

West Hertfordshire Hospitals NHS Trust

# Looking to the future



Annual Report 2003 - 2004



<p><b>Mount Vernon Hospital</b> Rickmansworth Road Northwood Middlesex HA6 2RN 01923 826111</p>	<p><b>Watford General Hospital</b> Vicarage Road Watford Hertfordshire WD18 OHB 01923 244366</p>	<p><b>St Albans City Hospital</b> Waverley Road St Albans Hertfordshire AL3 5PN 01727 866122</p>	<p><b>Hemel Hempstead General Hospital</b> Hillfield Road Hemel Hempstead Hertfordshire HP2 4AD 01442 213141</p>
---	--	--	--

## Useful address...

**Strategic Health Authority**  
**Bedfordshire & Hertfordshire Strategic Health Authority**  
 Tonman House, 63-77 Victoria Street, St Albans  
 Hertfordshire AL1 3ER  
 Chief Executive: John de Braux  
 Chair: Ian White CBE  
 Tel: 01727 812929 Fax: 01727 792800

**Primary Care Trusts**  
**St Albans & Harpenden Primary Care Trust**  
 99 Waverley Road, St Albans, Hertfordshire AL3 5TL  
 Chief Executive: Jacqueline Clark  
 Chair: John Bennett  
 Tel: 01727 831219 Fax: 01727 812686

**Dacorum Primary Care Trust**  
 The Isbister Centre, Chaulden Lane, Hemel Hempstead HP1 2BW  
 Chief Executive: (Interim) Clare Hawkins  
 Chair: Mary Pedlow  
 Tel: 01442 840950 Fax: 01442 840951

**Watford & Three Rivers Primary Care Trust**  
 1a High Street, Rickmansworth, Hertfordshire WD3 1ET  
 Chief Executive: Felicity Cox  
 Chair: Pam Handley  
 Tel: 01923 713050 Fax: 01923 718921

**Hertsmere Primary Care Trust**  
 The Elms Clinic, Potters Bar, Hertfordshire EN6 5DA  
 Chief Executive: Jacqueline Clark  
 Chair: (Acting) Barbara Brilliant  
 Tel: 01707 647586 Fax: 01707 647594

## Contents

Page 3 [Welcome by David Law, Chief Executive: A Clear Way Forward](#)

Page 4 [Welcome by Rosie Sanderson, Chairwoman: Our staff are our greatest assets](#)

Page 6 [Key Targets](#)

Page 8 [Capital Projects](#)

Page 14 [Patient & Public Involvement](#)

Page 16 [Highlights From the Year](#)

Page 20 [Looking to the Future](#)

Page 21 [Clinical Governance – It’s Everybody’s Business](#)

Page 24 [Meet the Board](#)

Page 25 [Statement on Internal Control](#)

Page 26 [Financial review of the year 2003/04](#)

### *A big thank you to... Tiegan and Benedict, our cover babies*

On the left, Tiegan Jasmine Hobey, born 6 December 2003 at the Alexandra Birthing Centre, Watford General Hospital and on the right, Benedict Thomas Fay, born 16 January 2004 at the Delivery Suite, Watford General Hospital.

# A Clear Way Forward

*We now have a clear way forward in West Hertfordshire.*

The recent announcement of the Government’s approval of the redevelopment of Watford Hospital marks a watershed for the West Hertfordshire Hospitals NHS Trust. Years of indecision about the future of services in West Hertfordshire are at an end. We have a strong sense of direction that will unify the Trust in the purpose of providing the best acute services possible for the communities that we serve.

I have worked in West Hertfordshire for six years and know that our consultant body strongly supports the changes that we will now be working through and putting into place. The proposals produced in *Investing in Your Health* provide an excellent framework for health services in the area.

It is important, however, to note that the redevelopment of Watford is one important part of a much wider set of service changes. We will be working closely with colleagues in primary care to make radical changes to the way in which services are delivered. New services will be developed in the community and in primary care settings. We will continue, as a Trust, to provide a service for the whole of the West Herts population, with important developments taking place at Hemel Hempstead and at St Albans.

The surgi-centre at Hemel Hempstead will provide for all of our day case surgery and most of our planned orthopaedic surgery. Hemel Hempstead will also be a centre for outpatient and diagnostic services, for intermediate care and for primary care

focused services, as well as retaining an Accident & Emergency department.

The planning work that we will need to do to bring forward these changes presents a great opportunity to engage many staff, patients and community representatives in the process of change. The Trust is an integral part of the local community and our staff are, as Rosie Sanderson our Chairwoman says over the page, our greatest asset. These two constituencies must have their voice heard in the development and change of services.

I will be encouraging and supporting a debate which will give staff and the local community that voice.

But the debate must be focused on achieving change and on improving the services we offer, the way in which we work with primary care and colleagues in social care. There are some very specific requirements that we will need to meet to have our business cases for these changes agreed. So we will need to combine involvement with a strong focus and determination actually to deliver change.

Whilst this work is underway, we must still deliver care and treatment to the thousands of local residents who use our services every year. We must continue to make improvements in the quality and timeliness of our services. The latest Government proposals contained in the “The NHS Improvement Plan” (June 2004) continue the agenda of making the NHS more responsive to patients. This is an agenda I welcome. All sorts of



services and industries have changed dramatically in the last 20 years in this country. The public has different expectations of a major public service than was the case at the inception of the NHS.

Many of us have got used to booking holidays on the internet, or getting information we need, and prompt delivery of goods we buy. People now expect more from the NHS. They expect a personal, quick, efficient service in a good environment. That’s what I want us to be able to deliver. In the vast majority of cases we do that, but there is always room for improvement.

And I place great emphasis on the personal nature of the service we provide. At its most basic level, healthcare is about an individual professional and a team working with people who either are ill, or who have cause to worry about their health.

Being a patient can make many of us feel quite vulnerable. We put our faith in the skills and knowledge of other people. As a Trust we have to ensure that our skills and knowledge are of a high standard to meet the needs of individual patients. But we must also remember that we are dealing with people who will often be feeling very anxious. They must be treated as individuals and with courtesy and compassion.

If we combine high professional standards with a personal approach we will be providing the sort of service local people want from us.

*... Finally, thank you to all our staff for their continued commitment. You are “the Trust.”*



# Our staff are our greatest assets

*... the services we have provided have been under ever increasing pressure and we are grateful for the hard work and commitment of all the staff and volunteers in caring for patients during this time.*



No one can deny that the past 12 months have been extremely eventful for everyone working for the Trust.

During this time, the services we have provided have been under ever-increasing pressure and we are grateful for the hard work and commitment of all the staff and volunteers in caring for patients during this time.

The Trust has treated more patients than ever before and yet waiting times for operations are decreasing and outpatient waiting times are now shorter. This can only have been achieved by the hard work of our staff.

This report highlights some of the marvellous efforts being made by staff. Through all the tough times we have been having, staff dedication and enthusiasm has shone through. They are without doubt our greatest assets and I pay tribute to them.

Coming into hospital is a stressful time for anybody and a warm welcome and smiling face can make a big difference to patients. Our staff already do much to make the patient experience as pleasant as possible whilst in hospital. But improving on this

area of our work will be a top priority for everybody involved in our hospitals during this year and I am sure staff will respond to the challenge.

Sadly we had the disappointing news that we had been given a zero star rating this year by the Healthcare Commission, losing the one star we previously had.

Again, this was in no way a reflection of the amount of hard work and effort contributed by all of our staff, but more a reflection on the extreme pressure we were under in all our hospitals – particularly in our Accident & Emergency departments – during the early part of 2004.

An urgent focus was needed on remedying this situation and an Emergency Care Task Force was formed between ourselves, the Ambulance Trust and our colleagues from local Primary Care Trusts. The work of this Group, together with the close cooperation of senior clinicians within the Trust led to new initiatives being introduced and dramatic improvements in our performance both in Accident & Emergency and other parts of our hospitals.

This performance has been sustained throughout the first quarter of 2004/05 and if we keep this progress up, we will be on course to regain a star next year, and perhaps to move on to two stars.

It is important to emphasise that we met all of our key waiting time targets for the year and did well in areas of clinical care and treatment of patients.



This onus on high quality clinical care was reflected in that for the second year running, we were rated one of the top 40 hospitals in the country for clinical effectiveness and efficiency in the CHKS ratings. This demonstrates that we are providing good clinical services, but need to continue to pay attention to being patient focused.

Another sad episode during the year was when Val Harrison, our Chief Executive for the past three years left in March. Val was an excellent leader during a time of great changes and challenges in the Trust.

We were fortunate to have the able support for a short period of Anthony McKeever, who was instrumental in helping us to focus on priorities in improving performance.

And I am delighted that we recently confirmed the appointment of David Law, formerly our Director of Planning, as the Trust's new Chief Executive. David has a thorough knowledge of the NHS in West Herts and I feel confident he will lead us with

a steady and experienced hand as we continue to make improvements over the next few years.

I would like to thank my non-executive directors for their input and support and David and the executive directors for providing the leadership we need to take the Trust forward. I would also like to thank the League of Friends of our constituent hospitals and the many volunteers who support staff in their work.

Without doubt the next 12 months will be challenging as we face the many changes, challenges and opportunities of *Investing in Your Health* whilst at the same time trying to meet the ever rising expectations of patients and the targets within the NHS Plan. Building upon the many strengths of the staff within the Trust together with increased resources we hope to see coming into the NHS, we are confident that everyone will work together to deliver a first class service for patients.

# West Hertfordshire Hospitals NHS Trust

*The Trust provides acute services at Hemel Hempstead General and Watford General Hospitals and various services at St Albans City Hospital and Mount Vernon Hospital. We employ more than 4,400 staff who deliver a wide range of services to the people of West Hertfordshire and beyond.*

The coming year promises exciting developments and challenges as we strive to introduce new initiatives in partnership with a range of other organisations. At the heart of our strategy is a commitment to deliver patient-focused care and over the coming months we will continue to work to combine high quality services to patients whilst meeting tough financial targets and reducing waiting times.

## Performance Against Key Targets

*The Government is responsible for setting priorities, which in turn determine the key targets and indicators that the Trust is measured against. The Healthcare Commission (formerly CHI) is responsible for the development of the ratings system and the way in which Trust's ratings are calculated.*

### The Trust is measured against a number of key targets and achieved the following:

- the Trust achieved the targets set for Improving Working Lives
- no patient waited for longer than 17 weeks for an outpatient appointment in all clinical specialties
- no patient waited for longer than nine months for his or her inpatient and day-case appointment

- the Trust's patient accommodation complies with the NHS recommendations on single sex accommodation
- the number of operations cancelled on the day of surgery was 815, which represent 0.93%. The target for the Trust was less than 1%.

In comparison with last year's performance no patients waited longer than 15 months for inpatient treatment and the Trust achieved the new 12-month target by the end of

March 2003. The Trust also achieved the planned reduction in the number of patients waiting between nine and 11 months for inpatient treatment and no patient waited for longer than 26 weeks for an outpatient appointment. All clinical specialties met the 21-week target by the end of March 2003. Further details on the performance by specialty can be obtained from the Communications Department.

Email: [info@whht.nhs.uk](mailto:info@whht.nhs.uk)  
Telephone: 01442 287 620

### Unfortunately the Trust underachieved on the following:

#### 12 hour trolley waits in Accident & Emergency

There were 15 patients who waited over 12 hours in the Accident & Emergency department following a decision to admit them: 11 of these 'breaches' occurred on one day when our services were stretched to breaking point. However, it should be noted that 94.2% of patients (approximately 11,500) waited less than four hours for admission via Accident & Emergency, a performance which is better than the average across the NHS.

#### Financial management

The Trust overspent by £519,000 for the year. This is an important aspect of the Trust's performance but to put it in context this

represents less than one quarter of one per cent of the Trust's total budget. A financial recovery plan has been put in place in this financial year to address this issue.

#### Hospital cleanliness

While it is regrettable that this standard was not achieved in 2003/04, we are in the process of renegotiating our cleaning contract, and this will include new measures to tackle ward and department cleaning, together with stiffer penalties for failures in this area.

#### Accident & Emergency total waiting time

The target for 2003/04 was that 90% of patients should spend no more than

four hours in the Accident & Emergency department. Although we failed to achieve this, performance has subsequently improved, and thanks to the dedication and hard work of all of our staff, we are now achieving over 96% against this criterion.

#### Cancer two-week waits

All patients referred with suspected cancer should be seen by a specialist within two weeks. The Trust significantly underachieved this when looked at across the whole year, but since January has consistently reached over 99%.

## Summary

*Not hitting all our targets is a disappointing result for the Trust, its staff, and the patients we serve. It does not reflect the tremendous efforts that all staff have made over the last year.*

Due to the large catchment area of West Hertfordshire Hospitals NHS Trust, we have seen a higher than recommended bed occupancy rate for most of the year, peaking at 98 and 99%. This has increased the pressure on staff, equipment and the environment and was one of the causes for not achieving all our targets this year. This problem is being addressed by new initiatives being introduced and the longer term in the *Investing In Your Health* proposal, which has been approved by Department of Health.

The Trust will continue to develop new projects in order to improve the efficiency of the Trust and the patients' experience, such as the expansion of the Rapid Assessment Unit within the Accident & Emergency Department, the Coming Home Project and the introduction of the Hospital at Night scheme. There is much work being carried out in partnership with Primary Care Trusts and Adult Care Services on Discharge Planning and the arrangements for co-ordinating discharge across the Trust,

Ambulance Service and Primary Care Services. The Emergency Care Taskforce Report covers the various actions that have been undertaken in more detail and the actions that are underway.

Significant improvements have been made since April 2004 in many of the above areas and these put the Trust in a stronger position in 2004/05.

# Improving the Service for our Patients

*A raft of new projects and facilities opened on our hospital sites during the year. Some of these are highlighted...*



## New Dermatology Department and Day Treatment Unit

*The opening of the new department at Hemel comes as a real boost for patients and staff. Everyone has worked really hard to establish a new unit for patients.*

The Mayor of the Borough of Dacorum, Councillor Mrs Carol Green and Nick Evans, Director of Action On Programmes, NHS Modernisation Agency and patients officially opened the new Dermatology department and Day Treatment Unit at Hemel Hempstead General Hospital in July 2003.

The centre is a well-equipped modern unit offering wide range of treatments including day treatment and ultra-violet light treatment for a number of skin conditions including psoriasis and eczema.

Julia Schofield, Consultant Dermatologist said: "The opening of the new department at Hemel comes as a real boost for the patients

and staff. Everyone has worked really hard to establish a new unit for patients. Previously patients with extensive skin diseases would have had to be admitted to hospital for treatment, but over the last few years there has been a move to offer treatment on a day-care basis. Day treatment has been available for patients at St Albans City Hospital since 1997 and this unit will mean that patients from Hemel Hempstead can benefit from the same service and will no longer have to travel to St Albans for day treatment."

This project was funded principally by monies made available through the 'Action on Dermatology' initiative of the NHS Modernisation Agency.



The Mayor of the Borough of Dacorum, Councillor Mrs Carol Green, Nick Evans, Director of Action On Programmes, NHS Modernisation Agency and patients officially opened the new Dermatology department.

## Health Secretary, John Reid opens theatre at St Albans



Secretary of State for Health, John Reid, opened a new orthopaedic operating theatre when he visited St Albans City Hospital in November 2003.

*The new modular theatre will enable dedicated day surgical lists to take place at St Albans and increase the number of patients receiving major joint surgery*

The Health Secretary met staff and visited a number of hospital departments including the Minor Injuries Unit and Day Surgery.

The Hospital already had an elective surgical unit, including a dedicated day surgery service, which includes four operating theatres and a 12 bedded ward. The funding for the new operating theatre was provided through 'Action On Orthopaedics' initiative.

The new modular theatre will enable dedicated day surgical lists to take place at St Albans and increase the number of patients receiving major joint surgery.



## New Diabetic Nurses Clinic at Hemel Hempstead General Hospital

The Trust's Diabetic Clinic received a major redesign and expansion, providing purpose-made facilities in which to run their clinics. The new facility has easy access for wheelchairs, a play area for toddlers and space to provide educational sessions. All contributing to improving patients' experience and ability to manage their own condition.

Tessa Piper, Nurse Manager said: "We used to have to share a small office, but now we have three separate offices including a small room off the main office to provide telephone clinics. We also have purpose-designed treatment rooms, which enable us to run set clinics and see more patients than before. Our new location allows us to safely run evening clinics providing better access for our patients.

*"We feel we are now able to provide quality services to our clients and this has helped to improve morale and job satisfaction for staff. We are now able to take a proactive approach to the treatment for diabetes sufferers."*

# New Heart Unit Opens in West Hertfordshire at Hemel Hempstead General Hospital

*"Patients will now have far easier access locally for these life-saving cardiac assessments and treatments, and the waiting times will be reduced substantially – for example, by next April no patient will have to wait longer than three months for a routine coronary angiogram."*



Dr Roger Boyle, National Director for Heart Disease, formally opened the new Cardiac Catheterisation Laboratory at Hemel Hempstead General Hospital in May 2004.

The new unit has been built next to the Cardiology Department and Cardiac Care Unit (CCU) and comprises the cardiac angiography laboratory, a six-bed Day Unit, a reception area and a seminar room for teaching. The bringing together of these departments provides an even better service for our patients and helps build a centre of excellence attracting the best staff within the field.

The new unit will serve patients from all over West Hertfordshire not only Hemel Hempstead but also from Watford,



*"We've turned the corner in treating coronary heart disease. The rate of premature deaths from cardiovascular disease has fallen by more than 23 per cent in the last five years. Thanks to the hard work of NHS staff, we're making real progress in delivering better cardiac services."*

Berkhamsted, St Albans and Harpenden areas. Previously patients from Watford would have had to travel to Harefield Hospital, in north London for these procedures, while other patients were seen in a mobile unit that came to St Albans only once a week, or would have to travel to hospitals in London.

The unit can also accommodate cardiac patients having other day-case treatments, such as electrical Cardioversion (such as the Prime Minister experienced) to regulate heart rhythm disorders.

The unit has been developed with funding of £1.5 million from Treasury and New Opportunities Fund, and provides excellent facilities for local patients having a variety of

specialised heart tests and treatments, including coronary angiography, pacemaker implantation, and by next year also coronary angioplasty and stenting.

Consultant cardiologist, Dr John Bayliss, said: "The opening of this new unit is the result of many years of continuing improvements in cardiac services in West Hertfordshire. It is a credit to all those who have worked so hard on this project that we can celebrate today in this wonderful environment. We are now even more able to deliver better, modern cardiac care more locally.

"Patients will now have far easier access locally for these life-saving cardiac assessments and treatments, and the waiting times will be reduced substantially – for

example, by April 2005 no patient will have to wait longer than three months for a routine coronary angiogram.

"We will also be providing more training to specialist doctors, nurses and other cardiac staff, so as to ensure a healthy future for cardiac services and the people in Hertfordshire."

Specialist services like this provided locally are exactly the kind of things that people in Hertfordshire and Bedfordshire will increasingly see more of as part of *Investing In Your Health*.

## Launch of MRI and Nuclear Medicine Scanners

Watford Footballers Jack Smith and Elliot Godfrey visited Hemel Hempstead General Hospital in January 2004 to take part in celebrating the launch of the new Magnetic Resonance Imaging (MRI) and Nuclear Medicine Scanners.

During the celebrations they had the opportunity to meet patients and staff and visit a number of hospital departments including X-Ray, MRI and Nuclear Medicine.

Nicki Hattingh, who oversees fundraising and press relations for Watford Football Club's newly formed Community Sports and Education Trust, said: "Watford is delighted to be involved in the official opening of this new facility. This is an important and impressive addition to the services the hospital can provide to the West Hertfordshire community."

Divisional Director, Clinical Support, Dr Tony Divers said: "Everyone in the Trust is delighted with the new MRI and Nuclear Medicine scanners. This will benefit many of our patients across West Hertfordshire with various conditions including cancer. The X-ray reception area has also been improved and has modernised our service fit for the 21st century."

The new scanner centre is part of the new building programme undertaken at Hemel Hempstead General Hospital which includes a new fracture clinic and a dermatology treatment centre.

*"Everyone in the Trust is delighted with the new MRI and Nuclear Medicine scanners. This will benefit many of our patients across West Hertfordshire with various conditions, including cancer."*



Magnetic Resonance Imaging (MRI) is a painless and harmless way of looking inside the body without the use of X-rays. It uses a large powerful magnet, radio waves and a sophisticated computer to produce images of any part of the body. It is particularly good at looking at the brain, spine, joints, abdomen and pelvis.

Nuclear Medicine involves the use of radioactive isotopes (radioisotopes) to diagnose and treat disease. This is achieved by imaging the administration of a radioactive tracer, usually via a small injection in the arm. By using different tracers, most areas of the body can be examined using the Gamma Camera (a very sensitive radiation detector) which maps the distribution of the tracer.



## Elizabeth Ward Refurbishment

*Elizabeth Ward, which is part of Woman's and Neonatal Division, received a makeover this year. This work involved painting and decorating all the bedrooms, offices, bathrooms and toilets on the Ward. Curtain tracking and curtains were installed in the single bed bays and new taps were put on all the wash hand basins to make them Health and Safety compliant.*

The old shower stalls were taken out and new Scandinavian type walk-in showers with non-slip floors were installed in their place. The day room was converted into a four-bed bay, and the kitchen had cupboards and sinks replaced.

An office and a consulting room were both converted into single bed bays increasing the capacity of the ward. The ward is now a clean, comfortable and nice place for patients.

## Stroke Unit Opens Doors to Patients

A new purpose-designed unit has opened at Watford General Hospital to provide a full treatment service to people who have suffered a stroke.

The Dick Edmonds Stroke Unit is a specialised six-bedded acute stroke unit specifically designed to take patients immediately after they have had a stroke. All the specialist stroke equipment in the unit has been purchased with monies raised by the Dick Edmonds Stroke Appeal.

The unit has an array of specialist equipment including state-of-the-art monitors to record blood pressure, respiration, oxygen saturation levels and the activity of the heart, which enables staff to detect and correct problems at an early stage. The new beds are electrically operated and break into four sections to allow patients to be easily positioned from lying flat to fully seated.

An electric hoist has been installed which is specifically designed to support patients when standing and walking to encourage the return of normal function. There are also



special stroke chairs which are designed to give appropriate levels of support for patients with differing degrees of disability.

David Collas, Consultant Physician and Stroke Lead said: "Morale on the unit is really high, and all of us on the stroke team are looking forward to seeing our patients achieve the best recovery modern acute care can provide."

A specialised stroke unit can reduce death and disability by up to 29%. All the staff including nurses, physiotherapists, speech and language therapists, occupational



therapists and consultant physician have been specially trained in looking after stroke patients. This means that each patient will receive a personalised rehabilitation programme.

The Trust would wish to thank Dick Edmonds's daughter Anna Rankin and other members of her family for all their support and hard work in fundraising for the unit.

It is expected the unit will admit over 300 patients a year. A similar facility is due to open at Hemel Hempstead General Hospital during the summer of 2004.



# Patient & Public Involvement

## June 2004

### Patients' Surveys

*West Hertfordshire Hospitals NHS Trust carried out two National Patient Surveys during 2003/04. The Adult Inpatient and Young Persons Surveys ran consecutively.*

**Both surveys considered the Trust's organisational approach in the following areas:**

- Admission to Hospital
- Waiting List or planned admission
- The Hospital and Ward
- Doctors
- Nurses
- Your Care and Treatment
- Pain
- Operations and Procedures
- Leaving Hospital Overall
- About you (The Patient).

The results of the Adult Inpatient survey showed that patients scored significantly better than the national average on access and waiting, hospital and ward, doctors' communication and leaving hospital.

Areas of ongoing improvement included decorative and cleanliness standards, consistent approach to patient care and information on the discharge process and visiting arrangements.

The results on the Young Persons' survey showed that patients, parents and carers rated our hospitals significantly better in the areas of specialised children's care, confidence and trust with the doctors, emotional support from the nurses, children's treatment and the discharge process.

However, there is room for improvement particularly in the areas of waiting lists, ward environment and involving the child themselves in decision-making.

These results and issues have been compiled into an Action Plan to ensure sustainable improvements to services and environment.

### St Albans Crèche

Only nine months after the successful opening of their first partnership venture with West Hertfordshire NHS Trust, TLC (Tender Loving Childcare) Ltd, one of the country's leading childcare providers, were delighted to invite Councillor Alison Steer, Deputy Mayor of St Albans, to officially open their new 48 place nursery at the City Hospital. Rosie Sanderson, Chairwoman of West Hertfordshire NHS Trust and Barbara Baker, Chief Executive of TLC, met the Deputy Mayor on arrival.

Providing childcare for staff is one of the targets set as part of the Improving Working Lives initiative.



## Staff Opinion 2003 Results

A national Staff Opinion Survey was undertaken toward the end of 2003. The survey was sent to 824 randomly selected staff in the Trust. The response rate was 44%.

It is difficult to compare results with previous surveys, as this is the first year using the Commission for Health Improvement (CHI/CHAI) survey. The survey was prepared by Aston University and analysed independently.

**Detailed Results** – The survey was divided into a number of categories. Key results from each of the categories are identified below:

**Work-Life Balance** – 49% of staff work between one and five hours per week over and above contractual hours and 15% between six and 10 extra hours per week. Staff identified the following main reasons for working extra hours: necessary to meet deadlines, to provide best care for patients and not letting colleagues down.

**Appraisal** – 59% of staff stated they had received an appraisal in the last 12 months and 72% said they found the review helpful in improving the way they do their job.

**Training** – 80% of staff stated that they had received training in the last year. The most common form of training was supervised on the job training.

**Team Working** – 86% of staff stated they worked in a team. 86% felt that their team had clear objectives and 89% said they needed to work closely with other team members in order to achieve the team objectives.

**Health & Safety** – 65% of staff had received health & safety training in the last 12 months.

In October 2003 all NHS Trusts participated in a survey of staff attitudes. The results of the survey, which should the Trust to be in the middle range of staff satisfaction were released earlier this year and have been discussed with staff side representatives in the Joint Consultative Committee. As a result, a number of initiatives have been incorporated into the Trust's action plan to achieve Improving Working Lives (IWL) Practice Plus accreditation during 2004, thereby building on the progress made since achieving IWL Practice status in March 2003.

**Improving Working Lives** – The Trust has achieved Practice status and is working towards becoming a Model Employer as part of the Improving Working Lives (IWL) Initiative. The Trust is measured on seven indicators, which are all broken down into many action areas:

- Human Resources Strategy & Management
- Equality and diversity
- Communications and staff involvement
- Flexible working
- Healthy workplace
- Training and development
- Staff benefits and childcare.

**Staff levels are rising** – Retention of staff has improved, with the Nursing and Midwifery turnover for the last quarter being the lowest ever recorded since 1998.

The overall number of nurses, midwives and health care assistants has increased from 1423 in June 2002 to 1971 at the end of March 2004. This is due to new developments and initiatives like new services and Improving Working Lives.

The number of vacancies for health care assistants has dramatically reduced, with 245 staff recruited between February 2003 and

March 2004. 52 health care assistants have progressed from NVQ to nurse training since 2000. The Trust currently has 11 Modern Matrons, with every Division being represented. These senior nurses are making a positive contribution in enhancing the level of patient care through the Trust and pioneering innovative ways of working.

**Equal Opportunities** – As part of the IWL initiative the Trust has been awarded the two ticks symbol: Positive about Disabled People. The Trust was first accredited in September 2001 and again in July 2004. To achieve the status, the Trust proved that it is able to adapt the workplace or work in order to enable disabled people to apply and work for the Trust. The status also guarantees disabled people with the required qualifications an interview for the position they are seeking.

**Trust Policy Statement** – The Trust's policy is to ensure that no employee or prospective employee is discriminated against, either directly or indirectly on the grounds of sex, age, marital status, sexual orientation, disability, family/care responsibilities, religion, creed, colour, race, nationality, ethnic origin, social background, trade union membership, HIV/AIDS or any other grounds. The Trust recognises that one should not tolerate inequality of opportunity, and therefore aims to take measures to eliminate not only overt acts of discrimination, but also requirements and practices which are discriminatory in nature. The Trust includes equality training as part of our three-day induction.

**Health Promoting Hospital** – The Occupational Health Department arranged a series of events to promote healthy living and work/private life balance for staff at the Trust. The staff initiatives included fun days to help get our work force fitter and healthier through a number of ways:

- Weight control & nutritional advice for men
- Fat Analysis
- Blood Pressure Test
- Cholesterol testing
- Aromatherapy
- Head Massage
- Counselling

# Highlights From the Year



## Rugby World Cup comes to Watford General

Staff and patients were delighted when representatives from Saracens Rugby Club brought the Rugby World Cup, accompanied by two minders, wearing white cotton gloves to Saracens and Hornets Wards.

The cup took pride of place in the souvenir pictures taken by the staff and patients and although nobody was allowed to touch the precious trophy – that’s the exclusive privilege of the England rugby squad players only – everybody was able to pose with the cup.



## Local schoolchildren visit St Albans and Mount Vernon Minor Injuries Units



Local school children from St Albans and Northwood visited the Minor Injuries Units at St Albans City Hospital and Mount Vernon Hospitals to see how nurses and doctors work in a hospital environment.

The children, aged between four and eight, spent an hour with the staff, who showed them a number of different things, including

how to take their pulse and hear their heartbeat. The children also helped to plaster teddy’s arm and watched him have his plaster cast removed.

The visit was arranged as part of two school projects: ‘People who help and care for us’ and ‘Florence Nightingale’.

## NVQ Graduation Evening

*All Health Care Assistants are encouraged to undertake and achieve an NVQ award within 12 months of joining the Trust.*

Over 124 Nurses, Midwives and Health Care Assistants from West Hertfordshire Hospitals NHS Trust were celebrating after receiving NVQ (National Vocational Qualification) awards and certificates at a presentation at Watford Football Club.

The event was held to celebrate the achievements of Nurses and Midwives successfully completing the return to practice course, Health Care Assistants achieving Level II and III NVQ between 2001 and 2003 and Health Professionals completing ‘Buddy’ training.

Organiser of the awards, Kim Hull, Workforce Development Coordinator said: “Within our Trust, NVQs have a significant, positive impact on the quality of patient care and on the morale and motivation of staff undertaking them. I would like to congratulate everyone who achieved their award and thank all the staff who supported them to reach their goals.”



All Health Care Assistants are encouraged to undertake and achieve an NVQ award within 12 months of joining the Trust.

National Vocational Qualifications are nationally recognised, competency based

qualifications that accredit an individual’s performance and agreed occupational standard. The Government introduced NVQs in 1986 as a means of developing a competent workforce to meet employers’ needs into the 21st century.

## September saw the start of the much-anticipated NHS Cadet Scheme



This is a partnership trainee scheme with one of our local education providers, West Herts College, Dacorum Campus. The cadets are 16 to 19 years old and in college three days a week and in placements across the Trust for two days a week. As you can see, they are highly visible in their yellow T-shirts!

The idea of the scheme is to give them vocational training and qualifications to progress into different careers in the NHS, such as occupational therapy, nursing, midwifery, paramedics, pathology, pharmacy and estates, to name but a few. This is the start of a two-year course of achievement.

# Hemel Birth Centre Celebrates **First** Anniversary

*"I would like to take this opportunity to thank all the staff involved who have worked tirelessly to make this unit a success."*

The Hemel Birth Centre celebrated its first anniversary in April 2004.

The Centre, which is part of the West Hertfordshire Hospitals NHS Trust, is a self-contained unit in Hemel Hempstead Hospital run by midwives.

The innovative low risk Birthing Centre was opened in April 2003 and has proved extremely popular with mothers and babies. It aims to provide a relaxed, supportive, 'home from home' environment in which mothers can give birth to their babies.

The mothers have their own rooms and everything is kept as informal as possible to ensure that the birth is a joyous event for the mother and her partner.

Gary Etheridge, Director of Nursing, Midwifery, Quality and Risk said: "Judging by the feedback from mothers, the Centre has proved to be very popular. This midwife-led service offers mothers the choice to have their baby in hospital but in a homely environment.

"I would like to take this opportunity to thank all the staff involved who have worked tirelessly to make this unit a success."

Facilities at the Centre, which is open 24-hours a day and staffed by experienced midwives, includes a waterpool for use in labour, a relaxation room with subdued lighting, birth balls, bean bags and floor mats.

*Staff at the Centre also run active birth classes to help patients prepare for birth and early parenthood.*

*413 babies were born in the first year.*



# Pride in your Hospital

This spring West Hertfordshire Hospitals NHS Trust hosted a campaign to encourage staff, patients, visitors and the community to take pride in their local hospitals for the second year running.

Local Mayors, MPs, hospital staff, representatives from local business, schools, colleges and community groups came to the day to the three hospital sites, to weed, plant, wash signs, sweep paths and pick up litter in the hospital grounds.

Rosie Sanderson said: "An enormous impact was made by the efforts of all who took part, I would like to thank all who voluntarily gave their help on the day. Everyone enjoyed themselves and several members of the public congratulated us on our work."



# Trust Receives **Top** Hospital Award For Second Year Running

*"We are absolutely delighted to receive this award which is a real achievement for the Trust. It highlights the excellent work being carried out by all our staff and the Trusts commitment to patient care."*

The West Hertfordshire Hospitals NHS Trust's commitment to patients was officially recognised for the second year running when they received the prestigious 40 Top Hospitals award at a recent presentation in Birmingham.

This independent study included major teaching and regional Trusts. All the Trusts have reached a high level of performance as assessed by the country's leading hospital benchmarking company, CHKS Ltd.

All the hospital Trusts entered for the programme because they wanted their performance to be measured against recognised healthcare standards. The data is the latest available and is based on the calendar year of 2003. All the Trusts involved in this programme have reached a high level of performance.

David Law said: "We are absolutely delighted to receive this award which is a real achievement for the Trust. It highlights the excellent work being carried out by all our staff and the Trust's commitment to patient care."

Chief Executive of CHKS Limited, Graham Harries said: "This is our fourth year of running the CHKS 40 Top Hospital programme. We are delighted to see

the growing status of our Top Hospital programme within the NHS. I am pleased to see so many of our clients entering the programme and to see the level of performance achieved across all the indicators.

"This demonstrates to me that hospitals are well managed and clearly focusing on meeting the needs of the local community. This year we have reinforced the importance of the patient experience by adding an indicator on hospital acquired infection. We know how important our assessment of hospital performance is for all of our clients.

"All of our 40 Top hospitals are achievers of high quality care. We applaud their openness and their determination to provide the very best services to patients."

In this year's programme a number of NHS Trusts have improved their performance in the indicators selected by CHKS, making the achievement of 40 Top listing that much harder. More Trusts entered the programme this year compared to last year.



# Looking to the Future

## Watford Health Campus

Members of the public and local community have been having their say about the Masterplan being drawn up for the Watford Health Campus.

The innovative idea will spearhead the redevelopment of Watford General Hospital, and provide an exciting mix of health, leisure and sporting facilities, together with environmental improvements and new job opportunities.

Speaking on behalf of the Masterplan Team, Rosie Sanderson said: "Working together, six different organisations are developing ideas of how Watford General and the land around it could change over the next 10 years. It is a big project and needs big ideas. The views of the local community are crucial to achieving a successful outcome."

The six organisations who are working together (listed below) each has something different to contribute but are all committed to the goals of better health services, a secure future for the football club and making Watford a better place to live, work and visit.

"Knowing that the Council is behind our plans for the future of Watford General and that we are working with a wide range of colleagues both within the health service and other agencies, gives the Trust great confidence in the future of the services here at Watford," said David Law.

Graham Simpson, Chairman of Watford Football Club said: "This is a fantastic and unique opportunity for our town. Being a partner in the Health Campus enables us to be part of a venture that will deliver

significant health, education, leisure and environmental benefits for our community and help underpin our future as a family and community club."

Following an exhibition of the information gathered by the Master plan Team, all the views recorded was collated and used to help refine the ideas of the Team. The results will be posted on the website ([www.cardiff-road.info](http://www.cardiff-road.info)) and will be included when the next stage of the process is reported back to the community and to Watford Council later in the year.

The six partner organisations behind the Health Campus are:

- [West Hertfordshire Hospitals NHS Trust](#)
- [Hertfordshire Partnership NHS Trust](#)
- [Watford & Three Rivers Primary Care NHS Trust](#)
- [Watford Borough Council](#)
- [Watford Football Club](#)
- [East of England Development Agency.](#)

At Watford General Hospital the new Dermatology unit will be opened at the end of September, which will provide a great improvement on the current facilities. The hospital has also been getting new lifts in the main building and Maternity over the last year and further more, Ridge Ward's Day Room has been converted to a High Dependency Unit (HDU).

Work is due to start on a new specialist centre for Breast Cancer at St Albans City Hospital at the end of the year. The hospital will also get a new Ophthalmology (eye) unit.

A significant new Radiotherapy facility will be provided at Mount Vernon Hospital. It is proposed that this will involve a world first in utilising an innovative modular and relocatable bunker technology. There will also be a significant improvement in the facility for the Plastics and Burns unit, which will probably be relocated to Watford.

## Better access to services

The Trust is continuing to improve services and the environment for our patients and the coming year will see a number of initiatives coming to light.

Hemel Hempstead General Hospital will receive a purpose-built stroke unit providing acute, rehabilitating and preventative care for patients in the area. There will also be a major improvement and increase in capacity of the Hemel Endoscopy services. The Trust is also working with our nursery services provider, TLC, to construct a new Nursery facility at the Hemel site. Further works will continue with English Partnerships to secure a multi-storey car park along with nurses and Junior Doctors' accommodation on the Maynard Road car park.

# Clinical Governance It's Everybody's Business

## Patient and Public Involvement

*It is the wish and duty of the Trust to make arrangements to involve and consult patients and the public*

The NHS Plan aims to make sure that patients and the public have a real say in how NHS services are planned and developed. It is the wish and duty of the Trust to make arrangements to involve and consult patients and the public. During 2003 and 2004 Patient and Public Involvement focused on a few key areas and considerable progress has been made, however the projects are ongoing.

The Commission for Patient and Public Involvement has set up the Patient and Public Involvement Forums nationally. All acute hospital and Primary Care Trusts will have a Forum. As a statutory body, the members will become active partners in involving patients and local communities in decision-making on future health service provision. West Hertfordshire Hospitals NHS Trust Forum is up and running and being facilitated by a Forum Support Officer linked to the Community Development Agency. The Forums hold regular public meetings at Hemel Hempstead General Hospital and have important links to the Overview and Scrutiny Committees.

One of the highlights of the year was a listening event with carers in Watford, which identified 'coming home from hospital' as an area for improvement. Using the **Imagine...** process, developed by the New Economics Foundation (NEF) enabled genuine partnership between the Trust, Watford and

Three Rivers Primary Care Trust, Carers in Hertfordshire and Adult Care Services. Bringing together skills, experiences and enthusiasm of people using services and those who provide services, including previously excluded groups.

Patient and Public Involvement, together with the Modern Matrons, Practice Development Nurses and Lead Nurses within the Trust has also been working to improve the experiences of patients with learning disabilities who attend Accident & Emergency and Outpatients departments. Joint working with the Hertfordshire Community Learning Disability Service has been effective in producing protocols for when people with learning disabilities attend these areas within the Trust. These protocols are to be used in conjunction with carers who state a need for additional support.

During the last year the Patients' Panel and patient representatives have actively been working within the Trust on various projects and regularly attending meetings to improve services for patients and their carers:

- [Breast Surgery Centralisation Project](#)
- [Patient Information and User Group \(PIUG\)](#)
- [Internal PEAT \(Patient Environment Action Team\)](#)
- [Patient & Public Involvement Steering Group \(PPI\)](#)



- [Emergency Services Collaborative](#)
- [Day Surgery](#)
- [National Patient Survey Group](#)
- [Trust Website, Facilities Action Day](#)
- [CHI Action Plan](#)
- [Watford General Hospital signage](#)
- [Developing Nursing Records](#)
- [Better Hospital Foods](#)
- [Essence of Care: Food and Nutrition, Privacy and Dignity](#)
- [Freedom of Information](#)
- [Facilities Management Steering Group](#)
- [Patient Power](#)
- [Drugs and Therapeutics Committee.](#)

The Trust has just embarked on a new design of staff Induction training in conjunction with the NHSU. The training is around the 'Patient Centred Approach' and Patient and Public Involvement are working alongside Chaplaincy, PALS, Quality Assurance and Access to Records to advise and support staff. Members of the Patient and Public Involvement Forums and Patients' Panel have been invited to attend to present on all staff Induction days. This will help all Trust staff to understand their individual roles. These induction days will also help the Patient and Public Involvement Forums and Patients' Panel to learn and understand the roles of Divisions and departments within the Trust.

# Quality Assurance and Complaints for April 2003 to March 2004

## Formal Complaints

The Quality Assurance Department received a total of 640 formal complaints for the year, which was an increase of 77 (12%) from the previous year. Overall compliance against the response rate of 20 working days was 59% against the standard of 85%, an increase of 15% from 2002/03. Steady progress had been made during the first three quarters of the year, but unfortunately the divisions were not able to maintain this during quarter four.

Of the 640 complaints received, 52 complainants (8%) asked for their complaint to be reinvestigated as they either felt that their issues had not been fully addressed, or that the response given, raised further questions. The aim is to provide a first written response that fully answers the issues raised. If the complainant is unhappy with the response, then either a further written response is sent or if appropriate and acceptable to the complainant, a meeting is arranged.

Following a complaint the issues raised are entered into an action plan and distributed to the divisions. Measures are taken to rectify, improve or prevent the risk of recurrence. Changes that have been implemented in the last year include:

- 'See & Treat' clinic in Accident & Emergency; to differentiate between patients with minor complaints and more serious complaints by allocating one doctor and nurse to specially treat minor injuries and reducing waiting times for all
- additional training and monitoring if a member of staff is named in the complaint
- patient information and guide to service in many areas
- Housekeepers and Modern Matrons re-introduced on the wards.

## Independent Review Panel Requests

The Trust received 19 new independent review panel (IRP) requests from April 2003 to March 2004. Of these one complainant requested no further action. Action was taken on nine requests received in previous year and a further five requests to reconsider following

Convenor's prior decision that further local resolution was appropriate. Following the request one out of the five decided not to pursue their claim further.

Unfortunately none of the requests were completed within the national timeframe. This was generally due to: obtaining independent clinical advice, the time taken to appoint the advisers and receive their report, the number of panels held within the year and workload. Some of the requests received were extremely complex complaints.

## The Way Forward

A more focused approach is being taken as to the reasons why the divisions are not achieving the required standard for responses, in order that there is a unified approach to this problem. Following the implementation of Datix last year, we have developed an exception reporting facility within Datix, and a monthly report is now provided to the Divisional Managers and the Executive team along with the monthly compliance report.

There are a number of reasons why the divisions have been unable to meet the response times for all complaints, as detailed below:

- complex issues within the complaints received
- delay in obtaining comments/clarification from consultants/clinical staff
- more than one division involved
- delays incurred in relation to workload capacity of staff and ability to complete draft response once comments received
- complaint issues relate to incidents that occurred over a year ago
- staff absence
- further issues raised during investigation leading to unavoidable delays
- incomplete initial response
- meeting offered instead of response – unable to finalise arrangements within 20 working days given staff availability.

# Improvements and Developments

*The restructuring of the Quality Assurance department was completed at the beginning of November 2003*

The restructuring of the Quality Assurance department was completed with the final appointment of an administrator at the beginning of November 2003. This has brought greater stability to the department and allowed the team to provide more help to the divisions they are responsible for, ensuring that not only is a consistent approach applied to the responses, but that performance compliance is improved as well.

Work has continued to ensure that the responses fully address the complaint issues and the quality of the responses has improved greatly.

Whilst improvements have been made in compliance performance, with a steady increase achieved in the first three quarters, it is recognised that more needs to be done by the divisions, in order to achieve the standard of 85%. This will be taken forward throughout the coming year with the support of the Quality Assurance Department.

The Trust's complaints policy has been revised and reissued to reflect the changes made by the Trust. A further revision will be made once the Department of Health have issued the new regulations for the changes currently being implemented in regards to stage two of the procedure (July/August 2004).

A new information leaflet 'Making Your Voice Heard' has been produced, providing information to users of the Trust's services on

how they can provide feedback, in the way of comments, compliments and complaints. This is available in all wards and departments across all four hospital sites.

A Complaints Advisory Group has been established and will now meet on a quarterly basis to review complaints, themes/trends and actions taken, and in order to ensure that as an organisation lessons are learnt from the patients' experience.

A new training manual on how to deal with complaints has been produced and once ratified will be made available for use in teaching sessions within the Trust.

The Quality Manager and the QA Department have also been involved with the implementation of Freedom of Information within the Trust, and it has been agreed that the department will be responsible for dealing with any requests under this process, from January 2005.

Local Resolution meetings have again been arranged as necessary though the year and these are seen as an important aspect of the complaints process in achieving resolution. Where appropriate, and given the nature of the complaint, some meetings are now being offered earlier on in the process before a written response is sent. A total of 42 meetings were held throughout the course of the year.

The Quality Manager was awarded the title of Public and Patient Involvement employee of the year, nominated by WAMI (Women against Medical Injustice) and seconded by the Watford Observer in recognition of the work done to improve the complaints process within the Trust.

She is also the first person within the Trust to complete the Capsticks' Risk Management Diploma, Open University accredited.



# Meet the Board and Independent Auditor's Report

## Independent Auditor's Report to the directors of West Hertfordshire Hospitals NHS Trust on the Summary Financial Statements

I have examined the summary financial statements set out on pages 25 to 27. This report is made solely to the directors of West Hertfordshire Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

### Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statements with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

### Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

### Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2004 on which I have issued an unqualified opinion.

Signature:



Date: 12 August 2004  
Name: Rob Murray

Address: Audit Commission  
Sheffield House  
Lytton Way  
Off Gates Way  
Stevenage  
Herts SG1 3HG

Key:

V – voting | NV – non votin | R – remuneration committee | A – audit committee | RM – risk management

Val Harrison: Chief Executive V R (left the Board March 2004)  
Nigel Coomber: Director of Operations NV  
David Law: Director of Planning V  
Rob Allan: Director of HR NV R, HSE lead (joined the Board June 2002)  
Howard Borkett-Jones: Medical Director V  
Gary Etheridge: Director of Nursing, Midwifery & quality & Risk V (joined the Board June 02)  
Vince Doherty: Acting Director of Finance V (joined the Board February 2004)  
Ann Donkin: Director of Modernisation NV (left the Board February 2004)  
Martin Herd: Director of Finance V A (left the Board January 2004)

Rosie Sanderson: Chairwoman V R  
Robin Douglas: Non Executive Director V A RM  
Ailsa Bernard: Non Executive Director V A  
Said Namdarkhan: Non Executive Director V R  
Jane Wright: Director of Nursing V RM (joined the Board December 2003)  
Martin Saunders: Non Executive Director V A R (joined the Board December 2003)  
Barbara Saunders OBE: Non Executive Director V A RM (left the Board November 2003)  
Neil Marshall: Non Executive Director V A R (left the Board November 2003)

### Declaration of Directors' Interests:

Rosie Sanderson: Member of Hertfordshire County Council, Member of Hertfordshire Police Authority, Member of London Colney Parish Council, Director of End User Company Ltd., Director of Charitable Company: London Colney Youth Project and School Governor for Francis Bacon Secondary School.  
Robin Douglas: Director of Office for Public Management and Chair of Who Cares? and trustee at Health Advisory Service  
Ailsa Bernard: Chair of Association of Baby Charities, Executive Committee member of the Association of Early Pregnancy Assessment Units and is on a short term contract with Action on Pre-Eclampsia.  
Martin Saunders: Member of Hertfordshire County Council, Member of Hertsmere Borough Council, Director City Acre Property Investment Trust Ltd & subsidiaries, Director of C&UCO Properties Ltd, Governor at Aldenham School, Governor at Purcell School  
Ann Donkin: School governor and Director of Charterhouse Wine Company Ltd  
Martin Herd: Honorary Treasurer of Action on Elder Abuse  
Neil Marshall: Member of Raglan Housing Association Ltd

### Pay

The Trust applied the nationally agreed pay increase to all staff and therefore complied with the Secretary of State's requirement that pay increases for managers overall should not exceed 3.6%. The Trust has a well-established Joint Consultative Committee, which provides a monthly forum for managers and staff side representatives to discuss and agree any changes to working arrangements or terms and conditions of employment.

### Agenda for Change

Agenda for Change is the largest reform of pay and conditions ever undertaken in the NHS and will affect all Trust staff except doctors, dentists and the most senior managers. The Department of Health and all recognised Trade Unions have worked in partnership over the past five years to develop the scheme and agree how this will be implemented. It is unique in that it has been worked in total partnership. It is anticipated that the new pay system will be rolled out from December 2004 with any changes backdated to October 2004. This will make WHHT part of the biggest pay reform in modern British industrial relations history. It will affect more than one million staff ensuring that they receive fair pay and conditions and a personal development plan linked to the requirements of their role.

# Statement on Internal Control 2003/04

## Statement on Internal Control 2003/04

### Scope of responsibility

The Board is accountable for internal control. As Accountable Officer and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

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 organisation's policies, aims and objectives,
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

### The risk and control framework

The Trust has been implementing a process for identifying, evaluating and managing the significant risks faced by the Trust throughout the financial year and up to the approval date of the annual accounts. The process is subject to regular review by the Board directly and via the Risk Management Committee and Audit Committee. In order to provide the appropriate control framework the Trust Risk Management Committee has the support of the following Trust Risk sub-committees:

- Clinical Governance
- Environment and Facilities
- Finance and Systems
- Health & Safety
- Emergency Planning Group

Through this structure risks are identified, evaluated and controlled by each Division within the Trust. All significant risks, or changes in risk, are identified and described in the Trust's Risk Register. They are then evaluated and prioritised so that an action plan can be devised for the most significant ones. The Risk Management Team reviews this process.

The Trust has completed Commission for Health Improvement (CHI) and Improving Working Lives (IWL) assessments in the last 12 months.

External audit recommendations are acted upon and updated to the Audit Committee.

Within the Trust there is a Patient and Public Involvement Steering Group, which is chaired by a current patient from the Patients Panel. There is membership also from other external representatives, which are made up from six patients from within the Trust.

### Executive Directors

Executive Directors have overall responsibility for the implementation of the risk management policy. They are responsible for the overseeing of the processes for identifying and assessing risk, and for advising the Chief Executive as necessary. They ensure that so far as it is reasonably practical resources are available in order to manage risk.

### Internal Audit

Internal Audit reviews the system of internal control throughout the year and reports accordingly to the Audit Committee.

### Significant Internal Control Issues

Following a Health and Safety Executive visit and review, a number of risk areas were identified for the Trust. The Trust agreed an action plan to address these risk areas. These actions have been implemented during the course of the year and the Trust is continuing discussions with the Health and Safety Executive about any further measures that are required to ensure compliance.

This represents extracts from the Statement on Internal Control, a full copy of the statement on internal control can be obtained from Communications Department: by email on info@whht.nhs.uk or telephone on 01442 287620.



David Law, 14 May 2004.  
Chief Executive, West Hertfordshire Hospitals NHS Trust

# Financial review

## of the year 2003/04

The Trust has reported an overspend of £519,000 for the year based on a budget of £215,098,000. This represents one quarter of a per cent of the budget and needs to be seen in the context of providing more care and treatment for patients. During the year the Trust also had to implement a savings programme to deliver some £5,800,000 of savings. This was recognised by the Health Economy as an ambitious and challenging target.

The Trust had other statutory financial targets to meet during the year in addition to balancing the budget and these were to:

- Meet the capital investment needs of the Trust within the resources available. The Capital Resources Limit for 2003/04 was £9,757,000 and the Trust spent £6,599,000. The underspend was due to funding being received in advance of the purchase of new Linear Accelerators to provide Radiotherapy treatment at Mount Vernon. This purchase will occur this year.
- Ensure that the Trust did not exceed the cash available to it in paying for all goods and services. The External Financing Limit last year was a negative £8,661,000 and at the end of the year the Trust's cash balance was £0k. This confirms that no cash was used other than the monies available and the target on cash management was achieved.

A further target is the prompt payment of bills. In 2003/04 the target figure was that 95% of bills paid would be paid within 30 days. The Trust actually paid 94.2% of bills within 30 days.

In conclusion, the Trust has had a challenging financial year and whilst it has just failed to achieve a balanced budget it has met its targets on capital resource and cash management. The Trust is working with its main commissioning PCTs to produce a sustainable balanced financial position for this year and into the future.

A complete set of accounts can be obtained from the Finance Directorate Telephone 01923 217 107.



Vincent Doherty, July 2004. Interim Director of Finance

### Costs for management and administration

The guidance says that management costs should not exceed last year plus 7% being the uplift in NHS resources. On that basis our management costs should not exceed 4.39% of turnover and they actually were 4.27%.

The statutory audit and services carried out in relation to the statutory audit costs, as per the Accounts were £267,000 in 2003/04.

The Trust has an Internal Audit ensuring internal control.

### Retirements due to ill health

During 2003/04 (prior year 2002/03) there were 6 (9) early retirements from the Trust agreed on the grounds of ill health. The estimated additional pension liabilities of these ill-health retirements will be £145k (£269k). The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

Income and expenditure account for the year ended 31 March 2004		
	£000	2002/03 £000
<b>Income from activities:</b>		
Continuing operations	180,483	179,535
<b>Other operating income</b>		
Continuing operations	34,615	30,722
<b>Operating expenses:</b>		
Continuing operations	(209,805)	(191,326)
<b>Operating Surplus (Deficit)</b>		
Continuing operations	5,293	18,931
Cost of fundamental reorganisation/restructuring	0	0
Profit (loss) on disposal of fixed assets	(915)	1,106
<b>Surplus (Deficit) before interest</b>	4,378	20,037
Interest receivable	768	566
Interest payable	0	(10)
Other finance costs - <i>unwinding of discount</i>	(204)	(343)
Other finance costs - <i>change in discount rate on provisions</i>	(87)	0
<b>Surplus (Deficit) for the financial year</b>	4,855	20,250
Public Dividend Capital dividends payable	(5,374)	(8,582)
<b>Retained Surplus (Deficit) for the year</b>	<u>(519)</u>	<u>11,668</u>

NOTE TO: Income and expenditure account for the year ended 31 March 2004  
Retained surplus/(deficit) for the year (519) 11,668  
Financial support included in retained surplus/(deficit) for the year 0 0  
Retained surplus/(deficit) for the year excluding financial support (519) (11,668)

Balance sheet as at 31 March 2004		
	£000	2002/03 £000
<b>Fixed assets</b>		
Intangible assets	114	149
Tangible assets	167,671	161,060
Investments	0	0
	167,785	161,209
<b>Current assets</b>		
Stocks and work in progress	2,755	2,661
Debtors	18,931	23,830
Investments	0	0
Cash at bank and in hand	122	159
	21,808	26,650
<b>Creditors: Amounts falling due within one year</b>	(17,359)	(14,975)
<b>Net Current Assets (Liabilities)</b>	4,449	11,675
<b>Total Assets Less Current Liabilities</b>	172,234	172,884
<b>Creditors: Amounts falling due after more than one year</b>	(97)	(121)
<b>Provisions for Liabilities and Charges</b>	(8,180)	(6,532)
<b>Total Assets Employed</b>	<u>163,957</u>	<u>166,231</u>
<b>Financed by:</b>		
<b>Taxpayers' Equity</b>		
Public dividend capital	135,567	144,228
Revaluation reserve	25,462	19,705
Donated Asset reserve	4,230	5,164
Government grant reserve	0	0
Other reserves	0	0
Income and expenditure reserve	(1,302)	(2,866)
<b>Total Taxpayers' Equity</b>	<u>163,957</u>	<u>166,231</u>

Statement of total recognised gains and losses for the year ended 31 March 2004		
	£000	2002/03 £000
Surplus (deficit) for the financial year before dividend payments	4,855	20,250
Fixed asset impairment losses	(5,382)	(6,565)
Unrealised surplus (deficit) on fixed asset revaluations/indexation	13,465	21,571
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	169	1,415
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(1,346)	(361)
Additions/(reductions) in "other reserves"	0	0
<b>Total recognised gains and losses for the financial year</b>	11,761	36,310
Prior period adjustment	0	(4,567)
- <i>Pre-95 early retirement</i>	0	0
- <i>Other</i>	0	0
<b>Total gains and losses recognised in the financial year</b>	<u>11,761</u>	<u>31,743</u>

Management costs		
	£000	2002/03 £000
Management costs	9,192	8,615
Income	215,098	210,257

### Public Sector Payment Policy

Better Payment Practice Code - measure of compliance		
	Number	£000
Total bills paid in the year	78,614	63,622
Total bills paid within target	74,014	58,745
Percentage of bills paid within target	94.15%	92.33%

*The Better Payment Practice Code requires the Trust to aim to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.* The Trust calculates its compliance with this code based upon the date the invoices are registered by the Trust.

The Late Payment of Commercial Debts (Interest) Act 1998		
	£000	£000
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	0	0
<i>Compensation paid to cover debt recovery costs under this legislation</i>	0	0

### Profit (Loss) on Disposal of Fixed Assets

	£000	£000
Profit/loss on the disposal of fixed assets is made up as follows:		
Profit on disposal of intangible fixed assets	0	0
Loss on disposal of intangible fixed assets	0	0
Profit on disposal of land and buildings	42	1,210
Loss on disposal of land and buildings	(895)	0
Profits on disposal of plant and equipment	0	3
Loss on disposal of plant and equipment	(62)	(107)
Loss on disposal of buildings relates to the transfer of donated assets to the Hillingdon NHS Trust and there is a compensating entry in income.	(915)	1,106

Interest Payable		
	£000	£000
Finance leases	0	0
Other	0	10
	0	10

### Salary and Pension entitlements of senior managers

Name and Title	Age	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Compensation for loss of office	Benefits in kind	Real increase in pension at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31/3/04 (bands of £5,000)
<b>2003/04</b>		£000	£000	£000	£000	£000	£000
<b>Non-Executives</b>							
R. Douglas	Non-Executive	55	5-10	0	0	0	0
S. Namdarkhan	Non-Executive	65	5-10	0	0	0	0
A. Bernard	Non-Executive	38	5-10	0	0	0	0
M. Saunders (comm Dec'03)	Non-Executive	62	0-5	0	0	0	0
J. Wright (comm Dec'03)	Non-Executive	42	0-5	0	0	0	0
N. Marshall (left Nov'03)	Non-Executive	66	0-5	0	0	0	0
B. Saunders (left Nov'03)	Non-Executive	53	0-5	0	0	0	0
R. Sanderson	Chairwoman	46	20-25	0	0	0	0
<b>Chief Executive/Directors</b>							
V. Harrison	Chief Executive	47	120-125	0	150	0	0-5
V. Doherty (comm Jan'04)	Acting Dir of Finance	42	30-35	0	0	0	0
M. Herd (left Jan'04)	Finance	49	65-70	0	0	3	0-2.5
N. Coomber	Operators	35	75-80	0	0	3	0-2.5
R. Allan	Human Resources	48	75-80	0	0	0	0-2.5
D. Law	Planning	43	70-75	0	0	2	0-2.5
G. Etheridge	Nursing	41	70-75	0	0	2	0-2.5
H. Borkett-Jones	Medical Director	48	115-120	25-30	0	0	0-2.5
A. Donkin (left Feb'04)	Modernisation	47	70-75	0	0	0	0-2.5

The Chief Executive left the Trust in April 2004. The gross costs of the compensation for loss of office were £150k as shown above. Benefits in Kind - where shown relates to Lease Car Benefit.

For the purpose of this note, senior managers are defined as being the Chief Executive, Non-Executive Directors, Executive Directors and Non-Voting Directors.

### Cash Flow Statement for the year ended 31 March 2004

	£000	2002/03 £000
<b>Operating Activities</b>		
Net cash inflow(outflow) from operating activities	20,019	(7,157)
<b>Returns on investments and servicing of finance:</b>		
Interest received	757	555
Interest paid	0	0
Interest element of finance leases	0	0
<b>Net cash inflow/(outflow) from returns on investments and servicing of finance</b>	757	555
<b>Capital Expenditure</b>		
Payments to acquire tangible fixed assets	(12,064)	(9,308)
Receipts from sale of tangible fixed assets	5,323	2,175
(Payments to acquire)/receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
<b>Net cash inflow (outflow) from capital expenditure</b>	(6,741)	(7,133)
<b>Dividends Paid</b>		
<b>Net cash inflow/(outflow) before management of liquid resources and financing</b>	(5,374)	(8,582)
<b>Management of liquid resources</b>	8,661	(22,317)
Purchase of investments	0	0
Sale of investments	0	0
<b>Net cash inflow (outflow) from management of liquid resources</b>	0	0
<b>Net cash inflow (outflow) before financing</b>	8,661	(22,317)
<b>Financing</b>		
Public dividend capital received	7,373	24,102
Public dividend capital repaid (not previously accrued)	(16,034)	(1,785)
Public dividend capital repaid (accrued in prior period)	0	0
Loans received	0	0
Loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred from/to other NHS bodies	0	0
<b>Net cash inflow (outflow) from financing</b>	(8,661)	22,317
<b>Increase (decrease) in cash</b>	0	0

### Financial Performance Targets

	1998/1999	1999/2000	2000/2001	2001/2002	2002/03	2003/04
<b>The Trust's breakeven performance for 2003/04 is as follows:</b>	£000	£000	£000	£000	£000	£000
Turnover	0	0	163,440	173,576	210,257	215,098
Retained (deficit)/surplus for the year	0	0	17	(11,487)	11,668	(519)
Break-even in-year position			17	(11,487)	11,668	(519)
Break-even cumulative position			17	(11,470)	198	(321)

### Materiality test:

- Break-even in-year position	0.01%	-6.62%	5.55%	-0.24%
- Break-even cumulative position	0.01%	-6.61%	0.09%	-0.15%

### Capital cost absorption rate

The Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital, totalling £5,374k, bears to the average relevant net assets of £151,768k, that is 3.5%.

**For further information please call 01442 287 620**

**Bengali** আরও তথ্যের জন্য আমাদের ইনফরমেশন লাইনে ফোন করবেন। টেলিফোন নম্বর 01442 287620

**Cantonese** 欲取得詳細資料請致電我們的資料專線 01442 287620

**French** Pour des informations supplémentaires, appelez s'il vous plait le **01442 287 620**

**Greek** Για περισσότερες πληροφορίες παρακαλώ καλέστε 01442 287620

**Gujarati** વધારે માહિતી માટે અમારી માહિતી આપતી લાઇન 01442 287620 ઉપર કોન. જો. યો.

**Italian** Per maggiori informazioni telefonare allo **01442 287 620**

**Punjabi** ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਸਾਡੀ ਜਾਣਕਾਰੀ ਲਾਈਨ ਨੂੰ 01442 287620 'ਤੇ ਟੈਲੀਫ਼ੋਨ ਕਰੋ.

**Spanish** Para mas information, por favor llama **01442 287 620**

**Urdu** 01442 287620 پر اس نمبر پر فون کریں (معلوماتی لائن) ہماری ان فارمیشن لائن (معلوماتی لائن) پر اس نمبر پر فون کریں

