhancing rapid diagnostic services. If recommended by Specialised Commissioners, the Trust will work with partners to develop satellite radiotherapy services at Lister, improving local access to this key service for people living in North Hertfordshire, Stevenage and Central Bedfordshire.

In terms of more specialised hospital services, we expect to establish the new Hertfordshire and West Essex Vascular Surgery Network, working with our partner organisations in West Hertfordshire and Harlow to improve the resilience and quality of vascular care for our communities. We plan to commence building a hybrid theatre at Lister in 2021/22.

Renal patients in the Luton area will also benefit from the relocation of the renal dialysis unit, away from the Luton & Dunstable University Hospital to a nearby facility, giving a purpose-built space, with additional chair capacity, enhanced multi-disciplinary team and clinical areas, and easy car parking. Completion is expected in Autumn 2021.

Further detail on the risks associated with achieving the Trust's objectives is provided within the Annual Governance Statement.

Performance Appraisal

2020/21 was a year that was unlike any other in the history of East and North Hertfordshire NHS Trust, as the Covid-19 pandemic had a significant impact on all aspects of the Trust's performance. The first impacts of the pandemic were felt towards the end of the previous financial year, but continued in some form throughout the whole of 2020/21. Broadly in line with the national trend, the Trust experienced increased operational pressures during two waves of the Covid-19 pandemic, with a period of reduced Covid-19 activity in between, during which the Trust initiated plans to restore services and begin to address the demand that had accumulated as result of the required pausing of certain services. The Trust maintained a command control structure throughout the period in line with business continuity arrangements and returned to business as usual arrangements as soon as was safe and appropriate to do so.

The key performance headlines from the year are:

Financial performance:

- The onset of the pandemic led to NHSE/I issuing emergency guidance to all NHS providers. The implications of the guidance, which were ultimately extended to 30 September 2020, in effect meant that NHS trusts were funded to breakeven for the first half of 2020/21.
- For the second half of 2020/21 Trusts were advised of a financial allocation that they were required to manage within.
- At year end, East and North Hertfordshire NHS Trust reported a surplus before technical adjustments of £3.3m.
- Including technical adjustments, the Trust reported a surplus of £2.5m against a planned deficit of £1.2m.

Operational performance:

- In response to the Covid-19 pandemic, the Trust reconfigured services and wards to provide Covid-19 and Non Covid-19 areas for patients, within the emergency department, assessment areas and across the wards. All minor injuries and illnesses were redirected to the Urgent Care Centre at the New QEII Hospital to support these reconfigurations. The Trust also increased capacity in the Critical Care Unit and worked in partnership with the independent sector to continue to treat urgent and cancer patients.
- All surge capacity has been filed away or 'flatpacked' to ensure that the detailed response to Covid-19 demand and the resultant service capacity can re – emerge in response to triggers, so that the organisation remains responsive to any potential and subsequent surges.
- Performance against the key operational standards should be considered in the context of the unique challenges posed by the pandemic. The year-end performance was as follows:
    - ED Performance – year end performance was 83.47%, an improvement of over 3% compared to 2019/20 year end.
    - Cancer performance was sustained over the course of 2020/21. Across all of the cancer standards, the year-end position was compliant with 6 of the 8 standards.
    - RTT performance was in line with the national average, though it is recognised that waiting times increased substantially as a result of the Covid-19 pandemic.
    - DM01 – The diagnostics performance was in line with national performance however there was a significant deterioration due to the impact of the Covid-19 pandemic.

Quality and safety performance:

- The Trust implemented a range of safety and quality interventions in response the national pandemic. It is recognised that there was a significant risk to the delivery of high quality care during these periods, particularly an increased risk associated with the correlation with staffing pressures and ongoing high operational activity.
- The Trust treated 2,372 patients with Covid-19 across the period.
- In terms of the Trust's mortality performance over the period, this remained favourable when benchmarked:
    - HSMR – 82.5 for the 12 months to January 2021, which statistically is in the 'better than expected' range
    - SHMI – 88.3 for the 12 months to November 2020, which places the Trust within Band 3, the as 'lower than expected' range.

(Further information regarding the mortality metrics is provided in the performance analysis section on page 17).

- 55 serious incidents were reported (53 in 2019/20) including three never events (three were also reported in 2019/20).
- In 2020/21, 654 formal complaints were received across all services (from 1058 in 2019/20) within the Trust, and 2930 informal PALS (from 3693 PALS 2019/20) concerns were received.

People performance:

- The Trust continued to implement the People Strategy which was approved in January 2021, which is based on four 'People Strategy Pillars': Work Together, Grow Together, Thrive Together and Care Together, although the context of its implementation was different from that originally envisaged.
- Demand for temporary staffing increased by 10% compared to the previous financial year. This was due to the higher levels of absence and increased service demands due to Covid-19. However, agency spend remained £1.85m below NHSE/I agency ceiling targets.
- The Trust's Health at Work service was expanded to respond to the increased requirement for support and advice and a large number of staff were temporarily redeployed to other areas to support the areas of greatest pressure during the two waves of the pandemic.
- The Trust has implemented increased staff support and wellbeing initiatives in recognition of the period of pressure staff have experienced.

This performance overview section of the Trust's Annual Report has detailed how performance over the year has compared with expectation. It has also articulated the key risks that could affect the Trust in its future performance and plans. Further detail regarding how risks have been managed and changed throughout the period is available in the performance analysis and accountability report sections.

Statement on adopting Going Concern basis

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern.

In accordance with IAS 1, management has made an assessment of the Trust's ability to continue as a going concern. In making this assessment management has taken into account the Trust's income and expenditure plan for 2021/22, which is to break-even, and the current cash position of the Trust. The Trust's current cash plan for 2021/22 is not reliant on Department of Health and Social Care (DHSC) funding for cash financing with a forecast cash balance of £45m at 31st March 2022. The Board concludes there to be no material uncertainty around going concern for the period to 30 June 2022.

In light of these considerations, and having made appropriate enquiries, the Directors have reasonable expectations that the Trust will have adequate resources to continue in operational existence for the foreseeable future.

As directed by the Department of Health and Social Care Group Accounting Manual 2020/21, the Directors have prepared the financial statements on a going concern basis as they consider that the services currently provided by the Trust will continue to be provided in the foreseeable future in the public sector. On this basis, the Trust has adopted the going concern basis for preparing the accounts.

Performance Analysis

This section provides a more detailed analysis and explanation of the performance of the Trust during the year. Information covered includes:

- Key performance indicators, including how performance against them is monitored and their link to risk and uncertainties,
- An in-depth review of the Trust's clinical, quality and safety, operational, financial and workforce performance,
- Statements relating to social matters (human rights, anti-corruption and anti-bribery matters),
- A sustainability summary statement.

Key performance indicators

The Trust's key performance metrics are collated on a monthly basis into an 'integrated performance report', which is reviewed by the Board and a number of its subcommittees. This report allows effective triangulation between the data from different parts of the organisation. Ultimately, the Trust's key metrics are those that demonstrate quality and safety performance (such as infection prevention and control, incidents and complaints data), operational performance (including national performance standards such as the ED 4 hour standard and referral to treatment targets), financial performance (month end position against plan and the factors affecting that performance) and workforce performance metrics (including recruitment and retention rates, training and appraisals compliance and staff survey responses).

Risks in relation to achieving these targets are recorded and monitored through the Trust's risk management process, and ultimately the Board Assurance Framework if it is deemed that there is a risk to the Trust's strategic objectives.

Delivery against our Trust objectives

Summary information about the delivery against the Trust's 2020/21 objectives can be found on pages 10 to 13.

Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'requires improvement'. The Trust is not fully compliant with the registration requirements of the Care Quality Commission. The CQC has not taken enforcement action against the Trust during 2020/21. The following conditions remain on the Trust's registration:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

The Trust has not participated in any special reviews or investigations by the CQC during 2020/21.

Since the last inspection undertaken by the Care Quality Commission in 2019, the Trust has not received an on-site inspection. Due to Covid-19 the Care Quality Commission had to evolve their approach to regulating and develop a remote inspection programme.

In 2020/2021 CQC held the following virtual reviews:

- Following the first surge of the pandemic
  - Medicines Management
  - Infection Prevention and Control

- under the Transition Monitoring Approach:
  - Urgent & Emergency Core service – Patient FIRST Review – 29 October 2020
  - Surgery Core Service – 23 March 2020
  - Medicine Core Service (Lister) – 25 March 2020
  - Well Led Review – 30 March 2020
  - Medicine Core Service (MVCC) – 22 April 2020
  -

All the reviews were positively received and no follow up information was requested.

In-depth performance review

This section of the annual report sets out in more detail the Trust's performance in 2020/21 in relation to key areas including clinical, operational, financial and workforce performance.

Quality and Safety

The Trust has implemented multiple safety and quality interventions in response to the national pandemic incident. It has been recognised there has been a significant risk to delivering high quality care during these periods, particularly an increased risk associated with the correlation with staffing pressures and ongoing high operational activity.

New staffing models were introduced at several points throughout the year in response to significant pandemic surges, supported with rapid deployment of upskilling programmes to support staff deployment to work in unfamiliar areas as safely as possible.

The following subsections look in more detail at some specific areas of focus in relation to quality and safety:

1. **Reducing pressure ulcers**

The Trust is committed to minimising harm caused to patients whilst in hospital, particularly through the prevention of Hospital-Acquired Pressure Ulcers (HAPU) of all Categories.

- The Trust recognises the value in accurate risk assessment and early escalation to prevent the harm from hospital acquired skin damage. Risk assessments are audited monthly and on average 95% of patients are assessed for their risk of pressure ulceration and over 65% are either at high risk or very high risk.
- The Trust is fully compliant with the NHS Improvement (2018) [1] measuring and reporting of pressure ulcer framework including the recording and reporting of moisture associated skin damage (MASD) of all types.
- Every HAPU identified is reported via Datix by the ward staff and validated by a Tissue Viability Clinical Nurse Specialist (TV CNS) to ensure accurate reporting and the delivery of evidenced based wound care. A Root Cause Analysis (RCA) is

[1] NHS Improvement (2018) Pressure ulcers: revised definition and measurement

conducted at the time of validation and themes identified are fed back to ward staff. Overall themes are reported to the trust executive team and CCG via the monthly HAPU report. Category 4 HAPU are discussed at the serious incident review panel to determine if a serious incident investigation is required. Themes this year include skin inspection (23%), medical device care (18%) and equipment provision (17%). Good care could be demonstrated by nursing documentation in a further 18% and therefore no learning could be determined for these patients.

- This year we have reported 235 HAPU for the full year 2020-2021, an increase of 55% from 2019 data. It is likely this is, in part, related to the Covid-19 pandemic with 30% of pressure ulcers reported directly affecting patients diagnosed as Covid-19 positive, as these patients were often more acutely unwell and had greater use of medical devices in their care, for example ventilators.
- The Tissue Viability Team (TVT) has identified three priorities for improvement work over the coming year. Medical Device Related PU reduction in critical care, improved repositioning care on general wards in collaboration with the clinical practice team and review of SSKIN care documentation to facilitate improved documentation and delivery of care across the trust. The TVT will work alongside the quality improvement team and apply QI methodology to these projects.

2. Preventing inpatient falls

Patients admitted to the hospital are assessed for their risk of falling within 4 hours of admission. Any identified risk should have an action plan in place to minimise these risks.

During 2020/21 there were 652 inpatient falls. This represents a 12.72% reduction when compared to 2019/20. This also meets the Trust's reduction target of fewer than 832 falls set for the year 2019/20.

Financial Year	Number of Inpatient Falls	Reduction year on	% of Reduction	Number of Falls with Harms	Reduction in harm
2018-2019	806	-	-	21	
2019-2020	747	59	7.32% ⇩	14	66% ⇩
2020-2021	652	95	12.72 ⇩	11	21.4% ⇩

The Trust has sustained an average falls rate of 4.3 per 1000 bed days which is lower than the national average of falls rate of 6.6(NHSI).

The Trust has a number of measures in place aimed at minimising the risk of falling. These include use of bed rails, low rise beds, enhanced care team support and the 'Baywatch' initiative. Reducing harm from falls remains a priority for the Trust.

3. Mortality rates and learning from deaths

Learning from deaths

The Trust has an established mortality review process to enable learning and this is reported through the Mortality Surveillance Committee to the Quality and Safety Committee and Board.

The Trust continues to perform well in this area and the HSMR position for the twelve months to January 2021 is rated statistically as 'better than expected' and ranks in the top

quartile of Acute Trusts nationally. The SHMI for the twelve months to November 2020 is within the 'lower than expected' range. Although the terminology can be a little confusing, both of these ratings indicate that the Trust is performing better than expected. In January 2021 data release, the Trust achieved a Band 3 ranking for the first time since the inception of the SHMI metric in 2010, and has maintained this rating for the last 3 months. We continue to seek ways to strengthen our governance and quality improvement initiatives to support our learning from deaths framework.

Mortality rates
One of the single most important indicators when it comes to measuring the quality of NHS services is mortality rates.

Crude mortality is a straightforward analysis of the percentage of patients who died against the number of admissions to hospital. The latest available data for the Trust is set out below:

- Average rate over the last three years (to March 2021) – 1.2%
- Average for the last rolling 12 months (to March 2021) – 1.3%.

Whilst an important measure, crude mortality makes no adjustment for the complexity of patients treated. This is why additional mortality measures have been adopted across the NHS that adjust for the complexity of services provided and the case mix of patients admitted for treatment to enable comparisons between the performance of different hospitals to be made.

The two main mortality measures used are:

- Hospital standardised mortality ratio (HSMR) – data produced using the CHKS version of HSMR, which looks at patients who die in hospital
- Summary hospital-level mortality indicator (SHMI) – data produced by the NHS Digital (provides an overall rating that includes deaths following patient discharges (up to 30 days) that may be due to other causes. Unlike HSMR it does not make adjustment for palliative care, but includes patients who die in the community within 30 days of their discharge.

HSMR and SHMI ratings are now used to help the public and clinicians compare and contrast the mortality rates, over time, of NHS trusts across the country. The average statistical score for two ratings is set at 100, with those organisations achieving scores of less than 100 considered to be better performing when compared to trusts of similar size and make up. Scores greater than 100 can suggest a potential problem may exist and may potentially warrant further investigation.

Both HSMR and SHMI ratings should not be looked at in isolation – rather, it is trends over time which give a better indication of likely performance.

- HSMR – the most recently published data, for the rolling annual 12-month period to January 2021, is 82.5. Statistically speaking, this falls within the 'better than expected' range.
- SHMI – the most recently published score, for the 12 months to November 2020, is 88.3 and statistically is in Band 3, the 'lower than expected range.

The Trust is pursuing an active programme of measures designed to improve quality of care and promote patient safety, with the aim also of reducing mortality.

The multi-layered effects of the Covid-19 pandemic make meaningful analysis and comparisons regarding mortality data challenging. For example, there were nearly 200 more

in-patient deaths in 2017-18 (the last year with a significant winter spike in deaths) than in 2020-21, however, during 2020-21 our in-patient numbers and casemix were at times very different. Such facts underline the dangers of comparison. CHKS, our specialist healthcare intelligence provider, is currently working on a model which will enable us to better understand our Covid-19 mortality and the underlying reasons for mortality variances between hospitals across the country during the pandemic.

At this point in time the following observations can be made:

Covid-19 Deaths Pandemic to 31 Mar-21	Definition
503	Patients who had a positive test. These deaths are reported to NHS Digital so underpin our publically reported mortality rates.
493	Patients who had a laboratory-confirmed positive Covid-19 test and died within 28 days of the first positive specimen date. This is the Public Health England national reporting definition.

The latest trend has been in line with the local region and generally Covid-19 data has shown a clear alignment with the regional and national picture. HSMR and SHMI have remained stable & largely unaffected – providing some indication that non-Covid-19 death rates have not significantly increased and the CHKS June 2020 report indicated positive performance compared to peers.

4. Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if existing national guidance or safety recommendations are in place.

The Trust reported three never events in 2020/21.

- 29/09/2020 Unintentional connection to wrong medical gas (minimum harm)
- 29/10/2020 Wrong site surgery (minimum harm)
- 22/12/2020 Wrong site surgery (minimum harm)

There are ongoing multidisciplinary quality improvement priorities in place in relation to these incidents.

5. Adult and children's safeguarding services

The Chief Nurse is the executive lead for safeguarding for the Trust, the safeguarding portfolio remains an integral aspect of patient care undertaking the duty of care under the statutory frameworks of the Care Act 2014 and Children's Act 1989 and 2004.

The Trust continues to be an active member of the Hertfordshire safeguarding boards and Partnership. The work this year has included looking at medication errors, complex case reviews, Female Genital Mutilation guidelines, Serious Crime, Violence strategy and Neglect Strategy. In addition, participating in Partnership learning for serious case reviews, domestic homicide reviews, and Rapid Reviews.

All staff receive training and regular updates based on the guidelines within the Intercollegiate documents for adults and children's safeguarding, which is based on local and national safeguarding policy, research and learning from case reviews. The Trust has

continued to receive positive reviews from the CCG in its annual adult assurance and children's compliance against section 11 of the Children's Act visit.

During 2020/2021, the safeguarding service have undergone new operational structure by aligning both adults and children's services as one merged safeguarding service in order to provide a safeguarding team spanning the whole life course and further embedding a 'think family' culture within the organisation. This has led to further improvements in identifying vulnerable families and earlier intervention and more timely responses to risk and vulnerabilities.

Covid-19 effects on safeguarding risks have demonstrated a strong evidence of how social isolation increases the risk of abuse significantly. Nationally there has been an increase in safeguarding concerns in what has been referred to as a safeguarding surge, in direct correlation to the impact of the restrictions imposed in response to Covid-19. This has produced a significant increase to workload on the service, while also seeing an increased in intensity and complexity, for all the specialities within the Trust. As the lock down measures continue to ease – children and adults will become more visible to services and agencies, meaning opportunities to identify /disclose safeguarding and abuse will only increase. Agencies working with people must make the most of every opportunity to identify concerns and respond in a timely fashion.

6. Infection prevention and control

The 2020/21 pandemic has influenced a fast changing, extreme national incident response to all Infection and Prevention Control (IPC) services.

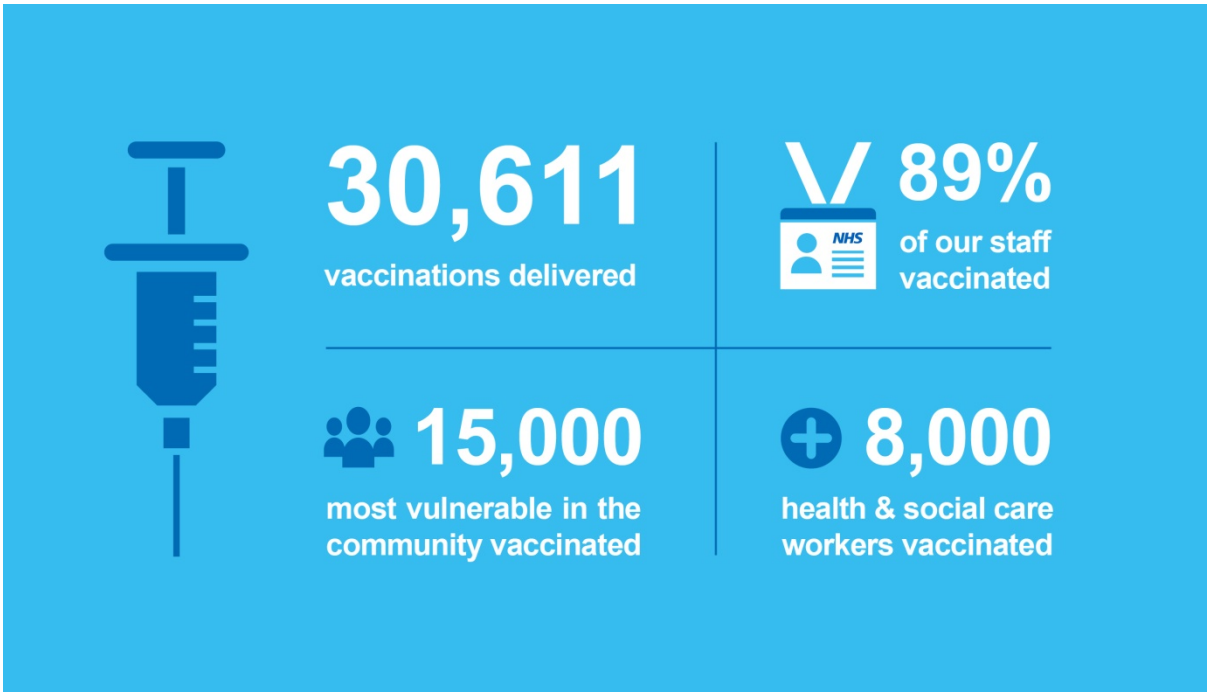
From the 27 January 2020 the Trust started managing Covid-19 as a high level priority with daily incident response meetings. This was adopted through a strong clinical and executive leadership approach in conjunction with a structured daily national emergency planning response. The IPC service responded and developed an onsite seven day service to support the Trust at this time.

Key priorities have included:

- An infection and prevention control communication and training programme to support staff understanding and awareness of Covid-19 risks and management.
- Supporting training and staff within local care homes to adopt new IPC standards.
- Introducing and embedding new national PPE requirements.
- Supporting staff undertake individual and local risk assessment across clinical and non-clinical workforce.
- Supporting the introduction of Covid-19 swabbing pod sites for the community and new Covid-19 swabbing regimes for patients while they stayed in hospital.
- Introducing a new IPC standard screening tool to enable staff to assess risk of patients presenting to services
- Supporting the development and imbedding of family and carer risk assessments when required to visit loved ones during the pandemic management.

Other key indicators show a stable picture, perhaps as a result of ongoing enhanced IPC measures in place across the Trust:

- The Trust reported zero MRSA bacteraemia hospital onset (blood infections) this year (two were reported 2019/20).
- Trust-allocated case of Clostridium difficile infections – 40 against a ceiling of 52 (57 cases last year).
- The trust has not reported any cases of Flu through winter of 2021/21.



Patient Experience

In 2020/2021 14,449 patients responded to our friends and family test survey. The Trust's FFT responses for inpatient and day cases are consistently higher than the national average for both the response rate and the proportion of patients who would recommend the Trust to their friends and family.

Throughout 2020/21 visiting has been restricted due to the pandemic to end of life family members and where carer support has been required for vulnerable adults e.g. dementia, delirium and learning disability patients. Visiting has been supported through introduction of a family liaison service and a virtual keeping in touch service.

The Trust actively encourages feedback from patients and carers as this enables good practice to be shared and changes made to improve services. The Trust has a Patient and Carer Experience Programme Board (PACE programme) which includes patient and carer representatives.

We continue to aim to provide patients and their carer's with the best possible experience whilst they are using the Trust's services. Key themes from our patient advisory liaison service are related to delays in care/treatments and poor communication.

The aim of the programme board is to drive continuous improvement and focus on doing what matters most to our patients, carers and our teams. Going forward a key objective is to build an infrastructure that supports how staff learn from examples of excellence and develop meaningful partnership and co-design working through ensuring patient and family feedback is shared with direct care giving teams.

Initiatives to improve patient and carer experience during the year include:

- ENHT Charity supported the keeping in touch service by donating devices for patient and carers to connect via video calls and access games and newspapers this way.
- A keeping in touch call centre was set up in January to help families to request clinical updates and virtual visits and a team of clinicians and team support workers fulfilled

those calls. In January and February 429 calls were successfully completed and service users reported 99% satisfaction with the service.

- Volunteers continued to support patients across the hospital. A new role of rapid response volunteers was set up as a response to Covid-19 for teams to request various kinds of team support from a volunteer on the day.
- The volunteers and the PACE team also delivered 1519 letters and 1661 photos to patients from families and friends. They also delivered knitted hearts donated to the charity to patients in hospital and sent a matching one to their loved ones to help them to feel connected.
- We set up task teams to support patient experience on the wards during the pandemic and used the learning to make improvements.

Operational Performance

A summary of performance against the key metrics is provided below:

- **A&E** (the target is for 95% of patients seen, treated and either admitted or discharged within four hours of arrival)

The Trust's year end performance was 83.47%, demonstrating improvement of over 3% on 19/20 year end performance. In year, the monthly performance figure ranged from 75.2% (January 2021) to 90.1% (July 2020). There was a circa 24% reduction in the number of attendances. This was mainly driven by the national response to the pandemic which included two periods of lockdown. New processes were implemented in ED which included stratifying of patients' Covid-19 status. Pathways were adopted that separated patients into Covid-19 and non Covid-19 areas. This was to ensure that we were compliant with IPC standards to support the reduction of microbial infections but did to some extent impact on the operational efficiency of the system.

- **Cancer performance** (eight national standards)

Cancer performance was sustained over the course of 2020/21. The 62 day cancer target was achieved for all months, except for September 2020 and February 2021 and our performance against this standard remains one of the best regionally and nationally. Across all of the cancer standards, the year-end position was compliant with 6 of the 8 standards. The Trust continues to comply with the standard on confirming or ruling out diagnosis within 28 days.

- **18-weeks referral to treatment** (RTT)

RTT performance in 2020/21 was in line with the national average although it is recognised this was below the national performance target as a result of the Covid-19 pandemic. The year-end position was 60.36%. The number of patients waiting over 52 weeks has increased as a result of our response to the Covid-19 pandemic. A comprehensive demand and capacity review has been completed and a recovery plan is in place to restore service back to the level in 2019/20.

The Trust had a robust response to Covid-19. However to support this response there was a requirement for a reduction in elective activity, due to the need to redeploy staff and free up essential capacity to respond to Covid-19 patient demand. During Covid-19 surge one there was a significant reduction in capacity for elective patients, although the Trust did maintain treatments for cancer, only delaying those patients that were clinically vulnerable. In Phase 3 recovery the Trust responded well achieving the set percentages for recovery of 90% elective activity, and 100% for both diagnostic and out patients' activity.

During the second Covid-19 surge the lessons learned from the first wave were re-enacted as part of a 'flat packing' process, resulting in a more balanced response, with cancer and outpatients continuing as expected with a smaller reduction in surgical and diagnostic activity

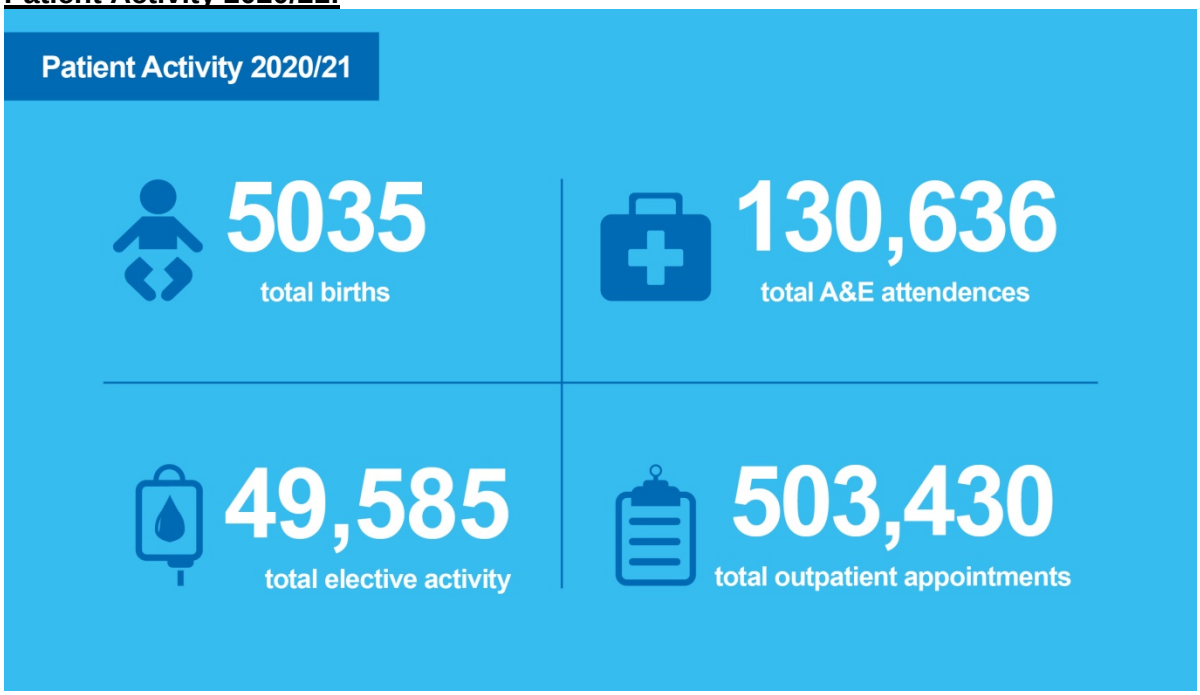
- **Diagnostics (DM01)** (less than 1% of patients should wait 6 weeks or more for a diagnostics test)

The Diagnostics performance (33.07% against the 1% target) is in line with national performance however there has been deterioration in performance as a result of the impact of Covid-19 incident management which saw a reduction in routine diagnostic activity. Diagnostic recovery focuses on delivering maximum productivity from the available diagnostic resources, supported by fundamental demand and capacity modelling work.

- **Stroke performance**

Stroke performance was impacted during the pandemic, which led to a further deterioration of performance. Disappointingly, the Trust's SSNAP grade reduced from B to C in July 2020. A recovery plan and road map has been developed, led by the clinical teams to recover the stroke standards and reinstate grade A. The roadmap includes fast tracking of the diagnostic pathway and ensuring capacity on the wards. The latest performance data that is available (at the time of writing) is February 2021. This demonstrates improvement against of a number of standards, to include CT scanning time and arrival to needle time for those patients suitable for thrombolysis treatment, but some further deterioration of the 4 hour standard for admission to the Stroke ward. Delays to admission have been further delayed due to the need for Covid-19 testing within the emergency department, to establish the infection status of the patient, which then informs their bed placement. The road map has strengthened plans for recovery of this metric. It is recognised that pathways developed in response to the Covid-19 pandemic had a further negative impact on the performance for Stroke. There is an urgent response to address these changes to ensure that there is sustained improvement towards the national target.

Patient Activity 2020/21:



Financial Performance

The Trust reported a surplus before technical adjustments of £3.3million. Including technical adjustments the Trust reported a surplus of £2.5 million against a planned deficit of £1.2 million.

The surplus has been driven by two key factors. As part of government's commitment in ensuring that the NHS was best placed to tackle the pandemic, NHS Trusts received an additional cash payment in April 2020 (repaid in March 2021) to enable the prompt payment of suppliers and prevent cash-flow causing any issues with the response. This led to the Trust holding more cash than it has in previous years, which has had the effect of reducing its Public Dividend Capital (PDC) payment by £1.5 million. The second key factor for the improved financial position is that the level of planned activity was much lower than recent years, resulting in lower costs, albeit this was partially offset by increased costs required to tackle the pandemic.

The onset of the Covid-19 pandemic led to NHS England / Improvement (NHSE / I) issuing emergency guidance to all NHS providers and commissioners on the 17th March 2020. This set out important actions that all parts of the NHS system were asked to put in place. These actions were intended to;

1. Free up resources to maximise inpatient and critical care capacity;
2. Prepare for and respond to the large number of patients requiring respiratory support;
3. Support staff and maximise their availability;
4. Support wider population measures announced on the 16th March;
5. Stress Test operational readiness;
6. Remove barriers and burdens that could impede April – August 2020. This included a revised financial framework that would apply during the incident.

Point 6 changed the financial planning process for the Trust for 2020/21. Specifically this meant that;

- Local planning processes were suspended;
- The NHS was moved to block contracts for 1st April to 31st July initially;
- Separate rules were published for financial arrangements in this period;
- Detailed requirements to record and report Covid-19 expenditure formed the basis for reimbursement.

The above financial framework was ultimately extended to 30th September 2020. This meant that in effect NHS Trusts were funded to a breakeven financial position for the first half of 2020/21. This funding was subject to a retrospective 'top-up' regime whereby Trusts were required to seek approval for Covid-19 related expenses. All such Covid-19 expenses claimed by the Trust were approved by the regulator.

On 31st July the Trust received a letter from NHS England / Improvement regarding the third phase of the NHS response to the Covid-19 pandemic. The letter set out three key priorities for the NHS in the second half of the year;

1. Accelerating the return to near-normal levels of pre-Covid-19 health services;
2. Preparation for winter demand pressures and Covid-19 resilience;
3. Doing the above in a way that takes account of lessons learned during the first Covid-19 peak.

These objectives were expected to be delivered within an environment of collaboration as part of local 'systems' (Integrated Care Systems (ICS) with focus on patient communication and partnership).

The Phase 3 letter referenced that a revised financial framework would be developed and circulated to NHS organisations that would support the objectives to be achieved. This guidance and associated financial allocations to systems was published on the 15th September 2020.

The key change between the first half of 2020/21 and second half from a financial point of view was that in the first half the Trust was funded to breakeven provided its expenses were justifiable in response to the pandemic, whereas in the second half of the year the Trust was advised of a financial allocation that it was required to manage within.

The key features of financial performance during 2020/21 were:

- Covid-19 pandemic expenses

The Trust incurred direct revenue expenditure of £28.4 million in tackling the pandemic. This expenditure was incurred through enhanced staffing rotas, backfilling staff that had tested Covid-19 positive or were required to self-isolate, expanded critical care capacity, the segregation of patient pathways including the initiation of a red and yellow emergency department, enhanced cleaning and infection control regimes and much more.

- Covid-19 lost income

As a result of the pandemic the Trust's income sources were depleted. Much Research and Development activity was paused and private patient activities within acute hospital settings were suspended. The Trusts catering facilities were restricted to staff only and car parking was initially made free for all staff and visitors (and has remained free for staff since the pandemic began). The impact of this is that the Trusts level of non-patient care income has reduced by £6.4 million versus the initial plan agreed for 2020/21. Whilst this has been mitigated by central funding the recovery of these income sources is crucial as the Trust moves out of the pandemic.

- Loss of elective activity

The Trust was required to temporarily suspend all but emergency activity in the first wave of the pandemic. Elective activity recovered strongly over the summer and into the autumn but as the impact of the second wave increased levels of elective activity reduced once more, particularly in January 2021. The value of this reduction in activity is £62.9 million. As with other lost income the impact in 2020/21 was fully mitigated by the financial arrangements put in place to tackle the pandemic, but nevertheless this figure articulates the scale of activity that the Trust must seek to recover as the pandemic is exited.

- Spend on Pay (including temporary staff)

Pay costs increased year on year by £22.3 million from £310.0 million to £332.3 million. The increase was driven by national pay awards (£7.7 million) and increased costs (£10.9 million) required in response to the pandemic. Expenditure on temporary staff increased year on year by £1.0 million from £40.2 million to £41.2 million. This was driven by increased bank costs as staff worked additional hours to support the Trust's response to the pandemic.

- Spend on non-pay (excluding financing costs)

Expenditure on non-pay (excluding financing costs) increased year on year by £6.1 million from £171.1 million to £177.2 million. The largest component of the increase was £4.1 million in relation to High Cost Drugs. This was driven by changes in cancer patient pathways and the use of more effective and costly treatments. The balance of the increase in non-pay spend relates to items required in response to the pandemic.

- PPE impact

A major impact of the pandemic has been the increase in the use of personal protective equipment (PPE). From an early stage of the pandemic the Department of Health and Social Care (DHSC) decreed that PPE would be purchased centrally and 'pushed' out to healthcare organisations daily on a needs basis. The Trust was required to account for the cost of this PPE in its accounts, with matching income to offset, thereby meaning a nil effect on the Trust's bottom line in year. The cost of PPE donated to the Trust by the DHSC was £8.0 million.

- Capital investment / donated equipment

The Trust expended £32.5 million on capital investments in 2020/21. This represents a marked increase from recent years. Significant investments were made in beginning a refurbishment of the emergency department (£6.0 million), resolving backlog maintenance issues (£4.9 million) and purchasing a new linear accelerator (£2.5 million) at the Mount Vernon Cancer Centre.

In addition £4.8 million was expended specifically in response to the pandemic. This included a ward reconfiguration and significant upgrades to our medical equipment stock enabling the Trust to increase its critical care capacity. The Trust also received donated medical equipment to the value of £2.2 million from the Department of Health and Social Care (DHSC) centrally procured medical equipment stocks; this included ventilators, patient monitoring systems and mobile x-ray machines.

- Cash

As aforementioned, as part of the government's response to the pandemic NHS Trusts received an additional cash payment in April 2020 to ensure that cash-flow did not impede organisations ability to respond to the pandemic. The Trust started the year with a cash balance of £10.8 million, had an average balance across the year of £73.7 million and has ended the year with a balance of £51.6 million. The additional cash payment was repaid in March 2021.

- Debt

In March 2020 the Department of Health and Social Care (DHSC) confirmed that all interim capital and revenue support loans to NHS Trusts would in effect be converted to Public Dividend Capital (PDC). This transaction was effected in September 2020 at which point the Trust received additional PDC of £146.9 million. This cash was then used to immediately pay down all outstanding interim capital (£6.2m) and revenue support (£140.7m) loans. As a consequence the Trust's borrowings within its current liabilities have reduced from £150.1 million in March 2020 to £3.0 million in March 2021.

Please note that the figures discussed in this section relate to the Trusts consolidated Group accounts and therefore include the performance of its wholly owned subsidiary, ENH Pharma.

People Performance

The Trust has continued to implement the People Strategy which was approved in January 2021, which is based on four 'People Strategy Pillars': Work Together, Grow Together, Thrive Together and Care Together, although the context of its implementation was different from that originally envisaged.

Each of the sections below highlights the work undertaken and planned for the following months to deliver these pillars.

Work Together

The 'work together' pillar focuses on the provision of sufficient staff through permanent or temporary arrangements to ensure that the Trust has enough people with the right skills to deliver the roles that are required to meet patient need. Workforce transformation focuses on the changing roles within the NHS to achieve excellent patient outcomes with a sustainable workforce.

Recruitment

During 2020/21, the Trust has worked steadily to recruit to vacancies and is proud to share that an all-time low vacancy rate of 2.6% against a target of 6% has been achieved. This means there are only 157 vacancies across the Trust and in March 2021, there were no zero staff nurse (Band 5) vacancies for inpatient wards.

This has been achieved through a mixture of standard recruitment activity and international nurse recruitment. International nurse recrutiment has increased significantly and is higher than originally planned at the beginning of the year due to the Trust's share of the national investment of £29m across the NHS. This funding was split into several strands; a) to support nurses in the existing pipeline waiting to be deployed b) to upscale international nursing recruitment using innovative, collaborative methods, c) to support existing staff, to achieve their OET (English language assessment) and d) increase recruitment of further international nurses.

Overall, the Trust has seen a net increase of 139 qualified nurses and 71 doctors throughout 20/21 which is a remarkable achievement in an unprecedented year.

Turnover rate in March 2021 was 11.2% and has been around 12% for the whole year which is a consistent improvement on 2019/20. Initial analysis and feedback indicates that this is directly related to staff response to the pandemic and staff members' desire to deliver care for their patients.

Temporary Staffing

Demand for temporary staffing increased by 10% compared to the previous financial year. This was due to the higher levels of absence and increased service demands due to Covid-19. However, agency spend remained £1.85m below NHSE/I agency ceiling targets despite a very challenging year. Bank spend (% of WTE) averaged at 9.8% across 20/21, which was just below the target of 10%. Agency spend (% of WTE) also averaged under the target for 20/21 at 3.4% against a target of 4%. Overall bank fill rate performance averaged at 87% across the year.

As work returns to a more business as usual basis, collaboration with the services continues around establishment reviews and ensuring that demand is accurate and reflective of requirements.

Electronic Rostering

Currently 80% of clinical staff are on the e-roster, benchmarking favourably against a national average of 59%. There are ambitions to have all staff on a roster by December 2021 providing a holistic overview across the organisation and supporting better deployment and decision making.

e-Rostering metrics (unfilled shifts and unavailability levels) were used throughout the pandemic to provide valuable insight into staffing shortfalls to allow pre-emptive mitigation of unfilled shifts and provide workforce intelligence to support temporary staffing initiatives. The e-Roster team worked closely with the senior nursing team and redeployment hub

throughout January and February 2021 to redeploy non-ward based nursing staff on to short staffed wards, with over 2,000 staff redeployed across all rosters.

Transforming our workforce
The transformation of the Trust's workforce is already underway to create a more flexible and adaptive team, providing opportunities to further develop the Trust's people, as well as improving effectiveness of critical new roles such as physician and nursing associates and the wider workforce of volunteers, carers and partners. This means supporting and enabling health professionals to work in new ways that make better use of the full range of their skills.

The demographics of our population are also changing and in the next 10 years there will be a significant increase in the number of people over 60. At the same time, there will be a drop in the working age population. These combined factors will increase the demand for health services coupled with less potential staff to meet the demand.

The Trust is therefore developing new ways of working and new roles which include digital solutions. The Trust is also working with partners across the region to develop new ways of working across the integrated care system which will support the transformation of our patient pathways.

Flexible working
Over the last year many people have by necessity worked from home or in different ways than they would have done in a pre-Covid-19 world. The digital team have supported these ways of working through virtual booking systems and appointments, meetings and through software to enable home working.

Grow Together

Under the 'grow together' pillar, education, learning and development have been brought together with teams working collaboratively to build capability in the Trust's people and teams. Through the last quarter of 2020-21 the team have been working on the people capability strategy that supports the national people plan and strategy.

The team have worked collaboratively to increase the numbers of registered nurses in the organisation. Placement capacity for students has increased as well as international nurses who require additional training to register with the NMC.

2020/21 has seen medical trainees redeployed to Covid-19 areas by developing a Covid-19 rota. Redeployment was both within and from outside the Trust. The Trust has maintained regular meetings with Health Education England during this time and all adjustments were discussed with them, particularly trainee shielding and displacements. The team have recently conducted interviews to appoint a Support Champion for return to training trainees.

There are 4th year Cambridge, 5th year UCL and Cambridge and final year UCL and Cambridge students at East and North Herts. The feedback for teaching at the Trust is usually exceptional. This year we are awaiting formal feedback however, verbal feedback has been good. Students consistently rate the Trust above other sites. In addition, a large number of medical students choose to become foundation trainees at the Trust which demonstrates that they appreciate the quality of teaching and the learning experience. In addition, a number of our junior doctors and consultants have received formal recognition of excellence in medical education from both UCL and Cambridge Medical schools.

During the first wave of the pandemic, medical students volunteered, first informally, then formally as FY1s. They provided support after hours and at weekends to nursing and medical staff. The students contributed significantly to patient care and experience and

reduced the workload of the junior doctors and nurses. The students were able to provide continuity of care and were a vital part of the team. It should be noted that several of the students that volunteered during the first wave went on to become our junior doctors in August 2020.

Statutory and Mandatory training
The challenges of the pandemic have led to the development of new ways of working and learning. Face to face training was either paused or held with a reduced capacity with social distancing. In June 2020, wherever possible, statutory and mandatory training was moved to online. This has allowed staff access to essential learning resources to keep the Trust's patients and people safe. As of March 2021 compliance was at 84.4%. Organisational recovery plans are under way to ensure our people are compliant with this training, keeping themselves and our patients safe.

Future of learning
Through the last quarter of 2020/21 the trust has invested in dedicated learning management system, this allows the Trust to provide all statutory and mandatory training via a platform that is both accessible and user friendly, the ENH Academy. The ENH Academy allows us to provide bespoke learning and development for our people including finance, quality improvement, people management skills and much more. There is additional functionality planned thought 2021 enabling the ENH academy to become the heart of learning and development for the organisation.

We have supported many in the organisation to undertake a range of apprenticeships from administrator through to MBA, this will be an ongoing piece of work that will further develop in 2021/22.

Appraisal and Talent Management
A new approach to appraisal / performance review has been developed in line with the people strategy which focusses more on the individual and their requirements to be successful, developed and engaged in their role. Using regional and national work on career conversations and the shift away from single annual moments of review, the principle of the new approach was to encourage feedback, objective review and wellbeing as a continuous process rather than an annual meeting.

Leadership development
As the peak of the first wave faded it was clear that 'back to normal' was not going to materialise in respect of development of colleagues. New tools and techniques had emerged through the first few months of the year and taking these forward in a new learning environment was essential. 'BiteSize' leadership and wellbeing sessions emerged as 30 min in person or online sessions for small groups in which new ideas could be aligned to local context. Over 500 sessions were run through the summer and autumn with the aim to be better prepared for the second wave of Covid-19 and the future that would eventually emerge. Over 75 short topics are now available and have been adapted to help colleagues at all levels and in all roles.

Through the use of the Apprentice levy and other sources the team have supported more colleagues as they undertake higher level development. Our engagement with regional and national programmes, such as the Mary Seacole, has increased. Internally a 'Senior leadership Development Programme' has commenced and emerged for the lessons of Covid-19 and the requirements to look to the future.

Several of the techniques developed have become standard practice in other organisations and the 'Healthy Leadership Rhythm' and 'Five Questions' principles have been formally

adopted and supported by the ICS. The growing collaboration and sharing of new ideas across the region will be a significant part of the future sustainability of the service.

Thrive Together

'Thrive together' focuses on the compassionate management of the Trust's people ensuring individual voices are heard and that equality and inclusion is at the heart of everything the Trust does for staff and patients.

Over the last year there has been significant progress in engaging staff networks, with five distinct groups represented from BAME, carers, disabled members, LGBTQ+ and women. These groups have actively developed programmes to improve awareness, engagement and inclusion across the organisation for workforce and health outcomes.

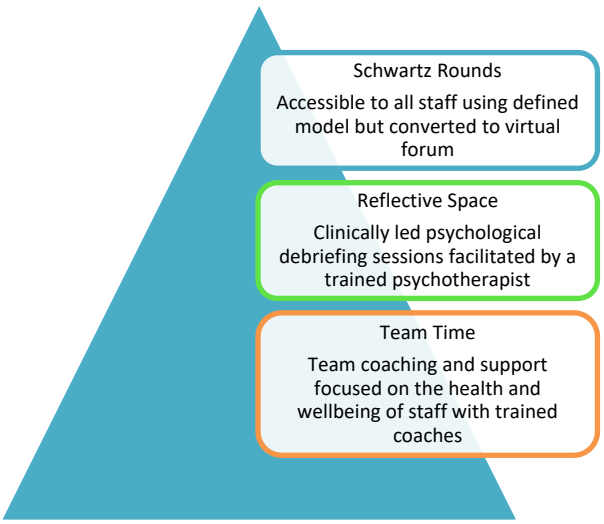
The annual reports for both Workforce Race Equality Standards and Workforce Disability Equality Standards have been published on the Trust's webpages, both of which show disproportionate effects on our staff with protected characteristics in the way we recruit and manage attendance or conduct. All of these factors will be considered by the Equality and Inclusion Committee, a new Trust Board sub-committee, which will commence in May 2021.

In response to the staff survey results, the Trust has committed to the development of its leaders to ensure compassionate management and civility and respect from all. This cultural change programme aligns with the national people plan to support inclusivity and respect in the NHS. To support the divisional teams, staff voice forums have been arranged to ensure that all staff can feedback to managers and the senior teams about their experience at work.

Care Together

Under the final pillar the Trust has aimed to ensure that all its people are safe, healthy and cared for as human beings. Throughout the pandemic this has been more important than ever and a number of initiatives have been developed to ensure this is available.

The psychological support offered to Trust staff covers a wide range of initiatives from appreciation conversations to team debriefs and a wide range of self-care and wellbeing interventions. The diagram below of the Trust's care pyramid illustrates how this is delivered to our people and as a result of this work the Trust won a Parliamentary Award.



As part of the pandemic response we were also one of the early implementer vaccine sites providing vaccinations to the over 80 year old population. This later expanded to Trust staff and contractors and has resulted in an 89% vaccination rate for staff, protecting themselves and their community.

Improved physical space is well underway with refurbishments of the coffee lounge and community hub having been completed. A survey of all staff space across the Trust has been undertaken with 82 spaces identified as requiring some improvement. It is anticipated that the completed refurbishment of spaces will be completed by end of May 2021.

East and North Hertfordshire Hospitals Charity

Despite lockdowns, restrictions and cancelled events, 2020/21 was an exceptional year for the East and North Hertfordshire Hospitals' Charity thanks to the incredible generosity, kindness and hard work of supporters, volunteers and colleagues. The highlights include the overwhelming success of the #HereForEachOther appeal which has funded a wide variety of projects including the refurbishment of staff wellbeing areas, reward and recognition activities and additional wellbeing initiatives. The Charity also coordinated the delivery of thousands of donations and gifts from the local community.

Digital performance

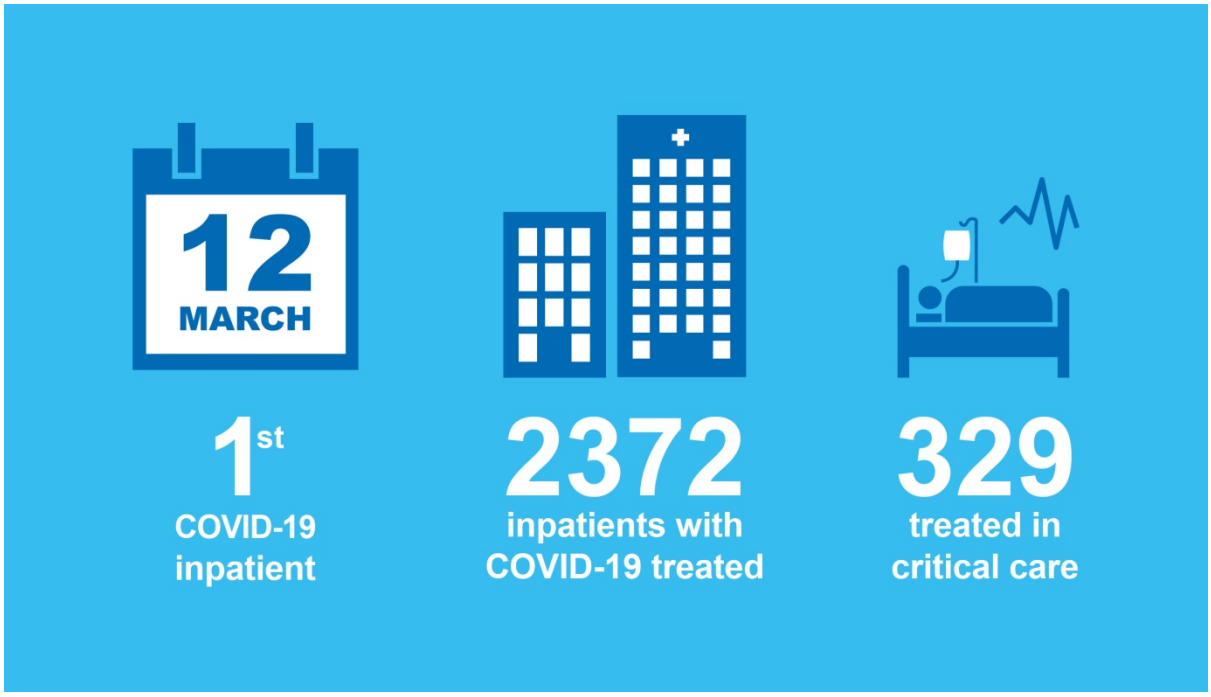
From a digital perspective, a large proportion of the year was dedicated to supporting the Trust's response to the Covid-19 pandemic in enabling both large scale remote working for staff and social distancing within the Trust along with providing technology to enable patients to communicate with loved ones.

The responses included rolling out:

- Microsoft Teams to enable virtual meetings and virtual ward rounds
- Innovative Virtualisation software to enable staff remote connectivity to systems securely using their own Home PC's as PC equipment globally became scarce.
- Software to allow consultants to carry our clinics remotely with patients
- A "Keep in Touch" service for patients using smartphones and tablets kindly donated to the Trust by local residents and businesses.

In addition to the pandemic support the Trust's digital team completed the upgrade of Trust Networks to the new Health and social care network (HSCN) to increase performance to all Trust sites as well as upgrading 5,000 PC's across the sites to Windows10 to improve access to clinical systems.

The Trust made significant steps in defining the Digital roadmap for successful entry into the Digital aspirant's programme for 21/22 and also addressed some of the legacy systems replacing key clinical systems in Renal, Gastro and Cardiology.



Research and Development

The number of Trust patients that were recruited during the period to participate in research approved by a research ethics committee was 2,566.

Providing the research and evidence base for meeting the Covid-19 challenge

During 2020/21, the Trust's Research teams reviewed their research commitments so as to identify how they could best support the response of the Trust and of the nation to Covid-19. Initially all research projects were reviewed to identify which could be paused to enable staff to focus on the nationally prioritised studies or be redeployment to frontline care. A significant contribution was made to Urgent Public Health COVID-19 Studies.

The Trust supported the national research priorities and is proud to be part of part of the Clinical Research Network in the East of England which performed very well in 2020/21 as illustrated by the highlights below:

- Overall participation in NHS research 122,000 (~3% of the East of England population).
- Overall participation in Urgent Public Health Studies 75,000.
- Overall participation in RECOVERY trial 12.9% of the eligible patients.
- Overall participation in non- Urgent Public Health Studies 47,000 (top nationally).

Continuation of cancer research

The Trust supports the delivery of cancer research at both the Mount Vernon Cancer Centre and the Lister hospital. Much of the cancer research could continue in 2020/21 and the Trust recorded the second highest recruitment to cancer studies (518 participants) in the East of England after Cambridge University Hospitals NHS Foundation Trust.

Being ready to support all research to enhance patient experience and outcome

With the pressures of the pandemic beginning to ease and Covid-19 caseloads falling, work is underway to support the recovery of research into other conditions, and to increase the strength of the UK's research base and life sciences sector.

Social matters

Throughout the pandemic, the Trust has continued to communicate with, and involve local communities and partners.

Public membership

The Trust currently has 511 public members – people who have expressed an interest in:

- Being kept informed about the work of the trust
- Sharing views and feedback with the trust
- Getting involved in focus groups and service improvement

Over the last year, our members have been involved in projects including:

- Research on data in healthcare
- The Mount Vernon Cancer Services review
- The Stevenage climate change citizens panel
- Healthwatch Hertfordshire surveys
- Our patient and carer experience group
- The trust's annual general meeting in 2020 and related events

The Trust is planning further public engagement throughout 2021/22, harnessing online technology to improvement engagement and access.

Annual General Meeting (AGM) week 2020

The Trust's AGM in 2020 took place as a virtual event, during a week of engagement on topics voted on by members and staff.

Almost 500 people watched the 6 events live across the week, with another 340 watching the recordings on catch up. The audience included stakeholders, partner organisations and charities, along with patients, member of the public, and staff.

Topics covered in the engagement webinars included digital innovation, supporting our people, the family liaison service, the future of cancer services, and a celebration of the year of the nurse and midwife.

Work with GPs

The trust continues to deliver a successful GP query helpline, providing a link between primary care and our clinicians.

While the number of GP enquiries dropped significantly during the first wave of the pandemic, calls have increased each month since, and at March 2021 we answered 101 queries, with 98% being answered within the deadline.

A new fortnightly GP email bulletin was set up in May 2020, to share service updates, changes, and improvements with our GP community and to seek views on how the trust could develop further support for GPs.

As a result of feedback, 4 Covid-19-specific online briefing and Q&A sessions were held for GPs on topics such as respiratory, paediatric care, and women's health.

Since January 2021, the trust has also hosted weekly online patient case forums for GPs to discuss particular anonymised cases with specialty consultants.

Risk Profile

The Trust currently has 12 principal risks defined on its Board Assurance Framework, each with key controls, assurance levels, gaps in controls and assurance and mitigating action identified. The Board approved two changes to the articulation of risk relating to capital reflecting the emerging shorter term risk, and ICP reflecting wider ICS emerging structures.

Following a review in October 2020 three of the risks were reduced. The risk regarding the pandemic outbreak impacting on the operational capacity to deliver services was rated 20 and reduced to 15 in February 2021. The two risks remaining rated at 20 as at the 31 March 2021 were:

- There is short term risk of spending the capital allocation for 2020/21 and a longer term risk of the availability of capital resources to address all high/medium estates backlog maintenance, investment medical equipment and service developments (Updated Dec 2020)
- There is a risk that the Trust's Estates and Facilities compliance arrangements including fire management are inadequate leading to harm or loss of life.

The Board and its committees receive regular reports on the above to provide assurance that the mitigations are operating where this is within the Trust's ability to do so and that those mitigations are effective or further actions identified. During 2021/22 the Audit Committee will continue to undertake a deep dive review of specific risks on the BAF.

Statements Relating To Social Matters

The Trust takes very seriously its legal requirements in relation to human rights, as well as anti-corruption and anti-bribery activities.

Respect for human rights and anti-corruption / bribery matters

We are committed to taking all necessary steps to counter fraud, bribery and corruption within the NHS, through continuing to develop an open and honest culture. A clear anti-fraud and bribery policy is in place at the Trust, which was reviewed and approved by the Trust's Audit Committee in June 2020.

At the time of writing, the Trust is anticipating reporting an overall outcome of amber for the 2020/21 self-assessment against the NHS Counter Fraud Authority Standards.

TIAA are contracted as the Trust's local counter fraud specialist and are responsible for taking forward all anti-fraud work locally in accordance with national NHS Counter Fraud Authority standards; they report directly to the director of finance.

Equality of service delivery

The Trust is committed to ensuring equality of service delivery though the organisation and also to ensuring the Public sector equality duty is fulfilled more broadly.

Initial analysis of the patient treatment lists undertaken in the year indicated that a greater proportion of patients waiting over a year for treatment were from ethnic minorities. The Trust has also monitored outcomes in relation to Covid-19 by ethnicity. The initial findings from that analysis have indicated that mortality rates by ethnicity broadly mirror the demographics of the local population.

The Trust is in the process of establishing a new Trust Board sub-committee which will be focussed on the Trust's equality and inclusion agenda for both staff and patients. Additionally, the first Trust Board Development session held following the outbreak of the Covid-19 pandemic was regarding equality and diversity.

The Trust is in the process of establishing more robust mechanisms to monitor and measure performance in this area in future.

Sustainability statement

East and North Herts NHS Trust has a commitment to deliver sustainable operations, and this includes promoting the three elements of sustainable development – environmental, social and financial.

The patient sits at the heart of what we do; and we believe in health and high-quality care for all, now and for future generations. This means that the way we operate today must meet the needs of the present, without compromising the needs of future generations.

In addition, as a major employer, purchaser of goods and commissioner of services our role is to promote sustainability and actively contribute to the Government's and the NHS sustainable development agenda.

Our commitment is to ensure that we encourage and enable our staff to provide healthcare services in the most sustainable way possible, and involve patients, visitors and the wider public in helping us to meet the challenge.

Where are we now?
This year, we reflected on the 2015 – 2020 sustainability strategy to recognise the steps we have taken to improve the environmental and social sustainability of our operations and the lessons we can take forward. Our strategy focussed on carbon reduction, community resilience and social and health sustainability.

We have reinvigorated our trust wide approach to sustainability and a new sustainability group with over 25 representatives from across the trust is working together to identify opportunities to improve our environmental and social performance and deliver against initiatives. The group aims are to raise awareness on sustainable healthcare and take action to improve our operational sustainability performance. This is led by the Estates and Facilities Directorate and reports into the Trust's Strategy Committee.

Reporting
Sustainability progress is usually monitored through the sustainable development assessment tool (SDAT) and SDMP targets. The SDAT has been decommissioned and will be replaced with an updated version in 2021. The Trust has been advised by the Greener NHS team to continue working towards our existing targets until the new guidance and tools for Green Plans are released in 2021.

The most recent SDAT score estimated for the Trust was 41% in 2018. This trended behind other comparable acute trusts and highlighted areas to work on including greenhouse gas emissions, sustainable care models, green space and biodiversity, and travel.

Some initiatives implemented by the Trust recently to reduce its environmental footprint and improve its sustainability performance are summarised below.

Estates and facilities

- LED lighting installed at the Lister Hospital site in a number of corridors, particularly where daylight is minimal during winter times and in high use areas. LEDs are energy efficient and consume up to 90% less power than incandescent bulbs. Since LEDs use only a fraction of the energy of an incandescent light bulb there is a dramatic decrease in power costs and associated carbon emissions.

- Installation of 30 electric vehicle charging points is underway at the Lister Hospital site.

- Combined Heat and Power (CHP) plant continues to generate surplus power at the Lister Hospital site reducing consumption of grid electricity and delivering a reduction in the Trust's running costs.

- Recently awarded contracts in laundry, pest control, window cleaning all include new sustainability clauses and commitments for our suppliers to reduce and manage the environmental impact of the services they provide and of their own operations. This includes ISO accreditations, reducing travel emissions, energy and water consumption and minimising hazardous chemicals.

- A review of current waste contracts for the Trust has found that opportunities for efficiency and sustainable solutions can, and will, be implemented at the new contract renewal point.

Catering

- Trust catering has reduced disposables through removing plastic straws from all retail outlets and introducing recyclable containers and Vegware products. Vegware is made from plants using renewable, lower carbon, recycled or reclaimed materials, and designed to be commercially compostable with food waste, where accepted.

- Reducing food miles for all produce used in meal preparation. A review has taken place and as from the beginning of September 2019, chilled and ambient foods are now delivered on the same lorry. The team continue to work with the suppliers to reduce the number of deliveries required.

- Revised menu this year to improve the standard of food for patients. At the same time, we have reduced the menu and streamlined choices which has proved to be more efficient.

Pharmacy

- In 2019/20 the Lister site removed the anaesthetic gas, Desflurane, from use. Sevoflurane is the preferred anaesthetic used on Lister Hospital site as it is clinically effective, while also a less potent greenhouse gas and with a shorter lifetime in the atmosphere.

- For inhalers, the majority of the emissions come from the propellant in metered-dose inhalers (MDIs) used to deliver the medicine, rather than the medicine itself. The NHS Long Term Plan set targets to deliver significant and accelerated reductions in the total emissions from the NHS by moving to lower carbon inhalers, such as dry powder inhalers (DPIs). The Trust has already begun prescribing DPI inhalers over MDI where appropriate.

- Operational actions by pharmacy teams relating to storage and distribution of medicines and date management have led to, and will continue to deliver, waste reductions.

Digital

- Digital enabled new sustainable ways of working in response to the demands of the Covid-19 pandemic supporting both our staff and our patients. Including replacing and upgrading 1500 laptops with energy efficient alternatives and the introduction of video calling and instant messaging to reduce the need for face-to-face contact - resulting in over 775 video meetings and 232,750 instant messages.

- 250 new virtual desktops to support virtual clinics and there have been one million patient observations recorded digitally. Environmentally, this means fewer transport miles.

- Electronic prescribing has removed the need for a 32 page paper drug chart per inpatient.

- We have begun to identify and implement successes in digital which can be taken forward into business as usual, having a positive impact on the sustainability of our operations.

Community and services resilience

- To deliver community and services resilience, we support our staff fully in their health and wellbeing. Our staff are supported by our health at work service.

- The Covid-19 vaccine became available at Lister Hospital on 9th December 2020 the vaccine has now been offered to all staff including volunteers, students, contractors and temporary workers, by early March 2021 82% had received the vaccine.
- Our volunteer Mount Vernon Cancer Centre Environmental Sustainability Group are actively promoting sustainability awareness with staff at the centre and implementing initiatives to reduce resource use and environmental footprint.

Carbon emissions and waste reporting

Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating. This climate crisis has direct and immediate consequences for our patients, the public and the NHS. The NHS contributes 4-5% of England's carbon footprint and there are significant opportunities to reduce this impact and contribute to the UK national ambition for net zero by 2050.

While the Trust has delivered reductions in our carbon emission footprint, we have not hit our carbon emission reduction target of 34% by 2020 based on a 2007 baseline. This was a challenging national target for all NHS trusts and it is clear that the ongoing challenge is greater still, with the Climate Change Act and Net Zero NHS ambitions.

The emissions profile over the last few years is shown in Table 1.

Table 1 – Trust carbon emissions profile showing annual tonnes of CO_2e by scope

Scope	2007/08 Baseline	2016/17	2017/18	2018/19	2019/20	2020/21
Supply chain - procurement, estate, wages etc	58,231	44,882	44,257	45,159	47,179	45,860
Core – utilities, anaesthetic gas etc	16,382	12,079	12,249	14,540	19,472[2]	19,958
Travel	8,309	7,875	10,599	10,511	13,522	9,490
Total footprint (tCO_2e)	82,922	64,836	67,105	70,210	80,172	75,308

These figures are taken from the sustainability annual returns submitted by the Trust. Information may be subject to change for 2020/21 once complete returns information is submitted. The Trust has encountered issues collating data to report on our position and the approach to monitoring and reporting progress is being updated by the Sustainability Group to ensure that the required data is reported regularly and consistently throughout the year.

A number of influencing factors contribute towards our overall footprint. A key impact over the last 5 years has been the general increase in clinical activity with both ED and patient admissions this has an impact throughout the Trust increasing the use of utilities, equipment and travel.

[2] An anomaly has been identified in utilities consumption for 2019/20

A full assessment of the impact of Covid-19 on Trust carbon emissions in the year 2020/21 has not yet been established. In 2020/21 there was an apparent rise in medical gases consumption and therefore the associated carbon emissions, despite the trust moving away from the use of anaesthetic gases with higher carbon footprints.

Waste

- Waste disposal and recycling has been challenging during 2020/2021 as a result of the Covid-19 pandemic. Clinical waste has increased by 8.72% against 2019/2020 data. This is believed to be as a result of the additional PPE required by staff in treating patients with Covid-19. Domestic waste disposed of has increased by 11.03% against 2019/2020, with recycling having reduced by 27.93% against 2019/2020.

- The Domestic waste contract continues to operate on a zero waste to landfill basis, whereby domestic (black bag waste) is treated as refuse derived fuel. Cardboard has not been compacted and recycled since October 2020, but it is anticipated that we will re-launch our separate cardboard and recyclable waste during 2021.

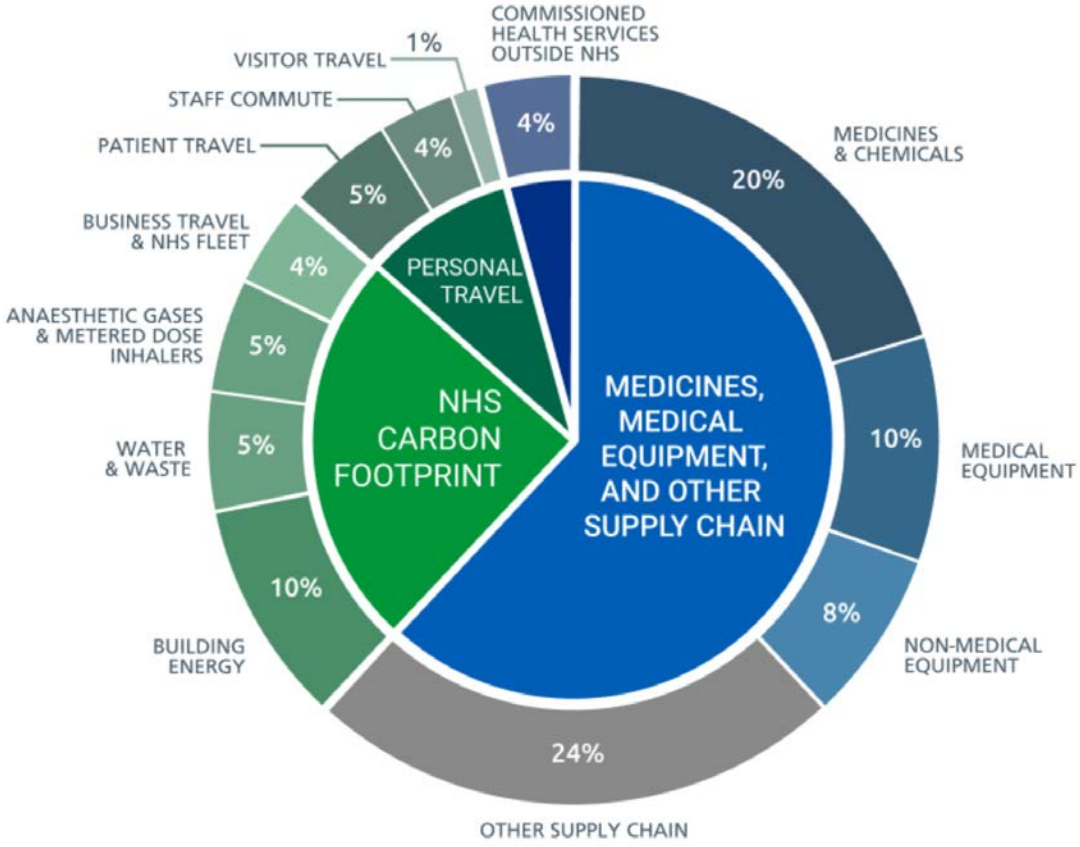
- The Trust continues to recycle fluorescent tubes, lamps, batteries, food and waste electrical and electronic equipment (WEEE waste.)

- A review of current waste contracts for the trust has found that opportunities for efficiency and sustainable solutions can, and will, be implemented at the new contract renewal point.

Forward Plan - Where do we want to get to?
Our sustainability objectives are being updated this year and will set out the Trust carbon emission reduction targets and resource use reduction targets in line with the Greener NHS 'Net Zero NHS' national ambitions and the UK Climate Change Act (2008). With around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act.

The 'Delivering a Net Zero National Health Service' report in October 2020 has been instrumental for NHS trusts nationwide to realise the NHS contribution to carbon emissions. Figure 1 taken from the report, shows the emissions breakdown for the NHS. For our Trust, this demonstrates clearly that engagement and action to meet net zero carbon targets needs to come from across the whole Trust, our supply chains and our communities.

Figure 1 - Sources of carbon emissions by proportion of NHS Carbon Footprint Plus (Greener NHS, 2020)



The NHS Long term plan includes several commitments related to health and the environment, including efforts to tackle climate change, reduce single-use plastics, improve air quality, and minimise waste and water use. We want sustainability to be embedded across all of our Trust enabling strategies and operations so that we can effectively deliver on these commitments.

Specifically for our Trust, feedback from engagement with staff has shown that raising awareness and supporting our staff and communities to be sustainable is a key opportunity area. Our goal is to improve awareness, and engage with our staff, patients and communities on sustainability initiatives. To support this, we will provide robust sustainability reporting centred around our Green Plan targets.

How are we going to get there?
We are using our sustainability performance review and stakeholder engagement to help us develop a new Trust Green Plan setting out a robust, achievable action plan to deliver our sustainability targets.

Our new Green Plan is to be launched in 2021 and will align with the NHS long term plan, the new Greener NHS guidance and crucially set out how our Trust will act on the national NHS ambition to reach Net Zero Carbon by 2045. It will be aligned with the Trust strategy and become an integral part of what we do.

Our active sustainability group will continue working with stakeholders to raise awareness and take action to improve performance. In addition, the trust has created a new role, Trust sustainability and energy manager, to lead on delivering against our commitments and drive our energy and resource use efficiency.

Key opportunity areas for the trust this year are to develop a decarbonisation strategy for our estate, roll out waste training trust wide, implement advice from the transport and travel review into a new trust travel plan, and the consolidation of waste contracts to include efficiencies and deliver environmental benefits.

Accountability Report

The accountability report consists of three sections:

- Corporate governance report
- Remuneration and staff report
- Parliamentary accountability and audit report

I can confirm that these have been prepared in adherence with the reporting framework.

Nick Carver, Chief Executive
Date: 5 July 2021

Corporate Governance Report

This part of the annual report consists of:

- The Directors' report
- Statement of the Accountable Officer's responsibilities
- The Governance Statement

Directors' Report

The Trust Board

The Trust Board plays a key role in setting the values, aims and strategic direction for our Trust. They also review our performance against our objectives as well as national targets in areas including quality and safety, operational performance and financial sustainability. It is their responsibility to make sure we have the financial and human resources we need to provide our services. Led by an independent chair and composed of a mixture of both executive and independent non-executive members, the Board has a collective responsibility for the performance of the organisation.

The purpose of NHS Boards is to govern effectively, and in so doing build patient, public and stakeholder confidence that their health and healthcare is in safe hands. The Board does this by:

- playing a central role in defining and then monitoring the implementation of the Trust's values and strategy,
- promoting the desired culture for the organisation (and ensuring this is aligned with the strategic direction and values of the Trust),
- monitoring resource requirements and performance,
- monitoring strategic risks and considering mitigations,
- ensuring effective engagement with stakeholders, and
- ensuring that workforce policies and practices are consistent with the Trusts' values.

The Board has resolved that certain powers and decisions may only be exercised by the Board at its formal meetings. These powers and decisions are set out in the Trust's standing financial orders and instructions, which include a scheme of delegation on the decisions that can be undertaken by the Board committees and specific individuals. These are reviewed on an annual basis.

The Board met in formal session on nine occasions during 2020/21, three of which were held in public. The Board had originally planned to meet in public six times in 2020/21, but this was not possible due to the impact of the Covid-19 pandemic. The Board met on a further two occasions for a Board Development session and IT solutions are now in place to enable the Board to hold public meetings virtually.

The Chief Executive and Trust Chair continue to monitor the size and the balance of skills and experience of the Board to ensure it is appropriate for the requirements of the business and the future direction of the Trust.

As at April 2021, the Board consists of a non-executive chair, five non-executive directors and five executive directors – the Chief Executive, Medical Director, Director of Nursing, Director of Finance and Chief Operating Officer. In addition, there are two associate non-executive directors and three further executive directors – the Director of Strategy, Chief People Officer and Chief Information Officer – who participate in board meetings, but do not

have voting rights. The executive and non-executive members function as a team, working closely together, although with different responsibilities.

During 2020/21, there were no personnel changes in terms of the Trust's non-executive director Board members. However, from April 2021, Mr Biraj Parmar joined the Trust Board as an associate non-executive director. Mr Parmar had been working with the Trust since March 2020 under NHS England and NHS Improvement's NExT Director scheme which supports greater diversity on boards by facilitating placements for aspiring non-executive directors from currently under-represented areas of society.

The Chair continues to review the skills and experience required from the non-executive directors for the challenges ahead.

During 2020/21 there has been one change to the executive director team. The former Chief People Officer left the Trust in October 2020. Mr Tom Pounds, the Deputy Director of Workforce, filled the role on an interim basis from 23 September 2020 for the remainder of 2020/21. Following a recruitment process, he was appointed as the substantive Chief People Officer in April 2021.

Additionally, with effect from 1st October 2020 Mrs Sarah Brierley (Director of Strategy) has been seconded on a part time basis to Hertfordshire Community NHS Trust and taken on the role of Director of Strategy for both Trusts. The costs of her employment continue to be borne by the East and North Hertfordshire NHS Trust in full.

With effect from 1st September 2020 Sam Tappenden who was previously the Director of Strategy for Hertfordshire Community NHS Trust has been seconded to the East and North Hertfordshire Integrated Care Partnership as Development Director. The costs of his employment continue to be borne by Hertfordshire Community NHS Trust in full.

By continuing to bear the full costs of employment of the two individuals, both East and North Hertfordshire NHS Trust and Hertfordshire Community NHS Trust are effectively making a broadly equitable financial contribution to the development of the Integrated Care Partnership in East and North Hertfordshire.

Lastly, following the recommendation of the NHS long term plan for every local NHS organisation to appoint either a CCIO or CIO to their board to help accelerate digitisation efforts, Mr Mark Stanton, Chief Information Officer, was appointed as a non-voting member of the Trust Board in February 2021. Mr Stanton was already a member of the Trust's executive director team, having joined the Trust as Chief Information Officer in April 2019.

The Chair and non-executive directors are appointed by NHS Improvement, on behalf of the Secretary of State for Health and Social Care (associate non-executive directors can be appointed following local recruitment policies). The normal term of office served by the chair and non-executive directors is either two or four years, renewable for a further four-year period. The maximum term is 10 years. During 2020/21, the term of one non-executive director was extended (further detail is provided in the summary chart on page 53/54).

The Chair and non-executive directors appoint the Trust's Chief Executive. Together with the Chief Executive, the Chair and non-executive directors appoint all other executive directors and determine their remuneration.

The executive directors are appointed by the Board on permanent contracts. All executive and non-executive directors undergo an annual performance evaluation and appraisal. The Chair conducts the annual performance evaluation and appraisal of the Chief Executive and non-executive directors. The Chief Executive, in turn, conducts the annual performance

evaluation and appraisal of the Trust's executive directors. The Chair is appraised by NHS Improvement. The outcomes of the appraisals of executive directors and the Chief Executive are discussed by the non- executive directors at the Board's Remuneration and Appointments Committee. The Chief Executive is not present when his appraisal is being considered by the Committee. Each Board member is required to meet the Fit and Proper Persons test. This is undertaken on appointment and reviewed annually through a self-declaration process. Board performance is evaluated further through focussed discussions at Board development days, meetings, observation, annual evaluation of the Board committees and an ongoing in-year review of the board assurance framework and delivery of the Trust's strategic objectives.

The role of the NHS Trust Chair

The Chair's role is key in creating the conditions for overall board and individual director effectiveness, with her main responsibilities being:

- Providing leadership to the Board, ensuring its effectiveness in all aspects of its role, and taking responsibility for setting its agenda,
- Helping to shape and set the culture of the Board, which should serve as an example for the rest of the organisation to follow,
- Fostering effective relations with stakeholders, both internal and external to the Trust,
- Arranging the regular evaluation of the performance of the Board, its committees and individual directors, including the Chief Executive,
- Facilitating the effective contribution of non-executive directors and ensuring constructive relations between executive and non-executive directors.

The role of Non-Executive Directors

Non-executive directors work alongside other non-executives and executive directors as an equal member of the Board. They share responsibility with the other directors for the decisions made by the Board. Non-executive directors use their skills and personal experience, including as members of their communities, to:

- Contribute to the formulation plans and strategy – bringing independence, external perspectives, skills, and challenge to strategy development.
- Ensure accountability – holding the executive to account for the delivery of strategy; providing purposeful, constructive scrutiny and challenge; chairing or participating as a member of key committees that support accountability; being accountable individually and collectively for the effectiveness of the Board.
- Shape culture and capability – actively supporting and promoting a healthy culture for the organisation; providing visible leadership in developing a healthy culture so that staff recognise non-executive directors as a safe point of access to the Board for raising concerns; championing an open, honest and transparent culture within the organisation.
- Review process, structures and intelligence – satisfying themselves of the integrity of reporting mechanisms, and financial and quality intelligence including getting out and about, observing and talking to patients and staff; providing analysis and constructive challenge to information on organisational and operational performance.
- Support engagement – ensuring that the Board acts in the best interests of patients, the public and other stakeholders; being available to staff if there are unresolved concerns; showing commitment to working with key partners.

The time commitment required of the Chair is two to three days per week and of non-executive directors is two to three days per month. To add most value, non-executive duties should not extend into operational matters – which are the responsibility of the Chief Executive and their executive director colleagues.

To support engagement with the wider organisation and the two-way flow of information, each non–executive director has been linked with a division or corporate area to work more closely with. Additionally the non-executive directors have a range of individual roles and responsibilities that are agreed with the Trust Chair often in response to national guidance and recommendations. For example, Ms Moore was appointed as the non-executive director lead for maternity safety in response to the recommendations arising from the recent Ockenden review.

The Trust Board 2020/21

This section of the annual report provides details of Board members as well as of other non-voting directors, including the Board committee membership during 2020/21.

Key to principal committee membership:
AC – Audit Committee
EC – Executive Committee
FPPC – Finance, Performance and People Committee
QSC – Quality and Safety Committee
SC – Strategy Committee
RC – Remuneration Committee
CTC – Charity Trustee Committee

Notes regarding committee attendance:
1. The Executive Committee (EC) is a weekly meeting that is attended by all executive directors, unless absent from the Trust (though this meeting was suspended for a period in response to the Covid-19 pandemic, as alternative reporting and decision making structures were in place).

2. Any Board member is welcome to attend any Board committee, whether a designated member or not; and many do so on a regular basis. In particular, the Trust Chair attends both the FPPC and QSC meetings although she is not a designated member. The committee attendance figures listed below do not take into account these additional attendances; rather they reflect attendances that are expected.

3. The Board members have been deemed as having attended a meeting if they attended for a majority of the agenda items. Partial attendance at a meeting is also recorded but not reported here.

4. It should be noted that temporary changes to some meeting structures and governance processes were made due to the Covid-19 pandemic at various points in 2020/21 and that meeting attendance may also have been affected by operational pressures at certain points in the year.

Board members

Ellen Schroder, Trust Chair

Ellen Schroder became Chair of the Trust on 1st April 2016 and was reappointed for a second term of four years on 1st April 2020. She was previously Vice Chair and Lay Member of the Camden Clinical Commissioning Group and before that, a Non-Executive Director of Imperial College Healthcare NHS Trust and its predecessor St Mary's NHS Trust where she chaired both the Audit and Finance Committees.

Ellen holds various non-executive positions including chairing the PFI companies which built Amersham and part of High Wycombe hospitals. She is also a Trustee of the Radcliffe Trust, one of the oldest charities in the UK. Her professional career covered 25 years in the City, working in corporate finance for the investment banks Dresdner Kleinwort Benson and Wood Gundy Inc.

Committee membership: SC, RC
Attendance: Trust Board: 9 of 9, FPPC 12 of 12, QSC 12 of 12, SC 3 of 3, RC 7 of 7

Nick Carver, Chief Executive

After initially working as a hospital porter, Nick qualified as a Registered Nurse before developing his interest in health service management. In addition to his registered general nurse qualification, he holds a BA (Hons) in political theory and government, as well as an MSc in health care management. Nick was appointed as Chief Executive in November 2002, having previously been Chief Executive of the George Eliot Hospital NHS Trust in Warwickshire, prior to which he held senior roles in the West Country and South Wales. He has led the East and North Hertfordshire NHS Trust through major service change and delivered public and political support for a major reconfiguration of hospital services that delivered substantial quality and financial benefit to the local health economy. In 2013, Nick was presented with the Inspirational Leader of the Year award by Health Education, East of England. Nick is passionately committed to leadership development and is the Chief Executive lead for the widely praised Bedfordshire and Hertfordshire Aspiring Directors Development Scheme and also chairs the Midlands and East Regional Talent Board.

Committee membership: EC, QSC (core attendee), FPPC (core attendee), SC (core attendee), AC (attendee), RC (attendee)
Attendance: Trust Board 9 of 9, FPPC 10 of 12, QSC 10 of 12, AC 0 of 5, SC 1 of 3, RC 7 of 7

Bob Niven, Non-Executive Director

Mr Niven, who lives in Hatfield, is a retired senior civil servant. He joined the civil service in 1974, having graduated from Oxford University with a BA in Politics, Philosophy and Economics, followed by an MA in Political Science from Michigan State University and a BA. in Management Studies from Oxford University. His final post on retirement in 1999 was director of equal opportunities legislation policy at the then Department for Education and Employment.
Following his departure from the civil service, Mr Niven became the Chief Executive of the Disability Rights Commission until September 2007. After a number of Board appointments, including Chair of the Mental Health Helplines Partnership and at the Office of the Public Guardian, Mr Niven served as the resident independent adviser to the Israeli Equal Employment Opportunities Commission under a twoyear, EU-supported capacity-building project until February 2012.

Committee Membership: FPPC, AC, CTC, RC
Attendance: Trust Board 9 out of 9, FPPC 12 out of 12, AC 5 out of 5, CTC 5 out of 5, RC 7 of 7

Val Moore, Non-Executive Director
Val Moore, who lives in Cambridge, worked in several roles for the National Institute for Health and Care Excellence (NICE) between 2006 and 2015 – most recently as its implementation programme director. Originally trained as a science and physical education teacher, Val moved into the NHS in 1990 working in health promotion prior to taking up roles including as executive director in the former Cambridgeshire Health Authority and then regional director for the Health Development Agency (1999 to 2006). Val, who is also the chair of HealthWatch Cambridgeshire and Peterborough, is now on her second four-year term which commenced in September 2020.

Committee membership: QSC, RC, CTC
Attendance: Trust Board 9 of 9, QSC 12 of 12, CTC 5 out of 5, RC 7 of 7

Jonathan Silver, Non-Executive Director
Jonathan, who lives in Aldenham, studied operational research and accountancy at Strathclyde University, graduating in 1978. On qualifying as a chartered accountant with Grant Thornton in 1981, he moved to Fisons plc. After five years, Jonathan joined Laird plc – now a global technology company providing systems, components and solutions that protect electronics from electromagnetic interference and heat, and that enable connectivity in wireless applications and antennae systems. Following 29 years with Laird, the last 21 of which had been as its chief financial officer and main board director, Jonathan retired in 2015. He is a Non-Executive Director and Audit Committee Chairman of Henderson High Income PLC and of Spirent Communications PLC. Jonathan is also a Non-Executive Director of ENH Pharma Ltd, the Trust's wholly owned subsidiary company.

Committee membership: FPPC, AC, RC
Attendance: Trust Board 8 of 9, FPPC 12 of 12, AC 5 of 5, RC 5 of 7

Peter Carter OBE, Non-Executive Director
Peter was chief executive at the Royal College of Nursing from January 2007 to August 2015. Prior to his role at the RCN, he was chief executive of the Central and North West London NHS Foundation Trust for 12 years. Now an independent healthcare consultant, Peter was awarded an OBE for services to the NHS in 2006.

Committee membership: QSC, RC
Attendance: Trust Board 8 of 9, QSC 10 of 12, RC 7 of 7

David Buckle, Non-Executive Director (Associate)
A GP in Woodley, Berkshire for over 30 years, David also has had a long career in clinical leadership and, subsequently, medical management. In 2015, he was appointed as the medical director for the Herts Valleys Clinical Commissioning Group before retiring in early 2018; he is also a non-executive director of the Berkshire Healthcare NHS Foundation Trust. David has been a member of the Society for the Assistance of Medical Families for over three decades, becoming a director of this charity in 2017 before being voted its President in May 2018. He is also a trustee for the Stroke Association, the country's largest stroke charity.

Committee membership: QSC, RC, CTC
Attendance: Trust Board 8 of 9, QSC 11 of 12, CTC 4 out of 5, RC 7 of 7

Karen McConnell, Non-Executive Director and Deputy Chair
Karen, who lives in St Ippolyts (near Hitchin), studied Bacteriology at Newcastle University before joining the Northern Regional Health Authority as a finance trainee in 1983. In 1985 she joined the Audit Commission where she completed her accountancy training. Karen held

a variety of senior positions at the Audit Commission, including as a district auditor and regional director, before leading the Audit Practice and its 900 staff through the transition of outsourcing the Commission's work to the private sector during 2011 and 2012. Karen was appointed as the Comptroller and Auditor General (C&AG) for Jersey in January 2013 and completed her 7 year term in December 2019. In her role as C&AG she provided the States of Jersey with independent assurance that the public finances of Jersey were being regulated, controlled and accounted for in accordance with the law. Karen currently acts as an adviser to Public Sector Audit Appointments limited.

Committee membership: FPPC, AC, SC, RC
Attendance: Trust Board 9 of 9, FPPC 11 of 12, AC 5 of 5, SC 3 of 3, RC 6 of 7

Biraj Parmar, Non-Executive Director (Associate) (from April 2021)
Biraj graduated from Aston Business School and has spent over 25 years mainly in the investment and commercial banking arena. Having started in corporate finance, Biraj moved into financial markets and worked at a senior level with a number of high profile banks, most recently with Lloyds Bank, until retiring from banking in 2019. Over his career, Biraj also co-founded and led two businesses, one in the healthcare sector and the other a consultancy focused on financial services. Whilst relatively new to the NHS, Biraj has a long family connection to medicine and healthcare. He is passionate about inclusion in its broadest sense and has proudly received inspiring leadership accolades when serving in the banking sector. Having initially joined the Trust through NHS England's NExT Director scheme, Biraj became an associate non-executive director in April 2021. Biraj also now works with Rennie Grove, an end-of-life charity, as well as being an independent consultant to medium-sized businesses.

Committee membership: In 2021/22 Biraj will be a member of the FPPC, SC, RC and will chair the new Equality and Inclusion Committee.

Martin Armstrong, Director of Finance and Deputy Chief Executive
Martin started his NHS career as a national financial management trainee in 1994 at the South Tees Community and Mental Health NHS Trust. Since that time, he has worked in several financial management roles in the North-east, London and the South-east – including at the Princess Alexandra Hospital as its deputy director of finance from 2003 to 2007, followed by becoming its director of performance from 2007 to 2009. Martin's most recent role before joining the Trust in October 2016 was director of finance, information and performance at the North Middlesex University Hospital Trust. Martin was appointed Deputy Chief Executive in April 2020.

Committee membership: EC, FPPC (core attendee), AC (attendee), SC (core attendee)
Attendance: Trust Board 9 of 9, FPPC 12 of 12, AC 5 of 5, SC 3 of 3

Michael Chilvers, Medical Director
Michael has been a consultant in the Trust since 1999, in the specialty of anaesthesia and critical care. He has trained in Nottingham, Brisbane and London – including The Royal Free, University College London Hospitals, Great Ormond Street and Harefield Hospital. Michael was appointed as medical director in December 2017 and prior to this was divisional chair of the Trust's surgery division for five years.

Committee membership: EC, FPPC (core attendee), QSC (core attendee), SC (core attendee)
Attendance: Trust Board 7 of 9, FPPC 10 of 12, QSC 12 out of 12, SC 2 of 3

Rachael Corser, Chief Nurse
Rachael joined the Trust in January 2018 from West Hertfordshire Hospitals NHS Trust, where she was the deputy director of nursing and governance for just over two years. She has had previous experience of working in acute, community, integrated care and independent sector healthcare settings, at board and sub-board level. With an extensive and varied clinical background, including working as an advanced clinical practitioner, Rachael has published her own research and evaluation of developing integrated healthcare services. Rachael has an MSc in nursing research and practice innovation and is a Florence Nightingale Scholar.

Committee membership: EC, FPPC (core attendee), QSC (core attendee), CTC (core attendee), SC (core attendee)
Attendance: Trust Board 9 of 9, FPPC 7 of 12, QSC 9 of 12, CTC 1 out of 5, SC 0 of 3

Julie Smith, Chief Operating Officer
Julie qualified as a diagnostic radiographer in 1989 and as an ultra-sonographer in 1993. She has worked in a number of NHS trusts, including North West Anglia NHS Foundation Trust and Princess Alexandra Hospital NHS Trust. Julie joined our Trust in 2018 from Cambridge University Hospitals NHS Foundation Trust, where she worked for 19 years and held a number of roles – including executive intern, associate director and operations director. She was also interim chief operating officer for a three month period.

Committee membership: EC, FPPC (Core attendee), QSC (Core attendee).
Attendance: Trust Board 7 of 9, FPPC 12 of 12, QSC 9 of 12

Sarah Brierley, Director of Strategy
Sarah qualified as an occupational psychologist and has worked in a number of NHS trusts, including the Royal Free NHS Trust and the Royal London NHS Trust (St Bartholomew's Hospital). Sarah joined East and North Hertfordshire NHS Trust in 2001 and has held a number of roles including divisional director and director of business development and partnerships within the Trust. Sarah was appointed Director of Strategy in May 2019. Sarah is currently undertaking a joint role as Director of Strategy for both East and North Hertfordshire NHS Trust and Hertfordshire Community Trust (for a fixed period).

Committee membership: EC, FPPC (core attendee), QSC (core attendee), CTC (core attendee), SC (core attendee)
Attended: Trust Board 8 of 9, FPPC 12 of 12, QSC 6 of 12, CTC 5 of 5, SC 3 of 3

Duncan Forbes, Chief People Officer (to October 2020)
Duncan joined the Trust from Norfolk and Suffolk NHS Foundation Trust, where he was the executive director of human resources (HR) and organisational development (OD). Duncan left the Trust in October 2020.

Committee membership: FPPC (core attendee), QSC (core attendee), RC (attendee)
Attendance: Trust Board 3 of 6, FPPC 4 of 5, QSC 3 of 5, RC 1

Thomas Pounds, Interim Chief People Officer (from September 2020)
Thomas took the role as Interim Chief People Officer in September 2020, and was appointed on a permanent basis in April 2021, having worked previously in the Trust as the Deputy Director of Workforce and Organisational Development. Thomas began his career in the NHS in 2003, working for NHS Professionals. He joined the East and North Hertfordshire NHS Trust team in 2015 as Head of Temporary Staffing and Medical Resourcing. He then progressed to Deputy Director of Workforce and Organisational Development, leading key strategic work including the Integrated Care System bank network agreement which helped to save the NHS millions in agency costs.

Thomas is a Chartered Member of the CIPD and is passionate about the delivery of the organisation's People Strategy to create an inclusive workplace where our people can work, grow, thrive and care together.

Committee membership: FPPC (core attendee), QSC (core attendee), SC (core attendee), RC (attendee)
Attendance: Trust Board 3 of 3, FPPC 6 of 7, QSC 5 of 7, SC 1 of 3, RC 1

Mark Stanton, Chief Information Officer (non-voting Board member from February 2021)
Mark joined the Trust from Dudley Group NHS Foundation Trust in April 2019 – where he was Executive Chief Information Officer (CIO) for 4 years, delivering a successful digital programme including an electronic patient record system. Prior to joining the NHS, Mark held a number of senior IT roles within global private sector businesses including General Motors Europe, Siemens, GEC, BUPA and InHealth Group. Mark's early career was managing large-scale data centres before moving to consultancy – with the last 10 years spent in executive CIO-level roles. Mark's focus is to support the Trust in moving to a fit for purpose digital environment that supports our staff to deliver safe patient care and improve outcomes whilst integrating us into the wider health and social care economy.

Committee membership: Trust Board (core attendee), SC (core attendee)
Attendance: Trust Board 1 of 1, SC 3 of 3

Name	Title	Appointment Date	Term(s) of Office	Term of Office ends
Ellen Schroder	Trust Chair	1 April 2016	Four Years + Four Years	31 March 2024
Nick Carver	Chief Executive	18 November 2002	N/A	N/A
Robert Niven	Non-Executive Director Designate*	1 September 2013	N/A	N/A
	Non-Executive Director	6 January 2014	Four Years + Two years +Two years	5 January 2022
Val Moore	Non-Executive Director	1 September 2016	Four Years + Four years	31 August 2024
Jonathan Silver	Non-Executive Director Designate*	16 October 2017	N/A	N/A
	Non-Executive Director	1 February 2018	Two Years + Four Year	31 January 2024
Peter Carter	Non-Executive Director	3 September 2018	Four Years	2 September 2022
David Buckle	Non-Executive Director Associate*	17 September 2018	N/A	N/A
Karen McConnell	Non-Executive Director	7 January 2019	Four Years	6 January 2023

Biraj Parmar	Non-Executive Director Associate*	1 April 2021	N/A	N/A
Martin Armstrong	Finance Director	31 October 2016	N/A	N/A
Michael Chilvers	Medical Director	18 December 2018	N/A	N/A
Rachael Corser	Director of Nursing and Patient Experience	2 January 2018	N/A	N/A
Julie Smith	Chief Operating Officer	25 June 2018	N/A	N/A
Sarah Brierley	Acting Director of Strategy*	21 January 2019	N/A	N/A
	Director of Strategy*	14 May 2019		
Duncan Forbes	Chief People Officer*	3 June 2019	N/A	Left the Trust on 17 October 2020
Tom Pounds	Interim Chief People Officer*	23 September 2020 (Note: appointed as permanent Chief People Officer from April 2021)	N/A	N/A
Mark Stanton	Chief Information Officer	Board member from 9 February 2021	N/A	N/A

*****Attends and participates in Trust Board meetings, but without voting rights

Each director knows of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and has taken "all the steps that he or she ought to have taken" to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Declarations of Interests of the Board of Directors

The Board of Directors undertake a review of their conflicts of interest on at least an annual basis, as well as ensuring any interests that arise in year are declared as and when appropriate.

At each meeting of the Board and at the sub committees of the Board a standing item also requires all Executive and Non-Executive Directors to make known any interest in relation to the agenda items, including any changes to a previously declared interest that is relevant to an agenda item.

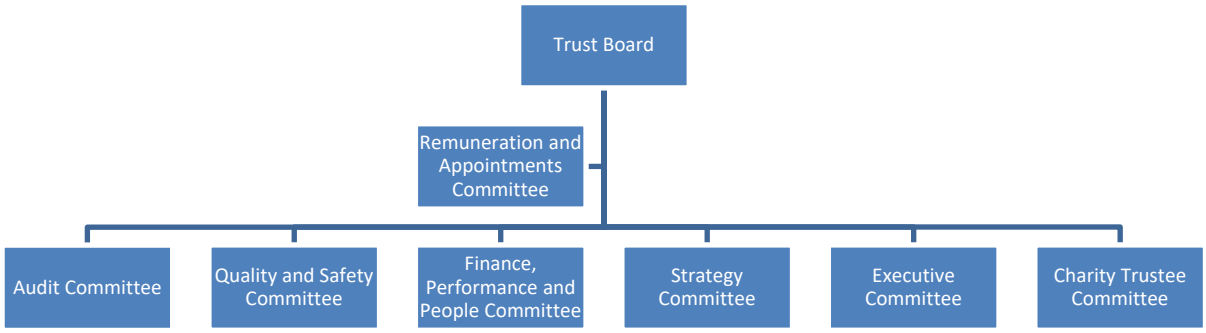
The Register of Interests is published on the Trust's website (here: https://www.enherts-tr.nhs.uk/about/board/introduction/).

Members of the public can also gain access by contacting the Trust Secretary:

Joseph Maggs, Trust Secretary
Trust Management Offices Corey Mill Lane
Stevenage SG1 4AB
Email: joseph.maggs@nhs.net

Governance structure

The Trust Board has a number of formal board assurance committees (see diagram below) that are supported by a system of line accountability through executive directors, often supported by further operational assurance groups. Each Board assurance committee provides a summary report to the next Trust Board meeting. An internal review of each committee is undertaken annually to ensure that it continues to meet its terms of reference and operate effectively.



The challenges posed by the Covid-19 pandemic required temporary changes to some of the Trust Board governance structures during 2020/21. Most meetings were streamlined to focus on core business and risks only, Board Development meetings were paused and regular (weekly or fortnightly) meetings between the Chief Executive and the Non-Executive Directors were instigated, with other attendees joining as required. These changes were enacted during both of the main surges of the pandemic in response to the increased operational pressures the Trust was facing. The structures reverted to the 'business as usual' arrangements for a period in summer and autumn 2020 and from March 2021. Lessons learned from the changes made during the first wave of the pandemic were taken into account for the subsequent and any future waves.

The *Audit Committee* holds the executive to account for the effectiveness of governance systems and the processes for managing risk. The Audit Committee membership consists of the following non-executive directors: Jonathan Silver (chair), Bob Niven and Karen McConnell.

The *Quality and Safety Committee* meets monthly (excluding August) and has a membership of three non-executive directors. The purpose of the Quality and Safety Committee (QSC) is to ensure that appropriate arrangements are in place for measuring and monitoring quality and safety including clinical governance, clinical effectiveness and outcomes, research governance, information governance, health & safety, patient and public safety, compliance with CQC regulation and some workforce issues relating to workforce capability and development, such as education and talent management, or where there is a clear and direct link to quality and safety issues. The Committee is responsible for assuring the Board that these arrangements are robust and effective and support the delivery of the Trust's Clinical Strategy and Quality Strategy.

The *Finance, Performance and People Committee* also meets monthly (excluding August) and has a membership of three non-executive directors. The purpose of the Finance, Performance and People Committee is to provide assurance to the Board that appropriate arrangements are in place to support the delivery of the financial, operational and workforce objectives which contribute to the delivery of the Trust Strategy. Through this work, the Committee plays a key role in ensuring the sustainability of the Trust.

The *Strategy Committee* was newly formed in 2020 and has a membership of three non-executive directors. The Committee meets on a bimonthly basis and is responsible for overseeing the delivery of the Trust's vision and strategic aims to 2024 and associated transformation of services. The Committee provides Board level assurance of the leadership, commitment and alignment of corporate strategies, strategic projects and service and workforce transformation agreed under the scope of the committee.

The *Charity Trustee Committee* provides stewardship of the Trust's charitable funds on behalf of the Board, which is the corporate trustee, and is responsible for the Charity's strategy.

The Trust's *Executive Committee* comprises all executive directors. This committee meets weekly and covers all major service, performance and organisational issues.

The management of the Trust's clinical services underwent a restructure in 2020. They are now devolved under two divisions, Planned Care and Unplanned Care:

- Unplanned Care:
    - Managing Director – Chinyama Okunuga,
    - Divisional Director – Jane Harper-Smith,
    - Divisional Chair – Suresh Mathavakkannan,
    - Head of Nursing – Carol Mumford.
- Planned care:
    - Managing Director – Richard Hammond,
    - Divisional Director – Claire Moore,
    - Divisional Chair – Marie Lyons,
    - Head of Nursing – Caroline Dilks.

Information governance

The Trust's assurance framework and risk register include the risks associated with the management and control of information. In this respect, the Trust has established a

framework to support compliance with the ten data security and protection standards and GDPR.

In response to the Covid-19 pandemic, the Trust opted to extend the deadline for the submission of the Data Security and Protection Toolkit 2019/20 to September 2020. The Trust declared a fully compliant position.

Progress with completion of the DSPT for 2020/21 is underway to meet the June 2021 submission and is monitored at the Trust's Information Governance Steering Group meetings which are held quarterly.

During 2020/21 we have not declared any incidents classified as Level 2 or that meet the requirements to report to the Information Commissioner's Office (ICO). All information governance incidents are reviewed by the Information Governance team and potential and actual serious incidents are reviewed in line with the national guidance through the Trust's incident review process to support learning.

External auditor

In compliance with the requirements of the NHS Shared Business Services Framework, the Trust opted to reappoint BDO LLP as the Trust's external auditors from 2020/21 on the expiry of the initial contract (and subsequent extensions) at the end of March 2020.
Since the start of the previous contract, BDO LLP has acted as external auditor for the Trust each year since 2015/16.

The external auditors attend the Trust's Audit Committee meetings and maintain regular dialogue with the Audit Committee Chair and Director of Finance to discuss audit and other issues promptly.

Internal auditor

The Trust's internal auditor (a function that is currently outsourced) is responsible for undertaking internal audit functions on behalf of the Trust. The head of internal audit reports to each meeting of the Trust's Audit Committee on the audit activity undertaken. The system of internal control is designed to manage risk to a reasonable level, rather than to eliminate all risk of failure to achieve policies, aims and objectives; therefore, it can only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The summary of the internal audit work is included in the annual governance statement.

TIAA have been appointed as the Trust's internal auditors for two years from 2020/21, with an option to extend until for a further two years.

Statement of the Accountable Officer's Responsibilities

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed: Nick Carver, Chief Executive

Date: 5 July 2021

East and North Hertfordshire NHS Trust Annual Governance Statement 2020/21

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of East and North Hertfordshire NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in East and North Hertfordshire NHS Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Board of Directors set the policy framework and strategy and provides leadership for the management of risk across the organisation. In 2020/21 the Chief Nurse was the Executive Lead for risk management supported by the Associate Director of Governance. The executive team lead on the areas of risk within their portfolios and are nominated as the lead for specific strategic risks on our Board Assurance Framework.

The Board Assurance Framework (BAF) identifies the principal risks to the achievement of the Trust's strategic objectives, together with the key controls and assurances and any gaps in those controls and assurances. Through this framework the Board gains assurance from the appropriate Executive Director that risks are being appropriately managed throughout the organisation. This is reviewed each month by the Executive Director Lead for each risk and jointly by Executive Committee. The BAF is considered by the Audit Committee, relevant Board Committee and at each public meeting of the Board. This is supported by the Directors detailed reports to the Board and its committees, which include workforce, finance, operational performance and quality and safety. The Board Committees have strengthened their scrutiny of the risks through the use of deep dives into specific areas.

The operational responsibility for risk management is managed by the relevant clinical division or corporate directorate. Each of the Trust's clinical divisions has a Managing Director, Divisional Medical Director, Divisional Operational Director and Divisional Nursing and Quality Director who are accountable for risk and governance. A process of review and challenge of divisional risks, as contained in the risk register, is conducted through the Divisional Accountability Review Meetings and Divisional Governance structures. Areas of high risk are escalated to the Audit Committee, Quality and Safety Committee (QSC), Finance Performance and People Committee (FPPC), Strategy Committee and the Trust Board. Each of the Divisions periodically attends the Board Committees for further scrutiny of their quality governance and compliance processes.

During 2020/21 we have continued to make progress towards implementing our Risk Management Strategy, Board Assurance Framework and Accountability Framework structure to ensure these provide clear and comprehensive risk management and fully support the corporate governance systems. During 2020/21 the Board and Audit Committee have regularly reviewed progress. During quarter 4 2020/2021 we have undertaken an annual review of progress and updated the Risk Management Strategy. The final documents were approved by the Audit Committee and Board in April and May 2021. During 2020/21 the Audit Committee undertook a deep dive of the Pandemic Risk.

The Associate Director of Governance ensures the Board receive support and training on risk management and in February 2019 the Board had a risk management workshop, facilitated by the Risk Manager focusing the areas outlined above including risk appetite. The Compliance and Risk Team provide support and training to staff and leadership teams on risk management and the risk register. This has been undertaken on a more individual basis over the last year. The Health, Safety and Security Team provide mandatory training on health, safety and security and fire to all staff across the organisation.

During 2020/21 the Board had two development sessions to consider key areas of strategic significance, including our strategic priorities, health inequalities, population health management and Integrated Care System (ICS) and Integrated Care Provider (ICP). The expectation is that these sessions provide strategic focus to the organisation, enabling it to proactively respond to and support the achievement of strategic priorities for the local health economy in ways which are commercially and clinically effective for the Trust.

The Chief Executive and Trust Chair continue to monitor the size and the balance of skills and experience of the Board to ensure it is appropriate for the requirements of the business and the future direction of the Trust. During 2020/21, there were no personnel changes in terms of the Trust's non-executive director Board members. However, from April 2021, the Trust welcomed Mr Biraj Parmar as an associate non-executive director. He had been working with the Trust since March 2020 under NHS England and NHS Improvement's NExT Director scheme which supports greater diversity on boards. There has been one change to the executive director team. The Chief People Officer left the Trust in September 2020. Mr Tom Pounds, the Deputy Director of Workforce, filled the role on an interim basis for the remainder of 2020/21. Following a recruitment process, he was appointed the substantive Chief People Officer in April 2021.

From 1st October 2020 the Director of Strategy has been seconded on a part time basis to Hertfordshire Community NHS Trust and taken on the role of Director of Strategy for both Trusts. In February 2021, Mr Mark Stanton, Chief Information Officer, was appointed as a non-voting member of the Trust Board in line with the recommendation of the NHS long term plan for every local NHS organisation to appoint either a CCIO or CIO to their board to help accelerate digitisation efforts.

During 2020/21Board members have sought to adapt how they keep in touch with front line services in the Trust recognising this is currently challenging whilst we are responding to the COVID-19 pandemic. On site and service visits, including examples of volunteering has been facilitated following appropriate risk assessments.

We recognise the importance of investing in our staff and supporting their well-being to ensure high-quality care and better outcomes for our patients. We have developed the ENH Continuous Improvement model – The ENH Way provides a simple, easy to understand model using familiar language and terminology for staff at every level of the organisation to adopt and use. It is a model that is underpinned by a common approach, identity and underlying toolkit that supports both local, small scale improvements, to large-scale,

complex, transformational change projects and programmes. This ENH Way dovetails with our People Strategy and supports the fundamental building blocks of our Operational Divisional Redesign, as well as our new Delivery Oversight Group meeting principles. All of which seek to develop our people capability and drive ownership and continuous improvement through services. The Quality Improvement Team has continued to support the quality improvement priorities.

The Trust is one of only 14 organisations in England chosen to be a part of the Clinical Excellence programme (part of the Pathway to Excellence programme) – the Pathway to Excellence programme is recognised globally as enabling nursing excellence and offers proven strategies to help ensure that the care that we deliver to our patients is of the highest standard. The programme was paused in wave one of COVID and relaunched in July 2021. To date three wards have achieved gold awards and six have achieved silver awards.

We seek to learn from good practice in a number of ways including from internal and external reviews, clinical audit programme, incidents, feedback from complaints and patient and carer experiences. Good practice in risk management, sharing good practice and learning the lessons is shared with all staff though governance half days, monthly patient safety newsletter, Trust daily bulletin, staff forums and the organisational development programme. Divisions use local methods including newsletters, posters, virtual staff meetings, message of the week and safety huddles. In addition, to support identifying learning from serious incidents as soon as possible, bi weekly serious incident review panels and divisional risk clinics are held to support the management and scrutiny of organisational risk.

The risk and control framework

We recognise that the provision of healthcare and the activities associated with the treatment and care of patients, employment of staff, maintenance of Trust sites and managing finances incur risks and the need to ensure there are proactive systems in place to effectively identify and manage its risks with the aim of protecting patients, staff and members of the public as well as its assets.

Our risk management strategy aims to provide the framework and outline the processes needed to support the Trust in delivering its strategic and other objectives by identifying and managing risks. Our aim is to ensure that the effective management of risk is an integral part of everyday management by having comprehensive risk management systems in place with clear responsibility and accountability arrangements throughout the Trust.

The approach to risk management includes clinical and non-clinical risk and aims to ensure that risk management is clearly and consistently integrated and not managed in silos. By achieving this we can:

- Keep our patients, staff and visitors safe and ensure high standards of patient care.
- Protect the reputation, assets and finances of the Trust.
- Anticipate changing internal and external circumstances and respond by adapting and remaining resilient.
- Remain compliant (as a minimum) with health and safety regulations, insurance, accreditation and legal requirements.

We will do this by:

- Demonstrating the application of risk management principles in all activities of the Trust.
- Clearly defining the roles, responsibilities and reporting lines within the Trust for

risk management.

- Making sure all staff understand the importance of effective risk management.
- Maintaining a comprehensive register of both clinical and non-clinical risks and reviewing the same on a periodical basis.
- Ensuring effective controls are in place to mitigate the risk and rectify gaps in control.
- Ensuring effective and documented procedures exist for the control of risk and provision of suitable information, training and supervision.
- Ensuring the Trust has appropriate Business Continuity arrangements in place.

The Risk Register is populated with risks arising from sources throughout the organisation, specifically:

- Business and Service Delivery Plans – i.e. principal risks to the Trust achieving key performance standards or safe service delivery.
- Adverse Incident Forms – if it is apparent from an adverse event form, or subsequent investigation into the adverse event, that there is a significant risk then it will be transferred to the risk register.
- Health & Safety Risk Assessments – Health and Safety risk assessments are a legal obligation for the Trust, and managers are responsible for ensuring these assessments are undertaken. Any risk identified from these assessments will be included on the Risk Register.
- Local Risk Assessments – where local assessments have identified risks.
- External Assessment/ Audit – significant risks identified by any internal / external audit e.g. Care Quality Commission, NHS Resolution, H&SE notices, will be placed on the Risk Register.
- External Guidance/ Alerts – NICE, Quality Strategies, etc. that are not yet implemented.
- Results of Feedback – Learning from our patients and the public, whether through analysis or learning resulting from complaints, claims, surveys, observation of practices etc.

Where appropriate, through consultation and direct involvement with the Trust, public stakeholders are involved in managing risks which impact on them. For example we have patient representation on our Patient and Carer Experience Group and active patient forums in a number of our specialities.

We have in place established risk assessment tools for all identified risks. These enable staff to quantify risks in their respective areas and decide what action, if any, needs to be taken with a view to reducing or eliminating those risks. A common risk score matrix is used by the Trust with risks logged onto 'local' and 'corporate' risk registers and in 2020/21 we enhanced this to support consistency in scoring the likelihood of the risk occurring by introducing the frequency of the risk occurring into the assessment. Taking into account the recommendations from internal auditors, external reviews including on corporate governance and the requirements of the Audit Committee a risk management improvement plan was developed and progress of implementation regular reviewed to support embedding proactive risk management across the organisation, provide greater scrutiny and level of oversight. Led by the Compliance and Risk team a risk clinic for each division and a review of the corporate risks has continued through 2020/21. This was adapted during the surges of COVID-19 pandemic but remained a priority. The major incident command and control structures enabled early discussion on new and emerging risks, clear escalation and mitigating actions to be agreed. We will continue the implementation of our risk appetite statements included in our Risk Management Strategy during 2021/22.The Internal Auditor annual review of the Board Assurance Framework focused on the assurance over the key controls in operation to mitigate the principal risks and whether the strength of those

assurances align to the level of risk and concluded 'substantial assurance'. Their review of the management of clinical risks concluded 'reasonable assurance.' The recommendations have been used to inform the improvement plan and priorities for 2021/22.

Board Assurance and Reporting

Our Trust Board has four established committees to discharge its responsibilities on Board assurance. These are the Audit Committee, Quality and Safety Committee, the Finance Performance and People Committee and new Strategy Committee. These are constituted as key assurance mechanisms and an annual review of each of the committees is undertaken to ensure they continue to meet their terms of reference and requirements of the code and requirements of the provider licence. They are each chaired by a Non-Executive Director. In addition, the Board has established the Charity Trustee Committee to provide assurance and support for its responsibility as a Corporate Trustee. Directors' attendance at the Board and its Committees is recorded and monitored. A review of attendance during 2020/21 has not highlighted any issues. These are reported in full in the Trust's Annual Report.

The assurance process as described below is reviewed by the Trust's Audit Committee which provides an independent and objective review of the Trust's systems of internal control to the Trust Board and in doing so holds the Executive to account for the effectiveness of governance systems and the processes for managing risk.

The Finance, Performance and People Committee (FPPC) Trust supports the governance structures and to provide assurance to the Board that appropriate arrangements are in place to support the delivery of the financial, operational and workforce objectives which contribute to the delivery of the Trust Strategy. Through this work, the Committee plays a key role in ensuring the sustainability of the Trust.

The Quality and Safety Committee (QSC), ensures that appropriate arrangements are in place for measuring and monitoring quality and safety including clinical governance, clinical effectiveness and outcomes, research governance, information governance, health & safety, patient and public safety, compliance with regulation (including CQC**)** and some workforce issues such as organisational culture and education and talent management. The Committee is responsible for assuring the Board that these arrangements are robust and effective and support the delivery of the Trust's Clinical Strategy 2019-2024 and Quality Strategy.

The Strategy Committee provides a more detailed specialist oversight of risks relating the Trust's Strategy, Digital Strategy, Sustainability and various strategy groups.

Each Executive Director is accountable to the Board and Board Committees for their defined areas of responsibility and has clear assurance systems and structures in place; these are reviewed annually with each Director.

The Accountability Framework implemented at the end of 2017/18 has now been embedded into practice supported by an integrated performance report and enhance business intelligence. This was enhanced during 2020 with the introduction Delivery Oversight Groups. The Integrated Performance Report includes the key performance measures for the Trust. The report is reviewed at every QSC and FPPC and Trust Board meeting. This provides the lead director an opportunity to highlight any risk issues relating to the metrics. In addition the Committees receive detailed reports and deep dives into specific issues, and local and national data to support its scrutiny under strategy, culture and accountability. The framework and decision making is supported by business intelligence.

The quality and safety structures support the delivery of the Quality Transformation Programme (QTP) and Quality Strategy. The QTP has five key workstreams: valuing the basics; quality governance and risk; keeping our patients safe; patient experience; quality strategy. Progress against the QTP are monitored by the Quality and Safety Committee.

COVID-19 Pandemic

The challenges posed by the COVID pandemic required temporary changes to some of the governance structures. Most meetings were streamlined to focus on core business and risks, Board Development meetings were paused and regular (mostly fortnightly) meetings between the Chief Executive and the Non-Executive Directors were instigated, with other attendees joining as required. These changes were enacted during both of the significant waves of the pandemic, in response to the increased operational pressures the Trust was facing. The structures reverted to the 'business as usual' arrangements for a period in late summer and autumn 2020 and from March 2021. Lessons learned from the changes made during the first wave of the pandemic were taken into account during the subsequent wave.

Other key steps we have taken in response to the COVID-19 pandemic include:

- Implementing a Quality Assurance Group to provide oversight and assurance on the key quality, safety and compliance areas,
- Reconfigured services and wards to provide COVID and Non COVID areas for patients. All minor injuries and illnesses were redirected to the Urgent Care Centre at the New QEII Hospital to support these reconfigurations,
- Critical Care Unit capacity significantly increased,
- Worked in partnership with the independent sector to continue to treat urgent and cancer patients,
- Our Health at Work service was expanded utilising redeployed HR staff to respond to the increased requirement for support and advice and the Trust has been proactive in considering the potential long-term mental health needs of staff and developed the staff support and wellbeing offering to all staff.
- Implemented a range of technological solutions to mitigate social distancing restrictions for patients and staff, including providing services for virtual contact between inpatients and their families as well as enabling greater numbers of staff to work from home,
- Use of technology to deliver care in different settings and ways, including virtual clinics and ward rounds,
- Provided training and resources to upskill staff and provide on the job support,
- Developed an ethical decision framework if circumstances required. We are pleased that this was not required,
- Continued to review and adjust our command and control structures and response to the pandemic to ensure they met the needs of the organisation
- Established a document management system for all the new COVID-19 guidance received and our response and evidence of compliance.
- A review of our financial governance framework was undertaken during COVID-19 to ensure our decisions to commit resources in response to COVID-19 are robust. This is monitored through our FPPC.

The impact of COVID-19 will continue to be felt into 2021/22 and the Trust will continue to flexible approach to recovering safe services in line with the operational plan.

Principal Risks

The Trust currently has 12 principal risks defined on the Board Assurance Framework each with key controls, assurance levels, gaps in controls and assurance and mitigating action identified. The Board approved two changes to the articulation of risk relating to capital (Risk 4) reflection of the emerging shorter term risk, and ICP (Risk 6) reflecting wider ICS emerging structures. Following a review in October 2020 three of the risks were reduced.

Risk 12 pandemic outbreak impacting on the operational capacity to deliver services was rated 20 and reduced to 15 in February 2021. The two risks remaining rated at 20 as at the 31 March 2021 were:

- 004/19: - There is short term risk of spending the capital allocation for 2020/21 and a longer term risk of the availability of capital resources to address all high/medium estates backlog maintenance, investment medical equipment and service developments (Updated Dec 2020)
- 011/19: There is a risk that the Trust's Estates and Facilities compliance arrangements including fire management are inadequate leading to harm or loss of life.

The Board and its committees receive regular reports on the above to assure itself that the mitigations are operating where this is within the Trusts ability to do so and that those mitigations are effective or further actions identified. During 2021/22 the Audit Committee will continue to undertake a deep dive review of specific risks on the BAF.

Developing Workforce Safeguards

Ensuring effective workforce planning, deployment of staff and safe staffing levels remains a priority. The people team have been supporting the deployment of staff to deliver care through the pandemic and have been implementing changes to deliver the people strategy. The strategy is premised on the delivery of four pillars – work together, grow together, thrive together, care together. The work together pillar focuses on the provision of sufficient staff through permanent or temporary arrangements to ensure that we have enough people with the right skills to deliver the roles that are required to meet patient need. Workforce transformation focuses on the changing roles within the NHS to achieve excellent patient outcomes with a sustainable workforce. The Chief Nurse usually undertakes a formal review of the nursing establishment twice a year and reports the outcome and recommendations to QSC and Board. This is informed by evidence-based tools (for example, care hours per patient), skill mix, professional judgement, acuity and outcomes. Due to the challenges of this last year this was unable to be undertaken in the same way. Skill mix reviews were undertaken for the critical areas in line with the surge plans. Mechanisms remain in place to forward plan and enable effective use of temporary staff and to review and deploy staff during each shift to support safety and the staff staffing levels in each area. In addition safer staffing is reported each month to QSC and Board. This information is triangulated with the COVID-19 dashboard, Integrated Performance Report and Quality and Safety Dashboard.

Our Nursing and Midwifery strategy was reviewed in 2019 and approved by Board in May 2019. Our People Strategy was reviewed in 2019 and approved by the Board in January 2020 and is aligned to support delivery of the five year clinical strategy, operational plan and culture change. We will continue to use the model hospital bench mark data to inform this and progress our workforces programme on recruitment and retention, workforce planning and skill mix reviews. All proposed clinical workforce and skill mix changes are reviewed, risk assessed for any impact on quality and signed off by the Medical Director and Chief Nurse prior to implementation.

The Trust's workforce performance relates to standards set both nationally and locally, which are reviewed with due consideration to risk through a combination of:

- Regular performance management meetings between members of the executive team and each division
- Exception reporting via the Trust's executive committee, which meets weekly
- Monthly via the Trust Board's FPPC, as well as through the committee's monthly report to the Trust Board.

CQC

The ENHT is required to register with the Care Quality Commission (CQC) and its current registration status is 'requires improvement'. The Trust is not fully compliant with the registration requirements of the Care Quality Commission. The CQC has not taken enforcement action against the Trust during 2020/21. The following conditions remain on the Trust's registration:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

The Trust has not participated in any special reviews or investigations by the CQC during 2020/21.

Since the last inspection undertaken by the Care Quality Commission in 2019, the Trust has not received an on-site inspection. Due to COVID-19 the Care Quality Commission had to evolve their approach to regulating and develop a remote inspection programme.
In 2020/2021 CQC held the following virtual reviews:

- Following the first surge of the pandemic
  - Medicines Management
  - Infection Prevention and Control

- under the Transition Monitoring Approach:
  - Urgent & Emergency Core service – Patient FIRST Review – 29 October 2020
  - Surgery Core Service – 23 March 2020
  - Medicine Core Service (Lister) – 25 March 2020
  - Well Led Review – 30 March 2020
  - Medicine Core Service (MVCC) – 22 April 2020

All the reviews were positively received and no follow up information was requested.
During 2020/21 we adapted our compliance framework and have continued a streamlined programme of audits and reviews to support compliance. The pathways to excellence programme support providing assurance on the continued progress against the fundamental standards. In April 2021 we formally recommenced our internal unannounced inspections to the clinical areas.

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if existing national guidance or safety recommendations are in place. We have reported three never events in 2020/21:

- 29/09/2020 Unintentional connection to Wrong Medical gas (minimum harm)
- 29/10/2020 Wrong site surgery (minimum harm)
- 22/12/2020 Wrong site Surgery (minimum harm)

The incidents were investigated by a dedicated team of patient safety managers working in collaboration with Trust staff to identify causes. The findings have informed a range of quality improvement projects. Ongoing multidisciplinary quality improvement priorities include:

- Update to the local procedures ensuring implementation of the National Safety Standard Invasive procedure Policy (NatSSIP)
- There are ongoing plans to develop a 12 month rolling programme for invasive procedural teams to access, where they can consider and map 'Human Factors Contributory Factors' across their local invasive procedures. Plans for team videoing and learning materials are underway.

Infection Control

Infection prevention and control has remained a priority for the trust this year with the pandemic changing all infection prevention and control procedures. The IPC team have been integral to the Trust response to COVID-19 pandemic, supporting the interpretation and working collaboratively to implement the national guidance across the organisation. This is supported by a COVID Specialist Advisory Group. In May 2020 NHSI/E published an Infection Control Board Assurance Framework and a gap analysis and review of evidence to support compliance was undertaken and used as an ongoing assessment. CQC undertook a virtual assessment against the requirements of the ICP BAF and confirmed positive assurance against each line of enquiry.

Other key indicators show a positive picture, with perhaps a result of ongoing enhanced IPC measures in place across the Trust:

- Zero MRSA bacteraemia hospital onset (blood infections)
- Clostridium difficile infections – 40 against a ceiling of 52
- Zero cases of Flu through winter of 2021/21.

Operational performance:

- In response to the COVID pandemic, the Trust reconfigured services and wards to provide COVID and Non COVID areas for patients, within the emergency department, assessment areas and across the wards. All minor injuries and illnesses were redirected to the Urgent Care Centre at the New QEII Hospital to support these reconfigurations. The Trust also increased capacity in the Critical Care Unit from 18 to 43 beds and worked in partnership with the independent sector to treat urgent and cancer patients.
- Performance against the key operational standards should be considered in the context of the unique challenges posed by the pandemic. The year-end performance was as follows:
    - ED Performance – year end performance was 83.47%, an improvement of over 3% compared to 2019/20 year end.
    - Cancer performance was sustained over the course of 2020/21. Across all of the cancer standards, the year-end position was compliant with 6 of the 8 standards.
    - RTT – Performance was in line with the national average though it is recognised that waiting times increased substantially as a result of the COVID pandemic.
    - DM01 – The diagnostics performance was in line with national performance however there was a significant deterioration due to the impact of the COVID pandemic.
- All surge capacity has been filed away or ‘flatpacked’ to ensure that the detailed response to COVID demand and the resultant service capacity can re – emerge in response to triggers, so that the organisation remains responsive to any potential and subsequent surges.

Health and Safety Executive

Following inspection in September 2019, the HSE found the Trust in breach of the Health and Safety Regulations and issued three improvement notices regards to:

- Moving and Handling - equipment, training and assurance
- Violence and Aggression – do not have an effective system for monitoring and review of preventative and protective measures with regards to work related violence and aggression including recording and investigating incidents.
- Sharps - Investigation of underlying causes and clear actions to prevent reoccurrence and compliance with policy for PEP.

The Trust action plan and progress is been monitored through the Health & Safety Committee, Executive Committee and QSC. At the end of April 2020 we submitted to HSE the Trust's position and actions taken against the above contraventions and seeking closure of the Violence and Aggression and Sharps Improvement notices and in July regarding compliance with the Moving and Handling Improvement Notice. Currently the Trust is overall 96% compliant against all actions; the 3 actions that remain in progress all have a plan in place to be delivered. These relate to specific training for Moving and Handling that had to be delayed due to COVID-19; this is now being recommenced.

In 2020 Internal Audit undertook a review of the HSE action plan and the evidence to support closure of the actions and concluded substantial assurance. The Compliance Team to work with the leads to ensure the processes have been embedded.

Conflicts of Interest

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

Pension

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality and Diversity

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Sustainability

The trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The trust has reinvigorated a trust wide approach to sustainability and a new sustainability group with representatives from across the trust is working together to identify opportunities to improve our environmental and social performance and deliver against initiatives.

Review of economy, efficiency and effectiveness of the use of resources

The Trust reported a surplus before technical adjustments of £3.3 million. Including technical adjustments the Trust reported a surplus of £2.5 million against a planned deficit of £1.2 million. This represents a significant improvement in the Trust's reported financial performance and meeting the duty to break even.

The onset of the COVID-19 pandemic led to NHS England / Improvement (NHSE / I) issuing

emergency guidance to all NHS providers and commissioners on the 17th March 2020. This set out important actions that all parts of the NHS system were asked to put in place. The key change between the first half of 2020/21 and second half from a financial point of view was that in the first half the Trust was funded to breakeven provided its expenses were justifiable in response to the pandemic, as where in the second half of the year the Trust was advised of a financial allocation that it was required to manage within.

Progress against the delivery of the financial plan is monitored by the Finance, Performance and People Committee (FPPC) and reported to Board. In 2020/21 the FPPC received detailed reports on the COVID-19 Financial Framework and associated risks and challenges. This included a number of deep dives in to specific areas of finance and performance to provide additional level of scrutiny and challenge; this will continue during 2021/22.

The Trust's annual Internal Audit programme provides an independent review of our key financial controls and this year they have reviewed our systems and process for our pay policy (limited assurance), payroll (limited assurance), core financial systems (substantial assurance) and COVID-19 financial governance (substantial assurance). Please refer to the review of effectiveness section and the Head of Internal Audit Opinion for further details.

NHS Improvement undertook a Use of Resources assessment in August 2019 and rated the Trust as 'requires improvement.' This has not been reviewed in this reporting year. The Trust has continued to focused upon improving the quality of business intelligence reporting available across the Trust as a means of improving the quality of business and financial decision making.

Information governance

The Trust's assurance framework and risk register include the risks associated with the management and control of information. In this respect, the Trust has established a framework to support compliance with the ten data security and protection standards and GDPR.

In response to the COVID-19 pandemic, the Trust opted to extend the deadline for the submission of the Data Security and Protection Toolkit 2019/20 to September 2020. The Trust declared a fully compliant position.

Progress with completion of the DSPT for 2020/21 is underway to meet the June 2021 submission and is monitored at the Trust's Information Governance Steering Group meetings which are held quarterly.

During 2020/21 we have not declared any incidents classified as Level 2 or that meet the requirements to report to the Information Commissioner's Office (ICO). All information governance incidents are reviewed by the Information Governance team and potential and actual serious incidents are reviewed in line with the national guidance through the Trust's incident review process to support learning.

Data quality and governance

Our data quality continues to improve and is supported by the Data Quality Strategy and Policy ratified at the Audit Committee, October 2018. The strategy sets out the 10 key principles to support the production and assurance of high quality data and its management across the organisation. The most important of these is that good data management and quality of data is everyone's responsibility. The strategy is built around the aspiration of 'get it right first time' when recording data. The strategy defines responsibilities for specific roles across the organisation for its delivery. The strategy is implemented through the Data Quality

Steering Group supported by a monthly audit programme. The Audit Committee receives a quarterly update on all the key workstreams to continue to improve data quality to progress and improve patient experience, service delivery and patient flow which include accuracy of data recording.

During the peak of COVID-19 pandemic the data quality team adapted their way of working to support the operational teams. As the Trust formalised and then mobilised recovery and transformation plans, the Data Quality team worked closely with all services across all of the different work streams supporting the main steering groups and contributed to most of the task and finish groups. Key workstreams that have continued include clinical prioritisation and validation of the elective waiting lists and validation of the patient waiting lists. Supporting the work accessed additional RTT training; additional validators and a benchmarking report of the trusts Incomplete PTL.

The data quality and clinical coding audit confirmed meeting the requirements of the new Data Security and Protection Toolkit.

Emergency Planning

The Trust has a rating of Fully Compliant against the NHS England EPRR Core Standards Assurance rating in 2020/2021. Including the new requirements:

- Progress made by organisations that were reported as partially or non-compliant in the 2019/20 process.
- The process of capturing and embedding the learning from the first wave of the COVID-19 pandemic.
- Inclusion of progress and learning in winter planning preparations.

Over the last year the trust has responded to the changes to the NHS national incident level and flexed the internal incident command structure according, supported by task and finish groups. The Trust continues to work with its partners to enable a system-wide response to the pandemic, supporting outside the Trust where it is possible to ensure continuity across the system. The EPRR Committee reports to the Quality and Safety Committee.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality and Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit (HoIA) provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of Internal Audit's work.

For the 12 months ended 31 March 2021, the head of internal audit opinion for East and North Hertfordshire NHS Trust is as follows:

Reasonable assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.

The opinion is based on the Trust's assurance framework and individual audit assurance ratings which in summary were: 5 Substantial Assurance; 7 Reasonable Assurance and 3 Limited Assurance. Those with Limited Assurance opinions include Payroll, Pay Policies and To Take Out/Discharge Summaries. For these areas, the Board can take limited assurance that the controls to manage these risks are suitably designed and consistently applied. Action plans are in place to address the areas of risk identified and these are monitored by the Executive Committee and Audit Committee.

The processes adopted to maintain and review the effectiveness of the system of internal control include:

- The Board regularly reviews the Trust's objectives and receives reports on key matters of concern.
- The Audit Committee provides an independent and objective review of the Trust's system of internal control and on the progress of the implementation of the risk management strategy and procedure. In 2020/21 we continue to see improvement in the management of risk and positive engagement across the organisation. The Internal Audit concluded a 'Reasonable Assurance' opinion.
- The Quality and Safety Committee provides assurance on the progress of all areas of quality, safety and compliance and associated risks within its terms of reference.
- The Finance, Performance and People Committee highlights the major financial, performance and strategy risks to the Board and refers potential risks to quality to the Quality and Safety Committee for further scrutiny, while providing proactive risk management within the areas of activity covered by its own remit.
- In December 2020 the Board constituted the Strategy Committee provides a more detailed specialist oversight of risks relating the Trust's Strategy, Digital Strategy, Sustainability and various strategy groups.
- Clinical Audit – the annual clinical audit programme is reviewed and approved through the Clinical Effectiveness Committee and progress is monitored through the Divisions and QSC. The Audit Committee receives the annual self-assessment against the assurance framework.
- Internal Audit, through its annual audit plan, provides assurance and comment on matters related to internal control.
- The Board has appointed a Senior Information Risk Owner, who is supported by the Data Protection Officer and an Information Governance Steering Group, to provide information governance assurance via the Data Security and Protection toolkit submission and IGSoC.
- The Board ensures that all senior staff, clinical and other, through various meetings and review processes, including attending the Board Committees as required are held to account in all areas for delivery against finance, performance, people, quality, governance and risk issues. The Accountability Framework Structure and Integrated Performance Report support this.
- We commission and support external reviews and expertise to review and strengthen our governance. Examples include pathways changes and demand and capacity modelling. This has provided assurance and additional recommendations, which have been progressed.
- We have Authorised Engineers who provide an independent review of our compliance and effective management of safety against a number of statutory requirements including water, electrical, fire, decontamination and medical gas.

- I am confident that Executive Directors, Senior Managers of the Trust and identified risk leads are fully engaged in maintaining and reviewing the effectiveness of the system of internal control. This is supported by the positive CQC engagement, recent Internal Audit reports and sustained response to the current COVID-19 pandemic; a level 4 major incident.

Conclusion

My review has established that East and North Hertfordshire NHS Trust has a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives. No significant internal control issues have been identified. I am satisfied that all internal control issues raised have been, or are being addressed, action plans produced and that these will be monitored through the governance structures and are reflected in the statement above.

Signed: 

Nick Carver, Chief Executive Date: 5 July 2021

Modern Slavery Act Statement

The Modern Slavery Act 2015 establishes a duty for commercial organisations with a turnover in excess of £36 million to prepare an annual slavery and human trafficking statement. This is a statement of steps taken to ensure that slavery or human trafficking is not taking place in its business or its supply claims.

The Trust's income from government sources, including CCGs and local authorities, is publicly funded and outside the scope of these requirements. The Trust does not receive income from non-governmental sources e.g. private patients, in excess of £36 million and hence does not qualify as a commercial organisation for the purpose of the requirements of making this statement under the Modern Slavery Act 2015. However, clearly the Trust is opposed to any actions that could be construed as slavery or human trafficking.

Remuneration and Staff Report

This part of the Annual Report looks at the following areas:

- Remuneration Report
- Staff Report

Remuneration Report

This section covers:

- Remuneration policy (includes fair pay disclosure for 2020/21)
- Remuneration tables
- Pension entitlement table
- Pension benefits table

Remuneration policy

The Trust's Remuneration and Appointments Committee agrees the remuneration package and conditions of service for the Chief Executive and executive directors. In addition, when undertaking its nomination responsibilities, the Committee reviews the structure, size and composition (including skills, knowledge and experience) required of the Board of Directors compared to its current position and makes recommendations for change when appropriate. It also considers succession planning arrangements for directors and other senior executives.

The Remuneration and Appointments Committee is a committee of the Trust Board, consisting of the Chair and all the non-executive directors. It is chaired by Mr Jonathan Silver (who is also the chair of the Audit Committee). The Committee is supported by the Chief Executive, Chief People Officer and the Trust Secretary. The Remuneration and Appointments Committee aims to meet four times a year, but will schedule additional meetings if needed. It met seven times in total during 2020/21. Details of directors' remuneration are given later in this section of the report.

Every year, the Board's Remuneration and Appointments Committee considers the performance and contribution of each director against their portfolio and to the organisation. This is carried out in parallel with due consideration of remuneration for individual posts within regional and national markets. To support this work, the Remuneration and Appointments Committee considers the latest benchmarking data produced by NHS England and NHS Improvement regarding foundation and non-foundation trust executive salaries.

Executive Director pay is based on the following agreed principles;

- What they bring to the role – their experience, capability
- Their marketability and importance to the organisation – their previous salary history, how in demand they are by other organisations and how important they are to the Trust
- The 'going rate' for the job and what it means for the person you wish to appoint or retain
- Performance against objectives and delivery in year
- Fulfilling all requirements under the CQC 'fit and proper persons test'

The Committee also pays due consideration to what is happening in the financial environment and with its other employees when determining executive director's remuneration. Remuneration for executive directors does not include any performance-

related bonuses and none of them receive personal pension contributions other than their entitlement under the NHS pension scheme.

Executive directors are appointed through open competition in accordance with the Trust's recruitment and selection policies and procedures and NHS guidance, including the requirement for external assessors as appropriate and involvement of a non-executive director. All the Trust's executive directors hold permanent contracts. The notice period for executive directors is six months. There are no arrangements for termination payments or compensation for early termination of contract. The Trust is also not liable for any compensation payments to former senior managers or amounts payable to third parties for the services of a senior manager.

The remuneration and terms of office of non-executive directors are those set out by NHS Improvement. In September 2019 NHS England & NHS Improvement published a structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts. These recommendations have been implemented by the Trust. The level of remuneration is paid for a minimum of two and a half days per month for non-executive directors and three and half days per week for the Trust's Chair. Pay awards agreed nationally for other staff groups working at the Trust and the wider NHS, including staff on Agenda for Change contracts, medical and dental staff and very senior managers are determined by the Senior Salaries Review Body, which looks at senior salaries and pay conditions across the public sector.

This information is not subject to audit by the Trust's auditors, BDO LLP.

Staff sharing scenarios

With effect from 1st October 2020 Mrs Sarah Brierley (Director of Strategy) has been seconded on a part time basis to Hertfordshire Community NHS Trust and taken on the role of Director of Strategy for both Trusts. The costs of her employment continue to be borne by the East and North Hertfordshire NHS Trust in full.

With effect from 1st September 2020 Sam Tappenden who was previously the Director of Strategy for Hertfordshire Community NHS Trust has been seconded to the East and North Hertfordshire Integrated Care Partnership as Development Director. The costs of his employment continue to be borne by Hertfordshire Community NHS Trust in full.

By continuing to bear the full costs of employment of the two individuals, both East and North Hertfordshire NHS Trust and Hertfordshire Community NHS Trust are effectively making a broadly equitable financial contribution to the development of the Integrated Care Partnership in East and North Hertfordshire'.

Remuneration tables

Name and title	2020/21						2019/20					
	Salary	Expense payments (taxable) total	Performance pay and bonuses	Long term performance pay and bonuses	All pension related benefits	TOTAL	Salary	Expense payments (taxable) total	Performance pay and bonuses	Long term performance pay and bonuses	All pension related benefits	TOTAL
	(bands of £5,000)	Rounded to nearest £100	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	Rounded to nearest £100	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
	£000	£00	£000	£000	£000	£000	£000	£00	£000	£000	£000	£000
Executive directors												
Nick Carver	195-200	3	0	0	0	195-200	195-200	22	0	0	0	200-205
Chief Executive												
Martin Armstrong	150-155	1	0	0	62.5-65	210-215	140-145	1	0	0	45-47.5	185-190
Director of Finance												
Rachael Corser	125-130	1	0	0	32.5-35	160-165	120-125	1	0	0	35-37.5	155-160
Director of Nursing												
Michael Chilvers	195-200	1	0	0	0	195-200	190-195	20	0	0	0	190-195
Medical Director												
Sarah Brierley	120-125	3	0	0	37.5-40	160-165	120-125	15	0	0	122.5-125	245-250
Director of Strategy												
Julie Smith	140-145	0	0	0	12.5-15	155-160	140-145	11	0	0	80-82.5	220-225
Chief Operating Officer												
Susan Young (to 30.06.2019)	0	0	0	0	0	0	30-35	3	0	0	0	30-35
Interim Chief People Officer												
Duncan Forbes (to 17.10.20)	115-120	19	0	0	0	115-120	95-100	76	0	0	0	105-110
Chief People Officer												
Thomas Pounds (from 23.09.20)	60-65	0	0	0	25-30	85-90	0	0	0	0	0	0
Interim Chief People Officer												

Mark Stanton (from 09.02.21)	15-20	0	0	0	20-25	40-45	0	0	0	0	0	0
Chief Information Officer												

Name and title	2020/21						2019/20					
	Salary	Expense payments (taxable) total	Performance pay and bonuses	Long term performance pay and bonuses	All pension related benefits	TOTAL	Salary	Expense payments (taxable) total	Performance pay and bonuses	Long term performance pay and bonuses	All pension related benefits	TOTAL
	(bands of £5,000)	Rounded to the nearest £100	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	Rounded to the nearest £100	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
	£000	£00	£000	£000	£000	£000	£000	£00	£000	£000	£000	£000
Non-executive directors												
Ellen Schroder Chair	35-40	0	0	0	0	35-40	35-40	0	0	0	0	35-40
Bob Niven	10-15	0	0	0	0	10-15	5-10	0	0	0	0	5-10
Val Moore	10-15	2	0	0	0	10-15	5-10	17	0	0	0	5-10
Jonathan Silver	10-15	0	0	0	0	10-15	5-10	0	0	0	0	5-10
Peter Carter	10-15	0	0	0	0	10-15	5-10	0	0	0	0	5-10
David Buckle	10-15	0	0	0	0	10-15	5-10	0	0	0	0	5-10
Karen McConnell	10-15	0	0	0	0	10-15	5-10	0	0	0	0	5-10
Biraj Parmer (from 01.01.21)	0-5	0	0	0	0	0-5	0	0	0	0	0	0

Notes to the remuneration table for executive and non-executive directors

- The table on the previous page includes an amount in respect of the increase in pension entitlements of each executive director. It compares the projected pension and lump sum at the end of the financial year with the equivalent figures at the start of the year, adjusted for inflation and deducting employees' pension contributions. The pension element of the calculation is based on the

assumption that the individual will receive a pension for a twenty year period. The figures for all pension-related benefits do not constitute a charge to the Trust's Statement of Comprehensive Income or a taxable benefit for the directors. The Trust's contribution to directors' pensions was 14.3% of salary for 2020/21 (this was topped up to 20.6% by NHSE) (20.6% in 2019/20). In summary, the figures calculated in the All pension related benefits column take in to account several factors, the principal one being the total maximum income that the person would receive covering the following 20-year period if they retired at the end of the financial year in question.

- Benefits-in-kind relate to taxable benefit available to NHS staff for the reimbursement of regular car user allowance, lease cars and removal expenses for new starters. During 2010/11 the Trust introduced a HM Treasury-approved salary sacrifice scheme for vehicles. Available to all staff, the scheme has been utilised by some of the executive directors, which has the effect of reducing the salary paid during 2019/20 and 2020/21.
- Biraj Parmar initially joined the Trust through NHS England's NExT Director scheme. He received remuneration in this capacity from 1 January 2021 and became an associate non-executive director from 1 April 2021.
- The salary figure for Duncan Forbes includes an amount in relation to payment in lieu of notice. This is reflected within the exit packages section of the Staff report.

The single total figure of remuneration for Directors is subject to audit by the Trust's auditors, BDO LLP.

Pension benefits

Name and title*	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2021	Lump sum at pension age related to accrued pension at 31 March 2021	Cash equivalent transfer value at 1 April 2020	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2021	Employer's contribution to stakeholder pension
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£000	£000	£000	£000
Nick Carver*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chief Executive								
Martin Armstrong	2.5-5	2.5-5	45-50	95-100	734	51	820	0
Director of Finance								
Rachael Corser	2.5-5	0-2.5	30-35	60-65	458	22	505	0
Director of Nursing								
Michael Chilvers*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Medical Director								
Sarah Brierley	2.5-5	0-2.5	40-45	95-100	812	43	887	0
Director of Strategy								
Julie Smith	0-2.5	0	45-50	105-110	885	16	937	0
Chief Operating Officer								
Thomas Pounds	0-2.5	2.5-5	25-30	40-45	254	22	308	0
Interim Chief People Officer								
Mark Stanton*	0-2.5	0	10-15	0	n/a	24	191	0
Chief Information Officer								

- Nick Carver left the pension scheme with effect from 31st March 2016, so the full range of disclosures is not possible.
- Susan Young is not in the pension scheme.
- Michael Chilvers left the pension scheme with effect from 1st April 2019.
- Duncan Forbes was not in the pension scheme.
- Mark Stanton – we have no prior year information available for comparatives.

Notes to pensions table

As non-executive members of the Board do not receive pensionable remuneration, there are no entries in respect of pensions for these individuals. A cash-equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of

pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the *Institute and Faculty of Actuaries*

Real increase in CETV reflects the increase in CETV funded effectively by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement. During the year, the Government announced that public sector pension schemes will be required to provide indexation on the Guaranteed Minimum Pension element of the pension. NHS Pensions has updated the methodology used to calculate CETV values as at 31 March 2021. The impact of the change in methodology is included within the reported real increase in CETV for the year.

Issues have been raised nationally by the National Audit Office (NAO) and local audit providers in relation to the reporting of deferred members' pension valuations in remuneration reports. The Trust has two directors who are deferred members of the NHS pension scheme and in previous years pension disclosures have not been provided for these members. The two directors made no contributions in either 2020/21 or the comparative period and NHS Pensions has not provided information for respective pension disclosures for members who are not active in the scheme. The Trust's remuneration report consequently does not include any pension disclosures for these members. However, the Trust became aware of auditor interpretation that disclosure requirements apply to deferred members on 14 June 2021.

This matter will affect many NHS organisations and will take some time to resolve nationally due to issues obtaining information from NHS Business Services Authority on deferred members. There are no other sources of this information available to the Trust that would resolve the qualification included in the Trust's audit report.

This information is subject to audit by the Trust's auditors, BDO LLP.

Compensation on early retirement or for loss of office

There were no such payments in 2020/21. This information is subject to audit by the Trust's auditors, BDO LLP.

Payments to past directors

There were no such payments in 2020/21. This information is subject to audit by the Trust's auditors, BDO LLP.

Pay multiples (fair pay disclosure) for 2020/21

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the Trust in 2020/21 was £195,000 – £200,000 (unchanged from 2019/20). This was 6.3 times (2019/20 – 6.4 times) the median remuneration of the workforce, which was £31,365 (2019/20 – £30,971).

In 2020/21, 6 employees (2019/20, 13 employees) received remuneration in excess of the highest paid director. Remuneration ranged from £18,005 to £274,160 per annum (for 2019/20, – the reported range was £17,652 to £284,460).

Regarding the ratio of highest paid director to median remuneration of the workforce, as both the pay of the highest paid director and the median salary have increased slightly but by relatively similar proportions, the ratio multiple has not changed significantly.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

This information is subject to audit by the Trust's auditors, BDO LLP.

Staff report

This section covers:

- Staff numbers and costs
- Staff composition
- Sickness absence data
- Staff turnover percentage
- Staff engagement
- Staff policies regarding equality and diversity
- Trade Union Facility Reporting Time
- Other employee matters
- Expenditure on consultancy
- Off-payroll engagements
- Exit packages

Staff numbers and costs

The table below summarises the Trust's workforce by category stated as full-time equivalents (FTEs), not headcount.

Average number of employees	2020/21			2019/20
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	888	63	**951**	890
Administration and estates	1,640	140	**1,780**	1,715
Healthcare assistants and other support staff	878	156	**1,034**	957
Nursing, midwifery and health visiting staff	1,657	238	**1,895**	1,837
Scientific, therapeutic and technical staff	434	44	**478**	461
Healthcare science staff	164	-	**164**	176
Total average numbers	**5,661**	**641**	**6,302**	6,036
Of which:				
Number of employees (WTE) engaged on capital projects	4	-	4	12

Please note – the analysis of staff numbers in the table above has been audited by the Trust's auditors, BDO LLP.

The table below summarises the Trust's employee benefits costs.

Staff costs	2020/21			2019/20
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	229,494	-	**229,494**	212,495
Social security costs	23,894	-	**23,894**	22,229
Apprenticeship levy	1,133	-	**1,133**	1,069
Employer's contributions to NHS pensions	38,709	-	**38,709**	35,937
Pension cost - other	80	-	**80**	79
Termination costs	376	-	**376**	153
Temporary staffing costs	-	41,152	**41,152**	40,230
Recoveries in respect of seconded staff	(2,577)	-	**(2,577)**	(2,227)
External financing				
Costs capitalised as part of assets	238	-	**238**	785

Please note – the analysis of staff numbers in the table above has been audited by the Trust's auditors, BDO LLP.

Staff composition

The table below summarises the composition of the Trust's workforce by gender.

Gender	Headcount March 2021	FTE March 2021
Female	5098	4415.15
Male	1529	1465.53
Total	6627	5880.68

The composition of the Trust Board by gender is as follows:

Gender	Headcount March 2021
Female	6
Male	10

Sickness absence data

As in 2019, DHSC have not provided us with staff sickness absence figures in the cabinet office format this year. All providers are instead encouraged to disclose the link to the NHS digital site where information is available as permitted by the GAM / ARM. The link is below: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Staff turnover percentage

The Trust's staff turnover percentages are capture as part of a separate publication – NHS Digital's workforce statistics. This publication can be accessed via the following link:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics

Staff Engagement

The table below shows the Trust's staff engagement score over the last 5 years, as recorded in the NHS staff survey. While there was a significant reduction in 2017 there has been a gradual increase to 2019 and sustained performance in 2020. The engagement score for 2020 should be noted in the context of the Covid-19 pandemic.

	2016	**2017**	**2018**	**2019**	**2020**
Score	7.2	6.7	6.8	6.9	6.9
Number of responses	1808	1608	2373	2600	2641

Staff policies regarding equality and diversity

Trust staff and candidates for roles with disabilities are supported in recruitment through the Trust's compliance with the two tick accreditation and throughout their employment with the newly developed reasonable adjustment passport.

In August 2020 the Trust introduced the role of inclusion ambassadors in the appointment process for all posts graded at Band 8a and above. The scheme has 11 inclusion ambassadors trained to support recruitment activity, with a view to extending to other protected characteristics as the scheme develops. A full review of the scheme and other

aspects of equality, diversity and inclusion in recruitment and selection is currently underway.

Further information regarding Trust policies and the approach to equality and diversity is available in the performance report on page 36.

Trade Union Facility Reporting Time

The Trust is required to publish the following information relating to Trade Union Facility Time:

Table 1 -Relevant Union officials
What was the total number of our employees who were relevant union officials during the period April 2020 to March 2021

Number of employees who were relevant union officials during the relevant period	Full time equivalent employee number.
20	5,880.68*

*March 2021

Table 2 – Percentage of time spent on facility time
How many of your employees who were relevant unions officials employed during the relevant period spent a) 0%, b) 1- 50% c) 51099% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	8
1 – 50%	10
51 -99%	0
100%	2

Table 3 Percentage of pay bill spend on facility time

Provide the total cost of facility time	£113,013*
Provide the total pay bill	£321,494,801
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time / total pay bill) x 100	0.04%

*estimate

Table 4 Paid trade union activities

Time spent on paid trade union activities as a percentage of total pay facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours) x 100	100%

Other employee matters

Other employee matters are outlined in the performance analysis (pages 27-32).

Expenditure on consultancy

In 2020/21 £1,504,525 was spent on consultancy costs.

Off-payroll engagements

The Trust is required to report arrangements where individuals, earning over £245 per day, are paid through their own companies (and so are responsible for their own tax and NI arrangements).

Table 1: Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2021, for more than £245 per day:

	Number
Number of existing engagements as of 31 March 2021	1
Of which the number have existed:	
For less than one year at the time of reporting	0
For between one and two years at the time of reporting	0
For between two and three years at the time of reporting	0
For between three and four years at the time of reporting	0
For four or more years at the time of reporting	1

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2020 and 31 March 2021, for more than £245 per day

	Number
No. of temporary off-payroll workers engaged between 1 April 2020 and 31 March 2021	0
Of which…	
No. not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35	0
No. subject to off-payroll legislation and determined as out of scope of IR35	0
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	0

Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements.	9

This information has not been subject to audit by the Trust's auditors, BDO LLP.

Reporting of compensation schemes - exit packages 2020/21

As part of the requirement to rationalise its administration areas, the Trust agreed with NHS Improvement the running of a mutually-agreed resignation scheme, which led to several mutually-agreed departures. In addition, the restructuring of some areas led to the inability to slot staff into the available roles, which led to a small number of compulsory redundancies – see table overleaf for more information.

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
<£10,000	1	13	**14**
£10,001 to £25,000	1	5	**6**
£25,001 to 50,000	-	2	**2**
£50,001 to £100,000	3	6	**9**
£100,001 to £150,000	0	1	**1**
Total number of exit packages by type	**5**	**27**	**32**
Total resource cost (£)	£206,000	£680,000	**£886,000**

Reporting of compensation schemes - exit packages 2019/20

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
<£10,000	2	25	**27**
£10,001 to £25,000	-	6	**6**
£25,001 to 50,000	2	1	**3**
£50,001 to £100,000	1	-	**1**
Total number of exit packages by type	**5**	**32**	**37**
Total resource cost (£)	£153,000	£215,000	**£368,000**

Exit packages: other (non-compulsory) departure payments	2020/21		2019/20	
	Payments agreed		Payments agreed	
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	8	500	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-

Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	18	159	31	213
Exit payments following Employment Tribunals or court orders	2	21	1	2
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**27**	**680**	**32**	**215**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	-	-	-	-

This information is subject to audit is subject to audit by the Trust's auditors, BDO LLP.

Parliamentary accountability and audit report

This part of the annual report looks at the following areas:

- Fees and charges
- Remote contingent liabilities
- Losses and special payments
- Gifts
- Statement of directors' responsibilities in respect of the accounts
- Independent auditor's report to the directors of East and North Hertfordshire NHS Trust

Fees and charges

As outlined in note 5.3 of the annual accounts, the Trust does not undertake any activities for the sole purpose of generating income of over £1 million.

Remote contingent liabilities

Details of the Trust's contingent liabilities are included within note 30 to the accounts.

Losses and special payments

The Trust is required to declare if it has had any loss, made any special payment or made a gift more than £300,000. The Trust has included information on losses and special payments in note 34 of the financial statements.

During 2020/21 the Trust has no case of Losses and Special Payments in year that exceeded £300,000.

Statement of director's responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy
By order of the Board

Date: 5 July 2021 Nick Carver, Chief Executive

Date: 5 July 2021 Martin Armstrong, Finance Director

Independent auditor's report to the directors of East and North Hertfordshire NHS Trust

Opinion on financial statements
We have audited the financial statements of East and North Hertfordshire NHS Trust (the Trust) and its subsidiaries (the group) for the year ended 31 March 2021, which comprise the combined group and single entity Statements of Comprehensive Income, the Statements of Financial Position, the Statements of Changes in Equity, the Statements of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs), as interpreted and adapted by the 2020-21 Government Financial Reporting Manual as contained in the Department of Health and Social Care's Group Accounting Manual 2020-21.

In our opinion the financial statements:

- give a true and fair view of the consolidated financial position of East and North Hertfordshire NHS Trust and the group as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2020-21; and
- have been prepared in accordance with the National Health Service Act 2006.

Basis for opinion on financial statements
We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust and the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust and the group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information
The Accountable Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to

be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on information in the Remuneration and Staff Report

Qualified opinion on information in the Remuneration and Staff Report
We have also audited the information in the Remuneration and Staff Report that is described in that report as having been audited.

Except for the matter referred to in the Basis for qualified opinion on information in the Remuneration and Staff Report paragraph of our report, in our opinion the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Department of Health and Social Care's Group Accounting Manual 2020-21.

Basis for qualified opinion on information in the Remuneration and Staff Report
The Remuneration Report does not include the required pension benefit disclosures for two senior managers who are deferred members of the NHS pension scheme and for whom no contributions in 2020/21 were made. The Trust has been unable to obtain the required information in respect of these individuals from NHS Pensions, the administrator of the scheme, and is unable to obtain this information from other sources. This matter results in the information included in the All pension related benefits column of the Remuneration table for both 2019/20 and 2020/21, and all relevant columns of the Pensions table for 2019/20 and 2020/21 being incomplete for these senior managers in question.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception
We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accountable Officer
As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources
We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to satisfy ourselves that the Trust has made proper arrangements for securing economy,

efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

Other matters on which we are required to report by exception

Report to the Secretary of State
On 27 May 2020 we reported to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 that the Trust has planned a cumulative deficit position and that as a result the Trust has begun to take a course of action that would be unlawful.

We have nothing to report in respect of the following other matters which the Local Audit and Accountability Act 2014 requires us to report to you if:

- in our opinion the Annual Governance statement does not comply with the guidance issued by NHS Improvement; or
- except as reported above we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014.

Responsibilities of the Directors and the Accountable Officer
As explained more fully in the Statement of Directors' responsibilities in respect of the accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

As explained in the Statement of the Chief Executive's responsibilities as the accountable officer of the Trust, the Chief Executive is responsible for ensuring that value for money is achieved from the resources available to the Trust.

Auditor's responsibilities for the audit of the financial statements
In respect of our audit of the financial statements our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if,

individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our procedures included the following:

- inquiring of management, and those charged with governance, including obtaining and reviewing supporting documentation in respect of the Trust and group's policies and procedures relating to:
    - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
    - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
    - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including controls relating to Managing Public Money requirements;

- discussing among the engagement team, including regarding how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, we identified potential for fraud in the following areas: revenue recognition, expenditure cut-off and posting of unusual journals.;

- obtaining an understanding of the Trust's framework of authority as well as other legal and regulatory frameworks that the Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Trust. The key laws and regulations we considered in this context included the National Health Service Act 2006 as amended by the Health and Social Care Act 2012, which requires that each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account and legislates the Trust's activities and expenditure. Other relevant laws and regulations identified include VAT legislation, and PAYE legislation.

In addition to the above, our procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management and the Audit Committee concerning actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Trust Board;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; andsubstantively testing an increased sample of expenditure around the year end.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members including internal specialists and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's website at: https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Auditor's other responsibilities
As set out in the Other matters on which we report by exception section of our report there are certain other matters which we are required to report by exception.

Certificate - delay in completion of the audit
We cannot formally conclude the audit and issue an audit certificate for East and North Hertfordshire NHS Trustfor the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report
This report is made solely to the Board of Directors of East and North Hertfordshire NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014 and as set out in paragraph 43 of the Statement of Responsibilities of Auditors and Audited Bodies published by the National Audit Office in April 2015. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Board of Directors of the Trust, as a body, for our audit work, this report, or for the opinions we have formed.

DocuSigned by:
Rachel Brittain
945F22100B63425...

Rachel Brittain
For and on behalf of BDO LLP, Statutory Auditor
London, UK

05 July 2021

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

East and North Hertfordshire NHS Trust
Annual accounts for the period
1 April 2020 to 31 March 2021

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2020/21	2019/20	2020/21	2019/20
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	479,601	436,838	479,521	436,719
Other operating income	4	61,299	61,759	61,213	61,400
Operating expenses	6, 8	(530,227)	(491,133)	(531,294)	(491,661)
Operating surplus from continuing operations		**10,673**	**7,464**	**9,440**	**6,458**
Finance income		5	121	5	121
Finance expenses	11	(2,177)	(5,108)	(2,177)	(5,108)
PDC dividends payable		(3,356)	-	(3,356)	-
Net finance costs		**(5,528)**	**(4,987)**	**(5,528)**	**(4,987)**
Other gains / (losses)	12	(1,560)	54	(1,560)	54
Corporation tax expense		(243)	(209)	-	-
Surplus for the year		**3,342**	**2,322**	**2,352**	**1,525**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	7	(2,682)	(131)	(2,682)	(131)
Revaluations	18	8,060	3,055	8,060	3,055
Other reserve movements		-	-	500	500
Total comprehensive income for the year		**8,720**	**5,246**	**8,230**	**4,949**

The Trust is allowed to adjust its retained earnings, above, to take into account the impact of certain technical accounting entries when reporting its financial performance against its control total. This adjusted figure is shown below:

Adjusted financial performance:		
Surplus / (deficit) for the period	3,342	2,322
Add back all I&E impairments / (reversals)	1,599	(970)
Remove capital donations / grants I&E impact	(2,095)	100
Remove 2018/19 post audit PSF reallocation		(623)
Remove net impact of DHSC centrally procured inventories	(318)	
Adjusted financial performance surplus	**2,528**	**829**

The Trust has a wholly-owned subsidiary, ENH Pharma Limited, which dispenses outpatient pharmaceutical prescriptions, principally to the Trust's patients. The Trust is required to incorporate the financial results of its subsidiary with its own as a single entity in the assessment of financial performance for 2020/21. However, performance of the Trust has also been provided alongside. The corporate tax payable is due from the subsidiary.

The Notes to the Accounts support the consolidated results above.

Statements of Financial Position

	Note	Group 31 March 2021 £000	Group 31 March 2020 £000	Trust 31 March 2021 £000	Trust 31 March 2020 £000
Non-current assets					
Intangible assets	13, 14	26,962	26,112	26,944	26,076
Property, plant and equipment	15, 16	199,644	177,611	199,556	177,500
Other investments / financial assets	19	-	-	1,000	1,000
Receivables	21	2,485	2,536	2,485	2,536
Total non-current assets		**229,091**	**206,259**	**229,985**	**207,112**
Current assets					
Inventories	20	8,087	6,984	6,737	5,576
Receivables	21	23,491	49,549	22,837	48,982
Cash and cash equivalents	22	52,459	11,389	51,574	10,823
Total current assets		**84,037**	**67,922**	**81,148**	**65,381**
Current liabilities					
Trade and other payables	23	(62,994)	(54,178)	(62,572)	(53,574)
Borrowings	25	(2,967)	(150,144)	(2,967)	(150,144)
Other financial liabilities		(184)	(177)	(184)	(177)
Provisions	26	(563)	(111)	(563)	(111)
Other liabilities	24	(3,299)	(1,949)	(3,299)	(1,949)
Total current liabilities		**(70,007)**	**(206,559)**	**(69,585)**	**(205,955)**
Total assets less current liabilities		**243,121**	**67,622**	**241,548**	**66,538**
Non-current liabilities					
Trade and other payables	23	(4,004)	(4,206)	(4,004)	(4,206)
Borrowings	25	(43,782)	(46,696)	(43,782)	(46,696)
Other financial liabilities		(1,743)	(1,927)	(1,743)	(1,927)
Provisions	26	(1,532)	(586)	(1,532)	(586)
Total non-current liabilities		**(51,061)**	**(53,415)**	**(51,061)**	**(53,415)**
Total assets employed		**192,060**	**14,207**	**190,487**	**13,123**
Financed by					
Public dividend capital		344,741	175,608	344,741	175,608
Revaluation reserve		46,732	41,354	46,732	41,353
Income and expenditure reserve		(199,413)	(202,755)	(200,986)	(203,838)
Total taxpayers' equity		**192,060**	**14,207**	**190,487**	**13,123**

The notes on pages 103 to 155 form part of these accounts.

Name Mr Nick Carver
Position Chief Executive
Date 05 July 2021

Consolidated Statement of Changes in Equity for the year ended 31 March 2021

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**175,608**	**41,354**	**(202,755)**	**14,207**
Surplus/(deficit) for the year	-	-	3,342	**3,342**
Impairments	-	(2,682)	-	**(2,682)**
Revaluations	-	8,060	-	**8,060**
Public dividend capital received	169,133	-	-	**169,133**
Taxpayers' and others' equity at 31 March 2021	**344,741**	**46,732**	**(199,413)**	**192,060**

Consolidated Statement of Changes in Equity for the year ended 31 March 2020

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**175,376**	**38,430**	**(205,077)**	**8,729**
Surplus/(deficit) for the year	-	-	2,322	**2,322**
Impairments	-	(131)	-	**(131)**
Revaluations	-	3,055	-	**3,055**
Public dividend capital received	232	-	-	**232**
Taxpayers' and others' equity at 31 March 2020	**175,608**	**41,354**	**(202,755)**	**14,207**

Statement of Changes in Equity for the year ended 31 March 2021

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**175,608**	**41,353**	**(203,838)**	**13,123**
Surplus/(deficit) for the year	-	-	2,352	**2,352**
Impairments	-	(2,682)	-	**(2,682)**
Revaluations	-	8,061	-	**8,061**
Public dividend capital received	169,133	-	-	**169,133**
Other reserve movements	-	-	500	**500**
Taxpayers' and others' equity at 31 March 2021	**344,741**	**46,732**	**(200,986)**	**190,487**

Statement of Changes in Equity for the year ended 31 March 2020

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**175,376**	**38,429**	**(205,863)**	**7,942**
Surplus/(deficit) for the year	-	-	1,525	**1,525**
Impairments	-	(131)	-	**(131)**
Revaluations	-	3,055	-	**3,055**
Public dividend capital received	232	-	-	**232**
Other reserve movements	-	-	500	**500**
Taxpayers' and others' equity at 31 March 2020	**175,608**	**41,353**	**(203,838)**	**13,123**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statements of Cash Flows

		Group		Trust	
		2020/21	2019/20	2020/21	2019/20
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus / (deficit)		10,673	7,464	9,440	6,458
Non-cash income and expense:					
Depreciation and amortisation	6	11,856	12,331	11,813	12,282
Net impairments	7	1,599	(970)	1,599	(970)
Income recognised in respect of capital donations	4	(2,549)	(280)	(2,549)	(280)
(Increase) / decrease in receivables and other assets		27,593	(2,442)	27,680	(2,319)
Increase in inventories		(1,103)	(519)	(1,161)	(281)
Increase in payables and other liabilities		8,217	6,159	8,434	5,997
Increase / (decrease) in provisions		1,401	(127)	1,401	(127)
Tax paid		(209)	(161)	-	-
Other movements in operating cash flows		-	-	500	500
Net cash flows from / (used in) operating activities		**57,478**	**21,455**	**57,157**	**21,260**
Cash flows from investing activities					
Interest received		5	121	5	121
Purchase of intangible assets		(4,214)	(2,559)	(4,214)	(2,559)
Purchase of PPE and investment property		(24,592)	(6,546)	(24,590)	(6,544)
Sales of PPE and investment property		-	860	-	860
Receipt of cash donations to purchase assets		371	280	371	280
Net cash flows from / (used in) investing activities		**(28,430)**	**(7,844)**	**(28,428)**	**(7,842)**
Cash flows from financing activities					
Public dividend capital received		169,133	232	169,133	232
Loans received from DHSC		-	13,843	-	13,843
Loans repaid to DHSC		(149,474)	(12,654)	(149,474)	(12,654)
Repayment of other loans		(63)	(63)	(63)	(63)
Capital element of PFI and other service concession payments		(219)	(225)	(219)	(225)
Interest on loans		(1,589)	(4,090)	(1,589)	(4,090)
Other interest		(66)	(87)	(66)	(87)
Interest and contigent finance costs paid on PFI		(860)	(885)	(860)	(885)
PDC dividend (paid) / refunded		(4,840)	186	(4,840)	186
Net cash flows from / (used in) financing activities		**12,022**	**(3,743)**	**12,022**	**(3,743)**
Increase / (decrease) in cash and cash equivalents		**41,070**	**9,868**	**40,751**	**9,675**
Cash and cash equivalents at 1 April - brought forward		**11,389**	**1,521**	**10,823**	**1,148**
Cash and cash equivalents at 31 March	22	**52,459**	**11,389**	**51,574**	**10,823**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Group and Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern.

In accordance with IAS 1, management has made an assessment of the Trust's ability to continue as a going concern. In making this assessment management has taken into account the Trust's income and expenditure plan for 2021/22, which is to break-even, and the current cash position of the Trust. The Trust's current cash plan for 2021/22 is not reliant on Department of Health and Social Care (DHSC) funding for cash financing with a forecast cash balance of £45m at 31st March 2022. The Board concludes there to be no material uncertainty around going concern for the period to 30 June 2022.

In light of these considerations, and having made appropriate enquiries, the Directors have reasonable expectations that the Trust will have adequate resources to continue in operational existence for the foreseeable future.

As directed by the Department of Health and Social Care Group Accounting Manual 2020/21, the Directors have prepared the financial statements on a going concern basis as they consider that the services currently provided by the Trust will continue to be provided in the foreseeable future in the public sector. On this basis, the Trust has adopted the going concern basis for preparing the accounts.

Note 1.3 Consolidation

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The amounts consolidated are drawn from the published financial statements of the subsidiaries for the year.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

The Trust has a wholly owned subsidiary company, ENH Pharma Ltd. The accounts for this company have been consolidated into the Trust's annual accounts. The primary statements and notes to the accounts have been presented with separate 'Group' and 'Trust' columns. Where the difference between the 'Group' and 'Trust' figures is considered immaterial, the 'Trust' version of the note has been omitted.

Note 1.4 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Group and Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The Trust has consolidated the performance of its wholly-owned subsidiary into its financial results, as being under common control as defined by IFRS 10. The results of the Trust as a single entity are provided for information purposes only.

The Trust has judged that the financial performance and position of its Charity is not material to the results of the Trust and, as a result, the decision has been made not to consolidate for 2020/21.

The Trust has valued its land and buildings on a modern equivalent asset (MEA) basis - Note 18

Note 1.5 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- Valuation of Intangible and Tangible Assets - Notes 13 to 18

The reported amounts for depreciation of property, plant and equipment and amortisation of non-current intangible assets can be materially affected by the judgements exercised in determining their estimated economic lives. Economic lives are determined in a number of different ways such as valuations (external professional opinion) and management estimation for equipment and intangible assets.

The valuation exercise was carried out in March 2021 with a valuation date of 31 March 2021. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. The valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

The uncertainty in valuation relates to land and buildings. The valuer in arriving at the value of specialised buildings estimate the build costs based on current market indices. A 5% change in build costs will result in an adjustment of £6.9m to the carrying value of buildings.

Note 1.6 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

A receivable is recognised when goods are delivered as this is the point in time that the consideration is unconditional and because only the passage of time is required before the payment is due.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

For 2020/21 and 2019/20

The Trust does not disclose information regarding performance obligations as part of a contract that has an original expected duration of one year or less. The Trust recognises revenue in line with the right to consideration where this corresponds directly with value of the performance completed to date.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.7 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.8 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Schemes. The schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The schemes are not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust and subsidiary is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.9 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.10 Property, plant and equipment

Recognition
Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and subsidiary
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of land and buildings are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2020/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	10	83
Plant & machinery	5	15
Information technology	5	10
Furniture & fittings	5	20

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.11 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust or subsidiary's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust or subsidiary and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where all of the following can be demonstrated:

• the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
• the Trust intends to complete the asset and sell or use it;
• the Trust has the ability to sell or use the asset;
• how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
• adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
• the Trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Development expenditure	5	10
Software licences	5	15
Licences & trademarks	5	10

Note 1.12 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Cash and bank balances are recorded at current values.

Note 1.14 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust or subsidiary is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial liabilities in respect of assets acquired through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Financial assets and financial liabilities at amortised cost (cont'd)

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

The Trust determines expected credit losses using a matrix of percentage based on the class of financial asset and prior recoverability. The Trust does not normally recognise expected credit losses in relation to other NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a lessee

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

The Trust as a lessor

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.18%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2021:

	Inflation rate
Year 1	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 26 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 27 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 27, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.18 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.19 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.20 Corporation tax

The Trust's wholly-owned subsidiary is liable for Corporation Tax on its profits. An estimate for the taxation payable on each year's profits is included within these financial statements. However, given that this tax will be payable within the next financial year, no allowance is made for discounting in assessing the liability.

Note 1.22 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust or subsidiary will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust or subsidiary will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

IFRS 16 Leases (Cont'd)

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	103,673
Additional lease obligations recognised for existing operating leases	(103,673)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(7,695)
Additional finance costs on lease liabilities	(913)
Lease rentals no longer charged to operating expenditure	8,189
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2022/23	**(419)**
Estimated increase in capital additions for new leases commencing in 2022/23 [If this line is material, consider disclosing any significant judgements already being made]	**-**

From 1 April 2022, the principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to RPI. The PFI imputed lease liability will be remeasured when a change in the index causes a change in future imputed lease payments and that change has taken effect in the cash flow. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred. This is expected to increase the PFI liability on the statement of financial position upon transition to IFRS 16. The effect of this has not yet been quantified.

Other standards, amendments and interpretations

There are no other standard that has been issued that will have material effect on the Trust.

Note 2 Operating Segments

The Trust has assessed that services provided by each of its Divisions or geographical locations all fall within the description of 'provision of healthcare' and operate as a single operating segment. There is no one unit with income of over 10% of total income that the chief operating decision maker, the Trust Board, would make operating decisions based on segmented reporting.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.6

	Group		Trust	
Note 3.1 Income from patient care activities (by nature)	**2020/21**	**2019/20**	**2020/21**	**2019/20**
	£000	**£000**	**£000**	**£000**
Elective income	-	56,266	-	56,266
Non elective income	-	108,725	-	108,725
First outpatient income	-	29,308	-	29,308
Follow up outpatient income	-	36,664	-	36,664
A & E income	-	28,359	-	28,359
Block contract / system envelope income*	388,229	-	388,229	-
High cost drugs income from commissioners (excluding pass-through costs)	47,939	44,331	47,939	44,331
Other NHS clinical income	28,735	114,925	28,735	114,925
Private patient income	2,205	3,353	2,205	3,353
Additional pension contribution central funding**	11,788	10,937	11,788	10,937
Other clinical income	705	3,970	625	3,851
Total income from activities	**479,601**	**436,838**	**479,521**	**436,719**

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	Group		Trust	
	2020/21	**2019/20**	**2020/21**	**2019/20**
Income from patient care activities received from:	**£000**	**£000**	**£000**	**£000**
NHS England	128,126	119,610	128,126	119,610
Clinical commissioning groups	348,101	311,189	348,101	311,189
Other NHS providers	464	623	464	623
NHS other	-	87	-	87
Non-NHS: private patients	2,205	3,353	2,205	3,353
Non-NHS: overseas patients (chargeable to patient)	254	692	254	692
Injury cost recovery scheme	338	976	338	976
Non NHS: other	113	308	33	189
Total income from activities	**479,601**	**436,838**	**479,521**	**436,719**
Of which:				
Related to continuing operations	479,601	436,838	479,521	436,719

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	Group and Trust	
	2020/21	2019/20
	£000	£000
Income recognised this year	254	692
Cash payments received in-year	130	187
Amounts added to provision for impairment of receivables	138	163
Amounts written off in-year	1	343

Note 4 Other operating income

	Group					
	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	3,932	-	**3,932**	5,554	-	**5,554**
Education and training	16,475	123	**16,598**	16,480	124	**16,604**
Non-patient care services to other bodies	6,293	-	**6,293**	13,796		**13,796**
Provider sustainability fund (2019/20 only)	-	-	**-**	7,747	-	**7,747**
Financial recovery fund (2019/20 only)	-	-	**-**	9,183	-	**9,183**
Marginal rate emergency tariff funding (2019/20 only)	-	-	**-**	4,751	-	**4,751**
Reimbursement and top up funding	23,072	-	**23,072**	-	-	**-**
Receipt of capital grants and donations	-	2,549	**2,549**	-	280	**280**
Charitable and other contributions to expenditure	-	7,983	**7,983**	-	-	**-**
Rental revenue from operating leases	-	85	**85**	-	245	**245**
Other income	787	-	**787**	3,599	-	**3,599**
Total other operating income	**50,559**	**10,740**	**61,299**	**61,110**	**649**	**61,759**
Of which:						
Related to continuing operations			61,299			61,759

	Trust					
	2020/21			2019/20		
	income	income	Total	income	income	Total
	£000	£000	£000	£000	£000	£000
Research and development	3,932	-	**3,932**	5,554	-	**5,554**
Education and training	16,475	123	**16,598**	16,480	124	**16,604**
Non-patient care services to other bodies	6,104	-	**6,104**	13,334	-	**13,334**
Provider sustainability fund (2019/20 only)	-	-	**-**	7,747	-	**7,747**
Financial recovery fund (2019/20 only)	-	-	**-**	9,183	-	**9,183**
Marginal rate emergency tariff funding (2019/20 only)	-	-	**-**	4,751	-	**4,751**
Reimbursement and top up funding	23,072	-	**23,072**	-	-	**-**
Receipt of capital grants and donations	-	2,549	**2,549**	-	280	**280**
Charitable and other contributions to expenditure	-	7,983	**7,983**	-	-	**-**
Rental revenue from operating leases	-	188	**188**	-	348	**348**
Other income	787	-	**787**	3,599	-	**3,599**
Total other operating income	**50,370**	**10,843**	**61,213**	**60,648**	**752**	**61,400**
Of which:						
Related to continuing operations			61,213			61,400

Other contract income includes:
Car parking income of £56k (2019/20 £1,818k)
Catering (non-patient) of £660k (2019/20 £1,483k)

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	Group and Trust	
	2020/21	2019/20
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	1,949	1,697

Note 5.2 Transaction price allocated to remaining performance obligations

	Group and Trust	
	31 March 2021	31 March 2020
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000
within one year	3,299	1,949
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	**3,299**	**1,949**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Fees and charges

The Trust does not undertake any income generation activities with an aim of achieving profit in excess of £1m, or is otherwise material.

Note 6.1 Operating expenses

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies	10,151	7,378	10,151	7,378
Purchase of healthcare from non-NHS and non-DHSC bodies	7,415	12,759	7,426	12,759
Staff and executive directors costs	328,421	305,445	327,092	304,081
Remuneration of non-executive directors	116	94	116	94
Supplies and services - clinical (excluding drugs costs)	40,684	35,706	40,750	35,859
Supplies and services - general	13,209	12,080	13,209	12,080
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	56,451	52,524	59,122	53,065
Inventories written down	434	312	434	312
Consultancy costs	1,504	1,572	1,495	1,570
Establishment	4,670	4,434	4,459	4,404
Premises	17,688	14,335	17,626	14,274
Transport (including patient travel)	1,241	1,065	1,241	1,065
Depreciation on property, plant and equipment	9,267	9,243	9,243	9,215
Amortisation on intangible assets	2,589	3,088	2,570	3,067
Net impairments	1,599	(970)	1,599	(970)
Movement in credit loss allowance: contract receivables / contract assets	7	317	7	317
Increase/(decrease) in other provisions	1,164	52	1,164	52
Change in provisions discount rate(s)	26	-	26	-
Audit fees payable to the external auditor				
audit services- statutory audit	91	62	82	56
other auditor remuneration (external auditor only)	-	5	-	5
Internal audit costs	131	152	131	152
Clinical negligence	15,622	13,760	15,622	13,760
Legal fees	240	102	240	102
Insurance	271	230	265	223
Research and development	3,763	4,319	3,763	4,319
Education and training	1,277	1,248	1,277	1,248
Rentals under operating leases	8,633	8,486	8,633	8,486
Redundancy	376	153	376	153
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI)	120	121	120	121
Car parking & security	412	445	412	445
Hospitality	25	60	25	60
Losses, ex gratia & special payments	37	9	37	9
Other services, eg external procurement service	2,145	1,791	2,145	1,791
Other	448	756	436	2,109
Total	**530,227**	**491,133**	**531,294**	**491,661**
Of which:				
Related to continuing operations	530,227	491,133	531,294	491,661

Note 6.2 Other auditor remuneration

	Group and Trust	
	2020/21	2019/20
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	-	5
Total	**-**	**5**

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2019/20: £1 million).

Note 7 Impairment of assets

	Group and Trust	
	2020/21	2019/20
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	1,599	(970)
Total net impairments charged to operating surplus / deficit	**1,599**	**(970)**
Impairments charged to the revaluation reserve	2,682	131
Total net impairments	**4,281**	**(839)**

Impairments relating to Changes in Market Price and those Charged to the Revaluation Reserve relate to the Trust's Property, Plant and Equipment. This reflects the movements in the 'Fair Value' due to changes in property prices.

Note 8 Employee benefits

	Group		Trust	
	2020/21 Total £000	2019/20 Total £000	2020/21 Total £000	2019/20 Total £000
Salaries and wages	229,494	212,495	228,326	211,262
Social security costs	23,894	22,229	23,894	22,229
Apprenticeship levy	1,133	1,069	1,133	1,069
Employer's contributions to NHS pensions	38,709	35,937	38,709	35,937
Pension cost - other	80	79	80	79
Termination benefits	376	153	376	153
Temporary staff (including agency)	41,152	40,230	40,991	40,099
Total gross staff costs	**334,838**	**312,192**	**333,509**	**310,828**
Recoveries in respect of seconded staff	(2,577)	(2,227)	(2,577)	(2,227)
Total staff costs	**332,261**	**309,965**	**330,932**	**308,601**
Of which the following costs are excluded from Staff and executive directors costs				
Costs capitalised as part of assets	238	785	238	785
Included in Research & development	3,226	3,582	3,226	3,582
Included in Redundancy	376	153	376	153

Note 8.1 Retirements due to ill-health (Group and Trust)

During 2020/21 there were 3 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £129k (£357k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.68%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 10 Operating leases

Note 10.1 The Trust as a lessor

This note discloses income generated in operating lease agreements where the Trust is the lessor.

The Trust leases space for retail units, telephone masts and staff accommodation.

	Group and Trust	
	2020/21	2019/20
	£000	£000
Operating lease revenue		
Minimum lease receipts	85	245
Total	**85**	**245**

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	85	245
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Total	**85**	**245**

Note 10.2 The Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where the Trust is the lessee.

The Trust's operating leases relate to buildings, medical equipment and lease cars.
Medical equipment is leased over a period of 5-10 years, and carries the potential option to extend at the end of this period. Ownership does not transfer to the Trust at the end of the agreement and any purchase would be carried out on an 'arm's-length' basis.

	Group and Trust	
	2020/21	2019/20
	£000	£000
Operating lease expense		
Minimum lease payments	8,633	8,486
Total	**8,633**	**8,486**

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease payments due:		
- not later than one year;	7,895	8,206
- later than one year and not later than five years;	5,506	7,713
- later than five years.	19,384	19,641
Total	**32,785**	**35,560**

Note 11 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	Group and Trust	
	2020/21	2019/20
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	1,254	4,139
Interest on late payment of commercial debt	4	18
Main finance costs on PFI schemes obligations	464	466
Contingent finance costs on PFI scheme obligations	396	419
Total interest expense	**2,118**	**5,042**
Unwinding of discount on provisions	(3)	(3)
Other finance costs	62	69
Total finance costs	**2,177**	**5,108**

Note 11.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	Group and Trust	
	2020/21	2019/20
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	4	18

Note 12 Other gains / (losses)

	Group and Trust	
	2020/21	2019/20
	£000	£000
(Losses) / Gains on disposal of assets	(1,560)	54
Total (losses) / gains on disposal of assets	**(1,560)**	**54**

Note 13.1 Intangible assets - 2020/21

Group	Software licences	Licences & trademarks	Internally generated assets	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**28,804**	**1,020**	**6,012**	**-**	**35,836**
Additions	3,378	218	-	618	**4,214**
Reclassifications	618	-	-	(609)	**9**
Disposals / derecognition	-	(111)	(1,224)	-	**(1,335)**
Valuation / gross cost at 31 March 2021	**32,800**	**1,127**	**4,788**	**9**	**38,724**
Amortisation at 1 April 2020 - brought forward	**5,216**	**866**	**3,642**	**-**	**9,724**
Provided during the year	2,220	31	338	-	**2,589**
Disposals / derecognition	-	(53)	(498)	-	**(551)**
Amortisation at 31 March 2021	**7,436**	**844**	**3,482**	**-**	**11,762**
Net book value at 31 March 2021	**25,364**	**283**	**1,306**	**9**	**26,962**
Net book value at 1 April 2020	**23,588**	**154**	**2,370**	**-**	**26,112**

Note 13.2 Intangible assets - 2019/20

Group	Software licences	Licences & trademarks	Internally generated assets	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**26,322**	**1,020**	**8,736**	**-**	**36,078**
Additions	2,559	-	-	-	**2,559**
Reclassifications	(9)	-	-	-	**(9)**
Disposals / derecognition	(68)	-	(2,724)	-	**(2,792)**
Valuation / gross cost at 31 March 2020	**28,804**	**1,020**	**6,012**	**-**	**35,836**
Amortisation at 1 April 2019 - as previously stated	**3,263**	**782**	**5,051**	**-**	**9,096**
Provided during the year	2,021	84	983	-	**3,088**
Disposals / derecognition	(68)	-	(2,392)	-	**(2,460)**
Amortisation at 31 March 2020	**5,216**	**866**	**3,642**	**-**	**9,724**
Net book value at 31 March 2020	**23,588**	**154**	**2,370**	**-**	**26,112**
Net book value at 1 April 2019	**23,059**	**238**	**3,685**	**-**	**26,982**

Note 14.1 Intangible assets - 2020/21

Trust	Software licences £000	Licences & trademarks £000	Internally generated assets £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2020 - brought forward	**28,700**	**1,020**	**6,012**	**-**	**35,732**
Additions	3,378	218	-	618	**4,214**
Reclassifications	618	-	-	(609)	**9**
Disposals / derecognition	-	(111)	(1,224)	-	**(1,335)**
Valuation / gross cost at 31 March 2021	**32,696**	**1,127**	**4,788**	**9**	**38,620**
Amortisation at 1 April 2020 - brought forward	**5,148**	**866**	**3,642**	**-**	**9,656**
Provided during the year	2,202	31	338	-	**2,571**
Disposals / derecognition	-	(53)	(498)	-	**(551)**
Amortisation at 31 March 2021	**7,350**	**844**	**3,482**	**-**	**11,676**
Net book value at 31 March 2021	**25,346**	**283**	**1,306**	**9**	**26,944**
Net book value at 1 April 2020	**23,552**	**154**	**2,370**	**-**	**26,076**

Note 14.2 Intangible assets - 2019/20

Trust	Software licences £000	Licences & trademarks £000	Internally generated assets £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2019 - as previously stated	**26,218**	**1,020**	**8,736**		**35,974**
Additions	2,559	-	-		**2,559**
Reclassifications	(9)	-	-		**(9)**
Disposals / derecognition	(68)	-	(2,724)		**(2,792)**
Valuation / gross cost at 31 March 2020	**28,700**	**1,020**	**6,012**	**-**	**35,732**
Amortisation at 1 April 2019 - as previously stated	**3,216**	**782**	**5,051**		**9,049**
Provided during the year	2,000	84	983		**3,067**
Disposals / derecognition	(68)	-	(2,392)		**(2,460)**
Amortisation at 31 March 2020	**5,148**	**866**	**3,642**	**-**	**9,656**
Net book value at 31 March 2020	**23,552**	**154**	**2,370**	**-**	**26,076**
Net book value at 1 April 2019	**23,002**	**238**	**3,685**	**-**	**26,925**

Note 15.1 Property, plant and equipment - 2020/21

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**22,055**	**136,592**	**1,951**	**48,285**	**11,253**	**2,641**	**222,777**
Additions	-	9,243	9,062	9,207	792	2	**28,306**
Impairments	-	(2,682)	-	-	-	-	**(2,682)**
Revaluations	4,005	(2,700)	-	-	-	-	**1,305**
Reclassifications	-	2,076	(2,076)	(9)	-	-	**(9)**
Disposals / derecognition	-	-	-	(5,131)	(310)	-	**(5,441)**
Valuation/gross cost at 31 March 2021	**26,060**	**142,529**	**8,937**	**52,352**	**11,735**	**2,643**	**244,256**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**433**	**-**	**34,474**	**8,292**	**1,967**	**45,166**
Provided during the year	-	5,599	-	2,664	900	104	**9,267**
Impairments	-	4,342	-	-	-	-	**4,342**
Reversals of impairments	-	(2,743)	-	-	-	-	**(2,743)**
Revaluations	-	(6,755)	-	-	-	-	**(6,755)**
Disposals / derecognition	-	-	-	(4,470)	(195)	-	**(4,665)**
Accumulated depreciation at 31 March 2021	**-**	**876**	**-**	**32,668**	**8,997**	**2,071**	**44,612**
Net book value at 31 March 2021	**26,060**	**141,653**	**8,937**	**19,684**	**2,738**	**572**	**199,644**
Net book value at 1 April 2020	**22,055**	**136,159**	**1,951**	**13,811**	**2,961**	**674**	**177,611**

Increase in assets under construction is due to award of £14.984m Urgent and Emergency Care (UEC) capital funding for the emergency department major refurbishment by the DHSC. This award is covering two financial years with project completion expected in 2021/22

Note 15.2 Property, plant and equipment - 2019/20

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**21,395**	**136,330**	**-**	**46,137**	**10,263**	**3,220**	**217,345**
Additions	-	1,987	1,951	2,583	1,107	28	**7,656**
Impairments	-	(131)	-	-	-	-	**(131)**
Revaluations	660	(1,594)	-	-	-	-	**(934)**
Reclassifications	-	-	-	-	9	-	**9**
Disposals / derecognition	-	-	-	(435)	(126)	(607)	**(1,168)**
Valuation/gross cost at 31 March 2020	**22,055**	**136,592**	**1,951**	**48,285**	**11,253**	**2,641**	**222,777**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**4**	**-**	**32,045**	**7,520**	**2,360**	**41,929**
Provided during the year	-	5,388	-	2,818	889	148	**9,243**
Impairments	-	750	-	-	-	-	**750**
Reversals of impairments	-	(1,720)	-	-	-	-	**(1,720)**
Revaluations	-	(3,989)	-	-	-	-	**(3,989)**
Disposals / derecognition	-	-	-	(389)	(117)	(541)	**(1,047)**
Accumulated depreciation at 31 March 2020	**-**	**433**	**-**	**34,474**	**8,292**	**1,967**	**45,166**
Net book value at 31 March 2020	**22,055**	**136,159**	**1,951**	**13,811**	**2,961**	**674**	**177,611**
Net book value at 1 April 2019	**21,395**	**136,326**	**-**	**14,092**	**2,743**	**860**	**175,416**

Note 15.3 Property, plant and equipment financing - 2020/21

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021							
Owned - purchased	26,060	132,116	8,937	16,199	2,738	474	**186,524**
On-SoFP PFI contracts and other service concession arrangements	-	7,833	-	-	-	-	**7,833**
Owned - donated/granted	-	1,704	-	3,485	-	98	**5,287**
NBV total at 31 March 2021	**26,060**	**141,653**	**8,937**	**19,684**	**2,738**	**572**	**199,644**

Note 15.4 Property, plant and equipment financing - 2019/20

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020							
Owned - purchased	22,055	126,956	1,951	12,215	2,961	559	**166,697**
On-SoFP PFI contracts and other service concession arrangements	-	7,755	-	-	-	-	**7,755**
Owned - donated/granted	-	1,448	-	1,596	-	115	**3,159**
NBV total at 31 March 2020	**22,055**	**136,159**	**1,951**	**13,811**	**2,961**	**674**	**177,611**

Note 16.1 Property, plant and equipment - 2020/21

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**22,055**	**136,592**	**1,951**	**48,285**	**11,187**	**2,490**	**222,560**
Additions	-	9,243	9,062	9,207	792	-	**28,304**
Impairments	-	(2,682)	-	-	-	-	**(2,682)**
Revaluations	4,005	(2,700)	-	-	-	-	**1,305**
Reclassifications	-	2,076	(2,076)	(9)	-	-	**(9)**
Disposals / derecognition	-	-	-	(5,131)	(310)	-	**(5,441)**
Valuation/gross cost at 31 March 2021	**26,060**	**142,529**	**8,937**	**52,352**	**11,669**	**2,490**	**244,037**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**433**	**-**	**34,474**	**8,241**	**1,912**	**45,060**
Provided during the year	-	5,599	-	2,664	890	89	**9,242**
Impairments	-	4,342	-	-	-	-	**4,342**
Reversals of impairments	-	(2,743)	-	-	-	-	**(2,743)**
Revaluations	-	(6,755)	-	-	-	-	**(6,755)**
Disposals / derecognition	-	-	-	(4,470)	(195)	-	**(4,665)**
Accumulated depreciation at 31 March 2021	**-**	**876**	**-**	**32,668**	**8,936**	**2,001**	**44,481**
Net book value at 31 March 2021	**26,060**	**141,653**	**8,937**	**19,684**	**2,733**	**489**	**199,556**
Net book value at 1 April 2020	**22,055**	**136,159**	**1,951**	**13,811**	**2,946**	**578**	**177,500**

Note 16.2 Property, plant and equipment - 2019/20

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**21,395**	**136,330**	**-**	**46,137**	**10,198**	**3,069**	**217,129**
Additions	-	1,987	1,951	2,583	1,106	28	**7,655**
Impairments	-	(131)	-	-	-	-	**(131)**
Revaluations	660	(1,594)	-	-	-	-	**(934)**
Reclassifications	-	-	-	-	9	-	**9**
Disposals / derecognition	-	-	-	(435)	(126)	(607)	**(1,168)**
Valuation/gross cost at 31 March 2020	**22,055**	**136,592**	**1,951**	**48,285**	**11,187**	**2,490**	**222,560**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**4**	**-**	**32,045**	**7,482**	**2,320**	**41,851**
Provided during the year	-	5,388	-	2,818	876	133	**9,215**
Impairments	-	750	-	-	-	-	**750**
Reversals of impairments	-	(1,720)	-	-	-	-	**(1,720)**
Revaluations	-	(3,989)	-	-	-	-	**(3,989)**
Disposals / derecognition	-	-	-	(389)	(117)	(541)	**(1,047)**
Accumulated depreciation at 31 March 2020	**-**	**433**	**-**	**34,474**	**8,241**	**1,912**	**45,060**
Net book value at 31 March 2020	**22,055**	**136,159**	**1,951**	**13,811**	**2,946**	**578**	**177,500**
Net book value at 1 April 2019	**21,395**	**136,326**	**-**	**14,092**	**2,716**	**749**	**175,278**

Note 16.3 Property, plant and equipment financing - 2020/21

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021							
Owned - purchased	26,060	132,116	8,937	16,199	2,733	391	**186,436**
On-SoFP PFI contracts and other service concession arrangements	-	7,833	-	-	-	-	**7,833**
Owned - donated / granted	-	1,704	-	3,485	-	98	**5,287**
NBV total at 31 March 2021	**26,060**	**141,653**	**8,937**	**19,684**	**2,733**	**489**	**199,556**

Note 16.4 Property, plant and equipment financing - 2019/20

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020							
Owned - purchased	22,055	126,956	1,951	12,215	2,946	463	**166,586**
On-SoFP PFI contracts and other service concession arrangements	-	7,755	-	-	-	-	**7,755**
Owned - donated / granted	-	1,448	-	1,596	-	115	**3,159**
NBV total at 31 March 2020	**22,055**	**136,159**	**1,951**	**13,811**	**2,946**	**578**	**177,500**

Note 17 Donations of property, plant and equipment

The Trust has received the donation of a number of items of equipment to enhance patient experience from the East and North Hertfordshire NHS Trust Charitable Funds. The amount received in 2020-21 was £371k (2019-20 £280k).

The Trust has also received the donation of a number of items of equipment as part of the coronavirus pandemic response in 2020/21 from NHS England and Improvement. The amount received in 2020-21 was £2,178k (2019-20 £0k).

Note 18 Revaluations of property, plant and equipment

The Trust's land and buildings valuations were reviewed at 31 March 2021 by an independent, qualified valuer, using the Modern Equivalent Asset (MEA) methodology for specialised assets, in accordance with DH guidance and the NHS Group Accounting Manual.

A full valuation was carried out by Avison Young (previously known as Bilfinger GVA), 3 Brindleyplace, Birmingham, B1 2JB. This was carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Department of Health and HM Treasury.

Current Value in Existing Use of the properties has been primarily derived using the Depreciated Replacement Cost (DRC) approach because the specialised nature of the asset means that there are no market transactions for this type of asset except as part of an entity. The DRC method is a form of cost approach that is defined in the RICS Valuation – Global Standards 2017 (RB Global) Glossary as: 'The current cost of replacing an asset with its modern equivalent asset less deductions for physical deterioration and all relevant forms of obsolescence and optimisation. '

For non-specialised properties, the Current Value in Existing Use has been derived from comparable market transactions of arm's length terms. The existing use value is not materially different from its open market value.

The Existing Use Value is defined in UKPS 1.3 of the Red Book and, in undertaking these valuations, our surveyors have applied the conceptual framework of Market Value, which is detailed in PS3.2, together with the supplementary commentary which is included in items 2-5 of UKPS 1.3. Under UKPS1.3 the term "Existing Use Value" is defined as follows:

"The estimated amount for which a property should exchange on the date of valuation between a willing buyer and a willing seller in an arm's length transaction, after proper marketing wherein the parties have acted knowledgeably, prudently and without compulsion, assuming that the buyer is granted vacant possession of all parts of the property required by the business and disregarding potential alternative uses and any other characteristics of the property that would cause its Market Value to differ from that needed to replace the remaining service potential at least cost".

The definition of MEA
Modern Equivalent Assets - a structure similar to an existing structure with an equivalent, productive capacity, which could be built using modern materials, techniques and designs. Replacement cost is the basis used to estimate the cost of constructing a modern equivalent asset.

The value of land has been assessed on the basis of the construction of a modern equivalent asset in an alternative site, over a number of storeys, with the associated footprint that such a construction would require.

Net increase in the valuation of property, plant and equipment which was transferred to revaluation reserve during the year was £5,378k, whilst impairment of £1,599k was charged to statement of comprehensive income.

Note 19 Other investments / financial assets (current)

The Trust's principal subsidiary undertakings as included in its consolidated accounts are below.

The Trust holds a £1,000k investment in ENH Pharma Ltd. The subsidiary's accounts are prepared as at 31 March 2021 and for the period then ended.

ENH Pharma Ltd is 100% owned and was incorporated on 28 July 2014 in the United Kingdom. Its principal activity is outpatient pharmacy. As at 31 March 2021, the subsidiary's total profit for the year was £991k (2019/20: £797k), with gross assets of £4,867k (2019/20: £4,722k) and net assets of £2,576k (2019/20: £2,086k).

Note 20 Inventories

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Drugs	3,489	3,309	2,139	1,901
Consumables	4,437	3,432	4,437	3,432
Energy	161	243	161	243
Total inventories	**8,087**	**6,984**	**6,737**	**5,576**
of which:				
Held at fair value less costs to sell	-	-	-	-

Inventories recognised in expenses for the year were £64,632k (2019/20: £52,839k). Write-down of inventories recognised as expenses for the year were £434k (2019/20: £312k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £7,983k of items purchased by DHSC.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above. The closing balance of inventory included in Consumables was £318k.

Note 21.1 Receivables

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Contract receivables	13,958	42,108	13,936	42,152
Allowance for impaired contract receivables	(1,440)	(1,534)	(1,440)	(1,534)
Prepayments (non-PFI)	4,535	4,400	4,535	4,400
PDC dividend receivable	1,484	-	1,484	-
VAT receivable	3,343	2,184	2,711	1,573
Other receivables	1,611	2,391	1,611	2,391
Total current receivables	**23,491**	**49,549**	**22,837**	**48,982**
Non-current				
Contract receivables	1,833	1,892	1,833	1,892
Allowance for impaired contract receivables	(404)	(404)	(404)	(404)
Prepayments (non-PFI)	997	1,048	997	1,048
Other receivables	59	-	59	-
Total non-current receivables	**2,485**	**2,536**	**2,485**	**2,536**
Of which receivable from NHS and DHSC group bodies:				
Current	12,297	34,833	12,297	34,833
Non-current	59	-	59	-

Note 21.2 Allowances for credit losses - 2020/21

	Group and Trust	
	Contract receivables	All other receivables
	£000	£000
Allowances as at 1 Apr 2020 - brought forward	**1,938**	**-**
Changes in existing allowances	7	-
Utilisation of allowances (write offs)	(101)	-
Allowances as at 31 Mar 2021	**1,844**	**-**

Note 21.3 Allowances for credit losses - 2019/20

	Group and Trust	
	Contract receivables	All other receivables
	£000	£000
Allowances as at 1 Apr 2019 - as previously stated	**1,967**	**-**
New allowances arising	317	-
Utilisation of allowances (write offs)	(346)	-
Allowances as at 31 Mar 2020	**1,938**	**-**

Note 22.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
At 1 April	**11,389**	**1,521**	**10,823**	**1,148**
Net change in year	41,070	9,868	40,751	9,675
At 31 March	**52,459**	**11,389**	**51,574**	**10,823**
Broken down into:				
Cash at commercial banks and in hand	905	586	20	20
Cash with the Government Banking Service	51,554	10,803	51,554	10,803
Total cash and cash equivalents as in SoFP	**52,459**	**11,389**	**51,574**	**10,823**

Note 22.2 Third party assets held by the Trust

East And North Hertfordshire NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2021	31 March 2020
	£000	£000
Monies on deposit	5	3
Total third party assets	**5**	**3**

Note 23.1 Trade and other payables

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Trade payables	27,160	25,074	26,765	24,493
Capital payables	3,154	1,618	3,154	1,618
Accruals	26,148	21,335	26,148	21,335
Social security costs	3,452	3,321	3,425	3,298
Other taxes payable	3,080	2,830	3,080	2,830
Total current trade and other payables	**62,994**	**54,178**	**62,572**	**53,574**
Non-current				
Other payables	4,004	4,206	4,004	4,206
Total non-current trade and other payables	**4,004**	**4,206**	**4,004**	**4,206**
Of which payables from NHS and DHSC group bodies:				
Current	9,460	8,981	9,460	8,981
Non-current	-	-	-	-

Note 24 Other liabilities

	Group and Trust	
	31 March 2021	31 March 2020
	£000	£000
Current		
Deferred income: contract liabilities	3,299	1,949
Total other current liabilities	**3,299**	**1,949**
Non-current		
Total other non-current liabilities	**-**	**-**

Note 25 Borrowings

	Group and Trust	
	31 March 2021	31 March 2020
	£000	£000
Current		
Loans from DHSC	2,641	149,862
Other loans	63	63
Obligations under PFI or other service concession contracts (excl. lifecycle)	263	219
Total current borrowings	**2,967**	**150,144**
Non-current		
Loans from DHSC	38,037	40,625
Other loans	-	63
Obligations under PFI or other service concession contracts	5,745	6,008
Total non-current borrowings	**43,782**	**46,696**

Note 25.1 Reconciliation of liabilities arising from financing activities

Group and Trust 2020/21	Loans from DHSC	Other loans	PFI schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2020	**190,487**	**126**	**6,227**	**196,840**
Cash movements:				
Financing cash flows - payments and receipts of principal	(149,474)	(63)	(219)	**(149,756)**
Financing cash flows - payments of interest	(1,589)	-	(464)	**(2,053)**
Non-cash movements:				
Application of effective interest rate	1,254	-	464	**1,718**
Carrying value at 31 March 2021	**40,678**	**63**	**6,008**	**46,749**

Group - 2019/20	Loans from DHSC	Other loans	PFI schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2019	**189,249**	**189**	**6,452**	**195,890**
Cash movements:				
Financing cash flows - payments and receipts of principal	1,189	(63)	(225)	**901**
Financing cash flows - payments of interest	(4,090)	-	(466)	**(4,556)**
Non-cash movements:				
Application of effective interest rate	4,139	-	466	**4,605**
Carrying value at 31 March 2020	**190,487**	**126**	**6,227**	**196,840**

Note 26.1 Provisions for liabilities and charges analysis

Group and Trust	Pensions: early departure costs	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2020	**546**	**151**	**-**	**-**	**697**
Change in the discount rate	26	-	-	-	**26**
Arising during the year	564	25	376	668	**1,633**
Utilised during the year	(103)	(96)	-	-	**(199)**
Reversed unused	(59)	-	-	-	**(59)**
Unwinding of discount	(3)	-	-	-	**(3)**
At 31 March 2021	**971**	**80**	**376**	**668**	**2,095**
Expected timing of cash flows:					
- not later than one year;	107	80	376	-	**563**
- later than one year and not later than five years	321	-	-	-	**321**
- later than five years.	543	-	-	668	**1,211**
Total	**971**	**80**	**376**	**668**	**2,095**

Early Departure costs relate to a constructive obligation with the NHS Pensions Agency to refund it the costs of pensions paid to staff who have retired due to ill-health in earlier years. The value of the obligation is assessed using actuarial tables and the uncertainty relates to the length of time these pensions will be payable.

Legal claims relate to claims made under the Trust's Employer Liability and Public Liability Schemes, for which the Trust is responsible for the payment of an excess should the claim be successful. Uncertainty relates to the potential for success and an amount has been included for all those assessed at a probability of over 50% by NHS Resolution.

Redundancy provision relates to costs that are likely to be paid as a result of transfer of service.

Other provision relates to dilapidation costs on leased buildings.

The discount rate applied to provisions above is -0.95%.

Note 26.2 Clinical negligence liabilities

At 31 March 2021, £336,302k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of East And North Hertfordshire NHS Trust (31 March 2020: £329,803k).

Note 27 Contingent assets and liabilities

	Group and Trust	
	31 March 2021	31 March 2020
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(53)	(73)
Gross value of contingent liabilities	**(53)**	**(73)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(53)**	**(73)**
Net value of contingent assets	**-**	**-**

Contingent liabilities relate to claims under the Trust's Employer Liability and Public Liability Schemes, where the probability of success has been assessed as being between 20% and 50%.

Note 28 Contractual capital commitments

	Group and Trust	
	31 March 2021	31 March 2020
	£000	£000
Property, plant and equipment	5,204	170
Intangible assets	-	-
Total	**5,204**	**170**

Note 29 On-SoFP PFI

The Trust has one PFI Scheme, relating to the Hertford County Hospital. The hospital provides outpatient and therapy services to the local community. The facility became operational on 1 November 2004 with a contract period of 28.5 years. The contract is due to end on 31 March 2033.

The Trust pays a monthly contractual unitary payment, which covers the cost of facilities management services, financing and lifecycle replacement of assets components. Further information on the nature and value of these payments is included below.

Note 29.1 On-SoFP PFI

The following obligations in respect of the PFI are recognised in the statement of financial position:

	Group and Trust	
	31 March 2021 £000	31 March 2020 £000
Gross PFI liabilities	**9,383**	**10,067**
Of which liabilities are due		
- not later than one year;	710	684
- later than one year and not later than five years;	2,981	2,958
- later than five years.	5,692	6,425
Finance charges allocated to future periods	(3,375)	(3,840)
Net PFI obligation	**6,008**	**6,227**
- not later than one year;	263	219
- later than one year and not later than five years;	1,434	1,311
- later than five years.	4,311	4,697

Note 29.2 Total on-SoFP PFI commitments

Total future commitments under these on-SoFP schemes are as follows:

	Group and Trust	
	31 March 2021 £000	31 March 2020 £000
Total future payments committed in respect of the PFI	**22,520**	**24,106**
Of which payments are due:		
- not later than one year;	1,613	1,574
- later than one year and not later than five years;	6,865	6,701
- later than five years.	14,042	15,831

Note 29.3 Analysis of amounts payable to PFI operator

This note provides an analysis of the unitary payments made PFI operator:

	Group and Trust	
	2020/21	2019/20
	£000	£000
Unitary payment payable to service concession operator	**1,574**	**1,537**
Consisting of:		
- Interest charge	464	466
- Repayment of balance sheet obligation	219	238
- Service element and other charges to operating expenditure	120	121
- Capital lifecycle maintenance	375	293
- Contingent rent	396	419
Total amount paid to service concession operator	**1,574**	**1,537**

Note 30 Financial instruments

Note 30.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking these activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in the trade and other receivables note. The Trust has assessed this risk against the impact of Covid-19 and has come to the same conclusion.

Liquidity risk

The Trust's operating costs are incurred under contracts with primary care organisations, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 30.2 Carrying values of financial assets	Group
Carrying values of financial assets as at 31 March 2021	Held at amortised cost £000
Trade and other receivables excluding non financial assets	15,617
Cash and cash equivalents	52,459
Total at 31 March 2021	**68,076**

Carrying values of financial assets as at 31 March 2020	Held at amortised cost £000
Trade and other receivables excluding non financial assets	41,574
Cash and cash equivalents	11,389
Total at 31 March 2020	**52,963**

Note 30.3 Carrying values of financial assets	Trust
Carrying values of financial assets as at 31 March 2021	Held at amortised cost £000
Trade and other receivables excluding non financial assets	15,595
Cash and cash equivalents	51,574
Total at 31 March 2021	**67,169**

Carrying values of financial assets as at 31 March 2020	Held at amortised cost £000
Trade and other receivables excluding non financial assets	41,009
Cash and cash equivalents	10,823
Total at 31 March 2020	**51,832**

All financial assets are held at amortised cost

Note 30.4 Carrying values of financial liabilities	Group
Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	40,678
Obligations under PFI and other service concessions	6,008
Other borrowings	63
Trade and other payables excluding non financial liabilities	58,960
Other financial liabilities	1,927
Total at 31 March 2021	**107,636**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	190,487
Obligations under PFI and other service concessions	6,227
Other borrowings	126
Trade and other payables excluding non financial liabilities	52,099
Other financial liabilities	2,104
Total at 31 March 2020	**251,043**

Note 30.5 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2021	Trust Held at amortised cost £000
Loans from the Department of Health and Social Care	40,678
Obligations under PFI and other service concessions	6,008
Other borrowings	63
Trade and other payables excluding non financial liabilities	58,565
Other financial liabilities	1,927
Total at 31 March 2021	**107,241**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost £000
Loans from the Department of Health and Social Care	190,487
Obligations under PFI and other service concessions	6,227
Other borrowings	126
Trade and other payables excluding non financial liabilities	51,495
Other financial liabilities	2,104
Total at 31 March 2020	**250,439**

All financial liabilities are held at amortised cost.

Note 30.6 Fair values of financial assets and liabilities

The book value (carrying value) of financial assets and liabilities is considered a reasonable approximation of fair value.

Note 30.7 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2021 £000	31 March 2020 restated* £000	31 March 2021 £000	31 March 2020 restated* £000
In one year or less	63,757	203,751	63,364	203,356
years	18,087	18,325	18,087	18,325
In more than five years	38,804	43,290	38,804	43,290
Total	**120,648**	**265,366**	**120,255**	**264,971**

* In the prior year, this disclosure was prepared using discounted cash flows in error. The comparatives have been restated on an undiscounted basis.

Note 31 Losses and special payments

	2020/21		2019/20	
Group and Trust	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	1	-	1	1
Bad debts and claims abandoned	357	100	2	343
Stores losses and damage to property	57	414	14	320
Total losses	**415**	**514**	**17**	**664**
Special payments				
Ex-gratia payments	38	147	37	30
Total special payments	**38**	**147**	**37**	**30**
Total losses and special payments	**453**	**661**	**54**	**694**
Compensation payments received	-	-	-	-

Cases over £300,000

The Trust has no individual case of Losses and Special Payments in year that exceed £300,000.

Note 32 Gifts

The value of Gifts did not exceed £300,000 in year.

Note 33 Related parties

During the year none of the Department of Health and Social Care Ministers, Trust board members or key management staff, or parties related to them has undertaken any material transactions with East and North Hertfordshire NHS Trust. The Department of Health and Social Care is the Trust's parent department and there has been a number of material transactions with other public sector bodies, the most significant of which were with East and North Hertfordshire CCG, NHS England, Health Education England, the Hillingdon Hospitals NHS Foundation Trust, HMRC, the NHS Pension Scheme, NHS Resolution, Bedfordshire CCG, Hertfordshire Valleys CCG and NHS Professionals. In addition to the above bodies, there were a number of transactions between the Trust and its charity, the East and North Hertfordshire NHS Trust Charitable Fund. In 2020-21 the Trust received £1,417k (2019-20 £1,287k) from the charity. The majority of these receipts were for the re-imbursement of running costs and donations made for the benefit of patients and staff. There was £1,55k (2019-20 £76k) receivable balance from the charity at the end of the financial year.

Note 34 Events after the reporting date

There have been no events after the Balance Sheet date that have materially impacted, or cast doubt on, the values and balances recorded within these Financial Statements. There is therefore no requirement for the Trust to adjust, or disclose potential impacts on, the values herein.

Note 35 Better Payment Practice code

Non-NHS Payables	2020/21 Number	2020/21 £000	2019/20 Number	2019/20 £000
Total non-NHS trade invoices paid in the year	64,775	204,423	70,080	177,709
Total non-NHS trade invoices paid within target	61,832	188,874	65,612	151,041
Percentage of non-NHS trade invoices paid within target	95.5%	92.4%	93.6%	85.0%
NHS Payables				
Total NHS trade invoices paid in the year	2,565	32,920	2,094	29,936
Total NHS trade invoices paid within target	1,715	25,861	1,601	25,982
Percentage of NHS trade invoices paid within target	66.9%	78.6%	76.5%	86.8%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

The Trust adopts the NHS Standard Terms and Conditions when entering into contractual arrangements, which requires invoices to be paid within 30 days of receipt. For the purpose of this disclosure, it has been assumed that all invoices which were paid within the 30 day target were due to be paid within that period.

Obligations for Late Payment Interest for failure to pay within the due terms are included within Note 11.

Note 36 External financing

The Trust is given an external financing limit against which it is permitted to underspend

	2020/21 £000	2019/20 £000
Cash flow financing	(21,693)	(8,735)
Other capital receipts	-	-
External financing requirement	**(21,693)**	**(8,735)**
External financing limit (EFL)	15,957	3,062
Under / (over) spend against EFL	**37,650**	**11,797**

Note 37 Capital Resource Limit

	2020/21 £000	2019/20 £000
Gross capital expenditure	32,520	10,215
Less: Disposals	(1,560)	(807)
Less: Donated and granted capital additions	(2,549)	(280)
Charge against Capital Resource Limit	**28,411**	**9,128**
Capital Resource Limit	30,800	10,525
Under / (over) spend against CRL	**2,389**	**1,397**

Note 38 Breakeven duty financial performance

	2020/21 £000
Adjusted financial performance surplus / (deficit)	2,528
Remove impairments scoring to Departmental Expenditure Limit	-
Breakeven duty financial performance surplus / (deficit)	**2,528**

Note 39 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	-	2,500	3,328	3,568	532	109	(3,613)
Breakeven duty cumulative position	1,825	4,325	7,653	11,221	11,753	11,862	8,249
Operating income	-	331,312	340,309	346,402	350,543	365,313	376,050
Cumulative breakeven position as a percentage of operating income		1.3%	2.2%	3.2%	3.4%	3.2%	2.2%

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(16,226)	(29,533)	(24,424)	(13,543)	1,452	2,528
Breakeven duty cumulative position	(7,977)	(37,510)	(61,934)	(75,477)	(74,025)	(71,497)
Operating income	384,712	411,870	420,968	444,903	498,597	540,900
Cumulative breakeven position as a percentage of operating income	(2.1%)	(9.1%)	(14.7%)	(17.0%)	(14.8%)	(13.2%)

The Trust first reported cumulative deficit in 2015-16 of £7,977k (-2.1% of operating income). The Trust is in the sixth year of consecutive break-even duty breach achieving a cumulative deficit of £71,497k (-13.2% of operating income) above the -0.5% permitted. The Trust achieved surplus of £3,342k in 2020-21 and is working with NHS England & Improvement to develop a plan to achieve cumulative breakeven duty in future years.

East and North Hertfordshire NHS Trust

Agenda Item: 12

TRUST BOARD - PUBLIC SESSION – 1 SEPTEMBER 2021

University Trust Partnership Annual Report 2020-21

Purpose of report and executive summary (250 words max):		
The Trust partnership with University of Hertfordshire is governed by the Joint Management Committee and reports via the annual report to relevant committees in each organisation. This report demonstrates the depth and breadth of the partnership between ENHT and UH; this has grown over the past 12 months despite the challenges faced from the Covid-19 pandemic. We are now in year 5 of our 6 year partnership; in the coming months we will begin the process of revalidation including engagement with stakeholders and consultation on the aims and objectives going forward. *Note: Appendices redacted from public meeting pack*		
Action required: For discussion		
Previously considered by: Joint Management Committee (virtually) and Quality and Safety Committee (27.07.21)		
Director: Medical Director	**Presented by: Deputy** Medical Director	**Author:** University Partnership Manager

Trust priorities to which the issue relates:		**Tick applicable boxes**
Quality:	To deliver high quality, compassionate services, consistently across all our sites	☒
People:	To create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce	☒
Pathways:	To develop pathways across care boundaries, where this delivers best patient care	☒
Ease of Use:	To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff	☒
Sustainability:	To provide a portfolio of services that is financially and clinically sustainable in the long term	☐

Does the issue relate to a risk recorded on the Board Assurance Framework? (If yes, please specify which risk)
Any other risk issues (quality, safety, financial, HR, legal, equality):

Proud to deliver high-quality, compassionate care to our community

University Partnership - Joint Management Committee

Annual Report 2020-2021 v0.1

Report prepared by Jennifer Godwin

Partnership Manager

June 2021

1. Executive Summary

At the beginning of the reporting period the world looked a very different place to the one we had been used to. England was in full lockdown except for Thursday evenings where millions stood on their doorsteps and clapped for key workers. Students being taught remotely by staff working from home and campuses eerily quiet. Meanwhile at Lister hospital a pop-up shop was being built to allow staff to purchase essential groceries without queuing outside supermarkets following long and difficult shifts.

By 9am on the 1st April 2020 the Trust had 49 confirmed cases of Covid-19 and sadly 10 patients had died. At the end of the reporting period on 31st March 2021 there were 8 confirmed cases of Covid-19 in the Trust, down from a peak in January of more than 220 and in total 500 patients and 2 staff had died.

Undoubtedly Covid-19 has had a profound and lasting impact on both organisations; it is testimony to the strength of our partnership and the commitment from both organisations that during this very challenging year joint research, student placements and degree apprenticeships continued.

UH supported the NHS by donating medical supplies including PPE and ventilator in the early stages; manufacturing hand sanitiser and face visors; conducting research into the effectiveness of PPE and by hosting both testing and vaccination centres.

2. Partnership Management

To be effective, the University Status partnership between East & North Hertfordshire NHS Trust (ENHT) and University of Hertfordshire (UH) requires a robust system for leadership, oversight and management.

The purpose of the Joint Management Committee is to support the delivery of the commitments made by both the Trust and University under the memorandum of understanding. It will ensure effective inter-professional collaboration in the areas of research, education and practice across both organisations.

2.1. Status and Authority

The Committee has no executive powers other than those derived from its membership, or those if specifically delegated in these terms of reference.

The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any officers of the Trust or University and all officers and staff are directed to co-operate with any request made by the Committee. The Committee may obtain professional advice as required, and may require directors or other officers to attend meetings.

2.2. Membership

The membership of the Joint Management Committee comprises:

From the Trust	**From the University**
• Medical Director (Co- chair) • Director of Nursing and Patient Experience • Director of Workforce & Organisational Development • Director of Medical Education • Associate Director of Research and Development	• Dean of LMS (Co- chair) • Dean of HSK • Associate Dean for Academic Quality from either LMS or HSK • Head of Centre for Health Services and Clinical Research • Associate Dean for Community, International and Partnership LMS
External Scrutiny	**In attendance**
• Service User • External Advisor (from Hertfordshire Partnership University NHS Foundation Trust who have a similar partnership with UH)	• Partnership Manager.

In addition to the above list of attendees the committee will co-opt attendance as required from either the Trust or University

If a conflict of interests is established, the above member / attendee concerned should declare this and withdraw from the meeting and play no part in the relevant discussion or decision.

In January 2021 our lay representative / service user resigned, we thanks her for her contributions and are seeking a new member.

2.3. Quorum

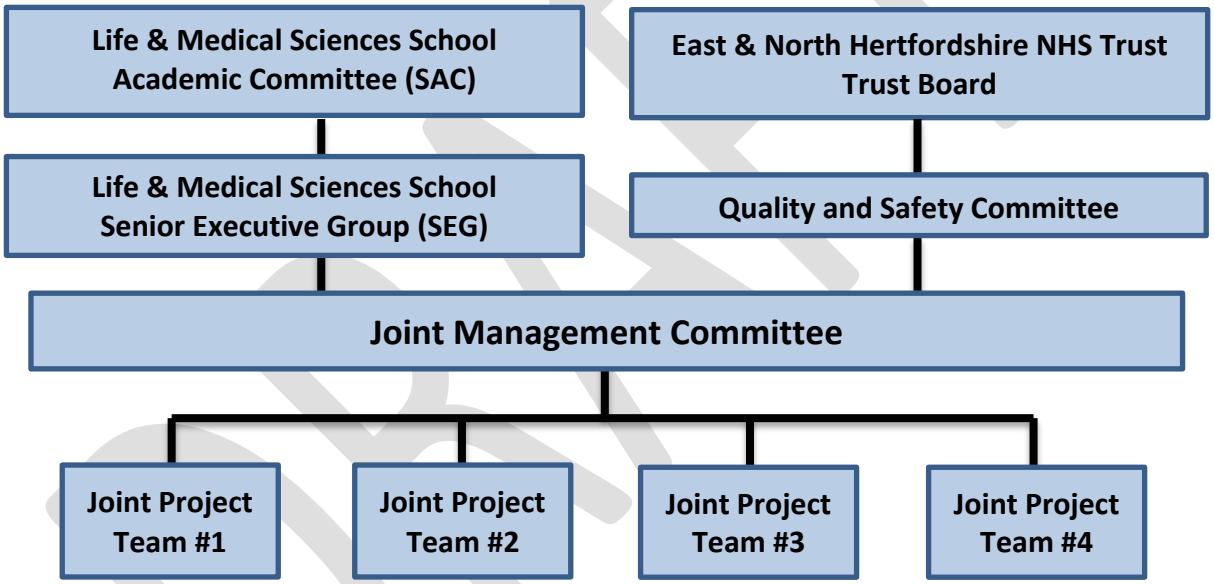
The Committee will be quorate if there are two members present from each of the Trust and University. See Appendix B for summary of attendees.

2.4. Frequency of Meetings

The committee will normally meet quarterly. The Chair(s) of the Committee may convene additional meetings if required to consider business that requires urgent attention.

In 2020-21 the Joint Management Committee schedule was disrupted by the Covid-19 pandemic and met only once on 28th January 2021. The next meeting will take place on 22nd April 2021.

2.5. Governance Structure



The committee will monitor and review its compliance through the following:

- Annual report to the Trust Board and University Senior Executive Group.
- Re-approval of the University Status in 2023 (with planning to begin in next reporting period).

2.6. Resources to Support Partnership

The Trust and the University have a wealth of existing infrastructure to support this joint venture. The main resource is the knowledge, skills and experience of the staff of both organisations. Learning resources include the Learning Resource Centre, libraries, specialist training facilities, simulation provision and IT infrastructure.

2.7. Partnership Manager

Both the Trust and the University have committed to contribute equally to the post of Partnership Manager. This post has been occupied 1st November 2017. During 2020-21 the line management of the Partnership Manager moved from Research and Development to the Strategy and Partnerships team, reporting to the Deputy Director of Strategy.

2.8. University Status

During this reporting period we have reinvigorated efforts towards the Trust's long held ambition to become a University Trust. Meetings have been held between Partnership Manager, Associate Dean for Community, International and Partnerships, Deputy Director of Strategy and representatives from the Policy team at the Department for Health. DH have been very supportive however conversations with the University Hospitals Association have been less encouraging.

3. Performance Measures

3.1. Progress towards Key Performance Indicators

KPIs have been developed through consultation from key stakeholders and are aligned to the strategic directions of both organisations and build on the challenges and opportunities afforded by working in partnership.

KPI	Deliverable for Year 3 onwards	Progress at 31st March 2021
KPI-1. Innovative Workforce Development and Transformation	Embed newly developed workforce roles into Trust workforce including Physician Associate, Nursing Associate, expansion of Non-Medical Prescribing and Advanced Clinical Practitioners. - Collaborative workforce planning to inform requirements for future training demands. - Increase uptake of other transformational workforce roles such as advanced clinical practitioners. Increase collaboration between Trust Faculty of Leadership and the Business School to support staff development and talent management. - Career Conversations underpinned by coaching and talent management - IT solutions for recording of continuous feedback - Explore further the support for a joint leadership lab	Trust has established an Education Board and Workforce Transformation Working Group to examine these opportunities in a strategic way. Trust appraisal system has been redeveloped to include career conversations.
KPI-2. Enhanced Student Experience	Evidence of enhanced student experience will be assessed through the University's Annual Monitoring and Evaluation Report and reviewed by Joint Management Committee Development of clinical educators including ward managers and ward leaders in line with the requirements from the NMC and other relevant professional bodies. Work towards a more integrated and collaborative approach to location of training and sharing of physical, clinical and teaching resources. This may include UH endorsement of Trust in-house courses Recognition of clinical experts and trainers including honorary contracts and time in job plan. Increase the numbers of clinical subject experts and percentage of courses delivered by them. Renewal and revision of the Practice Placement Agreement between the Trust and UH which expires in March 2020.	Student experience evaluation remains high despite the unprecedented demands on services during the pandemic. Practice placement agreement has been renewed. Access to NMP for pharmacists has been much improved with direct impacts on Trust capacity for ward based TTOs Exploring Knowledge Transfer Partnership joint PhD in I.T. to enhance the digital agenda.

KPI	Deliverable for Year 3 onwards	Progress at 31st March 2021
(…cont) KPI-2. Enhanced Student Experience	Sustainable access to non-medical prescribing course for Pharmacists and other staff groups to support Trust objectives. Increase the range of students on placement within the Trust for example: - Ensure Trust placement opportunities reflect the full range of fields of study on offer at UH - Placement of 'sandwich' students e.g. Biosciences students currently employed as Clinical Trials Assistants at Mount Vernon. Joint PhD students	Established a Strategy Intern post aimed at sandwich year placements or new graduates advertised through UH.
KPI-3. Research, innovation and Service Improvement	Increase the number of collaborative research projects, joint publications and an assessment of their contribution to UH and ENHT objectives and strategic drivers. Including an assessment of the impact of joint research on patients and patient care. - Monitor breadth of projects across disease areas and academic schools. - Optimisation of Trust IM&T services and further digitisation of Trust systems will give rise to additional opportunities for collaboration. - Develop and strengthen patient public involvement (PPI) activities between UH (national experts in PPI)/ENHT	Establishing a register of research active and research interested staff including their area of interest / expertise. Established a PPI group at ENHT (led by FNF Prof) Development of a specific funded joint project on PPI in BAME communities via the ARC on PPI at ENHT.
KPI-4 Strategic Planning	A strategic plan will be in place covering the first 6 years of the partnership until the planned revalidation in 2023. This will encompass establishing project themes, facilitation of wider engagement between the Trust and Schools across the whole University, risk management and the sustainability of the partnership.	Increased engagement with the Business School to support Trust staff with senior leadership degree apprenticeships during a challenging year. Planning for Big Data seminar hosted by Centre for Health Services and Clinical Research with speakers from Trust and School of Computer Science ENHT launched new 5 year strategy in April 2019 and is currently undertaking a midterm refresh taking into account the impacts of Covid-19. UH have launched their new 5 year strategy 2020-2025.

3.2. Workstream Updates

3.2.1. Nursing

3rd year student nurse paid placements – Covid-19 Placement: In response to the Covid-19 situation in summer 2020 and January 2021, the NMC introduced emergency education standards to allow more flexibility in programme delivery, and specifically to allow students to undertake extended paid placements without the requirement for supernumerary status to support the health and social care workforce.

ENHT, in collaboration with the UH and the private sector, invited the final year students of the BSc programme to join the NMC emergency register so they can support the workforce during the pandemic. As Band 4 members of staff, they were vital assets in maintaining the quality and standards of clinical care delivery while being supported for their learning needs and objectives during their training programme.

A memorandum of understanding was issued for the paid placement allocation of student into a Covid 19 placement between NHS Trust Lead Employer and Care Placement/placement provider organisation and university. The MoU is in conjunction with the standard operating procedure of the paid placement allocation of students, East of England.

Preceptorship for newly qualified nurses: ENHT recognises that the experience a newly registered professional has in the period directly after initial registration is significantly important and can positively influence their journey to becoming a confident professional.

The Trust offers a period of one year for preceptorship to registrants. This provides the basis for the beginning of a journey of reflection, and the ability to self-identify continuing professional development needs. This programme is currently structured in a blended learning approach, which uses a combination of classroom and self-directed learning aligned with the four domains of the Nursing and Midwifery Council (NMC) Professional Code – Prioritise people, Practise Effectively, Preserve Safety, and Promote Professionalism and Trust. We have a total of seven sessions for each preceptee over the course of 12 months. The study days comprise of 7.5 hours per session. Upon completion of the programme, a certificate of completion is issued to each registrant.

Action learning forms a vital portion of the classroom sessions, a format which involves discussion of an issue relevant to the topic of the study day with participants presenting an issue they would like help with. There is a focus on listening and open questioning rather than problem solving and a belief that we have the answers already. At present, there are 164 Preceptees on this programme.

Student nurse feedback and evaluation: Student experience remains a high priority and it has been particularly important during the pandemic. The action planning process for responding to student feedback has been revised following the appointment of a new Pre-Registration Lead Nurse within the Nurse Education team.

Examples of recent feedback:

Student from Bramble (Children's Day Services) – 16th of April 2021
"Very wonderful, excellent and brilliant team of people to work with."

Student from Ward 8A – 12th of May 2021
"The pre-registration team were supportive to me during a challenging placement."

Student from Ophthalmology – 19th of May 2021
"My assessor was always there to listen to me and support my learning."

Student nursing associate programme: ENHT commenced the Student Nursing Associate (SNA) programme, formerly known as the Trainee Nursing Associate programme, in 2017. This is a 24-month programme for Clinical Support Workers (CSWs) who would like to progress with their nursing career towards becoming a Registered Nursing Associate (RNA). At present, there are 32 SNAs in the Trust with the potential of another 14 further candidates commencing in September 2021 and another possible 20 candidates to commence the programme in Jan 2022; supported by UH.

Registered nursing associates: There are 14 RNAs working in the Trust, 7 of which are undertaking the Degree Apprenticeship Programme to become Band 5 Registered Nurses. The Trust currently has 2 apprentices undertaking nursing associate degree apprenticeship at UH.

4 year nursing degree apprenticeship: From August 2021, the Trust will be supporting the 4-Year Nursing Degree Apprenticeship Programme as another career progression route for CSWs to advance towards becoming a Band 5 Registered Nurse. The Trust has 10 candidates for this programme however the first cohort were not able to be placed at UH; hopefully future cohorts will have the opportunity to study with UH.

Maternity Support worker level 3

The Trust has joined the ISC initiative for current band 2 MSW's to upskill them to obtain the level 3 MSW apprenticeship. This development is the first step towards a career pathway for midwives to mirror that for nurses.

3.2.2. Medical

Dr Shahid Khan, previously ENHT Associate Director of Medical Education, has been appointed professorial chair in Post Graduate Medical School at UH. This appointment will continue to strengthen links between the Trust and the post graduate medical school.

Physician Associates – This is now an established course with the third cohort due to graduate summer 2021. Placements have continued during the pandemic with 10 year two and 8 year one students in the Trust this spring.

3.2.3. Apprenticeships

Currently we have 37 different types of apprenticeships being undertaken by staff at the East and North Hertfordshire NHS Trust with a number of providers including UH. In 2020-21 ENHT staff were enrolled on high level apprenticeships at UH; Nursing Associate, MBOS and MBA. Of the remaining apprenticeships at other providers the majority are below the level of provision at UH.

Examples of apprenticeships being undertaken:

- Accountancy / taxation professional level 7 (degree)
- Coaching level 5
- MBA level 7
- Project management level 4
- Registered nurse (degree) level 6 (top up)
- HR consultant level 5
- Pharmacy support level 3
- Safety, health and environment level 3

3.2.4. Pharmacy

- Implementation of Non-Medical Prescribing (NMP) strategy – Access to the NMP course at UH has been much improved. Main challenges this year have been around staff sickness including periods of isolation. Pharmacists are offered a place on the NMC course in good time but details of study days are usually only confirmed the week before the course starts making it a challenge to manage rotas effectively.

  Trust Medicines Optimisation Strategy 2019-2022 includes KPI 2 - Number of TTOs completed at ward level should be ≥75%. From a baseline in 2017-2018 of 54%, rates have increased significantly to over 70% each month reported since September 2020; the expertise of ward based prescribing pharmacists are essential to meeting these targets.

- The Trust continues to support undergraduate MPharm students on placement in each of their 4 years of study.

- Post graduate training in 2020-21:
  Postgraduate diploma in Pharmacy Practice – 7
  Non-Medical Prescribing – 10

Currently there are no UH PhD students at Lister nor Extended placement for the Masters in Ad Clin Pharm.

- The commitment of UH in funding a joint Academic/Clinical Link Tutor with the pharmacy department started in 2014 is ongoing.

3.2.5. Research

- Research has been dominated by Covid-19 research in 2020-21 with 1000 patients recruited to priority studies (see appendix D)
- ENHT fully supports UH's ambition to develop the existing Clinical Trials Support Network into a fully functioning Clinical Trials Unit.
- Both organisations remain committed to submitting joint research funding bids and to conducting joint research for the benefit of patients and the wider community of Hertfordshire. Inevitably, this work has been significantly impacted by Covid-19..

3.2.6. Placements

Despite the restrictions and pressure on services from the pandemic and Trust recovery, most placements have continued although students

Following a successful launch in 2019, unfortunately optometry student placements were not able to take place. Planning is underway for these students to return to the Trust in September.

3.2.7. Leadership & Management

- Access to UH Business School MBA, MSc Business and Organisational Strategy and BA Chartered Manager programmes through the Apprentice Levy. The first Trust staff to enter these programmes is now in the final assessment stage. Covid-19 has had an impact of some staff with breaks in learning required however the pandemic also gave opportunities for off the job learning and application of their learning to support rapid change.
- The Trust appointed a Talent Management Lead in August 2019. As part of this role Career Conversations have been integrated into the Trust appraisal system including coaching mentoring and talent management and IT solutions are being developed to record real-time continuous feedback.

3.2.8. Florence Nightingale Foundation Chair in Clinical Nursing Practice

This post is a joint appointment between UH and the Trust designed to prioritise building research capacity for nurses across the trust and university underpinned by strengthening links between the two organisations. Natalie Pattison took up the post on 1st October 2017.

As a clinical academic post, the goal is to develop and consolidate strong links to ensure research is driven by best practice and best practice is underpinned by research. The vision is:

- To create a culture where research is embedded in all clinical practice.
- To facilitate access to, and support, clinical academic career pathways for those committed to research in practice.
- To foster a culture of collaborative working.
- To develop research skills and knowledge for clinical staff ensuring that clinically relevant knowledge translation occurs.

Covid-19 – With a background in critical care nursing, FNF Chair was the ideal person to lead much of the Trust Covid-19 research in the Trust (see Appendix D).

Research Nursing – FNF Chair is the professional lead for the lead research nurse, who has a team of 40 nurses, and for the 70@70 nurse.

Applied Research Collaboration (ARC) fellowships - Supported two nurses in the trust to apply for the new ARC fellowships.

Research internships – Creation of a bespoke research internship for undergraduate elective placements, has helped introduce research as a career option at an early stage. One student published a reflective

account in Nursing Standard about the experience (an expected output was a publication and poster presentation). Another student has since attended the trust Critical Appraisal Course, and whom we hope will apply for the Chief Nurse Fellow posts.

Chief Nurse Fellows - We have created these fellow positions, aimed at newly qualified/band 5 nurses (one in medicine, and one in surgical division) to spend 50% of their time working on research/QI/chief nurse projects. We have written the JDs and about to send these for banding.

Research champions/research coaching - We have a rolling education programme for research, and have developed research champions (which the 70@70 nurse is leading).

3.3. Other performance metrics

In addition to the key metrics above; a number other metrics will be collected and used to support the development of the partnership. Whilst no formal targets have been set for these metrics, work is underway to establish sustainable and reliable methods for recording and updating this information.

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Metric	**Impact in 2020-21**
Number of joint appointments, visiting lecturers and professors.	Joint appointment of Consultant Gastroenterologist; appointment of Shahid Khan to professorial chair in Post Graduate Medical School.
Number of joint research bids.	Joint research bids for 2020 are listed in appendix C. The capacity and focus has been greatly impacted by Covid-19
Number of joint publications	Increase in joint publications 2020 = 37, 2019 = 18, 2018 = 17; 2017 = 14; 2016 = 11; 2015 = 9; 2015 = 6 Partnership recognised in REF return.

4. Conclusion

This report demonstrates the depth and breadth of the partnership between ENHT and UH; this has grown over the past 12 months despite the challenges faced from the Covid-19 pandemic.

Over the next 12 months we will continue to work together and with DH to explore the options for becoming a University or Teaching Trust reflecting the ongoing partnership. This will include consultation with our stakeholders and application for legal name change via an amendment to the establishment order which requires ministerial approval.

We will also plan for the formal revalidation of our partnership; scheduled for 2023.

Agenda Item: 13

TRUST BOARD – PUBLIC MEETING - 1 SEPTEMBER 2021

Board Assurance Framework Risks 2021/22

Purpose of report and executive summary (250 words max):
The BAF risks continue to be reviewed with each Director and Executive Team each month and at the Board and Board Committees and used to drive the agendas. The Trust's strategic risks for the Board Assurance Framework 2021/22 on one page. **Appendix a.** These with the exception of removing the reference to the short term risk of spending the capital allocation for 2020/21 (Risk 4) the scope of the risks remain unchanged for 2021/22. A formal review of the strategic risks will take place in the final stages of the development of the Trust's new Organisational Strategy. The Trust's strategic priorities and have been mapped to the Trust objectives for 2021/22 providing assurance on the coverage. **Appendix b.**

The BAF 2021/22 has been completed with each of the lead directors, **appendix c,** using the revised template approved by the Audit Committee. This supports greater visibility of the actions linked to the gaps in controls and assurance. In July, the Board approved the recommendations from each of the Board Committees on the changes to the risk ratings. This reduced the risk rating for three risks (Risk 4 – Capital, Risk 10 – Estate, Risk 12 – Pandemic) and increased the rating for one risk (Risk 11- MVCC). No further changes to the ratings have been proposed for the Board to consider this month. Any updates to the text from the previous month are highlighted in red text for ease.

The highest strategic risks (rated 16) remain: risk 1 operational delivery, risk 2 workforce, risk 3 finance, risk 4 capital, risk 9 culture and risk 11 MVCC transfer. These have all been subject to review within the relevant Board Committees and the mitigations and actions are in place.

The Audit Committee approved a cycle of deep dive reviews of a different BAF risk at each meeting across 2021/22. The first of these was held in July where they considered Risk 11- MVCC transfer.

The Board are also asked to:

- Consider the BAF and any changes or further assurance required
- Note the schedule of deep dives for a number of the BAF risks across the year.

Action required: For discussion		
Previously considered by: Considered at each Board and Board Committee. FPPC and QSC		
Director: Chief Nurse	**Presented by: Associate Director of Governance**	**Author: Associate Director of Governance**

Trust priorities to which the issue relates:	**Tick applicable boxes**
Quality: To deliver high quality, compassionate services, consistently across all our sites	☒
People: To create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce	☒
Pathways: To develop pathways across care boundaries, where this delivers best patient care	☒
Ease of Use: To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff	☒
Sustainability: To provide a portfolio of services that is financially and clinically sustainable in the long term	X☐

Does the issue relate to a risk recorded on the Board Assurance Framework? (If yes, please specify which risk) Yes – as noted
Any other risk issues (quality, safety, financial, HR, legal, equality): As documented under each risk

Proud to deliver high-quality, compassionate care to our community

Board Assurance Framework Risks

Executive Summary

The BAF risks continue to be reviewed with each Director and Executive Team each month and at the Board and Board Committees and used to drive the agendas. The Trust's strategic risks for the Board Assurance Framework 2021/22 on one page. **Appendix a.** These with the exception of removing the reference to the short term risk of spending the capital allocation for 2020/21 (Risk 4) the scope of the risks remain unchanged for 2021/22. A formal review of the strategic risks will take place in the final stages of the development of the Trust's new Organisational Strategy. The Trust's strategic priorities and have been mapped to the Trust objectives for 2021/22 providing assurance on the coverage. **Appendix b.**

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The Audit Committee approved a cycle of deep dive reviews of a different BAF risk at each meeting across 2021/22. The first of these was held in July where they considered Risk 11- MVCC.

The Committee are also asked to:

- Consider the BAF and any changes of further assurance required
- Note the schedule of deep dives for a number of the BAF risks across the year

Cycle of deep dives of the Strategic Risks for 2021/22

The Audit Committee will undertake a deep dive review of a different BAF risk at each meeting.

The risks that the Committee have had a deep dive review of most recently included, Risk 12- Pandemic, Risk 1 - Performance and Risk 7- Governance.

The BAF deep dives have been categorised as either routine assessments or responsive assessments.

The core purpose is:

- Analysis; factual accuracy, relevance, reliability and understanding,
- Capacity and competence to improve
- Assurance that the problem is being addressed.

Following discussion with the Chair of the Audit Committee and approval by the Audit Committee, the 2021/22 deep dives are:

Strategic Risk	Audit	Rationale	Lead Director

	Committee		
Risk 11 - MVCC	July	MVCC – Transfer proposed in 2022. High risk of delay to the timeline has led to increasing the risk, potentially impacting on the stability of the service. Further assurance on the options and mitigations required. Responsive assessment- test assurance, mitigations and actions to address the potential scenarios and risk/issues are being resolved.	Director of Strategy (Completed)
Risk 8 - Quality	October	New and evolving Quality and Safety structures in divisions. CQC launched their revised strategy, May 2021. Organisational ambition is to achieve CQC rating good (and beyond). Routine assessment – test assurance and capacity and competency to improve.	Chief Nurse/ Medical Director
Risk 9 - Culture and Risk 6 - ICP /ICS	January	High priority from staff survey. New Head of Culture in post. New structure for raising concerns in development. Fundamental to delivery of the People and Quality Strategies. CQC new strategy focuses on culture. Responsive assessment – test assurance and capacity and competencies to improve. ICP/ISC – Legislative changes due April 2022. Emerging guidance and structures. Responsive assessment – test assurance and capacity and competencies to improve.	Chief People Officer Director of Strategy
Risk 7 - Governance	March	In line with best practice 3rd party review due in 2021/22 , hence deep dive scheduled at the year end to take into account the review (scope and timing to be agreed) Routine assessment	Chief Nurse/ Deputy CEO/ Associate Director of Governance

These can be adjusted with the Committee Chair if required.

Risk Scoring Guide

Risks included in the Risk Assurance Framework (RAF) are assessed as extremely high, high, medium and low based on an Impact/Consequence X Likelihood matrix. Impact/Consequence – The descriptors below are used to score the impact or the consequence of the risk occurring. If the risk covers more than one column, the highest scoring column is used to grade the risk.

Level	Description	Safe	Effective	Well-led/Reputation	Financial
1	**Negligible**	No injuries or injury requiring no treatment or intervention	Service Disruption that does not affect patient care	Rumours	Less than £10,000
2	**Minor**	Minor injury or illness requiring minor intervention	Short disruption to services affecting patient care or intermittent breach of key target	Local media coverage	Loss of between £10,000 and £100,000
		<3 days off work, if staff			
3	**Moderate**	Moderate injury requiring professional intervention	Sustained period of disruption to services / sustained breach key target	Local media coverage with reduction of public confidence	Loss of between £101,000 and £500,000
		RIDDOR reportable incident			
4	**Major**	Major injury leading to long term incapacity requiring significant increased length of stay	Intermittent failures in a critical service	National media coverage and increased level of political / public scrutiny. Total loss of public confidence	Loss of between £501,000 and £5m
			Significant underperformance of a range of key targets		
5	**Extreme**	Incident leading to death	Permanent closure / loss of a service	Long term or repeated adverse national publicity	Loss of >£5m
		Serious incident involving a large number of patients			

Trust risk scoring matrix and grading

Likelihood / Impact	1 Rare (Annual)	2 Unlikely (Quarterly)	3 Possible (Monthly)	4 Likely (Weekly)	5 Certain (Daily)
Death / Catastrophe 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
None /Insignificant 1	1	2	3	4	5

Risk Assessment	Grading
15 – 25	Extreme
8 – 12	High
4 – 6	Medium
1 – 3	Low

BOARD ASSURANCE FRAMEWORK OVERVIEW

Risk Ref	Risk Description 2021/22	Lead Executive	Committee	Current Risk July	Last Month June	3 months ago	6 months ago)	Target Score	Date added (Target dates for risk score/ changes)
001/21	Risk to operational delivery of the core standards and clinical strategy in the context of COVID recovery	Chief Operating Officer	**FPPC**	**16**	**16**	16	16	**12**	01.03.18 (June 21)
002/21	There is a risk that the workforce model does not fully support the delivery of sustainable services impacting on health care needs of the public	Chief Nurse /Medical Director/CPO	**FPPC & Inclusion**	**16**	**16**	16	16	**12**	01.03.18 (April 21)
003/21	Risk of financial delivery due to the radical change of the NHS Financial Framework	Director of Finance	**FPPC**	**16**	**16**	16	16	**12**	01.04.19 (TBC)
004/21	There is a long term risk of the availability of capital resources to address all high/medium estates backlog maintenance, investment medical equipment and service developments (Updated May 2021)	Director of Finance	**FPPC**	**16**	**16** ↓	**20**	**20**	**15**	01.03.18 (TBC)
005/21	There is a risk that the digital programme is delayed or fails to deliver the benefits, impacting on the delivery of the Clinical Strategy	Chief Information Officer	**Strategy**	**12**	**12**	**12**	**12**	**12**	01.04.17 (At target)
006/21	There is a risk ICP / ICS partners are unable to work and act collaboratively to drive and support system and pathway integration and sustainability	Director of Strategy	**Strategy**	**12**	12	12	12	8	01.04.20 (April 22)
007/2	There is a risk that the Trust's governance structures do not enable system leadership and pathway changes across the new ISC/ICP systems whilst maintaining Board accountability and appropriate performance monitoring and management to achieve the Board's objectives	Chief Executive / Chief Nurse	**Board**	**12**	**12**	16	16	**12**	01.03.18 (21/22)
008/21	There is a risk that the Trust is not always able to consistently embed a safety and learning culture and evidence of continuous quality improvement and patient experience	Chief Nurse /Medical Director	**QSC**	**15**	**15**	**15**	**15**	**10**	01.03.18 (TBC)
009/2	There is a risk that our staff do not feel fully engaged and supported which prevents the organisation from maximising their effort to deliver quality and compassionate care to the community	Chief People Officer	**QSC & Inclusion**	**16**	**16**	16	16	**12**	01.03.18 (March 21)
010/2	There is a risk of non-compliance with Estates and Facilities requirements due to the ageing estate and systems in place to support compliance arrangements	Director of Estates	**QSC**	**15**	**15** ↓	**20**	**20**	**10**	22.01.19 (TBC)
011/21	There is a risk that the Trust is not able to transfer the MVCC to a new tertiary cancer provider, as recommended by the NHSE Specialist Commissioner Review of the MVCC	Director of Strategy	**Strategy**	16	16 ↑	12	12	12	01.04.20 (TBC)
012/21	Risk of pandemic outbreak impacting on the operational capacity to deliver services and quality of care	COO/Chief Nurse	QSC/Board	**10**	10 ↓	15	20	10 (Met June 21)	04.03.20 (April 21)

Board Assurance Framework Heat Map –July 2021

	Consequence / Impact				
Frequency / Likelihood	**1 None / Insignificant**	**2 Minor**	**3 Moderate**	**4 Major**	**5**
5 Certain	low 5	moderate 10	high 15	high 20	high 25
4 Likely	low 4	moderate 8	moderate 12	high 16 004/21 001/21 004/21 009/21 002/21 005/21 007/21 003/21 011/21	high 20
3 Possible	very low 3	low 6	moderate 9	moderate 12 007/21 005/21 005/21 011/21 009/21 003/21 006/21 01/21 002/21	high 15 010/21 008/21
2 Unlikely	very low 2	Low 4	Low 6	moderate 8 007/21 006/21	moderate 10 012/21 010/21 012/21 008/21
1 Rare	very low 1	very low 2	Very low 3	Low 4	Low 5

008/21 Existing risk score

011/21 Target risk score

Movement from previous month

REVIEW OF CURRENT STRATEGIC RISKS– MAPPED TO TRUST STRATEGIC PRIORITIES AND DRAFT OBJECTIVES 2021/2022

East and North Hertfordshire NHS Trust

Our Vision

Proud to deliver high-quality, compassionate care to our community

Our Priorities

1. Quality:	2. People:	3. Pathways:	4. Ease of Use:	5. Sustainability:
R2 Workforce	R2 Workforce R8 Quality	R1 Op Delivery	R1 Op Delivery	R1 Op Delivery
R4 Capital	R9 Culture	R5 Digital	R5 Digital	R3 Finance
R5 Digital	R12 Pandemic	R6 ICP	R6 ICP	R4 Capital
R7 Governance		R8 Quality		R6 ICP
R8 Quality		R11 Pathways		R7 Governance
R10 Estates		R12 Pandemic		R10 Estates
R11 MVCC				R11 – MVCC
R12 Pandemic				R12 Pandemic

Our Objectives 2021/22 *Board approved*

a)Develop a new strategic direction for the Trust, incorporating an Integrated Business Plan which triangulates finance, workforce and operational needs to 2030 (R1 Op Delivery, R2 Workforce, R3 Finance , R4 Capital ,R5 Digital, R6 ICS/ICP, R8 Quality, R10 Estates,)

b)Safely restore capacity, and operational and clinical performance affected by the COVID-19 pandemic, working across the system to maximise patient benefits pandemic (R1 Op Delivery, R3 Finance , R4 Capital ,R5 Digital, R10 Estates, R12 Pandemic)

c) Embed and develop the new divisional structure and leadership model to further improve service quality (R1 Op delivery, R7 Governance, R8 Quality, R9 Culture)

d) Create a health and well-being offer that is amongst the best in the health service (R2 Workforce, R9 Culture)

e) Progress and develop our equality performance to build an inclusive culture in the workplace (R2 Workforce, R7 Governance, R9 Culture)

f) Using a population health management approach to plan and focus improvements, reduce health inequalities, and improve patient outcomes, experience and efficiency (R3 Finance, R5 Digital, R6 ICS/ICP, R8 Quality)

g) Working with system partners, progress development and delivery of integrated and collaborative services, making them easier to use for patients (R1 Op Delivery, R2 Workforce , R3 Finance , R5 Digital, R7 Governance, R8 Quality, R12 Pandemic)

h) Harness innovation, technology and digital opportunities to support new models of care (R1 Op Delivery , R4 Capital, R5 Digital , R8 Quality, R7 Governance, R9 Culture)

i) Develop a future, local vision for the Trust's cancer services, and support work with partners to safely transfer MVCC to a tertiary provider (R1 Op Delivery, R3 Finance, R5 Digital, R11 MVCC)

Our values

We put our PATIENTS first; we strive for excellence and continuous IMPROVEMENT; we VALUE everybody; we are OPEN and honest; we work as a TEAM

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim: Pathways: To develop pathways across care boundaries, where this delivers best patient care Ease of Use: To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff Sustainability: To provide a portfolio of services that is financially and clinically sustainable in the long term

Strategic Objective: **a)Develop a new strategic direction for the Trust, incorporating an Integrated Business Plan which triangulates finance, workforce and operational needs to 2030 b)Safely restore capacity, and operational and clinical performance affected by the COVID-19 pandemic, working across the system to maximise patient benefits pandemic c) Embed and develop the new divisional structure and leadership model to further improve service quality g) Working with system partners, progress development and delivery of integrated and collaborative services, making them easier to use for patients h) Harness innovation, technology and digital opportunities to support new models of care i) Develop a future, local vision for the Trust's cancer services, and support work with partners to safely transfer MVCC to a tertiary provider**	**Source of Risk:**	Strategic Objective IPR National Directives	**BAF REF No:** 001/21
Principal Risk Decription: What could prevent the objective from being achieved? Risk to operational delivery of the core standards and clinical strategy in the context of COVID recovery	**Risk Open Date:**	01/07/2020	**Executive Lead/ Risk Owner** **Chief Operating Officer**
	Risk Review Date:	Jun-21	**Lead Committee:** **FPPC**

Causes	Effects:	Risk Rating	Impact	Likelihood	Total Score:	Risk Movement
i) Increases / changes to capacity and demand . ii) leadership and capacity challenges iii) conflicting priorities iv) Inconsistency in application of pathways/ processes iv) Impact of COVID 19 measures - PPE, testing, social distancing, staff and patient risk assessments, availability of workforce. v) Impact of specialist commissioning review and resultant outcome for MVCC on staff retention and recruitment, impacting on effectiveness of the cancer team. vi) Increased risk to delivery of the ERF targets. More challenging delivery targets from 1st July (95% activity against a 19/20 baseline) – if the system does not meet these targets ERF monies will not be paid.	i) Limited ability to respond to changes in capacity and demand impacting on service delivery - changes to referal patterns following COVID. Patients presenting later to GP's ii) Adverse impact on sustaining delivery of core standards iii) impact on patient safety, experience and outcomes iv) increased regulatory scrutiny v) reputation - Public confidence vi) Financial Impact if the Trust does not meet the ERF targets - ERF monies will not be paid.	**Inherent Risk** (Without controls):	4	5	**20**	⟺
		Residual/ Current Risk:	4	4	16	
		Target Risk:	4	3	12	

Controls/ Risk Treatment: (Preventive, Corrective, Directive or Detective)	Assurances on Control (+ve or -ve): Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	Positive Assurance (Internal or External) Evidence that controls are effective.	Positive Assurance Review Date	Key Performance Metrix aligned to IPR
Risk stratification of patients is ongoing, overseen by the Clinical Advisory Group. The group is chaired by a consultant. The Trust continues to have oversight of performance through three Delivery & Oversight Groups which meet monthly and focus on (1) Quality and Safety, (2) Performance and Transformation and (3) Finance and Workforce. In addition, a range of groups meet regularly to focus on specific aspects of performance and recovery. These groups take a targeted approached to review performance, identify risks and determine corrective action. These groups include a system-wide Cancer Board chaired by Trust's Chief Operating Officer, a weekly Gastroenterology Surveillance group and the weekly Executive Committee. A weekly access meeting takes place. Recovery plans are in place for all specialities and progress is reviewed on a weekly basis. A series of deep dives are planned for 2021/22.	We have a set of 'flat pack' Covid escalation plans ready for use if required and we have developed Covid policies and procedures. We have developed a recovery dashboard which is divisional and specialty based. FPPC receives and reviews our IPR, performance reports and deep dives at its meetings. It also reviews ED performance and configuration, progress in relation to the endoscopy review and demand and capacity modelling. In addition we have divisional delivery operational groups, divisional Board meetings and a fortnightly clinical transformation group. Performance Deep Dives - Strok, July 2021	Recovery of our performance continues to be good and we are exceeding our plans. Performance against RTT and diagnostics is improving. -RTT and DMO1 deep dive to FPPC June 21. The number of patients waiting over 18 weeks is decreasing.		
Gaps in control: Where are we failing to put controls/systems in place. Where are we failing in making them effective (List at C1, C2, C3, C4 etc and cross reference to actions)	**Gaps in Assurance:**Where effectiveness of control is yet to be ascertained or negative assurance on control received. (List at A1, A2, A3, A4 etc and cross reference to actions)	**Reasonable Assurance Rating: G, A, R**			
C1 Complexity of operation recovery in the context of COVID C2 National changes to guidance and policy requiring local response at short notice C3 Phase 3 capacity modeling to deliver national targets within financial model	A1 Define metrics to support monitoring of recovery A2 Capacity to support increased demand post COVID - endoscopy and other specialities - delivery against plans A3 Effectiveness of winter planning initiatives/ transformation with community A4 Optimisation and effective discharge	Green	Effective control is in place and Board satisfied that appropriate assurances are available			
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient			
		Red	Effective controls may not be in place and assurances are not available to the Board.			

Action Plan to Address Gaps (Action plan under review with Lead Direcotr and Managing Directors's)

Action:	Cross reference to gaps in controls and assurances (C1, C2…../ A1, A2 etc)	Lead:	Due date	Progress Update	Status: Not yet Started/In Progress/ Complete

i) Deliver Operation Recovery Programme inline with national guidance and with risk stratification	C1, C2, C3	COO, MD's (Planned and Unplanned Care)			
ii) Continue to engage with our ICS and ICPs. Develop system recovery plan with ICP, PCN's, Community and Social Care services (e.g. further development of Ambulatory care to create ED capacity; discharge to assess)	C1, C2, C3, A1, A3, A2	COO, MD's (Planned and Unplanned Care)			
iii) Delivery of the ED reconfiguation programme and SDEC	A1, A3	Unplannned Care Managing Director			
iv) Delivery of discharge improvement programme	A4	COO			
v) Delivery of bed reconfiguration programme	A2., A3	COO/ Director of Estates			
iv) Review delivery performance metrics in line with standards	A1,	COO		Review of new national ED standards. Measures running in shadow form; paper to FPPC in Feb 21. Exploring the use of predictive analyitics (FPPC in June 2021)	
Summary Narrative:					

July 2021: New guidance has been issued requiring performance to be at 95% against 19/20 activity levels. This will be challenging to achieve, particularly with increasing Covid numbers and a predicted 4th Covid wave. If the system as a whole does not achieve the targets ERF monies will not be paid.

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim: Sustainability, Quality, PeopleWe provide a portfolio of services that is financially and clinically sustainable in the long term . We deliver high quality, compassionate services consistently across all our sites. We create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce.

Strategic Objective: **a)Develop a new strategic direction for the Trust, incorporating an Integrated Business Plan which triangulates finance, workforce and operational needs to 2030** **d) Create a health and well-being offer that is amongst the best in the health service** **e) Progress and develop our equality performance to build an inclusive culture in the workplace g) Working with system partners, progress development and delivery of integrated and collaborative services, making them easier to use for patients**	**Source of Risk:**	strategic objectives	**BAF REF No:** 002/21
Principal Risk Decription: What could prevent the objective from being achieved? There is a risk that the workforce model does not fully support the delivery of sustainable services impacting on health care needs of the public.	**Risk Open Date:**	Sep-20	**Executive Lead/ Risk Owner** Chief People Officer
	Risk Review Date:	Jul-21	**Lead Committee:** FPPC and QSC

Causes	Effects:	Risk Rating	Impact	Likelihood	Total Score:	Risk Movement
i) Failure to develop effective workforce plan/workforce model for each service that takes account of new/different ways of working. ii) Failure to maximise staffing options through the use of flexible working initiatives. iii)Failure to work collaboratively across the Integrated Care System. iv)Failure to develop staff to be able to work more flexibly in terms of role design.	i) Current staffing models may not be cost-effective. ii) There may be an adverse impact on service quality and safety. Iii) Recruitment costs may be higher than necessary. iv) Staff may not have the required skill set to support innovative role design and ways of working.	**Inherent Risk** (Without controls):	4	5	**20**	⟺
		Residual/ Current Risk:	4	4	16	
		Target Risk: (TBC)	4	3	12	

Controls/ Risk Treatment: (Preventive, Corrective, Directive or Detective)	Assurances on Control (+ve or -ve): Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	Positive Assurance (Internal or External) Evidence that controls are effective.	Positive Assurance Review Date	Key Performance Metrix aligned to IPR
i) A process by which articulation of clinical strategy is linked to organisational redesign and workforce modelling. ii)Workforce transformation approach to service development. iii)Demand and Capacity Modelling. iv) People Strategy action planning v) Finance and People Divisional Board / Divisional Oversight Group.	i) Care Quality Commission service inspections / TRA's ii) Staffing costs /staff turnover costs iii) Monthly safer staffing reports to QSC	Erostering Internal Audit - 'reasonable' assurance 2020.		yes

Gaps in control: Where are we failing to put controls/systems in place. Where are we failing in making them effective (List at C1, C2, C3, C4 etc and cross reference to actions)	Gaps in Assurance:Where effectiveness of control is yet to be ascertained or negative assurance on control received.	Reasonable Assurance Rating: G, A, R	
C1. Inadequate links between service planning and workforce planning. C2. Lack of horizon scanning to allow early recognition of potential skills gaps. C3. National shortages of clinical professionals and failure to engage clinicians in the workforce planning process. C4. COVID/ Post covid challenge to existing workforce model - ability to maximise using staff flexibly	A1 the variation between current staffing arrangements and optimum workforce model is not yet quantified. A2 ability readily monitor capability, specialist skills and risk assessments to maximise using staff flexibly	Green	Effective control is in place and Board satisfied that appropriate assurances are available
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient
		Red	Effective controls may not be in place and assurances are not available to the Board.

Action Plan to Address Gaps					
Action: (Actions under review with CPO)	Cross reference to gaps in controls and assurances (C1, C2...../ A1, A2 etc)	**Lead:**	**Due date**	**Progress Update**	**Status:** Not yet Started/In Progress/ Complete
i) Ongoing implementation of the People Strategy to support staff recruitment and retention, in particular through the development of a strategic forum to link future organisational design requirements with job design and provision of necessary educational support.	C1, A1	Chief People Officer		Staff experience Group in place to consider exit interview data / undertaking workforce planning with services via the integrated business planning process will identify new ways of working and roles to support development / education board considers other development and training mechanisms to support R&R	
ii) Enhance areas of staff supply	C2	Chief People Officer		Continue to work with NHS Professionals on bank recruitment to support staffing shortfalls, plans have been agreed for 21-22 with clear targets in place throughout all staff-groups. / International recruitment continues to identify and recuit additional staff as needed	
iii) Work with divisional leadership on demand and capacity modelling, and establish workforce architecture/modelling approach and capability	C1, C2, A1	Chief People Officer		Workforce Planning gap identified in current establishment, has been addressed in the revised people team structure. Some work has been undertaken with the planning team around demand and capacity modelling but in it's infancy.	
iv) Improve the offer to staff around flexible working.	C4, A2	Chief People Officer		flexible working review being undertake in conjunction with establishment review to assess winter and summer plans and options appraisals.	
Summary Narrative:					

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim: Sustainability: To provide a portfolio of services that is financially and clinically sustainable in the long term

Strategic Objective: **a)Develop a new strategic direction for the Trust, incorporating an Integrated Business Plan which triangulates finance, workforce and operational needs to 2030 b)Safely restore capacity, and operational and clinical performance affected by the COVID-19 pandemic, working across the system to maximise patient benefits pandemic f) Using a population health management approach to plan and focus improvements, reduce health inequalities, and improve patient outcomes, experience and efficiency g) Working with system partners, progress development and delivery of integrated and collaborative services, making them easier to use for patients i) Develop a future, local vision for the Trust's cancer services, and support work with partners to safely transfer MVCC to a tertiary provider**	**Source of Risk:**	Operating Plan- Use of Resources - Financial Framework 2021/22	**BAF REF No:** 003/21
Principal Risk Decription: What could prevent the objective from being achieved? Risk of financial delivery due to the radical change of the NHS Financial Framework associated with the current COVID pandemic	**Risk Open Date:**	01/04/2018	**Executive Lead/ Risk Owner** Director of Finance
	Risk Review Date:	Jul-21	**Lead Committee:** FPPC

Causes	Effects:	Risk Rating	Impact	Likelihood	Total Score:	Risk Movement
• Change in the national funding framework during COVID • Mid Year change in funding framework• Good financial management and governance not maintained • Allocation of resources via system mechanisms rather than based on activity volumes• Impact of revised operational targets (eg. P3 recovery / Winter & COVID Resilience) • Dilution of financial understanding and knowledge within divisional teams• New operational structures weakening traditional arrangements for strong financial control	• Significant increase in costs above funding levels • Financial balance not maintained • Failure to track expenditure causation • Unable to invest in service development • Challenge in tracking spend for regulatory and audit purposes • System funds allocated on differential basis• Spend committed recurrently in response to non recurrent circumstances• Breakdown of regular financial / business performance meetings• Weakening of traditional balance between - Finance / Performance & Quality	**Inherent Risk** (Without controls):	4	5	**20**	⇔
		Residual/ Current Risk:	4	4	16	
		Target Risk:	4	3	12	

Controls/ Risk Treatment**: (Preventive, Corrective, Directive or Detective)**	**Assurances on Control (+ve or -ve):** Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	**Positive Assurance (Internal or External)** Evidence that controls are effective.	**Positive Assurance Review Date**	**Key Performance Metrix aligned to IPR**
• Regular Monthly financial reporting arrangements in place• COVID expenditure tracking and approval processes in place• Recruitment approval mechanisms in place• Financial appraisal and pre-emptive agreement of winter pressure and P3 programmes • Attendance at regular national, regional and ICS DOF briefing and engagement sessions • Suite of weekly internal Finance SMT meeting to track financial delivery and governance issues • Mth 1-6 and M7-12, internal budget frameworks in place • Strong framework of BI financial reporting tools deployed to track and monitor delivery • Weekly Demand & Capacity meetings to track P3 delivery achievement and associated PAM meetings to support accurate and comprehensive activity capture • MVCC Due Diligence meeting, plus Critical Infrastructure meeting • Implementation of Divisional Finance Boards to promote strong financial governance - Financial Planning 2021/22 & including ICS developments to FPPC in January 21.	Monthly Finance Reports to FPC, Board and Divisions (L1) • Monthly cash reporting to FPC / Trust Board and NHSI(L2) • COVID governance and reporting briefing to FPPC • COVID financial planning updates to monthly FPPC and Exec Committee• Monthly Accountability Framework ARMs including Finance (L1) • Bi- Monthly Financial Assurance Meetings & PRM with NHSE (L1) • Regular Data quality and Clinical Coding updates to PAM and AC (L2) • Weekly D&C activity tracking meetings • Forecast activity and winter planningbed model in place linked to M7-12 financial plan • Internal Audit review programme - Costing Assurance Audit and action plan to FPPC in June 2021			I&E delivery against financial plan Cash balances maintained within prescribed limits • Capital spend to be maintained within approved levels • Temporary staffing spend to be maintained within agreed threshold
Gaps in control: Where are we failing to put controls/systems in place. Where are we failing in making them effective (List at C1, C2, C3, C4 etc and cross reference to actions)	**Gaps in Assurance:**Where effectiveness of control is yet to be ascertained or negative assurance on control received. (List at A1, A2, A3, A4 etc and cross reference to actions)	**Reasonable Assurance Rating: G, A, R**			
C1 nconsistent delivery of routine budget management meetings across divisions C2 Impact from the system funding distribution under the new finance framework C3 Variable capture and escalation of winter and in year cost pressures C4. Weak temporary staffing control environment in respect of medical and nursing staffing C5 Ongoing COVID ineffiencies	A1. Impact future funding frameworks on Trust financial sustainability strategy A2. Embedding of core financial and business competencies within divisional teams A3 Clarity in respect of NHS contract and business arrangements for 21/22 A4 Impact of the Implementation of 'ENHT Way' as a means of delivering future financial savings A5 Assurance in respect of the delivery of the 21/22 summer and winter bed plans within agreed parameters, with the associated risk of additional unplanned costs	Green	Effective control is in place and Board satisfied that appropriate assurances are available		
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient		
		Red	Effective controls may not be in place and assurances are not available to the Board.		

Action Plan to Address Gaps (Actions under review by Lead Director)

Action:	**Cross reference to gaps in controls and assurances (C1, C2…../ A1, A2 etc)**	**Lead:**	**Due date**	**Progress Update**	**Status:** Not yet Started/In Progress/ Complete
i) Launch and development of Finance Academy for all Budget holders	C1, A2	Director of Finance		Launched in May 2021	In progress
ii) Development of Finance Sustainablity Strategy in line with the NHS Financial Framework and monitoring delivery	C2, C5, A1, A3,	Director of Finance			
iii) Continue to develop BI and support divisions / directorates using effectively	C1, C4	Director of Finance			
iv) Engagement with Divisions/ Directrates on delivery on financial savings from month 6	C5, A4, A5	Director of Finance / Direcotr of Improvement / MD's (Planned ad Unplanned)			
Summary Narrative:					

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim: Quality: To deliver high-quality, compassionate services, consistently across all our sites. Sustainability: To provide a portfolio of services that is financially and clinically sustainable in the long term

Strategic Objective: **a)Develop a new strategic direction for the Trust, incorporating an Integrated Business Plan which triangulates finance, workforce and operational needs to 2030 b)Safely restore capacity, and operational and clinical performance affected by the COVID-19 pandemic, working across the system to maximise patient benefits pandemic h) Harness innovation, technology and digital opportunities to support new models of care**	**Source of Risk:**	Business Plan, Clinical Str	**BAF REF No:** 004/21
Principal Risk Decription: What could prevent the objective from being achieved? There is a risk of the availability of capital resources to address all high/medium estates backlog maintenance, investment medical equipment and service developments.	**Risk Open Date:**	01.03.18	**Executive Lead/ Risk Owner** Director of Finance
	Risk Review Date:	Jul-21	**Lead Committee:** FPPC

Causes	Effects:	Risk Rating	Impact	Likelihood	Total Score:	Risk Movement
Lack of available capital resources to enable investment • Weakness in internal prioritisation processes • Weak in year delivery mechanisms to ensure commitment of resources • Weak assessment of the long term capital resources to meet strategic objectives • Requirement to repay capital loan debts • Volume of leased equipment not generating capital funding resources • COVID capital funding arrangements impact BAU capital requirements • Weak internal understanding of NHS capital funding arrangements • Poor internal business case development skills	• Aged equipments and assets - at our beyond lifespans • Increased associated risks to continuity and reliability of service delivery eg. Radiotherapy • Limited ability to invest in IMT, equipment and services developments • Limited innovation and associated limitations on ability to deliver efficiencies • Negative Impact on the potential to deliver the overarching Trust strategy • Annualised and sub optimal process of competitive short term bidding • Difficulty in expressing a coherent capital profile to external stakeholders eg. ICS / Region / DH	**Inherent Risk** (Without controls):	4	5	**20**	
		Residual/ Current Risk:	4	4	16	
		Target Risk:	4	3	12	

Controls/ Risk Treatment: (Preventive, Corrective, Directive or Detective)	Assurances on Control (+ve or -ve): Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	Positive Assurance (Internal or External) Evidence that controls are effective.	Positive Assurance Review Date	Key Performance Metrix aligned to IPR
• Six Facet survey undertaken in 17/18• Capital Review Group meets monthly to review and manage programme spend • CRG Prioritising areas for limited capital spend through capital plan • Fire policy and risk assessments in place • Asset Register Maintained by the Finance Department • Mandatory training• Equipment Maintenance contracts • Monitoring of risks and incidents • ICS capital monitoring processes across the system • Directors of Finance and E&F meet weekly with teams to track and facilitate capital spend • Equipment review process to support covid 19 pandemic requirements • Implementation of the new Capital and Cash Framework • Detailed Qlikview Capital Monitoring Application in place • Bi weekly MVCC Critical Infrastructure group with stakeholders	• Annual AE report on Fire Safety to H&S Committee (L2) - Monthly Fire Safety Committee • Monthly Capital Review Group (CRG meetings) feeding into FPC and Exec Committee (L1) • Report on Fire and Backlog maintenance to RAQC(L2) • Reports to Health and Safety Committee (L2) • Capital plan report to FPPC (L2) • Annual Fire report (L3) • PLACE reviews (L3) • Reports to Quality and Safety Committee • Steering Groups in place to oversee strategic programme delivery eg. Vascular, Renal, Ward Reconfiguration & ED • Capital programme report, FPPC May 21. - Risk Register reports to CRG	• External Audit process reviews the appropriate accounting and treatment of capital assets. • DH / NHSE review and approval of strategic business case schemes requiring funding		

Gaps in control: Where are we failing to put controls/systems in place. Where are we failing in making them effective (List at C1, C2, C3, C4 etc and cross reference to actions)	Gaps in Assurance:Where effectiveness of control is yet to be ascertained or negative assurance on control received. (List at A1, A2, A3, A4 etc and cross reference to actions)	Reasonable Assurance Rating: G, A, R	
C1. Not fully compliant with all Fire regulations and design C2. No effective arrangements presently in place to monitor and control space utilisation across the Trust C3. No formalised equipment replacement plan or long term capital requirement linked through to LTFM and Trust Strategy C4. Weaknesses in Estates and facilities monitoring structures and reporting C5. Absence of Overarching site Development Control Plan	A1. Availability of capital through either internal or national funding sources A2. Implementation of the new capital and Cash Framework A3.Transparent mechanisms to access Section 106 funding A4. Long Term Capital Investment Plan to regulate investment	Green	Effective control is in place and Board satisfied that appropriate assurances are available
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient
		Red	Effective controls may not be in place and assurances are not available to the Board.

Action Plan to Address Gaps

Action:	Cross reference to gaps in controls and assurances (C1, C2…../ A1, A2 etc)	Lead:	Due date	Progress Update	Status: Not yet Started/In Progress/ Complete

i) Estates strategy to support the trust clinical strategy	C1, C5, A4	Director of Estates and Facilities	TBC	Development to be reported Strategy Committee	Not yet started
ii) Develop capital equipment replacement plan	C3, A4	Deputy Director of Finance	Ongoing	Capital Planning for 2021/22 paper to FPPC in March 21, based on new planning guidance.	In progress
iii) Develop programme for Charity to support with fundraising	A1	Deputy Director of Finance / Head of Charities	Ongoing		In progress
iv) Agree capital investment for 2021/22 and monitor delivery	C4, A2	Executive	May-22	Report to May FPPC. For 6 monthly review.	In progress
v) Review other sources of funding / opportunities for investment	A1, A3	Director of Finance / Project leads	Ongoing		In progress
vI) Undertake detailed space utilisation survey, implement revised strategy and then monitor	C2	Director of Estates and Facilities / Improvement Director	TBC		In progress
Summary Narrative:					

June 2021 ,following review, including structures and monitoring in place, further actions and oversight of the risks, and the FPP Committee discussions in May 21, the rating has reduced to 16.

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim: Trust Strategic Aims:
services,consistently across all our sites **Quality: To deliver high-quality,compassionate**
Pathways: To develop pathways across care boundaries, where this delivers best patient care
Ease of Use: To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff **Sustainability: To provide a**
portfolio of services that is financially and clinically sustainable in the long term

Strategic Objective: **Trust Objective:** **a)Develop a new strategic direction for the Trust, incorporating an Integrated Business Plan which triangulates finance, workforce and operational needs to 2030 b)Safely restore capacity, and operational and clinical performance affected by the COVID-19 pandemic, working across the system to maximise patient benefits pandemic f) Using a population health management approach to plan and focus improvements, reduce health inequalities, and improve patient outcomes, experience and efficiency g) Working with system partners, progress development and delivery of integrated and collaborative services, making them easier to use for patients h) Harness innovation, technology and digital opportunities to support new models of care i) Develop a future, local vision for the Trust's cancer services, and support work with partners to safely transfer MVCC to a tertiary provider Digital Objective: The design and delivery of a Digital programme to support the Trust clinical strategy**	**Source of Risk:**	Digital Programme/ Strate	**BAF REF No:** 005/21
Principal Risk Decription: What could prevent the objective from being achieved? There is a risk that the digital programme is delayed or fails to deliver the benefits, impacting on the delivery of the Clinical Strategy	**Risk Open Date:**	Jun-20	**Executive Lead/ Risk Owner** **Chief Information Officer (CIO)**
	Risk Review Date:	Jul-21	**Lead Committee:** **Strategy Committee**

Causes	**Effects:**	**Risk Rating**	**Impact**	**Likelihood**	**Total Score:**	**Risk Movement**
i) Staff Engagement / Adoption Lack of Clinical/Nursing/Operational engagement in system design - reduces likelihood of system adoption Lack of Clinical/Nursing/Operational adoption of digital healthcare creates innefective process which can introduce clinical risk ii) Financial / Resource AvailabilityFailure to resource its delivery within timescalesTrusts may not be in a position to finance the investment (including Lorenzo renewal 2022) iii) Business RiskIT resources may get diverted onto other competing Divsional projects iv) Knowledge & ExperienceDelivery team does	i) Unable to deliver the Clinical strategy ii) Unable to deliver target levels of patient activity iii) Unable to meet contractual digital objectives (local, national, licience) iv) adverse impact on performance reporting	**Inherent Risk** (Without controls):	4	5	**20**	
		Residual/ Current Risk:	4	3	12	
		Target Risk:	4	3	12	

Controls/ Risk Treatment**: (Preventive, Corrective, Directive or Detective)**	**Assurances on Control (+ve or -ve):** Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	**Positive Assurance (Internal or External)** Evidence that controls are effective.	**Positive Assurance Review Date**	**Key Performance Metrix aligned to IPR**
Staff Engagement Risk:Digital steering group(Consultant led design focus) and IT steering Group (Project Led delivery led) are in place for project Governance, prioritisation and to support clinical engagementBusiness Risk:CIO is member of the executive team and CIO/CCIO have an agenda item on at the Private board to ensure board members are apprised of progress and risks.Financial / Resource Availability Risk:Finance and PMO to be involved throughout the Business case processFinancial / Resource Availability Risk:Business case identifies resourcing from the Divisions and makes provisions for back-fill where appropriateKnowledge & Experience Risk:Key roles (Programme Director, Procurement consultant, Architect etc.) are identified and recruited at and early stage an retained.New Performance Delivery Framework Clinically led workstreams feeding into the Digital Steering Group (model from EPMA) Digital roadmap to 2022, with 2020/21 priorities (July 2020)	• Reports to Executive Committee,Strategy Committee and Board (L2)• Weekly Executive monitoring(Where appropraite) aligned with clinical strategy- staff engagement acorss all sites, at all levels during COVID 19 adopting new many technologies for communication and service delivery Transformation DOG - Strategy for "Evolving our technology" , including including road map to 2022 presented to Strategy Committee, Feb 2021.			

Gaps in control: Where are we failing to put controls/systems in place. Where are we failing in making them effective (List at C1, C2, C3, C4 etc and cross reference to actions)	**Gaps in Assurance:**Where effectiveness of control is yet to be ascertained or negative assurance on control received. (List at A1, A2, A3, A4 etc and cross reference to actions)	**Reasonable Assurance Rating: G, A, R**	
C1. Poor attendance from stakeholders at the Digital steering group C2. Availability of capital to deliver priorities C3. No long term digital plan beyond 2022 (Contractual end date for Lorenzo) C4 Integration into Divisional planning for resource management delivery of tachical solutions to delivery the five priorities rather than the digital road map NHS I/ D/ X expection that we implement with little time and enable of - systems / timeface to enable local scruitinty	A1. Delivery of the roadmap and measures of progress A2. DSO and IGM capacity to support the DPIA processes for increase pathway changes (action to be confirmed with CIO) A3 Clinical engagement and leadership to support developing and embedding the changes	Green	Effective control is in place and Board satisfied that appropriate assurances are available
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient
		Red	Effective controls may not be in place and assurances are not available to the Board.

Action Plan to Address Gaps

Action:	**Cross reference to gaps in controls and assurances (C1, C2…../ A1, A2 etc)**	**Lead:**	**Due date**	**Progress Update**	**Status:** Not yet Started/In Progress/ Complete
i)Engagement and delivery of the digital roadmap against plan	C1, A1	**CIO**		Strategy for "Evolving our technology" , including road map to 2022 presented to Strategy Committee, Feb 2021.	In progress
ii) Seek investment through ICS where available	C2	CIO		250k awarded to Trust in february 21 to develop a detailed strategy and application for Digital Aspirant Programme	On going
iii) Long term Lorenzo strategy/commercials to be finalised	C3	CIO		Position paper to FPPC in July 2020	
iv) Implementation of a Business partner process (Post Silver)	C4	CIO		In progress	In progress
v) Relaunch of EMPA roll out	A1	Deputy Medical Director, Chief Pharmacist and CIO		Training and rollout plan recommenced and on track. Paused due to Covid surge 2.	In progress
vi) recuitment into Chief Nurse Information Officer Role	A3	Chief Nurse		Commencing in August 21	
Summary Narrative:					

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim: Pathways: To develop pathways across care boundaries, where this delivers best patient care Ease of Use: To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff Sustainability: To provide a portfolio of services that is financially and clinically sustainable in the long term

Strategic Objective: **a)Develop a new strategic direction for the Trust, incorporating an Integrated Business Plan which triangulates finance, workforce and operational needs to 2030** **f) Using a population health management approach to plan and focus improvements, reduce health inequalities, and improve patient outcomes, experience and efficiency**	**Source of Risk:**	National directives	**BAF REF No:** Risk 006/21
Principal Risk Decription: What could prevent the objective from being achieved? ICP/ICS partners are unable to work and act collaboratively to drive and support system and pathway integration and sustainability	**Risk Open Date:**	01-Apr-20	**Executive Lead/ Risk Owner** Director of Strategy
	Risk Review Date:	Jul-21	**Lead Committee:** Strategy

Causes	Effects:	Risk Rating	Impact	Likelihood	Total Score:	Risk Movement
i) Lack of effective collaborative system leadership ii) Executive, clinical and operational leadership and capacity iii) Ability of the ICP to effectively engage primary care iv) Lack of synergies between organisational, ICS and ICP strategic development and priorities v) Lack of risk and benefit sharing across the ICP vi) Complex ICP governance arrangements	i) Failure to progress. Lack of strategic direction and modelling of collaborative leadership ii) Slow pace of ICP development and transformation of pathways. Perpetuautes inefficient pathways. iii) Primary care is not effectviely engaged in the development of the ICP impacting the scope and benefits of integration iv) Unwillingness or inability of organisations to adopt new pathways / services because of contractual, financial or other risks v) Impedes the pace and benefits of transformation	**Inherent Risk** (Without controls):	4	4	**16**	⇕ ⇕ ⇔
		Residual/ Current Risk:	4	3	12	⇔
		Target Risk:	4	2	8	

Controls/ Risk Treatment: (Preventive, Corrective, Directive or Detective)	Assurances on Control (+ve or -ve): Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	Positive Assurance (Internal or External) Evidence that controls are effective.	Positive Assurance Review Date	Key Performance Metrix aligned to IPR
• ICP Partnership Board Building on the successful system working in response to the pandemic • ICS CEO bi-weekly meeting ICS Chairs' meeting - ENHT Director of Strategy Joint role with HCT • Joint projects such as Vascular Hub project with West Herts and PAH; ICS pathology procurement; Imaging Networks • ENH improvement methodology - 'here to improve' • Integrated discharge team • OD support for ICP development • ICP Development Director based at ENHT one day/week to support developing relationships - ENH ICP Directors' Group	Reports to Board and FPC Reports to ICS CEOs' Reports to Partnership Board Reports to ICP CPex and TDG Collaboration Report to Strategy Committee and Board Pathology Procurement report, Vascular Services report and monitoring via Stategy Committee and Board Population health data presented to FPPC in May 21			

Gaps in control: Where are we failing to put controls/systems in place. Where are we failing in making them effective (List at C1, C2, C3, C4 etc and cross reference to actions)	Gaps in Assurance:Where effectiveness of control is yet to be ascertained or negative assurance on control received. (List at A1, A2, A3, A4 etc and cross reference to actions)	Reasonable Assurance Rating: G, A, R	
C1. Partnership Board Scope for accelerated development of ICP and governance arrangements that support collaborative transformation at pace C2 Need to identify and release clinical leadership capacity to drive greater pan system understanding of population health and priorities for ICP improvement work C3. Need to influence and understand future Trust and ICP representation with ICS from Apr 22 - Identification of dedicated capacity to support provider collaboration C4 Maximising the implementation of an improvement model to build capability and capacity	A1. Availability of population health data to inform shared priorities for transformation and improvement A2. ICS PHM learning set commenced March 21 Trust COO representaton at the ICP Transformation and development group to enable integrated pathway redesign. A3. Assurance that ENHT voice fully represented by ICS in key discussions e.g. satellite radiotherapy. To be discussed at CEO level	Green	Effective control is in place and Board satisfied that appropriate assurances are available
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient
		Red	Effective controls may not be in place and assurances are not available to the Board.

Action Plan to Address Gaps (action plan under reivew with Lead Director)

Action:	Cross reference to gaps in controls and assurances (C1, C2...../ A1, A2 etc)	Lead:	Due date	Progress Update	Status: Not yet Started/In Progress/ Complete
i) Continue to review and evolve the ICP and ISC governance structures in line with national guidance	C1, A3	Chief Executive (with Associate Director of Governance & Trust Secretary)		MoU recommended for approval by statutory Boards. New ICS design guidance published June 2021 - ICP governance under development by Impact Group.	in progress

ii) Agree and deliver approach ICP priorities through collaboration - developing risk and benefit sharing	C3, A2	COO/ Director of Strategy		ICP developing refreshed strategy and developing plans for April 22 in conjunction with ICS development and transformation. Bi-lateral work undertaken with HCT on potential models of collaboration. Agreed joint transformation project to develop enhanced services in the community to support reduction of acute LoS and alternatives to admission at Lister.	in progress
iii) To consider with the ICS/ICP a joint improvement model to collaborate on to facilitate cross organisational working and building capability and capacity. E.g 'here to improve'	C4	Director of Improvement			
iv) continue to identify clinical leadership capacity to support the development of collaborative, ICP integrated pathways	C2, C4	Medical Director/Director of Nursing			
v) To share the ENHT population health data with the wider ICS and ICP to facilitate discussion and agreement of priorities	C3, A2, A1	Director of Finance		Population health data under development. ICP commenced a health inequalities sub-group to enhance and advice CPEx on health inequalities.	in progress
vi) To review the Trust representation at the revised ICS workstreams for 2021/22	A3	Director of Improvement with COO/ Director of Strategy		On hold pending ICS confirmation of 21/22 transformation programmes. Director of Strategy attends ICS Design & Delivery Group to maintain connection with ICS programmes pending confirmation.	Not yet started
Summary Narrative:					

July 21 - ICP bid submitted for Community Diagnostic Hub at QEII, with pilot in community; helping to build joint working with system partners
June 21 - MoU recommended for approval by statutory Boards. ICP developing refreshed strategy and developing plans for April 22 in conjunction with ICS development and transformation. Work underway to test alternatve models of collaboration. Agreed joint transformation project to develop enhanced services in the community to support reduction of acute LoS and alternatives to admission.

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim: Quality: To deliver high-quality, compassionate services, consistently across all our sites Sustainability: To provide a portfolio of services that is financially and clinically sustainable in the long term

Strategic Objective: **the new divisional structure and leadership model to further improve service quality to build an inclusive culture in the workplace** **c) Embed and develop e) Progress and develop our equality performance g) Working with system partners, progress development and delivery of**	**Source of Risk:**	Strategic Objectives External reviews	**BAF REF No:** 007/21
Principal Risk Decription: What could prevent the objective from being achieved? Quality: To deliver high-quality, compassionate services, consistently across all our sites Sustainability: To provide a portfolio of services that is financially and clinically sustainable in the long term	**Risk Open Date:**	01.04.2020	**Executive Lead/ Risk Owner** **Chief Executive**
	Risk Review Date:	May-21	**Lead Committee:** **Board**

Causes	Effects:	Risk Rating	Impact	Likelihood	Total Score:	Risk Movement
i) In effective governance structures and systems - ward to board ii) Ineffective performance management iii) ineffective staff engagement iv) Impact of covid 19 pandemic outbreak	i) risk to delivery of performance, finance and quailty standards ii) risk of non compliance against regulations iii) risk to patient safety and experience and outcomes iv) reputational risk	**Inherent Risk** (Without controls):	4	5	**20**	
		Residual/ Current Risk:	4	3	12	
		Target Risk:	4	2	8	

Controls/ Risk Treatment**: (Preventive, Corrective, Directive or Detective)**	**Assurances on Control (+ve or -ve):** Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	**Positive Assurance (Internal or External)** Evidence that controls are effective.	**Positive Assurance Review Date**	**Key Performance Metrix aligned to IPR**
• Monthly Board meeting/Board Development Session/ Board Committees • Annual Internal Audit Programme/ LCFS service and annual plan • Standing Financial Instructions and Standing Financial Orders • Each NED linked to a Division • Commissioned external reviewsReview of external benchmarks including model hospital , CQC Insight– reports to FPC and RAQC (QSC) • Board Assurance Framework and monthly review • Performance Management Framework/Accountability Review meetings monthly • Integrated Performance Report reviewed month at Trust Board, FPC and QSC - Board committees with Annual Cycles included scheduled deep dives. - Incident gold/silver command structure in place from mid March 2020 and reviewed/ flexed to ensure meets organisaitonal needs Delivery oversight framework in place. Partnership Board and ICP Board and groups established and link to divisional structures Board development programme	• Commissioned external reviews – PwC Governance Review September 2017 NHSI review of Board and its committees 2019 • Visibility of Corporate risks and BAF as Board Committees and Board (L2)• Internal Audits delivered against plan, outcomes report to Audit Committee • Annual review of SFI/SFOs (L3) Annual review of board committee effectiveness and terms of reference (May-July) (L3) • PwC Governance review and action plan closed (included well led assessment) (L3) • Annual governance statement (L3) • Counter fraud annual assessment and plan (L3) • Annual self-assessment on licence conditions FT4 (L3) • CQC Inspection report July 2018 –(overall requires improvement) and actions plan to address required improvements and recommendations (L3 - /+) • Internal Audit Reports - Major incident structure and documentaion - log books, action logs, minutes RIDDOR reporting	Internal Audits 2020/21 reasonable or substancial assurance on Serious incidents, clinical audit, risk management, BAF, compliance framework, health and safety, DSPT, Financial audits CQC - Positve TRA's - Medicine, Surgery, MVCC Medicine, IPC , ED and medicinces management and well led in 2020/21		

Gaps in control: Where are we failing to put controls/systems in place. Where are we failing in making them effective (List at C1, C2, C3, C4 etc and cross reference to actions)	**Gaps in Assurance:**Where effectiveness of control is yet to be ascertained or negative assurance on control received. (List at A1, A2, A3, A4 etc and cross reference to actions)	**Reasonable Assurance Rating: G, A, R**	
C1. Effectiveness of governance structures at ward to Divisional level C2 Implementation of Internal Audit Recommendations C3 HSE Improvement notices received on V&A, MSD and sharps in October 2019 (awaiting formal closure with HSE) C4 The Trusts existing clinical strategy is no longer appropriate to manage emerging risks and system changes C5 Changes to Board members/ organisational leadership	A1 Embedded risk management and risk appetite - CRR and BAF A2 Embedding effective use of the Integrated performance report / BAF in discussions A3 Evidence of timely implementation of audit actions A4 Consistency in the effectiveness of the governance structure's at all levels A5 Capacity to ensure proactive approach to compliance and assurance A6 Ensuring compliance with other external reviews and follow up	Green	Effective control is in place and Board satisfied that appropriate assurances are available
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient
		Red	Effective controls may not be in place and assurances are not available to the Board.

Action Plan to Address Gaps

Action:	Cross reference to gaps in controls and assurances (C1, C2…../ A1, A2 etc)	Lead:	Due date	Progress Update	Status: Not yet Started/In Progress/ Complete
i) Implementation against plan of the revised Compliance and Risk Framework	C2, C3, A1, A3, A6 , A5	Associate Director of Governance		Compliance and Risk framework combined and priorities drafted. Discussed divisional oversight group in May 21.	In progress
ii) Review of the Board and Divisional Governance structure to ensure effective and reduce duplication (including links to ICS/ICP)	C1, A2, A4	Associate Director of Governance	Q2	Board and Board committee review in progress.	In progress
iii) Recruitment of new CEO	C5	CPO/Chair	Dec-21	Commenced	In progress
iv) Implementation of the Strategic Planning Framework and Integrated Business Plan Structure	C4	Deputy CEO/ Director of Strategy		Implementation of the Strategic Planning Framework and Integrated Business Plan Structure presented to Strategy Committee in February 2021; recommended to Board for approval. Strategy Sessions commenced. Monitored by IBP steering group and Strategy Committee.	In progress
v) review of external regulatory actions - CQC and HSE to support closure at next review.	C1, C3, A6	Associate Director of Governance		CQC inspectiion action plan - shceduled for closure in June 2021; testing compliance. Testing HSE actions; training elements recommenced	In progress
vi) Scope / consider independant well led review in line with the national guiidance	C1	Associate Director of Governance			
Summary Narrative:					

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim: Quality: To deliver high-quality,compassionate services,consistently across all our sites People: To create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce Pathways: To develop pathways across care boundaries, where this delivers best patient care

Strategic Objective: **strategic direction for the Trust, incorporating an Integrated Business Plan which triangulates finance, workforce and operational needs to 2030 a)Develop a new structure and leadership model to further improve service quality c) Embed and develop the new divisional plan and focus improvements, reduce health inequalities, and improve patient outcomes, experience and efficiency f) Using a population health management approach to delivery of integrated and collaborative services, making them easier to use for patients g) Working with system partners, progress development and care h) Harness innovation, technology and digital opportunities to support new models of**	**Source of Risk:**	Objectives Quailty Assurance data / CQC Inspection	**BAF REF No:** 008/21
Principal Risk Decription: What could prevent the objective from being achieved? There is a risk that the Trust is not always able to consistently embed a safety and learning culture and evidence of continuous quality improvement and patient experience	**Risk Open Date:**	01/03/2018	**Executive Lead/ Risk Owner** Chief Nurse/ Medical Director
	Risk Review Date:	Jul-21	**Lead Committee:** QSC

Causes	Effects:	Risk Rating	Impact	Likelihood	Total Score:	Risk Movement
i) Lack of consistent approach to quality improvement. ii) Need to embed culture of improvement and learning iii) Inconsistent ward to board governance structures and systems iv) Workforce skill mix, capability and capacity	1) Limited learning opportunites from current and future continuous quality activities 2) Poorer patient and staff experience 3)Limited leadership development of all staff 4) impact on reputation 5 increased regulatory scrutiny	**Inherent Risk** (Without controls):	5	4	**20**	⇔
		Residual/ Current Risk:	5	3	15	
		Target Risk:	5	2	10	

Controls/ Risk Treatment**: (Preventive, Corrective, Directive or Detective)**	**Assurances on Control (+ve or -ve):** Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	**Positive Assurance (Internal or External)** Evidence that controls are effective.	**Positive Assurance Review Date**	**Key Performance Metrix aligned to IPR**
Quality and Safety Governace Structure - reporting into Patient Safety Forum, Patient and Carer Experience, Clinical Audit and Effectiveness, ICP, Safeguarding, Health and Safety Reports to QSC as per annual cycle including deep dives. Pathways to excellence framework and programme 'Here to improve' programme Training and development programmes including Leadership pathway and QI Harm free care and deteriorating patient collaborative Patient and Carer Experience Programme Patient safety specialists / leads Mental Health Srategy Group Complex discharge Improvement group Quailty and Safety Dash boards Oversight of 'hot spots' with clear leads and committee structure, May 21 (QSC and Q&C DOG) Learning events - IPC, safety huddles Clincal Harm Review process and panel Divisional quailty structures GIRFT Board Health Inequalities Committee	ToR, Minutes and papers for the Quailty and Safety Committee Structures Report and deep dives to QSC Internal Audit Programme CQC TRAs Quailty and Safety visits and audit programme Action plans from Mental Health Strategy Group / Discharge Group	Positive CQC TRA reviews for Medicine (lister and MVCC) and Surgery Core Pathways (with supporting gap analysis and evidence on KLOE) and well led. Internal Audits 2020/21 reasonable or substancial assurance on Serious incidents, clinical audit, risk management, BAF, compliance framework, health and safety, DSPT,		
	Gaps in Assurance: Where effectiveness of control is yet to be ascertained or negative assurance on control received. (List at A1, A2, A3, A4 etc and cross reference to actions)	**Reasonable Assurance Rating: G, A, R**		
•C1 National guidance and GIRFT Gap analysis identifies areas for improvement C2 Consistency with engagement with clinicians C3 Patient safety team and complaints team capacity (impact of COVID) C4 Complex discharge pathway (core action and oversight listed in Risk 1) C5 3 Never events were reported in 20/21 C6 Increased number of Mental Health Patients presenting at the Trust - Adults and CYP C7 VTE compliance	A1 Consistency in following care bundles A2 Implementation and tracking of action plans related to GAPS associted with National Audit & NICE guidance, GIRFT recommendaions, NatSSIP Audit compliance A3 Embedding of learniing from SIs/Learning from Deaths/ never events A4 Delivery against CQC improvement plan A5 Delivery of harm review process following COVID impact on 52wk waits , follow up and survieliance A6 Effectivness of Pathway for safe discharging of complex patients - complaints and referals A7 Assurance on Ockenden Report recommendations and PFD (Maternity) A8 Implementation of End of Life Strategy A9 Ward to Board visibility of key Q& S metrics	Green	Effective control is in place and Board satisfied that appropriate assurances are available	
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient	
		Red	Effective controls may not be in place and assurances are not available to the Board.	

Action Plan to Address Gaps					
Action:	**Cross reference to gaps in controls and assurances (C1, C2…../ A1, A2 etc)**	**Lead:**	**Due date**	**Progress Update**	**Status:** Not yet Started/In Progress/ Complete
i) i) Delivery of the Quality Strategy Priotrities	C1-7, A1-9	Chief Nurse / Medical Director	ongoing	2021/22 priorities under review	In progress
ii) Delivery and monitoring of CQC improvement plans and preparedness for future inspections	A4, C2,	Associate Director of Governance		Quailty visit programme recommenced. Compliance and risk framework reviewed. Monthly review of fundimental standards recommenced.	in progress
iii) Implemention of patient safety strategy priorities	A2, A3, A5, A7	Patient Safety Specialists			in progress
iv) Implementaiton of End of Life strategy and priorities	A8	Medical Director			In progress
v) Develop and implement Mental Health Stategy for Acute Care and work in collboration with the system to support patients required to stay longer in acute care whilst awaitng speciaist beds	C6	Chief Nurse		Mental health strategy in development. System working to develop local solutions to support acute patinets awaiting inpatient beds.	In progress
vi) Implementaion of pathways to excellence	A3, A5	Chief Nurse		Programme recommenced.	In progress
vii) Review harm review, hospital onset COVID reviews and mortality review processes due to increased demand following COVID	C3, C2	Medical Director and Chief Nurse			In progress
iv) Review complaints process and oversight in line with PHSO guidance and increases following COVID	C3	Chief Nurse			In progress
vii) Complete Gap analysis on GIRFT reports and develop and monitor action plans	C1	Medical Director			
viii) Review the quailty and safety metrix ward to board with BI	A9	Associate Chief Nurse		In progress	In progress
ix) Implementation of Datix Icloud	A9	Associate Director of Governance	Q2/Q3	Project plan and workstreams in place. Awaiting IT to complete the required technical solution due in July 2021. Will then progress to commence inplementaion across Q2/Q3	In progress
Summary Narrative:					

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim: Sustainability, Quality, People **We provide a portfolio of services that**
is financially and clinically sustainable in the long term. We deliver high quality, compassionate services consistently across all our sites. We create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce

Strategic Objective: **divisional structure and leadership model to further improve service quality** **the best in the health service** **culture in the workplace** **c) Embed and develop the new** **d) Create a health and well-being offer that is amongst** **e) Progress and develop our equality performance to build an inclusive**	**Source of Risk:**	strategic objectives/ Staff Survey	**BAF REF No:** 009/21
Principal Risk Decription: What could prevent the objective from being achieved? There is a risk that our staff do not feel fully engaged and supported which prevents the organisation from maximising their effort to deliver quality and compassionate care to the community.	**Risk Open Date:**	Sep-20	**Executive Lead/ Risk Owner** **Chief People Officer**
	Risk Review Date:	Jun-21	**Lead Committee:** **QSC, FPPC, Inclusion**

Causes	Effects:	Risk Rating	Impact	Likelihood	Total Score:	Risk Movement
i) Staff not sufficiently involved in changes that affect or impact them. ii) Organisational failure to invest in line manager skillset/capability. iii)Management style/actions may not enable staff engagement or empowerment. iv)Organisational failure to drive inclusivity, so some groups feel they cannot make their voice heard. v)Staff may not be able to access the support or training they need to develop in their role.	i) Quality and Safety Improvement Culture is not fully achieved ii) Opportunities for improving patient care are missed iii) Staff leave the Trust, resulting in higher recruitment costs, loss of skills, talent, organisational memory, and increased focus on induction rather than on staff development.	**Inherent Risk** (Without controls):	4	5	**20**	⇔
		Residual/ Current Risk:	4	4	16	
		Target Risk:	4	3	12	

Controls/ Risk Treatment**: (Preventive, Corrective, Directive or Detective)**	**Assurances on Control (+ve or -ve):** Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	**Positive Assurance (Internal or External)** Evidence that controls are effective.	**Positive Assurance Review Date**	**Key Performance Metrix aligned to IPR**
i)Trust People Strategy designed to offer mitigations to this risk. ii) All staff are expected to embody PIVOT values. iii)Trust policies such as Dignity and Respect Policy and Raising Concerns Policy provide route for staff to voice concerns. iv) Freedom to Speak up Guardian can support staff to make their concerns known, so that the organisation can respond to those concerns. v)Staff Experience Group and Divisional Forums provide space for constructive dialogue with staff to impove staff engagement/experience. vi) Education Board provides means to drive forward new approaches to education and development for all staff. New role of Head of Culture to commence in June 2021 Equality and Inclusion Committee from May 21	i) Staff surveys, including quarterly Pulse survey ii) Monitoring of trends via reports to Trust Board and accountability through scrutiny at Trust Board. iii)Monitoring of level of challenge through application of staff policies, for example from under-represented groups.			
Gaps in control: Where are we failing to put controls/systems in place. Where are we failing in making them effective (List at C1, C2, C3, C4 etc and cross reference to actions)	**Gaps in Assurance:**Where effectiveness of control is yet to be ascertained or negative assurance on control received. (List at A1, A2, A3, A4 etc and cross reference to actions)	**Reasonable Assurance Rating: G, A, R**		
C1. failure to review and update some staffing policies C2. Need to develop education approach to supporting staff in under-represented groups - need to reword this as implies under-represented staff need education whereas perhaps they need more coaching and mentoring C3. Need senior leadership development programmes to support the service improvement and transformation agenda. C4. Maximising the support networks abilty to influence service and culture change C5. Maximining staff access to wellbeing offers	A1. Failure to achieve Integrated Performance Review targets is an indication of negative assurance where the targets are relevant to this risk. A2. Capacity of F2SUG and static reporting	Green	Effective control is in place and Board satisfied that appropriate assurances are available	
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient	
		Red	Effective controls may not be in place and assurances are not available to the Board.	

Action Plan to Address Gaps

Action:	**Cross reference to gaps in controls and assurances (C1, C2…../ A1, A2 etc)**	**Lead:**	**Due date**	**Progress Update**	**Status:** Not yet Started/In Progress/ Complete
i) Embed compassionate leadership approach to organisational management.	C1,	**Chief People Officer**	Jul-21	leadership rhythms and compassionate leadership conversations being rolled out across the orgnaisation. 150 targetted to attend ICS sessions 145 confirmed. Additional programmes being identified as part of culture strategy for FPPC consideration in July 2021	
ii) Develop improved education and training offer for all staff groups.	C2	Chief People Officer	Oct-21	Education board to consider equitable offer of CPD across the organisation, ENH academy launch has ensured all staff have easy access to elearning packages. Review off offer to be undertaken in Autumn	

iii) Improve staff engagement through promotion of the EDI agenda, including support for staff networks.	C4	Chief People Officer	Aug-21	Head of culture in post from 4.6.2021 identifying new ways of working to relaunch culture strategy / staff network chairs backpay agreed via Exec in June 2021 / EIC to include feedback from staff networks / reciprocal mentoring planned for September 2021 / listening events planned in August to hear what is working and what improvements could be made. Head of People Culture in post from 1.6.2021 working on a culture plan aligned to the Trust People Strategy. Allocation of time agreed by the Board for Staff Network Chairs, job purpose and descriptions being finalised for existing chairs. A Staff Network Chair's Away Day was held on 12.7.2021 where the group worked on objectives and outcomes over the next 12 months.	
Support and develop staff wellbeing services, in line with NHS People Plan and Trust People Strategy.	C5	Chief People Officer	Oct-21	wellbeing pyramid in place for all staff / regular communication of how to access and feedback given on effectiveness / review of interventions to be iundertaken in Autumn 2021	
Provide effective channel for staff communication through Staff Experience Group and Divisional Forums	A1	Chief People Officer	Sep-21	Staff voice and staff experience group ongoing with regular reports to SEG and FPPC. Next report in September 2021	
Roll out talent management approach and support career conversations across whole Trust.	A1, C2, C3	Chief People Officer	Oct-21	Grow together launch on ENH academy taken place in May 2021, managers and staff to discuss long term plans plus CPD. Review in Autumn 2021	
Review of Freedom to Speak Up approach and implement development plan	A2	Chief People Officer/ Chief Nurse	Oct-21	FTSU guardian identified and project plan being developed. Detailed plan to be delivered to FPPC Autumn 2021. Business case approved by Executive committee to support new structure	
Summary Narrative:					

July 21: All interventions in place are highlighting particular areas of concern across the organisation, and interventions are being streamlined around these areas to maximise impact. A multi-disciplinary task and finish group is being set up including senior staff from the departments affected to implement the work.

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim: 1. Quality: 5. Sustainability:

Strategic Objective: **a)Develop a new strategic direction for the Trust, incorporating an Integrated Business Plan which triangulates finance, workforce and operational needs to 2030 b)Safely restore capacity, and operational and clinical performance affected by the COVID-19 pandemic, working across the system to maximise patient benefits pandemic**			**Source of Risk:**	Strategic Objectives/ AE reports	**BAF REF No:** 010/21
Principal Risk Decription: What could prevent the objective from being achieved?			**Risk Open Date:**	21.01.19	**Executive Lead/ Risk Owner** **Director of Estates and Facilities**
			Risk Review Date:	Jul-21	**Lead Committee:** **QSC**

Causes	**Effects:**	**Risk Rating**	**Impact**	**Likelihood**	**Total Score:**	**Risk Movement**
i) Lack of robust data regarding current compliance ii)Lack of available resources to enable investment ii) Ineffective governance processes iii) Reactive not responsive estates maintainance iv) skill mix, expertise and capacity	i) lack of information to inform risk mitigation and decisions ii) Lack of assurance that routine maintainance is completed ii) risk of regulatory intervention iii) poor patient experience iv) potiental staff and patient safety risks	**Inherent Risk** (Without controls):	5	5	**25**	⇕
		Residual/ Current Risk:	5	3	15	
		Target Risk:	5	2	10	

Controls/ Risk Treatment**: (Preventive, Corrective, Directive or Detective)**	**Assurances on Control (+ve or -ve):** Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	**Positive Assurance (Internal or External)** Evidence that controls are effective.	**Positive Assurance Review Date**	**Key Performance Metrix aligned to IPR**
Revised leadership and governance structure within Estates & Facilities, Premises assurance framework/data base Specialist Authorised engineers in place as per statutory requirements, annual reports to H&S Health and Safety Group reports into QSC. Meets 6 weekly. Health and Safety Strategy 2020 Fire Policy and Procedures Capital funding prioritiesed Other statutiry groups and supportive workstreams Audit programme including - Weekly environmental audits Water safety group and action plan Ventilation group Links to corporate meeting includign COVID speciatist advisory group.	Assurance reports under statutory requriements - June QSC 21. E&F risk register reviewed and updated. - Risk clinics / workshops held in 2021 Authorised engineer reports Fire safety annual report			

Gaps in control: Where are we failing to put controls/systems in place. Where are we failing in making them effective (List at C1, C2, C3, C4 etc and cross reference to actions)	**Gaps in Assurance:**Where effectiveness of control is yet to be ascertained or negative assurance on control received. (List at A1, A2, A3, A4 etc and cross reference to actions)	**Reasonable Assurance Rating: G, A, R**	
C1. Ineffective estates and facilities governance structures C2. Estate strategy due for renewal C3. Lack of capital funding to bring the Lister and other sites to compliance C4. Implementation of actions from the AE reports C5 Limited visibility on the compliance status for the Trusts satellites locations. C6 Confirmation of level of compliance with Premisis Assurance Model (PAM) to inform gap analysis and work programme. C7. Optimal Space utilisation and decision making process for changes	A1. Limited assurance from other sites trust operates from A2. Actions to adress limited assuranceassessment for H&S, Medical Gases, Ventilation and decontamination A.3 PAM GAP analysis and action plan to inform decision making	Green	Effective control is in place and Board satisfied that appropriate assurances are available
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient
		Red	Effective controls may not be in place and assurances are not available to the Board.

Action Plan to Address Gaps

Action:	**Cross reference to gaps in controls and assurances (C1, C2…../ A1, A2 etc)**	**Lead:**	**Due date**	**Progress Update**	**Status:** Not yet Started/In Progress/ Complete
i) Substantive recuitment into leadership structure and other vacancies	C1, A1	Director of Estates and Facilities	Aug-21	Recruitment of E&F Compliance and Deputy Director of E&F underway	In progress

ii) Development of Estates Strategy in line with the Organisational strategy	C3, C2	Director of Estates and Facilities	TBC	Progress report to Strategy Committee in June 21.	In progress
iii) Space Utilisation review and implement governance of decision making	C7	Director of Estates and Facilities	TBC		
iv) Ensure actions plans and monitoring in place to raise the areas of 'limited assurance' to 'reasonable assurance' - for H&S, Medical Gases, Ventilation and decontamination . Including HSE notices.	C3, C2	Director of Estates and Facilities			
v) Complete the PAM gap analysis	A3, C2, C6	Director of Estates and Facilities			
vi) Review mechanisms of oversight of complaince across all sites to ensure effective	C1, C3, C5, A1	Director of Estates and Facilities			
Summary Narrative:					

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim: Sustainability: To provide a portfolio of services that is financially and clinically sustainable in the long term; Quality: To deliver high quality, compassionate services, consistently across all our sites; Pathways: To develop pathways across care boundaries, where this delivers best patient care

Strategic Objective: i) Develop a future, local vision for the Trust's cancer services, and support work with partners to safely transfer MVCC to a tertiary provider	**Source of Risk:**	Specialist Commissioning Review	**BAF REF No:** 011/21
Principal Risk Decription: What could prevent the objective from being achieved? There is a risk that the Trust is not able to transfer the MVCC to a new tertiary cancer provider, as recommended by the NHSE Specialist Commissioner Review of the MVCC.	**Risk Open Date:**	Apr-20	**Executive Lead/ Risk Owner** Director of Strategy
	Risk Review Date:	Jul-21	**Lead Committee:** Strategy

Causes	Effects:	Risk Rating	Impact	Likelihood	Total Score:	Risk Movement
i) Lack of continued commitment of the preferred provider to progress service transfer ii) Failure to make decision on long term service model following public consultation iii) Inability of NHSE to reach agreement with providers, including investment required, and execute the transaction iv) Failure of service sustainability in the pre transition phase due to failture to address critical infrastructure priorities	i) Increase in uncertainty over future of MVCC and adverse impact on recruitment, retention, morale and research. ii) Potential detrimental impact on care pathways at Trust sites. Protracted strategic uncertainty impacting the abilty to deliver a sustainable service model for future services provided by MVCC iii) Protracted strategic uncertainty and increased financial pressures on the Trust iv) Potential impact on quality, safety and ability to sustain safe service	**Inherent Risk** (Without controls):	4	5	**20**	⟺
		Residual/ Current Risk:	4	4	16	
		Target Risk:	4	3	12	

Controls/ Risk Treatment: (Preventive, Corrective, Directive or Detective)	Assurances on Control (+ve or -ve): Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	Positive Assurance (Internal or External) Evidence that controls are effective.	Positive Assurance Review Date	Key Performance Metrix aligned to IPR
- Programme Board governance in place for Strategic Review of the MVCC - Weekly ENHT, UCLH and NHSE Director level call in place and monthly Tripartite meeting in place to monitor delivery of the Strategic Review against plan - Fortnightly Due Diligence governance meeting in place (NHSE, UCLH, ENHT, HHT) - UCLH Transition Team in place at MVCC - ENHT MVCC Transfer Programme leadership (Programme Director) and governance (Steering Committee and Task & Finish) in place - Escalation reporting to Strategy Committee and Board - Clinical policies - Monthly ENHT, UCLH, NHSE Critical Infrastructure Review in place underpinned by action plans & risk register - MVCC Service Sustainability Forum (NHSE, ENHT, ENH CCG and HHT) established to oversee monitoring of a monthly integrated sustainability dashboard to enable early identification of increasing service fragility	- Regular reports to Strategy Committee and the Board - Status reporting through ENHT Steering Committee - July 21 - Audit Committee Deep Dive	- Strategic review and recommendations from clinical advisory panel re MVCC, July 2019 - Positive Risk Review with Specialist Commissioners, December 2019 - Jan 20 NHSE approved the recommendation that UCLH is the preferred tertiary provider for MVCC (Jan 2020) subject to due diligence outcome. - NHSI/E Risk Review - significant assurance provided and decision to step down to BAU assurance monitoring. - Dec 2020 MVCC Review Programme Board - supported recommendation for full replacement and enhancement of current MVCC services on an acute site; shortlisted Watford (meets all essential criteria) and supported full options appraisal on the Watford site. - May 2021 Submission of Due Diligence reports from UCLH to NHSE - June 2021 - East of England Clinical Senate review of proposals; informal feedback from review team has been positive		
Gaps in control: Where are we failing to put controls/systems in place. Where are we failing in making them effective (List at C1, C2, C3, C4 etc and cross reference to actions)	**Gaps in Assurance:** Where effectiveness of control is yet to be ascertained or negative assurance on control received. (List at A1, A2, A3, A4 etc and cross reference to actions)	**Reasonable Assurance Rating: G, A, R**		
	A1) Confirmation by NHSE of route to access capital for reprovision by UCH, and outcome of public consultation as required by UCH Board A2) Mitigation of financial impact of transfer on our Trust A3) Confirmation of UCH operational and corporate capacity to conclude DD to outcome and implement transition A4) Confirmation of ENHT operational and corporate capacity to implement transition	Green	Effective control is in place and Board satisfied that appropriate assurances are available	
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient	
		Red	Effective controls may not be in place and assurances are not available to the Board.	

Action Plan to Address Gaps

Action:	Cross reference to gaps in controls and assurances (C1, C2…../ A1, A2 etc)	Lead:	Due date	Progress Update	Status: Not yet Started/In Progress/ Complete
ii) Provide input and support as relevant to NHSE activities to access capital	A1	Director of Strategy	Ongoing	- Input provided to capital paper shared with NHSE Finance colleagues	In progress
iii) Chief Executive briefing of regional team to support activities in relation to access capital	A1	CEO	Ongoing	- Briefing of Ann Radmore	In progress

iv) Support public consultation process through effective development and execution of ENHT communications and engagement plan	A1	Director of Strategy	Dec-21	- Plannng to start once timing of Public Consultation is clearer, dependent on capital assurance	Not yet started
v) Finalise assessment of ENHT stranded costs	A2	Director of Finance	May-21	- Initial Financial Impact Assessment of MVCC Transfer on ENHT has been developed; detailed analysis completed. To be refreshed as required over time	Complete
vi) Negotiate settlement with NHSE to address ENHT stranded costs	A2	Director of Finance	Jul-21	- Review of stranded costs agreed with NHSE mid June 2021	Complete
vii) Lead definition and execution of plans to reshape corporate departments to deliver target reductions in corporate overheads	A2	Director of Finance	Mar-22	- Meetings held in May at which Corporate Directors shared their plans	In progress
viii) Seek assurance from UCH of commitment to resourcing and plans at programme governance forums	A3	Programme Director – MVCC Transfer	May-21 Ongoing - dates to be realigned with earliest possible transfer of October 22	- Assurance sought from UCH re resourcing and commitment to delivery Due Diligence activities to revised plan - Initital discussions underway between ENHT and UCLH to discuss transition planning principles, approach and governance	Complete In progress
ix) Lead the programme-level development of transition and decoupling plans to identify corporate and divisional resources required to implement transition	A4	Programme Director – MVCC Transfer	Ongoing - dates to be realigned with earliest possible transfer of October 22	- Prior to confirmation from NHSE supporting work at risk, initial transfer and transition/de-coupling activities underway	In progress
Summary Narrative:					

May 21 - Due Diligence is due to complete at the end of May. Overall Strategic Review Programme milestones are under review, to be presented at May Programme Board, with an expected commitment to continue to target an April 22 transfer date.

June 21 - Strategic Review Programme Board in May presented a 'Plan A' timeline with Transfer date of April 22 and 'Plan B' timeline which would move the transfer date to July 22. Both dates are at risk due to critical dependency on route to capital, which remains unclear. UCLH Due Diligence reports with revenue and capital requests were submitted at end May 21 to NHSE for assurance process. June 21, Strategy Board - discussed MVCC Programme transfer update and noted the completion of the UCLH due diligence. Due to the level risk of a delay to the programme increasing the Committee increase the current risk score from 12 to 16. Work being undertaken to mitigate the risk was noted.

- July 21 Strategic Review Programme Board: Confirmation that due to continued uncertainty regarding route to capital, earliest feasible transfer date is now October 2022. In light of the delays, an MVCC Service Sustainability Forum (NHSE, ENHT, ENH CCG and HHT) established to oversee monitoring of a monthly integrated sustainability dashboard to enable early identification of increasing service fragility. ENHT refresh of scenario analysis in light of the delays, for discussion at July Audit Committee. Government announcement w/c 12th July regarding DHSE competition to fund 8 new hospitals, with Expressions of Interest due early September.

EAST AND NORTH HERTFORDSHIRE NHS Trust Board Assurance Framework 2021-22

Strategic Aim:
across all our sites **Quality: To deliver high quality, compassionate services, consistently**
Pathways: To develop pathways across care boundaries, where this delivers best patient care
People: To create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce **Sustainability: To provide a portfolio of services that is financially and clinically sustainable in the long term**

Strategic Objective: **b)Safely restore capacity, and operational and clinical performance affected by the COVID-19 pandemic, working across the system to maximise patient benefits pandemic partners, progress development and delivery of integrated and collaborative services, making them easier to use for patients** **g) Working with system**	**Source of Risk:**	External/ Civil Contingencies Act	**BAF REF No:** 012/21
Principal Risk Decription: What could prevent the objective from being achieved? **Risk of pandemic outbreak impacting on the operational capacity to deliver services and quality of care**	**Risk Open Date:**	04-Mar-20	**Executive Lead/ Risk Owner** Chief Operating Officer/ Chief Nurse
	Risk Review Date:	Jul-21	**Lead Committee:** QSC/ Board

Causes	Effects:	Risk Rating	Impact	Likelihood	Total Score:	Risk Movement
i) Covid 19 outbreak/pandemic - impact of varients nationally and world wide - increasing testing, self isolation, school closures, sickness. ii) Potential increased need of respiratory and critical care beds iii) Potential increase from containment to 'social distancing' iv) Enactment of the Civil Contingency Act v) Insufficent capacity for the increased demand - including ED and assessment and side room capacity vi) Likelihood of wave 4 resulting in an increase in Covid numbers and hospitalisations, ventilated patients and a decrease in available workforce.	i) Risk of staff unable to attend work - due to self isolation or covid 19 positive. ii) Risk to patient safety as unable to provide safe staffing iii) There is a risk to the Trust's reputation if an outbreak was to occur/or criticism of our procedures. iii) Risk that some services are suspended for a period e.g. non urgent elective surgery, training iv) Risk of not meeting regulatory requirements	**Inherent Risk** (Without controls):	5	4	**20**	
		Residual/ Current Risk:	5	3	10	
		Target Risk:	5	2	10	

Controls/ Risk Treatment: **(Preventive, Corrective, Directive or Detective)**	**Assurances on Control (+ve or -ve):** Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective?	**Positive Assurance (Internal or External)** Evidence that controls are effective.	**Positive Assurance Review Date**	**Key Performance Metrix aligned to IPR**
Major incident Plan and Business continuity plans in place. Major Incident Command structure - Gold , silver, bronze Command structures reviewed/adapted to ensure continued support to organisation / major incident Communication plan - internal and external Linked intoand represented at Local and National resilience fourms/ communications/ conference calls Emergency Planning Group - Chaired by COO COVID Specialist advisory group with task and finish group structure reporting to it On call rotas - various Staff training programme - MI, loggist, Fit testing, skills refresh. Mortuary Capacity Plans IPC Policies and BAF Review and monitoring of O2 and ventialation Staff well being programme and deployment / reassignment processes - flexible (workforce triggers in place) Monitoring, review and recording of all national guidance and directives recieved re pandemic People and placed based risk assessments re COVID Social Distancing strategy Regional and Trust Local Indicators to suport decision making Flat packed pathways e.g. Ability to step up capacity esp in respiratory and critcal care pathways LFT testing available for all staff Staff vaccine hub and vaccination programme Visitors Policies - including agreed triggers if changes required.	COVID dashboard Weekly Audits on environmental, IPC, H&S and social distancing Minutes from GOLD, COVID SAG Trust Communications	Complaint with Emergency Planning standards 2020/21.	Report to QSC, June 2021	
Gaps in control: Where are we failing to put controls/systems in place. Where are we failing in making them effective (List at C1, C2, C3, C4 etc and cross reference to actions)	**Gaps in Assurance:** Where effectiveness of control is yet to be ascertained or negative assurance on control received. (List at A1, A2, A3, A4 etc and cross reference to actions)	**Reasonable Assurance Rating: G, A, R**		
C1.Possibility of insufficient staff available on all shifts who have passed their FFP3 Fit testing C2.Possibility of staff coming back or being exposed to people who have come back from the affected regions and presenting for work without checking with Health at Work first. C3.Possibility of Trust visitors coming back or being exposed to people who have come back from the affected regions and presenting at the Trust. C4.There is a risk that patients are not screened on admission as per questions based on PHE	A1 BCP's for high risk areas / small specialitist services/ On going resilience to sustain responsiveness to national guidance which is updated daily (esp in small teams / single posts) A2 Continuity of supplies as position changes - responding to national guidance and alerts A3 Adequacy of Ventilation in clinical areas	Green	Effective control is in place and Board satisfied that appropriate assurances are available	
		Amber	Effective control thought to be in place but assurances are uncertain and/or insufficient	

guidance about recent travel. C5.There is a risk that Trust and agency/bank staff may be confused by various external sources of information about WN-CoV and IPC precautions to take C6. There is a risk people in the community with symptoms are directed to ED, when they should stay at home - due to unclear community guidance C7. Business continuity plans may need to include WN-CoV. C8. Updates to national advice daily as the position changes C9. Demand for assessment and beds exceeds sideroom and bed capacity Requested regent to enable patient and staff testing internally / capacity of CUH to support increased testing Impact of COVID surge 2 on capacity and staffing		Red	Effective controls may not be in place and assurances are not available to the Board.	

Action Plan to Address Gaps

Action:	**Cross reference to gaps in controls and assurances (C1, C2…../ A1, A2 etc)**	**Lead:**	**Due date**	**Progress Update**	**Status:** Not yet Started/In Progress/ Complete
i) COVID Specialist Advisory Group oversight and leading policy, guidance and expertise - PPE, logistics, testing, social distancing, IPC issues	A2, C1, C2, C3, C4, C5,	Chief Nurse, Medical Director	Ongoing	Currently meets fortnightly. IPC Summer BAF inder review. Ongoing audit programme. 21 July 2021: meeting weekly meetings reestablished- reportig to SILVER and GOLD. New treatment pathway under development. Test and trace self isolation risk assessment and guidance for staff undeway	Ongoing
ii) Review of ventilation in clinical areas and develop proposal for improvement	A3	Director of Estates and Facilities/ Ventilation AE	Q1-Q2	Engaged with external company to review the adequacy of the ventilation in the clinical areas and developing a proposal for improvement. This is being monitored through Covid SAG and Health and Safety Committee.	In progress
iii) Prepare for any future National COVID Vaccination Programme in line with National Guidance	C2, C5,	DoF/ CPO / Emergency Planning		July 2021: Awaiting national guidance	In progress
iv) Monitoring of triggers to enable responsivness and 'unflat packing' of COVID response if/when required.	C9	COO / Emergency Planning	On going	July 2021: Command and Control structures reviewed - GOLDnow meeting twice a week and reinstated SILVER from 21 July 2021. Workstreams, task and finish groups and surge plans - reviewed and stood up. Specialty working groups include - Critical care surge (adults/children), Paeds, Respiratory, Renal, Maternity	In progress
iv) Implementaion of lessons learnt from previous COVID surges (internal and system)	C7, A1	COO / Emergency Planning	on going	July 2021: Command and Control structures reviewed -Workstreams, task and finish groups and surge plans - reviewed and stood up. Reviewing and preparing taskteam / deployment in readiness to respond.	In progress
v) Annual review programme and testing of the emergency planning standards	A1, C7	COO / Emergency Planning	on going	2020/21 assessment - compliant with the EPRR standards - Report to QSC June 2021.	completed
Summary Narrative:					

June 2021, the Committee considered the assurances received including confirmation of maintaining compliance with the EPRR standards 2020/21 and supported reduce this risk from a 15 to 10. Noted triggers and action in place to 'unflat pack' surge plans and plan in place/underdevelopment for potential increase in children young people attendances/ admissions. July 2021: Command and C|ontrol structures reviewed - GOLD now meeting twice a week and reinstated SILVER from 21 July 2021. Workstreams, task and finish groups and surge plans - reviewed and stood up.

East and North Hertfordshire NHS Trust

Agenda Item: 14.1

TRUST BOARD - PUBLIC SESSION – 1 SEPTEMBER 2021
FINANCE, PERFORMANCE & PEOPLE COMMITTEE – MEETING HELD ON 28 JULY 2021
EXECUTIVE SUMMARY REPORT

Purpose of report and executive summary (250 words max): To present the report from the FPPC meeting of 28 July 2021 to the Board.		
Action required: For information		
Previously considered by: N/A		
Director: Chair of FPPC	**Presented by:** Chair of FPPC	**Author:** Trust Secretary

Trust priorities to which the issue relates:		**Tick applicable boxes**
Quality:	To deliver high quality, compassionate services, consistently across all our sites	☒
People:	To create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce	☒
Pathways:	To develop pathways across care boundaries, where this delivers best patient care	☒
Ease of Use:	To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff	☒
Sustainability:	To provide a portfolio of services that is financially and clinically sustainable in the long term	☒

Does the issue relate to a risk recorded on the Board Assurance Framework? (If yes, please specify which risk) The discussions at the meetings reflect the BAF risks assigned to the FPPC.
Any other risk issues (quality, safety, financial, HR, legal, equality):

Proud to deliver high-quality, compassionate care to our community

FINANCE, PERFORMANCE AND PEOPLE COMMITTEE MEETING – 28 JULY 2021
SUMMARY TO THE TRUST BOARD MEETING HELD ON 1 SEPTEMBER 2021

The following Non-Executive Directors were present:
Karen McConnell (Chair), Ellen Schroder (Trust Chair), Biraj Parmar, Jonathan Silver, Val Moore (for Stroke Deep Dive) and David Buckle (for Stroke Deep Dive)

Stroke Deep Dive

The FPPC were presented with a Stroke deep dive to discuss causes of and actions to address the decline in the Trust's Sentinel Stroke National Audit Programme (SSNAP) rating from A to C since October 2020. A range of factors were noted, including the impact of the Covid pandemic.

The Committee requested a detailed plan setting out timelines and actions to achieve the A grade rating at the next meeting in September.

Performance Report Month 3

The FPPC considered the key points in relation to operational performance for month 3. ED performance was 78.56% and activity levels remained at a significant level. A six point plan to support increased ED demand over the summer period and beyond and which would include close working with and support from local partner organisations had been developed and discussed at the Executive Committee. Zero 12-hour trolley waits in ED were reported in the month.

RTT performance also remained a challenge and a remedial plan was being developed.

The Committee observed the Trust achieved six out of the eight national cancer targets in May with the 62 day performance being 88.2%. Cancer performance is being sustained by good clinical leadership.

It was reported that the diagnostics position was 33.33%, which was worse than the May position, and the Committee discussed next steps needed to make improvements.

Finance Report Month 3

The FPPC noted ENHT reported a break-even position in month 3 and a £0.2m surplus year to date. Due to uncertainty of the ERF funding, the Trust has made an ERF risk provision. The Committee learned that thresholds determining the value that can be earned through over performance have been adjusted from July onwards to 95%. The ability to earn additional sums through the scheme is now dependent on performance of the Herts and West Essex system as whole.

The Committee observed that ED has been at its busiest level in two years which has had an impact on pay costs.

It is expected the Trust will achieve the H1 plan.

Financial Framework H2 and CIP Planning

The Committee were advised that the block contract arrangements were expected to continue with an additional efficiency requirement, but the final guidance was expected in

September 2021. Divisional teams have been working on savings plans in anticipation and the Committee were informed of the governance process in place to develop these.

The Committee considered the Trust was taking the appropriate actions as best it could in the absence of formal guidance for H2 and the inability to develop a full year budget.

Paybill Analysis

The FPPC received a report regarding the process being taken to explore the triangulation of workforce resource, operational activity and finance data to better understand the factors behind the increase in staffing spend over recent years. A data pack had been developed for every area and meetings with heads of department and managers would continue to take place alongside a number of other actions which should improve the understanding of the data. The Committee welcomed the paper as setting out the start of a process that would be explored further at future meetings.

Clinical Quality Information

The FPPC were advised of progress and planned future use of CHKS Intelligence (the Trust's clinical quality benchmarking information provider) monitoring tools which support improvements to clinical quality and performance targets and measures. The monitoring tools enable the trust to view data in new ways and benchmark against peers. ENH Academy has been pivotal in rationalising the training packages to support staff use of CHKS and all 14 of the CHKS learning packages are now available. The Committee noted the next steps which would support gaining greater benefits for the Trust from the data.

People Report Month 3

The FPPC received the People Performance report for month 3, noting a reduction in the vacancy rate to 5.4% equating to 330 vacancies. Agency spend has reduced by £103k which was consistent with the decrease in agency worked hours.

Compliance rates for mandatory training improved, with ENH Academy making it easier for individuals to keep up to date with their training.

The Committee were advised of a slight increase in turnover to 12.7%, with an expected increase in voluntary reasons for leaving the organisation in the last three months. Steps to address this were discussed.

The Committee learned of the positive feedback from the 'Week of Thanks' for staff in July.

Workforce Planning

The Committee received the workforce planning presentation highlighting how the workforce will look in the future including changes linking with the clinical strategy. It is expected that collaboration between the acute and community sectors will increase with consequent impact on staffing and the skill sets required.

E-Roster Deep Dive

The FPPC received a presentation on e-Roster which detailed how the Trust scored against the eRoster levels of attainment as part of the Workforce Deployment Survey 2021. Performance varied across the staffing groups and it was anticipated that good progress could be made in a number of areas by the end of the year, though the medical and dental

level of attainment would likely take longer to address. It was confirmed that e-Roster will be a good tool for managing annual leave and study leave.

The Committee approved the recommendation to change some of the Trust targets to match the national targets and the annual leave metric.

Board Assurance Framework

The FPPC reviewed the latest version of the Board Assurance Framework.

Karen McConnell
Finance, Performance and People Committee Chair
July 2021

East and North Hertfordshire NHS Trust

Agenda Item: 14.2

TRUST BOARD - PUBLIC SESSION – 1 SEPTEMBER 2021
QUALITY & SAFETY COMMITTEE – MEETING HELD ON 27 JULY 2021
EXECUTIVE SUMMARY REPORT

Purpose of report and executive summary: To present the report from the QSC meeting of 27 July 2021 to the Board.		
Action required: For information		
Previously considered by: N/A		
Director: Chair of QSC	**Presented by:** Chair of QSC	**Author:** Trust Secretary

Trust priorities to which the issue relates:		**Tick applicable**
Quality:	To deliver high quality, compassionate services, consistently across all our sites	☒
People:	To create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce	☒
Pathways:	To develop pathways across care boundaries, where this delivers best patient care	☒
Ease of Use:	To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our	☒
Sustainability:	To provide a portfolio of services that is financially and clinically sustainable in the long term	☒

Does the issue relate to a risk recorded on the Board Assurance Framework? (If yes, please specify which risk) The discussions at the meetings reflect the BAF risks assigned to the QSC.
Any other risk issues (quality, safety, financial, HR, legal, equality):

Proud to deliver high-quality, compassionate care to our community

QUALITY AND SAFETY COMMITTEE MEETING – 27 JULY 2021

SUMMARY TO THE TRUST BOARD MEETING HELD WEDNESDAY 1 SEPTEMBER 2021

The following Non-Executive Directors were present:

Ellen Schroder, Peter Carter, David Buckle, Val Moore (for Maternity Reports and start of IPC Annual Report)

The following core attendees were present:

Nick Carver (for Maternity Reports, IPC Annual Report and start of Quality and Safety Report), Michael Chilvers, Rachael Corser, Tom Pounds, Jude Archer

Matters Considered by the Committee:

Quality and Safety Report (Month 3)

The Committee received the latest edition of the Quality and Safety Report. It was reported that the Infection, Prevention and Control and Safer Staffing Risk papers would be summarised in this report from the next meeting. Key points discussed included:

- The Committee noted that the number of serious incidents had increased and themed learning reviews were planned.
- There had been a positive improvement in the sample size of sepsis audits.
- An Admiral Nurse had been promoted to assist with dementia patients and data would be included in the report going forward.
- The Committee heard that the number of complaints continued to be low and a focus was being made to improve response rates.

Infection, Prevention and Control

The Committee received the IPC Annual Report. It was noted that the team had focused on all aspects of IPC requirements during the previous year which allowed a robust response to any PHE and NHSE/I guidance. A gold, silver and bronze structure had been instigated at the start of the pandemic which allowed a high level of oversight and enabled the Trust to implement many processes ahead of guidance from PHE and NHSE/I. The Committee heard that excluding COVID, the Trust had no reportable outbreaks during the entire year. The Committee thanked the IPC team for their hard work in a challenging year.

Safer Staffing Report

The Committee noted the latest Safer Staffing Report and there were no issues escalated to the Committee. It was noted that overall staff sickness had reduced in the month and the staffing challenges associated with treating complex mental health patients were noted.

Maternity Reports

The Committee noted the latest maternity reports. There had been challenges around increased birth rates and consideration had been given to diverting women where safe and where possible. Two teams were in place on the Continuity of Carer plan and a decision would be taken after summer as to whether to roll out a third team. It was noted that the service had recently taken part in a Transitional Monitoring Approach (TMA) meeting with the CQC under the current inspection arrangements.

Complaints, PALS and Patient Experience Report

The Committee noted the quarterly update. It was reported that comments from patients were

shared with the ward staff and work was being undertaken to improve areas such as noise at night. The number of complaints remained relatively low but work was taking place to prioritise responses and to support staff to address concerns prior to a formal complaint being made.

Board Assurance Framework

The Committee noted the latest edition of the Board Assurance Framework and was informed that during July the Board approved the recommendations from each of the Board Committees on the changes to the risk ratings. The Committee heard that although Risk 12 – Pandemic had been reduced, a close eye was being kept on this area for any changes. It was noted that the Audit Committee had approved a cycle of deep dive reviews of a different BAF risk at each meeting across 2021/22.

Appraisal and Statutory and Mandatory Training

The Committee received and noted the report on appraisals and statutory and mandatory training.

Junior Doctors Contract Quarterly Update

The Committee received and noted the Junior Doctors Contract Quarterly Report. The report was largely based on exception reporting and the Committee was informed that there were no patient safety reports and no breaches of safe working hours during the period. Consideration was being given to the appointment of a junior doctor champion with the new cohort of junior doctors in August 2021 in order to encourage a higher level of exception reporting.

Clinical Ethics Group Annual Report

The Committee received the Clinical Ethics Group Annual Report and it was noted that the Group was undergoing changes. The Chair would be retiring shortly and there was a recruitment drive being undertaken to boost the membership. The Committee was encouraged to see a mixed economy of skills within the group.

University Status Annual Report

The Committee received the report and was informed that the Trust had applied for university status but due to a recent change in the rules no longer fulfilled the criteria. The Committee endorsed the annual report.

The Committee noted the following reports:

- Integrated Performance Report
- Maternity and Neonatal Dashboards
- QSC Sub-Committee Escalation Report

Peter Carter
Quality and Safety Committee Chair
August 2021

East and North Hertfordshire NHS Trust

Agenda Item: 14.3

TRUST BOARD - PUBLIC SESSION – 1 SEPTEMBER 2021

AUDIT COMMITTEE – MEETING HELD ON 19 JULY 2021

EXECUTIVE SUMMARY REPORT

Purpose of report and executive summary: To present the report from the Audit Committee meeting of 19 July 2021 to the Board.		
Action required: For discussion		
Previously considered by: N/A		
Director: Chair of AC	**Presented by:** Chair of AC	**Author:** Trust Secretary

Trust priorities to which the issue relates:		**Tick applicable boxes**
Quality:	To deliver high quality, compassionate services, consistently across all our sites	☒
People:	To create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce	☒
Pathways:	To develop pathways across care boundaries, where this delivers best patient care	☒
Ease of Use:	To redesign and invest in our systems and processes to provide a simple and reliable experience for our patients, their referrers, and our staff	☒
Sustainability:	To provide a portfolio of services that is financially and clinically sustainable in the long term	☒

Does the issue relate to a risk recorded on the Board Assurance Framework? (If yes, please specify which risk) N/A
Any other risk issues (quality, safety, financial, HR, legal, equality):

Proud to deliver high-quality, compassionate care to our community

AUDIT COMMITTEE MEETING – 19 JULY 2021
SUMMARY TO THE TRUST BOARD MEETING HELD ON 1 SEPTEMBER 2021

The following Non-Executive Directors were present:
Jonathan Silver (Chair), Karen McConnell, Bob Niven

Internal Audit Reports:

Consultant Job Planning Internal Audit Update
The Medical Director joined the meeting to update the Committee on the actions relating to Consultant Job Planning. It was reported that the Trust was looking to move to a new software system with improved reporting functionality to assist with job planning. Resourcing options for expediting the work would be considered and discussed at a future FPPC meeting.

Internal Audit Progress Report
The Committee was advised that two audit reports had been issued since the last Audit Committee. These were for the 2020/21 Data Security Protection Toolkit and IT Disaster Recovery audits which received 'Substantial' and 'Limited' assurance opinion respectively.

The Chief Information Officer joined the meeting to provide an update on the results of the IT Disaster Recovery audit. The Committee was informed that the actions were primarily related to documentation and evidencing processes and as such would be able to be addressed promptly.

Internal Audit Action Log
The Committee received the latest internal audit actions tracker. It was noted there had been some slippage in terms of items open and it was agreed these would be reviewed and highlighted at the next meeting.

The Chief People Officer joined the meeting to provide an update on the outstanding action around management of sickness absence.

Counter Fraud Progress Report
The Committee received the Counter Fraud Progress Report which detailed the activity carried out against the Counter Fraud work plan 2021/22 since the Audit Committee of 1 April 2021. Work undertaken included completion of the Counter Fraud Functional Standard Return and commencement of the NHS CFA COVID-19 Post Event Assurance Exercise. It was noted there were no areas of concern arising since the last Audit Committee.

The Committee also approved the draft Bribery Act statement which would be added to the intranet and the Trust's external website.

External Audit Reports:

Final Audit Completion Report
The Committee received and noted the final audit completion report which had previously been circulated and approved by correspondence.

Value for Money Report
The Committee was reminded that the new requirement for the external auditors to produce a Value for Money report was on an extended timeline compared to the annual report and accounts and it was proposed that the report would be brought to the Trust Board meeting in September.

Other Reports:

Board Assurance Framework 2021/22
The Committee was presented with the current BAF and informed that it had been through the scrutiny of each of the Board Committees and the Board.

The Committee noted and approved the proposed schedule for deep dives related to the BAF risks.

Deep Dive – MVCC
A deep dive on the MVCC Transfer Programme was presented to the Committee with a particular focus on the impact of any delays to the timeline in relation to service sustainability and capital availability. The overall status report rating was currently Amber.

Significant Losses / Special Payments Report
The committee noted the significant losses/special payments report which covered the period October 2020 – March 2021.

Cyber Security Report
The Committee received the latest update regarding the Trust's cyber security position. The Committee noted the progress with desktop and laptop patching and the data security and protection toolkit had been submitted.

Data Quality and Clinical Coding Report
The Committee received and noted the update of data quality and clinical coding activities.

Jonathan Silver
Audit Committee Chair
August 2021

	Action has slipped
	Action is not yet complete but on track
	Action completed
*	Moved with agreement

Agenda item: 15

EAST AND NORTH HERTFORDSHIRE NHS TRUST
TRUST BOARD ACTIONS LOG TO 1 SEPTEMBER 2021

Meeting Date	Minute ref	Issue	Action	Update	Responsibility	Target Date
7 July 2021	21/066.4	R&D Annual Report	To provide further detail regarding the breakdown of R&D activity, income, etc., across MVCC and the rest of the Trust.	**August 2021:** Referred to the QSC actions log.	Medical Director	Autumn 2021

Draft Board Annual Cycle 2021-22

Notes regarding the annual cycle:

The Board Annual Cycle will continue to be reviewed in-year in line with best practice and any changes to national scheduling.

Items	April 2021	5 May 2021	June 2021	7 Jul 2021	Aug 2021	1 Sept 2021	Oct 2021	3 Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Standing Items												
Chief Executive's Report		X		X		X		X		X		X
Integrated Performance Report		X		X		X		X		X		X
Board Assurance Framework		X		X		X		X		X		X
Data Pack		X		X		X		X		X		X
Patient Testimony (Part 1 where possible)		X		X		X		X		X		X
Employee relations (Part 2)		X		X		X		X		X		X
Operational and People Recovery		X		X		X		X		X		X
Board Committee Summary Reports												
Audit Committee Report		X		X				X				X
Charity Trustee Committee Report		X		X				X		X		
Finance, Performance and People Committee Report		X		X		X		X		X		X
Quality and Safety Committee Report		X		X		X		X		X		X
Strategy Committee		X		X				X		X		
Inclusion Committee				X		X		X		X		X
Strategy												
Annual Operating Plan and objectives *(subject to change as dependent on national timeline)TBC*				X								

Draft Board Annual Cycle 2021-22

Items	April 2021	5 May 2021	June 2021	7 Jul 2021	Aug 2021	1 Sept 2021	Oct 2021	3 Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
System Working (ICS and ICP) Updates		X		X		X		X		X		X
Mount Vernon Cancer Centre Transfer Update		X		X		X		X		X		X
Other Items												
Audit Committee												
Annual Report and Accounts, Annual Governance Statement and External Auditor's Report – Approval Process		X										
Value for Money Report						X						
Audit Committee TOR and Annual Report								X				
Freedom to Speak Up								X				X
Review of Trust Standing Orders and Standing Financial Instructions								X				
Charity Trustee Committee												
Charity Annual Accounts and Report								X				
Charity Trust TOR and Annual Committee Review								X				
Finance, Performance and People Committee												
Finance Update (IPR)		X		X		X		X		X		X
FPPC TOR and Annual Report								X				

Draft Board Annual Cycle 2021-22

Items	April 2021	5 May 2021	June 2021	7 Jul 2021	Aug 2021	1 Sept 2021	Oct 2021	3 Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Equality and Diversity Annual Report and WRES *Note – Likely to move to Inclusion Committee*						X						
Gender Pay Gap Report *Note – Likely to move to Inclusion Committee*												X
Market Strategy Review - *TBC*												
Quality and Safety Committee												
Complaints, PALS and Patient Experience Report		X ***See April QSC***				X		X		X		
Safeguarding and L.D. Annual Report (Adult and Children)				X								
Staff Survey Results												X
Learning from Deaths		X		X				X		X		
Nursing Establishment Review				X						X		
Responsible Officer Annual Review								X				
Patient Safety and Incident Report (Part 2)		X		X				X				X
University Status Annual Report				X *Deferred to Sept*		X						
QSC TOR and Annual Review								X				
Strategy Committee												
Digital Strategy Update				X *Deferred*				X				X
Strategy Committee TOR and Annual Review								X				

Draft Board Annual Cycle 2021-22

Items	April 2021	5 May 2021	June 2021	7 Jul 2021	Aug 2021	1 Sept 2021	Oct 2021	3 Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Shareholder / Formal Contracts												
ENH Pharma (Part 2)				**X** Received and discussed at 2 June Board Developme nt meeting								

DATA PACK

Contents

1. Data and Exception Reports:

FFT

2. Performance Data:

CQC Outcomes Summary

1. Data and Exception Reports:

FFT

Friends and Family Test - July 2021

APPENDIX 1

Inpatients & Day Case	% Very good/good	% Poor/very poor	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Total responses	No of Patients eligible to respond
5A	89.83	1.69	30	23	5	0	1	0	59	211
5B	96.00	0.00	11	13	1	0	0	0	25	46
6A	92.31	0.00	20	4	2	0	0	0	26	61
6B	100.00	0.00	5	0	0	0	0	0	5	34
7A	95.00	0.00	30	8	2	0	0	0	40	53
7B	100.00	0.00	33	21	0	0	0	0	54	168
8A	100.00	0.00	36	31	0	0	0	0	67	79
8B	NP	NP	0	0	0	0	0	0	0	38
9A	93.02	0.00	30	10	3	0	0	0	43	43
9B	95.12	0.00	22	17	2	0	0	0	41	38
10A	96.55	3.45	13	15	0	0	1	0	29	36
10B	100.00	0.00	2	0	0	0	0	0	2	70
11A	100.00	0.00	14	4	0	0	0	0	18	62
11B	100.00	0.00	8	5	0	0	0	0	13	23
ICU1	NP	NP	0	0	0	0	0	0	0	5
ICU2	NA	NA	0	0	0	0	0	0	0	0
SSU	NP	NP	0	0	0	0	0	0	0	96
ACU	100.00	0.00	13	4	0	0	0	0	17	82
Ashwell	82.35	0.00	10	4	2	0	0	1	17	50
Barley	83.33	0.00	5	0	0	0	0	1	6	35
Pirton	100.00	0.00	11	3	0	0	0	0	14	37
Swift	100.00	0.00	25	4	0	0	0	0	29	164
Day Surgery Centre, Lister	94.44	0.00	14	3	1	0	0	0	18	360
Day Surgery Treatment Centre	100.00	0.00	43	2	0	0	0	0	45	272
Endoscopy, Lister	99.32	0.68	141	4	0	1	0	0	146	732
Endoscopy, QEII	100.00	0.00	40	1	0	0	0	0	41	445
Cardiac Suite	98.41	1.59	57	5	0	0	1	0	63	106
MEDICINE/SURGERY TOTAL	97.07	0.49	**613**	**181**	**18**	**1**	**3**	**2**	**818**	**3346**
Bluebell ward	100.00	0.00	54	21	0	0	0	0	75	154
Bluebell day case	NA	NA	0	0	0	0	0	0	0	0
Neonatal Unit	100.00	0.00	43	5	0	0	0	0	48	96
WOMEN'S/CHILDREN TOTAL	100.00	0.00	**97**	**26**	**0**	**0**	**0**	**0**	**123**	**250**
MVCC 10 & 11	93.75	0.00	13	2	1	0	0	0	16	75
CANCER TOTAL	93.75	0.00	**13**	**2**	**1**	**0**	**0**	**0**	**16**	**75**
TOTAL TRUST	97.39	0.42	**723**	**209**	**19**	**1**	**3**	**2**	**957**	**3671**

Inpatients/Day by site	% Very good/good	% Poor/very poor	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Total responses	No. of Discharges
Lister	97.33	0.44	670	206	18	1	3	2	900	3151
QEII	100.00	0.00	40	1	0	0	0	0	41	445
Mount Vernon	93.75	0.00	13	2	1	0	0	0	16	75
TOTAL TRUST	97.39	0.42	**723**	**209**	**19**	**1**	**3**	**2**	**957**	**3671**

Accident & Emergency	% Very good/good	% Poor/very poor	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Total responses	No. of Discharges
Lister A&E/Assessment	90.91	5.26	137	53	8	8	3	0	209	12153
QEII UCC	88.89	6.35	39	17	3	3	1	0	63	6283
A&E TOTAL	90.44	5.51	**176**	**70**	**11**	**11**	**4**	**0**	**272**	**18436**

Maternity	% Very good/good	% Poor/very poor	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Total responses	No. eligible to respond
Antenatal	83.33	0.00	3	2	1	0	0	0	6	480
Birth	95.42	3.05	89	36	2	3	1	0	131	467
Postnatal	96.88	2.34	86	38	1	2	1	0	128	467
Community Midwifery	100.00	0.00	9	1	0	0	0	0	10	582
MATERNITY TOTAL	96.00	2.55	**187**	**77**	**4**	**5**	**2**	**0**	**275**	**1996**

Outpatients	% Very good/good	% Poor/very poor	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Total responses
Lister	95.54	1.79	180	34	5	1	3	1	224
QEII	90.48	1.19	58	18	6	0	1	1	84
Hertford County	91.95	4.60	58	22	2	3	1	1	87
Mount Vernon CC	95.29	2.35	130	32	3	2	2	1	170
Satellite Dialysis	95.89	0.00	59	11	1	0	0	2	73
OUTPATIENTS TOTAL	94.36	2.04	**485**	**117**	**17**	**6**	**7**	**6**	**638**

Trust Targets	% Would recommend
Inpatients/Day Case	96%>
A&E	90%>
Maternity (combined)	93%>
Outpatients	95%>
NP = Not provided	

2. Performance Data:

CQC Outcomes Summary

Our CQC Registration and recent Care Quality Commission Inspection

The Care Quality Commission inspected eight of the core services provided by East and North Hertfordshire NHS Trust across Lister Hospital, the New Queen Elizabeth II (QEII) Hospital and Mount Vernon Cancer Centre, between 23 - 25 & 30 – 31 July 2019. The well led inspection took place from 10 – 11 September 2019. The Use of Resources inspection, which is led by NHS Improvement took place on 6 August 2019.

The inspectors focused on **Safety, Effectiveness, Responsiveness, Care and how well led services are** in eight core service lines:

At **Lister Hospital** CQC inspected:

- Surgery
- Critical Care
- Children's and young people
- End of life care
- Outpatient

At the **New QEII Hospital** CQC inspected:

- Urgent Care Centre
- Outpatients

At the **Mount Vernon Cancer Centre** CQC inspected:

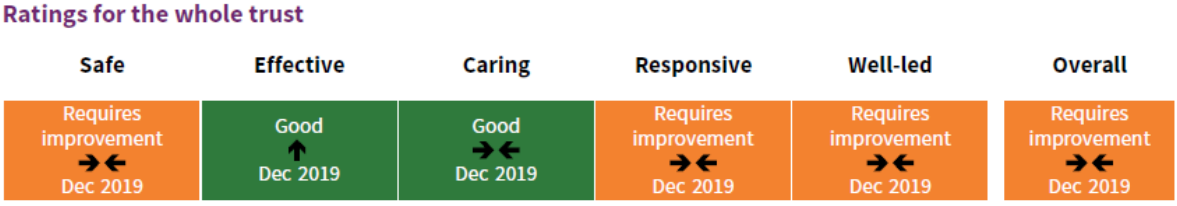
- Medicine (MVCC)
- Radiotherapy (MVCC)
- Outpatients

At the July 2019 inspection, these core services were rated either as requires improvement or good.

Summary of the Trust's Ratings

Our rating of the Trust stayed the same -**requires improvement**.
We were rated as **good** for caring and effective and **requires improvement** for and safe, responsive and well led.

We were rated as **requires improvement** for use of resources



	Safe	Effective	Caring	Responsive	Well-led	Overall
Lister Hospital	Requires improvement → ← Dec 2019	Good ↑ Dec 2019	Good → ← Dec 2019	Requires improvement → ← Dec 2019	Requires improvement → ← Dec 2019	Requires improvement → ← Dec 2019
Queen Elizabeth II Hospital	Requires improvement ↑ Dec 2019	Good ↑ Dec 2019	Good → ← Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↑ Dec 2019	Requires improvement ↑ Dec 2019
Mount Vernon Cancer Centre	Requires improvement → ← Dec 2019	Good → ← Dec 2019	Good → ← Dec 2019	Requires improvement → ← Dec 2019	Requires improvement → ← Dec 2019	Requires improvement → ← Dec 2019
Hertford County Hospital	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
Overall trust	Requires improvement → ← Dec 2019	Good ↑ Dec 2019	Good → ← Dec 2019	Requires improvement → ← Dec 2019	Requires improvement → ← Dec 2019	Requires improvement → ← Dec 2019

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement → ← Dec 2019	Good ↑ Dec 2019	Good → ← Dec 2019	Requires improvement → ← Dec 2019	Requires improvement → ← Dec 2019	Requires improvement → ← Dec 2019
Community	Good Mar 2016	Good Mar 2016	Outstanding Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016

The CQC have issued a number of requirement notices and set out a number of areas for improvement - “Must Do’s” and “Should Do’s”.

The requirement notices are:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

An action plan has been developed against all of these and was submitted to CQC on 22 January 2020. This will be monitored by the Quality Improvement Board, chaired by the Medical Director or Director of Nursing and reported to Board through the Quality and Safety Committee. A programme of internal and external inspections is in place to test and evidence progress and that the actions are embedded across the organisation.

Site Ratings

East and North Hertfordshire NHS Trust

Lister Hospital

	Safe	Effective	Caring	Responsive	Well-Led		Overall
Urgent and emergency services	Good July 2018	Good July 2018	Good July 2018	Good July 2018	Good July 2018		Good July 2018
Medical care (including older people's care)	Requires Improvement July 2018	Requires Improvement July 2018	Requires Improvement July 2018	Requires Improvement July 2018	Requires Improvement July 2018		Requires Improvement July 2018
Surgery	Inadequate December 2019	Good December 2019	Good December 2019	Requires Improvement December 2019	Requires Improvement December 2019		Requires Improvement December 2019
Critical care	Good December 2019	Good December 2019	Good December 2019	Good December 2019	Good December 2019		Good December 2019
Maternity	Requires Improvement July 2018	Good July 2018	Good July 2018	Good July 2018	Good July 2018		Good July 2018
Services for children and young people	Requires Improvement December 2019	Good December 2019	Good December 2019	Good December 2019	Good December 2019		Good December 2019
End of life care	Good December 2019	Requires Improvement December 2019	Good December 2019	Requires Improvement December 2019	Requires Improvement December 2019		Requires Improvement December 2019
Outpatients	Good December 2019	Good December 2019	Good December 2019	Good December 2019	Good December 2019		Good December 2019
Overall	Requires Improvement December 2019	Good December 2019	Good December 2019	Good December 2019	Requires Improvement December 2019		Requires Improvement December 2019

New QEII

	Safe	Effective	Caring	Responsive	Well-Led		Overall
Urgent and emergency services	Requires Improvement December 2019	Good December 2019	Good December 2019	Good December 2019	Requires Improvement December 2019		Requires Improvement December 2019
Outpatients and diagnostic imaging	Requires Improvement December 2019	N/A	Good December 2019	Requires Improvement December 2019	Good December 2019		Requires Improvement July 2018
Overall	Requires Improvement December 2019	Good December 2019	Good December 2019	Requires Improvement December 2019	Requires Improvement December 2019		Requires Improvement December 2019

Hertford County Hospital

	Safe	Effective	Caring	Responsive	Well-Led		Overall
Outpatients	Good March 2016	Good March 2016	Good March 2016	Good March 2016	Good March 2016		Good March 2016
Overall	Good March 2016	Good March 2016	Good March 2016	Good March 2016	Good March 2016		Good March 2016

Mount Vernon Cancer Centre

	Safe	Effective	Caring	Responsive	Well-Led		Overall
Medical care (including older people's care)	Requires Improvement December 2019 → ←	Good December 2019 → ←	Good December 2019 → ←	Requires Improvement December 2019 → ←	Requires Improvement December 2019 → ←		Requires Improvement December 2019 → ←
End of life care	Requires Improvement July 2018	Good July 2018	Good July 2018	Inadequate July 2018	Requires Improvement July 2018		Requires Improvement July 2018
Outpatients	Good December 2019 → ←	N/A	Good December 2019 → ←	Requires Improvement December 2019 → ←	Requires Improvement December 2019 ↓		Requires Improvement December 2019 ↓
Chemotherapy	Requires Improvement July 2018	Good July 2018	Good July 2018	Requires Improvement July 2018	Requires Improvement July 2018		Requires Improvement July 2018
Radiotherapy	Good December 2019 → ←	Good December 2019 → ←	Good December 2019 → ←	Good December 2019 → ←	Good December 2019 → ←		Good December 2019 → ←
Overall	Requires Improvement December 2019 → ←	Good December 2019 → ←	Good December 2019 → ←	Requires Improvement December 2019 → ←	Requires Improvement December 2019 → ←		Requires Improvement December 2019 → ←

Community Health Services for Children, Young People and Families

	Safe	Effective	Caring	Responsive	Well-Led		Overall
Community health services for children and young people	Good March 2016	Good March 2016	Outstanding March 2016	Good March 2016	Good March 2016		Good March 2016
Overall	Good March 2016	Good March 2016	Outstanding March 2016	Good March 2016	Good March 2016		Good March 2016