

West Hertfordshire
Hospitals NHS Trust
Annual Plan 2010/11

DRAFT V0.92 March 2010

Executive
Summary

1. Executive Summary

Our plan provides an overview of our expected performance for the coming financial year, April 2010 to March 2011.

Vision

Our vision is:

- We will embody in our hospitals all the principles, values and the sense of service that created the NHS by providing consistently good, safe care in a friendly, listening and informative way, as and when people need and want it and always with dignity and respect.

Strategic objectives

Our strategic objectives are listed below:

- 1) Provide safe patient care;
- 2) Improve outcomes and quality of care;
- 3) Improve the patient experience;
- 4) Sustain and improve performance;
- 5) Be financially sound;
- 6) Work in active partnership; and
- 7) Attract, retain and motivate an appropriately trained workforce.

Our Plan details how we will be implementing our strategic objectives in 2010/11.

Quality

As ever, patient safety will be our number one priority. We will build on our excellent progress, as demonstrated by us being banded 4, in the 2009 Dr Foster rating*, with the development and implementation of our updated Quality Improvement Strategy and Quality Account in continuously driving forward quality improvement.

Key deliverables and Quality, Innovation, Productivity and Prevention (QIPP)

Over the last two years we have profoundly changed - successfully managing a significant improvement in our delivery of the NHS agenda while fundamentally changing the way we provide services.

In 2010/11 we need to continue to evolve - ensuring we are 'lean' in our approach in order to ensure that our cost base is appropriately geared to the activity we deliver.

Integral to our approach will be our Quality Innovation Productivity and Prevention (QIPP) programme - driving up quality whilst improving productivity.

Service developments

Our key 2010/11 service developments are:

- Working towards achieving NHS Hertfordshire's activity assumptions;
- Implementation of our Cost Improvement Programme (CIP) 'the Big Ask';
- Implementation of our Institute for Innovation and Improvement Productivity Programme;
- Development of our acute model of care, focusing on improvements across the acute care pathway;
- Development of our planned model of care, focusing on developing new ways of working at St Albans Hospital; and
- Development of our maternity and new born model of care, focusing on achieving the recommended midwife to birthing ratio.

Underpinned by:

- Implementation of our quality, workforce, estate, and IM&T strategies.

*Dr Foster grouped hospitals into five bands where 1 is the poorest and 5 is the best

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Finance

Our key 2010/11 financial headlines are:

- To deliver a surplus of £8.6m;
- Our cost improvement programme, 'the Big Ask', to deliver £19.8m savings. As part of this process we will also be building robust plans for 2011/12 and 2012/13. Core to our approach is ensuring our plans are practical, deliverable and have no impact or a positive impact on quality;
- £8.6m capital programme, the big ticket items being the replacement of our pathology computer system and addressing the high risk elements of our backlog maintenance;
- Fully operational service line reporting system; and
- Achieve a financial risk rating of no less than 3.

Workforce, infrastructure and financial implications

Our staff are our greatest asset, and what we are planning to achieve will be down to them.

In 2010/11 we will continue to develop our workforce, and ensure that our workforce profile is in line with our activity and income.

Significant risks and mitigation

In 2010/11 in achieving a green governance rating we will continue to improve performance against those targets, which we performed below plan in 2009/10:

- A&E 4 hour wait;
- MRSA screening; and
- Cancer waiting times.

In achieving the two specified national goals in the 2010/11 CQUIN priorities we will improve our:

- Venous Thromboembolism (VTE) risk assessment processes and procedures; and
- Responsiveness to the personal needs of patients.

In 2010/11 in delivering the 18 weeks waiting time for admitted and non admitted patients on an aggregate and specialty basis waiting list management will continue as a priority for specialty leads supported by our dedicated 18weeks team.

In 2010/11 in achieving a financial risk rating of no less than 3 we will:

- Urgently seek resolution with NHS Hertfordshire and NHS East of England on finalising a mutually beneficial service level agreement;
- Reduce our costs, gearing our capacity to the activity we are commissioned to undertake; and
- Ensure we are appropriately rewarded for delivering quality services as measured by our CQUIN targets.

Sustainability

We have developed comprehensive plans to ensure that we meet our 2010/11 carbon reduction commitments.

We will continue to develop our green travel plans, reduce our use of energy and utilities, and improve the efficiency and effectiveness of our waste management systems.

Board statements

Sign off of the two services provided statements are dependent on NHS Hertfordshire and us reaching agreement on the 2010/11 Service Level Agreement (SLA).