



## Annual report summary 2018/19

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# 1) Annual report summary 2018/19

## Our leaders

*“Our staff and volunteers work with such energy and commitment to deliver our vision; the very best care for every patient, every day.”*



Phil Townsend  
Chairman



Christine Allen  
Chief Executive



## Money

Deficit:

**£49.6m**

Savings achieved:

**£16.1m**



## Our hospitals

Regulated by:

**NHS Improvement**

Inspected by:

**Care Quality Commission**

Current rating:

**Requires improvement**

## Our staff

**4,800**



## Improving services



- The launch of a clinical partnership with Royal Free London to initially focus on seven priority clinical pathways to deliver best practice and reduce variation in clinical care.
- The development of three new pathways for frailty as part of joint working with the Hertfordshire and West Essex Sustainability and Transformation Partnership.
- Our 'maternity and neonatal care' improvement programme has reduced the number of 'full term' babies admitted to neonatal care (50% reduction in babies admitted with hypoglaemia).
- The introduction of volunteer initiatives to help support end of life care patients, their families and carers.

## Our patients

Elective inpatients: **7,297**

Day cases: **42,901**

Non-elective: **54,047**

Outpatients: **503,949**

(including ward attendances)

A&E: **150,818** (across three sites)



## Our awards

Chief Nurse Tracey Carter received a prestigious Chief Nursing Officer award.

The safeguarding team are winners of the 2019 NHS Parliamentary award in the Health Equalities category.

The trust has been shortlisted as finalists in the Best UK Employer of the Year category for the Nursing Times Workforce awards 2019.



## Environment

Micro-fibre cleaning technology has been introduced which has reduced chemical and water usage by an estimated 85%.

Recycling has increased substantially with currently zero to landfill and 80% overall recycling being achieved.

The introduction of an obnoxious waste stream has reduced clinical waste volumes.

## 2) Performance summary

The final position for the year against the national performance indicators is set out below:

Indicator	National standard	2017/18	2018/19
95% of patients should be treated, admitted or discharged in four hours in accident and emergency	National target for over 95% patients to be within four hours	80.0%	80.9%
Incidence of C.difficile should be identified and numbers minimised	Trust target was to have fewer than 22 cases of C.difficile through the year	28 cases	(15 cases reported) Five cases have been successfully appealed and deemed as no lapses in care
Hospital acquired MRSA	Trust target was to have zero cases	One case	Three cases
All cancers – patients should have a maximum wait of 14 days	National target to see 93% of those referred within 14 days	94.9% suspected cancer referrals 92.3% breast symptomatic patients	93.3% suspected cancer referrals 90.5% breast symptomatic patients
All cancers patients should have a maximum wait of 31 days for diagnosis to first treatment	National target was to have 96% of patients seen within 31 days	98.7%	96.8%
All cancers patients should have a maximum wait of 62 days between urgent GP referral or screening service to first treatment	National target was to see: 85% referred by GP; and 90% of those referred by the screening service	87.7% referred by GP 89.2% referred by screening service	82.3% referred by GP 86.2% referred by screening service
All cancers patients should have a maximum wait of 31 days for second or subsequent treatment	National target was to have 94% patients seen within 31 days for surgery, palliative and other, and 98% for anti-cancer drugs	99% for surgery and 100% for palliative, other and anti-cancer drugs	100% for palliative care (100% for other) 94.6% for surgery 97.6% for anti-cancer drugs
Maximum wait time of 18 weeks referral to treatment – patients not yet treated	>92%	88%	83.9%

## 3) Performance against strategic objectives 2018/19

The trust has set itself four aims and a set of objectives to ensure an appropriate focus is placed on what it wants to achieve in line with its strategic ambitions. The information below sets out some of our key highlights for the year.

### Aim one: To deliver the best quality care for our patients

- Reached the national target of 95% for venous thromboembolism (VTE) assessment
- Reduced 52 week waits by 97% over the course of the year, finishing 2018/19 with only four (all of whom were patient choice delays)
- Four of our wards achieved a gold standard in the ward accreditation programme, nine achieved silver standard and one achieved bronze standard
- New majors cubicles in A&E and significant reduction in 'corridor care'
- Recruited the highest ever number of participants to research studies

### Aim two: To be a great place to work and learn

- Trust ranked 21 out of over 100 acute trusts in annual staff survey
- Reduced band five nursing vacancies from 17.2% to around 9%
- 79% of staff agreed that appraisal helped them to do their job better

### Aim three: To improve our finances

- Delivered a £3.2m improvement on the trust's financial plan with a deficit of £49.6m. Efficiency savings of £16.1m were achieved

### Aim four: To develop a strategy for the future

- Approved a contract with a new ICT supplier to support the transformation of the trust's IT
- Secured £11m funding to redevelop the emergency department
- Worked with Imperial College Healthcare NHS Trust (ICH) on proposals to develop a joint upper gastrointestinal cancer service
- Worked with Herts Valleys CCG to improve outpatient services across a range of specialties through closer working between GPs and trust clinicians and use of technology

## 4) Quality account: a snapshot of 2018/19

Theme	Priority title	2018/19 Target	Update
<b>One: Sharing a commitment to quality of care and service</b>	Have happy, healthy, well supported staff who feel able to deliver great care and make a difference in an inclusive environment	Deliver improvement on the Staff Survey in key areas	Largely met
	Continue to deliver and embed the Patient Experience and Carer strategy	To deliver against four key focus areas for 2018/19	Partially met
	Ensure delivery of safe care through adherence to appropriate policies and procedures	Compliance with our hand hygiene, infection Control and mandatory training targets	Met
<b>Two: Fostering a team working culture</b>	Set out our vision for a clinically led organisation and how staff contribute to that	Improvement in scores for senior clinical staff in the 2018 and 2019 staff surveys	Not yet assessed
	Recognise and appreciate great work that staff do and share learning and success	Deliver improvement on the Staff Survey in key areas	Met
	Implement and embed our 'quality commitment' and 'West Herts Way' QI methodology	Deliver against the KPI targets set out in the Quality Compliance Programme. Improve scores in the Staff Survey	Met
<b>Three: Building an organisation that drives quality</b>	Key mortality indicators	Sustain expected or better than expected performance on key mortality indicators	Met
	Implement best practice, integrated care pathways and reduce unwarranted clinical variation in care and outcomes	Implement eight standardised 'in hospital' pathways	Met
	New harms	Better than national average for new harms, as captured through the Safety Thermometer	Met
	Medication errors	Reduction in harmful incidents relating to medication errors	Met
	VTEs	Achieve zero preventable deaths from VTE	Met
	Reduction in inpatient length of stay (LOS)	Deliver on internal KPIs	Partially met
	Improve the sustainability and quality of planned care	RTT, diagnostic and cancer waiting times	Partially met

## 5) Our quality and improvement priorities for 2019/20

Our quality priorities for the coming year were agreed to ensure that we are set up to deliver on our Quality Commitment and our trust strategy to embed.

Theme one: Providing safe care and improving outcomes
1. Providing safe care and improving outcomes 2. Implementing best practice and reducing unwarranted clinical variation
Theme two: Ensuring our services are caring and responsive
3. Improving patient experience 4. Patients with additional needs 5. Improving access
Theme three: Building a quality culture
6. Happy, healthy, well supported staff 7. Quality Improvement and clinical leadership 8. Quality governance – risk management and learning

